State of Hawaii
Department of Human Services

Med-QUEST Division

ELECTRONIC DATA EXCHANGE REQUEST

Email completed form to "MQDHELPDESK@dhs.hawaii.gov" or print and fax to: **808-692-7966** Attention: MQD Helpdesk

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

Request to: ☑ Add User ☐ Delete User ☐ Change User

Data Access: ☑ Upload ☑ Download ☐ Delete ☐ Rename Date: / /

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

Entity Name: Submitter ID(s): CLINICAL FILES/

E-Mail Address:
Service Account Contact E-Mail Address:

Street Address: City, State, Zip:

Telephone: IP Address:

User First Name: Phone:

User Last Name: Last four of SSN:

Note: If this is for an automated service account, you must include a source IP address. A user name and password for the service account will be returned through the EFT server. All individual accounts must also include a first and last name, the last four numbers of the SSN, and an email address. Any request received without this information will not be processed.

Trading Partner Authorization: (Entity point of contact *(Security Liaison)* for all Electronic Data Exchange requests)
Name: Position: Email Address: Date: / /

Trading Partner Technical Representative: (Entity point of contact for all technical issues)
Name: Email Address:

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

Submitter Name: ID Number:

Street Address: City, State, Zip:

Phone: FAX:

E-Mail Address:

Contact Person: Phone:

Technical Representative: Phone:

IV. Data Exchange Information Types (Check all that apply)

Type of data to exchange:

☐ Membership Rosters
☐ Provider & Information
☐ Encounter Data
☑ Other: Reports, etc…

V. User Affirmation Requirement

Each individual accessing Med-QUEST Division data is required to read and sign an Affirmation Statement.
Fax all Affirmation Statements to : 808-692-7966 Attention: MQD Helpdesk

Affirmation Statement: ☑ Attached ☐ On File

Note: Any new individual account requests received without an Affirmation Statement will not be processed.
Note: All password reset requests should be referred to MQD Helpdesk at (808) 692-7966

VI. AHCCCS ISD Information (To be completed by AHCCCS personnel)

User ID: _____ Password: _____ Date: __ / __ / ____ Setup: ____ To Prod: __/ __ / ____

Permissions Granted: ☐ Upload ☐ Download ☐ Delete ☐ Rename

Group Name(s):

State of Hawaii Med-QUEST Division
Department of Human Services

EXTERNAL USER AFFIRMATION STATEMENT

I understand that all users who have access to Med-QUEST Division (MQD) data are bound by applicable laws, rules and MQD directives.

Use of MQD Data:

- I will share (i.e., verbal, hardcopy, electronic) MQD data only with people who are authorized to receive the data.
- I will only access/add/change/copy/delete MQD data related to my assigned job duties.
- I will never use MQD data for non-work related purposes.

Logon IDs and Passwords:

- I will never use another person's MQD Logon ID and password.
- I will never ask another person to reveal his/her MQD Logon ID and password.
- I will never reveal my MQD Logon ID and password to anyone, at any time.
- I understand that no one else may use my MQD Logon ID and password and that I am responsible for all actions taken with my Logon ID.

Misuse of Data:

- I understand that if I become aware of any misuse of MQD data I must promptly notify MQD Helpdesk 808-692-7952.
- I understand that MQD will take appropriate action to ensure that applicable federal and state laws, regulations, and directives governing confidentiality and security are enforced.
- I understand that the misuse of MQD data may result in prosecution, or disciplinary action if I am an employee of another state agency.

My signature below confirms that I have read and understood this form. I accept responsibility for adhering to all applicable laws, rules, and MQD directives. Failure to sign this statement will mean that I will be denied access to MQD data.

Print Legal Name of User (Last, First, M.I.)	Signature	Date

Form Instructions
DHS 1188 (05/09)
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**.**

Form Users:

Med-QUEST Division (MQD) Trading Partners, including Health Plans, Program Contractors or other entities doing business with the MQD.

General 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 insure 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 Instructions: DHS 1188 shall be emailed to "MQDHELPDESK@dhs.hawaii.gov or print and fax to 808-692-7966, Attention: MQD Helpdesk.