MO HEALTHNET TRADING PARTNER AGREEMENT

This document constitutes a Trading Partner Agreement (TPA) between the Trading Partner, the State of Missouri, and the Fiscal Agent (Infocrossing LLC .) 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 the applicable provisions of HIPAA and the Health Information Technology for Economic and Clinical Health Act. If the Trading Partner identifies PHI not intended for its use, it will promptly 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.

This section applicable only for X12 transactions exchanged via batch or sFTP: 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 Technical Help Desk at help.desk@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.

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 or send an email to help.desk@momed.com. Please fax the completed form to 573-635-0316.