



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

Med-QUEST Division  
Health Care Services Branch  
P.O. Box 700190  
Kapolei, Hawaii 96709-0190

July 7, 2017

**MEMORANDUM**

MEMO NO.

QI-1713

TO: QUEST Integration (QI) Health Plans

FROM: *JM* Judy Mohr Peterson, PhD *MMN*  
Med-QUEST Division Administrator

SUBJECT: OWNERSHIP PERSONNEL SUBMISSIONS & CHANGES TO THE HEALTH PLAN  
ADD (HPA), HEALTH PLAN SUBMISSION (HPS) AND PROVIDER MASTER  
REGISTRY (PMR) FILES

The purpose of this memorandum is to notify the health plans that effective October 1, 2017, the record length for the HPA (Health Plan Add), HPS and PMR (Provider Master Registry) files will change from 166 to 300 bytes. This is to accommodate the new NN (Ownership/Personnel) record type in accordance with CMS mandate §455.436(a) Federal database checks:

**“Confirm the identity and determine the exclusion status of providers and any person with an ownership or control interest or who is an agent or managing employee of the provider through routine checks of Federal databases.”**

Even though every existing record type's length will be affected, the data positions will not change. The updated record layouts as well as the new NN record layout are included in Attachment A. The NN record type will be required for certain provider types, which is included in Attachment B. Also included in Attachment B will be a table of Title Codes and Criminal Offense Codes. Every NN record will require a Title Code for each entity. Med-QUEST Division (MQD) would also need to know if a person was convicted of a crime so there is a Criminal Offense Code

field included. The NN record type will be required for new providers only. If the NN record is not submitted for a required provider type, the whole provider group records for that provider will reject. The NN record type is not required for existing providers, however, the NN record may be submitted along with only the AA record type if just the ownership data is to be added. The NN record will not be required for the HPS file, but it will be included in the PMR file.

The PMR file will include only the first 5 fields of the NN record: Record Type, Health Plan ID (will contain 'HPMMIS'), Health Plan Provider ID (will contain spaces), QUEST Provider ID and Personnel/Company Name. These fields should be enough to identify the owners or personnel. MQD's priority is obtaining this data for our system in accordance with the CMS mandate. Including the NN record in the PMR will allow the health plans to decide whether or not they would still need to submit their own provider's personnel data that may be missing in our system.

Testing for these changes is scheduled to begin in July. Please be aware when submitting your provider test files for other than testing the NN record, you would still need to expand your record length to 300 bytes. Ms. Wileen Ortega will notify you when the testing will start.

Should you have any questions, please contact Ms. Wileen Ortega at (808) 692-7990 or email at [wortega@dhs.hawaii.gov](mailto:wortega@dhs.hawaii.gov).

Attachments

## ADDENDUM A

### File Header Record Format

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Health Plan ID	6	AN	01	06	Unique 6-character health plan ID
2	Current Date	8	N	07	14	CCYYMMDD
3	File Type Code	2	AN	15	16	PN = Provider Network
4	Filler	284	AN	17	300	Reserved for future use

### AA – Master Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates provider master record; value AA
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR file, this field will have 'HPMMIS').
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR file, this field will have spaces).
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Filler	32	AN	27	58	Reserved for future use
6	Name	40	AN	59	98	Registered business name or Provider's Last/First Name
7	SSN	9	AN	99	107	Social security number
8	Provider Type	2	AN	108	109	Code classifying the provider by type of services rendered. (Refer to Provider Type table)
9	Provider Status	2	AN	110	111	2 digit code that identifies if provider is Active, Terminated, or Restricted
10	NPI	10	N	112	121	National Provider Identifier
11	NPI Begin date	8	N	122	129	CCYYMMDD; Effective Date of NPI
12	Date of Birth	8	N	130	137	CCYYMMDD; Provider's Date of Birth
13	Gender	1	AN	138	138	Provider's Gender
14	Filler	162	AN	139	300	Reserved for future use

