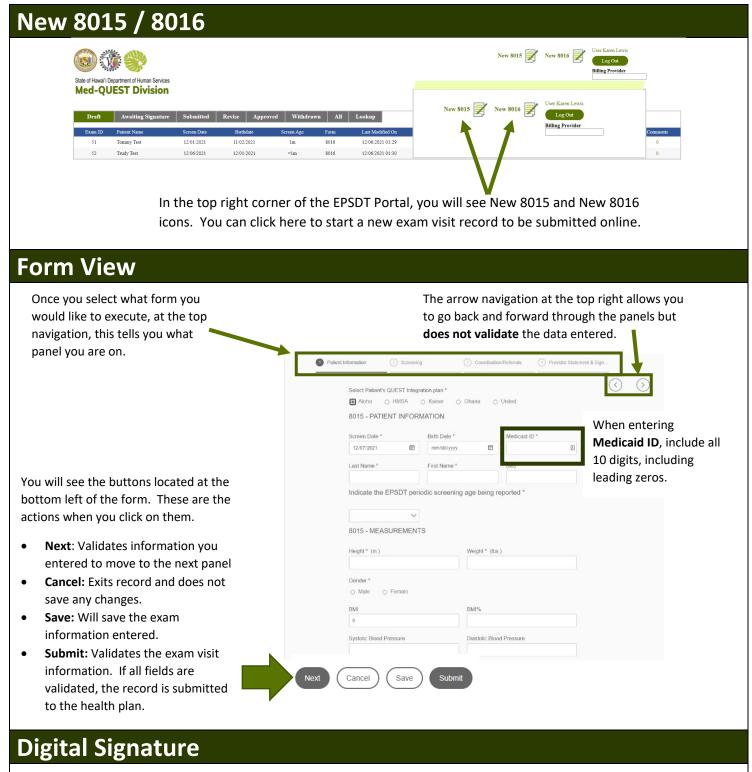
EPSDT Online Portal Quick Guide - PROVIDER

Provider View

State of Hawai'i Department of Human Services Med-QUEST Division		Menu Navigation: Each view provides the Status EPSDT exam information.			s of the form. Billing Provider (NPI): If you have multiple Billing Provider from the dropdown before starting any action in the EPSDT Portal. Create an 8015/8016 online form: You can enter in your exam information in an online fillable form. Billing Provider (NPI): If you have multiple Billing Provider from the dropdown before starting any action in the EPSDT Portal. User:Karen Lewis Log Out Billing Provider Cancel Submit					bmit				
Draft	Awaiting Signature	Submitted	Revise	Approved	Withdrawn	All	Lookup							
Exam ID	Patient Name	Screen Date	Birtl	ndate	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	ľ	×	Ð	Ø	0
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ab Fi	lter View	'S												
Draft View (View and Edit)				Awaiting Signature (View and Edit)				Submitted						
View all that have been created and saved.			A	All records displayed here require the Provider's signature to be submitted to Health Plan.				Records listed here have been submitted to Health Plans.						
					On an increased in DDE formerst				On an an and in DDE formerst					

	signature to be submitted to Health Plan.	Plans.
Open record in PDF format	Open record in PDF format	Open record in PDF format
Opens record in online form	Opens record in online form	$\underline{+}$ Download PDF to save to local computer
X Delete Record	Send records back to draft	S View Status history of record
(View Status history of record	S View Status history of record	<pre># Open popup to view comments</pre>
# Open popup to view comments	# Open popup to view comments	
Revise (View and Edit)	Approved	Withdrawn and All
	Describe submitted to Uselth Disc and encoursed for	All records you have withdrawn when they have
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	All records you have withdrawn when they have been returned from the Health Plan for revisions.
		· · ·
Health Plans will be listed in this view.	payment will be listed in this view.	been returned from the Health Plan for revisions.
Health Plans will be listed in this view.Open record in PDF format	payment will be listed in this view.Open record in PDF format	been returned from the Health Plan for revisions.Open record in PDF format
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Patient Information	🕑 Screening	Coordination/Reterrals	Provider Stat	lement & Sign	
8015 - PR	OVIDER STATEMENT	-		$\overline{(}$	\odot
physical coa	m, ago appropriato surveillar	PSDT exam also includes a history nee and anticipatory guidance. By locumented in the patient's medica	signing below, I		
Provediar Nar	ne "	Provider			>
Billing Prove	tor NPL*	Renderin			
SIGNATU	RE	10	2	kosnigi wa	
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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**.