



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

DHS Medicaid Online (DMO)

Web-Based Eligibility/Enrollment Verification & Claim Status

Application Walk-Through



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Contents

Change Summary	ii
Overview	1
Browser Requirement.....	1
DHS/MQD Online Overview	2
Contact Us	3
Security	5
Login	5
User Agreement	7
Identify a Valid Provider	8
Provide Your Information and Account Type.....	10
Account Created	15
Authenticate the Master Account	17
Recover Password	18
Master Account Admin Functionality.....	21
User Administration	22
Individual Account Functionality.....	26
Applications	28
Main Menu	28
Claim Status	30
Recipient Search.....	30
Claim Status Request.....	33
Claim Status Response.....	35
Eligibility/Enrollment	39
Recipient Search.....	39
Eligibility/Enrollment Search.....	42
Eligibility/Enrollment	44
Other Coverage.....	46
Help	48
Appendix A: Error Messages	49
Appendix B: Master Account Change Form.....	59
Appendix C: Glossary	61



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Change Summary

#	v2.4 Location	Previously Stated	v2.5 Revision
1	Figures throughout document	<old screen shots>	<updated screen shots>
2	p.58, Appendix A: Error Messages, last row of Eligibility/Enrollment Search section	-	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.
3	pp.59-60, Appendix B: Master Account Change Form, Instructions (p.59) and Form (p.60)	<old instructions and form>	<revised instructions and form>



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Overview

The Department of Human Services' (DHS) Medicaid Online (DMO) offers providers an alternative method for obtaining recipient and claim 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 6.0.





State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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>.



Contact Us

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

Figure 2: Contact Us (link via Home page)

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


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



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE





[Home](#)

Contact Us

The State of Hawaii Automated Voice Response System (AVRS) is available 24 hrs/day, 7 days/week by calling 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

Important contact information

> 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

> Eligibility or Enrollment inquiries

Contact:	Oahu: 808-524-3370
Med-QUEST Customer Service	Toll Free: 1-800-316-8005
P.O. Box 700190	
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

> Prior Authorization 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
<u>Claims:</u>	
P.O. Box 1220	
Honolulu, HI 96807-1220	
<u>Prior Authorization:</u>	
1440 Kapiolani Blvd. Suite 1400	Urgent PA Fax: 952-5562
Honolulu, HI 96814	
<u>Correspondence:</u>	
1440 Kapiolani Blvd. Suite 1400	Hours: 7:30 a.m. to 4:30 a.m. M-F, Hawaii Standard Time
Honolulu, HI 96814	

> Pharmacy assistance

Contact:	Toll-free: 1-877-439-0803
Pharmacy Benefit Management Services (PBMS)	
Affiliated Computer Services (ACS) Rx	Website: www.himed-questffs.org
<u>Correspondence:</u>	
365 Northridge Rd.	Hours: Providers may call the ACS Help Desk 24 hours/day, 7 days/week.
Center One, Suite 400	
Atlanta, GA 30350	

Figure 4: Contact Us



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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 Eligibility/Enrollment and/or Claim Status system. 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.

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.

Contacts and Information:

Click [here](#) for Department of Human Services, Medicaid Online contact information.

Click [here](#) to learn more about Department of Human Services, Medicaid Online.

Figure 5: Login



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Steps

Login

- 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 28.



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 18.


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 as 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.



<p>Enrollment Steps</p> <ol style="list-style-type: none"> 1. User Agreement 2. Verification 3. Create Profile 4. Account Created 	<p>Please read the following terms of use and indicate that you agree by clicking the "I Agree" button at the bottom of the page</p> <p>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.</p> <p>The Master Account Holder is responsible for ensuring the confidentiality of any information obtained from this web application by persons using the Master Account Holder user ID or any individual user IDs approved by the Master Account Holder.</p> <p>The Master Account Holder is responsible for informing itself and its employees and agents of the requirements of all applicable privacy laws and ensuring:</p> <p>Compliance with the license agreement; That individual accounts are limited to employees who need the information to perform their employment-related duties; That inactive individual accounts are deactivated;; and That the Master and individual user IDs and passwords are not</p> <p style="text-align: right;"> <input type="button" value="I Agree"/> <input type="button" value="Cancel"/> </p>
---	--

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 8-digit HPMMIS Provider ID Number and Tax ID Number combination be verified against the HPMMIS Provider Database. The system matches the Root ID (first 6-digits of the 8-digit HPMMIS 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.

