MO HEALTHNET INBOUND TRADING PARTNER AGREEMENT

This document constitutes a Trading Partner Agreement (TPA) between the Trading Partner, the State of Missouri, and the Fiscal Agent (Infocrossing, Inc.) for the purpose of exchanging information and electronic transactions related to receiving and or submitting of MO HealthNet data.

All electronic transactions may contain Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Trading Partner agrees to safeguard and process any and all PHI or other data received, transmitted, or accessed electronically to or from the State of Missouri and Infocrossing, Inc. in accordance with HIPAA and the Health Information Technology for Economic and Clinical Health Act as requirements applicable to the Trading Partner, including guidelines defined in the HIPAA Accredited Standards Committee (ASC) X12 transaction implementation guides. If the Trading Partner identifies PHI not intended for its use, it will immediately notify the Technical Help Desk to arrange for its return, retransmission, or destruction.

This Trading Partner Agreement shall be interpreted to be consistent with the HIPAA requirements on trading partner agreements found at 45 CFR § 162.915. Termination or expiration of this Agreement does not relieve either party of its obligations under federal and state laws, and regulations pertaining to the privacy and security of PHI, nor its obligations regarding the confidentiality of such information

Once the trading partner has been processed an email will be sent back to user requesting a test file. Test cycles typically run at 5:30 a.m. CST. When the user gets an **accepted** 999 and a successful response file back (Claims in paid status, 271or 277) from the test cycle, an email needs to be sent to the Help Desk at internethelpdesk@momed.com requesting the user id to move to **production**. Always check the 999 after sending a batch file to verify if it has been accepted or not.

The Trading Partner Agreement is required to be a faxed submission. Please fax the completed form to 573-635-0316.

All fields are required. Please type or print.

- Version/Transaction (**For your convenience we will establish your Trading Partner Agreement for all applications in the test system)**

  Institutional –   ASC X12N 837   Eligibility Benefit Inquiry & Response –   ASC X12N 270/271
  Dental –   ASC X12N 837   Claim Status Request & Response –   ASC X12N 276/277
  Professional –   ASC X12N 837

- Submitter Demographic data

  Trading Partner Name _____

  Address _____

  City _____

  State _____ Zip _____

  Contact name & phone number _____

  Email address: _____

  eMOMED submitter ID: (*Applicable for eMOMED users only*) _____

For questions contact Technical Help Desk at 573-635-3559. Please fax the completed form to 573-635-0316.

Last updated: 12-18-2013