



## Nevada Healthy Kids (EPSDT)/Well Baby/Well Child Online Screening Forms

### Quick Reference Guide

<https://www.medicaid.nv.gov>

This Quick Reference Guide identifies the process for successfully completing the Nevada Healthy Kids (EPSDT)/Well Baby/Well Child Initial New Patient Screening Form and Established Patient Screening Form. The forms are now available on the Nevada Medicaid Provider Web Portal to facilitate the capture of EPSDT screening data. To access the EPSDT screening forms, log in to the Provider Web Portal at <https://www.medicaid.nv.gov> and then click on the "EPSDT" link.

#### Tips to Remember

- The provider National Provider Identifier (NPI) that is used to launch the EPSDT Portal from the Provider Web Portal will be the NPI used on the EPSDT screens.
- Only one EPSDT form can exist for an NPI, Recipient ID and Date of Service combination.
- Text fields can only contain these acceptable characters for an alpha data type [a-z], [A-Z], [0-9], spaces and characters '?!(),-+;:\_.
- Data entered into the forms can be saved if you select the "Save" option to save a partial or completed screening form.
- View/Updates to completed EPSDT forms are not allowed after the form is submitted.

#### Steps to Submit a Complete Initial Screening Form

1. Log on to <https://www.medicaid.nv.gov>
2. Sign on to the Provider Web Portal
3. On the My Home page under Provider Services click the "EPSDT" link
  - A new window will open as a warning that you are leaving the Provider Web Portal. Click on the "Proceed" button to connect to the EPSDT portal

4. Enter the recipient's Medicaid #, Date of Service and select "Initial" next to Patient Type
5. Click on "Validate" button
6. The Initial Screening Form appears; enter in all the required screening information.

**Note:** To submit a complete Initial Patient Screening Form, the following fields must be completed:

- Medicaid #
- Last Name, First Name
- Date of Birth
- Date of Service
- Sex
- Parent/Guardian Last Name, First Name
- Birth Weight (lbs and oz)
- Birth Length
- Serious Injury/Illness (enter none if not applicable)
- Surgeries (enter none if not applicable)
- Menarche/Sexual History (enter none if not applicable)
- Behavioral/Emotional History (enter none if not applicable)
- Family Medical History
- Growth Vital Signs
- Physical Exam
- Developmental/Emotional Behavior
- Anticipatory Guidance/Nutrition/Safety
- Impression
- Fluoride Varnish Application
- Refer to Dentist
- Refer to Specialist
- Immunizations Given
- Laboratory Ordered
- Electronic Signature Disclaimer checkbox
- Provider Signature
- Date

## Steps for Completing an Established Patient Screening Form

1. Log on to <https://www.medicaid.nv.gov>
2. Sign on to the Provider Web Portal
3. On the My Home page under Provider Services click the "EPSDT" link
  - o A new window will open as a warning that you are leaving the Provider Web Portal. Click on the "Proceed" button to connect to the EPSDT portal
4. Enter the recipient's Medicaid #, Date of Service, and select "Established" next to Patient Type
5. Click the "Validate" button
6. The Established Screening Form appears; enter in all the required screening information.

**Note:** To submit a complete Established Patient Screening Form, the following fields must be completed:

- Medicaid #
- Last Name, First Name
- Date of Birth
- Date of Service
- Sex
- Parent/Guardian Last Name, First Name
- History reviewed from last visit
- Any changes since last visit
- Family Medical History
- Refer to completed history form in chart
- Growth Vital Signs
- Physical Exam
- Developmental/Emotional Behavior
- Anticipatory Guidance/Nutrition/Safety Impression
- Fluoride Varnish Application
- Refer to Dentist
- Refer to Specialist
- Immunizations Given
- Laboratory Ordered
- Electronic Signature Disclaimer checkbox
- Provider Signature
- Date

## Steps to Submit a Partial Screening Form

- Data entered into the Initial or Established screening forms can be saved if you select the "Save a partial form" option. This will allow you to save information that has been entered and return to complete the form at a later time.
1. Log on to <https://www.medicaid.nv.gov>
  2. Sign on to the Provider Web Portal
  3. On the My Home page under Provider Services click the "EPSDT" link
    - o A new window will open as a warning that you are leaving the Provider Web Portal. Click on the "Proceed" button to connect to the EPSDT portal
  4. Enter the recipient's Medicaid #, Date of Service, and select "Initial" or "Established" next to Patient Type
  5. Click the "Validate" button

**Note:** To submit a partial EPSDT screening form the following fields must be completed:

- Medicaid #
- Last Name, First Name
- Date of Birth
- Age
- Date of Service

## Steps to Retrieve a Partial Screening Form

1. Log on to <https://www.medicaid.nv.gov>
2. Sign on to Provider Web Portal
3. On the My Home page under Provider Services click the "EPSDT" link
  - o A new window will open as a warning that you are leaving the Provider Web Portal. Click on the "Proceed" button to connect to the EPSDT portal
  - o Under the Partial Forms section, click on the Recipient ID to select the form that is ready to be updated.

## **Steps for Saving a Screening Form After Submission**

**Note:** Please see steps to Completing Initial/Established form or partial screening form.

1. From the Save confirmation page, click on the "Save PDF" button
2. "File Download" box pop up will appear, select "Save"
3. On your computer select the location to save the file and click "Save"

## **Steps for Printing a Screening Form After Submission**

**Note:** Please see steps to Completing Initial/Established form or partial screening form.

1. From the Save confirmation page, click on the "Print" button
2. "Print Options" box pop up will appear, select "Print"