



Facility/Agency/Organization – Nutrition Supports

August 24, 2026



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How to enroll in HOKU

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All information such as provider and individual names, NPI and other numbers and information are fictitious and provided for instructional purposes only.

Before You Begin - General

- HOKU works by connecting you to our servers via the Internet using an Internet browser. At present we recommend using Google Chrome, Microsoft Edge or Mozilla Firefox. Microsoft's Internet Explorer is not supported. Please access HOKU using a safe, secure internet connection such as from home or your office. Please DO NOT access HOKU using a PUBLIC WiFi connection such as in a restaurant, mall or other public location.
- It helps to first gather digital copies of required licenses/certificates/documents. These can be computer scans or photos taken with your phone, or preferably, documents saved as Adobe Acrobat .pdf files. For this provider type that includes: Certificate of General Liability insurance, Certificate of Professional Liability Insurance. You will need to enter the primary data from these documents into HOKU as well as upload the digital files into HOKU.
- Place your documents to be uploaded to HOKU in a folder on your PC that will be easy for you to locate, such as your "My Documents" folder, or one that is placed on your Desktop.
- You may also obtain assistance by visiting the HOKU Provider Enrollment System page on our web site and clicking on the 'Training' tab, or by contacting our Call Center at 833-909-3630. You may also email us at HCSBInquiries@dhs.hawaii.gov and we will arrange to have a team member contact you to provide assistance.

Overview

Med-QUEST has created a new Medicaid provider enrollment type, “Nutrition Supports Provider,” that allows both healthcare and community-based organizations to participate in the Medicaid Nutrition Supports program. Healthcare and community-based organizations that meet all applicable qualifications described in the Nutrition Supports Program Guidance may deliver Nutrition Supports benefits.

General Requirements

To enroll as a Nutrition Supports Provider an organization must have:

- An active Hawai'i business registration
- Be in Good standing with the Hawai'i Department of Commerce & Consumer Affairs (DCCA)
- A Federal Employer Identification Number (EIN)
- A Type 2 National Provider Identifier (NPI)
 - Recommended Taxonomy Codes:
 - 251K00000X — Public Health or Welfare
 - 171W00000X — Contractor
 - 332U00000X — Home Delivered Meals
- A Hawai'i General Excise Tax license
- A signed MQD Provider Agreement (completed with enrollment in Hawai'i's Online Kahu Utility, HOKU)

Overview - Continued

Optional/Conditional Requirements

Depending on your organization, you may also need:

- [If nonprofit] 501(c)(3) documentation if nonprofit
- [If preparing meals] Food establishment permit

Insurance Requirements

Insurance Coverage	Details
General Liability	Required for all Nutrition Supports Providers \$1M per occurrence / \$2M aggregate
Professional Liability	Required only if licensed clinical services are provided
Auto Insurance	Required only if transporting food
Workers' Compensation	Required per Hawai'i law

To reduce barriers associated with provider enrollment for community-based organizations that don't deliver care, we recommend asking your insurance underwriter to use conditional professional liability language, such as:

"Professional liability coverage required only when services are delivered or delegated by a provider licensed through DCCA."

Overview - Continued

Exclusion and Screening Requirements

The following exclusions and screenings are required:

Office of Inspector General (OIG) exclusion screening

System for Award Management (SAM) screening

Medicaid exclusion screening

[If handling vulnerable populations] Background checks for key personnel

Site Visit Review

As part of Nutrition Supports Provider enrollment, MQD will conduct:

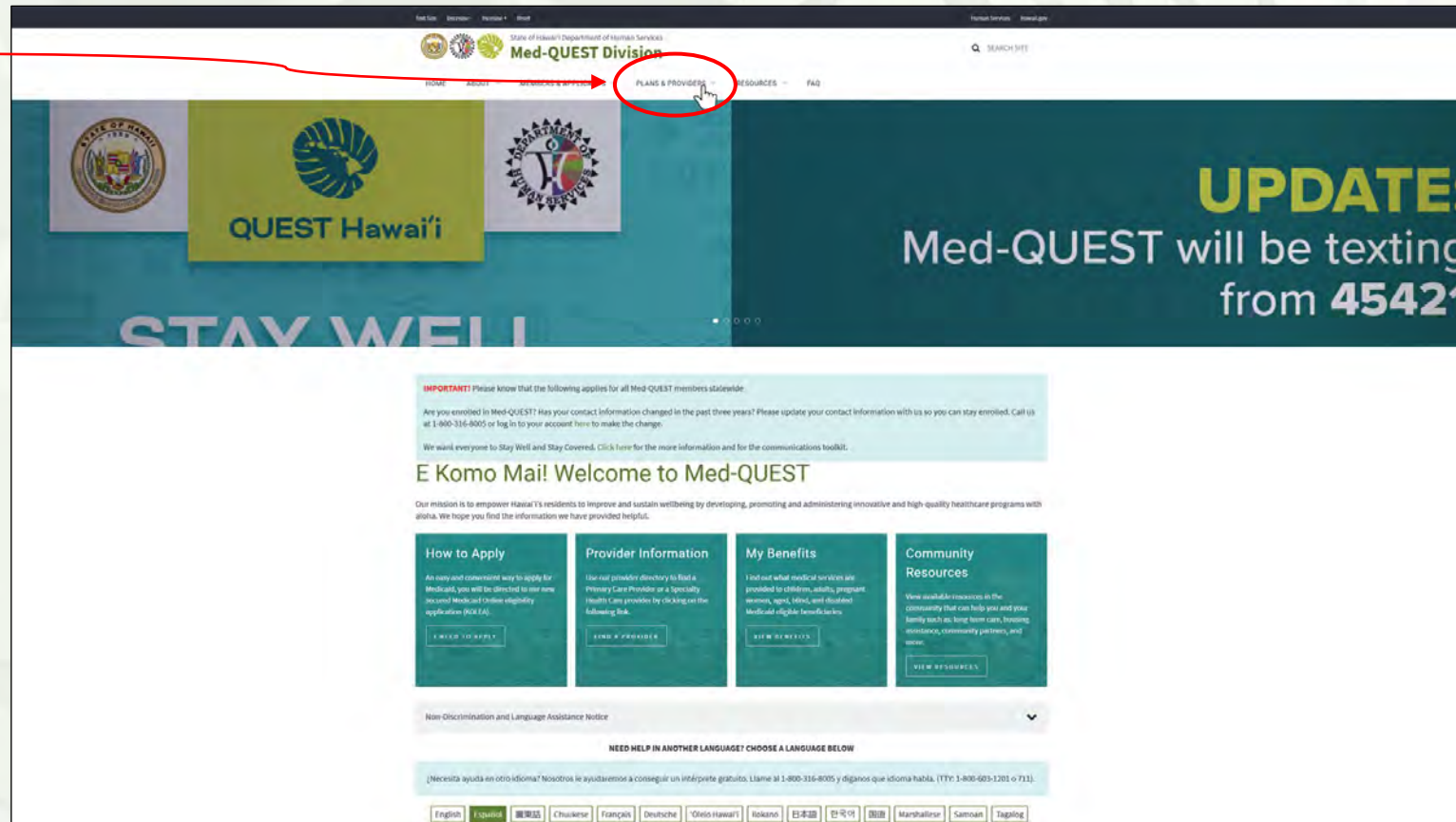
- Virtual or onsite inspection
- Food safety verification

Next, we'll walk through how to find HOKU enrollment information and complete enrollment online.

Start: Visit Our Website

[Medquest.Hawaii.gov](https://medquest.hawaii.gov)

Click on “Plans & Providers”

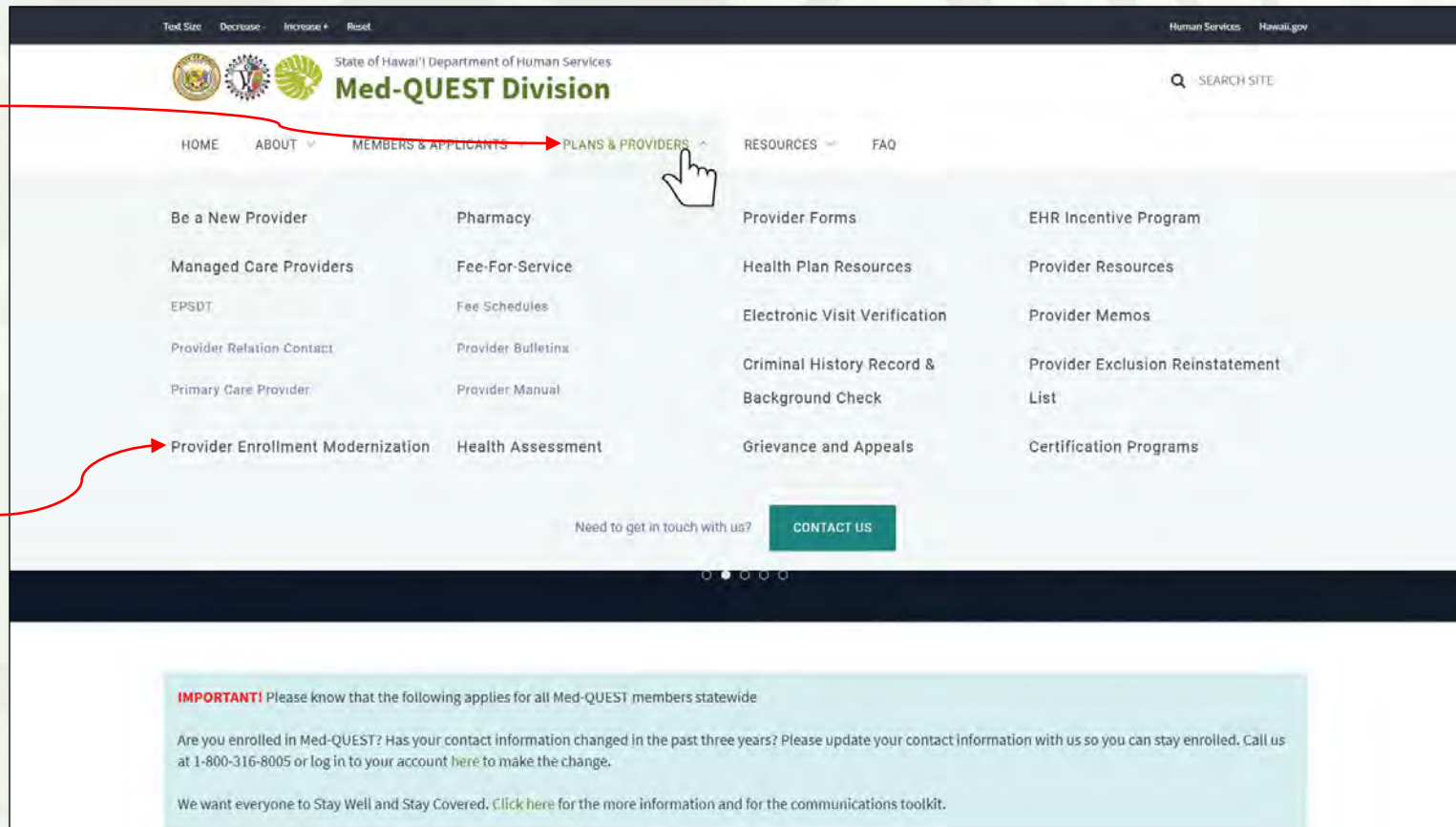


On Our Website

- [Medquest.Hawaii.gov](https://medquest.hawaii.gov) or click [Hoku.Hawaii.Gov/UserRegistration](https://hawaii.gov/userregistration)

Click on “Plans & Providers.” Then, ‘Provider Enrollment Modernization’ below will appear

Then, click on “Provider Enrollment Modernization”



MQD Page For Providers

- Bookmark this page as your starting point for all provider topics.
- Use the link(s) below to register to access HOKU for the first time.

Click to register for
HOKU Username &
Password

Click to login to
HOKU once
registered with the
username and
password emailed to
you

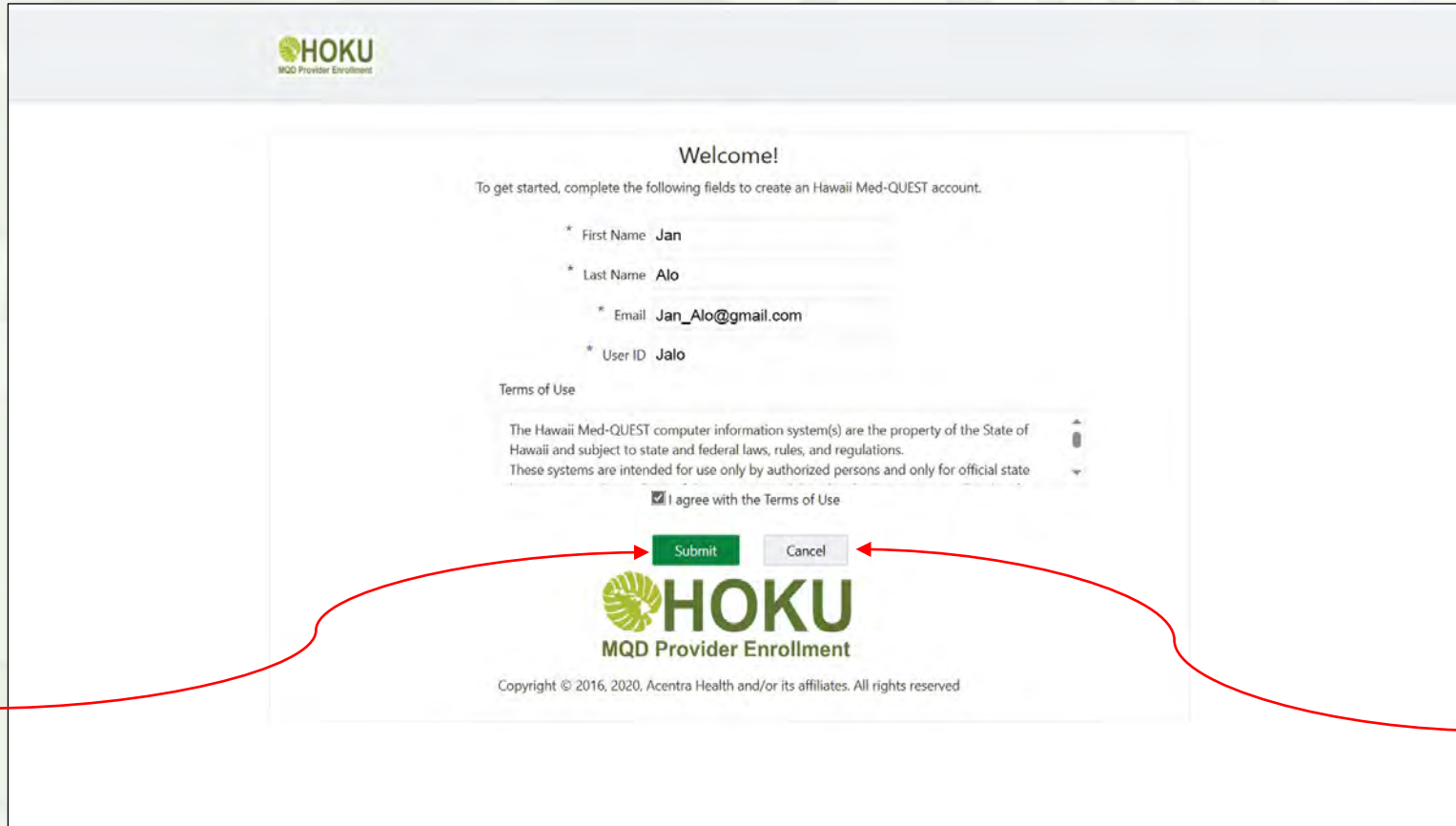
Tabs to access
Training info and
helpful Resources

The screenshot shows the HOKU Provider Enrollment System website. The header includes the State of Hawaii Department of Human Services logo and the Med-QUEST Division name. A navigation menu at the top lists: HOME, ABOUT, MEMBERS & APPLICANTS, PLANS & PROVIDERS, RESOURCES, and FAQ. Below the navigation, a breadcrumb trail reads: Home > Plans & Providers > HOKU Provider Enrollment System. The main heading, "HOKU Provider Enrollment System", is circled in red. Below this, a paragraph states: "The Department of Human Services/Med-QUEST Division has launched a new web-based system, HOKU. It is an alternative to the previous paper application provider enrollment process." Under the heading "HOKU Website Links:", it says "Providers may access HOKU as follows:" and lists two links: "Create HOKU Username and Password - [Click here](#)" and "Logon to HOKU - [Click here](#)". A red arrow points from the text "Click to register for HOKU Username & Password" to the "Click here" link for creating a username and password. Another red arrow points from the text "Click to login to HOKU once registered with the username and password emailed to you" to the "Click here" link for logging on. Below the links, a note says: "*Please create your HOKU username and password prior to clicking on the 'Logon to HOKU' link. Click here for instructions on how to setup your HOKU account and create your username and password." Under the heading "*Group Billers", it states: "HOKU requires Group Billers (Provider Type - 01) to obtain a Type 2-Organization NPI when enrolling as a new provider or registering as an existing provider. The Taxonomy code will be 193200000X MULTI-SPECIALTY GROUP. Click here to be directed to the National Plan & Provider Enumeration System website and apply for a Type 2 NPI." Below this text are four tabs: "News", "FAQs", "Training", and "Resources". A red arrow points from the text "Tabs to access Training info and helpful Resources" to the "Training" tab. At the bottom, a paragraph explains the launch of HOKU on August 3, 2020, and mentions that providers can enroll, update, and make changes to their information quickly and easily online. It also states: "Please click on the 'Training' tab above to access HOKU Provider Instructional Slides and HOKU Provider Training Videos." and "If you need assistance with determining what your provider type is categorized as, please review the 'HOKU Provider Enrollment Types' document in the 'Resources' tab." On the right side of the page, there is a sidebar with a search bar and a list of links: "Be a New Provider", "HIPAA", "Pharmacy", "Provider Forms", "Managed Care Providers", "Fee-For-Service", "Health Plan Resources", "Provider Resources", "Electronic Visit Verification", "Provider Memos", "Criminal History Record & Background Check", "Provider Exclusion Reinstatement List", "Health Assessment", "Grievance and Appeals", and "Certification Programs". At the bottom of the sidebar is a button labeled "HOKU Provider Enrollment System".

