DHS Medicaid Online (DMO)

Web-Based
Eligibility/Enrollment Verification

Application Walk-Through
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Overview

The Department of Human Services’ (DHS) Medicaid Online (DMO) offers providers an alternative method for obtaining recipient data from HPMMIS (Hawaii Pre-Paid Medical Management Information System). Once an account is established and authenticated, you may submit inquiries for any valid recipient in HPMMIS and obtain detailed status and payment information for your claims.

Browser Requirement

The DMO requires that you use Microsoft Internet Explorer 5.5 or higher to access data through the Internet. This requirement helps ensure our standards for privacy, reliability and flexibility.

If you encounter difficulties when attempting to connect to the web site, be sure that you have met these minimum browser requirements. Consult your own technical support resources for more information, if necessary; or use the link, pictured below, on the homepage to download and install Microsoft Internet Explorer 7.
DHS/ MQD Online Overview

To access these services, log onto the DHS Medicaid website at https://hiweb.statemedicaid.us.

Steps

1. Type https://hiweb.statemedicaid.us into the address toolbar and press <Enter>.
Contact Us

This page can be accessed via the Login page prior to logging in or via the Main Menu after logging in. It contains important contact information for provider assistance.

Figure 2: Contact Us (link via Home page)

Figure 3: Contact Us (link via Main Menu page)
Contact Us

The State of Hawaii Automated Voice Response System (AVRS) is available 24 hrs/day, 7 days/week by calling 1-800-982-4408.

The following user manuals can be found under the Provider Resources of the Med-QUEST website:
- AVRS Quick Reference sheet
- DHS Medicaid Online User Manual

Eligibility or Enrollment inquiries

Contact: Med-QUEST Customer Service
P.O. Box 700910
Kapolei, HI 96793
Oahu: 808-524-3070
Toll Free: 1-800-316-8005
Med-QUEST website: www.med-quest.us

Hours:
7:45 a.m. to 4:30 p.m. M-F, Hawaii Standard Time

Claims inquiries

Provider inquiries
- DHS Medicaid Online (DMO) assistance

Contact: State of Hawaii, Medicaid Fiscal Agent - Affiliated Computer Services (ACS)
Oahu: 808-952-9570
Toll Free: 1-866-235-6279

Hours:
7:30 a.m. to 4:30 p.m. M-F, Hawaii Standard Time

Med-QUEST – Provider Registration

Contact: Med-QUEST Provider Registration
Health Coverage Management Branch

Hours:
7:45 a.m. to 4:30 p.m. M-F, Hawaii Standard Time

Medicaid Waiver Services – Provider Registration

Contact: 808-586-6555
Medicaid Waiver Services
Provider Registration
810 Richards Street, Suite 591
Honolulu, HI 96813

Hours:
7:45 a.m. to 4:30 p.m. M-F, Hawaii Standard Time

State of Hawaii Automated Voice Response System (AVRS) assistance

Contact: Toll-Free: 1-800-333-0263
Medius EDI Client Support
Fax: 1-635-643-2539
Email: customer.service@medius.com

Pharmacy assistance

Contact: 1-877-439-0003
Pharmacy Benefit Management Services (PBMS)
Affiliated Computer Services (ACS) Rx
Website: www.himedi-quesths.org

Figure 4: Contact Us
Security

The DMO application has been secured to prevent fraudulent use of DHS/MQD information. Users are required to create an account prior to using the DHS Medicaid Online website. The DHS/MQD grants permissions to the system, and each provider’s Master Account Holder manages the Individual Accounts including activities such as account activation, granting security and other administrative functions.

This website does not update a provider’s Service, Correspondence or Payment Address. Please submit form DHS1139 to:

HCMB Provider Registration
P. O. Box 700190
Kapolei, HI 96709

Login

In order to access the system, a valid Username and Password are required. To create a new account, simply click the Create a New Account link.

Figure 5: Login
**Steps**

**Login**

**NOTE**

Providers whose identification number has been in a terminated status for one year or longer are not permitted access to the DHS Medicaid Online system.

1. If you have already established a user account, then proceed to step 2 to login, else skip ahead to step 3 to create a new user account.

2. **Type** your **User Name** in the USER NAME field. **Press** <Tab> **to move the cursor to the PASSWORD field. Type your Password and press <Enter>** or **click LOGIN**. You should be viewing the Main Menu page. To learn more about how to proceed, refer to the Main Menu section beginning on page 30.

**NOTE**

Click on **Click Here**, adjacent to the “Forgot your Password?” link, to be reminded of your password. For more information, refer to the procedures in the Recover Password section beginning on page 20.

Also, be aware that your password expires after 60 days. You will be notified of the need to update your password when necessary.

3. If you have not already created a user account, **click Create a New Account** to initiate this process. The User Agreement page displays and is described on the next page.
User Agreement

The first step in creating an account requires the acceptance of the Department of Human Services, Medicaid Program Online Terms of Use and Conditions. If these terms are not accepted, you will be redirected back to the home page. However, once accepted, the new account creation process may continue.

Enrollment Steps

1. User Agreement
2. Verification
3. Create Profile
4. Account Created

<table>
<thead>
<tr>
<th>User Agreement</th>
<th>Please read the following terms of use and indicate that you agree by clicking the &quot;I Agree&quot; button at the bottom of the page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warning: The information provided through the State of Hawaii, Department of Human Services, Medicaid Program Online Web Application is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to all aspects of the administration of the State of Hawaii Medicaid Program – including the managed care, fee for service, and Home &amp; Community Based Waiver Services. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act.</td>
<td></td>
</tr>
<tr>
<td>The Master Account Holder is responsible for ensuring the confidentiality of any information obtained from this web application by persons using the Master Account Holder user ID or any individual user IDs approved by the Master Account Holder.</td>
<td></td>
</tr>
<tr>
<td>The Master Account Holder is responsible for informing itself and its employees and agents of the requirements of all applicable privacy laws and ensuring compliance with the license agreement:</td>
<td></td>
</tr>
<tr>
<td>The individual accounts are limited to employees who need the information to perform their employment-related duties;</td>
<td></td>
</tr>
<tr>
<td>The inactive individual accounts are deactivated; and</td>
<td></td>
</tr>
<tr>
<td>That the Master and individual user IDs and passwords are not</td>
<td></td>
</tr>
</tbody>
</table>

Figure 6: User Agreement

Steps

**User Agreement**

1. Read the user agreement. If you accept these terms, **click I AGREE** to proceed to the next page.

2. **Click CANCEL** to abandon the user account creation process and return to the home page.
Identify a Valid Provider

The next step requires that a valid Provider ID number (either a 6-digit Med-QUEST Provider ID Number or a 10-digit NPI [National Provider Identifier]) and Tax ID Number combination be verified against the HPMMIS Provider Database. The system matches the Provider ID and Tax ID Number. It is not possible to continue unless an exact match is found.

![Figure 7: Verification](image-url)
Steps

Verification

1 Select the type of provider ID number you are submitting for verification from the drop down list. Press <Tab> to move the cursor to the PROVIDER NUMBER field.

Providers whose identification number has been in a terminated status for one year or longer are not permitted access to the DHS Medicaid Online system.

2 Type a Provider ID number (corresponding to the type selected) in the PROVIDER NUMBER field. Press <Tab> to move the cursor to the TAX ID NUMBER field.

Providers whose current reimbursement type is registered within HPMMIS as Managed Care Only are not permitted to access DMO. Such providers should refer to the contracted health plan for recipient verifications.

3 Type the Tax ID number (that corresponds to the provider ID number) in the TAX ID NUMBER field and press <Enter> or click CONTINUE. You should be viewing the Create Profile page.

