

**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN SERVICES**  
Med-QUEST Division  
Health Coverage Management Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

June 28, 2006

MEMORANDUM

ACS M06-10

TO: Providers Utilizing Batch 270/271 Transactions  
FROM: Leslie K. Tawata, <sup>wt</sup>Acting Health Coverage Management Branch Administrator  
SUBJECT: 2005-0414-06 TPL COVERAGE TYPE ON WEB

**A. Business Need / Problem**

The HI web site will reflect changes made to a mainframe program that affects files 270 and 271. Please refer to 2005-0414-03 for changes to the 270/271 Batch transaction. The changes to the MEVS transaction will be addressed under 2004-0333-19 in a future promote.

Scheduled promote date: 06/28/06

**B. Scope**

**Modify Benefits.asp:**

Add a *Coverage Type* column to the *Third Party Liability* (TPL) table. The Coverage Type column describes the type of coverage in plain text.


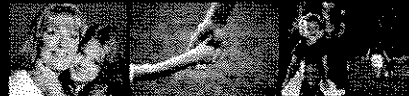
The coverage type will be passed from the recipient's TPL record. If no coverage type is present on the TPL record, the field will be blank.

**C. Business Benefits / Impact**

Adding a coverage type column to the TPL tables will allow providers to easily identify recipient coverage types. Currently, providers use the TPL carrier name to identify the recipient's type of coverage. In some cases, the TPL carrier name can be misleading.

**D. Business Cases with Expected Outcomes**

Display a *Coverage Type* column in the TPL table in the Benefits.asp and PFBenefits.asp files. Display a *Coverage Type* definition in the Help.asp file.

 		User Name: username User ID: 0000000 Type: Master Provider ID: 0000000000 Date: 5/5/2006																					
Main Menu   Log Out		Renewal Search   Search: Basic																					
Main Menu Eligibility and Enrollment Status Claim Status	<b>Other Coverage</b>			<input type="button" value="Print"/>																			
	Eligibility/Enrollment   Other Coverage																						
	Provider ID: 012345 Name: Name		Service Provider Type: Type																				
	*HAWAII ID: 0000000000 Name: John Doe		Recipient Date of Birth: 01/01/1753 Gender: M																				
	Beg Date of Service: 01/01/1753		Request Dates End Date of Service: 01/01/1753																				
<b>Medicaid</b>																							
QMB Dual Ind: N Penalized MH Ind: N																							
<b>Medicare</b>																							
** No Medicare A, B or D Coverage **																							
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