HOKU Enrollment - Facility/Agency/Organization - Nutrition Supports Provider

Register As User in HOKU

- Use the information that was emailed/mailed to you to register as a HOKU user.
- Enter the required information. Any field (box) with a blue asterisk is a mandatory field.
- After you complete all fields (boxes), read the “Terms of Use,” click “I agree...,” and click ‘Submit.’



The screenshot shows the HOKU registration interface. At the top is the HOKU logo and 'MQD Provider Enrollment'. Below is a 'Welcome!' message and a prompt to complete fields for a Hawaii Med-QUEST account. The form contains four mandatory fields, each marked with a blue asterisk: 'First Name' (filled with 'Jan'), 'Last Name' (filled with 'Alo'), 'Email' (filled with 'Jan_Alo@gmail.com'), and 'User ID' (filled with 'Jalo'). Below these is a 'Terms of Use' section with a scrollable text area containing the disclaimer. A checkbox labeled 'I agree with the Terms of Use' is checked. At the bottom are 'Submit' and 'Cancel' buttons. A red curved arrow points from the 'Submit' button to the left, and another red curved arrow points from the 'Cancel' button to the right.

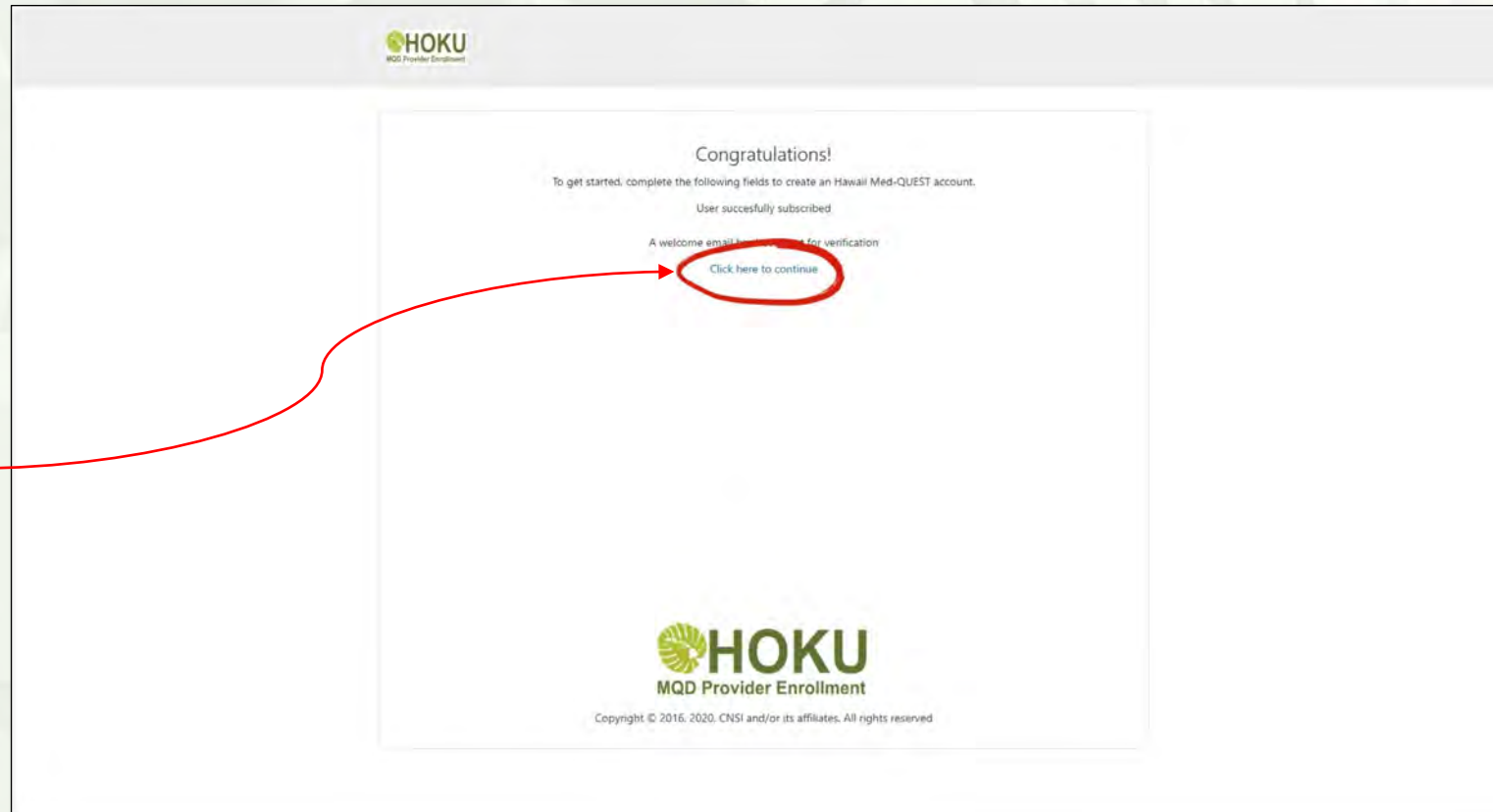
Click ‘Submit’ to agree to all terms and proceed

Click ‘Cancel’ to refuse the terms and discontinue registration

Check Email For Login Info

- After you receive the 'Welcome' email or standard mail letter, use the info and click the link shown
- The next screen will allow you to login to HOKU for the very first time

Click 'Click here to
continue to proceed
to the first HOKU
login screen



Check Email For Login Info

- Enter the 'User Name' and password provided in the 'Welcome' email or letter you received
- Then click on the black 'Sign In' bar to login

This is the 'User Name' you created which was then emailed/mailed to you

This is the 'Password' that was given in the email/letter you received which you should normally change during the first login

Acentra
HEALTH

AHCCCS/Med-QUEST

Oracle Cloud Account Sign In

Identity domain ⓘ
production

User Name
jalo

Password

[Forgot Password?](#)

[Sign In](#)

[Need help signing in?](#)

[Cookie Preferences](#)

Agree To 'Terms Of Use'

- These 'Terms Of Use' pertain specifically to HOKU itself and any associated applications.
- Click the box to 'Agree,' then click on the 'Continue' bar.

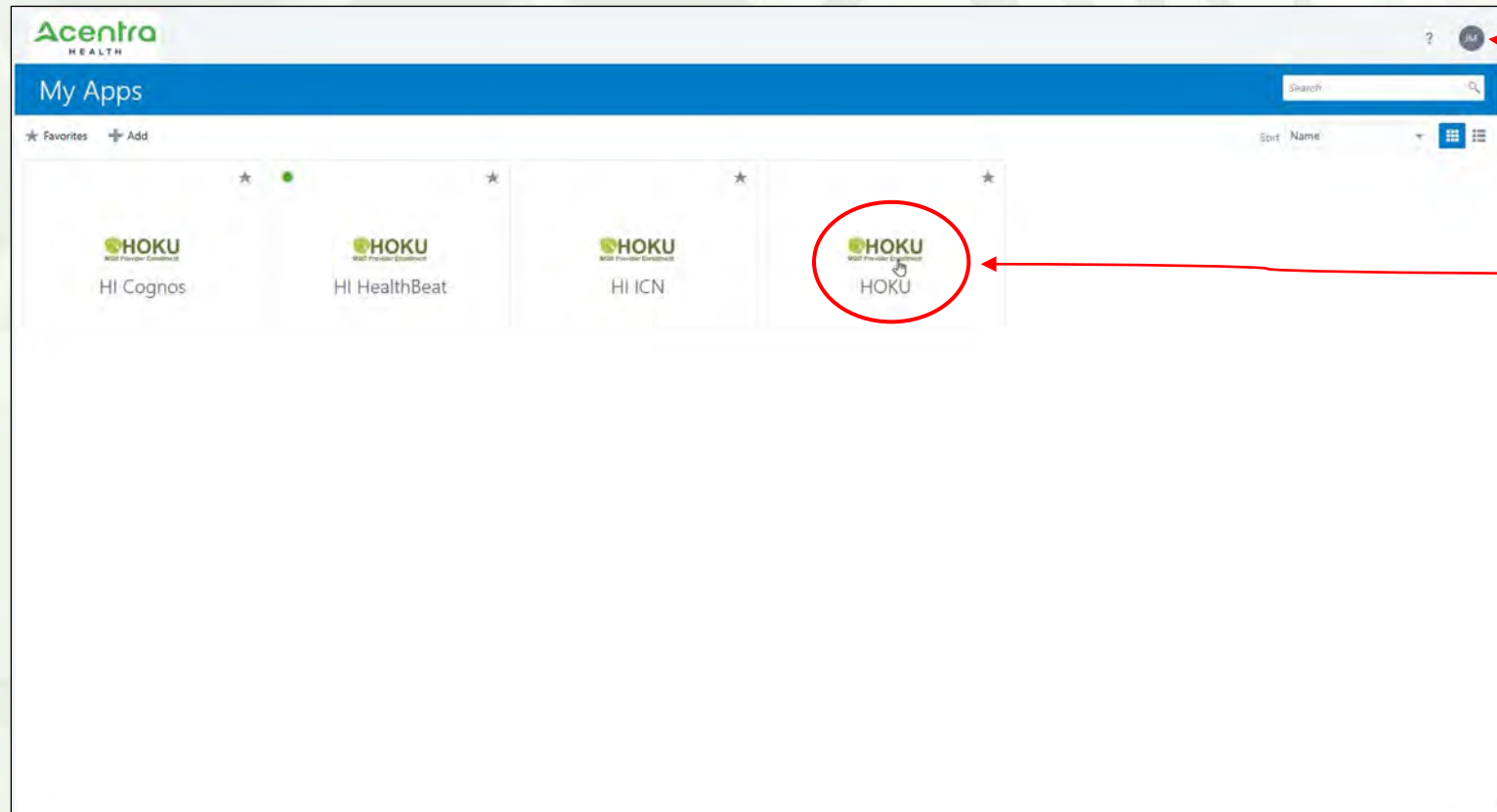
You must check the box "I Agree to the Terms of Use" to continue

The screenshot shows a web interface for Acentra Health, specifically for AHCCCS/Med-QUEST Oracle Cloud Account Sign In. The page displays the 'Terms of Use' section, which includes a scrollable text area with legal disclaimers. Below the text, there is a checkbox labeled 'I agree to the Terms of Use' which is currently checked. At the bottom of the form, there are two buttons: 'Continue' and 'Cancel'. Red arrows point from the external text annotations to the checkbox and the 'Continue' button.

Click 'Continue' to proceed

Check Email For Login Info

- Select 'HOKU' as the application you will be using - The other options will not usually apply.
- Click anywhere on the HOKU logo to login.

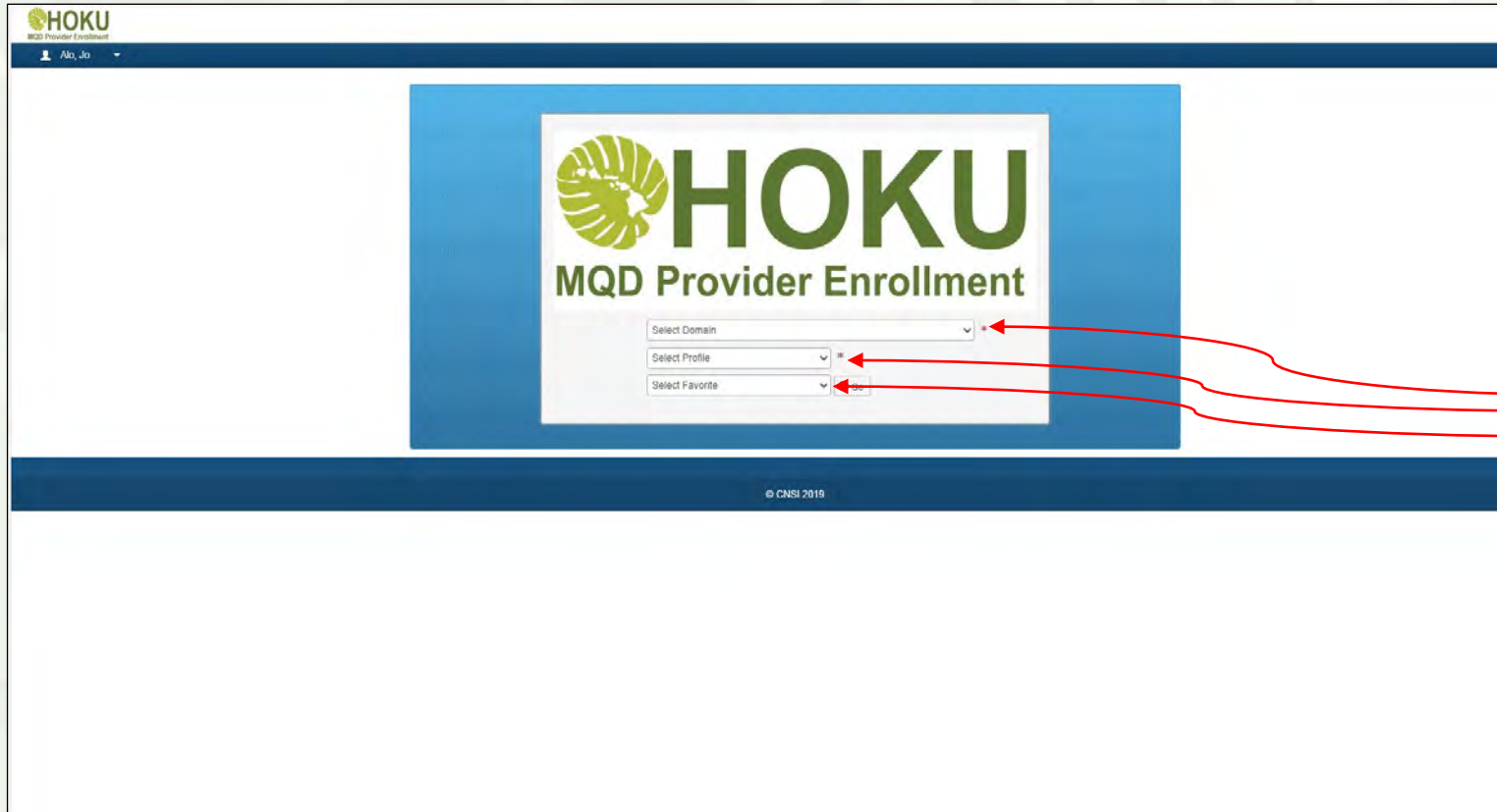


These are the initials of the user logged into HOKU

This screen is showing 4 app options but yours may only show the icon to access HOKU

Select your HOKU settings

- There are three “dropdown” menu bars.
- Typical settings are: ‘Select Domain: DPR,’ ‘Select Profile: Provider Administrator,’ ‘Select Favorite: New Enrollment Task.’

