

# Health Passport Requirements

## STAR Health Behavioral Health Providers



*It is a contractual requirement for behavioral health providers treating Superior STAR Health (foster care) members to provide initial and monthly summaries to be displayed in Health Passport.*

## Reporting Requirements

Behavioral health providers must submit an initial and monthly narrative summary report of a member's behavioral health status for inclusion in Health Passport. Providers can **submit the behavioral health assessments directly in Health Passport** by:

1. Navigating to the **Assessments** module.
2. Selecting the **Upload** tab.
3. Choosing **Initial and Monthly Behavioral Health Assessment** from the **Document Type** dropdown menu.

The following information must be submitted to Superior to be documented and displayed within Health Passport:

- ✓ Primary and secondary (if present) diagnosis.
- ✓ Assessment information.
- ✓ Brief narrative summary of clinical visits and progress.
- ✓ Scores on each outcome rating form(s).
- ✓ Referrals to other providers or community resources.
- ✓ Evaluations of each member's progress at intake, monthly and at termination of the Health Care Service Plan (HCSP) or as significant changes are made in the treatment plan.
- ✓ Any other relevant care information.

Providers can also fax the Assessment form to Superior. This will require completing and sending the Health Passport Form Coversheet with the respective Assessment form being faxed. This coversheet can be found on Superior's foster care [Superior's Foster Care Important Forms webpage](#).

Information submitted will be available to the member's providers, Superior's Service Management Team and Texas Department of Family and Protective Services (DFPS) staff.

## Additional Information

For more information, visit [Superior's Foster Care Health Passport webpage](#).

If you have questions about Health Passport or if you would like training on how to use Health Passport, please contact the Behavioral Health Account Management team at [AM.BH@SuperiorHealthPlan.com](mailto:AM.BH@SuperiorHealthPlan.com).