MED-QUEST DIVISION Hospital Quality Pay for Performance Program Secure Managed File Transfer (MFT) System

Med-QUEST Division

Frequently Asked Questions

This document contains information to assist hospitals in gaining access to and uploading data files to the Hawai`i Med-QUEST Division for the Pay-for-Performance Hospital Quality Program.

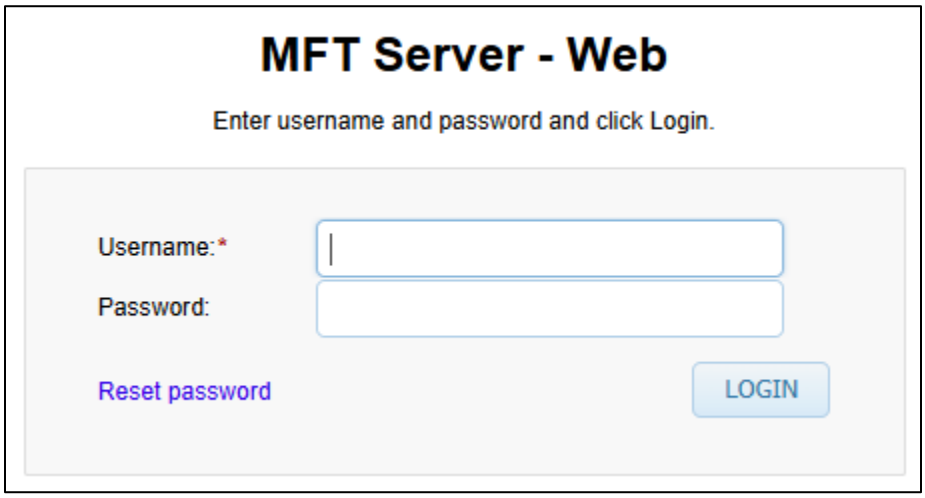
1. **How do I get access to the secure MQD MFT?**
   - Users must complete the DHS 1188 form (see form on pages 7 -9) and submit to MQDHELPDESK@dhs.hawaii.gov or print and fax to 808-692-7966 Attention: MQD Helpdesk
   - Each user must complete and submit the DHS 1188 form separately (a single form cannot be submitted for multiple users at the same provider)
   - Each user may request access for multiple facilities using one DHS 1188 form. See appendix for details.
   - Instructions for completing the form were emailed to providers on January 30, 2026, and are shown as an appendix for convenience

2. **What do I do after submitting the DHS 1188 form?**
   - Once your DHS 1188 form is submitted to the MQD Help Desk, a ticket is automatically generated for tracking purposes
     - If your form is incomplete, a member of the MQD IT team will contact you
     - If your form is complete, you will receive an email notification containing a login link, your username and a temporary password

3. **What if I can only email the DHS 1188 form through encrypted email?**
   - If an encrypted email was sent to MQDHELPDESK@dhs.hawaii.gov, MQD Helpdesk may be unable to access or view the content. If able, send an unencrypted email to MQDHELPDESK@dhs.hawaii.gov and request assistance to troubleshoot.

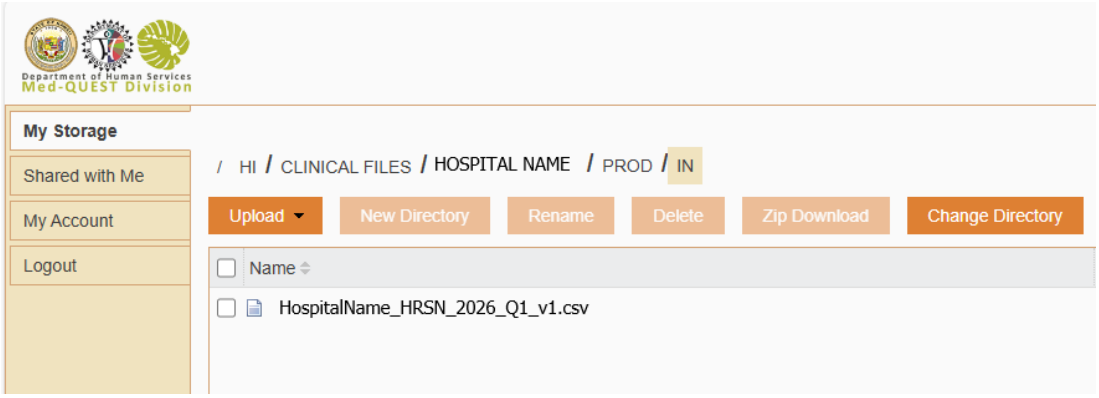
4. **What should I do if I submitted the DHS 1188 form and after three business days and I have not received communication from MQD Helpdesk?**
   - Send a follow up email to MQDHELPDESK@dhs.hawaii.gov and copy MQDCSO_Inquiries@dhs.hawaii.gov, *subject line: Hospital Quality*

