

MO HEALTHNET TRADING PARTNER AGREEMENT

This document constitutes a Trading Partner Agreement between the submitter and the State of Missouri and the fiscal agent Infocrossing Healthcare Services, Inc. (IHS) for the purpose of exchanging information and electronic transactions related to the submission of MO HealthNet claims.

The submitter desires to exchange claims and billing information electronically with the State and IHS. The electronic transactions may contain protected health information (PHI) as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The submitter agrees to safeguard and process any and all PHI or other data received, transmitted, or accessed electronically to or from the State and IHS in accordance with HIPAA requirements applicable to the submitter, including guidelines defined in the HIPAA implementation guides.

This Trading Partner Agreement shall be interpreted to be consistent with the HIPAA requirements on trading partner agreements found at 45 CFR § 162.915.

Electronic exchange of data between the parties requires the following information from submitters to process files and respond through the MO HealthNet system. Complete only the applicable information. Questions can be directed to the IHS Help Desk at 573-635-3559. Agreement can be sent via e-mail to momedhelpdesk@momed.com or faxed to 573-635-0316.

INBOUND TRADING PARTNER AGREEMENT REQUIREMENTS (TO IHS)

- Version/Transaction
 - Institutional – ASC X12N 837 (004010X096A1)
 - Dental – ASC X12N 837 (004010X097A1)
 - Professional – ASC X12N 837 (004010X098A1)
 - NCPDP (Pharmacy)
 - Eligibility Benefit Inquiries & Response – ASC X12N 270/271 (004010X092)
 - Claim Status Request & Response – ASC X12N276/277 (004010X093)
- Type of media to send data
 - Internet (emomed.com)
- Submitter Demographic Data

Business Name _____
Address _____
City _____
State _____ Zip _____
Contact Name and Phone Number _____
Email Address: **(REQUIRED)**: _____
* emomed Submitter ID/User Name: _____

OUTBOUND TRADING PARTNER AGREEMENT REQUIREMENTS (FROM IHD)

Electronic Remittance Advice – ASC X12N 835 (004010X091A1)

- Type of media to receive data
 - Internet (emomed.com)
- Receiver Demographic Data
 - Business Name _____
 - Address _____
 - City _____
 - State _____ Zip _____
 - Contact Name and Phone Number _____
 - Receiver ID (Provider NPI Number) _____

If you do not have an emomed submitter ID and wish to send or receive files on the Internet, please complete the Application for MO HealthNet Internet Access Account at www.emomed.com. * If you have multiple provider numbers please attach a separate list.