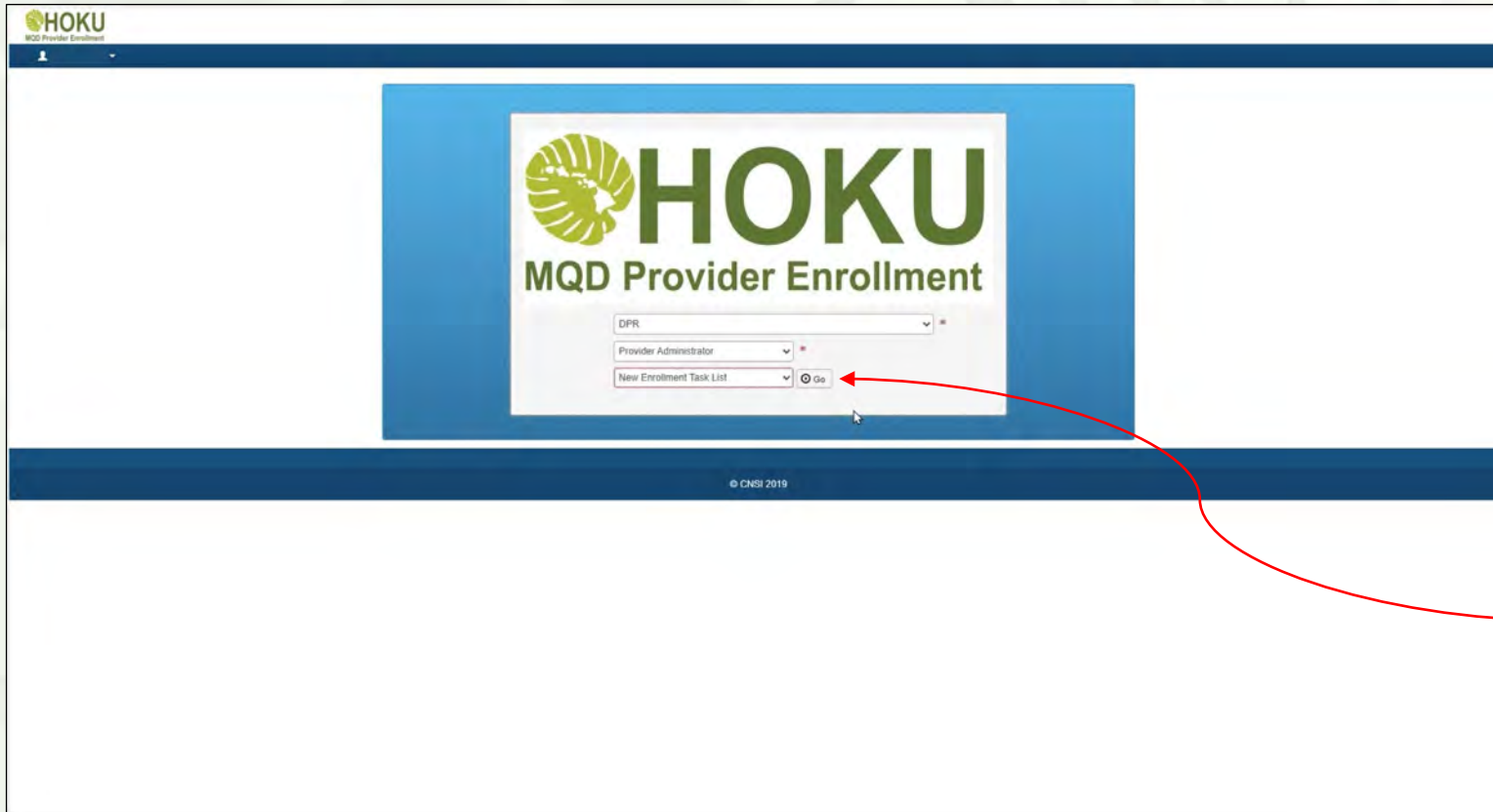


The screenshot displays the HOKU MQD Provider Enrollment web application. At the top left is the HOKU logo and the text 'MQD Provider Enrollment'. Below this is a dark blue navigation bar with a user icon and the text 'Ali, Jo'. The main content area features a large blue rectangular box containing the HOKU logo and the text 'MQD Provider Enrollment'. Below the logo, there are three dropdown menus: 'Select Domain', 'Select Profile', and 'Select Favorite'. Each dropdown menu has a small downward arrow on its right side. Three red arrows point from the right side of the screen to these three dropdown menus, indicating where to click to select options.

Click dropdown bar to
select options for
each setting

Proceed to 'Enrollment Type' Selection

- Click on each dropdown menu bar to see and select the option that matches.
- There may be only one choice, which still must be selected. Then click 'Go.'

A screenshot of the HOKU MQD Provider Enrollment web application. The page features a blue header with the HOKU logo and a white main content area. In the center, there is a blue-bordered box containing the HOKU logo and the text "MQD Provider Enrollment". Below this, there are three dropdown menus: "DPR", "Provider Administrator", and "New Enrollment Task List". To the right of these dropdowns is a "Go" button. A red arrow points from the text "Click 'Go' to proceed to 'Enrollment Type' selection" to the "Go" button. The footer of the page is a dark blue bar with the text "© CNSI 2019".

Click 'Go' to proceed
to 'Enrollment Type'
selection

Initial Screen

- Upon first login you'll normally see this screen which offers two options.
- Clicking 'New Enrollment' will start that process. 'Track Application' will require that you already have an 'Application ID' that you want to track for a completed application.

Click the link to proceed. In HOKU, any blue-highlighted text is actually a link which can be used to navigate through the screens and steps

Provider Enrollment	
New Enrollment	Enroll As A New Provider
Track Application	Track Existing Provider Application

Page ID: pgAdditionalInfoListForEnrlmnt(Provider) Environment: HI_UAT R1-1.12.E Server Time: 07/23/2024 11:52:52 MST

Enrollment Type

- Select your 'Enrollment Type' as 'Facility/Agency/Organization' or "FAO, Nutrition Supports."
- Click the 'Submit' button in the lower left.

Select your
'Enrollment Type'
from the list –
Here, 'FAO,'
'Nutrition Supports'
is selected

Click the 'Submit'
button to confirm
your 'Enrollment
Type' and proceed

The screenshot shows the 'Enrollment Type' selection interface. The 'Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)' and 'Nutritional Supports' options are selected. A red box highlights the list of options, and a red arrow points from the text 'Here, 'FAO,' 'Nutrition Supports' is selected' to the selected options. Another red arrow points from the text 'Click the 'Submit' button to confirm your 'Enrollment Type' and proceed' to the 'Submit' button at the bottom left.

Page ID: pgNewEnrollBasicStep(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/13/2024 06:53:45 MST

Provider Basic Information

- Fill out the Provider 'Basic Information,' which for an 'FAO' provider will usually be that of an admin or credentialer.
- Note the mandatory fields marked with an asterisk.

All fields marked with asterisks are mandatory

Note the use of dropdown menu bars for info that is selected from specific lists rather than entered manually

Basic Information: Enter required fields and click Finish button.

Basic Information

Legal Entity Name: * (As shown on the Income Tax Return)

Entity Business Name: * (Doing Business As)

NPI: *

EIN/TIN: *

W9 Information

W-9 Entity Type: *

W-9 Entity Type (If Other):

Profit Status: *

View Screening Result Confirm Finish Cancel

Page ID: dlgAddBasicInformationStep1(Provider)

Page ID: pgNewEnrollBasicStep(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/05/2024 03:15:58 MST

The EIN or TIN of the Group entity is mandatory

Click 'Confirm' FIRST, to make sure entries are valid – if errors occur you must correct your information to proceed

Click 'Finish' after confirming to proceed to the HOKU 'Business Process Wizard'

Basic Information Completed

- After you 'Confirm' the information with no errors, click 'Finish.'
- Next, HOKU will display your unique, permanent 'Application ID.'

Please be accurate
with these entries

Selections are
made using the
choices from
each dropdown
menu

Basic Information: Enter required fields and click Finish button.

Basic Information

Legal Entity Name: Aloha Nutrition Supports * (As shown on the Income Tax Return)

Entity Business Name: Aloha Nutrition Supports * (Doing Business As)

EIN/TIN: 999999990 *

NPI: 1234567800 *

W9 Information

W-9 Entity Type: Proprietary - Other *

W-9 Entity Type (If Other):

Profit Status: 501(C)(3) NON-PROFIT *

View Screening Result Confirm **Finish** Cancel

Page ID: dlgAddBasicInformationStep1(Provider)

Page ID: pgNewEnrollBasicStep(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/13/2024 07:20:14 MST

Click 'Finish' to
receive your
'Application ID'

HOKU 'Application ID' Assigned

- HOKU has assigned the provider a unique, permanent 'Application ID'
- Take note of it by writing it down or copying & pasting it for easy retrieval later

Your 'Application ID' is permanent and is the quickest way to look up your application and HOKU account status

Always write or note your 'Application ID' where it is easy to retrieve or recall

The screenshot shows the HOKU Provider Enrollment interface. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, a header bar contains 'Print' and 'Help' icons. The main content area is titled 'Application ID: Name: Aloha Nutrition Supports'. A section titled 'Basic Information' contains the following text: 'You have successfully completed the basic information on the Enrollment Application. Your Application ID is: 20260000000000'. Below this, it states: 'Please make note of this Application ID. This is the number you will be required to use to track the status of your enrollment application. Without this number, you will not be able to access your application and your information will be deleted.' and 'Please make sure to complete your application and submit it for State Review within 30 calendar days OR your application will be deleted.' At the bottom right of the main content area, there is an 'Ok' button with a checkmark icon. A red arrow points from the 'Ok' button to the text 'Click 'OK' to proceed to the enrollment steps screen'.

Click 'OK' to proceed to the enrollment steps screen

'Business Process Wizard,' or 'BPW'

- Now you're on the 'Business Process Wizard page,' or 'BPW' where you will enroll in HOKU.
- The 'BPW' is the main screen that allows you to navigate to all of the required sub-steps.

Your 'Application ID' will display on every screen

Steps will vary according to your enrollment type. Entered/completed, and next steps will highlight blue

Note navigation and tool options along the bottom of the 'BPW'

Application ID: 20260000000000

Name: Aloha Nutrition Supports

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Required			Incomplete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Employee Details	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

Page ID: pgBPWOrganizationStart(Provider) | Environment: HI_UAT R1-1.12.E | Server Time: 08/13/2024 07:31:14 MST

Note the first step we just performed has been marked 'Complete.' All steps must be marked complete in order to submit the application

These buttons will allow you to navigate to more information on longer lists with multiple pages

Clicking this button will generate a spreadsheet which can be viewed or saved.

Use the 'Business Process Wizard'

- To enroll using the 'BPW' you will click on each 'Step' shown which is a link to screens or sub-steps that allow you to enter required and optional information.
- Note also which steps are 'Required' and the 'Status' of each step. All steps *must* be completed.

Clicking 'Close' will pause the enrollment process which we have 30 days to complete

Each 'Step' is a link that is clicked to enter the step. Steps are highlighted blue when they are either complete, or ready to be clicked

The screenshot displays the 'Business Process Wizard - Provider Enrollment (FAO)' interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The main content area shows the 'Enroll Provider - FAO' process. On the left, a list of steps is shown, with Step 1 highlighted in blue. The central table lists the steps with their 'Required' status, 'Start Date', 'End Date', and 'Status'. The 'Status' column shows 'Complete' for Step 1 and 'Incomplete' for subsequent steps. The bottom of the page displays the page ID, environment, and server time.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required			Incomplete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Required			Incomplete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Employee Details	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

Steps are marked 'Required' or 'Optional'

Each 'Step' must be marked 'Complete' before you may submit your application

Step 2 – Add Location(s), ‘Locations List’

- This screen will be used frequently. We can add a single location or multiple locations which will then display on this list.
- Please note that ‘Locations’ are service locations and not related to billing or other tasks.

Use the ‘Add’ button to enter your first location and as many additional locations as needed

Clicking ‘Close’ at this point will return us to the previous screen without saving any changes

HOKU
MQD Provider Enrollment

My Inbox Admin **Provider**

Note Pad External Links My Favorites Print Help

MyInbox > New Enrollment > FAO Enrollment

Application ID: 20260000000000 Name: Aloha Nutrition Supports

Close Add Pay to address is required for Primary Practice Location. To Add/Modify Pay to address, click on Primary Practice Location hyperlink

Locations List

Filter By Go Save Filters My Filters

Doing Business As	Location Type	Location Details	End Date	Location Code
☐ ▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

Page ID: pgLocationListForEnrlmnt(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/13/2024 07:36:16 MST

Step 2 – ‘Add Provider Location’ Screen

- This will now be a two-step process, first to enter a ‘Primary Practice Location, then a ‘Pay To’ address.
- First we will need to enter a ‘Primary Practice Location.’

Asterisks denote mandatory fields

Simply add the street number and name, then the zip code and click ‘Validate Address.’ The rest of the fields will then autopopulate (auto-fill)

Application ID: 20240000000000000000 Name: Aloha Nutrition Supports

Add Provider Location

Location Type: Primary Practice Location

Phone Number: * Ext: *

Doing Business As: *

Email Address: *

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWN 1111 or DRAWER 1111) If an attention line is required, please enter the information in line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address Line 1: * (Enter Street Address or PO Box Only)

Address Line 2: *

City/Town: OTHER *

County: OTHER *

Zip Code: * *

State/Province: *

Country: UNITED STATES *

Web Page: *

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM:	Close At:	AM/PM:
Sunday:	AM PM *	AM PM *	AM PM *	AM PM *
Monday:	AM PM *	AM PM *	AM PM *	AM PM *
Tuesday:	AM PM *	AM PM *	AM PM *	AM PM *
Wednesday:	AM PM *	AM PM *	AM PM *	AM PM *
Thursday:	AM PM *	AM PM *	AM PM *	AM PM *
Friday:	AM PM *	AM PM *	AM PM *	AM PM *
Saturday:	AM PM *	AM PM *	AM PM *	AM PM *

Masterman Accessibility: No

Page ID: digEnrAddLocation(Provider)

Page ID: digEnrAddLocation(Provider)

Environment: 16_UAT11.1.12.E

Server Time: 06/15/2024 10:36:10 AM ET

OK Cancel

Clicking ‘Validate Address’ will confirm the address is deliverable and a message will display

Click ‘OK’ to save all entries and return to the previous screen

Step 2 – ‘Add Provider Location’ Screen

- Add your 'Primary Practice Location,' including hours of operation and other options.
- Note the optional 'DBA' and 'Email Address' options at the bottom of the screen.

Now we've entered the street address and zip code

If you add anything to 'Address Line 2,' it will appear next to the first text in 'Address Line 1.' Entries on 'Address Line 3 will appear BELOW what is on 'Address Line 1'

The screenshot shows the 'Add Provider Location' form in the HOKU system. Red arrows trace the user's path: starting from the 'Add Location' button, moving to the 'Address Line 1' field (containing '601 Kamehika Blvd'), then to the 'Address Line 2' field, and finally to the 'OK' button at the bottom right. The form includes fields for 'Location Type', 'Phone Number', 'Email Address', 'Doing Business As', 'State/Province', 'Country', 'City/Town', 'County', and 'Zip Code'. A 'Validate Address' button is located next to the 'Zip Code' field. The form also contains a section for office hours with a table for 'Day', 'Open At', 'Close At', and 'AM/PM' for each day of the week. The 'Mandarin Accessible' checkbox is checked. The 'Language' dropdown is set to 'English'. The 'Page ID' is 'dyEntAddLocation(Provider)'.

- Clicking 'Validate Address' will confirm the address is deliverable and a message will display

- Click 'OK' to save all entries and return to the previous screen or to add additional locations

We need to add the location's open days and hours.

Step 2 – ‘Add Provider Location’ Address Not Validated

- HOKU uses the US Postal Service (USPS) database to validate that the address is deliverable.
- Addresses on the Outer Islands or in rural areas are often not found. Click ‘OK’ if you know the address is deliverable.

This message indicates the address is not found in the USPS database

The screenshot shows a web browser window with the URL <https://hioci-uat-evo.acentra.com/evoBrw/CNSIControlServlet>. The page title is "Add Provider Location". At the top, there is a red banner with the message: "Address has not been validated. Please validate the address by clicking on 'Validate Address'." Below this banner, the form contains fields for "Location Type" (set to "Other Office/Servicing Location"), "Phone Number" (808) 592-7952, "Email Address", "Doing Business As", "End Date" (12/31/2999), "Address Line 1" (1234 Mahalo Street), "Address Line 2", "Address Line 3", "State/Province" (Hawaii), "City/Town" (OTHER), "County" (OTHER), and "Zip Code" (95707). A "Validate Address" button is located at the bottom right of the form. A red arrow points from the text "This message indicates the address is not found in the USPS database" to the red banner. Another red arrow points from the text "HOKU will display error messages in the top portion of the screen when corrective action is required. Click the 'X' to close the red banner" to a small 'X' icon in the top right corner of the red banner. A third red arrow points from the text "If HOKU cannot validate the address this message will display - But if you know the address is correct you can proceed by clicking 'OK'" to the "Validate Address" button. At the bottom of the form, there are "OK" and "Cancel" buttons.

HOKU will display error messages in the top portion of the screen when corrective action is required. Click the ‘X’ to close the red banner

If HOKU cannot validate the address this message will display - But if you *know* the address is correct you can proceed by clicking ‘OK’

Step 2 – Add Location(s), Add a ‘Pay To’ Location

- As an ‘FAO’ we need to also add a ‘Pay To’ address.
- We do that by clicking on the ‘Primary Practice Location’ we just entered.

HOKU tells us that we need to add a ‘Pay To’ address which we’ll do by clicking on our just-entered ‘Primary Practice Location’

The screenshot shows the HOKU MQD Provider Enrollment interface. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below it, a breadcrumb trail reads 'MyInbox > New Enrollment > FAO Enrollment'. The main content area displays 'Application ID:' and 'Name: Aloha Nutrition Supports'. A red box highlights a message: 'Pay to address is required for Primary Practice Location. To Add/Modify Pay to address, click on Primary Practice Location hyperlink'. Below this is a 'Locations List' table with columns: 'Doing Business As', 'Location Type', 'Location Details', 'End Date', and 'Location Code'. The first row shows 'Primary Practice Location' as the location type and '601 Kamokila Blvd, Kapolei, HAWAII 96707' as the location details. A red arrow points from the message box to the 'Primary Practice Location' link in the table. The footer contains 'Page ID: pgLocationListForEnrlmnt(Provider)', 'Environment: HI_UAT R1-1.12.E', and 'Server Time: 08/13/2024 07:49:54 MST'.

