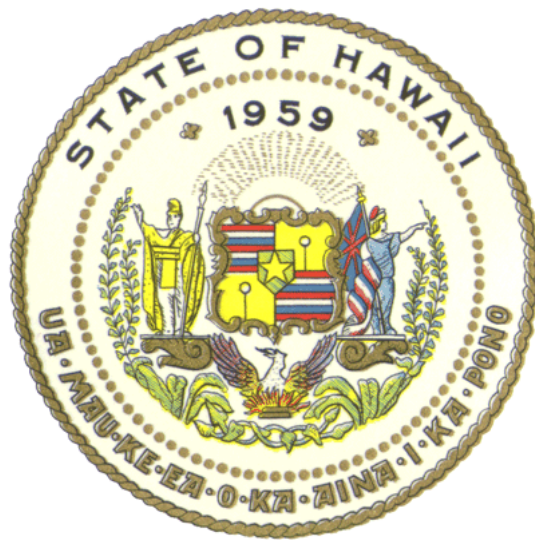


DHS Medicaid Online (DMO)

***Web-Based
Eligibility/Enrollment Verification***



Application Walk-Through



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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Overview

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

Browser Requirement

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

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





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DHS/MQD Online Overview

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




	<p>DHS/MQD ONLINE OVERVIEW</p> <p>There are two types of accounts that can be created with this system. MASTER Accounts and INDIVIDUAL Accounts.</p> <p>MASTER ACCOUNTS</p> <p>The option to create a master account is only available if no other master accounts have been created for the provider. A master account has all the functionality of Individual accounts. However, a master account holder will also have the ability to administer all the Individual accounts for the same provider. This provides an authorized representative from a provider, such as a supervisor or manager, the ability to monitor and maintain who can and who cannot access information from the system. If you are not authorized to create a master account, please do not attempt to create one. You will not be able to use it since we require an authentication code which is mailed to an address retained in our system.</p> <ul style="list-style-type: none"> • When the sign up process is complete for a master account, a letter will be generated and sent to the Provider's Correspondence address on file. This letter will contain the authentication code necessary to activate the master account. • If the master account is not activated within 30 days of creation, it will be deleted from our system. Please keep in mind that during this time, no other master accounts can be created. Therefore, please do not attempt to create a master account unless you are authorized to do so since this will delay your setup process. • Once the Master account is activated, the master account holder will have the ability to activate new individual accounts. • Keep in mind that even though a master account may not exist for a given provider, Individual accounts can still be created. These accounts will remain inactive until a master account is created and activated and the master account holder activates them. • All master account holders will receive an email each time an individual account is created. This email is sent to notify the master that the account was created and is awaiting activation. <p>INDIVIDUAL ACCOUNTS</p> <p>Individual accounts can be created regardless of whether a master account already exists for a provider. However, you cannot use an individual account until a master account holder activates it.</p> <ul style="list-style-type: none"> • When the sign up process is complete for an individual account, an email will be sent to the master account holders for the same provider if there is any. This will notify them of the new account and remind them to activate it. • The new individual account will remain inactive for up to 120 days unless a master account holder activates it. If the master account holder does not activate the new individual account within 120 days, it will be deleted from the system. <p>INACTIVITY ON MASTER AND INDIVIDUAL ACCOUNTS</p> <p>The system will change the account to an 'Inactive' status after 90 days of inactivity. Please refer to the DHS Medicaid Online user manual for more information.</p> <p>Home</p>
---	--

Figure 1: DHS/MQD Online Overview

Steps

- 1 Type <https://hiweb.statedmedicaid.us> into the address toolbar and press <Enter>.



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Contact Us

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

State of Hawaii Department of Human Services
DHS Medicaid Online

[Contact Us](#) [Overview](#) [Terms of Use](#)

Thank you for visiting Department of Human Services, Medicaid Online. Please login or Create a New Account.

Sign In:

User Name

Password

Forgot your Password? [Click Here](#)

Note • User Names and Passwords are case-sensitive.

New Account:

Click on [Create a New Account](#) to create an account with the Department of Human Services, Medicaid Online.

Warning: The information provided through the State of Hawaii, Department of Human Services, Medicaid Program Online Web Application is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to all aspects of the administration of the State of Hawaii Medicaid Program – including the managed care, fee for service, and Home & Community Based Waiver Services. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act.

Figure 2: Contact Us (link via Home page)

State of Hawaii Department of Human Services

User Name: TestName
Pwd Exp: 12/31/2006
User ID: 9876543
Type: Master
Provider ID: 012345
Admin

[Main Menu](#) | [LogOut](#) | [Contact Us](#)

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲

The Claim Status system provides the ability to inquire on the status of a Fee-For-Service Claim. These claims are for persons believed to be covered by Medicaid on a Fee-For-Service basis.

The Eligibility and Enrollment Status system provides the ability to verify a recipient's eligibility, enrollment and third party coverage.

If the recipient is enrolled in a Capitated Health Plan, please contact the Health Plan for claim inquiries.

Medical Plan	OAHU	Neighbor Island
AlohaCare	973-1650	1-800-434-1002
HMSA	948-6486	1-800-440-0640
Kaiser Permanente	432-7670	1-800-651-2237
Summerlin	951-4630	1-866-266-5280

For Part D Drug enrollment information, please contact:

	OAHU	Toll-free
Medicare		1-800-633-4227
Sage Plus	586-7299	1-888-875-9229

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




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[Home](#)



Contact Us

The State of Hawaii Automated Voice Response System (AVRS) is available 24 hrs/day, 7 days/week by calling 1-800-882-4608.