5. **How do I get to the secure MFT site?**
   - Approved users can log in at: https://kui.medquest.hawaii.gov/login



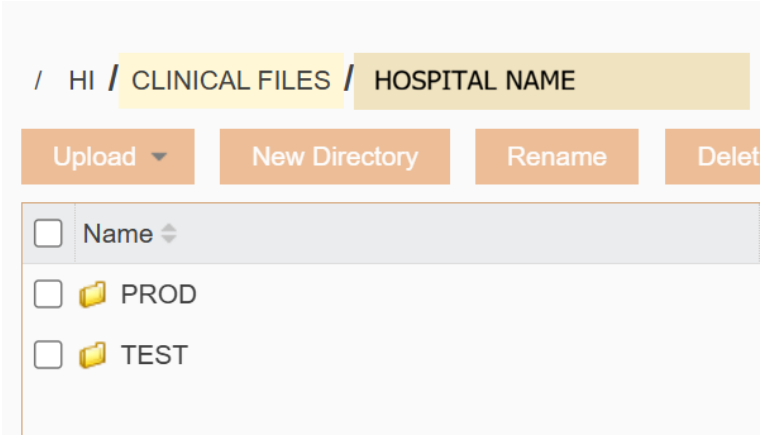
6. How do I upload my data?

This is what uploaded data will look like in the MFT site folder:

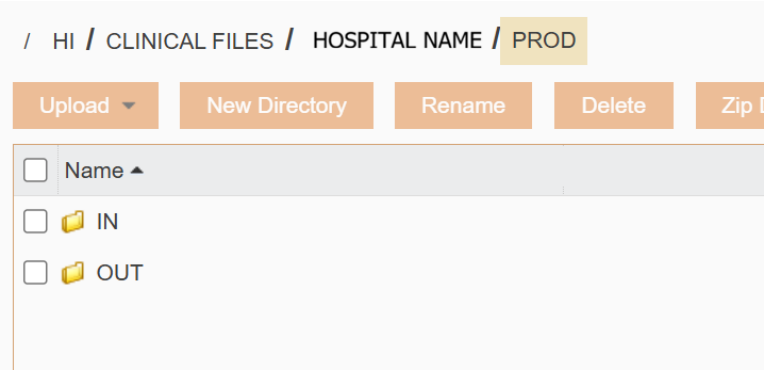


Step 1: Navigate to the correct folder

- Open your hospital facility folder

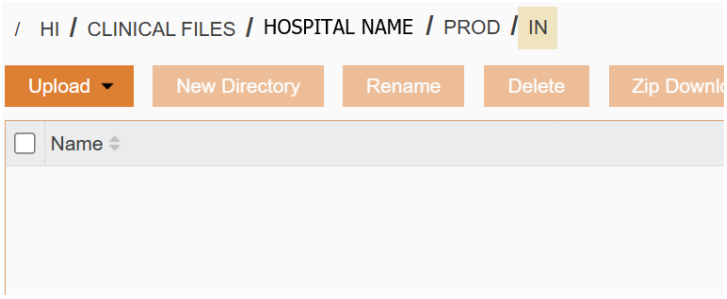


- In your hospital facility folder, open the PROD folder
    - PROD is short for “production”
- Within PROD, users should select the IN folder



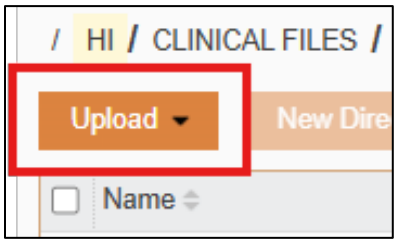
- The IN folder is for materials going into the secure MFT environment

Note: Users may see additional folders (e.g., TEST, OUT). Hospitals will not need to use these folders.