The Provider ID number and Tax ID Number are verified by comparing these inputs with registered data on file. Only a valid combination of these two fields permits advancement to the next step in the user account creation process.
Provide Your Information and Account Type

The Create Profile screen displays after entering a valid Provider ID Number and Tax ID Number. This screen prompts you to select a User Name, Password and to provide a Hint Question and Answer to facilitate the recovery of a forgotten password, if necessary, in the future.

If a Master Account does not already exist for a provider, then an option is provided to create one. However, if you are not authorized to create a Master Account, then please do not do so. Although a Master Account can be created, it remains inactive until authenticated. DHS/MQD mails a letter to the address specified by the provider containing the Authentication Code necessary to activate the account.

If you are not authorized to create a Master Account but attempt to create the account, the setup process for your provider will be delayed. No other users will be able to access the system until a Master Account Holder is created who activates the Master Account and subsequent Individual Accounts. Therefore, if you are not authorized to create a Master Account, simply create an Individual Account.
Figure 8: Create Profile
### Steps

#### Enter a User Name and Password

1. **Type** the desired *User Name* in USER NAME field. **Press <Tab>** to move the cursor to the PASSWORD field.

   - Be aware that both user names and passwords are case-sensitive. We recommend separating multi-word user names with an underscore character. (For example: `User_Name`)
   - Also, the user name that you select must be unique to DMO.

2. **Type** your *Password* and **press <Tab>** to move the cursor to the CONFIRM PASSWORD field. **Retype** your *Password* and **press <Tab>** to move the cursor to the HINT QUESTION field.

   - Be aware that both user names and passwords are case-sensitive.
   - Also, be sure to select a password that is at least six characters long. You may use any combination of characters except for the following: `~`.
   - Finally, although passwords expire every 60 days, no restrictions are in place to prevent a password from being recycled. As a reminder, the expiration date of your password displays below your User Name in the upper right hand corner of the **Main Menu** page after you log in.

#### Choose a Hint Question and Answer

3. **Type** a *Question* in the HINT QUESTION field and **press <Tab>** to move the cursor to the ANSWER field.

4. **Type** an *Answer* in the ANSWER field that answers the question posed in the previous field.

   - If you attempt to recover a forgotten password in the future, this question will be posed to you. It functions as a security gate. In order to have your password sent to your email address, you must provide the answer exactly as it is entered here.
**Individual or Master Account**

This section appears only if no Master Account has been established for your Provider ID number. Providers are responsible for creating their own master account for their Provider ID number. It is recommended that Group Billing Offices request that an Individual Account be created under each of their servicing provider’s Master Account in order to access claim information for each service provider. It is the responsibility of the Master Account Holder to maintain Individual Account access (i.e., to add or remove users, limit access).

When registering, providers are required to enter either a 6-digit Med-QUEST Provider ID Number or a 10-digit NPI (National Provider Identifier) along with their Tax ID number. (This should not be confused with the 8-digit Med-QUEST Provider ID number used by other verification systems such as the AVRS.) The system matches the provider using the Provider ID number and Tax ID number.

Once a Master Account is created for the Provider ID, only individual accounts can be created thereafter. There is a limit of one Master Account per provider. There is no limit to the number of Individual Accounts that can be created for a provider.

In the event that the details of a Master Account must be changed (e.g., to have the Master Account re-activated, deleted or otherwise changed), refer to the Appendix B: Master Account Change Form for the appropriate form and instructions.

5 If this section does not appear, then a Master Account Holder has already been designated for this Provider ID number and the system will only allow an Individual Account to be created. You should proceed to step 7 to enter User Account Information for an Individual Account.

6 Select either the “Individual Account” or “Master Account” button. This selection assigns your User Name with the indicated designation. For details concerning the different accounts, click on Click Here link within this section.
User Account Information

7 Type your First Name in FIRST NAME field. Press <Tab> to move the cursor to the LAST NAME field.
Type your Last Name in LAST NAME field. Press <Tab> to move the cursor to the TITLE field.
Type your Title in TITLE field. Press <Tab> to move the cursor to the first TELEPHONE NUMBER field.

The system defaults the CORRESPONDENCE ADDRESS field with the Correspondence Address on file for the Provider ID.
The Authentication Code letter, for newly created Master Accounts, is mailed to this address.

8 Type your Area Code into the first TELEPHONE NUMBER field and press <Tab> to move the cursor to the second TELEPHONE NUMBER field.
Type your Prefix into the second TELEPHONE NUMBER field and press <Tab> to move the cursor to the third TELEPHONE NUMBER field.
Type your Suffix into the third TELEPHONE NUMBER field and press <Tab> to move the cursor to the EMAIL ADDRESS field.

9 Type your Email Address in EMAIL ADDRESS field and press <Tab> to move the cursor to the CONFIRM EMAIL ADDRESS field.

If you are unsure of your email address, please check with your IT Department. The email noted should be the email address seen by external receivers and not what is used internally within your office email system.

10 Retype your Email Address in the CONFIRM EMAIL ADDRESS field and press <Enter> or click CONTINUE. You should be viewing the Account Created page.

Before clicking CONTINUE, it is recommended that you print this Create Profile page for your records. Please be sure to store it in a safe place. Otherwise, if you forget both your password and hint question, you may obtain this information from your Master Account Holder.

Messages may appear on certain screens or adjacent to required fields that have no data entered or that have been insufficiently populated.
Refer to the Appendix A: Error Messages for more information as needed.
Account Created

The Account Created page displays account information and confirms that an account has been created. An email is sent to the email address supplied when creating a user profile, to confirm the creation of an account.

If a Master Account has been created, then you must wait until you receive a letter with the Authentication Code before access to the system is granted.

If a Master Account exists and an Individual Account has been created, an email is sent to the Master Account Holder notifying them that the Individual Account is awaiting review and activation. Otherwise, the Individual Account Holder must wait until a Master Account is created and the new Master Account Holder activates the Individual Account.

Figure 9: Account Created
Steps

Account Created

1  Click Login. You should be viewing the Login page. To learn more about how to proceed, refer to the Login section beginning on page 7.

Remember that an Individual Account must be activated by the Master Account Holder prior to use and that a Master Account can only be activated with an Authentication Code that is mailed to the provider’s Correspondence Address.
Authenticate the Master Account

Upon receipt of the Authentication Code letter, the new Master Account Holder can login with the selected User Name and Password, and when prompted to do so, provide the Authentication Code in order to be granted access to the system. The code must be typed in exactly as it appears in the letter.

Please keep in mind that if the Master Account is not activated within 30 days of creation, it is deleted from our system. Once the Master Account has been authenticated, the Authentication Code is no longer needed.

Steps

Authenticate Master Account

1. If you have received an Authentication Code letter, then type the Authentication Code into the AUTHENTICATION CODE field exactly as it appears in the letter.

2. Press <Enter> or click AUTHENTICATE to continue. You should be viewing the Main Menu page. To learn more about how to proceed, refer to the Main Menu section beginning on page 30.
Recover Password

To be reminded of a forgotten password, simply click the “Forgot your Password?” link on the Login page. The Recover Password page is displayed prompting entry of a valid USER NAME, (six-digit Med-QUEST) PROVIDER ID and TAX ID.

Figure 11: Recover Password
Steps

1 Select the type of provider ID number you are submitting for verification from the drop down list. Press <Tab> to move the cursor to the USER NAME field.

2 Type your User Name in the USER NAME field. Press <Tab> to move the cursor to the PROVIDER ID field.

3 Type a Provider ID number (corresponding to the type selected) in the PROVIDER NUMBER field. Press <Tab> to move the cursor to the TAX ID NUMBER field.