HPMMIS Provider Number*

Tax ID Number*

Continue

Figure 7: Verification



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Steps

Verification

- 1 **Type** the Provider ID number in the HPMMIS PROVIDER ID NUMBER field. **Press <Tab>** to move the cursor to the TAX ID NUMBER field.
- 2 **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 HPMMIS Provider 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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Provide Your Information and Account Type

After entering a valid HPMMIS Provider Number and Tax ID Number, the *Create Profile* screen is displayed. 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.

User Account Information:

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Title*	<input type="text"/>
Correspondence Address	MED-QUEST DIVISION PO BOX 700190 KAPOLEI, HI 96709
Telephone Number*	<input type="text"/> - <input type="text"/> - <input type="text"/>
Email Address*	<input type="text"/>
Confirm Email Address*	<input type="text"/>

DHS/MQD
All Rights Reserved

Figure 8: Create Profile



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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 any one of the full 8-digit Provider ID numbers assigned to them along with their Tax ID number. The system matches the provider using the Provider root ID number (1st 6-digits of the HPMMIS Provider ID) and Tax ID number.

Once a Master Account is created for the Provider root ID, only individual accounts can be created thereafter. There is a limit of one Master Account per Provider root ID. For example, if a Master Account was already created for Provider ID 99999901 (service location 01), then a Master Account cannot be created for 99999902 (service location 02). There is no limit to the number of Individual Accounts that can be created for a Provider ID number.



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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

User Account Information

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

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

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



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

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

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

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

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

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



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

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



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



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

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



Account Created

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

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

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

The screenshot shows the 'Account Created' page. At the top is a banner with the Department of Human Services logo and several small images. Below the banner is a 'Home' link. The main content area is divided into two columns. The left column, titled 'Enrollment Steps', contains a list: 1. User Agreement, 2. Verification, 3. Create Profile, and 4. Account Created (which is bolded). The right column contains a thank-you message: '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.' Below this are two sections of account information. The first is 'Provider Information' with fields for Provider Name (SAMPLE PROVIDER, L.L.C.), Provider Number (012345), and Tax ID Number (012345678). The second is 'User Account Information' with fields for 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), and Email Address (name@website.com). A 'Login' link is located at the bottom of the right column.

Figure 9: Account Created



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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 5.



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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.

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.

Authentication:

Authentication Code

[Home](#)

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 28.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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, PROVIDER ID and TAX ID.

Home

Recover Password

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.

Password Recovery:

User Name

Provider ID

Tax ID

Figure 11: Recover Password



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Steps

- 1 **Type** your User Name in the USER NAME field. **Press <Tab>** to move the cursor to the PROVIDER ID field.
- 2 **Type** the 8-digit Provider ID number in the (HPMMIS) PROVIDER ID field. **Press <Tab>** to move the cursor to the TAX ID field.
- 3 **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, HPMMIS 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 HPMMIS Provider ID.