## BB – Address Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates provider address record; value BB
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR file, this field will have 'HPMMIS').
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR file, this field will have spaces).
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Location Code	2	AN	27	28	Indicates Service address location code
6	Address Type	1	AN	29	29	C = Correspondence, P = Payment, or S = Service
7	FEIN or Tax ID number	9	AN	30	38	Federal Employer Identification Number
8	Send Mail Here Indicator	1	AN	39	39	Send Mail Here Indicator
9	Street Address #1	40	AN	40	79	Address line 1; free text
10	Street Address #2	40	AN	80	119	Address line 2; free text
11	City	20	AN	120	139	City; free text
12	State	2	AN	140	141	State abbreviation; USPS standard
13	Zip Code	9	AN	142	150	Zip + 4 or zip
14	Address Begin Date	8	N	151	158	CCYYMMDD; effective date of provider's address
15	Address End Date	8	N	159	166	CCYYMMDD; end date of a provider's address
16	Filler	134	AN	167	300	Reserved for future use.

### CC – Group Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates provider group record; value CC (optional if no affiliation)
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR file, this field will have 'HPMMIS').
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR file, this field will have spaces).
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Filler	2	AN	27	28	Reserved for future use
6	Health Plan Group ID	12	AN	29	40	Spaces
7	QUEST Group Provider ID	6	AN	41	46	Provider ID for group provider
8	Filler	2	AN	47	48	Reserved for future use
9	Group Begin Date	8	N	49	56	CCYYMMDD; effective date of group provider's affiliation with provider
10	Group End Date	8	N	57	64	CCYYMMDD; expiration date of group provider's affiliation with provider
11	Filler	236	AN	65	300	Reserved for future use

### DD – Specialty Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates provider specialty record; value DD (optional if no specialty)
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR file, this field will have 'HPMMIS').
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR file, this field will have spaces).
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Filler	2	AN	27	28	Reserved for future use
6	Primary Indicator	1	AN	29	29	Spaces
7	Specialty Code	3	AN	30	32	Provider specialty code
8	Begin Date	8	N	33	40	CCYYMMDD; effective date of provider's specialty
9	End Date	8	N	41	48	CCYYMMDD; expiration date of provider's specialty
10	PCP Indicator	1	AN	49	49	Y or N (spaces on PMR)
11	PCP Spec Indicator	1	AN	50	50	B, 6 or N (PMR file only)
12	Attestation Date	8	N	51	58	Date of Self Attestation (PMR file only)
13	Filler	242	AN	59	300	Reserved for future use

### EE – EPSDT Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates EPSDT type record; value EE
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR file, this field will have 'HPMMIS')
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR file, this field will have spaces)
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Filler	2	AN	27	28	Reserved for future use
6	Begin Date	8	N	29	36	CCYYMMDD; effective date of provider's EPSDT COS '08'
7	End Date	8	N	37	44	CCYYMMDD; expiration date of provider's EPSDT COS '08'
8	Filler	256	AN	45	300	Reserved for future use

### FF – License Type Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates License type record; value FF
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR file, this field will have 'HPMMIS').
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR file, this field will have spaces).
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Filler	2	AN	27	28	Reserved for future use
6	Agency ID	3	AN	29	31	Indicates licensing agency
7	DEA Level	1	AN	32	32	Indicates DEA level if license is 017 DEA otherwise it is not used
8	License Number	15	AN	33	47	license or certificate number
9	License Effective Date	8	N	48	55	CCYYMMDD
10	License Expiration Date	8	N	56	63	CCYYMMDD
11	Filler	237	AN	64	300	Reserved for future use

### GG – Contract Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates contract type record; value GG
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR file, this field will have 'HPMMIS').
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR file, this field will have spaces).
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Filler	2	AN	27	28	Reserved for future use
6	Begin Date	8	N	29	36	CCYYMMDD; enrollment begin date
7	End Date	8	N	37	44	CCYYMMDD; enrollment end date
8	Filler	256	AN	45	300	Reserved for future use

## HH – CLIA Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates CLIA type record; value HH
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR file, this field will have 'HPMMIS').
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR file, this field will have spaces).
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Filler	2	AN	27	28	Reserved for future use
6	CLIA Number	10	AN	29	38	CLIA unique laboratory ID for agency 200 only
7	Street Address #1	40	AN	39	78	Street address line 1 for CLIA lab
8	Street Address #2	40	AN	79	118	Spaces
9	City	20	AN	119	138	City
10	State	2	AN	139	140	State
11	Zip	9	AN	141	149	Postal zip code
12	Begin Date	8	N	150	157	CCYYMMDD; License issue date
13	End Date	8	N	158	165	CCYYMMDD; License end date
14	Filler	135	AN	166	300	Reserved for future use