4 Type the Tax ID number corresponding to the provider ID number in the TAX ID field and press <Enter> or click CONTINUE. You should be viewing the second Recover Password page.

NOTE Be sure to type the Tax ID number exactly as you entered it when establishing your user account. Although the use of a dash is not necessary for the Tax ID number when setting up your account, it must be repeated here if it was used initially when creating your account.
Recover Password

Upon entry of a valid User Name, Med-QUEST Provider ID and Tax ID, you are prompted to answer the Hint Question supplied when your user profile was created. The question must be answered exactly as it was typed when the account was created. Once the correct answer is provided, an email is sent to the address provided at setup that contains account information including the forgotten password.

Note that the Master Account Holder has access to Individual Account information, including passwords, for all Individual accounts created for the Provider ID.

Steps

1. The Hint Question associated with your User Name appears above an open ANSWER field. Type the Answer to your Hint Question in the ANSWER field and press <Enter> or click CONTINUE.

   In order to have your password sent to your email address, the answer must be typed exactly as it was entered when your account was created.

2. Click CANCEL to return to the Login screen.
Master Account Admin Functionality

Logging in with a Master Account permits the Master Account Holder to administer all other accounts defined for that provider.

From the Main Menu page, click the Admin link, at the top right corner of the page, to gain access to the User Administration page.

Remember that a Master Account:

- Must be initially authenticated with a one-time code mailed to the Master Account Holder’s address.
- Activates Individual Accounts before they can be used.
- Can never be downgraded to an Individual Account.
User Administration

To make changes to an Individual Account, select the user whose data is to be updated from the User Name drop down list on the left side of the page. Update any necessary details from the list of available fields on the right side of the page and click the Accept Changes button at the bottom of the page.

To delete an Individual Account, select the user to be deleted from the User Name drop down list on the left side of the page. Then click the Remove This User button, at the bottom of the page. It is the responsibility of the Master Account Holder to maintain user accounts for employees who are no longer employed by their company.

To change a Master Account Holder, please follow the instructions detailed in the Appendix B: Master Account Change Form. Although current users (Individual Account Holders) are not affected when a Master Account Holder’s record is closed, new users cannot have their accounts activated until a new Master Account Holder’s record is authenticated.

A confirmation message appears following any action taken on this page to acknowledge that the action has been successfully completed.

Figure 13: User Administration
Steps

Manage an Account

1 The User Name drop down list on the left side of the User Administration screen lists all the account holders defined for your Provider ID. To select a particular account, click the User Name within the drop down list.

A check box labeled “Active” appears for all accounts classified as Individual Accounts. This box can be set as Active, when checked, or Inactive, when blank, to manage the status of Individual Accounts.

A Master Account is always considered Active once the Authentication Code has been entered. Therefore, this check box does not display when a Master Account Holder has been selected.

2 The fields beneath the Details section on the right side of the User Administration screen may be altered as needed in order to manage the details of a particular account.

Master Account Holders may toggle the status of an account; provide updates to a user’s PASSWORD, FIRST NAME, LAST NAME, TITLE, TELEPHONE, EMAIL, HINT QUESTION or (HINT QUESTION) ANSWER; and set the GROUP PERMISSIONS so that the selected user’s access is restricted to Eligibility/Enrollment Status, Claim Status or both Eligibility/Enrollment & Claim Status.

3 Once the necessary changes have been made, click ACCEPT CHANGES.

A dialog box appears with the following message: Press ‘OK’ if you would like to save your changes. Press <Enter> or click OK to accept the changes. Alternatively, click CANCEL to return to abandon any changes thus far.

To confirm that the update was applied successfully to a record, the following message appears at the top of the User Administration screen: Your account has been updated.

Changes made to any user account are effective immediately.

In order to more easily monitor updates to user accounts, a change made to any account records the name, date and time of the user initiating the change. This data displays in the bottom two fields of the User Administration screen. These fields are populated systematically and can not be edited manually.
Remove an Individual Account

1. The User Name drop down list on the left side of the User Administration screen lists all the account holders defined for your Provider ID. To select a particular account, click the User Name within the drop down list.

2. Once you have selected the Individual Account to be removed, click REMOVE THIS USER.
   A dialog box appears with the following message: Press ‘OK’ if you would like to remove this user. Press <Enter> or click OK to accept the changes.
   To confirm that the Individual Account was removed, the following message appears above the Details section on the right side of the User Administration screen: 1 record was Deleted.

   Click CANCEL to return to the User Administration screen.

Remove a Master Account

1. To change a Master Account Holder, please follow the instructions detailed in the Appendix B: Master Account Change Form.

   When a Master Account user is deleted, the current users (Individual Account Holders) are not affected. However, if a new user is added, their account cannot be activated until the new Master Account Holder’s record is authenticated.
Change Password

1 Type a new Password in the PASSWORD field. Press <Tab> to move the cursor to the CONFIRM PASSWORD field. Retype the Password.

Be sure to select a password that is at least six characters long. You may use any combination of characters except for the following: " ~

2 Click ACCEPT CHANGES.
A dialog box appears with the following message: Press ‘OK’ if you would like to save your changes. Press <Enter> or click OK to accept the password change.
To confirm that the update was applied successfully to your record, the following message appears above the Details section on the right side of the User Administration screen: The record has been updated.

Your Password Expiration date displays in the upper right hand corner of the web page adjacent to other detailed user information.
Finally, although passwords expire every 60 days, no restrictions are in place to prevent a password from being recycled.
Individual Account Functionality

Individual Account Holders have the option to change their account details including their password at anytime. Click the User Account link, at the top right corner of the page, to gain access to the User Account page.

![User Account Page](image)

**Figure 14: User Account**
Steps

Change Password

1 Type your new Password in the NEW PASSWORD field. **Press <Tab>** to move the cursor to the CONFIRM NEW PASSWORD field. **Retype** your Password.

Be sure to select a password that is at least six characters long. You may use any combination of characters except for the following: ~ !

2 **Press <Enter> or click ACCEPT CHANGES.**
   A subsequent screen appears with the following message: **Press ‘OK’ to save your changes. Press <Enter> or click OK** to accept the changes.
   To confirm that the update was applied successfully to a record, the following message appears at the top of the User Account screen: *Your account has been updated.*

3 **Click Main Menu** to return to the DMO Main Menu.

Manage Account Details

1 **Press <Tab>** to move the cursor to any field that requires an update such as FIRST NAME, LAST NAME, TITLE, TELEPHONE, EMAIL, HINT QUESTION or (HINT QUESTION) ANSWER. **Type** the new data into the appropriate field(s).

2 Once the necessary changes have been made, **click ACCEPT CHANGES.**
   A dialog box appears with the following message: **Press ‘OK’ to save your changes. Press <Enter> or click OK** to accept the changes.
   To confirm that the update was applied successfully to a record, the following message appears at the top of the User Account screen: *Your account has been updated.*
   Changes made to an individual account are effective immediately.

   **Click CANCEL** to return to abandon any changes thus far.

3 **Click Main Menu** to return to the DMO Main Menu.
Applications

After logging into the system with an established Master or Individual Account, the Main Menu page displays. Navigation to different applications within the system starts here.

Main Menu

Click on the Eligibility and Enrollment Status option under the Main Menu heading to access the system.

To access the Contact Us page, click on the Contact Us link in the top right corner.

