SECTION 1
MO HEALTHNET PROGRAM RESOURCES
http://dss.mo.gov/mhd/providers
CONTACTING MO HEALTHNET

PROVIDER COMMUNICATIONS
573-751-2896
MO HealthNet providers can contact the Provider Communications Unit with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.

The IVR (Interactive Voice Response) system is accessed by calling the 573-751-2896 number. The IVR system can address participant eligibility, last two check amounts and claim status inquiries. At anytime during the IVR options, providers may select "0" to speak with the next available specialist. Calls are put into a queue and will be answered in the order received. Providers must use a touchtone phone to access the IVR.

Providers may send and receive secure E-mail inquiries to MO HealthNet Provider Communications and Technical Help Desk Staff. This application is available through the MO HealthNet Web portal at www.emomed.com. Once logged in and on the eProvider page, click on the 'Provider Communications Management' icon, this opens the 'Manage Provider Communications' page. From here, click on 'New Request' to open the 'Create New Request' form to enter and submit an inquiry. Providers are limited to one inquiry per E-mail. The user submitting the E-mail inquiry will be notified via E-mail when they have a response available to their inquiry.

The Provider Communications Unit also responds to written inquiries. Written inquiries should be sent to:

Provider Communications Unit
PO Box 5500
Jefferson City, Missouri  65102

WIPRO INFOCROSSING HEALTHCARE SERVICES, INC. HELP DESK
573-635-3559
Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and assistance with the Wipro Infocrossing Internet billing service.
PROVIDER ENROLLMENT
Providers are required to notify Missouri Medicaid Audit Compliance, Provider Enrollment Section regarding changes to their Provider Master File. Changes include, but are not limited to, physical address, tax identification, ownership, individual's name or practice name, or NPI number.

Changes may be reported via E-mail at mmac.providerenrollment@dss.mo.gov or by mail to:

Missouri Medicaid Audit and Compliance
Provider Enrollment Section
PO Box 6500
Jefferson City, Missouri  65102

THIRD PARTY LIABILITY
573-751-2005
Call the Third Party Liability Unit to report injuries sustained by MO HealthNet participants, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a MO HealthNet participant.

PROVIDER EDUCATION
573-751-6683
Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for MO HealthNet claims. Contact the unit for training information and scheduling. Providers may also send E-mails to the unit at mhd.provtrain@dss.mo.gov.

PARTICIPANT SERVICES
800-392-2161 or 573-751-6527
The Participant Services Unit assists participants regarding access to providers, eligibility, covered and non-covered services and unpaid medical bills.

MO HEALTHNET PHARMACY AND CALL CENTER
800-392-8030
Providers can call this toll free number to:
- Request pre-certification for specific DME items;
- Initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the MO HealthNet program;
- Request information on Medicare Part D;
- Request a drug prior authorization; or,
- Request medical pre-certification for a CT scan or MRI.
Providers are encouraged to sign up for the MO HealthNet Web-based tool, CyberAccess\textsuperscript{sm} which automates the pre-certification process. To become a CyberAccess\textsuperscript{sm} user, contact the Xerox Care and Quality Solutions help desk at 888-581-9797 or 573-632-9797 or send an E-mail to CyberAccessHelpdesk@xerox.com. The CyberAccess\textsuperscript{sm} tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and procedure codes.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) INFORMATION**

Billing providers who want to exchange electronic information transactions with MO HealthNet can access the HIPAA-EDI Companion Guide online by going to the MO HealthNet Division Web page at http://dss.mo.gov/mhd/providers/ and click on the HIPAA-EDI Companion Guide link in the column on the right hand side of the page. This will take you directly to the EDI Companion Guide and ACS X12 Version 5010 Companion Guide links.

For information on the MO HealthNet Trading Partner Agreement, click on the link to Section 1- Getting Started; then select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Wipro Infocrossing Healthcare Services Help Desk, 573-635-3559.

**INTERACTIVE VOICE RESPONSE (IVR)**

573-751-2896

The Provider Communications Unit Interactive Voice Response (IVR) system, 573-751-2896, requires a touchtone phone. The ten-digit NPI (National Provider Identifier) number must be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options listed below. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

Option 1 Participant Eligibility

Participant eligibility must be verified each time a participant presents and should be verified prior to the service. Eligibility information can be obtained by a participant’s MO HealthNet number (DCN), social security number and date of birth, or if a newborn, using the mother’s MO HealthNet number and the baby’s date of birth. Callers cannot inquire on dates that exceed one year prior to the current date. Callers will be given a confirmation number and this number should be kept as proof of the information received.
Option 2  **Last Two Check Amounts**  
Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.

