



March 18, 2013
Announcement 579

Healthy Kids (EPSDT)/Well Baby/Well Child Screening Forms Now Available Online

The Nevada Healthy Kids (EPSDT)/Well Baby/Well Child Initial New Patient Screening Form and Established Patient Screening Form are now available online through the Provider Web Portal. After providers log in to the Provider Web Portal, the EPSDT forms can be accessed by clicking on the “EPSDT” link on the My Home page. For step-by-step instructions on how to complete the EPSDT Screening Forms refer to the [EPSDT Quick Reference Guide](#).

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

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My Home | Eligibility | Claims | Care Management | Resources

My Home

Provider

Name
Provider ID
Location ID

▶ [My Profile](#)
▶ [Manage Account](#)

Provider Services

▶ [Member Focused Viewing](#)
▶ [Search Payment History](#)
▶ [PASRR](#)
▶ [EHR Incentive Program](#)
▶ [EPSDT](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!

All Claim Inquiries should be submitted to the following Address:
Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices. Our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.


After clicking on the “EPSDT” link shown above, you will receive the following warning to advise you that you are leaving the Healthcare portal. Click on “Proceed” to be directed to the EPSDT Home page.

Attention


You are now leaving the HP Healthcare portal web site. The link you have selected is located on another server. Please press the Proceed button below to leave the HP Healthcare portal site and proceed to the selected site, or Cancel to close this window.

[Proceed](#) [Cancel](#)

The following screen shows the EPSDT Home page. Enter the recipient's Medicaid number, the Date of Service and select the Patient Type. After you click on "Validate," the form you selected will open on your screen.



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[Home](#) [User Guide](#) [Logout](#)

NEVADA HEALTHY KIDS (EPSDT)

*Validate Recipient ID

Please enter following fields for validation before entering the form.

Medicaid #	<input type="text"/>
Date of Service	<input type="text"/> 
Patient Type	<input checked="" type="radio"/> Initial <input type="radio"/> Established
	<input type="button" value="Validate"/>