The following user manuals can be found under the [Provider Resources](#) of the Med-QUEST website:

- > AVRS Quick Reference sheet
- > DHS Medicaid Online User Manual

> Eligibility or Enrollment inquiries

Contact: Oahu: 808-524-3370
 Med-QUEST Customer Service
 P.O. Box 700190 Toll Free: 1-800-316-8005
 Kapolei, HI 96709
 Med-QUEST website: www.med-quest.us
 Hours: 7:45 a.m. to 4:30 p.m. M-F, Hawaii Standard Time

> Claims inquiries
> Provider inquiries
> DHS Medicaid Online (DMO) assistance

Contact: Oahu: 808-952-5570
 State of Hawaii, Medicaid Fiscal Agent -
 Affiliated Computer Services (ACS) Toll free: 1-800-235-4378
 Hours: 7:30 a.m. to 4:30 p.m. M-F, Hawaii Standard Time

> Med-QUEST - Provider Registration

Contact: 808-692-8174
 Med-QUEST Provider Registration
 Health Coverage Management Branch
 Hours: 7:45 a.m. to 4:30 p.m. M-F, Hawaii Standard Time

> Medicaid Waiver Services - Provider Registration

Contact: 808-586-5555
 Medicaid Waiver Services
 Provider Registration
 810 Richards Street, Suite 501
 Honolulu, HI 96813
 Hours: 7:45 a.m. to 4:30 p.m. M-F, Hawaii Standard Time

> State of Hawaii Automated Voice Response System (AVRS) assistance

Contact: Toll-free: 1-800-333-0263
 Medifax EDI Client Support
 Fax: 1-615-843-2539
 Email: customer.service@medifax.com

> Pharmacy assistance

Contact: Toll-free: 1-877-439-0803
 Pharmacy Benefit Management Services (PBMS)
 Affiliated Computer Services (ACS) Rx Website: www.himed-questffs.org

Figure 4: Contact Us



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Security

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



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

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

Login

In order to access the system, a valid User Name and Password are required. To create a new account, simply click the [Create a New Account](#) link.

The screenshot shows the DHS Medicaid Online login page. At the top, there are logos for the State of Hawaii and the Department of Human Services, followed by a banner with several small images. Below the banner is the title 'State of Hawaii Department of Human Services DHS Medicaid Online'. A navigation bar contains 'Contact Us', 'Overview', and 'Terms of Use'. The main content area includes a welcome message, a 'Sign In' section with 'User Name' and 'Password' input fields and a 'LOGIN' button, a 'Forgot your Password? [Click Here](#)' link, and a 'Note' stating 'User Names and Passwords are case-sensitive.'. Below this is a 'New Account:' section with a 'Create a New Account' link. A warning message at the bottom states: 'Warning: The information provided through the State of Hawaii, Department of Human Services, Medicaid Program Online Web Application is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to all aspects of the administration of the State of Hawaii Medicaid Program - including the managed care, fee for service, and Home & Community Based Waiver Services. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act.'

Figure 5: Login



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Steps

Login



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

- 1 If you have already established a user account, then proceed to step 2 to login, else skip ahead to step 3 to create a new user account.
- 2 **Type** your **User Name** in the USER NAME field. **Press <Tab>** to move the cursor to the PASSWORD field. **Type** your **Password** and **press <Enter>** or **click LOGIN**. You should be viewing the *Main Menu* page. To learn more about how to proceed, refer to the Main Menu section beginning on page 30.



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

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

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



User Agreement

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



Figure 6: User Agreement

Steps

User Agreement

- 1 Read the user agreement. If you accept these terms, **click I AGREE** to proceed to the next page.
- 2 **Click CANCEL** to abandon the user account creation process and return to the home page.



Identify a Valid Provider

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

Home

Enrollment Steps

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

Please provide the following information:
* Indicates a required field.

Please select the type of identifier being provided:

- Med-QUEST Provider ID (6 numeric characters)
- National Provider ID (10 alphanumeric characters).

National Provider ID

Please use only letters or numbers for your provider and tax ID numbers, no spaces or dashes.

Provider Number*

Tax ID Number*

Continue

Figure 7: Verification



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Steps

Verification

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



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

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



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

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



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



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Provide Your Information and Account Type

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

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

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



Home

Enrollment Steps

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

Please verify that the following information is related to the provider for which you wish to create an account. If it is incorrect and not the provider for which you are authorized to create an account, [click here](#) to return to the provider input form.

Provider Information:

Provider Name	SAMPLE PROVIDER, L.L.C.
Provider Number	012345
Tax ID Number	012345678

* Indicates a required field.

In order to create your account, please provide the following information about yourself.

Enter a User Name and Password: (At least 6 characters with no leading or trailing blank spaces)

User Name*

Password*

Confirm Password*

Please choose a hint question and answer to be used to retrieve your password should you forget it. (Mother's maiden name, pet's name etc...)

Choose a Hint Question and Answer:

Hint Question*

Answer*

Individual accounts will be activated by a master account holder for your provider. If you have any questions regarding creating an INDIVIDUAL account, please contact your local master account holder for more information.

In order to create an account, please provide the following information about yourself.

User Account Information:

First Name*

Password*

Confirm Password*

Please choose a hint question and answer to be used to retrieve your password should you forget it. (Mother's maiden name, pet's name etc...)

Choose a Hint Question and Answer:

Hint Question*

Answer*

Individual accounts will be activated by a master account holder for your provider. If you have any questions regarding creating an INDIVIDUAL account, please contact your local master account holder for more information.

In order to create an account, please provide the following information about yourself.

User Account Information:

First Name*

Last Name*

Title*

Correspondence Address MED-QUEST DIVISION
PO BOX 700190
KAPOLEI, HI 96709

Telephone Number* - -

Email Address*

Confirm Email Address*

Figure 8: Create Profile



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Steps

Enter a User Name and Password

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



Be aware that both user names and passwords are case-sensitive. We recommend separating multi-word user names with an underscore character. (For example: *User_Name*)

Also, the user name that you select must be unique to DMO.

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



Be aware that both user names and passwords are case-sensitive.

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

Finally, although passwords expire every 60 days, no restrictions are in place to prevent a password from being recycled. As a reminder, the expiration date of your password displays below your User Name in the upper right hand corner of the *Main Menu* page after you log in.

Choose a Hint Question and Answer

- 3 **Type** a **Question** in the HINT QUESTION field and **press <Tab>** to move the cursor to the ANSWER field.
- 4 **Type** an **Answer** in the ANSWER field that answers the question posed in the previous field.



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



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Individual or Master Account

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



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

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



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

- 5 If this section does not appear, then a Master Account Holder has already been designated for this Provider ID number and the system will only allow an Individual Account to be created. You should proceed to step 7 to enter User Account Information for an Individual Account.
- 6 **Select** either the "Individual Account" or "Master Account" button. This selection assigns your User Name with the indicated designation. For details concerning the different accounts, **click** on [Click Here](#) link within this section.



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User Account Information

- 7 **Type** your **First Name** in FIRST NAME field. **Press <Tab>** to move the cursor to the LAST NAME field.

