

Medicare Part C ~ QMB claim filing

eMOMED Electronic Claim Filing

- Medicare Part C
 - How do Medicare/Medicaid payments work
- Participant Eligibility
- Claim Management
 - Choosing the Correct Claim Form
 - Help Information
 - Medicare Part C~QMB Crossover Claim Form
- Adjusting Claims
 - Void
 - Copy Claim Original/Advanced
 - Replacement
- Provider Communications Management
- File Management

Medicare Part C

October 19, 2009

Confusion exists among providers in determining which MO HealthNet Division (MHD) claim form to complete to be reimbursed for co-insurance and deductible amounts for those Medicare/MO HealthNet participants with Part C coverage. Claims for participants with Part C coverage do not cross over automatically from the Medicare Part C Plans. As a result, providers must file claims through the **MO HealthNet Web portal**. Choose from the appropriate claim options shown below.

If the participant is enrolled in a Medicare Advantage/Part C Plan and is **Qualified Medicare Beneficiary (QMB)** eligible, use one of the following:

- The Medicare UB-04 Part C Institutional Crossover to file for inpatient room and board. The header screen must be completed. Choose filing indicator '16' (Medicare Part C Institutional); or
- The Medicare UB-04 Part C Professional Crossover to file for outpatient professional services. The header screen and line detail screens must be completed. Choose filing indicator '16' (Medicare Part C Professional) on the header screen; or
- The Medicare CMS-1500 Part C Professional Crossover to file for professional services. The header and line detail screens must be completed. Choose filing indicator '16' (Medicare Part C Professional) on the header screen.

If the participant is enrolled in a Medicare Advantage/Part C Plan and **is not** QMB eligible, you must submit your claim on one of the following:

- The Inpatient UB-04 for room and board. You must show the Part C information on the header screen. Choose filing indicator '16' (Health Maint Org Medicare Risk). **Inpatient claims require pre-certification through Conduent;** or
- The Outpatient UB-04 for outpatient professional services. Show the Part C information on the header and line detail screens. Choose filing indicator '16' (Health Maint Org Medicare Risk); or
- The Medical (CMS-1500) claim form for professional services. Show the Part C information on the header and line detail. Choose filing indicator '16' (Health Maint Org Medicare Risk).

Reminder – For non QMB participants enrolled in a Medicare Advantage/Part C Plan, MHD will process claims in accordance with the established MHD coordination of benefits policy. The policy can be viewed in Section 5.1.A of the **MHD provider manuals**. In accordance with this policy, the amount paid by MHD is the difference between the MHD allowable amount and the amount paid by the third party resource.

MHD guidelines and policies regarding attachments and prior authorization must be followed for participants, including Medicare Part C non-QMB participants. If the procedure billed requires an attachment (Certificate of Medical Necessity, Second Surgical Opinion, Sterilization Consent, etc.), you must have a completed, approved form on file. If the procedure requires prior authorization, you must have an approved prior authorization from MHD on file.

How do Medicare/Medicaid payments work?

MO HealthNet with Medicare Part B-

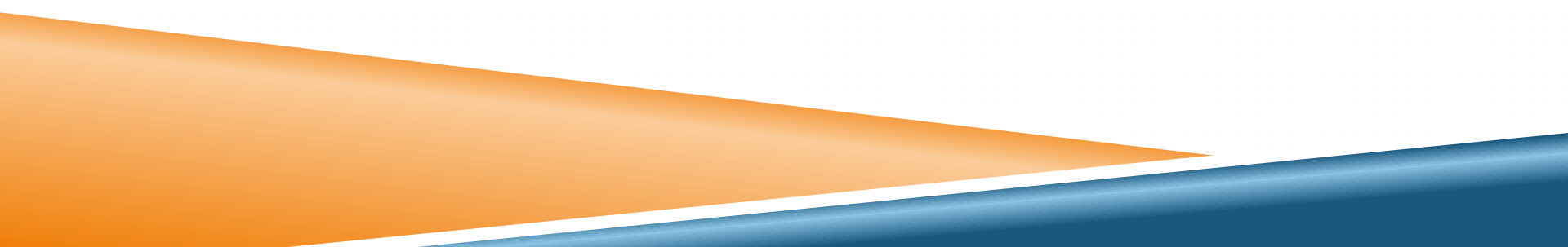
MO HealthNet will pay coins insurance and deductible for Medicare **covered** services.
(Crossover claim Part B- claim should crossover to Medicaid automatically)
If Medicare doesn't cover the service it can be billed on a CMS-1500 and paid up to the allowable. (Report Medicare RA/EOB information on the claim)