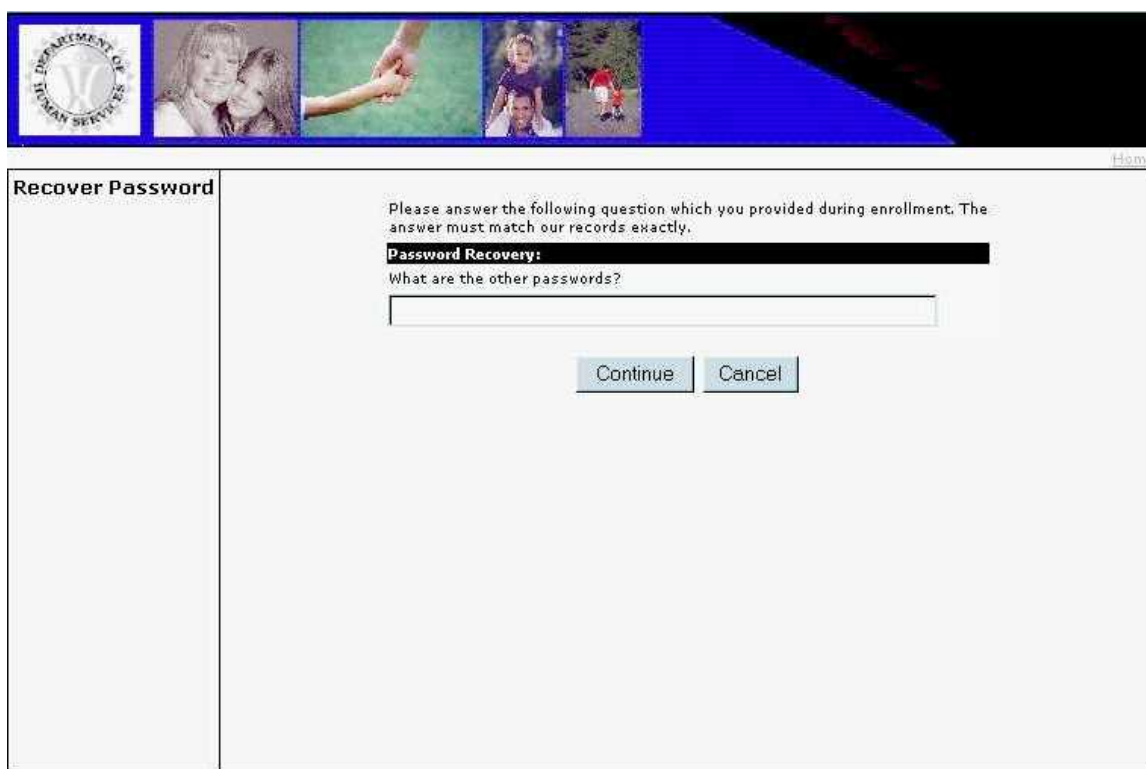


Figure 12: Recover Password

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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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 navigation sidebar on the left containing 'Eligibility and Enrollment Status' and 'Claim Status'. The main content area includes a security warning, a 'CONFIRMED' badge, and a table of medical plans. A callout box on the right displays the following user information:

User Name:	TestName
Pwd Exp:	12/31/2005
User ID:	9876543
Type:	Master
Provider ID:	012345
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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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
 TestName
 Active

Details
 Date Password Changed: 1/1/2010 11:39:49 AM
 Password: [masked]
 Confirm Password: []
 First Name: Test
 Last Name: Name
 Title: Senior
 Address: MQD-CSB
 601 Kamokila Blvd.
 Kapolei, HI 96707
 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: 7/9/2004 11:39:49 AM

Accept Changes Remove This User

Figure 13: User Administration



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.



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

To access the Claim Status or Eligibility and Enrollment Status systems, click on one of the options listed under the Main Menu.

To access the *Contact Us* page, click on the [Contact Us](#) link in the top right corner.

User Name: TestName
 Pwd Exp: 12/31/2005
 User ID: 9876543
 Type: Master
 Provider ID: 012345
 Admin

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

Main Menu

- ▶ [Eligibility and Enrollment Status](#)
- ▶ [Claim Status](#)

▲ 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

CONFIRMED
 SECURE WEB SITE
 CLICK TO VERIFY
 mm 1 2006 12:00:00

Figure 15: Main Menu



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Steps

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

Click Claim Status to begin research on an individual claim's status or payment information.

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



One of these options may not be available to all users.

Each provider's Master Account Holder may restrict any of their Account Holders to using either the Claim Status or Eligibility/Enrollment Status application. If necessary, the Master Account Holder may grant any of their Account Holders to access to both Eligibility/Enrollment & Claim Status.

For more information on setting Group Permissions, refer to the Master Account Admin Functionality section beginning on page 21.



