

EPSDT Online Portal Quick Guide – PROVIDER SUPPORT

Provider Support View



State of Hawai'i 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.



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Draft Awaiting Signature Submitted Revise Approved Withdrawn All Lookup													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 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 	<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Revise (View Only)	Approved (View Only)	Withdrawn (View Only)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	All records you have withdrawn when they have been returned from the Health Plan for revisions.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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New 8015 / 8016

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Med-QUEST Division

Draft	Awaiting Signature	Submitted	Revise	Approved	Withdrawn	All	Lookup	
Exam ID	Patient Name	Screen Date	Birthdate	Screen Age	Form	Last Modified On		Comments
51	Tommy Test	12/01/2021	11/02/2021	1m	8016	12/06/2021 01:29		0
52	Trudy Test	12/06/2021	12/01/2021	<1m	8016	12/06/2021 01:30		0

New 8015 New 8016 User:Karen Lewis Log Out Billing Provider

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, then sends record to Awaiting Signature Status.

1 Patient Information 2 Screening 3 Coordination/Referrals 4 Provider Statement & Sign...

Select Patient's QUEST Integration plan *
 Aloha HMSA Kaiser Ohana United

8015 - PATIENT INFORMATION

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

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