

EPSDT Online Portal Quick Guide - PROVIDER

Provider View



State of Hawaii Department of Human Services
Med-QUEST Division

Menu Navigation:
Each view provides the Status of the
EPSDT exam information.



Create an 8015/8016 online form:
You can enter in your exam
information in an online fillable
form.

New 8015



New 8016



User: Karen Lewis

Log Out

Billing Provider (NPI):

If you have multiple Billing Providers, you will need
to select your Billing Provider from the dropdown
before starting any action in the EPSDT Portal.

Billing Provider

Peter Parker LLC

Cancel Submit

Draft	Awaiting Signature	Submitted	Revise	Approved	Withdrawn	All	Lookup						
Exam ID	Patient Name	Screen Date	Birthdate	Screen Age	Form	Last Modified On	Modified by	View	Edit	Delete	Signature	History	Comments
51	Tommy Test	12/01/2021	11/02/2021	1m	8016	12/06/2021 01:29	klewis_support						0
52	Trudy Test	12/06/2021	12/01/2021	<1m	8016	12/06/2021 01:30	klewis_support						0
50	Turtle T TEST	12/06/2021	11/02/2021	1m	8015	12/06/2021 01:06	klewis_support						0

Tab Filter Views

Draft View (View and Edit)	Awaiting Signature (View and Edit)	Submitted
View all that have been created and saved.	All records displayed here require the Provider's signature to be submitted to Health Plan.	Records listed here have been submitted to Health Plans.
Open record in PDF format Opens record in online form Delete Record View Status history of record Open popup to view comments	Open record in PDF format Opens record in online form Send records back to draft View Status history of record Open popup to view comments	Open record in PDF format Download PDF to save to local computer View Status history of record Open popup to view comments
Revise (View and Edit)	Approved	Withdrawn and All
Any exam record that has been returned by the Health Plans will be listed in this view.	Records submitted to Health Plan and approved for payment will be listed in this view.	All records you have withdrawn when they have been returned from the Health Plan for revisions.
Open record in PDF format Opens record in online form Withdraw record from revise View Status history of record Open popup to view comments	Open record in PDF format Download PDF to save to local computer View Status history of record Open popup to view comments	Open record in PDF format View Status history of record Open popup to view comments

EPSDT Online Portal Quick Guide - PROVIDER

New 8015 / 8016



Draft	Awaiting Signature	Submitted	Revise	Approved	Withdrawn	All	Lookup
Exam ID	Patient Name	Screen Date	Birthdate	Screen Age	Form	Last Modified On	
51	Tommy Test	12/01/2021	11/02/2021	1m	8016	12/06/2021 01:29	
52	Trudy Test	12/06/2021	12/01/2021	<1m	8016	12/06/2021 01:30	

In the top right corner of the EPSDT Portal, you will see New 8015 and New 8016 icons. You can click here to start a new exam visit record to be submitted online.

Form View

Once you select what form you would like to execute, at the top navigation, this tells you what panel you are on.

The arrow navigation at the top right allows you to go back and forward through the panels but **does not validate** the data entered.

You will see the buttons located at the bottom left of the form. These are the actions when you click on them.

- **Next:** Validates information you entered to move to the next panel
- **Cancel:** Exits record and does not save any changes.
- **Save:** Will save the exam information entered.
- **Submit:** Validates the exam visit information. If all fields are validated, the record is submitted to the health plan.

When entering **Medicaid ID**, include all 10 digits, including leading zeros.

Digital Signature

To add your digital signature to an online 8015/8016, you will navigate to the **Provider Statement & Sign** panel. You will need to complete the Provider information if it is not completed.

To sign, click on the white area below **SIGNATURE** and a pop-up box will open. You can use **your mouse to scribble** and then click on the checkmark located on the bottom right. Once done, click **Submit**.

EPSDT Online Portal Quick Guide – PROVIDER SUPPORT

Provider Support View



State of Hawai'i Department of Human Services
Med-QUEST Division

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New 8015



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Draft	Awaiting Signature	Submitted	Revise	Approved	Withdrawn	All	Lookup
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Exam ID	Patient Name	Screen Date	Birthdate	Screen Age	Form	Last Modified On	Modified by	View	Edit	Delete	Signature	History	Comments
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Tab Filter Views

Draft View (View and Edit)	Awaiting Signature (View Only)	Submitted (View Only)
View all that have been created and saved.	All records displayed here require the Provider's signature to be submitted to Health Plan.	Records listed here have been submitted to Health Plans.
Open record in PDF format Opens record in online form Delete Record Send record to the Provider for Signature View Status history of record Open popup to view comments	Open record in PDF format View Status history of record Open popup to view comments	Open record in PDF format Download PDF to save to local computer View Status history of record Open popup to view comments
Revise (View Only)	Approved (View Only)	Withdrawn (View Only)
Any exam record that has been returned by the Health Plans will be listed in this view.	Records submitted to Health Plan and approved for payment will be listed in this view.	All records you have withdrawn when they have been returned from the Health Plan for revisions.
Open record in PDF format View Status history of record Open popup to view comments	Open record in PDF format Download PDF to save to local computer View Status history of record Open popup to view comments	Open record in PDF format View Status history of record Open popup to view comments

EPSDT Online Portal Quick Guide – PROVIDER SUPPORT

New 8015 / 8016

Draft	Awaiting Signature	Submitted	Revise	Approved	Withdrawn	All	Lookup
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- **Save:** Will save the exam information entered.
- **Submit:** Validates the exam visit information. If all fields are validated, then sends record to Awaiting Signature Status.

8015 - PATIENT INFORMATION

Screen Date * 12/07/2021 Birth Date * mm/dd/yyyy Medicaid ID * (MI)

Last Name * First Name *

Indicate the EPSDT periodic screening age being reported *

8015 - MEASUREMENTS

Height * (in.) Weight * (lbs.)

Gender * Male Female

BMI BMI%

Systolic Blood Pressure Diastolic Blood Pressure

Next Cancel Save Submit

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