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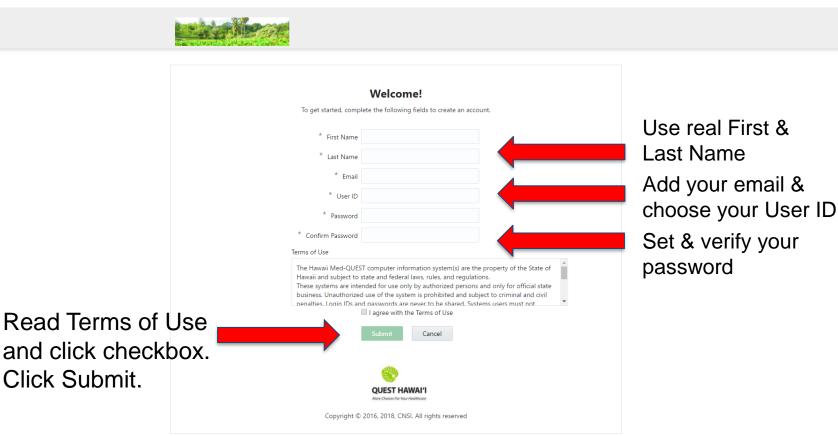
Hawaii State Provider Registration HOKU Account Creation

October 21, 2020



Setting Up Your Account

Click on the following link: <u>medquest.hawaii.gov/hokuregistration</u> and complete the form below. Please write down your User ID and Password.

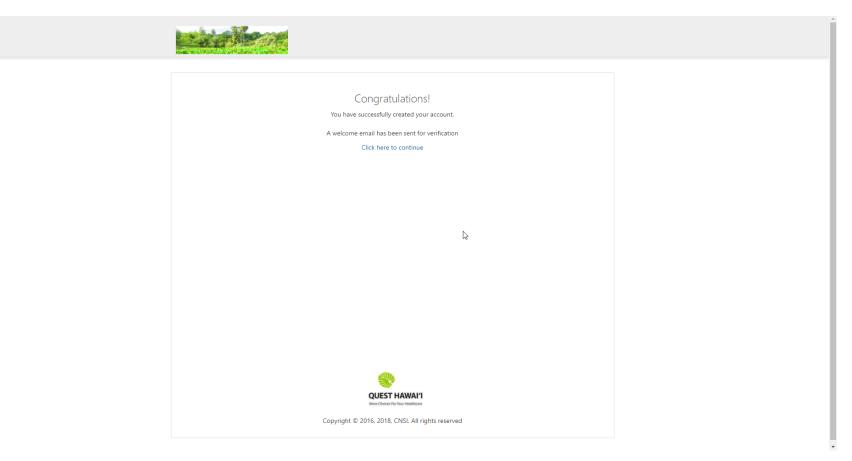


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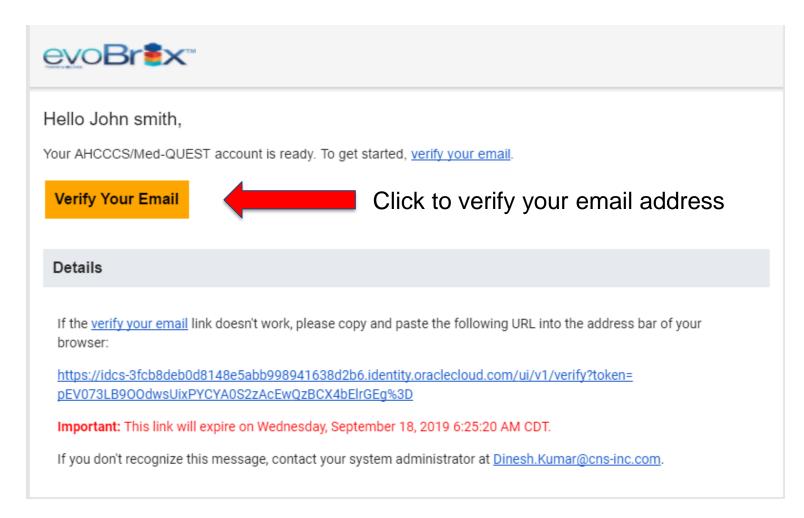
2

Screen Completed

An email has been sent to your email address. Please go to your email and open it.



