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July 11, 2024

MEMORANDUM

MEMO NO.
QI-2415

TO: Quest Integration Health Plans

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

SUBJECT: Health Plan Submission (HPS) File Changes Effective July 1, 2025

The purpose of this memorandum is to notify the health plans of several changes to the. HPS (Health Plan Submission) files. These changes are due to new requirements of the Consolidated Appropriation Act Section 5123 Mandate.

Effective July 1, 2025, the Med-QUEST Division will begin requiring the following indicators in the BB Address record for the HPS file only:

1. ADA (Handicap Accessible) Indicator of 'Y' or 'N' for each Service Address.
2. Telehealth Indicator of 'Y' or 'N' for each Service Address.
3. New Patient Indicator of 'Y' or 'N' for each Service Address.

We understand that the New Patient Indicator is currently being submitted in the LL (Membership) record type. This field should continue to be populated in the LL record as we currently use this indicator to populate a table in our mainframe. Also, different specifications are used to populate this field as cited in the Provider Technical Guide. The new field in the BB address record will be called "New Patient SA Indicator" (New Patient Service Address Indicator) to indicate if new patients are being accepted at a service address.

Also, effective July 1, 2025, the Med-QUEST will allow the health plans to submit the website name of the provider, if available, in the AA record. The website name should include the hypertext “<https://>” in the field. Example: <https://www.queens.org>. The updated record layouts for the AA & BB records are attached. The updated Provider Technical Guide is forthcoming.

These new fields will not be returned in the PMR file.

We plan to implement the system changes to our Test region in November. Wileen Ortega will notify you when the changes are in Test so that you can begin submitting your HPS test files with the updated fields.

Any questions pertaining to the Provider Technical Guide updates can be directed to Wileen Ortega at wortega@dhs.hawaii.gov.

Any questions pertaining to the requirements of these new fields can be directed to: HCSBInquiries@dhs.hawaii.gov.

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 Error! Reference source not found..)
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 3.2.10 Language Codes Table (HPS file only) In PMR, this field will have spaces.
15	Language Code 2	2	AN	141	142	Refer to 3.2.10 Language Codes Table (HPS file only) In PMR, this field will have spaces.
16	Language Code 3	2	AN	143	144	Refer to 3.2.10 Language Codes Table (HPS file only) In PMR, this field will have spaces.
17	Language Code 4	2	AN	145	146	Refer to 3.2.10 Language Codes Table (HPS file only) In PMR, this field will have spaces.
18	Provider Website Name	60	AN	147	206	Name of provider's website (if available). Include https://. (HPS File Only)
19	Filler	94	AN	207	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	ADA (Handicap Accessible) Indicator	1	AN	167	167	If Address Type = 'S', Indicator of 'Y' or 'N' is required. (HPS File Only)
17	Telehealth Indicator	1	AN	168	168	If Address Type = 'S', Indicator of 'Y' or 'N' is required. (HPS File Only)
18	New Patient SA Indicator	1	AN	169	169	New Patient Indicator by Service Addr (SA) If Address Type = 'S', Indicator of 'Y' or 'N' is required. (HPS File Only)
19	Filler	131	AN	170	300	Reserved for future use.