Doing Business As	Location Type	Location Details	End Date	Location Code
	Primary Practice Location	601 Kamokila Blvd, Kapolei, HAWAII 96707	12/31/2999	01

Step 2 – Add ‘Pay To’ Address

- ‘FAO’ Providers must enter a ‘Pay To’ address as well as a primary location address.
- Click ‘Add Address’ at the lower left of this screen to add the ‘Pay To’ address.

Clicking ‘Close’ will return us to the ‘BPW’ screen

As usual, note mandatory fields that are marked by asterisks

Click ‘Add Address’ here to add your ‘Pay To’ address and other addresses

This is the primary location we previously entered. Click to view it

The screenshot shows the 'Location Details' form for 'Aloha Nutrition Supports'. The form includes the following sections:

- Location Details:**
 - Phone Number: (833) 909-3630
 - Doing Business As:
 - Web Page:
 - Email Address:
 - Location Type: Primary Practice Location
- Operating Hours:**

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM
Sunday	Closed	*		*
Monday	09:00	*	04:00	*
Tuesday	09:00	*	04:00	*
Wednesday	09:00	*	04:00	*
Thursday	09:00	*	04:00	*
Friday	09:00	*	04:00	*
Saturday	10:00	*	02:00	*
- Additional Information:**
 - Handicap Accessible: No
 - Language(s) Spoken: English
 - Start Date: 08/13/2024
 - End Date: 12/31/2999
- Address List:**
 - Add Address** button
 - Address Type:** Location
 - Address:** 601 Kamokila Blvd, Kapolei, HAWAII 96707
 - End Date:** 12/31/2999
 - Pay To** button
 - Delete** button
 - View Page:** 1
 - Save To XLS** button

We need to enter the operating hours and closed days for this location here

We have the option to enter additional information now or at any time later

Clicking this button will generate a spreadsheet which can be viewed or saved.

Step 2 – Add ‘Pay To’ Address

- An ‘FAO’ Provider must enter a ‘Pay To’ address as well as a primary location address.
- The ‘Pay To’ address is where payments from MQD to the ‘FAO’ or a ‘Biller’ will be sent.

We have only one choice here – ‘Pay To’ address

As before, add the street address, then zip code and simply click ‘Validate Address’ as before. HOKU will autopopulate all other fields

Application ID: [blank] Name: Aloha Nutrition Supports

Add Provider Location Address

Type of Address: --SELECT--
Location Address: Pay To

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWNR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address Line 1: [blank] *
(Enter Street Address or PO Box Only)

Address Line 2: [blank]

Address Line 3: [blank]

City/Town: OTHER *

State/Province: [blank] *

County: OTHER *

Country: UNITED STATES *

Zip Code: [blank] * - [blank]

Validate Address

OK Cancel

Page ID: dgEnrLocationAddress(Provider)

Address Type Address End Date

Page ID: pgEnrollmentLocationGeneral(Provider) Environment: HL_UAT R1-1.12.E Server Time: 08/13/2024 07:52:56 MST

As before, clicking ‘Validate Address’ will confirm the address is deliverable and a message will display

Click ‘OK’ to save all entries and return to the previous screen

Step 2 – Add ‘Pay To’ Address

- Group Providers must enter a ‘Pay To’ address as well as a primary location address.
- Click ‘Add Address’ at the lower left of this screen to add the ‘Pay’To’ address.

When adding the ‘Pay To’ address we can use the ‘Copy This Location Address’ option to automatically populate the same address info if the addresses are the same

Application ID: [blank] Name: Aloha Nutrition Supports

Add Provider Location Address

Type of Address: Pay To End Date: 12/31/2999

Location Address: ☒ Copy This Location Address

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: 801 Kamehaha Blvd *
(Enter Street Address or PO Box Only)

Address Line 2: [blank]

Address Line 3: [blank]

City/Town: Kapolei *

State/Province: HAWAII *

County: Honolulu *

Country: UNITED STATES *

Zip Code: 96707 * - 2023

Validate Address

OK Cancel

Page ID: digEnrLocationAddress(Provider)

Page ID: pgEnrollmentLocationGeneral(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/13/2024 07:52:58 MST

Our address validation was successful

Click ‘OK’ to save all entries and return to the previous screen

Step 2 – Add ‘Pay To’ Address

- We’ve now completed the minimum mandatory entries for the ‘FAO.’
- Click ‘Add Address’ at the lower left of this screen to add the ‘Pay To’ address.

Clicking ‘Close’
will return us to
the ‘BPW’ screen

Click ‘Add
Address’ here to
add additional
addresses

We’ve added the
‘Primary Practice
Location’ and the
‘Pay To’ address

Location Details

Application ID: [] Name: Aloha Nutrition Supports

To add additional addresses, click "Add Address" button.

Phone Number: (833) 909-3630 * Ext: [] Email Address: []

Doing Business As: [] Location Type: Primary Practice Location

Web Page: []

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM
Sunday	Closed	AM		PM
Monday	09:00	AM	04:00	PM
Tuesday	09:00	AM	04:00	PM
Wednesday	09:00	AM	04:00	PM
Thursday	09:00	AM	04:00	PM
Friday	09:00	AM	04:00	PM
Saturday	10:00	AM	02:00	PM

Handicap Accessible: No

Language(s) Spoken: English
(For Multiple Selection, use Ctrl Key)

Start Date: 08/13/2024 End Date: 12/31/2999

Address List

Address Type	Address	End Date
☐ Location	601 Kamokila Blvd, Kapolei, HAWAII 96707	12/31/2999
☐ Pay To	601 Kamokila Blvd, Kapolei, HAWAII 96707	12/31/2999

Page ID: pgEnrollmentLocationGeneral(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/13/2024 07:55:05 MST

As with our ‘Primary
Location’ we’ve set
Open/Closed days and
operating hours

If our ‘Address List’
contained a larger
number of entries the
page navigation
controls would
become active

Step 3 – ‘Add Correspondence Address’

- We’ve returned to the ‘BPW’ and will proceed to ‘Step 3 – Add Correspondence Address’
- Normally completed and “next” ‘Steps’ will be highlighted blue.

Click on ‘Step 3 –
Add Correspondence
Address’

Application ID: Name: Aloha Nutrition Supports

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required			Incomplete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Employee Details	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

Page ID: pgBPWOrganizationStart(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/13/2024 07:57:05 MST

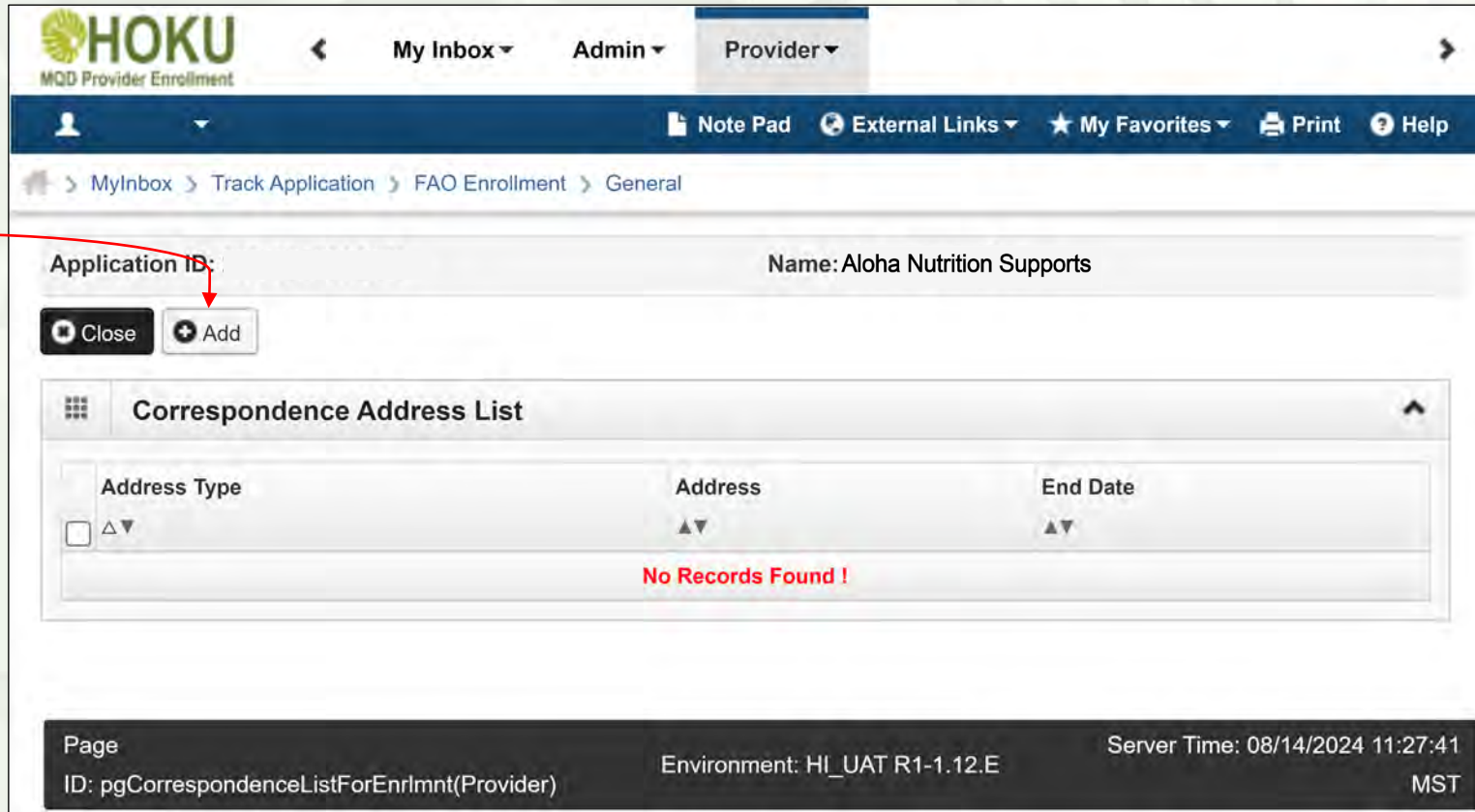
‘Step 2’ is complete
and we can see that
Step 3 needs to be
completed

‘Step 3’ is a ‘Required
Step’

Step 3 – Add ‘Correspondence Address’

- The ‘Correspondence Address List’ is where we’ll enter our ‘FAO’ contact information.
- This is a ‘Required’ step since MQD needs to know how to contact and send info to providers.

Use the ‘Add’ button
to enter your first
‘Correspondence
Address’



The screenshot shows the HOKU MQD Provider Enrollment interface. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this is a secondary bar with 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. The breadcrumb trail indicates the path: 'MyInbox > Track Application > FAO Enrollment > General'. The main content area shows 'Application ID:' and 'Name: Aloha Nutrition Supports'. Below this are 'Close' and 'Add' buttons. A red arrow points from the text 'Use the Add button' to the 'Add' button. The 'Correspondence Address List' section is below, showing a table with headers 'Address Type', 'Address', and 'End Date'. The table is empty, and a red message 'No Records Found !' is displayed. The footer contains page information, environment details, and server time.

Address Type	Address	End Date
No Records Found !		

Page ID: pgCorrespondenceListForEnrImnt(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 11:27:41 MST

Step 3 – ‘Correspondence Address’ Entry & Validation

- Enter the required info in the mandatory fields (with asterisks).
- MQD Recommends selecting ‘Email’ since it is instantaneous and more reliable than mail.

We strongly suggest ‘Email’ versus ‘Standard Mail’

Simply enter the ‘Address Line 1’ street address, then the zip code and click ‘Validate Address’

Application ID: [blank] Name: Aloha Nutrition Supports

Print Help

Add Correspondence Address

Phone Number: (833) 909-3630 * Ext: [blank] Fax Number: [blank]

Communication Preference: [dropdown menu] * Email Address: [blank]

End Date: 12/31/2099 [calendar icon] Email Standard Mail

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWN 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address Line 1: [text input] * (Enter Street Address or PO Box Only)

Address Line 2: [text input]

Address Line 3: [text input]

City/Town: OTHER [dropdown menu] *

State/Province: [dropdown menu] *

County: OTHER [dropdown menu] *

Country: UNITED STATES [dropdown menu] *

Zip Code: [text input] * [text input] Validate Address

Page ID: dgEntCorrespondenceAddress(Provider)

Page ID: pgCorrespondenceList-of-Enrmt(Provider) Environment: HI: UAT R1-V 12.E Server Time: 06/14/2024 11:27:41 MST

All MQD notifications and advisories relating to this provider will be sent to this email address

Click ‘Validate Address’ and HOKU will auto-populate the rest of the fields

Step 3 – ‘Correspondence Address’ Entry & Validation

- Enter the required info in the mandatory fields (with asterisks).
- MQD Recommends selecting ‘Email’ since it is instantaneous and more reliable than mail.

‘Email’ has been selected from the dropdown

The address has been successfully ‘Validated’

Application ID: [blank] Name: Aloha Nutrition Supports

Phone Number: (833) 909-3630 * Extn: [blank] Fax Number: [blank]

Communication Preference: Email * Email Address: hcsbinquiries@dhs.hawaii

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO.(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

ATTENTION: Address Submission only requires Address Line 1 and Zip Code, then click the VALIDATE ADDRESS button. Once clicked, the remaining address fields will be populated and validated by the USPS. If Address Line 1 and Zip Code combination is not valid, an error will be returned.

Address validation successful

Address Line 1: 601 Kamokila Blvd *
(Enter Street Address or PO Box Only)

Address Line 2: [blank]

Address Line 3: [blank]

City/Town: Kapolei *
County: Honolulu *
Zip Code: 96707 * 2023

State/Province: HAWAII *
Country: UNITED STATES *

Validate Address

OK Cancel

Page ID: dlqEnrCorrespondenceAddress(Provider)

Page ID: pgCorrespondenceListForEnrmt(Provider) Environment: HL_UAT R1-1.T2.E Server Time: 08/14/2024 11:27:41 MST

All MQD notifications and advisories relating to this provider will be sent to this email address

Click ‘Validate Address’ and HOKU will auto-populate the rest of the fields. Here, the address has been successfully validated

Click ‘OK’ to save all entries and return to the previous screen

Step 3 – ‘Correspondence Address’ Not Validated

- HOKU uses the US Postal Service database to validate that an address is deliverable.
- Addresses on the Outer Islands or in rural areas are often not found. Click ‘OK’ if you know the address is deliverable.

This message indicates the address is not found in the USPS database

The screenshot shows a web browser window with the URL <https://hioci-uat-evo.acentra.com/evoBrw/CNSIControlServlet>. The page title is "Add Provider Location". At the top, there is a red banner with the message: "Address has not been validated. Please validate the address by clicking on 'Validate Address'." A red 'X' icon is in the top right corner of this banner. Below the banner, the form contains fields for "Location Type" (set to "Other Office/Servicing Location"), "Phone Number" (808) 692-7952, "Extn", "Email Address", "End Date" (12/31/2999), and "Doing Business As". There is a note about department or drawer numbers. Below this, a red message states: "Address not found with Address Line 1 and Zip Code Combination, validate your address using the USPS link." Another red message below that says: "Address has not been validated. Please validate the address by clicking on 'Validate Address'." The address fields are: "Address Line 1" (1234 Mahalo Street), "Address Line 2" (empty), "Address Line 3" (empty), "State/Province" (Hawaii), "City/Town" (OTHER), "County" (OTHER), and "Zip Code" (95707). A "Validate Address" button is next to the zip code. At the bottom right, there are "OK" and "Cancel" buttons. The footer shows "Page ID: digEnrAddLocation(Provider)" and "Environment: UAT (R1.1.12.1)".

HOKU will display error messages in the top portion of the screen when corrective action is required. Click the ‘X’ to close the red banner

If HOKU cannot validate the address this message will display – if you know the address is correct you can proceed by clicking ‘OK’

Step 3 – ‘Correspondence Address’ added

- Note the ‘Correspondence Address’ we just entered.
- At this time HOKU will only permit the entry of one (1) ‘Correspondence Address.’ Click ‘Close’ to return to the ‘BPW.’

