

MO HEALTHNET OUTBOUND EMOMED 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 and the Health Information Technology for Economic and Clinical Health Act (HITECH) as requirements applicable to the submitter, including guidelines defined in the HIPAA Accredited Standards Committee (ASC) X12 transaction 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.

The Trading Partner Agreement is required to be a faxed submission. Please fax the completed form to 573-635-0316. Electronic exchanges of data between the parties require 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.

The companion guide with MO HealthNet specific requirements can be found at: WWW.EMOMED.COM by clicking on the provider information link (EDI Companion Guide).

REQUIREMENTS FOR TRADING PARTNER 5010 OUTBOUND FROM INFOCROSSING

(All the information requested below is required and failure to include it may cause delay/failure to the trading partner)

Business name _____

Address _____

City _____

State _____ ZIP code _____

Contact name _____ Phone number _____

Email Address (**REQUIRED**) _____

Receiver ID (provider NPI number) _____

If you do not have an emomed submitter ID and wish to send or receive files on the Internet, go to www.emomed.com and click on the Register now!

*If you have multiple provider numbers please attach a separate list (**limit 25 per Trading Partner Agreement**).

Please fax the completed forms to 573-635-0316