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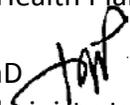# DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Health Care Services Branch
P.O. Box 700190
Kapolei, Hawaii 96709-0190

May 1, 2018

MEMORANDUM

<u>MEMO NO.</u>
QI-1806

TO: QUEST Integration (QI) Health Plans

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

SUBJECT: HEALTH PLAN SUBMISSION FILE CHANGES

The purpose of this memorandum is to notify the health plans of two changes to the .HPS (Health Plan Submission) files.

Effective July 1, 2018, the Med-QUEST Division will begin requiring the .HPS file to be submitted on the 1st Wednesday of each month. The .HPS file is a reflection of a health plan's provider network.

Included in the .HPS file is the LL (Membership) record type. **Effective July 1, 2018, MQD will allow the LL record to be submitted for all providers,** where applicable information is available. The LL record layout will remain the same and will continue to be allowed only for the .HPS file.

We will also begin allowing the non-English language codes to be submitted in the AA record type for the HPS file only. We will add four 2-digit fields to allow health plans to submit up to four (4) non-English language codes. The updated AA record layout as well as a table of language codes are attached.

The Language Codes will not be returned in the PMR file.

Please contact Wileen Ortega via e-mail at wortega@medicaid.dhs.state.hi.us or call her at 808-692-7990 should you have any questions.

Attachment

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Language Codes

Language Code	Description
AF	Afrikaans
AL	Albanian
AE	Aleut-Eskimo Languages
AI	American Indian
AM	Amharic
AP	Apache
AR	Arabic
AN	Armenian
OA	Asian, Other
BA	Bantu
BE	Bengali
BI	Bisayan
BU	Bulgarian
BR	Burmese
CJ	Cajun
CA	Cambodian
CC	Cantonese
CE	Cebuano
CH	Chamorro
CK	Cherokee
CI	Chinese
CU	Chuukese
CO	Croatian
CS	Cushite
CZ	Czech
DK	Dakota
DA	Danish
DU	Dutch
EN	English
ES	Estonian
FO	Filipino, Other
FN	Finnish
FM	Formosan
FR	French
FC	French Creole
FJ	Fujian
FU	Fulani
GE	German
GR	Greek
GN	Guarani
GU	Gujarati
HA	Hawaiian
HE	Hebrew
HI	Hindi
HM	Hmong
HU	Hungarian
IB	Igbo
FI	Ilocano
ID	India N.E.C.*

Language Code	Description
OI	Indo-European, Other
IN	Indonesian
IR	Irish
IG	Irish Gaelic
IT	Italian
JM	Jamaican Creole
JA	Japanese
KA	Kannada
KE	Keres
KO	Korean
KS	Kosraean
KH	Kru
KU	Kurdish
LA	Laotian
LT	Latvian
LI	Lithuanian
MC	Macedonian
MA	Malay
MY	Malayalam
ML	Maltese
CM	Mandarin
MD	Mande
MO	Maori
MT	Marathi
MR	Marquesan
MS	Marshallese
MI	Miao-yao, Mien
MK	Mon-Khmer
NA	Navajo
NE	Nepali
ON	North America Indian, Other
NO	Norwegian
OT	Other
AG	Other Alogonquin Language
AO	Other Specified African Language
IO	Other Specified North American Indian
PW	Paiwan
PK	Pakistan N.E.C.*
PA	Palauan
PJ	Panjabi
PP	Papuan
PS	Pashto
PT	Patois
PD	Pennsylvania Dutch
PE	Persian
PO	Pohnpeian
PL	Polish
PR	Portuguese
RA	Rapanui
RO	Romanian

Language Code	Description
RU	Russian
SA	Samoan
SB	Sebuano
SE	Serbian
SC	Serbocroatian
SI	Sign Language
SN	Sinhalese
SL	Slovak
SV	Slovenian
IL	South/Central American Indian
SO	South Pacific, Other
SP	Spanish
SH	Swahili
SW	Swedish
SY	Syriac
FT	Tagalog
TA	Tahitian
TM	Tamil
TL	Telugu
TH	Thai
TO	Tongan
TU	Turkish
UK	Ukrainian
UN	Unknown
UR	Urdu
VI	Vietnamese
VS	Visayan
YA	Yapese
YI	Yiddish
YO	Yoruba
ZU	Zuni

AA – Master Record

#	Data Name	Size	Type	Actual Position From	Actual Position To	Remarks
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.
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	**Language Code 1**	**2**	**AN**	**139**	**140**	**Refer to Table (HPS file only) In PMR, this field will have spaces.**
15	**Language Code 2**	**2**	**AN**	**141**	**142**	**Refer to Table (HPS file only) In PMR, this field will have spaces.**
16	**Language Code 3**	**2**	**AN**	**143**	**144**	**Refer to Table (HPS file only) In PMR, this field will have spaces.**
17	**Language Code 4**	**2**	**AN**	**145**	**146**	**Refer to Table (HPS file only) In PMR, this field will have spaces.**
18	Filler	154	AN	147	300	Reserved for future use