MO HealthNet with Medicare Part C with QMB-

MO HealthNet will pay coins insurance and deductible for Medicare **covered** services.
(Crossover claim Part C QMB -claim won't crossover automatically)
If Medicare doesn't cover the service it can be billed on a CMS-1500 and paid up to the allowable. (Report Medicare/part C RA/EOB information on the claim)

MO HealthNet with Medicare Part C non-QMB-

MO HealthNet won't pay coinsurance and deductible for Medicare covered services. (Bill on a Medical CMS-1500 and report Part C AR/EOB)
MO HealthNet will pay up to the allowable on MO HealthNet covered codes.



External Links

State of Missouri Web site
Department of Social Services
MO HealthNet Division

- Provider Information
- Provider Enrollment Application
- Participant Information

eProvider News

**07/17/2019****eMOMED Training and Assistance Utilities****03/25/2015****Removing a User's Access to an NPI****03/24/2015****Requesting & Allowing NPI Access**

eProvider Welcome

Welcome to eProvider

**Claim Management**

Submit new claims. View claim status. Void/Replace existing claims.

**Nursing Home Management**

Manage participants. Submit nursing home claims.

**Attachment Management**

Submit new stand-alone attachments. View attachment status.

**File Management**

Send and receive batch files. Print/View/Download Remittance Advice.

**Participant Eligibility**

Verify participant eligibility.

**Payment Information**

View the payment information for the two most recent payments.

**Prior Authorization Status**

Check the prior authorization status for participants.

**Available Surveys****Provider Communications Management**

Send Your Inquiries...

**Provider Enrollment Status**

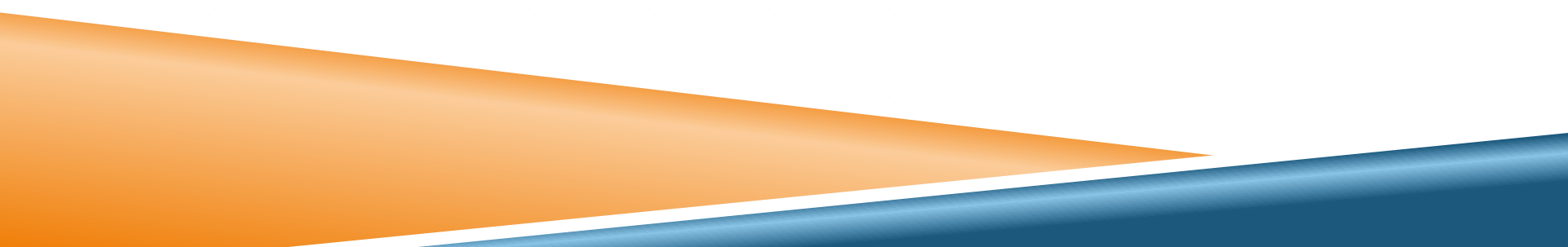
Verify Provider Eligibility.

**Participant Annual Review Date**

View participant annual review dates.

Click on Participant Eligibility ~ This is the first thing you should do before rendering services on a participant. Here you will be able to view if participant has Medicaid eligibility, ME code, enrolled in Managed Care Plan (MCO)


Participant Eligibility Screen

- It is the provider's responsibility to verify eligibility
 - Participant Eligibility should be checked/verified prior to appointment or shortly after.
 - Interactive Voice Response (IVR) (573) 751-2896
 - Determining Eligibility PowerPoint
<http://dss.mo.gov/mhd/providers/education/avtrain.htm>
 - Provider responsibility to verify eligibility on the date services are rendered
- 

If you bill for more than one Provider, you ***MUST*** make sure you have the correct Provider NPI you are billing under. This way if a claim would deny, for an eligibility issue, Provider Communications will always check to see if the provider verified eligibility

This will benefit the provider in case we have to special handle a claim.