Type your **Last Name** in LAST NAME field. **Press <Tab>** to move the cursor to the TITLE field.

Type your **Title** in TITLE field. **Press <Tab>** to move the cursor to the first TELEPHONE NUMBER field.



The system defaults the CORRESPONDENCE ADDRESS field with the Correspondence Address on file for the Provider ID.

The Authentication Code letter, for newly created Master Accounts, is mailed to this address.

- 8 **Type** your **Area Code** into the first TELEPHONE NUMBER field and **press <Tab>** to move the cursor to the second TELEPHONE NUMBER field.

Type your **Prefix** into the second TELEPHONE NUMBER field and **press <Tab>** to move the cursor to the third TELEPHONE NUMBER field.

Type your **Suffix** into the third TELEPHONE NUMBER field and **press <Tab>** to move the cursor to the EMAIL ADDRESS field.

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



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

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



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



Messages may appear on certain screens or adjacent to required fields that have no data entered or that have been insufficiently populated.

Refer to the *Appendix A: Error Messages* for more information as needed.



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Account Created

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

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

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



[Home](#)

Enrollment Steps 1. User Agreement 2. Verification 3. Create Profile 4. Account Created	<p>Thank you for creating an account with Hawaii Department of Human Services, Medicaid Online. You will be receiving an email confirmation in a few minutes. You may start using your account as soon as it is activated.</p> <p>Provider Information:</p> <table border="1"> <tr><td>Provider Name</td><td>SAMPLE PROVIDER, L.L.C.</td></tr> <tr><td>Provider Number</td><td>012345</td></tr> <tr><td>Tax ID Number</td><td>012345678</td></tr> </table> <p>User Account Information:</p> <table border="1"> <tr><td>User Name</td><td>TestName</td></tr> <tr><td>First Name</td><td>Emile</td></tr> <tr><td>Last Name</td><td>Schuffhausen</td></tr> <tr><td>Title</td><td>Dr.</td></tr> <tr><td>Address</td><td>1001 KAMOKILA BLVD.</td></tr> <tr><td>City</td><td>KAPOLEI</td></tr> <tr><td>State</td><td>HI</td></tr> <tr><td>Zip Code</td><td>96707</td></tr> <tr><td>Telephone Number</td><td>808-555-1212</td></tr> <tr><td>Email Address</td><td>name@website.com</td></tr> </table> <p style="text-align: center;">Login</p>	Provider Name	SAMPLE PROVIDER, L.L.C.	Provider Number	012345	Tax ID Number	012345678	User Name	TestName	First Name	Emile	Last Name	Schuffhausen	Title	Dr.	Address	1001 KAMOKILA BLVD.	City	KAPOLEI	State	HI	Zip Code	96707	Telephone Number	808-555-1212	Email Address	name@website.com
Provider Name	SAMPLE PROVIDER, L.L.C.																										
Provider Number	012345																										
Tax ID Number	012345678																										
User Name	TestName																										
First Name	Emile																										
Last Name	Schuffhausen																										
Title	Dr.																										
Address	1001 KAMOKILA BLVD.																										
City	KAPOLEI																										
State	HI																										
Zip Code	96707																										
Telephone Number	808-555-1212																										
Email Address	name@website.com																										

Figure 9: Account Created



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Steps

Account Created

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



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



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Authenticate the Master Account

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

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

Home

You cannot access your account until you provide a valid authentication code.
This code was sent to the mailing address you provided when you enrolled.

Please enter the code exactly as it appears on the letter.

Authentication:

Authentication Code

Figure 10: Authenticate Master Account

Steps

Authenticate Master Account

- 1 If you have received an Authentication Code letter, then **type** the **Authentication Code** into the AUTHENTICATION CODE field exactly as it appears in the letter.
- 2 **Press <Enter>** or **click AUTHENTICATE** to continue. You should be viewing the *Main Menu* page. To learn more about how to proceed, refer to the Main Menu section beginning on page 30.



Recover Password

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

Home

Recover Password

Password Recovery

Please provide the following information for verification purposes. Upon verification, your password will be sent to the email address provided by you when you enrolled.

* Indicates a required field.

Please select the type of identifier being provided:

- Med-QUEST Provider ID (6 numeric characters)
- National Provider ID (10 alphanumeric characters).

National Provider ID

Please use only letters or numbers for your provider and tax ID numbers, no spaces or dashes.

User Name *

Provider Number *

Tax ID *

Continue Cancel

Figure 11: Recover Password



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Steps

- 1 **Select** the type of provider ID number you are submitting for verification from the drop down list. **Press <Tab>** to move the cursor to the USER NAME field.
- 2 **Type** your **User Name** in the USER NAME field. **Press <Tab>** to move the cursor to the PROVIDER ID field.
- 3 **Type** a **Provider ID** number (corresponding to the type selected) in the PROVIDER NUMBER field. **Press <Tab>** to move the cursor to the TAX ID NUMBER field.
- 4 **Type** the **Tax ID** number corresponding to the provider ID number in the TAX ID field and **press <Enter>** or **click CONTINUE**. You should be viewing the second *Recover Password* page.



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



Recover Password

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

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



Figure 12: Recover Password

Steps

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



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

- 2 **Click CANCEL** to return to the *Login* screen.



Master Account Admin Functionality

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

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

The screenshot shows the 'Main Menu' page with a 'Main Menu' sidebar on the left. A callout box points to the top right corner of the page, displaying the following user information:

```

User Name: TestName
Pwd Exp: 12/31/2007
User ID: 9876543
Type: Master
NPI: 0000000000
Admin
  
```

Remember that a Master Account:

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



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User Administration

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

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

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

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

User Administration
You can only administer and maintain user accounts that have been created for your Provider.

User Name	Details
TestName Active <input checked="" type="checkbox"/>	Date Password Changed: 4/16/2007 3:45:21 PM Password: <input type="password"/> Confirm Password: <input type="password"/> First Name: Test Last Name: Name Title: Senior Address: MED-QUEST DIVISION P.O. BOX 700190 KAPOLEI, HI 96709 Telephone: 808-555-1212 Email: name@website.com Hint Question: What's it easy as? Answer: abc123 Group Permission: Eligibility/Enrollment & Claim Status Last Mod User: Tester, Name Last Mod Date: 4/17/2007 8:26:41 AM

Figure 13: User Administration



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Steps

Manage an Account

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



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

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

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

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

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

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

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

Changes made to any user account are effective immediately.