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>OAHU</th>
<th>Neighbor Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>AlohaCare</td>
<td>973-1650</td>
<td>1-800-434-1002</td>
</tr>
<tr>
<td>HMOA</td>
<td>940-6466</td>
<td>1-800-440-0060</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>452-7767</td>
<td>1-800-651-2237</td>
</tr>
<tr>
<td>Blue Cross</td>
<td>951-4630</td>
<td>1-866-266-5280</td>
</tr>
</tbody>
</table>

For Part D drug enrollment information, please contact:

<table>
<thead>
<tr>
<th>OAHU</th>
<th>Toll-free</th>
</tr>
</thead>
<tbody>
<tr>
<td>886-7299</td>
<td>1-800-633-4222</td>
</tr>
</tbody>
</table>

Figure 15: Main Menu
**Steps**

1. Options for different applications available are listed under the Main Menu heading on the left side of the screen.

   **Click Eligibility and Enrollment Status** to perform related research on a specific recipient.

   Some applications may not be available to all users.
   Each provider’s Master Account Holder may restrict any of their Account Holders to access one or more applications.
   For more information on setting Group Permissions, refer to the Master Account Admin Functionality section beginning on page 23.
Eligibility/Enrollment

Select the Eligibility and Enrollment Status option to open the *Recipient Search* page.

**Recipient Search**

This page allows a search for a specific individual to be conducted prior to viewing their eligibility and enrollment information. The SEARCH BY field defines the required and optional data elements necessary to initiate a recipient search. You may search by HAWI ID, SSN or a combination of Name, Date of Birth and Gender.

If no records are found matching the criteria entered, then a message displays notifying you of the results. Also, if multiple records are found, a message displays informing you that more than one record was found and advising you to change the search criteria.

Once a valid recipient is found, the *Eligibility/Enrollment Search* page displays.
Steps

1 The type of online search you choose depends on the variety and reliability of the information at your disposal. Select a set of search criteria by choosing an option from the Search By drop down list. To search by HAWI ID, proceed to Step 2. To search by Social Security Number, proceed to Step 3. To search by the recipient’s Name, Date of Birth and Gender, proceed to Step 4.

Tip

Click CLEAR to erase all data entered in the search fields.

Search by HAWI ID

2 Type a valid HAWI ID into the HAWI ID field and press <Enter> or click SUBMIT.

Search by SSN

3 Type a valid Social Security Number into the SSN field and press <Enter> or click SUBMIT.

A successful recipient search conducted with an SSN, returns basic recipient information about the recipient including their HAWI ID, Name, DOB and Gender, in addition to the SSN. Searches conducted by HAWI ID or by Recipient Name, DOB & Gender do not include the SSN label or data in the corresponding response.
State of Hawaii
DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Search by Recipient Name, DOB & Gender

4 Type the recipient’s Last Name in LAST NAME field. Press <Tab> to move the cursor to the FIRST NAME field.

Type the recipient’s First Name in FIRST NAME field. Press <Tab> to move the cursor to the MIDDLE INITIAL field.

Type the recipient’s Middle Initial, if known, in MIDDLE INITIAL field. Press <Tab> to move the cursor to the DATE OF BIRTH field. Note that data entry in this field is optional.

Type the recipient’s Date of Birth in DATE OF BIRTH field. Press <Tab> to move the cursor to the GENDER drop down list.

Select the recipient’s Gender in GENDER field’s drop down list and click SUBMIT. (The use of this field is not required, but recommended for Eligibility/Enrollment searches.)

First names that contain more than 10 characters have the 10th character replaced with an asterisk (*) to indicate the name has been truncated.

A period (.) is used in place of a first or last name when an individual does not have a legal given first or last name.

When opting to enter dates in the MMDDYY format, be aware that the application presumes that years ending 00 through 29 are preceded by the century 20; and that years ending 30 through 99 are preceded by the century 19.

This is of particular importance when entering dates of birth.

You must type the full date of birth for any recipient born on or before 1929. For example, typing 102429 would be interpreted as 10-24-2029.

To be sure that you are always providing the most accurate information for the application to process, it is recommended that you adopt the habit of entering all dates in the MMDDCCYY format.
Eligibility/Enrollment Search

Basic recipient information displays as a header on the Eligibility/Enrollment Search page including the HAWI ID, Name, DOB and Gender.

A Begin Date of Service and an End Date of Service are required to perform a search. Any valid recipient data can be viewed.

Note that the BEGIN DATE OF SERVICE and END DATE OF SERVICE fields cannot be populated with dates greater than the system date since eligibility and enrollment information could change in the future. Also, no eligibility or enrollment data can be provided prior to 08/01/1994, the earliest system date for which such data is available.

If we do not list other providers in the drop down list that you may be affiliated with, please contact HCMB Provider Registration by calling (808) 692-8174.

Once a search request has been submitted, the Eligibility/Enrollment page displays.
Steps

No eligibility or enrollment data can be provided prior to 08/01/1994, the earliest system date for which such data is available. Therefore, it serves no purpose to type dates prior to 08/01/1994 in the BEGIN DATE OF SERVICE or END DATE OF SERVICE fields.

Required Fields

1 Type the Date of Service begin date in the BEGIN DATE OF SERVICE field. Note that the date must be equal to or less than today’s date.

Press <Tab> to move the cursor to the END DATE OF SERVICE field.

2 Type the ending Date of Service in the END DATE OF SERVICE field. Note that this date must be equal to or greater than the beginning DOS. Ending DOS in the future is not allowed.

Initiate Search

3 Press <Enter> or click SUBMIT to proceed to the Eligibility/Enrollment screen.

Alternatively, click CLEAR to erase all fields on the form and re-enter the data.
Eligibility/Enrollment

The Eligibility/Enrollment page displays the results of a search request including a summary of the eligibility and enrollment segments as defined by the search criteria. Select the Print button to print a printer-friendly version of the Eligibility/Enrollment response. To view detailed Medicare information and any other insurance program information applicable to the search criteria, click on the Other Coverage link.

Navigation to the Recipient Search page, the Eligibility/Enrollment Search page or Help page is also available by clicking the corresponding link in the upper right hand corner of the page.

The Help page may be accessed to provide a description for the data presented on each page.

Figure 18: Eligibility/Enrollment

Disclaimer: This verification does not constitute a guarantee of payment. Eligibility/Enrollment records for a recipient may change due to corrections.
Steps

1 You should be viewing the Eligibility/Enrollment page.
   Note that the eligibility and enrollment information presented is tailored specifically to your search criteria and presents data that conforms to your Begin Date of Service and End Date of Service.

Next Step

2 To view the recipient’s Medicare and other insurance program information corresponding to the dates used in your selection criteria, click Other Coverage in the upper left corner of the page and refer to the procedures in the Other Coverage section beginning on page 39.
   To change the selection criteria but continue research on the same recipient, click Search in the upper right corner of the page and refer to the procedures in the Eligibility/Enrollment Search section beginning on page 35.
   To continue eligibility and enrollment research on a different recipient, click Recipient Search in the upper right corner of the page and refer to the procedures in the Recipient Search section beginning on page 32.
   To return to the DMO Main Menu, click Main Menu in the upper right corner of the page. Details on how to proceed begin on page 30.

Tip

Select the Print button to preview a printer-friendly version of the Eligibility/Enrollment response.
**Other Coverage**

This page displays a summary of Medicare information and any other insurance program information, if applicable, for the recipient during the dates specified in the selected search criteria.

Select the Print button to print a printer-friendly version of the Other Coverage response.

To view eligibility and enrollment segments for the recipient as defined by the search criteria, click on the Eligibility/Enrollment link.

Navigation to the Recipient Search page, the Eligibility/Enrollment Search page or Help page is also available by clicking the corresponding link in the upper right hand corner of the page.