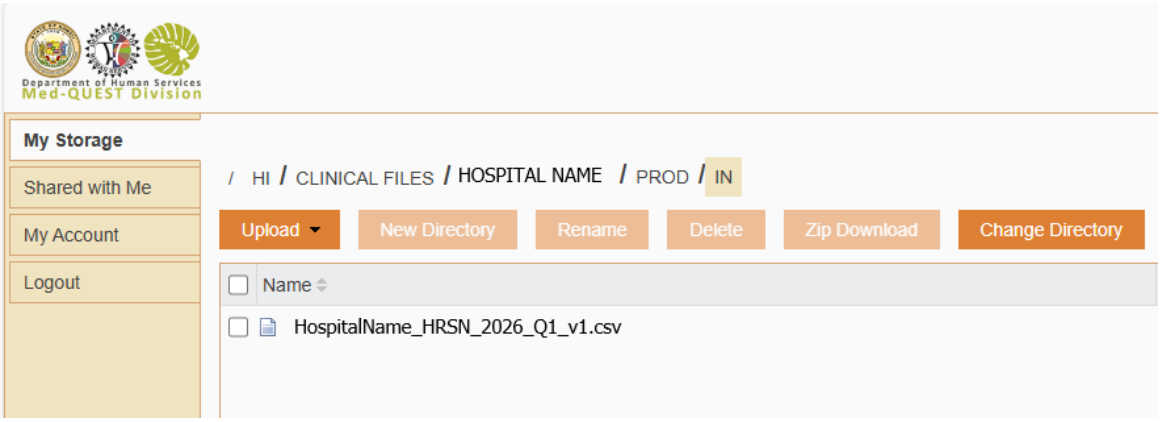
Step 2: Upload your file

- Within the IN folder, click the orange "Upload" button at the top of the page
  - After clicking the upload button, a pop-up screen will appear where users can navigate their system to find the correct file(s) to upload



- Upload Navigation: Hospital Folder >> PROD >> IN >> Upload

Note: The "Upload" button has a black down arrow (caret symbol) that allows for selection of "Binary" or "ASCII." The default upload option is "Binary." No action is needed and hospital facilities should use the default "Binary" option



7. I click on "Upload" and nothing happens.

- The option to "Upload" is only active after navigating to your facility's IN folder
- Once users navigate to the IN folder, the "Upload" button will activate and become available

8. My file is no longer in my facility's folder. Where did it go?

- After your file has been uploaded to your facility's IN folder, MQD will download the file.
- Once the file is downloaded, it will be deleted from the IN folder for version control purposes.

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Med-QUEST Division

Appendix

For access to the secure data exchange, complete the DHS 1188 form and submit to MQDHELPDESK@dhs.hawaii.gov or print and fax to: 808-692-7966, Attention: MQD Helpdesk. Submit a separate form for each person requiring access. Submitters may request access to multiple hospitals using one form (see form on pages 7 -9).

Additional information to aid with form completion, including reminders to complete fields that are frequently left blank:

Page 1, Section I

- Date

Page 1, Section II

- Submitter ID – enter hospital name after CLINICAL FILES/
    - For example, CLINICAL FILES/ADVENTIST HEALTH CASTLE
    - If requesting access to more than one hospital, add a new line for each hospital. For example:
      CLINICAL FILES/ HALE HO'OLA HAMAKUA
      CLINICAL FILES/ KA'U HOSPITAL
    - VALID FACILITY NAMES TO USE:

ADVENTIST HEALTH CASTLE
HALE HO'OLA HAMAKUA
HILO BENIOFF MEDICAL CENTER
KAISER FOUNDATION HOSPITAL - MOANALUA
KAPIʻOLANI MEDICAL CENTER - WOMEN AND CHILDREN
KA'U HOSPITAL
KAUA'I VETERANS MEMORIAL HOSPITAL
KOHALA HOSPITAL
KONA COMMUNITY HOSPITAL
KUAKINI MEDICAL CENTER
KULA HOSPITAL
LĀNAʻI COMMUNITY HOSPITAL
MAUI MEMORIAL MEDICAL CENTER
PALI MOMI MEDICAL CENTER
REHABILITATION HOSPITAL OF THE PACIFIC
SAMUEL MAHELONA MEMORIAL HOSPITAL
STRAUB BENIOFF CLINIC AND HOSPITAL
THE QUEEN'S MEDICAL CENTER - MANAMANA
THE QUEEN'S MEDICAL CENTER - MOLOKA'I GENERAL HOSPITAL
THE QUEEN'S MEDICAL CENTER - NORTH HAWAIʻI COMMUNITY HOPSITAL
WILCOX MEMORIAL HOSPITAL

- Email Address
- Street Address
- Phone
- Last 4 of SSN

Page 2

- Name
- Signature
- Date

Append hospital name to document file name if submitting as a PDF.

Submit completed/signed form back to MQDHELPDESK@dhs.hawaii.gov or print and fax to 808-692-7966, Attention: MQD Helpdesk.

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.