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



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Remove an Individual Account

- 1 The User Name drop down list on the left side of the *User Administration* screen lists all the account holders defined for your Provider ID. To select a particular account, **click** the User Name within the drop down list.
- 2 Once you have selected the Individual Account to be removed, **click REMOVE THIS USER**.
A dialog box appears with the following message: *Press 'OK' if you would like to remove this user. Press <Enter> or click OK to accept the changes.*
To confirm that the Individual Account was removed, the following message appears above the Details section on the right side of the *User Administration* screen: *1 record was Deleted.*

Click CANCEL to return to the *User Administration* screen.

Remove a Master Account

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



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



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Change Password

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



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

- 2 **Click ACCEPT CHANGES.**

A dialog box appears with the following message: *Press 'OK' if you would like to save your changes.* **Press <Enter>** or **click OK** to accept the password change.

To confirm that the update was applied successfully to your record, the following message appears above the Details section on the right side of the *User Administration* screen: *The record has been updated.*



Your Password Expiration date displays in the upper right hand corner of the web page adjacent to other detailed user information.

Finally, although passwords expire every 60 days, no restrictions are in place to prevent a password from being recycled.



Individual Account Functionality

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

Main Menu | LogOut

Main Menu

- ▶ Eligibility and Enrollment Status
- ▶ Claim Status

User Account

Date Password Changed: 3/5/2007 12:45:27 PM

Password:

Confirm Password:

First Name:

Last Name:

Title:

Address: MED-QUEST DIVISION
P.O. BOX 700190
KAPOLEI, HI 96709

Telephone:

Email:

Hint Question:

Answer:

Figure 14: User Account



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Steps

Change Password

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



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

- 2 **Press <Enter>** or **click ACCEPT CHANGES**.

A subsequent screen appears with the following message: *Press 'OK' to save your changes*. **Press <Enter>** or **click OK** to accept the changes.

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

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



Your Password Expiration date displays in the upper right hand corner of the web page adjacent to other detailed user information.

Finally, although passwords expire every 60 days, no restrictions are in place to prevent a password from being recycled.

Manage Account Details

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

- 2 Once the necessary changes have been made, **click ACCEPT CHANGES**.

A dialog box appears with the following message: *Press 'OK' to save your changes*. **Press <Enter>** or **click OK** to accept the changes.

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

Changes made to an individual account are effective immediately.

Click CANCEL to return to abandon any changes thus far.

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



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Applications

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

Main Menu

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

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

The screenshot shows the 'Main Menu' page with a navigation sidebar on the left containing 'Eligibility and Enrollment Status'. The main content area includes a security warning, descriptive text about the Claim Status and Eligibility systems, and a contact table for medical plans. A 'Contact Us' link is visible in the top right corner.

Medical Plan	OAHU	Neighbor Island
AlohaCare	973-1650	1-800-434-1002
HMSA	948-6486	1-800-440-0640
Kaiser Permanente	432-7670	1-800-651-2237
Summerlin	951-4630	1-866-266-5280

	OAHU	Toll-free
Medicare		1-800-633-4227
Sage Plus	586-7299	1-888-875-9229

Figure 15: Main Menu



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Steps

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

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



Some applications may not be available to all users.

Each provider's Master Account Holder may restrict any of their Account Holders to access one or more applications.

For more information on setting Group Permissions, refer to the Master Account Admin Functionality section beginning on page 23.



Eligibility/Enrollment

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

Recipient Search

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

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

Figure 16: Recipient Search

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



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Steps

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



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

Search by HAWI ID

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

Search by SSN

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



A successful recipient search conducted with an SSN, returns basic recipient information about the recipient including their HAWI ID, Name, DOB and Gender, in addition to the SSN.

Searches conducted by HAWI ID or by Recipient Name, DOB & Gender do not include the SSN label or data in the corresponding response.



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Search by Recipient Name, DOB & Gender

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

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

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

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

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



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

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



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

This is of particular importance when entering dates of birth.

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

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



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Eligibility/Enrollment Search

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

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

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



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



User Name: TestName
User ID: 9876543
Type: Master
NPI: 0123456789

[Main Menu](#) | [LogOut](#)

Main Menu

- ▶ Eligibility and Enrollment Status



ELIGIBILITY/ENROLLMENT SEARCH

[Recipient Search](#)

*HAWI ID	NAME	DOB	GENDER
0123456789	DUCK, DAFFY	07/07/1937	M

BEGIN DATE OF SERVICE: * (MMDDCCYY)

END DATE OF SERVICE: * (MMDDCCYY)

*Max 365 days per date span

Verify the identity of the recipient with a separate photo ID. If the ID does not match the name on the HAWI ID, then report it to the State of Hawaii Department of Human Services Fraud Hotline (808)587-8444.

Figure 17: Eligibility/Enrollment Search

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



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Steps



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

Required Fields

- 1 **Type the Date of Service begin date** in the BEGIN DATE OF SERVICE field. Note that the date must be equal to or less than today's date.
Press <Tab> to move the cursor to the END DATE OF SERVICE field.
- 2 **Type the ending Date of Service** in the END DATE OF SERVICE field. Note that this date must be equal to or greater than the beginning DOS. Ending DOS in the future is not allowed.

Initiate Search

- 3 **Press <Enter>** or **click SUBMIT** to proceed to the *Eligibility/Enrollment* screen. Alternatively, **click CLEAR** to erase all fields on the form and re-enter the data.



Eligibility/Enrollment

The *Eligibility/Enrollment* page displays the results of a search request including a summary of the eligibility and enrollment segments as defined by the search criteria.

Select the Print button to print a printer-friendly version of the Eligibility/Enrollment response.

To view detailed Medicare information and any other insurance program information applicable to the search criteria, click on the Other Coverage link.

