

INSTRUCTIONS
DHS 1149A (Rev. 04/2025)

EMERGENCY MEDICAL ASSISTANCE FOR NON-CITIZENS AND NON-RESIDENTS

PURPOSE:

The DHS 1149A "Emergency Medical Assistance for Non-Citizens and Non-Residents," will serve as a referral form from hospitals and facilities providing emergency care and emergent life-saving treatments (like chemotherapy or dialysis) to the Med-QUEST Division (MQD) Clinical Standards Office (CSO). Using the information supplied by the medical facility, MQD CSO will determine if, and to what extent, the medical services provided meet the definition of "emergency medical services." The final determination will be returned to the medical facility that submitted the form, as well as to MQD's Eligibility Branch (EB). EB staff will re-confirm eligibility guidelines to determine if the medical claim is eligible for payment by MQD. The final determination will appear on DHS Medicaid Online (DMO). If the form is approved, the medical facility will submit the approved form along with the corresponding claim for approved dates and services to MQD's fee for service program for claims processing.

GENERAL INSTRUCTIONS:

- a. When hospitals and facilities providing emergent life-saving treatments encounter uninsured clients who do not have the funds to pay for their services, the facilities or their delegates should assist the client in applying for Medicaid benefits in order to help expedite the eligibility determination process.
- b. If the client is denied due to a specific reason (Code "A1"), the facility or its delegate may complete the DHS 1149A form to submit to MQD CSO for consideration of the medical services provided as "emergency medical services." The form includes required fields for the KOLEA Application ID, the client's Medicaid ID, Denial Date, and Denial Reason. If the client was denied for any other reasons, the submission of the DHS 1149A is not required, as Medicaid will not be able to pay for the services.
- c. The facility or its delegate must complete the header (identifying) information and Part I, typing or printing legibly when completing form DHS 1149A; and attach all necessary supporting documents.

FILING/DISTRIBUTION:

1. The form and all supporting documents may be submitted to MQD CSO using one of these methods:
 - a. Managed File Transfer MFT (Top Preference): Submit DHS1188 form to mqdhelpdesk@dhs.hawaii.gov to access the state's MFT system. The 1149A form and supporting documentation must be uploaded into the "IN" folder of the facility submitting the form.
 - b. Upon successful upload of documents, hospitals or facilities must email CSO at mqdcso@dhs.hawaii.gov to notify the team that a file has been uploaded for its retrieval.
 - c. Secure E-Mail (Second Preference): Hospitals or facilities may send secure/encrypted emails to CSO's general mailbox (again, mqdcso@dhs.hawaii.gov) using the hospital or facility's encryption protocols.
 - d. Regular Mail (Low Preference): Hospitals or facilities may also directly mail 1149As and supporting documentation to our P.O. Box address below.

Hawaii State Department of Human Services
Med-QUEST Clinical Standards Office
P.O. BOX 700190
Kapolei, HI 96709-0190
 - e. In Person Delivery (Very Low Preference): Individual should deliver the package to the Kakuhihewa Building (601 Kamokila Boulevard, Room 506, Kapolei, HI 96707). If no one answers, please deliver to Room 518 as a backup.
2. MQD CSO shall e-mail the completed 1149A back to the facility or its delegate using the email address provided on the form; and upload a copy of the completed 1149A into the KOLEA system.
3. If the 1149A was approved, facilities may check on [DHS Medicaid Online](#) to ensure that the approved dates have been entered into Med-QUEST's systems. Once the system reflects the correct dates, the facility shall send a copy of the approved 1149A along with the corresponding claim to MQD's fee for service program for processing.