


EPSDT Online Portal Quick Guide – BILLING SUPPORT

Billing Support View



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

Billing Provider: Billing Provider | Provider Support: Karen Lewis ▾

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.

Draft	Awaiting Signature	Signed	Submitted	Revise	Approved	Withdrawn	All	Lookup						
Exam ID	Patient Name	Screen Date	Birthdate	Screen Age	Form	Health Plan	Last Modified On	Modified by	View	Edit	Delete	Signature	History	Comments
192488	Test Turtle	10/15/2024	01/01/2020	5y	8015	AlohaCare	10/25/2024 12:43	klewis_support						2
185903	Test Trudy	08/22/2024	08/22/2024	<1m	8015	AlohaCare	10/25/2024 12:42	klewis_support						2

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.
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Open record in PDF format View Status history of record Open popup to view comments <div style="background-color: #4a7c59; color: white; text-align: center; padding: 5px; margin: 5px 0;">Signed</div> <p style="background-color: #4a7c59; color: white; padding: 2px;">Records require final submission to Health Plans.</p> <ul style="list-style-type: none"> Open record in PDF format Opens record in online form Return to draft to make modifications Submit to Health Plans 	<ul style="list-style-type: none"> 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Revise (View Only)	Approved (View Only)	Withdrawn (View Only)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	All records you have withdrawn when they have been returned from the Health Plan for revisions.
<ul style="list-style-type: none"> Open record in PDF format View Status history of record Open popup to view comments 	<ul style="list-style-type: none"> Open record in PDF format Download PDF to save to local computer View Status history of record Open popup to view comments 	<ul style="list-style-type: none"> Open record in PDF format View Status history of record Open popup to view comments

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Billing Electronic Claims

Draft	Awaiting Signature	Signed	Submitted	Revise	Approved	Withdrawn	All	Lookup	
Exam ID	Patient Name	Confirmation#	Screen Date	Birthdate	Screen Age	Form	Type	Health Plan	Last Modified On
192549	A J	EP2400192218	10/24/2024	01/31/2017	7y	8015	Online	Ohana Health Plan	10/24/2024 15:09

Click on the Submitted tab. You will be able to view the patient information and confirmation #.

NOTE:

All patient and provider information submitted through the portal must match the associated claim.

For billing Electronic Claims, Save the confirmation # and include it on the 837 by following these instructions:

1. indicate ADD on loop 2300 NTE 01, then
2. enter the confirmation # in loop 2300 NTE 02.

This will allow the health plan to match the claim to visit data submitted online.

Billing Paper Claims (for a visit submitted online)

Draft	Awaiting Signature	Signed	Submitted	Revise	Approved	Withdrawn	All	Lookup	
Exam ID	Patient Name	Confirmation#	Screen Date	Birthdate	Screen Age	Form	Type	Health Plan	Last Modified On
192549	A J	EP2400192218	10/24/2024	01/31/2017	7y	8015	Online	Ohana Health Plan	10/24/2024 15:09

On the Submitted tab, you can see if the form is an online or paper submitted.

Hawaii Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Exam

I. PATIENT INFORMATION

II. MEASUREMENTS

III. VACCINATIONS GIVEN TODAY AND STATUS

IV. SCREENING DONE TODAY

V. REQUEST HEALTH COORDINATION OR REFERRAL


VI. PROVIDER STATEMENT

For the billing paper claims, the confirmation # will go in the FL19 of the CMS 1500 claim form.

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Batch Submit

-Records in the "Signed" state can be modified before submission, except "Provider" field which is read-only. To change the Provider, the form must be returned to "Draft".

Draft	Awaiting Signature	Signed	Submitted	Revise	Approved	Withdrawn	All
Exam ID	Patient Name	Screen Date	Birthdate	Screen Age	Form	Health Plan	Last Modified On
<input checked="" type="checkbox"/> 49273	Ari Jones	11/07/2024	11/07/2020	4y	8015	HMSA	11/07/2024 23:29
<input type="checkbox"/> 48288	test test	11/04/2024	11/04/2024	<1m	8016	AlohaCare	11/04/2024 16:00
							

- Click the check box to select records, or for all records
- Select the icon at bottom to batch sign (or submit when on the signed tab)

Batch Submit

Are you sure you would like to batch submit?

- Select "Submit All" to confirm the submission