Claim Status

Select the Claim 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 claim status and payment 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.

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

Main Menu | LogOut

Main Menu

- ▶ Eligibility and Enrollment Status
- ▶ Claim Status

RECIPIENT SEARCH

You must first identify a Recipient in order to do an inquiry. * Indicates a required field.

SEARCH BY: * HAWI ID

HAWI ID: * (10 digit)

Submit Clear

This site displays confidential information from the Hawaii Department of Human Services, Medicaid Administration. This information is intended solely for use by the intended recipient hereof. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this transmission is prohibited.

CONFIRMED SECURE WEB SITE
HIGH ASSURANCE SSL
mm 1 2006 12:00:00

Figure 16: Recipient Search

Once a valid recipient is found, the *Claim Status Request* page displays.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Steps

- 1 Determine which method to use when performing a recipient search. This depends on the variety and reliability of the information at your disposal.
Select a set of search criteria by choosing one 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.



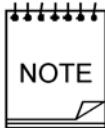
Click **CLEAR** to erase all data entered in the search fields.

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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Search by Recipient Name, DOB & Gender

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

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

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

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

Select the recipient's **Gender** in GENDER field's drop down list and **click SUBMIT**. (The use of this field is required for Claim Status searches.)



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.



Claim Status Request

Basic recipient information displays as a header on the *Claim Status Request* page including the HAWI ID, Name, DOB and Gender.

The Service Provider ID, Begin Date of Service and End Date of Service fields are required to perform a search.

A list of valid provider IDs is available in the Service Provider ID drop down list to limit you to viewing claims under your own provider ID or another provider ID with which you are affiliated. This affiliation must be on record with HCMB Provider Registration. Values not contained in the drop down list cannot be manually overwritten in this field.



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) 692-8099.



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

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

Main Menu

- ▶ [Eligibility and Enrollment Status](#)
- ▶ [Claim Status](#)

CLAIM STATUS REQUEST [Recipient Search](#)

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

SERVICE PROVIDER ID: *

BEGIN DATE OF SERVICE: * (MMDDCCYY)

END DATE OF SERVICE: * (MMDDCCYY)

FORM TYPE:

STATUS:

CLAIM NUMBER: (1-12 CHARACTERS)

PATIENT ACCOUNT NUMBER: (1-20 CHARACTERS)

CONFIRMED
SECURE WEBSITE

CLICK TO VERIFY
mmmm.1.2006 12:00:00

Figure 17: Claim Status Request

Once a search request has been submitted, the *Claim Status Response* page displays.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Steps

Required Fields

- 1 For most providers, the Provider ID number is already displayed in the Service Provider ID drop down list.
Group Billing Providers should **select** the **Service Provider ID** from those available in the drop down list.
Press <Tab> to move the cursor to the BEGIN DATE OF SERVICE field.
- 2 **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.
- 3 **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 and must be equal to or less than today's date.
- 4 If you do not wish to place further constraints on the selection criteria, skip to step 9 to initiate the search.
Press <Tab> to move the cursor to the FORM TYPE field.

Optional Fields

- 5 **Select** a **Form Type** from those available in the drop down list so that only claims of this type are included in the search results.
Press <Tab> to move the cursor to the STATUS field.
- 6 **Select** a **Status** from those available in the drop down list so that only claims of this status are included in the search results.
Press <Tab> to move the cursor to the CLAIM NUMBER field.
- 7 **Type** the **Claim Number**, if known, in the CLAIM NUMBER field.
Press <Tab> to move the cursor to the PATIENT ACCOUNT NUMBER field.
- 8 **Type** the **Patient Account Number**, if known, in the PATIENT ACCOUNT NUMBER field.

Initiate Search

- 9 **Press <Enter>** or **click SUBMIT** to proceed to the *Claim Status Response* screen. Alternatively, **click CLEAR** to erase all fields on the form and re-enter the data.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Claim Status Response

The *Claim Status Response* page displays the results of a search request including a summary of the header record and detail lines within the selected claim. Scroll buttons in the bottom right corner of the page may be used to view other claims that match your selected search criteria, if applicable.