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

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

User Name: TestName
 User ID: 9876543
 Type: Master
 NPI: 0123456789
 Date: 07/14/2007

Main Menu | LogOut
Recipient Search | Search | Help

Main Menu

- ▶ Eligibility and Enrollment Status
- ▶ Claim Status

Eligibility/Enrollment

Eligibility/Enrollment | [Other Coverage](#) Print

Service Provider				
Provider ID: 0123456789	Type: PERSONAL CARE ATTENDANT			
Name: PROVIDER NAME, L.L.C.				
Recipient				
*HAWI ID: 0123456789	Gender: M			
Name: DUCK, DAFFY	Language: SOUTH PACIFIC LANGUAGE (OTHER)			
Date of Birth: 07/07/1937	Interpreter Service Requested: Y			
Recipient Exception				
Exception Description				
MICRONESIA CFA (COMPACT FREE ASSOC)				
PALAU CFA (COMPACT FREE ASSOC)				
Request Dates				
Begin Date of Service: 01/01/2004	End Date of Service: 12/01/2004			
Eligibility				
Eligibility Description	Begin Date	End Date		
DISABLED	09/01/2004	10/31/2004		
QUEST ELIG	06/01/2004	08/31/2004		
DISABLED	01/01/2004	05/31/2004		
Medical Enrollment				
Health Plan ID/Name	Contract Code	Period Start	Period End	Rate Code/Description
ANYFFS/FEE FOR SERVICE	ACU/FFS	09/01/2004	10/31/2004	AM07/BLIND/DISABLED MALE 40-64 WITH MEDICARE
HMSAAA/HMSA - MEDICAL	ACU/CAP	06/16/2004	08/31/2004	GM17/ST FINCL GEN ASST MALE 40+
ANYFFS/FEE FOR SERVICE	ACU/FFS	06/01/2004	06/15/2004	GM17/ST FINCL GEN ASST MALE 40+
ANYFFS/FEE FOR SERVICE	ACU/FFS	03/01/2004	05/31/2004	AM07/BLIND/DISABLED MALE 40-64 WITH MEDICARE
ANYFFS/FEE FOR SERVICE	ACU/FFS	01/01/2004	02/29/2004	AM06/BLIND/DISABLED MALE 21-39 WITH MEDICARE
Dental Enrollment				
Health Plan ID/Name	Contract Code	Period Start	Period End	Rate Code/Description
ANYFFS/FEE FOR SERVICE	ACU/FFS/EMO	09/01/2004	10/31/2004	D500/ABD DENTAL - ADULT (21+)
ANYFFS/FEE FOR SERVICE	ACU/FFS/EMO	06/01/2004	08/31/2004	D100/QUEST DENTAL - ADULT (21+)
ANYFFS/FEE FOR SERVICE	ACU/FFS/EMO	05/01/2002	05/31/2004	D500/ABD DENTAL - ADULT (21+)
Behavioral Health Enrollment				
** Inactive **				

*** This verification does not constitute a guarantee of payment ***

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Figure 18: Eligibility/Enrollment

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

Version: 3.2
Last Updated: 7.2010

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Steps

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

Next Step

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



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



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Other Coverage

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

Select the [Print](#) button to print a printer-friendly version of the Other Coverage response.

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

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

The [Help](#) page may be accessed to provide a description for the data presented on each page.

User Name: TestName
 User ID: 9876543
 Type: Master
 NPI: 0123456789
 Date: 07/14/2007

[Main Menu](#) | [LogOut](#)

Main Menu

- ▶ Eligibility and Enrollment Status
- ▶ Claim Status

Other Coverage

Eligibility/Enrollment | [Other Coverage](#)

Service Provider

Provider ID: 0123456789 **Type:** PERSONAL CARE ATTENDANT
Name: PROVIDER NAME, L.L.C.

Recipient

***HAWI ID:** 0123456789 **Gender:** M
Name: DUCK, DAFFY **Language:** SOUTH PACIFIC LANGUAGE (OTHER)
Date of Birth: 07/07/1937 **Interpreter Service Requested:** Y

Recipient Exception

Exception Description
 MICRONESIA CFA (COMPACT FREE ASSOC)
 PALAU CFA (COMPACT FREE ASSOC)

Request Dates

Beg Date of Service: 01/01/2004 **End Date of Service:** 12/01/2004

Medicaid

QMB Dual Ind: Y **QMB Dual Beg/End 1:** 12/01/2004 - 12/15/2006
Penalized NH Ind: N
NH Provider 1: GENERIC NURSING LTC **NH Beg/End 1:** 04/28/2005 - 08/31/2005
NH Provider 2: ACME MEDICAL NF/ICF **NH Beg/End 2:** 04/28/2005 - 08/31/2005
Share of Cost Amt 1: \$665 **Share of Cost Beg/End 1:** 06/01/2005 - 08/31/2005

Medicare

Claim Number	Medicare Type	Start Date	End Date
0123456789	A	12/01/2004	
0123456789	B	12/01/2004	

Third Party Liability

Coverage Type	Carrier Name	Policy Number	Start Date	End Date
	MEDICARE B ONLY		12/01/2004	
	MEDICARE A AND B	0123456789	12/01/2004	

This verification does not constitute a guarantee of payment

[Print](#)

DHS/MQD
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Figure 19: Other Coverage



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



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Steps

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

Next Step

- 2 To view the recipient's eligibility and enrollment information corresponding to the dates used in your selection criteria, **click Eligibility and Enrollment Status** in the upper left corner of the page and refer to the procedures in the Eligibility/Enrollment section beginning on page 37.
To change the selection criteria but continue research on the same recipient, **click Search** in the upper right corner of the page and refer to the procedures in the Eligibility/Enrollment Search section beginning on page 35.
To continue eligibility and enrollment research on a different recipient, **click Recipient Search** in the upper right corner of the page and refer to the procedures in the Recipient Search section beginning on page 32.
To return to the DMO Main Menu, **click Main Menu** in the upper right corner of the page. Details on how to proceed begin on page 30.



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



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



Help

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

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

User Name: TestName
 User ID: 9876543
 Type: Master
 Provider ID: 012345

[Main Menu](#) | [LogOut](#)

Main Menu

▶ **Eligibility and Enrollment Status**

Help Contents

[Eligibility/Enrollment](#)

- [Eligibility](#)
- [Enrollment](#)
- [National Provider Identifier \(NPI\)](#)
- [Med-QUEST Provider ID](#)

[Other Coverage](#)

- [Third Party Liability](#)
- [Medicare](#)
- [Medicaid](#)

Eligibility/Enrollment

Eligibility

The **Eligibility Description** is a brief description of the type of eligibility the recipient has.