Clicking ‘Close’
will return us to
the ‘BPW’ screen

We’ve entered a
‘Correspondence
Address.’ As of this
writing HOKU
supports only one
(1) ‘Correspondence
Address’ per
provider account

The screenshot displays the HOKU MQD Provider Enrollment interface. At the top, the navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The breadcrumb trail shows 'MyInbox > Track Application > FAO Enrollment > General'. The main content area shows 'Application ID:' and 'Name: Aloha Nutrition Supports'. Below this, there are 'Close' and 'Add' buttons. A red arrow points from the 'Close' button to the text 'Clicking ‘Close’ will return us to the ‘BPW’ screen'. The 'Correspondence Address List' table contains one entry:

Address Type	Address	End Date
☐ Correspondence	601 Kamokila Blvd, Kapolei, HAWAII 96707	12/31/2999

Below the table, there are controls for 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. A red arrow points from the 'Correspondence' link in the table to the text 'We’ve entered a ‘Correspondence Address.’ As of this writing HOKU supports only one (1) ‘Correspondence Address’ per provider account'. The footer shows 'Page ID: pgCorrespondenceListForEnrlmnt(Provider)', 'Environment: HI_UAT R1-1.12.E', and 'Server Time: 08/14/2024 11:35:18 MST'.

Step 4 – ‘Add Provider Type/Specialties/Subspecialties’

- We’ve returned to the ‘BPW’ and will proceed to ‘Step 4 – Add Provider Type/Specialties/Subspecialties.’
- Normally, completed ‘Steps’ and the next step to be performed will be highlighted blue.

Click on ‘Step 4 –
Add Provider
Type/Specialties/
Subspecialties’

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional			Incomplete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Required			Incomplete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Employee Details	Optional			Incomplete	
Step 12: Upload Documents	Optional			Incomplete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

‘Step 3’ is complete
and we can see that
Step 4 needs to be
completed

Step 4 – ‘Provider Type/Specialty/Subspecialty List’

- Use this screen to enter Provider info for your FAO.
- If this step is “Optional,” just click ‘Close.’

Use the ‘Add’
button to enter your
first ‘Provider
Type/Specialty/Subs
pecialty’

HOKU
MQD Provider Enrollment

My Inbox Admin Provider

Note Pad External Links My Favorites Print Help

MyInbox > Track Application > FAO Enrollment

Application ID: Name Aloha Nutrition Supports

Close Add

Provider Type/Specialty/Subspecialty List

Filter By Go Save Filters My Filters

Specialty/Subspecialty Provider Type End Date

No Records Found !

Page ID: pgLctnSpcltyListForEnrlmnt(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 11:37:27 MST

Step 4 – Add ‘Provider Type/Specialty/Subspecialty’

- Clicking ‘Add’ opens a sub-screen to allow us to make the desired selections and entries.
- The ‘Add Subspecialty’ available ‘Subspecialties’ will vary depending upon your provider type.

Clicking on the dropdown will display a list of provider types. Click to select your type

Clicking on this dropdown will display a list of specialties

If relevant and you need to add a ‘Subspecialty,’ click it here and use the arrows to add it to the ‘Associated Subspecialties’

Click ‘OK’ to save all entries and return to the previous screen

Step 4 – Add ‘Provider Type/Specialty/Subspecialty’

- Clicking ‘Add’ opens a sub-screen to allow us to make the desired entries.
- The ‘Add Subspecialty’ available ‘Subspecialties’ will vary depending upon your provider type.

Using the dropdown menus we’ve selected the proper ‘Type’ and ‘Specialty’

Here we’ve selected and added the correct ‘Subspecialty’ by using the arrows and transferring it into the ‘Associated Subspecialties’ window

The screenshot displays the HOKU MQD Provider Enrollment interface. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Providers'. The main content area is titled 'Add Provider Type/Specialty'. It includes fields for 'Application ID', 'Name' (Aloha Nutrition Supports arts), 'Provider Type' (NUTRITION SUPPORTS), 'Specialty' (NO SPECIALTY REQUIRED), and 'End Date' (12/31/2999). Below this is the 'Add Subspecialty' section, which contains two lists: 'Available Subspecialties' and 'Associated Subspecialties'. The 'Associated Subspecialties' list currently shows 'No Subspecialty'. Red arrows point from the 'Available Subspecialties' list to the right arrow between the lists, and from the 'Associated Subspecialties' list to the left arrow. A red arrow also points to the 'OK' button at the bottom right of the screen.

We’ve now populated the ‘Associated Subspecialties’ window by selecting it in the ‘Available’ window and transferring it using the arrows

Click ‘OK’ to save all entries and return to the previous screen

These arrows will transfer a ‘Subspecialty’ into the ‘Associated Subspecialties’ window, OR remove it if it was incorrectly selected.

Step 4 – ‘Provider Type/Specialty/Subspecialty’ added

- Note the ‘Provider Type/Specialty’ we just entered appears in the List.
- We can add additional Specialties using the same process. Click ‘Close’ to return to the ‘BPW.’

Clicking ‘Close’
will return us to
the ‘BPW’ screen

We’ve entered a
‘Specialty’ and
any additional
entries will
display below this
entry

The screenshot displays the HOKU MQD Provider Enrollment interface. At the top, the navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The breadcrumb trail shows 'MyInbox > Track Application > FAO Enrollment'. The main content area shows 'Application ID:' and 'Name: Aloha Nutrition Supports'. Below this, there are 'Close' and 'Add' buttons. The 'Provider Type/Specialty/Subspecialty List' section features a table with columns for 'Specialty/Subspecialty', 'Provider Type', and 'End Date'. A single entry is listed: 'NO SPECIALTY REQUIRED/No Subspecialty' for 'NUTRITION SUPPORTS' with an 'End Date' of '12/31/2999'. Below the table, there are controls for 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'. The footer contains 'Page ID: pgLctnSpcltyListForEnrlmnt(Provider)', 'Environment: HI_UAT R1-1.12.E', and 'Server Time: 08/14/2024 11:54:48 MST'.

Specialty/Subspecialty	Provider Type	End Date
NO SPECIALTY REQUIRED/No Subspecialty	NUTRITION SUPPORTS	12/31/2999

Step 5 – Add ‘Associate Billing Provider/Other Associations’

- We’ve returned to the BPW and will proceed to ‘Step 5 – Associate Billing Provider/Other Associations.’
- Normally, completed ‘Steps’ will be highlighted blue.

Click on ‘Step 5 – Associate Billing Provider/Other Associations.’ An associate billing provider is *not* necessary in this case but the step must be completed

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Complete	
Step 11: Employee Details	Optional			Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

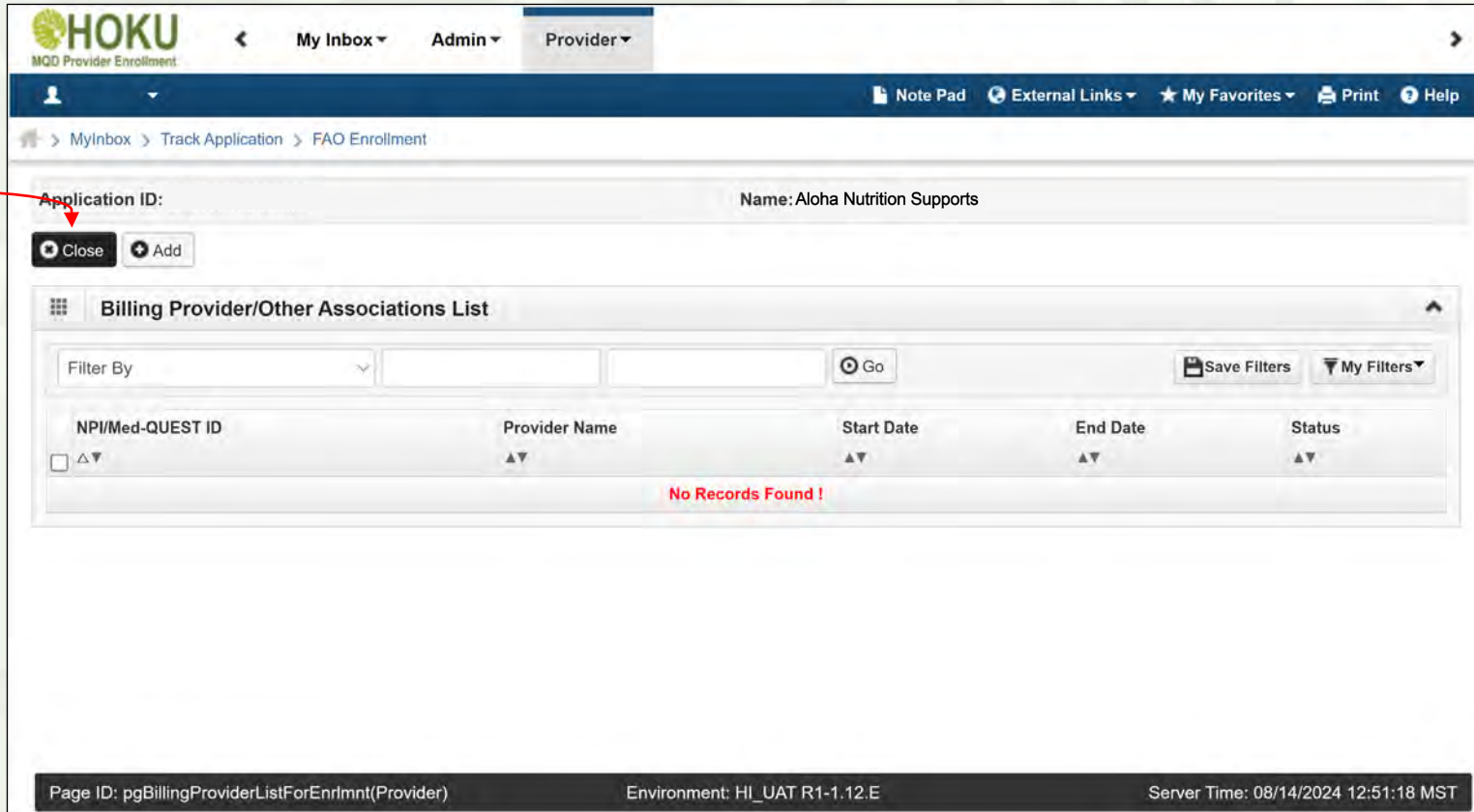
Page ID: pgBPWOrganizationStart(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 11:55:55 MST

Step 5 is Optional, however we must still proceed to the next screen if only to ‘Close’ and return here. Then the step will be marked ‘Complete’

Step 5 – ‘Billing Provider/Other Associations’ list

- Use this screen to enter a ‘Billing Provider,’ or ‘Other Association’ if required.
- If this step is “Optional,” just click ‘Close.’

We don’t need to add a ‘Billing Provider,’ so we can just click ‘Close’ which will then mark this step as ‘Complete.’ Any ‘Optional’ steps can be completed the same way



The screenshot shows the HOKU MQD Provider Enrollment interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The main content area is titled 'Billing Provider/Other Associations List'. It features a search bar with 'Filter By' and a 'Go' button. Below the search bar is a table with the following columns: NPI/Med-QUEST ID, Provider Name, Start Date, End Date, and Status. The table is currently empty, and a red message 'No Records Found!' is displayed below it. A red arrow points to the 'Close' button in the top left corner of the table area.

NPI/Med-QUEST ID	Provider Name	Start Date	End Date	Status
No Records Found !				

Step 6 – ‘Add License/Certification/Other’

- We’ve returned to the BPW and will proceed to ‘Step 6 – Add License/Certification/Other.’
- Normally completed ‘Steps’ will be highlighted blue.

Click on ‘Step 6 – Add License/Certification/Other’

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required			Incomplete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Complete	
Step 11: Employee Details	Optional			Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

Page ID: pgBPWOrganizationStart(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 11:55:55 MST

Note ‘Step 5’ now shows as complete

Note this is an ‘Required’ step so we need to proceed to the next screen

Step 6 – ‘Add License/Certification/Other’

- This is an optional step for an FAO provider.
- For this or any other ‘Optional’ step we simply enter the step, as here, then click ‘Close’ to return to the ‘BPW.’

This is a ‘Required’
step for an ‘FAO –
Nutrition Supports’
provider.

Click ‘Add’ to
proceed to the next
screen where you
will add the
required
information

HOKU
MQD Provider Enrollment

My Inbox Admin Provider

Note Pad External Links My Favorites Print Help

MyInbox > Track Application > FAO Enrollment

Application ID: Name: Aloha Nutrition Supports

Close Add

License/Certification/Other List

Filter By Go Save Filters My Filters

License/Cert./Other Type	License/Cert./Other #	Valid Flag	Effective Date	End Date
No Records Found !				

Page ID: pgLicenseListForEnrlmnt(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 01:03:25 MST

Step 6 – ‘Add License/Certification/Other’

- This is an optional step for an FAO provider.
- For this or any other ‘Optional’ step we simply enter the step, as here, then click ‘Close’ to return to the ‘BPW.’

Click on this dropdown menu to reveal the License and Document types

Enter the start or effective date

Med-QUEST ID: Name: Aloha Nutrition Supports

Add License/Certification/Other

License/Certification/Other type: *

License/Certification/Other #: *

Valid Flag: ☐

Electronic Verification Date:

Effective Date: *

Interface:

End Date: *

This license has no expiration date: ☐

Confirm License/Certification/Other View Screening Result OK Cancel

Page ID: dlgAddLicenseCertification(Provider)

Page ID: pgLicenseCertificationList(Provider) Environment: HI_PROD - Server: hprdl73 Build: R1-1.12.7.1 Server Time: 07/06/2026 03:23:36 MST

Enter, for example, the insurance policy number, or any identifying number on your license or document

Enter, the expiration or end-date of your license or certificate

Click on the ‘Confirm’ button to validate your license

Step 6 – ‘Add License/Certification/Other’

- This is an optional step for an FAO provider.
- For this or any other ‘Optional’ step we simply enter the step, as here, then click ‘Close’ to return to the ‘BPW.’

Click on this dropdown menu to reveal the License and Document types

Enter the start or effective date which is listed on the document

Med-QUEST ID: [Name: Aloha Nutrition Supports]

Add License/Certification/Other

License/Certification/Other Type: [Dropdown Menu]

License/Certification/Other #: [Text Field]

Valid Flag: Comprehensive General Liability
Professional Liability

Electronic Verification Date: [Text Field]

Effective Date: [Date Picker]

End Date: [Date Picker]

This license has no expiration date: ☐

Confirm License/Certification/Other View Screening Result OK Cancel

Page ID: dlgAddLicenseCertification(Provider)

Page ID: pgLicenseCertificationList(Provider) Environment: HI_PROD Server: fiprd1.73 Build: R1-112.T1 Server Time: 07/06/2020 09:23:30 MST

Enter, for example, the insurance policy number, or any identifying number on your license or document

Enter, the expiration or end-date of your license or certificate

Click on the ‘Confirm’ button to validate your license

Step 6 – ‘Add License/Certification/Other’

- This is an optional step for an FAO provider.
- For this or any other ‘Optional’ step we simply enter the step, as here, then click ‘Close’ to return to the ‘BPW.’

Now the selected
license/document
type is visible

Identity Cloud Service | LicenseCertification List | +

https://hoku.hawaii.gov/evn/Enr/CNS/ControlServlet

HOKU | My Inbox | Admin | Provider

Welcome to MMIS - Work - Microsoft Edge

https://hoku.hawaii.gov/evn/Enr/CNS/ControlServlet

Print | Help

Med-QUEST ID: | Name: Aloha Nutrition Supports

Add License/Certification/Other

License/Certification/Other type: Comprehensive General Liability *

License/Certification/Other #: CP00213789101112 *

Valid Flag:

Electronic Verification Date:

Effective Date: 01/01/2026 *

Interface:

End Date: 12/31/2026 *

This license has no expiration date: ☐

Confirm License/Certification/Other | View Screening Result | OK | Cancel

Page ID: dlgAddLicenseCertification(Provider)

Page ID: pgLicenseCertificationList(Provider) | Environment: HI_PROD - Server: hprnd1.73 - Build: R1-1.12.7.1 | Server Time: 07/06/2026 09:23:36 MST

The entered license
or certificate number
is visible

Click Click ‘OK’ to
continue and to
return to the list view

Step 6 – ‘Add License/Certification/Other’

- This is an optional step for an FAO provider.
- For this or any other ‘Optional’ step we simply enter the step, as here, then click ‘Close’ to return to the ‘BPW.’

Click ‘Close’ to
return to the ‘BPW’
screen

We can see that
we’ve added two
required licenses or
documents and can
repeat the process
to add more

The screenshot displays the 'License/Certification/Other List' interface. At the top, the 'Application ID' is 'Aloha Nutrition Supports'. Below this, there are 'Close' and 'Add' buttons. The main section is a table with the following columns: License/Cert/Other Type, License/Cert/Other #, Valid Flag, Effective Date, and End Date. Two entries are listed: 'Comprehensive General Liability' with license number '00-AB C-12345675' and 'Professional Liability' with license number 'ZZ-01234567'. The table also includes a 'Filter By' dropdown, a 'Go' button, and a 'Save Filters' button. At the bottom, there are 'Delete', 'View Page: 1', 'Go', 'Page Count', 'Save To XLS', and 'Viewing Page: 1' options. The footer shows 'Page ID: pgLicenseListForEnrollm(Provider)', 'Environment: HI_PROD - Server: hprd2.73 - Build: R1.1.12 P', and 'Server Time: 11/25/2025 10:32:51 MST'.