Option 3  **Claim Status**  
After entering the participant’s MO HealthNet ID number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).

**INTERNET SERVICES FOR MO HEALTHNET PROVIDERS**

The MO HealthNet Division (MHD), in cooperation with Wipro Infocrossing Healthcare Services, has an Internet service for MO HealthNet providers. MO HealthNet providers have the ability to:

- Submit claims and receive claim confirmation files;
- Verify participant eligibility;
- Obtain remittance advices (RAs);
- Submit adjustments;
- Submit attachments;
- View claim, attachment and prior authorization (PA) status; and
- View and download public files.

The Web site address for this service is www.emomed.com. Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the Web site services. To participate in the service, the provider must apply online at http://dss.mo.gov/mhd/providers/. At this site choose the "Apply for Electronic/Internet system access" link in the right hand column. Each user is required to complete this online application in order to obtain a user ID and password. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID and password. Once the user ID and password have been received, the user can begin using the www.emomed.com Web site. The password can be changed to one of the user’s own choice.

Questions regarding the completion of the online Internet application should be directed to the Wipro Infocrossing Healthcare Services Help Desk, 573-635-3559.

*An authorization is required for each individual person within a provider’s office or a billing service who will be accessing the Internet site.*
This Web site, www.emomed.com, allows for the submission of the following HIPAA compliant transactions:

- 837 Institutional Claims Batched or Individual
- 837 Professional Claims Batched or Individual
- 837 Dental Claims Batched or Individual
- 270 Eligibility Inquiry Batched or Individual
- 276 Claim Status Inquiry Batched or Individual

The following standard responses are generated:

- 835 Remittance Advice Batch or Printable RA
- 271 Eligibility Response Batch or Individual
- 277 Claim Status Response Batch or Individual

Users also have access to provider check amounts and the Claims Processing Schedule for the current fiscal year.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

VERIFYING PARTICIPANT ELIGIBILITY THROUGH THE INTERNET

Providers can access MO HealthNet participant eligibility files via the Web site. Functions include eligibility verification by participant ID, casehead ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

MO HEALTHNET CLAIMS SUBMISSION THROUGH THE INTERNET

The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions

- 837 Health Care Claim Professional Dental Institutional (hospital inpatient and outpatient, nursing home, and home health care)
• Pharmacy (NCPCD)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider’s convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET
The MO HealthNet program phased out the mailing of paper Remittance Advices (RAs). Providers no longer receive paper RAs. All providers and billers must have Internet access to obtain the printable electronic RA via the Wipro Infocrossing Internet service, emomed.com.

Receiving the Remittance Advice via the Internet is beneficial to the provider or biller’s operation. With the Internet RA, a user can:

• Retrieve the RA the Monday following the weekend claim processing cycle (two weeks earlier than receipt of the paper RA);
• Have access to RAs for 62 days (the equivalent of the last four cycles);
• View and print the RA from the desktop; and,
• Download the RA into the provider or biller’s operating system for retrieval at a later date.

The Internet RA is viewable and printable in a ready to use format. Just point and click to print the RA or save it to the computer system for printing at the user’s convenience.

To sign up for this service, see the instructions at the beginning of this information on Internet services.

RECEIVE PUBLIC FILES THROUGH THE INTERNET
Several public files are available for viewing or downloading from the Web site including the claims processing schedule for the State fiscal year which begins July 1 and ends June 30. Providers also have access to a listing of the HIPAA related claim codes and other HIPAA related codes.
MO HEALTHNET PROVIDER MANUALS AND BULLETINS ONLINE
http://dss.mo.gov/mhd/providers/

MO HealthNet provider manuals are available online at the MHD Web site, http://dss.mo.gov/mhd/providers/. To access the provider manuals, click on the "Provider Manuals" link at the bottom of the page or in the right hand column under “Featured Links”. This brings up the External Link http://manuals.momed.com/manuals/ where a search by manual and specific criteria can be done.

MO HealthNet provider bulletins are also available at the MHD Web site. The bulletins are published to notify providers of new program and policy changes or to clarify existing policy. To access the bulletins, click on the Provider Bulletin link on the Provider Participation page. The bulletins appear online at this location until the provider manuals are updated with the information contained in the bulletins. Once the manuals are updated, the bulletins are moved to the Archived Bulletin location.
# CLAIM PROCESSING SCHEDULE FOR FISCAL YEAR 2014

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**Closeout is 5:00 p.m. on the date shown

## State Holidays

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