

How to Complete and submit the 8015/8016 fillable PDF

Introduction: Now you can use our fillable PDF to submit EPSDT exam data online. You still have the option to print, sign and mail in.

In this section, we will cover how to:

- Access the fillable PDF form
- Complete the fillable PDF with your exam data information
- (Providers) Digitally sign your PDF and submit online
- Print your filled PDF and sign with a pen to be mailed in

Access fillable PDF: To access the fillable PDF, go to [Alpha \(hawaii.gov\)](http://Alpha(hawaii.gov)). We recommend you save this as one of your favorites during Alpha testing week in your internet browser by clicking on the star located on the browser bar on the far right.

You will need to have the latest Adobe Reader downloaded and installed on your computer. We have provided a link on the website to the latest version. Please follow the step-by-step instructions on your screen to install.

Once on the site, click on the Forms tab. This page will provide an EPSDT fillable PDF for download. Click on the PDF icon to download the fillable PDF.

How to complete your EPSDT fillable PDF

Med-QUEST now has a fillable PDF that you can complete with your exam data, then submit online. You will still have the option to print, sign and mail in.

At the top, by default it will be selected for an EPSDT Exam Initial/Periodic Exam. If you are doing an EPSDT follow-up, you will need to click on the radio button to make your selection.

Section I: Patient Information

Select the Patient's QUEST Integration Plan by clicking on the radio button next to the Health Plan to make your selection.

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Continue completing the Patient Information. Some key areas to note are:

- Visit Date prepopulates. If a different date needs to be changed, click into the field or you can select the date from the date dropdown.
- You will need to enter in 10-digit Medicaid ID. You MUST ENTER all 10-digits. If there are leading (0), you will need to enter all zeros.

Section II: Indicate the EPSDT periodic screening age being reported

The screening age prepopulates based on the birthdate entered. If this information is different, please verify the date of birth entered and adjust the screening age, if needed.

If the child is 8 months and has not had a 6-month EPSDT exam, select 6-months. If the child is 8-months and has had a 6-month exam, either an inter-periodic exam is done, with a 9-month EPSDT exam scheduled for a later date, or a 9-month EPSDT exam is done with subsequent visits prior to the 12-month visit billed as inter-periodic exams.

Section III: Measurements

You must enter the height in inches and weight in pounds. It will calculate the BMI; however, you still need to enter the BMI%.

Section IV: VACCINATIONS GIVEN TODAY AND STATUS

If there were no vaccinations administered today or if vaccinations are not up to date, you are required to add a reason or vaccine catch-up plan in the comments section.

Section V: SCREENING DONE TODAY

If you attempted but were unable to complete an expected screening, add the reason why it was not completed and any follow up plans in the comments section.

Section VIII: Request Health Coordination or Referral

If you select the option Request Coordination Help, someone from the Health Plan will contact your office. Make sure you provide the name of the person you want the Health Plan to speak with and enter their direct contact number.

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When possible, enter the name and contact information for the patient/parent/guardian. If a direct contact number is not available for the member or their guardian, provide any known way to contact the member/guardian so the health plan can reach them and provide requested support. The comments field may be used to add additional information to help locate the member.

Only indicate programs or specialties that are being referred to at this visit. Also, if already in a program but completing eligibility exam or paperwork for programs in this visit, this should be indicated in the referral section too.

If referring to a specialty, be sure to indicate the provider the patient is being referred to in the comments.

Section VIII: PROVIDER STATEMENT

Enter in the Provider's Rendering and Billing information (occasionally, this may be the same). The Provider's Billing and Rendering NPI is the same as indicated on the 1500 claims form.

Rendering EPSDT Providers can digitally sign the form by clicking on the field and setting up a digital signature. More information on how to submit a digital signature, can be found in the resources tab of the Alpha test.

If you are digitally signing and submitting online, you will need to login to the EPSDT portal to submit your exam data.

However, you still have the option to Print, Sign, and mail in your form by clicking on the Print button located on the bottom right. Be sure to select "All" pages on the print screen to insure you print the second page with overflow for comments.

8016 Fillable PDF

If you are submitting an 8016 ESPDT Follow up, follow the same instructions for the 8015. Be aware that Section II is slightly different, you will need to add in the Initial Visit Confirmation number and the initial exam date from your original 8015 form submitted for the patient. Also, only complete the areas of the 8016 that are addressed in the follow up visit.

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Digital Signature

To submit your 8015/8016 online, you will need to create a digital signature.

Once you have completed your fillable PDF and are ready to digitally sign, you will need to click on the Digital Signature box. Located at the bottom of the form.

A new window will open and you will click on the button that says "Configure New Digital ID". You may see three (3) options, select the button next to Create a new Digital ID, then click on Continue.

On the next screen, you will select Save to File and then click Continue.

Complete your information by entering your name and email address. You can also add in your Organization Name. Do not change the last three options. Next, click Continue.

You will be asked to save your Digital Signature. Automatically, this saves into your Adobe Acrobat folder, but you can save it in another location if you need to load it to another device.

Create your password for the Digital ID and confirm the password. NOTE: Make sure you remember your password you have created. This will be required to sign in each time you want to digitally sign.

Once you select Save, you will see your digital signature listed. Select your digital signature by clicking on the radio button and click Continue.

You will now see your digital signature and will need to enter in your password you created to sign the document. Once you have entered in your correct password, click the Sign button.

Next, you will be asked to save the file before continuing. NOTE: We recommend you create a folder to save all your digitally signed fillable PDF forms. Also, the naming conventions of your file is key. So, naming the file with the patient's name and date of appointment is recommended.

Your digital signature has been added to the document.

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