Participant Eligibility Screen

MoHealth Net Home Contact Search Center Troubleshooting 


eProvider ePassport eMMIS MMIS Apps Welcome, JACQUELINE Log Out


Home / eProvider / Eligibility

Eligibility Request


NPI * Provider Name
NPI is invalid. 

Search

First Date Of Service * <input type="text"/> 	Last Date of Service <input type="text"/>	
Participant DCN <input type="text"/>	Participant SSN <input type="text"/>	Participant Date of Birth <input type="text"/>
Participant Last Name <input type="text"/>	Participant First Name <input type="text"/>	Participant Middle Initial <input type="text"/>
Casehead DCN <input type="text"/>	Child's Date of Birth <input type="text"/>	Service Type Code <input type="text"/>



Home | Contact | Search Center | Troubleshooting



Participant Eligibility Screen Cont'd

Provider ePassport eMMIS MMIS Apps Welcome, JACQUELINE Log Out
Home / eProvider / Eligibility

Eligibility Response

NPI: [REDACTED]

Submitted Information

First Date Of Service 08/12/2019		
Participant DCN [REDACTED]		

Participant Information

Participant DCN [REDACTED]	Participant Name [REDACTED]	Participant Date of Birth [REDACTED]
Participant Address [REDACTED]	Participant SSN [REDACTED]	Participant Date Of Death [REDACTED]

Eligibility / Benefit Information 1 of 2

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	30 - Health Benefit Plan Coverage	13	34 - Month		MC - MO HealthNet	291		08/12/2019 08/12/2019

Eligibility / Benefit Information 2 of 2

Eligibility / Benefit Code	Service Type	Plan Code	Time Period Qualifier	Monetary Amt	Insurance Type	Medicare Nbr	Date Qualifier	From Date Thru Date
1 - Active Coverage	1 - Medical Care 33 - Chiropractic 35 - Dental Care 47 - Hospital 48 - Hospital - Inpatient 50 - Hospital - Outpatient 86 - Emergency Services 88 - Pharmacy 98 - Professional (Physician) Visit - Office AL - Vision (Optometry) MH - Mental Health UC - Urgent Care	13	34 - Month		MC - MO HealthNet	291		08/12/2019 08/12/2019

Reference Information

Confirmation Number 19224307732

Print Finish

Be sure to write the confirmation number down or print out and keep in the participant file for your records.

Claim Management

- Choosing the Correct Claim Form
- Help Information
- Medicare Part C ~ QMB Crossover Claim



Choosing the correct claim form

The screenshot shows a web application titled "Claim Management". It features a form with several fields: "NPI *" (with a text input and a message "NPI is invalid."), "Provider Name", "New Claim" (a dropdown menu), "New Xover Claim" (a dropdown menu), "ICN" (a radio button), "Advanced" (a radio button), "Daily Claim" (a radio button), "Participant DCN" (a text input), and "Dates of Service" (a text input). The "New Claim" dropdown menu is open, displaying a list of Medicare claim forms: "Medicare CMS-1500 Part B Professional", "Medicare CMS-1500 Part C Professional (QMB)", "Medicare UB-04 Part A Institutional", "Medicare UB-04 Part C Institutional (QMB)", "Medicare UB-04 Part B Professional", and "Medicare UB-04 Part C Professional (QMB)".

Click on New Claim and click on the appropriate claim form you want to use.




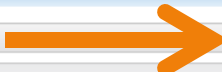
New Crossover Claim is a Medicare Part C QMB claim that does not crossover from Medicare. This is the provider's responsibility to submit through eMOMED.