License/Cert/Other Type	License/Cert/Other #	Valid Flag	Effective Date	End Date
☐ Comprehensive General Liability	00-AB C-12345675	No	08/26/2025	08/26/2025
☐ Professional Liability	ZZ-01234567	No	01/01/2025	01/01/2025

Step 7 – ‘Add Additional Information’

- This is an optional step for an ‘FAO’ provider.
- For this or any other ‘Optional’ step we simply enter the step, as here, then click ‘Close.’

Click on ‘Step 7 – Add Additional Information,’ an ‘Optional’ step

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/14/2024	08/14/2024	Complete	
Step 7: Add Additional Information	Optional			Incomplete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Complete	
Step 11: Employee Details	Optional			Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

Note ‘Step 6’ now shows as complete

Note this is an ‘Optional’ step but we still need to proceed to the next screen, then ‘Close,’ and return

Step 7 – ‘Add Authorized Representative’

- We’re adding an ‘Authorized Representative.’ We can add ‘Bed Information’ and additional ‘NPI’ numbers.
- Note that when entry lists become very long, the filter tools and page navigation buttons can be used.

Click ‘Close’ to return to the ‘BPW’

Note that when we’ve added an authorized representative(s) it will display here

Note that we can add ‘Bed Information’

We’ve entered an ‘NPI’ and can enter additional ‘NPIs’ as needed

The filter tools will allow us to manage or search these sections efficiently when there are a large number of entries

If our lists contained a larger number of entries the page navigation controls would become active

Step 7 – ‘Add Authorized Representative’

- Here is where we can add an ‘Authorized Representative.’ We can add ‘Bed Information’ and additional ‘NPI’ numbers in a similar way.
- Note that when entry lists become very long, the filter tools and page navigation buttons can be used on the previous screen.

As with all steps
note the asterisk
(*) denotes
mandatory fields

Unless a specific
earlier date
applies, enter
today’s date

The screenshot shows a web application interface for adding an authorized representative. The form is titled 'Add Authorized Representative' and is part of the 'Aloha Nutrition Supports' application. It contains the following fields:

- First Name: *
- Last Name: *
- Middle Name:
- Start Date: *
- End Date: 12/31/2999

At the bottom right, there are 'OK' and 'Cancel' buttons. The page ID is 'dlgEnrlmntAddAuthorizedRep(Provider)'.

Click ‘OK’ to save
your entry and return
to the previous
screen

Step 7 – ‘Add Authorized Representative’

- We’ve added an ‘Authorized Representative.’ If we click ‘OK’ we’ll return to the previous list screen.
- Note that when entry lists become very long, the filter tools and page navigation buttons can be used.

As with all steps
note the asterisk
(*) denotes
mandatory fields

Unless a specific
earlier date
applies, enter
today’s date

Application ID: Name: Aloha Nutrition Supports

Add Authorized Representative

First Name: Jan * Last Name: Alo *

Middle Name:

Start Date: 08/14/2024 * End Date: 12/31/2999 *

OK Cancel

Page ID: dlEnrlmntAddAuthorizedRep(Provider)

Page ID: pgAdditionalInfoListForEnrlmnt(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 01:05:39 MST

Click ‘OK’ to save
your entry and return
to the previous
screen

Step 7 – ‘Add Authorized Representative’

- We’ve added an ‘Authorized Representative.’ We can add ‘Bed Information’ and additional ‘NPI’ numbers.
- Note that when entry lists become very long, the filter tools and page navigation buttons can be used.

Click ‘Close’ to return to the ‘BPW’

All ‘Authorized Representatives’ will be listed here

Note that we can add ‘Bed Information’

We’ve entered an ‘NPI’ and can enter additional ‘NPIs’ as needed

The screenshot displays the HOKU MQD Provider Enrollment interface. At the top, the navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The main content area is titled 'Name: Aloha Nutrition Supports'. Below this, there are three main sections: 'Authorized Representative List', 'Bed Information', and 'NPI Information'. Each section has an 'Add' button and a filter tool. The 'Authorized Representative List' shows a table with columns for Representative Name, Start Date, and End Date. The 'Bed Information' section shows a table with columns for Bed Type, Bed(s)/Unit(s), Start Date, and End Date. The 'NPI Information' section shows a table with columns for NPI, Start Date, and End Date. Red arrows point from text annotations to the 'Close' button, the filter tools, and the data rows in each section.

The filter tools will allow us to manage or search these sections efficiently when there are a large number of entries

If our lists contained a larger number of entries the page navigation controls would become active

Step 8 – ‘Add Provider Controlling Interest/Ownership Details’

- We’ve returned to the ‘BPW’ and will proceed to ‘Step 7 – Add Additional Information.’
- Please view the training videos or slides to be guided through the steps for your type.

Click on ‘Step 8 –
Add Provider
Controlling
Interest/Ownership
Details’

The screenshot shows the 'Enroll Provider - FAO' page with a table of steps. A red arrow points from the text 'Click on ‘Step 8 – Add Provider Controlling Interest/Ownership Details’' to the link for Step 8. Another red arrow points from the text 'Note ‘Step 7’ now shows as complete' to the 'Complete' status of Step 7.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/14/2024	08/14/2024	Complete	
Step 7: Add Additional Information	Optional	08/14/2024	08/14/2024	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required			Incomplete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Complete	
Step 11: Employee Details	Optional			Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

Note ‘Step 7’ now
shows as complete

Step 8 – ‘Add Provider Controlling Interest/Ownership Details’

- This screen is required for the type ‘FAO’ and is different from most HOKU screens.
- Note the ‘Actions’ dropdown which contains all of the sub-steps we need to complete.

Clicking on this dropdown menu provides us with all the necessary tools we need to complete this step

All ‘FAO’ Providers will need to complete all sub-steps except possibly the ‘Import Owner’ function

The screenshot displays the HOKU Provider Enrollment interface for 'Aloha Nutrition Supports'. The 'Actions' dropdown menu is highlighted with a red arrow. The page contains sections for 'REQUIRED DISCLOSURE INFORMATION' and 'REQUIRED OWNERS'. Below these are two tables: 'Owners List' and 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare'. Both tables show 'No Records Found!'.

Step 8 – ‘Add Provider Controlling Interest/Ownership Details’

- This screen is required for the type ‘FAO’ and is different from most HOKU screens.
- Note the ‘Actions’ dropdown which contains all of the sub-steps we need to complete.

Clicking on this dropdown menu provides us with all the necessary tools we need to complete this step

All ‘FAO’ Providers will need to complete all sub-steps except possibly the ‘Import Owner’ function

The screenshot shows the HOKU MQD Provider Enrollment interface. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, a breadcrumb trail reads 'MyInbox > Track Application > FAO Enrollment > General'. The main header area displays 'Application ID:' and 'Name: Aloha Nutrition Supports'. A red arrow points to the 'Actions' dropdown menu, which is open, showing options: 'Add Owner', 'Import Owner', 'Owners Relationships', and 'Owners Adverse Action'. The main content area is titled 'REQUIRED DISCLOSURE INFORMATION' and contains a list of requirements for providers. Below this, there's a section titled 'REQUIRED OWNERS' with a list of requirements. The footer of the page displays 'Page ID: pgOwnerListForEnrmtnt(Provider)', 'Environment: HI_UAT R1-1.12.E', and 'Server Time: 08/16/2024 05:58:10 MST'.

Step 8 – ‘Add Owner’

- Here we’re adding an owner’s information using the dropdown with specific types.
- The address entered below should be the owner’s business and contact address.

Click on the ‘Type’ dropdown to see the list of appropriate controlling interest types

This is the familiar address entry section

The screenshot shows the 'Add Owner' form in the HOKU MQD Provider Enrollment system. The form is titled 'Provider Controlling Interest/Ownership'. It includes several sections: 'REQUIRED DISCLOSURE INFORMATION', 'REQUIRED OWNERS', and 'Owners List'. The 'Type' dropdown menu is highlighted with a red arrow. The 'Address Line 1' field is also highlighted with a red arrow. The 'Percentage Owned' field is highlighted with a red arrow. The 'OK' button at the bottom right is highlighted with a red arrow. A blue message 'Address validation successful' is displayed above the address fields.

This will be a number up to ‘100.’ If a given entry is ‘No percentage owned,’ enter ‘0.’ Do not leave this field blank

Note that the address has been ‘Validated’ and is confirmed as deliverable

Click ‘OK’ to save all entries and return to the previous screen

Step 8 – ‘Add Owner’

- Here we’re adding an owner’s information using the dropdown with specific types.
- The address entered below should be the owner’s business and contact address.

Click the dropdown menu again to add a ‘Managing Agent’ and then we’ll add the ‘Owners Relationships’

A required owner as ‘Agent’ has been entered – a ‘Managing Agent’ must then be added

The screenshot shows the HOKU Provider Enrollment interface. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, the 'Add Owner' button is highlighted with a red arrow. The main content area is titled 'Per Medicaid Provider Manual' and contains sections for 'PROVIDER OWNERSHIP AND CONTROL DISCLOSURES' and 'REQUIRED DISCLOSURE INFORMATION'. The 'REQUIRED OWNERS' section includes a table for 'Owners List' with columns: Owner ID, Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. A red arrow points to the 'Percentage owned' column, which shows a value of 50%.

Note the Ownership Percentage displays as entered

Step 8 – Add Owner's Relationship

- Here we're adding an Owners Relationship entry using the dropdown with various relationships.
- On this page the information for owner "John Moana" has been completed.

First answer this question as 'Yes,' or 'No'

The correct selection here is 'None,' meaning, meaning she does not have any of the listed relationships to the owner

Application ID: Name: Aloha Nutrition Supports

Add Relationship

Do any of the Owners have the following relationship (Daughter, Daughter-In Law, Father, Father-In Law, Mother, Mother-In Law, Sibling, Son, Son-In Law, Self, Spouse) ? ☐ Yes ☐ No (Click Save to update)

Owner List

Show Owners: All Save Filters My Filters

Selected Owner: Moana, John SSN/EIN/TIN: 576767676 Status: Completed

Assoc. Owner	SSN/EIN/TIN	Type	Relation to Moana, John	Relation to Assoc. Owner
Alo, Jan	575757575	Agent	None	None

View Page: 1 Page Count Save To XLS Viewing Page: 1

Selected Owner: Alo, Jan SSN/EIN/TIN: 575757575 Status: Completed

Page ID: digAddModifyOwnerRelationship(Provider)

The purpose of this sub-step is to identify any close or familial relationship between the listed owner and managing employee

In this example, neither person has an identified relationship to the other

We must 'Save' to confirm these entries

Step 8 – Add ‘Owner’s Adverse Action’

- Here we can see that 1 of 3 required steps has been completed
- The address entered below should be the owner’s business and contact address.

The screenshot shows the HOKU MQD Provider Enrollment interface. The 'Owners List' section is active, displaying a table with the following columns: Owner Information, Owner Type, Address, Start Date, End Date, Relationship Status, Adverse Action, and Percentage owned. A red arrow points from the 'Adverse Action' column header to the 'Add Completed' button. Another red arrow points from the 'Relationship Status' column header to the 'Add Completed' button. The page also includes sections for 'REQUIRED OWNERS' and 'List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare'.

Note that we’ve completed the ‘Relationship Status’ and must now complete the ‘Adverse Action’ section

Step 8 – Add Owner’s Adverse Actions

- This step is found on the dropdown menu and is required for both entries, “Owner,” and “Managing Employee.”
- The procedure is the same for both types but the responses may be different.

This is the essential question that must be answered here

This would be the ‘Owner’ or in this case ‘Agent’

Application ID: Name: Aloha Nutrition Supports

"Wholly owned subsidiary supplier," means a subsidiary or supplier whose total ownership interest is held by the Medicaid provider/applicant or by a person, persons, or other entity with an ownership or controlling interest in the Medicaid provider/applicant.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owners with Adverse Action

Filter By: All Go Save Filters My Filters

Owner Name	SSN/EIN/TIN	Response	Comments
Alo, Jan	575757575	☐ Yes ☒ No	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1

Page ID: pgEnrmtAdverseAction(Provider)

Page ID: pgOwnerListForEnrmt(Provider) Environment: HI_UAT R1-1,12.E Server Time: 08/14/2024 02:31:39 MST

We answer ‘Yes’ or ‘No.’ If ‘Yes, you must add an explanatory comment regarding any adverse action

Click ‘OK’ to return to the previous screen

Step 8 – Owner’s Adverse Actions complete’

- We’ll now return to the ‘Actions’ dropdown menu and complete the ‘Owners Adverse Action section.
- Please view the training videos or slides to be guided through the steps for your type.

Application ID: 20240813266925
Name: Aloha Nutrition Supports

Close Actions

- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- If any of the following 10 owner types are selected: Corporate-Charitable 501(c)3, Corporate-Non Charitable, Corporate-Publicly Traded, Corporate-Not Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign, Nonresident Alien for the keyed Tax ID, then at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
- If you select any of the following ownership types: Managing Employee, Board of Directors, Chief Executive Officer, Chief Information Officer, Chief Operating Officer, or Chief Financial Officer, you must add at least 1 additional ownership type that is not from among that list.
- For the Contractor/MCO Enrollment Type, 3 ownership records must be added:
 - (1) Agent
 - (2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
 - (3) Managing Employee

Owners List

Filter By: [] Indicator: [] Go

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
☐ 575757575	Alo, Jan	Agent	601 Kamokila Blvd	08/14/2024	12/31/2999	Completed	No	50

View Page: 1 | Page Count: [] | SaveToXLS

Viewing Page: 1

First Prev Next Last

Add Other Owned Entity | List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Page ID: pgOwnerListForEnrmln(Provider) | Environment: HI_UAT R1-1.12.E | Server Time: 08/14/2024 02:40:01 MST

We’ve entered an owner’s information

Note that we’ve completed the ‘Relationship Status’ and must now complete the ‘Adverse Action’ section

Step 8 – Answer ‘Managing Employee’s Adverse Action

- This screen is required for Group Providers and is different from most HOKU screens.
- Please view the training videos or slides to be guided through the steps for your type.

This is the essential question that must be answered here

Both the Owner or ‘Agent,’ and ‘Managing Employee have been entered

Application ID: [redacted] Name: Aloha Nutrition Supports

ownership or controlling interest in the Medicaid provider/applicant.

FINAL ADVERSE LEGAL ACTION/CONVICTION ACTION HISTORY

Do any of the owners, under any current or former name or business identity, ever had a final adverse legal action listed above imposed against them? Please answer in the 'Owners with Adverse Action' section below for each owner.

Owners with Adverse Action

Owner Name	SSN/EIN/TIN	Response	Comments
Alo, Jan	575757575	☐ Yes ☒ No	
Moana, John	576767676	☐ Yes ☒ No	

View Page: 1 | Page Count | SaveToXLS | Viewing Page: 1

Page ID: pgEnrImntAdverseAction(Provider)

• Managing Employee is mandatory for all enrollment types.
• There must be at least one other ownership type in addition to Managing Employee.

In both cases we've answered 'No,' thus no comment is required

Click 'OK' to return to the previous screen

Step 8 – Ownership Details Entries Completed

- We've answered all required questions for the 'Owner' and the 'Managing Employee.'
- Please view the training videos or slides to be guided through the steps for your type.

Click 'Close' to return to the 'BPW'

We've made the required 'Ownership' entries

Application ID: Name: Aloha Nutrition Supports

REQUIRED OWNERS

- The name, address, date of birth and social security number of any managing employee.
- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- If any of the following 10 owner types are selected: Corporate-Charitable 501(c)(3), Corporate-Non Charitable, Corporate-Publicly Traded, Corporate-Not Publicly Traded, Holding Company, Indirect Owner, Limited Liability Company, Subcontractor, Foreign, Nonresident Alien for the keyed Tax ID, then at least 1 of the following 5 owner types must also be selected in addition: Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer.
- If you select any of the following ownership types: Managing Employee, Board of Directors, Chief Executive Officer, Chief Information Officer, Chief Operating Officer, or Chief Financial Officer, you must add at least 1 additional ownership type that is not from among that list.
- For the Contractor/MCO Enrollment Type, 3 ownership records must be added:
 - (1) Agent
 - (2) Board of Directors, Chief Executive Officer, Chief Financial Officer, Chief Information Officer, or Chief Operating Officer
 - (3) Managing Employee

Owners List

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Relationship Status	Adverse Action	Percentage owned
☐ 575757575	Alo, Jan	Agent	601 Kamokila Blvd	08/14/2024	12/31/2999	Completed	No	50
☐ 576767676	Moana, John	Managing Employee	601 Kamokila Blvd	08/14/2024	12/31/2999	Completed	No	50

Viewing Page: 1

Page ID: pgOwnerListForEnrollmt(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 04:49:54 MST

We've answered the required questions for these 3 sections

Step 9 – ‘Add Taxonomy Details’

- Our next step will be to add ‘Taxonomy’ details which is a ‘Required’ step.
- You can enter your Taxonomy code but you will also have the opportunity to look it up.