Code	Short Description	Description
A	QUEST ELIG	Quest eligible for this date range
B	QUEST NET ELIG	Quest-Net eligible for this date range
C	QUEST ACE ELIG	Quest-Adult Coverage Expanded eligible for this date range
E	EMERG ONLY	Emergency Services only for this date range
F	FFS ELIG	Fee for service eligible for this date range
I	INPATIENT ELG	Inpatient services only for this date range
L	LTC ELIG	Long term care eligible for this date range
N	NOT ELIG	Not eligible for this date range
Q	NONPAY	No payment permitted for this date range

The **Begin Date** indicates the date the recipient is eligible for insurance coverage.

The **End Date** indicates the date the recipient's insurance coverage expires.

Figure 20: Eligibility/Enrollment Help



Appendix A: Error Messages

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

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

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

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

Screen	Field	Error Message	HIPAA Error #	Remedy
<any>	-	Unable to Respond at Current Time	42	Connection problem Be sure that you are using Microsoft Internet Explorer 5.5 or higher to access data through the Internet. Consult your own technical support resources for more information to be certain that no internal issues are affecting your ability to connect to DMO.
Login	-	The page cannot be displayed. The page is currently unavailable.	n/a	Be sure that you are using Microsoft Internet Explorer 5.5 or higher to access data through the Internet. Consult your own technical support resources for more information to be certain that no internal issues are affecting your ability to connect to DMO.
Login	User Name	User name entered is less than six characters.	n/a	Select a user name that is at least six characters long.



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



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Screen	Field	Error Message	HIPAA Error #	Remedy
Valid Provider	Provider Number	Authorization/Access Restriction	41	Managed Care Only providers are not permitted access to DMO. The provider should contact the contracted health plan for recipient verifications.
Valid Provider	Tax ID Number	Invalid/Missing Provider Identification	43	This is a required field. Check your records and try again. Only a valid combination of this field and the HPMMIS Provider Number, as recorded in the HPMMIS database, may be entered.

Create Profile	User Name	User Name already exists.	n/a	This user name has already been registered. Modify your desired user name or try a different user name.
Create Profile	User Name	Must be at least 6 characters with no leading or trailing blank spaces	n/a	This is a required field. Select a user name that is at least six characters long.
Create Profile	Password	Password entered is less than six characters.	n/a	This is a required field. Select a password that is at least six characters long.
Create Profile	Confirm Password	Password entered is less than six characters or does not match the password entered in the preceding field.	n/a	This is a required field. Be sure that this password matches the password entered in the preceding field.
Create Profile	Hint Question	No question is entered.	n/a	This is a required field. Type a question that can be used as a verification method for retrieving a forgotten password.



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Screen	Field	Error Message	HIPAA Error #	Remedy
Create Profile	Answer	No answer is entered.	n/a	This is a required field. Type an answer to the question in the preceding field that can be used as a verification method for retrieving a forgotten password.
Create Profile	First Name	No first name is entered.	n/a	This is a required field. Type the first name of the user.
Create Profile	Last Name	No last name is entered.	n/a	This is a required field. Type the last name of the user.
Create Profile	Title	No job title is entered.	n/a	This is a required field. Type the job title of the user.
Create Profile	Telephone Number	No telephone number is entered.	n/a	This is a required field. Type the area code and telephone number of the user.
Create Profile	Email Address	No email address is entered.	n/a	This is a required field. Type the email address of the user.
Create Profile	Confirm Email Address	No email address is entered or it does not match the email address entered in the preceding field.	n/a	This is a required field. Be sure that this email address matches the email address entered in the preceding field.
Recover Password	User Name	User name entered is less than six characters or does not match recorded data.	n/a	This is a required field. Only a valid combination of the user name with the six-digit Med-QUEST Provider Number and Tax ID Number, as recorded in the HPMMIS database, may be entered. Check your records and try again or contact your designated administrator.



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Screen	Field	Error Message	HIPAA Error #	Remedy
Recover Password	Provider ID	The provider information you entered is incorrect or does not match recorded data.	n/a	This is a required field. Only a valid combination of the user name with the six-digit Med-QUEST Provider Number and Tax ID Number, as recorded in the HPMMIS database, may be entered. Check your records and try again or contact your designated administrator.
Recover Password	Tax ID	The provider information you entered is incorrect or does not match recorded data.	n/a	This is a required field. Only a valid combination of the user name with the six-digit Med-QUEST Provider ID Number and Tax ID Number, as recorded in the HPMMIS database, may be entered. Check your records and try again or contact your designated administrator Be sure to type the Tax ID number exactly as you entered it when establishing your user account.
Recover Password	<User defined password recovery question.>	The provider information you entered is incorrect or does not match recorded data.	n/a	This is a required field. The question must be answered exactly as it was typed when the account was created. Note that the Master Account Holder has access to Individual Account information including passwords.
Recipient Search (By HAWI ID)	HAWI ID	Invalid/Missing Patient ID	64	This is a required field. Be sure that the (10 digit) HAWI ID entered is valid.



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Screen	Field	Error Message	HIPAA Error #	Remedy
Recipient Search (By HAWI ID)	HAWI ID	The HAWI ID entered is a secondary HAWI ID. Use correct HAWI ID.	n/a	This is a required field. Be sure that the (10 digit) HAWI ID entered is valid. User entered secondary ID
Recipient Search (By HAWI ID)	HAWI ID	The HAWI ID has multiple linked secondary IDs. Please call the MQD customer service at 808-524-3370/1-800-316-8005.	n/a	This is a required field. Be sure that the (10 digit) HAWI ID entered is valid. Multiple secondary IDs exist.
Recipient Search (By HAWI ID)	HAWI ID	Please enter a 10 character HAWI ID beginning with a zero.	n/a	This is a required field. Be sure that the (10 digit) HAWI ID entered is valid and begins with zero.
Recipient Search (By SSN)	-	Duplicate Subscriber / Insured ID Number	76	Multiple recipients found when searching by SSN. Resubmit recipient search using HAWI ID, if possible.
Recipient Search (By SSN)	SSN	Required Application Data Missing	15	This is a required field. Be sure that the (9 digit) SSN entered is valid.
Recipient Search (By SSN)	SSN	More than one recipient found using the SSN	n/a	Multiple recipients found when searching by SSN, Name or HAWI ID
Recipient Search (By SSN)	SSN	Patient Not Found. Please correct and resubmit.	67	Be sure that the SSN entered is valid. Resubmit recipient search using HAWI ID, if possible.
Recipient Search (By SSN)	SSN	Invalid/Missing Subscriber/Insured ID	72	SSN value < 9 characters
Recipient Search (By SSN)	SSN	Subscriber Not Found	n/a	No primary record found for this SSN. Be sure that the SSN entered is valid. Resubmit recipient search using HAWI ID, if possible.