? = HELP


 [Home](#) [Contact](#) [Search Center](#) [Troubleshooting](#) 

[eProvider](#) [ePassport](#) Welcome, Dana [Log Out](#)

[Home](#) / [eProvider](#) / [Claim Management](#)

Medical(CMS1500) Claim    

Billing NPI: M012136305
BPST

Claim Header Information 

Participant Information

Participant DCN * <input type="text"/>	Participant Last Name * <input type="text"/>	Participant First Name * <input type="text"/>
Patient Account Number <input type="text"/>		


Service Information

Referring Provider NPI <input type="text"/>	Hospitalization Dates <input type="text"/> To <input type="text"/>	
Service Facility Location <input type="text"/>	Service Facility Name <input type="text"/>	

Cause and Diagnosis Details

Related Cause Codes <input type="text"/>	Last Menstrual Cycle Date <input type="text"/>	Diagnosis Codes * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
--	--	---

[Save Claim Header](#) [Reset](#)

 Save claim header to continue.

[Submit Claim](#) [Printer Friendly](#) [Reset](#) [Cancel](#)

Claim Management

Help

[Print](#)[Close](#)

CMS-1500 Professional Crossover Claim Help

Instructions for completion of the CMS-1500 Professional Crossover Claim form. * These fields are required on all CMS-1500 Professional Crossover claim submissions. ** These fields are required only in specific situations, as described below. National Provider Identifiers (NPIs) with alpha characters are case sensitive.

(Claim Header Information) Participant Last Name*

Enter the participant's last name.

(Claim Header Information) Participant First Name*

Enter the participant's first name.

(Claim Header Information) Patient Account Number

Enter the patient's account number associated by your facility.

(Claim Header Information) Participant Medicare ID*

Enter the participant's 11-digit Medicare ID number.

(Claim Header Information) Medicare Provider NPI*

Enter the provider's 10-digit NPI number used to bill this claim to Medicare.

Provides information as to what is needed for each field on eMOMED.

Medicare CMS-1500 Part C Professional (QMB) Claim

Medicare CMS-1500 Part C Professional (QMB) Claim

Billing NPI: M012136305
BPST

Claim Header Information

Participant Information

Participant DCN *
01010101 Enter the participant's MO HealthNet number (DCN).

Name *
Participant First Name *
IMA

Patient Account Number
1234

Participant Medicare ID
1ab2cd3ef45

(Claim Header Information) Medicare Provider NPI*
Enter the provider's 10-digit NPI number used to bill this claim to Medicare.

Service Information

Referring Provider NPI

Medicare Provider NPI *
M012136305 Enter the referring physician's MO HealthNet Provider Identifier (NPI) and Taxonomy code (if applicable). This field is required for independent laboratories and independent radiology groups and providers with a specialty of "30" (radiology/radiation therapy).

Referring Provider NPI

Diagnosis Codes

Diagnosis Codes *
r5383 E538

Diagnosis Codes*
Enter the complete diagnosis code(s). The primary diagnosis as Number 1, the secondary diagnosis as Number 2, etc.

Save Claim Header Reset

Save claim header to continue.

Submit Claim Printer Friendly Reset Cancel



Add Detail Line

Detail Line Summary

Total Charges : 0.00

Line #	Date of Service	Place of Service	Procedure Code	Modifier
--------	-----------------	------------------	----------------	----------

Add Detail Line #1

Dates of Service *

01/03/2022

To

01/03/2022

Place of Service *

11 - Office

Procedure Code *

99211

Modifiers

National Drug Code

Diagnosis Code *

2736

Conditions

☐ Emergency

☐ EPSDT

☐ Family Planning

Save Detail Line to Claim

Reset

Procedure Code*

Enter the appropriate procedure code.

Modifiers

Enter the applicable modifier, if any, corresponding to the service rendered.

Billed Charges*

Enter the provider's usual and customary charge per detail line. This should be the total charge if multiple days or units are shown.

Billed Charges *

125.00

Prescription Number

Days/Units Billed *

1

Days/Units Billed*

Enter the number of days or units of service provided for detail line.

Performing Provider NPI

m202174538

Performing Provider NPI

This field is required for a clinic, radiology, teaching institution or group practice only. Enter the Missouri MO HealthNet Provider Identifier (NPI) and Taxonomy code (if applicable) of the physician or other professional who performed the service.