Verify Your Email Address



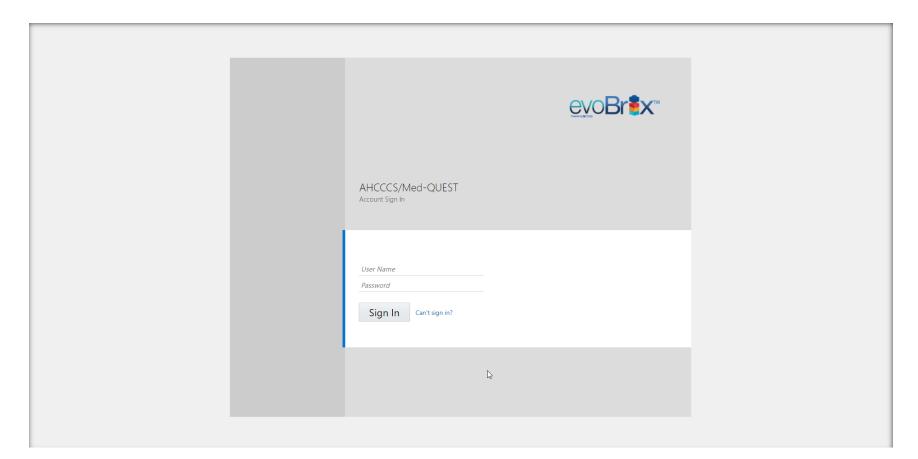
Pop-Up Message

Once verified, the user will get a pop-up message notifying the user that the verification has worked, and the user must click the link to continue.

	Email Verified
	Vour email has been verified.
	Click here to continue
Clic	k Link to Continue

Main Login Page

Key your User Name and Password which were verified by email.

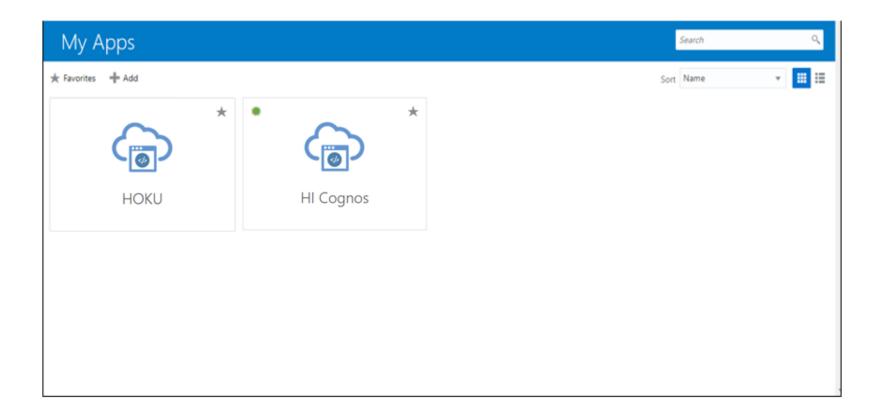


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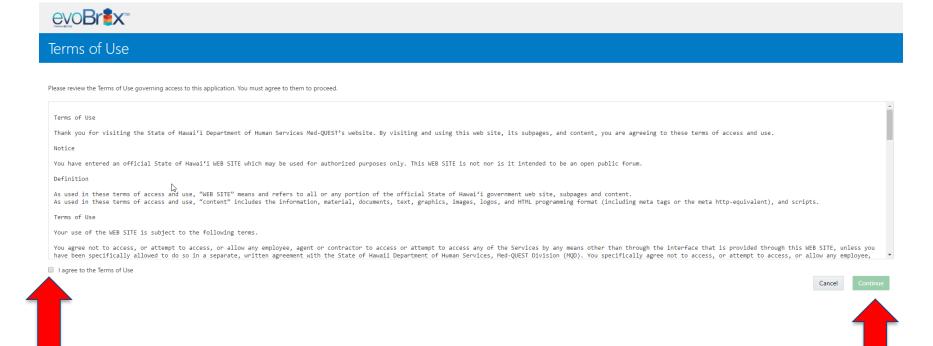
Landing Page

Click the evoBrix icon below to enter.