Click on ‘Step 9 – Add Taxonomy Details’

Application ID: Name Aloha Nutrition Supports

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/13/2024	08/13/2024	Complete	
Step 7: Add Additional Information	Optional	08/14/2024	08/14/2024	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	08/13/2024	08/13/2024	Complete	
Step 9: Add Taxonomy Details	Required			Incomplete	
Step 10: Fee Payment	Optional			Complete	
Step 11: Employee Details	Optional			Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgBPWOrganizationStart(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 11:55:55 MST

Note ‘Step 8’ now shows as complete

Step 9 – ‘Taxonomy List’

- Use this screen to enter Taxonomy Information.
- Please view the training videos or slides to be guided through the steps for your type.

Use the ‘Add’ button
to add Taxonomy
Information’

Application ID: [] Name: Aloha Nutrition Supports

Taxonomy List

Filter By [] []

Taxonomy Code	Description	Start Date	End Date
No Records Found !			

Page ID: pgTaxonomyListForEnrlmnt(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 04:54:12 MST

See the next slide for
details about
Taxonomy Codes that
apply to your specific
situation



Step 9 – ‘Add Taxonomy Details’

- Before entering your ‘Taxonomy Code’ or Codes please review the information below
- You will then enter the Code or Codes one at a time.

1. NPI & Health Care Provider Taxonomy Codes

- **Dietitian, Registered:** 133V00000X
- **Nutritionist:** 133N00000X
- **Dietetic Technician, Registered:** 136A00000X
- **Dietary Manager:** 132700000X

Enter this specific code or the code that applies to you in the next screen

2. Medicaid & HRSN (Health-Related Social Needs)

- **Home-Delivered Meals Provider:** 332U00000X
- **Nutrition Application Assistance:** Used by agencies helping vulnerable populations secure SNAP or other food benefits.
- **Medically Tailored Meals (MTM):** Specialized programs providing doctor-prescribed diets for specific medical conditions.

Step 9 – Enter /Paste Taxonomy

- Once we've pasted or entered the correct Taxonomy code we can 'Confirm' the Taxonomy.
- Please view the training videos or slides to be guided through the steps for your type

We've entered the appropriate code here

Then we've clicked 'Confirm,' which validates the code

The 'Start Date' for your 'Taxonomy Code' must in general be the effective date, or a later date such as today's date

HOKU
MQD Provider Enrollment

My Inbox Admin Provider

Print Help

Application ID: Name: Aloha Nutrition Supports

Add Taxonomy

Taxonomy Code: 133V00000X *
(Click here for Taxonomy List)

Description: Dietitian, Registered

Start Date: 08/14/2024 * End Date: 12/31/2999

Confirm Taxonomy Ok Cancel

Page ID: dlqEnrlAddTaxonomy(Provider)

After clicking 'Confirm Taxonomy' and seeing the correct result we then click 'OK' to complete all entries and return to the previous screen

Step 9 – Taxonomy Entry Confirmed

- We've successfully added a valid Taxonomy. We can continue adding additional Taxonomies.
- If our list is now complete, click 'Close' to return to the 'BPW.'

Clicking 'Close' will return us to the 'BPW' screen

We've added a 'Taxonomy Code.' Clicking on the blue link will allow us to view the information we entered, or we can add additional codes by clicking 'Add'

The screenshot displays the HOKU MQD Provider Enrollment web application. The top navigation bar includes the HOKU logo, "MQD Provider Enrollment", and tabs for "My Inbox", "Admin", and "Provider". A secondary bar contains links for "Note Pad", "External Links", "My Favorites", "Print", and "Help". The breadcrumb trail shows "MyInbox > Track Application > FAO Enrollment". The main content area shows "Application ID:" and "Name: Aloha Nutrition Supports". Below this are "Close" and "Add" buttons. The "Taxonomy List" section features a "Filter By" dropdown, a "Go" button, "Save Filters", and "My Filters" options. A table lists taxonomy entries with columns for "Taxonomy Code", "Description", "Start Date", and "End Date". One entry is visible: Taxonomy Code "133V00000X" (a blue link), Description "Dietitian, Registered", Start Date "08/14/2024", and End Date "12/31/2999". Below the table are "Delete", "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and pagination controls (First, Prev, Next, Last).

Taxonomy Code	Description	Start Date	End Date
133V00000X	Dietitian, Registered	08/14/2024	12/31/2999

Step 10 – Fee Payment

- MQD has suspended the Fee Payment requirement until further notice.
- As with other ‘Optional’ steps we still need to enter this section, then simply click ‘Close’ to return to the ‘BPW.’

As of this time ‘Fee Payments’ to Med-QUEST have been suspended so we can skip this Step however, as shown previously, we must still access the screen, then close to return here to mark the step ‘Complete’

Application ID: Name: Aloha Nutrition Supports

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/13/2024	08/13/2024	Complete	
Step 7: Add Additional Information	Optional	08/14/2024	08/14/2024	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	08/13/2024	08/13/2024	Complete	
Step 9: Add Taxonomy Details	Required	08/14/2024	08/14/2024	Complete	
Step 10: Fee Payment	Optional			Incomplete	
Step 11: Employee Details	Optional			Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Page ID: pgBPWOrganizationStart(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 11:55:55 MST

Note ‘Step 9’ now shows as complete

Step 11 – Employee Details

- Next we can enter ‘Employee Details’ as needed for our enrollment type.
- Note that this is an ‘Optional’ step. We’ve already learned how to complete optional steps.

Click on ‘Step 11 – Employee Details’

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/13/2024	08/13/2024	Complete	
Step 7: Add Additional Information	Optional	08/14/2024	08/14/2024	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	08/13/2024	08/13/2024	Complete	
Step 9: Add Taxonomy Details	Required	08/14/2024	08/14/2024	Complete	
Step 10: Fee Payment	Optional	08/13/2024	08/13/2024	Complete	
Step 11: Employee Details	Optional			Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

Note ‘Step 10’ was not required as fee payments are currently suspended by Med-QUEST

Step 11 – Employee Details

- Here we can upload documents pertaining to employees as needed per the enrollment type.
- Please try to upload documents in Adobe Acrobat .pdf format if possible.

Clicking 'Close' will return us to the 'BPW' screen

If applicable to your enrollment these buttons will allow you make 'Employee Details' entries

HOKU
MQD Provider Enrollment

My Inbox Admin Provider

Note Pad External Links My Favorites Print Help

MyInbox Track Application FAO Enrollment

Application ID: Name: Aloha Nutrition Supports

Close Upload Employee Data Update Guide Download Template

Non-Emergency Medical Transportation (NEMT) and Attendant Care providers are required to report all employees that will provide services to Medicaid members during the initial enrollment process, revalidation and/or upon a change. To complete this process, download the template above, add employee information as horizontal rows, and upload the completed file. The template columns and fields must be used in the exact format provided. To avoid application delays do not create an alternate template or modify template columns/fields. Any changes and/or updates to the organization's employee roster currently on file must be reported within 30 days. If an update is required please upload a new template containing newly added and/or terminated employees. This information must be provided as a condition of participation in federal and state Medicaid programs.

Template Instructions:

- Please upload a full roster of employees when submitting application.
- File upload can be done through an excel file, only with an extension of .xls or .xlsx.
- A file can have maximum of 6000 rows. If the employee information exceeds 6000 rows, then split the information in multiple excel workbooks and upload the data.
- Employee template can have multiple worksheets with or without data but only first worksheet (Columns A to P) will be checked for batch job validation.
- Employee template must have the default headers in the same sequential order.
- Required columns highlighted in green cannot be blank.
- The employee details template cannot be uploaded blank without information.
- Employee template cannot have blank rows in-between employee data.
- Downloaded Employee template from evdBrix will have specific dropdown list embedded on the columns > Add/Modify, Gender, State/Province and Country. Upload will not be accepted if any of these column values are not in the predefined dropdown list.
- Column A cannot have the value "Modify" for a new Application.
- Date values must be entered in mm/dd/yyyy.
- If any unwanted spaces entered at the suffix/prefix of the column values will be trimmed.

Employee Document List

Filter By [] [] Go Save Filters My Filters

Document ID	File Name	Uploaded By	Uploaded Date	Document Status
No Records Found !				

Step 12 – Upload Documents

- This required step allows us to enter digital copies of required licenses/certificates/documents .
- Please try to upload documents in Adobe Acrobat .pdf format if possible.

Click on 'Step 12 – Upload Documents'

Application ID: Name: Aloha Nutrition Supports

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/13/2024	08/13/2024	Complete	
Step 7: Add Additional Information	Optional	08/14/2024	08/14/2024	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	08/13/2024	08/13/2024	Complete	
Step 9: Add Taxonomy Details	Required	08/14/2024	08/14/2024	Complete	
Step 10: Fee Payment	Optional	08/13/2024	08/13/2024	Complete	
Step 11: Employee Details	Optional	08/13/2024	08/13/2024	Complete	
Step 12: Upload Documents	Required			Incomplete	Please upload required documents.
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 | Go | Page Count | SaveToXLS | Viewing Page: 1 | First | Prev | Next | Last

Page ID: pgBPWOrganizationStart(Provider) | Environment: HI_UAT R1-1.12.E | Server Time: 08/14/2024 11:55:55 MST

Note 'Step 11' now shows as complete

Step 12 – Upload Documents

- We first use the dropdown menus to set the license/certificate/document type, then, upload it.
- If our list is now complete, click 'Close' to return to the 'BPW.'

Click the 'Add'
button to begin
uploading

Click 'Close' to
return to the 'BPW'

The screenshot displays the HOKU MQD Provider Enrollment interface. At the top, there's a navigation bar with tabs for 'My Inbox', 'Admin', and 'Provider'. Below this, a sub-header shows 'MyInbox > Track Application > FAQ Enrollment'. The main content area is titled 'Application ID: [blank] Name: Aloha Nutrition Supports'. It features a 'Close' button and an 'Add' button. The 'Required Documents' section lists two items: 'Certificate of General Liability Insurance' and 'Certificate of Professional Liability Insurance'. Below this, a note states: 'Request for TIN and Certification must be signed/executed within the last year.' The 'Document List' section includes a filter bar with 'Filter By', a search box, and a 'Go' button. The table below has columns for Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, and Document Status. The table is currently empty, showing 'No Records Found!'.

HOKU shows us what
licenses/certifications
/documents are
required

Please try to
photograph/scan/con
vert the documents
into the .pdf format
which will then be
uploaded on the next
screen

Step 12 – Upload Documents

- We first use the dropdown menus to set the license/certificate/document type, then, upload it.
- If our list is now complete, click 'Close' to return to the 'BPW.'

The 'Document Type' dropdown lets you select the type for any document that must be uploaded

The 'Fee Payment' requirement has been suspended

Select the option 'License' to upload Certificates of General and Professional Liability

Application ID: _____ Name: Aloha Nutrition Supports

Upload Document

Document type: **--SELECT--** *

File Name: _____

Start Date: _____

End Date: _____

Remark: _____

Document Name: _____ *

OK Cancel

Page ID: dgEnrlmntAttachment(Provider)

Page ID: pgEnrlmntDocumentList(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 06:24:58 MST

This dropdown will allow us to select a specific document name

Step 12 – Upload Documents

- When we click 'Choose File' we'll be prompted to locate the license/certificate/document on our PC.
- If our list is now complete, click 'Close' to return to the 'BPW.'

We locate and select the license file as we normally do with any file on our PC

HOKU will open a file window where you navigate to your file, select, and click 'Open'

We'll select the proper document from the dropdown list

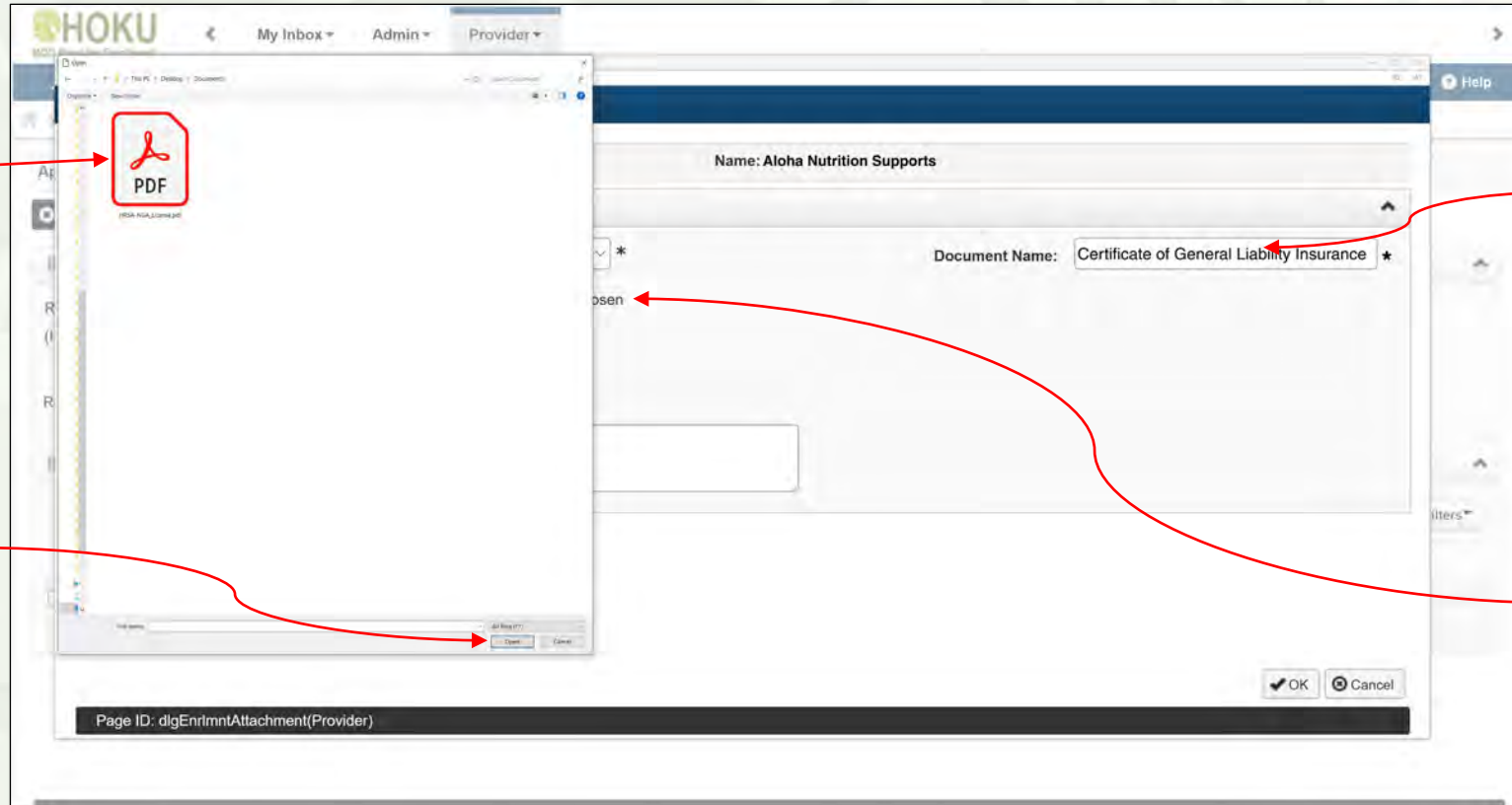
Click the 'Choose File' button which is hidden here, to locate and upload your license/certificate/document

Step 12 – Upload Documents

- When we click 'Choose File' we'll be prompted to locate the license/certificate/document on our PC.
- If our list is now complete, click 'Close' to return to the 'BPW.'

We locate and select the license file as we normally do with any file on our PC

HOKU will open a file window where you navigate to your file, select, and click 'Open'



We've selected the proper document from the dropdown list

Click the 'Choose File' button which is hidden here, to locate and upload your license/certificate/document

Step 12 – Upload Documents

- We've successfully selected and uploaded a required license/certificate/other document.
- If our list is now complete, click 'Close' to return to the 'BPW.'

Now we can see the name of the file we just uploaded. If we uploaded the wrong file we can simply press 'Cancel' to start over

The screenshot shows the HOKU web application interface for uploading a document. The top navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The main header displays 'Application ID: 20240813266925' and 'Name: Aloha Nutrition Supports'. The 'Upload Document' section contains the following fields:

- Document Type:** License *
- Document Name:** Certificate of General Liability Insurance *
- File Name:** Choose File Certificate of General Liability Insurance (The text 'Certificate of General Liability Insurance' is highlighted with a red box, and a red arrow points from the explanatory text on the left to this box.)
- Start Date:** 08/14/2024
- End Date:** 12/31/2999
- Remark:** (Empty text box)

At the bottom right of the form are two buttons: 'OK' and 'Cancel'. A red arrow points from the explanatory text on the right to the 'OK' button, and another red arrow points from the same text to the 'Cancel' button.

Page ID: dlqEnrImntAttachment(Provider)

We can click 'OK' to return to the 'List' screen to add more documents

If we made a mistake in our upload we can simply click 'Cancel.' The document will not be stored in HOKU

Step 12 – Upload Documents

- We now see the listing of all licenses/certificates/documents we've uploaded.
- If our list is complete, click 'Close' to return to the 'BPW.'

Click 'Close' to return to the 'BPW.'