The Help page may be accessed to provide a description for the data presented on each page.

<table>
<thead>
<tr>
<th>Main Menu</th>
<th>Other Coverage</th>
<th>Eligibility/Enrollment</th>
<th>Status</th>
<th>Claim Status</th>
</tr>
</thead>
</table>

**Service Provider**

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Name</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>0123456789</td>
<td>PROVIDER NAME, L.L.C.</td>
<td>PERSONAL CARE ATTENDANT</td>
</tr>
</tbody>
</table>

**Recipient**

<table>
<thead>
<tr>
<th>*HAWI ID</th>
<th>Name</th>
<th>Gender</th>
<th>Language</th>
<th>Interpreter Service Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>0123456789</td>
<td>DUCK, DAFFY</td>
<td>M</td>
<td>SOUTH PACIFIC LANGUAGE</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Recipient Exception**

- MCOHI/MAI-CPA (COMPACT FREE ASSOC)
- PALAU IFA (COMPACT FREE ASSOC)

<table>
<thead>
<tr>
<th>Request Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beg Date of Service: 01/01/2004</td>
</tr>
</tbody>
</table>

**Medicaid**

<table>
<thead>
<tr>
<th>QMB Dual End</th>
<th>Penalized NH End</th>
<th>QMB Dual Beg/End</th>
<th>NH Beg/End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td>01/01/2004 - 12/15/2006</td>
<td>04/28/2005 - 08/31/2005</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>04/28/2005 - 08/31/2005</td>
</tr>
</tbody>
</table>

**Medicare**

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Medicare Type</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0123456789</td>
<td>A</td>
<td>12/01/2004</td>
<td>12/01/2004</td>
</tr>
<tr>
<td>0123456789</td>
<td>B</td>
<td>12/01/2004</td>
<td>12/01/2004</td>
</tr>
</tbody>
</table>

**Third Party Liability**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Carrier Name</th>
<th>Policy Number</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE ONLY</td>
<td>MEDICARE B ONLY</td>
<td>0123456789</td>
<td>12/01/2004</td>
<td>12/01/2004</td>
</tr>
</tbody>
</table>

**Disclaimer:**

This verification does not constitute a guarantee of payment. Eligibility/Enrollment records for a recipient may change due to corrections.

**Figure 19: Other Coverage**
Steps

1. You should be viewing the Other Coverage page. Note that the enrollment information presented is tailored specifically to your search criteria and presents data that conforms to your Begin Date of Service and End Date of Service.

Next Step

2. To view the recipient’s eligibility and enrollment information corresponding to the dates used in your selection criteria, click Eligibility and Enrollment Status in the upper left corner of the page and refer to the procedures in the Eligibility/Enrollment section beginning on page 37.

   To change the selection criteria but continue research on the same recipient, click Search in the upper right corner of the page and refer to the procedures in the Eligibility/Enrollment Search section beginning on page 35.

   To continue eligibility and enrollment research on a different recipient, click Recipient Search in the upper right corner of the page and refer to the procedures in the Recipient Search section beginning on page 32.

   To return to the DMO Main Menu, click Main Menu in the upper right corner of the page. Details on how to proceed begin on page 30.

For questions regarding a recipient’s eligibility or enrollment, please contact the Med-QUEST Customer Service for assistance. Please refer to the Main Menu for a list of contact numbers.

Tip

Select the Print button to print a printer-friendly version of the Other Coverage response.
Help

The Help page offers descriptions for the data presented on each page. Scroll down the page or use the hyperlinks available under the Contents heading to link to a relevant section.

- Users with access to the Eligibility and Enrollment Status system can view the Eligibility and Enrollment Help page depicted below.

![Figure 20: Eligibility/Enrollment Help](image)
Appendix A: Error Messages

The DMO uses error messages to provide feedback. They may appear either in pop-up message boxes or as onscreen text.

Message boxes that appear in pop-up windows offer edit messages that catch most error conditions – editing items such as date format. These are used to prevent syntactical errors from being submitted to the database.

Error messages displayed in blue text on the web page itself are the result of requests that cannot be processed. These messages occur when data fails to pass one (or more) of the edits used to screen information submitted to the database.

If any error condition should pass through, then the transaction sent to HPMMIS for processing may encounter one of the error messages noted below.

<table>
<thead>
<tr>
<th>Screen</th>
<th>Field</th>
<th>Error Message</th>
<th>HIPAA Error #</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;any&gt;</td>
<td>-</td>
<td>Unable to Respond at Current Time</td>
<td>42</td>
<td>Connection problem Be sure that you are using Microsoft Internet Explorer 5.5 or higher to access data through the Internet. Consult your own technical support resources for more information to be certain that no internal issues are affecting your ability to connect to DMO.</td>
</tr>
<tr>
<td>Login</td>
<td>-</td>
<td>The page cannot be displayed.</td>
<td>n/a</td>
<td>Be sure that you are using Microsoft Internet Explorer 5.5 or higher to access data through the Internet. Consult your own technical support resources for more information to be certain that no internal issues are affecting your ability to connect to DMO.</td>
</tr>
<tr>
<td>Login</td>
<td>User Name</td>
<td>User name entered is less than six characters.</td>
<td>n/a</td>
<td>Select a user name that is at least six characters long.</td>
</tr>
</tbody>
</table>
## State of Hawaii
### DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

<table>
<thead>
<tr>
<th>Screen</th>
<th>Field</th>
<th>Error Message</th>
<th>HIPAA Error #</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Login</td>
<td>User Name</td>
<td>Unsuccessful authentication. (The user name or password entered is incorrect.)</td>
<td>n/a</td>
<td>Check your login information and try again. Note that user names are case-sensitive.</td>
</tr>
<tr>
<td>Login</td>
<td>Password</td>
<td>Password entered is less than six characters.</td>
<td>n/a</td>
<td>Select a password that is at least six characters long.</td>
</tr>
<tr>
<td>Login</td>
<td>Password</td>
<td>Unsuccessful authentication. (The user name or password entered is incorrect.)</td>
<td>n/a</td>
<td>Check your login information and try again. Note that passwords are case-sensitive. If needed, click on the &quot;Forgot your Password?&quot; link to be reminded of your password.</td>
</tr>
<tr>
<td>Login</td>
<td>-</td>
<td>The account has been removed from the system.</td>
<td>n/a</td>
<td>In order to use the system you need to create a new account. This may have occurred due to inactivity or by a Master Account Holder removing the account manually.</td>
</tr>
<tr>
<td>Login</td>
<td>-</td>
<td>NPI not on file. Contact Provider Registration.</td>
<td>n/a</td>
<td>Contact Provider Registration to supply the NPI for your account if you are a provider that is required to use an NPI.</td>
</tr>
<tr>
<td>Login</td>
<td>-</td>
<td>Authorization/Access Restriction</td>
<td>41</td>
<td>Providers who are in a term status for more than a year are not permitted access to DMO.</td>
</tr>
<tr>
<td>Valid Provider</td>
<td>Provider Number</td>
<td>Invalid/Missing Provider Identification</td>
<td>43</td>
<td>This is a required field. Check your records and try again. Only a valid combination of this field and the Tax ID Number, as recorded in the HPMMIS database, may be entered.</td>
</tr>
</tbody>
</table>