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Screen	Field	Error Message	HIPAA Error #	Remedy
Recipient Search (By Name)	-	Duplicate Subscriber / Insured ID Number	76	Multiple recipients found when searching by Name. Resubmit recipient search using HAWI ID, if possible.
Recipient Search (By Name)	-	Please verify name on valid ID or call Med-QUEST Customer Service.	n/a	No primary record found for this name. Be sure that the name, DOB and gender are correct. Resubmit recipient search using HAWI ID, if possible.
Recipient Search (By Name)	-	Subscriber Not Found	n/a	No primary record found for this name. Be sure that the name, DOB and gender are correct. Resubmit recipient search using HAWI ID, if possible.
Recipient Search (By Name)	Last Name	Invalid/Missing Patient Name	65	This is a required field. Be sure that the Last Name entered is valid.
Recipient Search (By Name)	First Name	Invalid/Missing Patient Name	65	This is a required field. Be sure that the First Name entered is valid.
Recipient Search (By Name)	Date of Birth	Invalid/Missing Date-of-Birth	58	This is a required field. Be sure that the Date of Birth entered is valid and in the MMDDCCYY format. The Date of Birth should not be greater than the system date
Recipient Search (By Name)	Date of Birth	Dates of Service precedes Date of Birth.	n/a	Be sure that the date entered is valid, is in the MMDDCCYY format, and is not greater than the system date.
Recipient Search (By Name)	Gender	Invalid/Missing Patient Gender Code	66	This is a required field. Be sure that the Gender field is entered and valid.



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Screen	Field	Error Message	HIPAA Error #	Remedy
Eligibility/ Enrollment Search	Begin Date of Service	Invalid/Missing Date(s) of Service	57	This is a required field. Be sure that the date entered is valid and is in the MMDDCCYY format. A Begin Date of Service should not be greater than the system date or the End Date of Service.
Eligibility/ Enrollment Search	Begin Date of Service	Date of Birth Follows Date(s) of Service	60	Be sure that the date entered is valid and is in the MMDDCCYY format. A Date of Service should not be greater than the system date or less than the recipient's Date of Birth.
Eligibility/ Enrollment Search	Begin Date of Service	Date of Service in Future	63	This is a required field. Be sure that the date entered is valid and is in the MMDDCCYY format. A Begin Date of Service should not be greater than the system date or the End Date of Service.
Eligibility/ Enrollment Search	Begin Date of Service	Dates of Service precedes Date of Birth.	n/a	A Date of Service should not be less than the recipient's Date of Birth.
Eligibility/ Enrollment Search	End Date of Service	Invalid/Missing Date(s) of Service	57	This is a required field. Be sure that the date entered is valid and is in the MMDDCCYY format. An End Date of Service should not be greater than the system date or less than the Begin Date of Service.



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Screen	Field	Error Message	HIPAA Error #	Remedy
Eligibility/ Enrollment Search	End Date of Service	Date of Birth Follows Date(s) of Service	60	Be sure that the date entered is valid and is in the MMDDCCYY format. A Date of Service should not be greater than the system date or less than the recipient's Date of Birth.
Eligibility/ Enrollment Search	End Date of Service	Date of Service in Future	63	This is a required field. Be sure that the date entered is valid and is in the MMDDCCYY format. An End Date of Service should not be greater than the system date or less than the Begin Date of Service.
Eligibility/ Enrollment Search	End Date of Service	Dates of Service precedes Date of Birth.	n/a	A Date of Service should not be less than the recipient's Date of Birth.
Eligibility/ Enrollment Search	Begin Date of Service OR End Date of Service	Date of Service not within allowable inquiry period.	n/a	Date of service range must be no greater than 365 days.

Appendix B: Master Account Change Form

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

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

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

Section 1 – Provider Information

- Supply the provider's ID or NPI
- Supply provider's name

Section 2 – Action To Be Taken

- Select "Activate" for an account that has been placed in a "Deleted" status due to inactivity.
- Select "Delete" for an account that is invalid or will no longer be used.
- Select the type of web account needing the change in status
- Supply the account holder's name
- Supply the web account's user name used for login

Section 3 – Requestor Information

- Select the type of requestor: current master account holder, new master account holder or provider
- Supply the requestor's name
- Supply the requestor's user name
- Supply the requestor's email address
- Supply the requestor's contact phone number
- Signature of the requestor
- Date

Section 4 – Provider Acknowledgment

- Signature of Provider
- Date

Filing Instructions:

Fax the form to the above fax number. You will receive an email confirmation upon the completion of the request within 7 business days.

**STATE OF HAWAII/DHS/MQD
DHS MEDICAID ONLINE
WEB ACCOUNT STATUS CHANGE FORM**

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

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

1. PROVIDER INFORMATION			
Provider ID or NPI:			
Provider Name:			
2. ACTION TO BE TAKEN			
Select one:	<input type="checkbox"/> Activate	<input type="checkbox"/> Delete	
Web Account type:	<input type="checkbox"/> Individual Account	<input type="checkbox"/> Master Account	
Account Holder Name:			
User Name:			
3. REQUESTOR INFORMATION			
Requestor:	<input type="checkbox"/> Current Master Account Holder	<input type="checkbox"/> New Master Account Holder	<input type="checkbox"/> Provider
Requestor's Name:			
Requestor's User Name:			
Requestor's Email:			
Requestor's Phone:			
Requestor's Signature:			
Date:			
4. PROVIDER ACKNOWLEDGEMENT			
Provider's Signature:			
Date:			

For Office Use only:

Date Received: _____ Date Completed: _____ Completed by: _____



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DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Appendix C: Glossary