Clicking on the file name in this column will open the document for viewing

Now we've uploaded the documents required for our enrollment type

The screenshot displays the HOKU MQD Provider Enrollment interface. At the top, the navigation bar includes 'My Inbox', 'Admin', and 'Provider'. The main content area shows the 'Required Documents' section for 'Aloha Nutrition Supports'. Below this, the 'Document List' table is visible, containing three rows of uploaded documents. The table has columns for Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, and Document Status. The first two rows are for 'Certificate Of General Liability' and 'Certificate Of Professional Liability', both with a status of 'In Process'. The third row is for a 'Letter', also with a status of 'In Process'. A red arrow points to the 'Close' button in the top left of the document list section. Another red arrow points to the 'File Name' column header. A third red arrow points to the first row of the document list.

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Document Status
75250535	License	Certificate Of General Liability		08/14/2024	12/31/2999	Will Choy	08/14/2024	In Process
75250536	License	Certificate Of Professional Liability		08/14/2024	12/31/2999	Will Choy	08/14/2024	In Process
75250538	Letter			08/14/2024	12/31/2999	Will Choy	08/14/2024	In Process

Step 13 – ‘Complete Enrollment Checklist’

- We’ve successfully uploaded required licenses/certificates/other documents.
- Now we’ll complete ‘Step 13,’ the ‘Enrollment Checklist.’

Click on ‘Step 13 –
Complete Enrollment
Checklist’

Application ID: Name: Aloha Nutrition Supports

Close Print

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/13/2024	08/13/2024	Complete	
Step 7: Add Additional Information	Optional	08/14/2024	08/14/2024	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	08/13/2024	08/13/2024	Complete	
Step 9: Add Taxonomy Details	Required	08/14/2024	08/14/2024	Complete	
Step 10: Fee Payment	Optional	08/13/2024	08/13/2024	Complete	
Step 11: Employee Details	Optional	08/13/2024	08/13/2024	Complete	
Step 12: Upload Documents	Required	08/13/2024	08/13/2024	Complete	
Step 13: Complete Enrollment Checklist	Required			Incomplete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Page Count SaveToXLS Viewing Page: 1

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Note ‘Step 12’ now
shows as complete.

Step 13 – ‘Provider Checklist’

- Make certain you answer every question as ‘Yes’ or ‘No.’ Then click ‘Save.’
- The ‘Comments’ field will allow ample space for any explanatory or qualifying comments.

Don’t forget the
‘Save’ button
which we’ll use
before we exit
this screen

Click ‘Close’ to
return to the ‘BPW’

Application ID: [redacted] Name: Aloha Nutrition Supports

Close Save

Provider Checklist

Question	Answer	Comments
Do you need to request a Retroactive or Future Enrollment Date? If Yes, enter the requested date in the comment field to be considered.	Not Completed	
Do you wish to end date your enrollment? If yes, enter date in comment field.	No	
Are you currently excluded from any Hawaii or other state program? If yes, provide state of exclusion and program in comment field.	Not Completed	
Are you currently excluded from any federal program? If yes, provide the program and date in comment field.	Yes	
Have you ever had a criminal or healthcare program-related conviction? If yes, provide type of conviction and date in comment field.	Not Completed	
Have you ever had a judgment under any false claims act? If yes, list judgment and date in comments field.	Not Completed	
Have you been enrolled by another State's Medicaid Program. If yes, provide each state and effective date of enrollment in comments field.	Not Completed	
Have you ever had a program exclusion/debarment? If yes, provide program and date in comments field.	Not Completed	
Have you ever had civil monetary penalty? If yes, provide penalty type and date. If yes, please specify federal or state in comments field.	Not Completed	
Are you trying to reactivate a provider previously active with Med-QUEST whose status became inactive or lapsed for any reason? If yes, please add the previous Med-QUEST ID in the comments field again.	Not Completed	
Do you have 5% or more ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed	
Have you had any malpractice settlement, judgment, or agreement? If yes, provide dollar amount and dates in comments field.	Not Completed	
If this enrollment is for a change of ownership (CHOW) for an existing provider with a new name, NPI, or Tax ID, please add the previous information in the comment box.	Not Completed	
Are you applying as a Private Duty Nurse (LPN/RN) for private duty services?	Not Completed	
Are you a Home Health Agency, DME provider, home and community based provider (HCBS) or nonemergency medical transportation provider? Have you had the required fingerprinting completed? If yes, with what state and date, also upload fingerprinting documentation.	Not Completed	

View Page: 1 Page Count Save To XLS Viewing Page: 1

Our choices are ‘No,’
or ‘Yes’ to each
question

The ‘Comments’
field, which is also
used for lengthier
clarifying comments –
can actually accept
over 1,000 characters

Step 13 – ‘Provider Checklist’

- Make certain you answer every question as ‘Yes’ or ‘No.’ Then click ‘Save.’
- The ‘Comments’ field will allow ample space for any explanatory or qualifying comments.

Don’t forget the
‘Save’ button
which we’ll use
before we exit
this screen

Click ‘Close’ to
return to the ‘BPW’

The screenshot shows the 'Provider Checklist' form in the HOKU MQD Provider Enrollment system. The form is titled 'Provider Checklist' and is for 'Aloha Nutrition Supports'. It contains a table with columns for 'Question', 'Answer', and 'Comments'. The first question is 'Do you need to request a Retroactive or Future Enrollment Date? If Yes, enter the requested date in the comment field to be considered.' The answer is 'Yes' and the comment is '01/01/2022'. Other questions follow with 'No' answers. At the bottom, there are buttons for 'View Page: 1', 'Go', 'Page Count', 'Save To XLS', and 'Viewing Page: 1'.

Our choices are ‘No,’
or ‘Yes’ to each
question have been
answered

The ‘Comments’
field, which is also
used for lengthier
clarifying comments –
can actually accept
over 1,000 characters

Step 14 – ‘Submit Enrollment Application For Approval’

- We’ve completed all enrollment steps as well as the enrollment checklist.
- Provided there are no errors or inconsistencies, clicking on ‘Step 14’ will allow us to submit our application to MQD for review.

Click on ‘Step 14 –
Submit Enrollment
Application for
Approval’

Application ID: Name: Aloha Nutrition Supports

Enroll Provider - FAO

Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/14/2024	08/14/2024	Complete	
Step 7: Add Additional Information	Optional	08/14/2024	08/14/2024	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	08/14/2024	08/14/2024	Complete	
Step 9: Add Taxonomy Details	Required	08/14/2024	08/14/2024	Complete	
Step 10: Fee Payment	Optional	08/14/2024	08/14/2024	Complete	
Step 11: Employee Details	Optional	08/14/2024	08/14/2024	Complete	
Step 12: Upload Documents	Required	08/14/2024	08/14/2024	Complete	
Step 13: Complete Enrollment Checklist	Required	08/14/2024	08/14/2024	Complete	
Step 14: Submit Enrollment Application for Approval	Required			Incomplete	

View Page: 1 Viewing Page: 1

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Note that we’ve completed all the steps required to submit our application for review. The final “Incomplete” item is the final step to submit the application

Step 14 – ‘Final Submission’

- This is the first step in the submission process. The application will be placed in our queue for review.
- After reading the ‘Final Submission’ disclaimer/agreement, click ‘Next’ to continue.

Click ‘Next’ AFTER
you have read the
disclaimer

Click ‘Close’ to
return to the ‘BPW’
in the event we
need to check or
make corrections or
edits.

HOKU MQD Provider Enrollment

My Inbox Admin Provider

Note Pad External Links My Favorites Print Help

MyInbox Track Application FAO Enrollment

Application ID: Name: Aloha Nutrition Supports

Close Next

Final Submission

Application ID: 2026000000000 EnrollmentType: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

The information submitted for enrollment shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.
I agree that the information submitted as a part of the application is correct (Private and Confidential).

Application Document Checklist

Forms/Documents	Special Instructions	Source	Required
No Records Found !			

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Step 14 – ‘Provider Agreement & Condition of Participation’

- The final disclaimer and agreement are binding upon the PROVIDER.
- The name at the bottom indicates the person who has prepared the application.

After reading and checking the box below, clicking here will submit your application

Only the *bottom-portion* of this long screen and agreement is shown here so please read all of the agreement terms carefully before clicking the box

Click here AFTER you have read the disclaimer

HOKU
MQD Provider Enrollment

My Inbox Admin Provider

Note Pad External Links My Favorites Print Help

MyInbox > Track Application > FAO Enrollment

Application ID: 20240813266925 Name: Aloha Nutrition Supports

Close Submit Application After reading the Terms and Conditions be sure to check the agreement box located at the end of the document.

and Human Services, through the Hawaii State Department of Human Services. The service provider recognizes and agrees that such Federal Financial Assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States and/or the State of Hawaii shall have the right to seek judicial enforcement of the Assurance. This Assurance is binding on the service provider, its successors, transferees, and assignees, and to the person authorized to sign this Assurance on behalf of the service provider whose signatures appear below.

RETROACTIVE CERTIFICATION:

I/We agree that retroactive provider certification shall be limited to no more than twelve (12) months back to the date on which the application was received in the Hawaii State Department of Human Services/Med-QUEST Division/Health Care Services Branch office subject to the discretion of the Med-QUEST Division Administration. The month in which the application was received shall be counted as the first month.

ELECTRONIC SIGNATURE: This Acknowledgement is to let you know that by submitting an electronic signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you on behalf of your organization. For purposes of the acknowledgement, a digital mark is considered a typed legal First and Last name (legal name may include middle name, initial or suffix) followed by the typed date. Any document requiring an electronic signature may contain a signature acknowledgment statement provided in the same area requiring the electronic signature.

AGREEMENT & ACKNOWLEDGEMENT: I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. Likewise, I, on behalf of the organization that I am authorized to represent, consent to do business electronically. This electronic signature will function as acknowledgement that I am authorized to represent and bind the organization for which this documentation is submitted. An electronic record will be kept of the documentation with which the electronic signature is associated. This electronic record will be retained and capable of being reproduced for future use. It is also acknowledged that this electronic signature meets the standard identified for uniqueness, verification, sole control, and record linkage.

The undersigned attest that they have entered into an agreement effective on the date indicated below. Both parties agree an authorized representative of the enrolling entity has the authority to sign and submit this electronic agreement and to maintain enrollment information through Med-QUEST Provider Enrollment.

☒ I/We have read all of the Provider Agreement and Condition of Participation in the Hawaii State Medicaid Program and fully understand and agree to its terms.

First Name: Jan Last Name: Alo Date: 08/14/2024

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Application Complete

- The red high-lighted confirmation means that you are finished with the enrollment steps.
- Your application is now in the queue for review and normally, approval by MQD.

SUCCESS! We've now submitted our application to the MQD Review Team for approval

Make sure to take note of your 'Application ID' to track your application

If your application is NOT approved you will receive a notification message directing you to correct and re-submit your application

Application ID: 2026000000000

Name: Aloha Nutrition Supports

Your Application Number 2026000000000 has been successfully submitted for State review. Return with this application number to track the status of your application.

Enroll Provider - FAO

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Optional	08/14/2024	08/14/2024	Complete	
Step 5: Associate Billing Provider/Other Associations	Optional	08/14/2024	08/14/2024	Complete	
Step 6: Add License/Certification/Other	Required	08/14/2024	08/14/2024	Complete	
Step 7: Add Additional Information	Optional	08/14/2024	08/14/2024	Complete	
Step 8: Add Provider Controlling Interest/Ownership Details	Required	08/14/2024	08/14/2024	Complete	
Step 9: Add Taxonomy Details	Required	08/14/2024	08/14/2024	Complete	
Step 10: Fee Payment	Optional	08/14/2024	08/14/2024	Complete	
Step 11: Employee Details	Optional	08/14/2024	08/14/2024	Complete	
Step 12: Upload Documents	Required	08/14/2024	08/14/2024	Complete	
Step 13: Complete Enrollment Checklist	Required	08/14/2024	08/14/2024	Complete	
Step 14: Submit Enrollment Application for Approval	Required	08/14/2024	08/14/2024	Complete	

View Page: 1 | Go | Page Count | SaveToXLS

Viewing Page: 1

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Note that we've completed all the steps including submitting our application for approval

Track Your Submitted Application

- Once it has been submitted we can track the application review status by using the 'Provider' menu, 'Track Application.'
- If you haven't done so, record your 'Application Number' for tracking and follow-up later.

Click on the
'Provider' menu

Click 'Track
Application.' You
will need your
'Application ID
Number' to use
the tracking
feature

Application ID:
Your Application Number 20140813266925 has been

Enroll Provider - FAO

Step

Step 1: Provider Basic Information

Step 2: Add Locations

Step 3: Add Correspondence Address

Step 4: Add Provider Type/Specialties/Subspecialties

Step 5: Associate Billing Provider/Other Associations

Step 6: Add License/Certification/Other

Step 7: Add Additional Information

Step 8: Add Provider Controlling Interest/Ownership Details

Step 9: Add Taxonomy Details

Step 10: Fee Payment

Step 11: Employee Details

Step 12: Upload Documents

Step 13: Complete Enrollment Checklist

Step 14: Submit Enrollment Application for Approval

View Page: 1

Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

Page ID: pgBPWOrganizationStart(Provider)

Environment: HI_UAT R1-1.12.E

Server Time: 08/14/2024 08:03:10 MST

Start Date	End Date	Status	Step Remark
08/13/2024	08/13/2024	Complete	
08/13/2024	08/13/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	
08/14/2024	08/14/2024	Complete	

Track Your Submitted Application

- Enter your 'Application ID' in the box and make sure there are no spaces in the entry.
- Click 'Submit' to proceed.

Click 'Submit' to track your application

HOKU
MQD Provider Enrollment

My Inbox Admin Provider

Note Pad External Links My Favorites Print Help

MyInbox > Track Application > FAO Enrollment > Track Application

Close Submit

Track Existing Application

Please provide the Application ID to track your application.

Application ID: 2026000000000 *

Page ID: PgExistingApplicationTrack(Provider) Environment: HI_UAT R1-1.12.E Server Time: 08/14/2024 08:04:50 MST

Application Review Status

- The status of your application will be displayed.
- When your application has been APPROVED, you will receive an email or standard mail notification.

If your application is still under review and not yet approved, this status message will display

When your application is approved, a 'Welcome' notification letter will be emailed or mailed to you

The screenshot shows the HOKU Provider Enrollment interface. At the top, there's a navigation bar with 'My Inbox', 'Admin', and 'Provider' tabs. Below this, a breadcrumb trail reads: 'MyInbox > Track Application > FAO Enrollment > Track Application > FAO Enrollment'. The main content area displays 'Application ID:' and 'Name: Aloha Nutrition Supports'. A red banner message states: 'Your application is currently In-Review by the Provider Enrollment Unit. You cannot make any modifications to your enrollment information at this time.' A red arrow points to this banner, and another red arrow points to an 'X' icon in the top right corner of the banner, with a note: 'Click the 'X' to close the red banner'. Below the banner, there are 'Close' and 'Print' buttons. The main section is titled 'Enroll Provider - FAO' and contains a 'Business Process Wizard - Provider Enrollment (FAO). Click on the Step # under the Step Column.' table.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/13/2024	08/13/2024	Complete	
Step 2: Add Locations	Required	08/13/2024	08/13/2024	Complete	
Step 3: Add Correspondence Address	Required	08/14/2024	08/14/2024	Complete	
Step 4: Add Provider Type/Specialties/Subspecialties	Required	08/14/2024	08/14/2024	Complete	
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Step 9: Add Taxonomy Details	Required	08/14/2024	08/14/2024	Complete	
Step 10: Fee Payment	Optional	08/14/2024	08/14/2024	Complete	
Step 11: Employee Details	Optional	08/14/2024	08/14/2024	Complete	
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Step 13: Complete Enrollment Checklist	Required	08/14/2024	08/14/2024	Complete	
Step 14: Submit Enrollment Application for Approval	Required	08/14/2024	08/14/2024	Complete	

At the bottom of the table, there are buttons for 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'. The footer shows 'Page ID: pgBPWOrganizationStart(Provider)', 'Environment: HI_UAT R1-1.12.E', and 'Server Time: 08/14/2024 08:06:45 MST'.

Click the 'X' to close the red banner

After Approval

- Once your application has been approved by the MQD review team you will receive a 'Welcome' notification letter by email or by standard mail depending upon which option you selected in the 'Correspondence Address' step.
- The 'Welcome' letter will include the effective date of your enrollment with MQD. If you were already enrolled in the MQD mainframe system and the date given is not correct, please contact us to revise your effective date.
- You'll be able to login to your HOKU account just as you did in the beginning enrollment steps. This will allow you to update licenses/certificates/other documents as well as editing and/or updating other important data such as addresses, email addresses and most of the information entered during the initial application. Updating certain items of data will require review and approval by the MQD team.
- Please follow the safe practices guidelines mentioned earlier: please access HOKU from using a safe, secure internet connection such as from home or your office. Please DO NOT access HOKU using a PUBLIC WiFi connection such as in a restaurant, mall or other public location.

For Further Assistance – Contact Med-QUEST

Email: Nutrition-MQD@dhs.hawaii.gov

Phone: 1-833-909-3630

Fax: 808-692-8087

Office Address

601 Kamokila Boulevard, Room 506A

Kapolei HI 96707

Mahalo!