

INSTRUCTIONS
DHS 1188 (Rev. 04/2025)

ELECTRONIC DATA EXCHANGE REQUEST

PURPOSE:

The DHS1188 form shall be used to access the Electronic File Transfer (EFT) Server to download and/or upload data files.

GENERAL INSTRUCTIONS:

This form shall be used by Med-QUEST Division (MQD) Trading Partners, including Health Plans, Program Contractors or other entities doing business with the MQD.

SPECIFIC INSTRUCTIONS:

Section I Requested Data Exchange Access (Check all that apply)

The requested access to the server and request date should be defined here by the Trading Partner.

Section II EFT User – Trading Partner User Information (Health Plan/Program Contractor/Other)

Completed by the Trading Partner Security Liaison. Defines user information and authorization used to build the user ID on the EFT server.

- Submitter ID is an ID assigned to the Trading Partner by MQD. For MQD Trading partners prior to May 1, 2009, your submitter ID is your FTP folder name.
- Note: Instructions for an automated service account.

Section III Data Exchange Submitter Information (Operates on behalf of one or more Trading Partners)

Completed by the Trading Partner. Defines submitter information for a third party that will be exchanging data on their behalf. This section need not be completed if the Trading Partner will be exchanging their own data.

*If a Trading Partner changes submitters, they should submit a new form indicating who the new submitter is and request that their password be changed. This will ensure that only authorized submitters log in with their ID to access their data.

Section IV Data Exchange Information Types

The type of information being exchanged should be defined here by the Trading Partner. This section defines the type of data to be exchanged through the EFT server.

- Membership Rosters
- Provider & Information
- Encounter Data
- Other: Reports, etc.

Section V User Affirmation Requirement: A signed Affirmation Statement must accompany each request to add a new EFT user or Trading Partner. The Affirmation Statement outlines the applicable laws and Med-QUEST directives that must be observed when accessing Med- QUEST computer systems and data. Refer to the External User Affirmation Statement on the back of DHS 1188; print, sign your name and date.

Section VI AHCCCS ISD Information (To be completed by AHCCCS ISD personnel) Self-explanatory.

FILING/DISTRIBUTION INSTRUCTIONS:

The DHS 1188 shall be emailed to "MQDHelpDesk@dhs.hawaii.gov".