To view detailed payment information for a claim line, either click on the [Accounting Details](#) link on the page and scroll through the list of detail lines within the selected claim, or click directly on one of the line numbers shown within the Price Accounting Summary section of the selected claim.

Navigation to the *Recipient Search* page, *Claim 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
 Provider ID: 012345

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

Main Menu

- ▶ [Eligibility and Enrollment Status](#)
- ▶ [Claim Status](#)

Claim Status Response

[Recipient Search](#) | [Claim Search](#) | [Help](#)

[Claim Status](#) | [Accounting Details](#) |

Service Provider ID: 012345

Name: PROVIDER NAME, L.L.C.

Status: ACTIVE

***HAWI ID:** 0123456789

Name: DUCK, DAFFY

DOB: 07/07/1937

Gender: M

Begin DOS: 10/31/2002

End DOS: 12/20/2002

Claim Header

Claim Number: 010203040506

Medical Record #:

Rcvd. Recipient ID: 11223344

Claim Status: APPROVED

Patient Acct. #:

Bill Type:

Status Date: 10/14/2000

Patient Status:

Service Prov ID: 012345

Price Accounting Summary

Line #	Line Status	Srv Beg Date	Srv End Date	Srv Code	Billed Amount	Payment Amount
01	APPROVED	09/06/2000	09/06/2000	01010101010	\$116.00	\$18.44
02	APPROVED	09/06/2000	09/06/2000	02020202020	\$33.00	\$6.09
03	APPROVED	09/06/2000	09/06/2000	03030303030	\$51.00	\$19.59
04	APPROVED	09/06/2000	09/06/2000	04040404040	\$189.00	\$74.10
05	APPROVED	09/06/2000	09/06/2000	05050505050	\$47.00	\$5.72
06	APPROVED	09/06/2000	09/06/2000	06060606060	\$25.00	\$10.81
07	APPROVED	09/06/2000	09/06/2000	07070707070	\$36.00	\$15.38
Totals:					\$497.00	\$150.13

Record: 1 of 111

CLICK TO VERIFY
mm.1.2006.12:00:00

Figure 18: Claim Status Response



Disclaimer:

The line status of a claim in a Not Adjudicated or Pended status may change due to re-adjudication.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Steps

- 1 The number of records that match your selection criteria displays in the lower right corner of the page. The first record (if at least one record matches your selection criteria) always displays first.



Be aware that if the claim is in a Not Adjudicated status, then no data appears in the Price Accounting Summary section.

However, it is possible that the line status for a claim may change due to re-adjudication.

- 2 Determine whether you need to view other claim records, if present, that match your selection criteria or whether you require more detailed information about the current record.

To view other claim records that match the selection criteria proceed to step 3. To view more detailed information about the current record, skip ahead to step 4.




If zero records match your selection criteria, **click Claim Search** in the upper right corner of the page to return to the *Claim Status Request* page and modify your selection criteria. For more information, refer to the procedures in the Claim Status Request section beginning on page 33.

Alternatively, **click Recipient Search** in the upper right corner of the page to return to the *Recipient Search* page and initiate your selection criteria from the beginning. For more information, refer to the procedures in the Recipient Search section beginning on page 30.

- 3 Scroll through the records that match your selection criteria to locate your target record. Use the appropriate scroll buttons in the bottom right corner of the page.

Click  to view the next record.

Click  to view the last record.

Click  to view the previous record.

Click  to view the first record.

- 4 Once a target record has been identified, you may view more detailed payment information in one of two ways.

Click Accounting Details in the upper left corner of the page to view the first line of detail on the selected claim's *Accounting Details* page and scroll through subsequent lines as needed.

Alternatively, **click** a specific line number within the Price Accounting Summary section to view the corresponding line's detail on the *Accounting Details* page.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Accounting Details

The *Accounting Details* page displays a scrollable list of detail lines, if applicable, within the selected claim, that provide details of the payment amount such as the Sequence Number, Payment Status, Payment Date and (Payment) Type.