Begin Date	The date the recipient is eligible for insurance coverage.																																													
Carrier Name	The name of the recipient's third party liability insurance carrier.																																													
Claim Number	A twelve character number used to uniquely identify a claim in the HPMMIS claims processing system. It consists of: (1) a five character Julian date that is the claim receipt date; (2) a one character indicator of the medium by which the claim was received; (3) a one character type indicator for the source of claims received on tape; and (4) a five character sequence number.																																													
Contract Type	The type of contract or service the Health Plan is covering. Codes include: <table border="1" data-bbox="511 1008 1380 1486"> <thead> <tr> <th>Type</th> <th>Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>ACU/CAP</td> <td>Medical - Capitated</td> </tr> <tr> <td>D</td> <td>ACU/DEN</td> <td>Dental - Capitated</td> </tr> <tr> <td>E</td> <td>ACU/FFS</td> <td>Fee For Service - Full Services</td> </tr> <tr> <td>F</td> <td>ACU/FFS/EMO</td> <td>Fee For Service - Emergency Svcs Only</td> </tr> <tr> <td>G</td> <td>CH/DEN/FFS</td> <td>Child Dental Fee For Service</td> </tr> <tr> <td>H</td> <td>ADLT/DEN/FFS</td> <td>Adult Dental Fee For Service</td> </tr> <tr> <td>K</td> <td>MHS/CAP/ACU</td> <td>Behavioral Health Services - Capitated</td> </tr> <tr> <td>P</td> <td>ALL/CAP/PAR</td> <td>Partially Capitated</td> </tr> <tr> <td>R</td> <td>QN/FFS</td> <td>Fee For Service - Quest Net Adults</td> </tr> <tr> <td>S</td> <td>ADMN/FFS</td> <td>Fee For Service Administration</td> </tr> <tr> <td>T</td> <td>PSD OYS/FFS</td> <td>Fee For Service - PSD & OYS</td> </tr> <tr> <td>U</td> <td>UNDOC/FFS/EM</td> <td>Undocumented Ineligible Aliens</td> </tr> <tr> <td>6</td> <td>MED PRIS/FFS</td> <td>Medicaid Prisoner</td> </tr> <tr> <td>8</td> <td>NON/PAY</td> <td>No Payment Permitted</td> </tr> </tbody> </table>	Type	Code	Description	A	ACU/CAP	Medical - Capitated	D	ACU/DEN	Dental - Capitated	E	ACU/FFS	Fee For Service - Full Services	F	ACU/FFS/EMO	Fee For Service - Emergency Svcs Only	G	CH/DEN/FFS	Child Dental Fee For Service	H	ADLT/DEN/FFS	Adult Dental Fee For Service	K	MHS/CAP/ACU	Behavioral Health Services - Capitated	P	ALL/CAP/PAR	Partially Capitated	R	QN/FFS	Fee For Service - Quest Net Adults	S	ADMN/FFS	Fee For Service Administration	T	PSD OYS/FFS	Fee For Service - PSD & OYS	U	UNDOC/FFS/EM	Undocumented Ineligible Aliens	6	MED PRIS/FFS	Medicaid Prisoner	8	NON/PAY	No Payment Permitted
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Eligibility Description	<p>A brief description of the recipient's eligibility type.</p> <table border="1" data-bbox="509 373 1385 816"> <thead> <tr> <th>Code</th> <th>Short Description</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>QUEST ELIG</td> <td>Quest eligible for this date range</td> </tr> <tr> <td>B</td> <td>QUEST NET ELIG</td> <td>Quest-Net eligible for this date range</td> </tr> <tr> <td>C</td> <td>QUEST ACE ELIG</td> <td>Quest-Adult Coverage Expanded eligible for this date range</td> </tr> <tr> <td>E</td> <td>EMERG ONLY</td> <td>Emergency Services only for this date range</td> </tr> <tr> <td>F</td> <td>FFS ELIG</td> <td>Fee for service eligible for this date range</td> </tr> <tr> <td>I</td> <td>INPATIENT ELG</td> <td>Inpatient services only for this date range</td> </tr> <tr> <td>L</td> <td>LTC ELIG</td> <td>Long term care eligible for this date range</td> </tr> <tr> <td>N</td> <td>NOT ELIG</td> <td>Not eligible for this date range</td> </tr> <tr> <td>Q</td> <td>NONPAY</td> <td>No payment permitted for this date range</td> </tr> </tbody> </table>	Code	Short Description	Description	A	QUEST ELIG	Quest eligible for this date range	B	QUEST NET ELIG	Quest-Net eligible for this date range	C	QUEST ACE ELIG	Quest-Adult Coverage Expanded eligible for this date range	E	EMERG ONLY	Emergency Services only for this date range	F	FFS ELIG	Fee for service eligible for this date range	I	INPATIENT ELG	Inpatient services only for this date range	L	LTC ELIG	Long term care eligible for this date range	N	NOT ELIG	Not eligible for this date range	Q	NONPAY	No payment permitted for this date range
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End Date	<p><i>(Eligibility/Enrollment page)</i> The date the recipient's insurance coverage expires.</p> <p><i>(Medicare page)</i> The date the recipient's coverage for the Medicare Type expires.</p> <p><i>(Third Party Liability page)</i> The date the recipient's insurance coverage expires for the specified carrier.</p>																														
Health Plan	The name of the recipient's Health Plan.																														
Last Mod Date	The date and time that a record was last changed.																														
Last Mod User	The name of the user who made the last change to a record.																														
Lock-In Provider	The name of the recipient's lock-in provider. Up to three providers can appear.																														
Medicare Type	The type of Medicare plan for which the recipient is eligible.																														
NH (Nursing Home) Provider	The name of the recipient's nursing care provider, if applicable.																														



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



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Share of Cost End Date	The ending date of the recipient's cost share period for the corresponding cost share amount, in mm/dd/yyyy format.
Start Date	<i>(Medicare page)</i> The date the recipient became eligible for the Medicare Type. <i>(Third Party Liability page)</i> The date the recipient's insurance became effective for the specified carrier.



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Appendix D: DMO Exclusions

Recipient type exclusions:

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

TYPE	HAWI ID	Eligibility and Enrollment	Claims
Department of Public Safety (PSD)	0P*	X	
Office of Youth Services (OYS)	0J*	X	
Demonstration to Maintain Independence and Employment (DMIE)	0D*	X	

Provider exclusions:

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

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



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Change Summary

#	Location	Previously Stated	Revision
1	p.37, <i>Figure 18:</i> Eligibility/Enrollment	<old screen shot>	<updated screen shot>
2	p.39, <i>Figure 19:</i> Other Coverage	<old screen shot>	<updated screen shot>