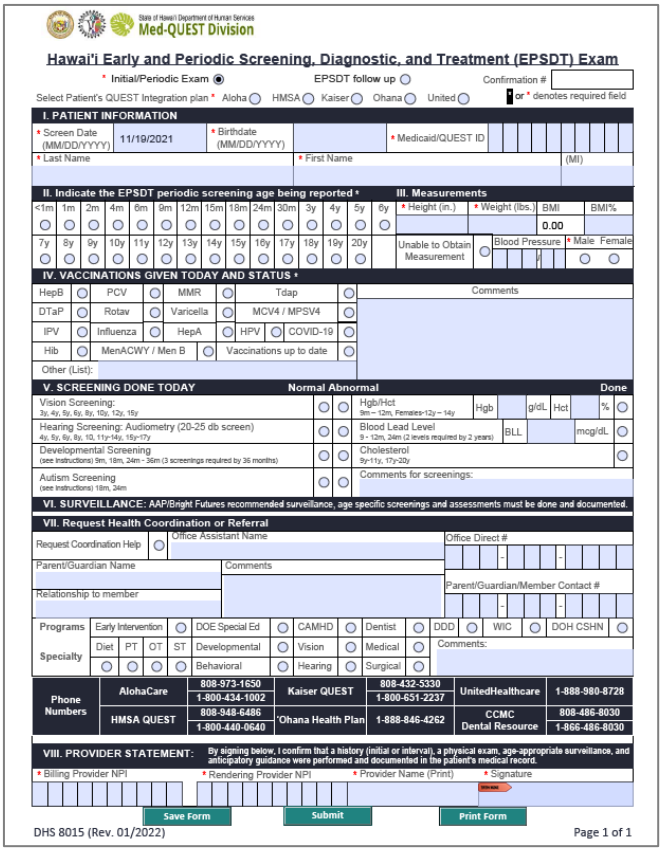
State of Hawai'i Department of Human Services
Med-QUEST Division

EPSDT Fillable PDF



Hawai'i Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Exam

Initial/Periodic Exam | EPSDT follow up | Confirmation # | Select Patient's QUEST Integration plan * Aloha HMSA Kaiser Ohana United | * or * denotes required field

I. PATIENT INFORMATION
* Screen Date (MM/DD/YYYY) 11/19/2021 | * Birthdate (MM/DD/YYYY) | * Medicaid/QUEST ID
* Last Name | * First Name | (MI)

II. Indicate the EPSDT periodic screening age being reported *
<1m 1m 2m 4m 6m 9m 12m 15m 18m 24m 30m 3y 4y 5y 6y
7y 8y 9y 10y 11y 12y 13y 14y 15y 16y 17y 18y 19y 20y

III. Measurements
* Height (in.) | * Weight (lbs.) | BMI 0.00 | BMI%
Unable to Obtain Measurement | Blood Pressure / | * Male Female

IV. VACCINATIONS GIVEN TODAY AND STATUS *
HepB PCV MMR Tdap
DTaP Rotav Varicella MCV4 / MPSV4
IPV Influenza HepA HPV COVID-19
Hib MenACWY / Men B Vaccinations up to date
Other (List):
Comments

V. SCREENING DONE TODAY — Normal Abnormal — Done
Vision Screening: 3y, 4y, 5y, 6y, 8y, 10y, 12y, 15y
Hearing Screening: Audiometry (20-25 db screen) 4y, 5y, 6y, 8y, 10, 11y-14y, 15y-17y
Developmental Screening (see instructions) 9m, 18m, 24m - 36m (3 screenings required by 36 months)
Autism Screening (see instructions) 18m, 24m
Hgb/Hct 9m – 12m, Females-12y – 14y: Hgb g/dL Hct %
Blood Lead Level 9 - 12m, 24m (2 levels required by 2 years): BLL mcg/dL
Cholesterol 9y-11y, 17y-20y
Comments for screenings:

VI. SURVEILLANCE: AAP/Bright Futures recommended surveillance, age specific screenings and assessments must be done and documented.

VII. Request Health Coordination or Referral
Request Coordination Help | Office Assistant Name | Office Direct #
Parent/Guardian Name | Comments | Parent/Guardian/Member Contact #
Relationship to member
Programs: Early Intervention | DOE Special Ed | CAMHD | Dentist | DDD | WIC | DOH CSHN
Specialty: Diet | PT | OT | ST | Developmental | Vision | Medical | Behavioral | Hearing | Surgical
Comments:

Phone Numbers
AlohaCare 808-973-1650 / 1-800-434-1002
Kaiser QUEST 808-432-5330 / 1-800-651-2237
UnitedHealthcare 1-888-980-8728
HMSA QUEST 808-948-6486 / 1-800-440-0640
'Ohana Health Plan 1-888-846-4262
CCMC Dental Resource 808-486-8030 / 1-866-486-8030

VIII. PROVIDER STATEMENT: By signing below, I confirm that a history (initial or interval), a physical exam, age-appropriate surveillance, and anticipatory guidance were performed and documented in the patient's medical record.
* Billing Provider NPI | * Rendering Provider NPI | * Provider Name (Print) | * Signature

Save Form | Submit | Print Form

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8015 Fillable PDF

Section I: PATIENT INFORMATION

- Visit Date prepopulates. If different, needs to be updated.

- 10-digit Medicaid ID. You **MUST ENTER** all 10-digits. If there are leading zeros (0), you need to enter those.

Section II: Indicate the EPSDT periodic screening age being reported

- Screening age prepopulates based on screen date and birthdate entered. If different, manually select the preferred screening age.

Section III: Measurements

- Height in inches
- Weight in pounds
- Manually calculate the BMI%
- Select Male or Female

Section IV: VACCINATIONS GIVEN TODAY AND STATUS

- Vaccinations – If no selections are made or not up to date, please add reason or plan in comment

Section V: SCREENING DONE TODAY

- Screening – If attempted, but unable to complete an expected screening, add reason plan in comment

Section VII: Request Health Coordination or Referral

- The health plan will contact your office if selected, so provide the name of the person you want them to talk to and their direct contact #.

- If phone numbers are not available for member contact, provide any known way to contact the member/guardian so that the health plan can reach them and provide requested support.

- Only indicate programs or specialties that are being referred to at this visit. Also indicate if already in the program but completing eligibility exam or paperwork for programs in this visit too.

Section VIII: PROVIDER STATEMENT

- Rendering and Billing provider may (occasionally, but rarely) be the same
- NPI - the same as the 1500 claim form
- You can digitally sign or print and sign.
  (NOTE: You will need to login submit EPSDT visit data online using your username and pin).

8016 Fillable PDF

- All of the same things on the 8015 + Section II
- Initial Visit Confirmation #
- Initial Visit Date

Updated as of December 30, 2021