Navigation to the *Recipient Search* page, *Claim 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
 Provider ID: 012345

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

Main Menu

- ▶ Eligibility and Enrollment Status
- ▶ Claim Status

CONFIRMED
 SECURE WEB SITE
 CLICK TO VERIFY
 mmm 1 2006 12:00:00

Accounting Details

[Recipient Search](#) | [Claim Search](#) | [Help](#)

[Claim Status](#) | [Accounting Details](#) |

Service Provider ID: 012345	*HAWI ID: 0123456789
Name: PROVIDER NAME, L.L.C.	Name: DUCK, DAFFY
Type: HOSPITAL	DOB: 07/07/1937
Status: ACTIVE	Gender: M
	Begin DOS: 10/31/2002
	End DOS: 12/20/2002

Price Accounting Summary
 (00999666333000!)

Line #	Line Status	Srv Beg Date	Srv End Date	Srv Code	Billed Amt	Allowed Amt	Payment Amt
01	APPROVED	09/06/2000	09/06/2000	010101010	\$116.00	\$18.44	\$18.44

Accounting Detail

Seq #	Pmt Status	Pmt Date	Type	Amount
01	PAID	10/20/2000	CONVERSION	\$18.44
01	PAID	10/20/2000	CONVERSION ADDITIONAL PAYMENT	\$0.00
Total:				\$18.44

Record: 1 of 7





Figure 19: Accounting Details



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Steps

- 1 The number of detailed accounting lines (records) within the selected claim displays in the lower right corner of the page. The first detailed accounting line (record) displays by default unless a specific line number within the Price Accounting Summary section of the *Claim Status Response* page was deliberately selected.
- 2 Scroll through the detailed accounting lines (records) to view the accounting details. Use the appropriate scroll buttons in the bottom right corner of the page.
Click  to view the next record.
Click  to view the last record.
Click  to view the previous record.
Click  to view the first record.

Next Step

- 3 To view other claim records that match the selection criteria, **click Claim Status** in the upper left corner of the page and refer to the procedures in the Claim Status Response section beginning on page 35.
To change the selection criteria but continue research on the same recipient, **click Claim Search** in the upper right corner of the page and refer to the procedures in the Claim Status Request section beginning on page 33.
To continue claims 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 30.
To conduct eligibility and enrollment research on a recipient, **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 39.
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 28.



For questions regarding a claim, please contact the Med-QUEST Fiscal Agent, ACS, for assistance. Please refer to the Main Menu for a list of contact numbers.



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 20: Recipient Search

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



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Search by Recipient Name, DOB & Gender

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

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

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

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

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



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

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



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

This is of particular importance when entering dates of birth.

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

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



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Eligibility/Enrollment Search

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

The HI Provider ID, Begin Date of Service and End Date of Service fields are required to perform a search. A list of valid provider IDs is available in the drop down list to limit you to choosing either your own ID or an affiliated HPMMIS Provider ID. Values not contained in the drop down list cannot be manually overwritten in the field. However, any valid recipient data can be viewed from the system.

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) 692-8099.

The screenshot shows the 'ELIGIBILITY/ENROLLMENT SEARCH' page. At the top right, user information is displayed: User Name: TestName, User ID: 9876543, Type: Master, Provider ID: 012345. A navigation bar includes 'Main Menu' and 'LogOut'. On the left, a 'Main Menu' sidebar lists 'Eligibility and Enrollment Status' and 'Claim Status'. The main content area features a table with the following data:

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

Below the table are search criteria fields: HI PROVIDER ID (dropdown menu with '012345'), BEGIN DATE OF SERVICE (text box with '(MMDDCCYY)' format), and END DATE OF SERVICE (text box with '(MMDDCCYY)' format). A note states '*Max 365 days per date span'. 'Submit' and 'Clear' buttons are located below the fields. At the bottom left, there is a 'CONFIRMED SECURE WEBSITE' badge with a timestamp 'mmm 1 2006 12:00:00'. A footer note reads: '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 21: Eligibility/Enrollment Search