Version: 3.2
Last Updated: 7.2010
<table>
<thead>
<tr>
<th>Screen</th>
<th>Field</th>
<th>Error Message</th>
<th>HIPAA Error #</th>
<th>Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Provider</td>
<td>Provider Number</td>
<td>Authorization/Access Restriction</td>
<td>41</td>
<td>Managed Care Only providers are not permitted access to DMO. The provider should contact the contracted health plan for recipient verifications.</td>
</tr>
<tr>
<td>Valid Provider</td>
<td>Tax ID Number</td>
<td>Invalid/Missing Provider Identification</td>
<td>43</td>
<td>This is a required field. Check your records and try again. Only a valid combination of this field and the HPMMIS Provider Number, as recorded in the HPMMIS database, may be entered.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>User Name</td>
<td>User Name already exists.</td>
<td>n/a</td>
<td>This user name has already been registered. Modify your desired user name or try a different user name.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>User Name</td>
<td>Must be at least 6 characters with no leading or trailing blank spaces</td>
<td>n/a</td>
<td>This is a required field. Select a user name that is at least six characters long.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Password</td>
<td>Password entered is less than six characters.</td>
<td>n/a</td>
<td>This is a required field. Select a password that is at least six characters long.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Confirm Password</td>
<td>Password entered is less than six characters or does not match the password entered in the preceding field.</td>
<td>n/a</td>
<td>This is a required field. Be sure that this password matches the password entered in the preceding field.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Hint Question</td>
<td>No question is entered.</td>
<td>n/a</td>
<td>This is a required field. Type a question that can be used as a verification method for retrieving a forgotten password.</td>
</tr>
<tr>
<td>Screen</td>
<td>Field</td>
<td>Error Message</td>
<td>HIPAA Error #</td>
<td>Remedy</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
<td>--------------------------------------------------------</td>
<td>---------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Answer</td>
<td>No answer is entered.</td>
<td>n/a</td>
<td>This is a required field. Type an answer to the question in the preceding field that can be used as a verification method for retrieving a forgotten password.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>First Name</td>
<td>No first name is entered.</td>
<td>n/a</td>
<td>This is a required field. Type the first name of the user.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Last Name</td>
<td>No last name is entered.</td>
<td>n/a</td>
<td>This is a required field. Type the last name of the user.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Title</td>
<td>No job title is entered.</td>
<td>n/a</td>
<td>This is a required field. Type the job title of the user.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Telephone Number</td>
<td>No telephone number is entered.</td>
<td>n/a</td>
<td>This is a required field. Type the area code and telephone number of the user.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Email Address</td>
<td>No email address is entered.</td>
<td>n/a</td>
<td>This is a required field. Type the email address of the user.</td>
</tr>
<tr>
<td>Create Profile</td>
<td>Confirm Email Address</td>
<td>No email address is entered or it does not match the email address entered in the preceding field.</td>
<td>n/a</td>
<td>This is a required field. Be sure that this email address matches the email address entered in the preceding field.</td>
</tr>
<tr>
<td>Recover Password</td>
<td>User Name</td>
<td>User name entered is less than six characters or does not match recorded data.</td>
<td>n/a</td>
<td>This is a required field. Only a valid combination of the user name with the six-digit MedQUEST Provider Number and Tax ID Number, as recorded in the HPMMIS database, may be entered. Check your records and try again or contact your designated administrator.</td>
</tr>
<tr>
<td>Screen</td>
<td>Field</td>
<td>Error Message</td>
<td>HIPAA Error #</td>
<td>Remedy</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Recover Password</td>
<td>Provider ID</td>
<td>The provider information you entered is incorrect or does not match recorded data.</td>
<td>n/a</td>
<td>This is a required field. Only a valid combination of the user name with the six-digit MedQUEST Provider Number and Tax ID Number, as recorded in the HPMMIS database, may be entered. Check your records and try again or contact your designated administrator.</td>
</tr>
<tr>
<td>Recover Password</td>
<td>Tax ID</td>
<td>The provider information you entered is incorrect or does not match recorded data.</td>
<td>n/a</td>
<td>This is a required field. Only a valid combination of the user name with the six-digit MedQUEST Provider ID Number and Tax ID Number, as recorded in the HPMMIS database, may be entered. Check your records and try again or contact your designated administrator. Be sure to type the Tax ID number exactly as you entered it when establishing your user account.</td>
</tr>
<tr>
<td>Recover Password</td>
<td>&lt;User defined password recovery question.&gt;</td>
<td>The provider information you entered is incorrect or does not match recorded data.</td>
<td>n/a</td>
<td>This is a required field. The question must be answered exactly as it was typed when the account was created. Note that the Master Account Holder has access to Individual Account information including passwords.</td>
</tr>
<tr>
<td>Recipient Search</td>
<td>HAWI ID</td>
<td>Invalid/Missing Patient ID</td>
<td>64</td>
<td>This is a required field. Be sure that the (10 digit) HAWI ID entered is valid.</td>
</tr>
<tr>
<td>Screen</td>
<td>Field</td>
<td>Error Message</td>
<td>HIPAA Error #</td>
<td>Remedy</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td>---------------</td>
<td>---------------</td>
<td>--------</td>
</tr>
<tr>
<td>Recipient Search (By HAWI ID)</td>
<td>HAWI ID</td>
<td>The HAWI ID entered is a secondary HAWI ID. Use correct HAWI ID.</td>
<td>n/a</td>
<td>This is a required field. Be sure that the (10 digit) HAWI ID entered is valid. Use correct HAWI ID.</td>
</tr>
<tr>
<td>Recipient Search (By HAWI ID)</td>
<td>HAWI ID</td>
<td>The HAWI ID has multiple linked secondary IDs. Please call the MQD customer service at 808-524-3370/1-800-316-8005.</td>
<td>n/a</td>
<td>This is a required field. Be sure that the (10 digit) HAWI ID entered is valid. Multiple secondary IDs exist.</td>
</tr>
<tr>
<td>Recipient Search (By HAWI ID)</td>
<td>HAWI ID</td>
<td>Please enter a 10 character HAWI ID beginning with a zero.</td>
<td>n/a</td>
<td>This is a required field. Be sure that the (10 digit) HAWI ID entered is valid and begins with zero.</td>
</tr>
<tr>
<td>Recipient Search (By SSN)</td>
<td>-</td>
<td>Duplicate Subscriber / Insured ID Number</td>
<td>76</td>
<td>Multiple recipients found when searching by SSN. Resubmit recipient search using HAWI ID, if possible.</td>
</tr>
<tr>
<td>Recipient Search (By SSN)</td>
<td>SSN</td>
<td>Required Application Data Missing</td>
<td>15</td>
<td>This is a required field. Be sure that the (9 digit) SSN entered is valid.</td>
</tr>
<tr>
<td>Recipient Search (By SSN)</td>
<td>SSN</td>
<td>More than one recipient found using the SSN</td>
<td>n/a</td>
<td>Multiple recipients found when searching by SSN, Name or HAWI ID</td>
</tr>
<tr>
<td>Recipient Search (By SSN)</td>
<td>SSN</td>
<td>Patient Not Found. Please correct and resubmit.</td>
<td>67</td>
<td>Be sure that the SSN entered is valid. Resubmit recipient search using HAWI ID, if possible.</td>
</tr>
<tr>
<td>Recipient Search (By SSN)</td>
<td>SSN</td>
<td>Invalid/Missing Subscriber/Insured ID</td>
<td>72</td>
<td>SSN value &lt; 9 characters</td>
</tr>
<tr>
<td>Recipient Search (By SSN)</td>
<td>SSN</td>
<td>Subscriber Not Found</td>
<td>n/a</td>
<td>No primary record found for this SSN. Be sure that the SSN entered is valid. Resubmit recipient search using HAWI ID, if possible.</td>
</tr>
<tr>
<td>Screen</td>
<td>Field</td>
<td>Error Message</td>
<td>HIPAA Error #</td>
<td>Remedy</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------</td>
<td>----------------------------------------------------</td>
<td>---------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Recipient Search (By Name)</td>
<td>-</td>
<td>Duplicate Subscriber / Insured ID Number</td>
<td>76</td>
<td>Multiple recipients found when searching by Name. Resubmit recipient search using HAWI ID, if possible.</td>
</tr>
<tr>
<td>Recipient Search (By Name)</td>
<td>-</td>
<td>Please verify name on valid ID or call MEDQUEST Customer Service.</td>
<td>n/a</td>
<td>No primary record found for this name. Be sure that the name, DOB and gender are correct. Resubmit recipient search using HAWI ID, if possible.</td>
</tr>
<tr>
<td>Recipient Search (By Name)</td>
<td>-</td>
<td>Subscriber Not Found</td>
<td>n/a</td>
<td>No primary record found for this name. Be sure that the name, DOB and gender are correct. Resubmit recipient search using HAWI ID, if possible.</td>
</tr>
<tr>
<td>Recipient Search (By Name)</td>
<td>Last Name</td>
<td>Invalid/Missing Patient Name</td>
<td>65</td>
<td>This is a required field. Be sure that the Last Name entered is valid.</td>
</tr>
<tr>
<td>Recipient Search (By Name)</td>
<td>First Name</td>
<td>Invalid/Missing Patient Name</td>
<td>65</td>
<td>This is a required field. Be sure that the First Name entered is valid.</td>
</tr>
<tr>
<td>Recipient Search (By Name)</td>
<td>Date of Birth</td>
<td>Invalid/Missing Date-of-Birth</td>
<td>58</td>
<td>This is a required field. Be sure that the Date of Birth entered is valid and in the MMDDCCYY format. The Date of Birth should not be greater than the system date.</td>
</tr>
<tr>
<td>Recipient Search (By Name)</td>
<td>Date of Birth</td>
<td>Dates of Service precedes Date of Birth.</td>
<td>n/a</td>
<td>Be sure that the date entered is valid, is in the MMDDCCYY format, and is not greater than the system date.</td>
</tr>
<tr>
<td>Recipient Search (By Name)</td>
<td>Gender</td>
<td>Invalid/Missing Patient Gender Code</td>
<td>66</td>
<td>This is a required field. Be sure that the Gender field is entered and valid.</td>
</tr>
<tr>
<td>Screen</td>
<td>Field</td>
<td>Error Message</td>
<td>HIPAA Error #</td>
<td>Remedy</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------</td>
<td>-----------------------------------------</td>
<td>---------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Eligibility/Enrollment Search</td>
<td>Begin Date of Service</td>
<td>Invalid/Missing Date(s) of Service</td>
<td>57</td>
<td>This is a required field. Be sure that the date entered is valid and is in the MMDDCCYY format. A Begin Date of Service should not be greater than the system date or the End Date of Service.</td>
</tr>
<tr>
<td>Eligibility/Enrollment Search</td>
<td>Begin Date of Service</td>
<td>Date of Birth Follows Date(s) of Service</td>
<td>60</td>
<td>Be sure that the date entered is valid and is in the MMDDCCYY format. A Date of Service should not be greater than the system date or less than the recipient’s Date of Birth.</td>
</tr>
<tr>
<td>Eligibility/Enrollment Search</td>
<td>Begin Date of Service</td>
<td>Date of Service in Future</td>
<td>63</td>
<td>This is a required field. Be sure that the date entered is valid and is in the MMDDCCYY format. A Begin Date of Service should not be greater than the system date or the End Date of Service.</td>
</tr>
<tr>
<td>Eligibility/Enrollment Search</td>
<td>Begin Date of Service</td>
<td>Dates of Service precedes Date of Birth.</td>
<td>n/a</td>
<td>A Date of Service should not be less than the recipient’s Date of Birth.</td>
</tr>
<tr>
<td>Eligibility/Enrollment Search</td>
<td>End Date of Service</td>
<td>Invalid/Missing Date(s) of Service</td>
<td>57</td>
<td>This is a required field. Be sure that the date entered is valid and is in the MMDDCCYY format. An End Date of Service should not be greater than the system date or less than the Begin Date of Service.</td>
</tr>
<tr>
<td>Screen</td>
<td>Field</td>
<td>Error Message</td>
<td>HIPAA Error #</td>
<td>Remedy</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------</td>
<td>--------------------------------------</td>
<td>---------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Eligibility/Enrollment</td>
<td>End Date of Service</td>
<td>Date of Birth Follows Date(s) of Service</td>
<td>60</td>
<td>Be sure that the date entered is valid and is in the MMDDCCYY format. A Date of Service should not be greater than the system date or less than the recipient’s Date of Birth.</td>
</tr>
<tr>
<td>Enrollment Search</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility/Enrollment</td>
<td>End Date of Service</td>
<td>Date of Service in Future</td>
<td>63</td>
<td>This is a required field. Be sure that the date entered is valid and is in the MMDDCCYY format. An End Date of Service should not be greater than the system date or less than the Begin Date of Service.</td>
</tr>
<tr>
<td>Enrollment Search</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility/Enrollment</td>
<td>End Date of Service</td>
<td>Dates of Service precedes Date of Birth.</td>
<td>n/a</td>
<td>A Date of Service should not be less than the recipient’s Date of Birth.</td>
</tr>
<tr>
<td>Enrollment Search</td>
<td>Begin Date of Service</td>
<td>Date of Service not within allowable inquiry period.</td>
<td>n/a</td>
<td>Date of service range must be no greater than 365 days.</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>End Date of Service</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Master Account Change Form

