



# EPSDT

*is now available online!*



## Communication #4 – 8015/8016 Fillable PDF | January 1, 2022

The time has come. Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) providers can now access the new fillable [DHS 8015 and 8016 PDF!](#)

Providers can enter visit data into the fillable DHS 8015/8016 PDF, print, and mail to the health plan with the claim for the visit. The new fillable PDF allows you to:

- Enter EPSDT visit data with an electronic device using Adobe Acrobat  
NOTE: Requires installation of Adobe Acrobat Reader DC.  
[Click here](#) to get the latest version of Adobe Acrobat for free.



- Print the completed form, sign with pen, (or configure and use a digital signature) attach the CMS 1500 and mail to the health plan. A quick guide to filling out the fillable DHS 8015/8016 PDF is available [here](#).

The goal of going paperless is to reduce unnecessary provider burden and improve how we serve our communities. For consistency, MQD and our contracted health plans will **only accept** the new DHS 8015/8016 for EPSDT visits occurring on or after January 1, 2022.

Thank you for serving our communities and for your participation in this change!

**Stay tuned!**

MQD is committed to keeping you informed as we take steps towards going paperless! Training resources on how to submit EPSDT visit data online is available on the [Med-QUEST website](#) to help you through this transition.

*\* EPSDT providers who are not onboarded into the EPSDT portal as Early Adopters will need to print and mail the fillable DHS 8015/8016 until onboarded as an Early Adopter. \**

**Website: <https://medquest.hawaii.gov/EPSDT>  
Email: [EPSDT@dhs.hawaii.gov](mailto:EPSDT@dhs.hawaii.gov)**

# EPSDT Fillable PDF

**Hawaii 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  8m  12m  15m  18m  24m  30m  3y  4y  5y  6y  
 7y  8y  9y  10y  11y  12y  13y  14y  15y  16y  17y  18y  19y  20y  
 Unable to Obtain Measurement  Blood Pressure  Male  Female

**III. Measurements**

Height (in.)  Weight (lbs.)  BMI  BMI%

**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

**V. SCREENING DONE TODAY**

Screening	Normal	Abnormal	Done
Vision Screening: 3y, 4y, 5y, 6y, 8y, 10y, 12y, 15y	<input type="radio"/>	<input type="radio"/>	High/Hot <input type="radio"/> g/dL <input type="radio"/> Hot <input type="radio"/> % <input type="radio"/>
Hearing Screening: Audiometry (20-25 db screen) 4y, 5y, 6y, 8y, 11y-14y, 15y-17y	<input type="radio"/>	<input type="radio"/>	Blood Lead Level <input type="radio"/> BLL <input type="radio"/> mg/dL <input type="radio"/>
Developmental Screening (see instructions) 9m, 18m, 24m - 36m (3 screenings required by 36 months)	<input type="radio"/>	<input type="radio"/>	Cholesterol <input type="radio"/> 9y-11y, 17y-20y <input type="radio"/>
Autism Screening (see instructions) 18m, 24m	<input type="radio"/>	<input type="radio"/>	Comments for screenings: <input type="text"/>

**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

Relationship to member  Parent/Guardian/Member Contact #

Programs: Early Intervention  DOE Special Ed  CAMHD  Dentist  DDD  WIC  DOH CSHN

Specialty: Diet  PT  OT  ST  Developmental  Vision  Medical  Behavioral  Hearing  Surgical

Phone Numbers: AlohaCare 808-973-1650, 1-800-434-1002; Kaiser QUEST 808-432-5330, 1-800-651-2237; UnitedHealthcare 1-888-980-4728; HMSA QUEST 808-543-6486, 1-800-440-0640; Ohana Health Plan 1-888-846-4262; CCMC 808-485-8030; Dental Resource 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

DHS 8015 (Rev. 01/2022) Page 1 of 1

## 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 in comment

### Section V: SCREENING DONE TODAY

- Screening – If attempted, but unable to complete an expected screening, add reason or follow up plan in comments

### 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 print and sign.  
(NOTE: You will need to have login credentials to submit EPSDT visit data online).

## 8016 Fillable PDF

- Must fill patient and provider info + Section II
- Initial Visit Confirmation #
- Initial Visit Date
- Expand sections to provide follow up details