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



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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 For most providers, your Provider ID number is already displayed in the SERVICE PROVIDER ID drop down list.
Group Billing Providers should **select** the **Service Provider ID** from those available in the drop down list.
Press <Tab> to move the cursor to the BEGIN DATE OF SERVICE field.
- 2 **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.
- 3 **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

- 4 **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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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
 Provider ID: 012345
 Date: 07/14/2005

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

Main Menu

- ▶ Eligibility and Enrollment Status
- ▶ Claim Status

Eligibility/Enrollment

[Recipient Search](#) | [Search](#) | [Help](#)

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

Service Provider				
Provider ID:	012345	Type:	MD-PHYSICIAN	
Name:	PROVIDER NAME, L.L.C.			
Recipient				
*HAWI ID:	0123456789	Date of Birth:	07/07/1937	
Name:	DUCK, DAFFY	Gender:	M	
Request Dates				
Beg Date of Service:	01/01/2005	End Date of Service:	12/30/2005	
Eligibility				
Eligibility Description	Begin Date	End Date		
FFS ELIG	09/01/2005	12/30/2005		
FFS ELIG	08/01/2005	08/31/2005		
FFS ELIG	01/01/2005	07/31/2005		
Medical Enrollment				
Health Plan ID/Name	Contract Code	Period Start	Period End	Rate Code/Description
ANYFFS/FEE FOR SERVICE	ACU/FFS	01/01/2005	12/31/2005	AA00/AGED WITH MEDICARE
Dental Enrollment				
Health Plan ID/Name	Contract Code	Period Start	Period End	Rate Code/Description
ANYFFS/FEE FOR SERVICE	ACU/FFS/EMO	01/01/2005		D500/ABD DENTAL - ADULT (21+)
Behavioral Health Enrollment				
** Inactive **				
Medicare Part D Enrollment				
** Inactive **				

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

Figure 22: Eligibility/Enrollment

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

Version: 2.5
 Last Updated: 5.19.2006

44



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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 46.
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 42.
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 39.
To conduct claims research on a recipient, **click Claim Status** in the upper left corner of the page and refer to the procedures in the Claim Status section beginning on page 30.
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 28.



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



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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
Provider ID: 012345
Date: 07/14/2005

Main Menu | LogOut

Other Coverage [Recipient Search](#) | [Search](#) | [Help](#)

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

Service Provider

Provider ID: 012345 Type: MD-PHYSICIAN
Name: PROVIDER

Recipient

*HAWI ID: 0123456789 Date of Birth: 07/07/1937
Name: DUCK, DAFFY Gender: M

Request Dates

Beg Date of Service: 01/01/2005 End Date of Service: 12/30/2005

Medicaid

QMB Dual Ind: Y QMB Dual Beg/End: 12/01/2004 -
Penalized NH Ind: N
NH Provider 1: GENERIC NURSING NH Beg/End 1: 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

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

Figure 23: Other Coverage



Disclaimer:

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



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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 44.
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 42.
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 39.
To conduct claims research on a recipient, **click Claim Status** in the upper left corner of the page and refer to the procedures in the Claim Status section beginning on page 30.
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 28.



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.



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

Main Menu

- ▶ [Eligibility and Enrollment Status](#)
- ▶ [Claim Status](#)

Help Contents

[Eligibility/Enrollment](#)

- [Eligibility](#)
- [Enrollment](#)

[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
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 24: 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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.
Valid Provider	HPMMIS 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.
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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Screen	Field	Error Message	HIPAA Error #	Remedy
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.
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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Screen	Field	Error Message	HIPAA Error #	Remedy
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 HPMMIS 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	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 HPMMIS 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 HPMMIS 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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Screen	Field	Error Message	HIPAA Error #	Remedy
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.
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



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Screen	Field	Error Message	HIPAA Error #	Remedy
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.
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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Screen	Field	Error Message	HIPAA Error #	Remedy
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.