STATE OF HAWAII/DHS/MQD
DHS MEDICAID ONLINE
WEB ACCOUNT STATUS CHANGE FORM INSTRUCTIONS
(Rev. 09/11)

Complete this form to request a Master or Individual Account activated or deleted on the DHS Medicaid Online web verification system.

Please fax this form to: ACS State Healthcare
Attention: DHS Medicaid Online Admin
Fax: (808) 952-5595

Section 1 – Provider Information
- Supply the provider’s ID or NPI
- Supply provider’s name

Section 2 – Action To Be Taken
- Select “Activate” for an account that has been placed in a “Deleted” status due to inactivity.
- Select “Delete” for an account that is invalid or will no longer be used.
- Select the type of web account needing the change in status
- Supply the account holder’s name
- Supply the web account’s user name used for login

Section 3 – Requestor Information
- Select the type of requestor: current master account holder, new master account holder or provider
- Supply the requestor’s name
- Supply the requestor’s user name
- Supply the requestor’s email address
- Supply the requestor’s contact phone number
- Signature of the requestor
- Date

Section 4 – Provider Acknowledgment
- Signature of Provider
- Date

Filing Instructions:
Fax the form to the above fax number. You will receive an email confirmation upon the completion of the request within 7 business days.
STATE OF HAWAII/DHS/MQD
DHS MEDICAID ONLINE
WEB ACCOUNT STATUS CHANGE FORM

Complete this form to request a Master or Individual Account activated or deleted on the DHS Medicaid Online web verification system.