## II – Reimbursement Type (PMR File Only)

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates Reimbursement type record; value II
2	Health Plan ID	6	AN	03	08	HPMMIS
3	Health Plan Provider ID	12	AN	09	20	Spaces
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Location Code	2	AN	27	28	Indicates Service address location code
6	Address Type	1	AN	29	29	C = Correspondence, P = Payment, or S = Service
7	Attention	40	AN	30	69	Address attention line
8	Phone	10	AN	70	79	Address Phone
9	FAX	10	AN	80	89	Address Fax
10	Reimbursement Type	2	AN	90	91	Provider reimbursement type if address type = "C" only otherwise spaces
11	Reimbursement Begin Date	8	AN	92	99	Provider begin date of reimbursement type if address type = "C" only otherwise spaces. Format CCYMMDD
12	Reimbursement End Date	8	AN	100	107	Provider end date of reimbursement type if address type = "C" only otherwise spaces. Format CCYMMDD or may be all '9's.
13	Filler	193	AN	108	300	Reserved for future use

### JJ – Enrollment Record (PMR File Only)

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates enrollment record; value JJ
2	Health Plan ID	6	AN	03	08	HPMMIS
3	Health Plan Provider ID	12	AN	09	20	Spaces
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Provider Status Type	1	AN	27	27	Indicates enrollment status. A = Active, P = Pended, I = Inactive, D = Denied, S = Suspended, T = Terminated
6	Provider Status Code	2	AN	28	29	Indicates code for enrollment status. (Refer to <u>Provider Status Codes - PMR Only</u> )
7	Status Begin Date	8	AN	30	37	Enrollment begin date.
8	Status End Date	8	AN	38	45	Enrollment end date.
9	Replacement Provider ID	6	AN	46	51	Replacement provider ID for certain terminated providers.
10	Filler	249	AN	52	300	Reserved for future use

### KK – NPI Record (PMR File Only)

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates NPI record; value KK
2	Health Plan ID	6	AN	03	08	HPMMIS
3	Health Plan Provider ID	12	AN	09	20	Spaces
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	NPI	10	AN	27	36	National Provider Identifier
6	NPI Begin Date	8	AN	37	44	
7	NPI End Date	8	AN	45	52	
8	Filler	248	AN	53	300	Reserved for future use

**LL – Membership Record  
(Health Plan Submission file only)**

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates membership record; value LL
2	Health Plan ID	6	AN	03	08	6 char health plan id
3	Health Plan Provider ID	12	AN	09	20	Provider number assigned by health plan
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Location Code	2	AN	27	28	Location Code
6	Island	2	AN	29	30	Island Code
7	Recipient Count	5	N	31	35	Member Count
8	Recipient Max	5	N	36	40	Member Limit
9	New Patient Indicator	1	AN	41	41	Accept new patients (Y/N)
10	Filler	259	AN	42	300	Filler

**MM – Credentialing Record**

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Value "MM"
2	Health Plan ID	6	AN	03	08	Unique 6-character health plan ID. (In PMR, this field will have 'HPMMIS').
3	Health Plan Provider ID	12	AN	09	20	Health Plan issued Provider ID. (In PMR, this field will have spaces).
4	QUEST Provider ID	6	AN	21	26	Provider ID
5	Begin Date	8	AN	27	34	CCYYMMDD
6	End Date	8	AN	35	42	CCYYMMDD
7	Credentialing Successful	1	AN	43	43	"Y" or "N"
8	Submitting Health Plan ID	6	AN	44	49	Spaces. (In PMR – this field will have the Health Plan that submitted the credentialed record).
9	Load Date	8	AN	50	57	Spaces. (In PMR – this field will have the date the rec was loaded into HPMMIS via HPA process).
10	Filler	243	AN	58	300	Reserved for future use