Save Detail Line to Claim to continue.

Submit Claim

Printer Friendly

Reset

Cancel

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
----------	------------	-----------	------------------	-------------	--------

Add/Edit Details

Filing Indicator *

16-Medicare Part C Professional (QMB)

17 - Dental Maintenance Organization

11 - Other Non-Federal Programs

12 - Preferred Provider Organization (PPO)

13 - Point of Service (POS)

14 - Exclusive Provider Organization (EPO)

15 - Indemnity Insurance

16-Medicare Part C Institutional (QMB)

16-Medicare Part C Professional (QMB)

MC-MO HealthNet

Payer Responsibility Sequence Number *

Paid Date *

Remittance Advice Remark Codes

er Friendly

Reset

Cancel

Filing Indicator* 16-Medicare Part C Professional (QMB)

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
----------	------------	-----------	------------------	-------------	--------

Add/Edit Details

Filing Indicator *
16-Medicare Part C Professional (QMB)

Payer Responsibility Sequence Number *
P - Primary

Other Payer ID *
xxxx

Other Payer Name *
BC BS

Paid Date *
03/15/2022

Paid Amount *
57.21

Total Denied Amount *
0.00

Remittance Advice Remark Codes

☐ Payer at Header Level

Save Other Payer Data and Manage Codes

Save Other Payer to Claim
Reset

Click on Other Payer Data and Manage Codes

Add/Edit Group Code, Reason Code, Adjust Amount For This Payer

Other Payer Detail Summary				
Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	Action
Add / Edit Other Payer Detail Information				
Associated Line Items *				
<input checked="" type="checkbox"/> 1				
Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *		
CO - Contractual Obligations	45	45.00		
PR - Patient Responsibility	2	22.79		
- Select One -				
- Select One -				
Save Codes to Other Payer				
Save Other Payer To Claim		Reset		

Associated Line Items: If you have entered more than 1 Detail Line summary, you ***must*** check each box number separately when entering information from the Part C EOB.

Claim Group Code: Enter information as what is on the EOB for that particular Line Item

Click on Save Codes to Other Payer

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
----------	------------	-----------	------------------	-------------	--------

Add/Edit Details

Filing Indicator *
16-Medicare Part C Professional (QMB)

Payer Responsibility Sequence Number *
P - Primary

Other Payer ID *
XXXX

Other Payer Name *
BC BS

Paid Date *
03/15/2022

Paid Amount *
57.21





Total Denied Amount *
0.00

Remittance Advice Remark Codes

☐ Payer at Header Level

Edit Other Payer Info

Add/Edit Group Code, Reason Code, Adjust Amount For This Payer

Line Item(s)	Claim Group Code	Claim Adjustment Reason Code	Adjustment Amount	
1	CO - Contractual Obligations	45	45.00	 
1	PR - Patient Responsibility	2	22.79	 

Add / Edit Other Payer Detail Information

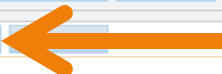
Associated Line Items *


☐ 1


Claim Group Code *	Claim Adjustment Reason Code *	Adjustment Amount *
- Select One -		
- Select One -		
- Select One -		
- Select One -		