Please fax this form to: ACS State Healthcare
Attention: DHS Medicaid Online Admin
Fax: (808) 952-5595

1. PROVIDER INFORMATION
   Provider ID or NPI:
   Provider Name:

2. ACTION TO BE TAKEN
   Select one:
   - Activate
   - Delete
   Web Account type:
   - Individual Account
   - Master Account
   Account Holder Name:
   User Name:

3. REQUESTOR INFORMATION
   Requestor:
   - Current Master Account Holder
   - New Master Account Holder
   - Provider
   Requestor’s Name:
   Requestor’s User Name:
   Requestor’s Email:
   Requestor’s Phone:
   Requestor’s Signature:
   Date:

4. PROVIDER ACKNOWLEDGEMENT
   Provider’s Signature:
   Date:

For Office Use only:
Date Received: _________ Date Completed: _________ Completed by: ____________
## Appendix C: Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin Date</td>
<td>The date the recipient is eligible for insurance coverage.</td>
</tr>
<tr>
<td>Carrier Name</td>
<td>The name of the recipient's third party liability insurance carrier.</td>
</tr>
<tr>
<td>Claim Number</td>
<td>A twelve character number used to uniquely identify a claim in the HPMMIS claims processing system. It consists of: (1) a five character Julian date that is the claim receipt date; (2) a one character indicator of the medium by which the claim was received; (3) a one character type indicator for the source of claims received on tape; and (4) a five character sequence number.</td>
</tr>
<tr>
<td>Contract Type</td>
<td>The type of contract or service the Health Plan is covering. Codes include:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>ACU/CAP</td>
<td>Medical - Capitated</td>
</tr>
<tr>
<td>D</td>
<td>ACU/DEN</td>
<td>Dental - Capitated</td>
</tr>
<tr>
<td>E</td>
<td>ACU/FFS</td>
<td>Fee For Service - Full Services</td>
</tr>
<tr>
<td>F</td>
<td>ACU/FFS/EMO</td>
<td>Fee For Service - Emergency Svcs Only</td>
</tr>
<tr>
<td>G</td>
<td>CH/DEN/FFS</td>
<td>Child Dental Fee For Service</td>
</tr>
<tr>
<td>H</td>
<td>ADLT/DEN/FFS</td>
<td>Adult Dental Fee For Service</td>
</tr>
<tr>
<td>K</td>
<td>MHS/CAP/ACU</td>
<td>Behavioral Health Services - Capitated</td>
</tr>
<tr>
<td>P</td>
<td>ALL/CAP/PAR</td>
<td>Partially Capitated</td>
</tr>
<tr>
<td>R</td>
<td>QN/FFS</td>
<td>Fee For Service - Quest Net Adults</td>
</tr>
<tr>
<td>S</td>
<td>ADMN/FFS</td>
<td>Fee For Service Administration</td>
</tr>
<tr>
<td>T</td>
<td>PSD OYS/FFS</td>
<td>Fee For Service - PSD &amp; OYS</td>
</tr>
<tr>
<td>U</td>
<td>UNDOC/FFS/EM</td>
<td>Undocumented Ineligible Aliens</td>
</tr>
<tr>
<td>6</td>
<td>MED PRIS/FFS</td>
<td>Medicaid Prisoner</td>
</tr>
<tr>
<td>8</td>
<td>NON/PAY</td>
<td>No Payment Permitted</td>
</tr>
</tbody>
</table>
Eligibility Description | A brief description of the recipient’s eligibility type.
---|---
| Code | Short Description | Description |
| A | QUEST ELIG | Quest eligible for this date range |
| B | QUEST NET ELIG | Quest-Net eligible for this date range |
| C | QUEST ACE ELIG | Quest-Adult Coverage Expanded eligible for this date range |
| E | EMERG ONLY | Emergency Services only for this date range |
| F | FFS ELIG | Fee for service eligible for this date range |
| I | INPATIENT ELG | Inpatient services only for this date range |
| L | LTC ELIG | Long term care eligible for this date range |
| N | NOT ELIG | Not eligible for this date range |
| Q | NONPAY | No payment permitted for this date range |

End Date | (Eligibility/Enrollment page)
The date the recipient's insurance coverage expires.

(Medicare page)
The date the recipient's coverage for the Medicare Type expires.

(Third Party Liability page)
The date the recipient's insurance coverage expires for the specified carrier.

Health Plan | The name of the recipient's Health Plan.

Last Mod Date | The date and time that a record was last changed.

Last Mod User | The name of the user who made the last change to a record.

Lock-In Provider | The name of the recipient's lock-in provider. Up to three providers can appear.

Medicare Type | The type of Medicare plan for which the recipient is eligible.

NH (Nursing Home) Provider | The name of the recipient's nursing care provider, if applicable.
| **Penalized NH (Nursing Home) Indicator** | An indicator which usually identifies cases in which the client sold assets to qualify for Medicaid. In these cases, nursing home benefits are not paid, but all other benefits should be paid.  
   \( Y = \) Nursing home should be paid.  
   \( N = \) Nursing home should not be paid, however, all other benefits should be paid. |
| **Period End** | The date on which the recipient's coverage under the specified Health Plan expired. |
| **Period Start** | The effective start date of the recipient's coverage under the specified Health Plan. |
| **Policy Number** | The number assigned by the carrier to uniquely identify a recipient's insurance plan. |
| **Provider ID** | 6-digit provider ID = Med-QUEST provider ID root number without location code.  
   8-digit provider ID = 6-digit Med-QUEST provider ID + 2-digit location code (default is "01"). |
<p>| <strong>QMB Dual Eligibility</strong> | A QMB (Qualified Medicare Beneficiary) indicator identifying individuals who are entitled to Medicare in addition to being eligible for some category of Medicaid benefits. |
| <strong>QMB Dual Eligibility Begin/End Date</strong> | The period of time Medicare overlaps with Medicaid. The system will pass the earliest intersecting QMB (Qualified Medicare Beneficiary) dual begin date based on the Begin Date of Service used for the inquiry. |
| <strong>Rate Code/Description</strong> | The capitation payment method at the time the payment was made. |
| <strong>Share of Cost Amount</strong> | The amount the recipient must pay before Medicaid begins covering charges and it applies to Long Term Care (LTC) recipients. Up to three cost share amounts can appear. Each cost share amount is followed by the cost share begin and end date. |
| <strong>Share of Cost Begin Date</strong> | The beginning date of the recipient's cost share period for the corresponding cost share amount, in mm/dd/yyyy format. |</p>
<table>
<thead>
<tr>
<th>Share of Cost End Date</th>
<th>The ending date of the recipient's cost share period for the corresponding cost share amount, in mm/dd/yyyy format.</th>
</tr>
</thead>
</table>
| Start Date             | *(Medicare page)*  
The date the recipient became eligible for the Medicare Type.  
*(Third Party Liability page)*  
The date the recipient's insurance became effective for the specified carrier. |
Appendix D: DMO Exclusions

Recipient type exclusions:
Access to data for the following recipient population types is restricted when using the Eligibility and Enrollment system.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>HAWI ID</th>
<th>Eligibility and Enrollment</th>
<th>Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Public Safety (PSD)</td>
<td>0P*</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Office of Youth Services (OYS)</td>
<td>0J*</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Demonstration to Maintain Independence and Employment (DMIE)</td>
<td>0D*</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Provider exclusions:
Access to the DHS Medicaid Online (DMO) application is restricted for providers that fit any of the following criteria.

1. Managed Care Only, Reimbursement type = 04
2. Term status > 1 year
3. Provider is required to use an NPI, but NPI is not on file with Med-QUEST’s Provider Registration.
## Change Summary

<table>
<thead>
<tr>
<th>#</th>
<th>Location</th>
<th>Previously Stated</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>p.37, Figure 18: Eligibility/Enrollment</td>
<td>&lt;old screen shot&gt;</td>
<td>&lt;updated screen shot&gt;</td>
</tr>
<tr>
<td>2</td>
<td>p.39, Figure 19: Other Coverage</td>
<td>&lt;old screen shot&gt;</td>
<td>&lt;updated screen shot&gt;</td>
</tr>
</tbody>
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