## NN - Ownership-Personnel Record

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Record Type	2	AN	01	02	Indicates Ownership/Personnel record; value NN
2	Health Plan ID	6	AN	03	08	Unique 6-character Health Plan ID Required
3	Health Plan Provider ID	12	AN	09	20	Prov ID from Health Plan
4	QUEST Provider ID	6	AN	21	26	New Provider ADD: Spaces Existing Provider: QUEST PR-ID
6	Personnel/Company Name	25	AN	27	51	Personnel Name or Company Name  Personnel Name format: last name/first name  Company Name format: no '/'
7	DOB	8	N	52	59	CCYYMMDD; Date of Birth
8	Personnel SSN	9	N	60	68	Social Security Number
9	Taxpayer ID	9	N	69	77	Taxpayer Identification Number
10	Title Code	2	AN	78	79	Refer to Title Codes table.
11	Begin Date	8	N	80	87	CCYYMMDD; Effective Date of Title
12	End Date	8	N	88	95	CCYYMMDD; End Date of Title
13	Criminal Offense Code	3	AN	96	98	Refer to Criminal Offense Codes table.
14	Street Addr#1	55	AN	99	153	Address line 1; free text
15	Street Addr#2	55	AN	154	208	Address line 2; free text
16	City	25	AN	209	233	City; free text
17	State	2	AN	234	235	State abbreviation; USPS Standard.
18	Zip Code	5	N	236	240	5 digit Zip Code only
19	Filler	60	AN	241	300	For future use

### File Trailer Record Format

#	Data Name	Size	Type	Actual Position		Remarks
				From	To	
1	Trailer Indicator	6	AN	01	06	ZZZZZZ
2	Current Date	8	N	07	14	CCYYMMDD
3	Total Count	6	N	15	20	Total number of records (including header and trailer records)
4	Filler	280	AN	21	300	Reserved for future use

## ADDENDUM B

### Provider Types requiring Ownership/Personnel Data (for NN rec only)

<b>Provider Type</b>	<b>Description</b>
A7	RESPIRE
C2	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
D4	CLINIC - DENTAL SERVICES
H1	DD/MR
Z1	OUT OF STATE MIDDLE RISK MANAGEMENT CARE
Z2	OUT OF STATE HIGH RISK MANAGEMENT CARE
02	HOSPITAL
03	PHARMACY
04	LABORATORY
05	CLINIC
06	EMERGENCY TRANSPORTATION
22	NURSING HOME
23	HOME HEALTH AGENCY
24	PERSONAL CARE ATTENDANT
27	ADULT DAY HEALTH
28	NON-EMERGENCY TRANSPORTATION PROVIDERS
29	COMMUNITY/RURAL HEALTH CENTER
30	DME SUPPLIER
33	REHABILITATION CENTER
34	CASE MANAGEMENT SERVICES
35	HOSPICE
36	ASSISTED LIVING HOME (FORMERLY ACH)
41	DIALYSIS CLINIC
43	AMBULATORY SURGICAL CENTER
46	NURSE (PRIVATE-RN/LPN)
49	ASSISTED LIVING CENTER
50	ADULT FOSTER CARE
52	MENTAL HEALTH CLINIC
55	HOTELS
56	BOARDING HOME
57	RESIDENTIAL TREATMENT FACILITY
63	DRUG AND ALCOHOL REHAB
64	DETOX CENTER
70	HOME DELIVERED MEALS
73	DEFAULT PROVIDER
77	BH OUTPATIENT CLINIC
78	MENTAL HEALTH RESIDENTIAL TREATMENT CNTR
79	VISION CENTER
80	DHS MHS PROVIDER
90	QMB ONLY PROVIDER
95	INTERPRETER SERVICES
97	AIR TRANSPORTATION

**ADDENDUM B (continued)**

**Title Codes – In Hierarchy Order (for NN record only)**

<b>Code</b>	<b>Description</b>
OC	OWNER / COMPANY
OI	OWNER / INDIVIDUAL
CE	CHIEF EXECUTIVE OFFICER
CF	CHIEF FINANCIAL OFFICER
CI	CHIEF INFORMATION OFFICER
CO	CHIEF OPERATING OFFICER
BD	BOARD OF DIRECTORS
MG	MANAGING EMPLOYEE
EM	EMPLOYEE
CN	CONTRACTOR

**Criminal Offense Codes (for NN record only)**

<b>Code</b>	<b>Description</b>
CON	CONVICTED
DBR	DEBARRED
SUS	SUSPENDED