Terms of Use Page

Please click the checkbox at the bottom and click Continue once reviewed.



State User Information

evoBr

8	Close 🞯 Submit						
	New User Registration						^
	User Information						^
	User ID:	markhi	*	Email:	Markhendry@cns-inc.com	*	
	First Name:	Mark	*	Last Name:	Hendry	*	
	Employee ID:	123456789	* [If not State of Hawaii Employee, Enter '999999999']	Ş			
	Office Phone Number:	0000	*				
	Supervisor Name:	MySupervisor	*	Supervisor Phone:	8045555444	*	

State User Domain Information

 Domain Info	rmation			·	•
N	User Type:	STAFF	*	If Other:	
3	Organization:	State Of Hawaii	*		
	Domain:	DPR	*	Work Location: Building 01 *	
		Available Profiles PCS System Admin PE Decision Maker PE Matrix Admin PE Matrix Admin PE OIG View Only PE OIG View Only PE OpS Support Provider Services Inquirer Site Visit Admin Site Visit Processor WebServiceValidator	▲ × ×	Selected Profiles* Provider Administrator Super Administrator	

State User Security Details

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8 Close	Submit		
III Sec	urity Details		*
	rovide detailed information describing how access to the requested profiles is required as an essential omponent of your job function. Access to the system may be denied if this information is not provided:	*	
	Please read the following Security Agreement:	Hawaii's Terms of Use Verbiage Terms of Use The State of Uses The State of Uses	*
		Thank you for visiting the State of Hawai'i Department of Human Services Med-QUEST's website. By visiting and using this web site, its subpages, and content, you are agreeing to these terms of access and use.	-
	I accept and agree that I have read the security agreement and supplied correct information: $\ensuremath{\left[\right.\right.}$	*	(

Introduction Screen



State Reviewer Base Screen

You may track or review a new application from here.

<u>ev</u> oBr i x <	My Inbox - Admin -	Provider -											>
10	•	PROVIDER ENROLLMENT		ADMINISTER		External Lini	(S -	★ My Fa	vorites	-	🖨 Print		? Help
> MyInbox		New Enrollment	π	Provider Types	π								
III My Reminders		Track Application	π	Provider Type/Specialty/Subspecialty Matrix	π	^		Calend	lar				^
···· Wy Kenninders		List Applications	- 71	Provider Specialty/Subspecialty	(市)			Galeric	ai				
Filter By		MANAGE TASK		License/Certification List	†		0	09:5		13 Sepi Friday	tember 2	2019	
Read Status 🗸 🖸 Go		New Enrollment Task List	π			/ Filters▼			2019	Septer	nber		
Alert Type	Alert Message	Modification Request Task List	π				Мо	Tu	We	Th	Fr	Sa	Su
▲▼	A ▼												
		MANAGE PROVIDER					2	3	4	5	6		
		Provider List	*				9	10	11	12	13		
Notification		Provider Medification Degreet List				^	16	17	18	19	20		
minounoui		Provider Modification Request List					23	24	25	26	27		
L User1 sent you messag	e Yesterday						30						
With the sent you message	e Yesterday							+		Today			→
User1 sent you messag													

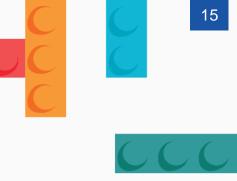
Contact Med-QUEST

https://medquest.hawaii.gov/HOKU

Email: hcsbinquiries@dhs.hawaii.gov Phone: 808-692-8099 Fax: 808-692-8087

Office Address:

601 Kamokila Boulevard, Room 506A Kapolei, HI 96707



Thank You!

Persistence, Perseverance and Passion as always remains our credo.