Claim Status Request	Begin Date of Service	Please enter Begin Date of Service.	n/a	This is a required field. Be sure that the Begin Date of Service entered is valid, is in one of the two accepted formats (MMDDYY or MMDDCCYY) and is not greater than the system date.
Claim Status Request	Begin Date of Service	Invalid date entered for Begin Date of Service field.	n/a	This is a required field. Be sure that the Begin Date of Service entered is valid, is in one of the two accepted formats (MMDDYY or MMDDCCYY) and is not greater than the system date.
Claim Status Request	Begin Date of Service	You cannot enter a future date for the Begin Date of Service. Please enter a new date.	n/a	This is a required field. Be sure that the Begin Date of Service entered is valid, is in one of the two accepted formats (MMDDYY or MMDDCCYY) and is not greater than the system date.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Screen	Field	Error Message	HIPAA Remedy Error #	Remedy
Claim Status Request	End Date of Service	Please enter End Date of Service.	n/a	This is a required field. Be sure that the End Date of Service entered is valid, is in one of the two accepted formats (MMDDYY or MMDDCCYY) and is not greater than the system date or prior to the Begin Date of Service.
Claim Status Request	End Date of Service	Invalid date entered for End Date of Service field.	n/a	This is a required field. Be sure that the End Date of Service entered is valid, is in one of the two accepted formats (MMDDYY or MMDDCCYY) and is not greater than the system date or prior to the Begin Date of Service.
Claim Status Request	End Date of Service	You cannot enter a future date for the End Date of Service. Please enter a new date.	n/a	This is a required field. Be sure that the End Date of Service entered is valid, is in one of the two accepted formats (MMDDYY or MMDDCCYY) and is not greater than the system date or prior to the Begin Date of Service.
Claim Status Request	End Date of Service	The End Date of Service cannot be prior to the Begin Date of Service.	n/a	This is a required field. Be sure that the End Date of Service entered is valid, is in one of the two accepted formats (MMDDYY or MMDDCCYY) and is not greater than the system date or prior to the Begin Date of Service.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Screen	Field	Error Message	HIPAA Remedy Error #	
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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

Appendix B: Master Account Change Form

STATE OF HAWAII/DHS/MQD
DHS MEDICAID ONLINE
MASTER ACCOUNT CHANGE FORM INSTRUCTIONS

Complete this form to request a change to a Master Account for the DHS Medicaid Online web verification system. This request will not affect any Individual Account holders already in an 'Active' status. **Please fax this form to:**

ACS State Healthcare
Attention: DHS Medicaid Online Admin
Fax: (808) 952-5595

1. Complete section 1 to request to have the Master Account re-activated.
2. Complete section 2 to request to have the Master Account holder changed.
3. Complete the 'Person making this request'
4. Have the Provider acknowledge this request
5. 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

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 1003 1385 1388"> <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>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>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	K	MHS/CAP/ACU	Behavioral Health Services - Capitated	P	ALL/CAP/PAR	Partially Capitated	R	QN/FFS	Fee For Service - Quest Net Adults	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
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																																			
K	MHS/CAP/ACU	Behavioral Health Services - Capitated																																			
P	ALL/CAP/PAR	Partially Capitated																																			
R	QN/FFS	Fee For Service - Quest Net Adults																																			
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																																			
Eligibility Description	A brief description of the recipient's eligibility type. <table border="1" data-bbox="511 1514 1385 1890"> <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>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	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									
Code	Short Description	Description																																			
A	QUEST ELIG	Quest eligible for this date range																																			
B	QUEST NET ELIG	Quest-Net 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																																			



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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 expired.</p> <p><i>(Third Party Liability page)</i> The date the recipient's insurance coverage expired 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.
Penalized NH (Nursing Home) Indicator	<p>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.</p> <p>Y = Nursing home should be paid. N = Nursing home should not be paid, however, all other benefits should be paid.</p>
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.



State of Hawaii

DEPARTMENT OF HUMAN SERVICES, MEDICAID ONLINE

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.
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	<p>(<i>Medicare page</i>) The date the recipient became eligible for the Medicare Type.</p> <p>(<i>Third Party Liability page</i>) The date the recipient's insurance became effective for the specified carrier.</p>