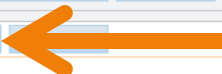
Save Codes to Other Payer **Reset**


Save Other Payer To Claim




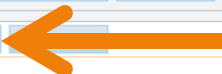








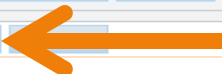








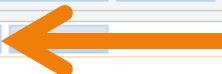








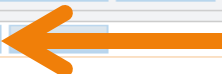








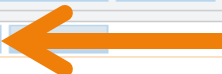








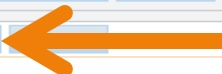








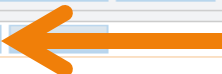








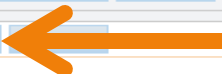








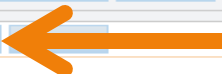








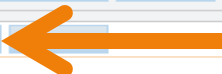








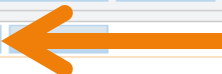








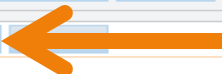








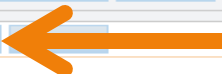








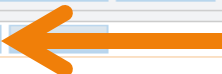








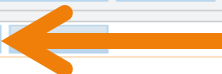








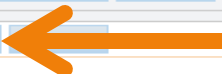








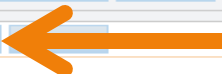








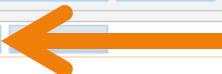








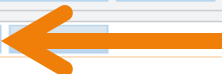








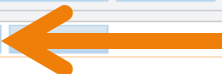








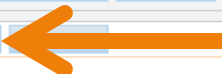








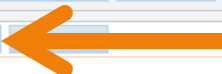








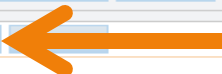








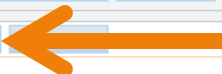








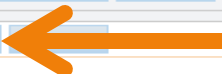








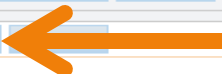








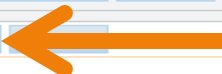








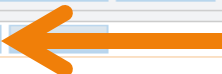








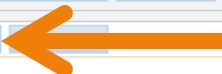








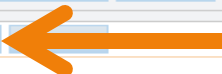








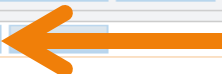








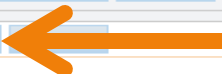








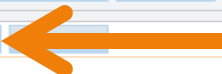








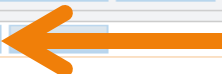








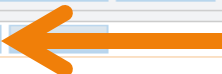








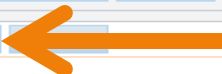








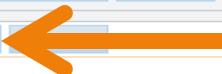








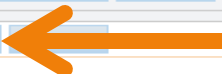








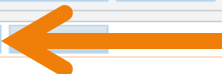








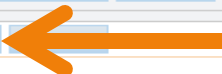








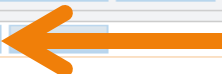








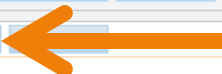








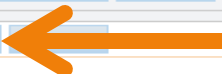








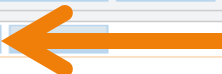








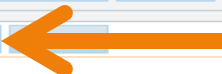








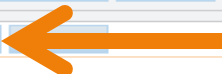








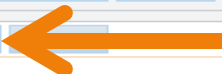








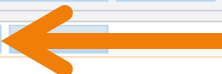








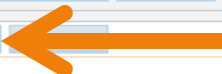








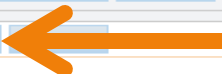








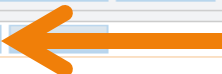








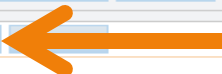








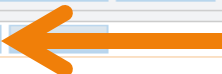








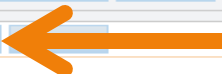








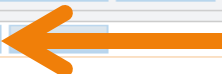








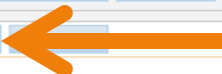








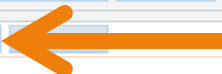








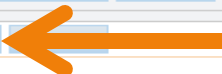








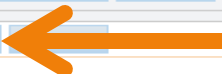








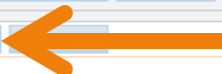








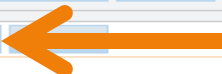








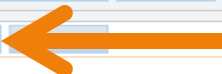








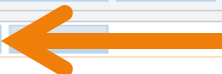








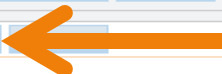








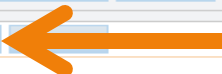








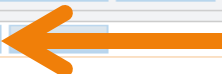








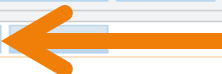








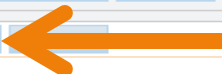








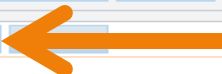








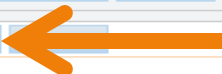








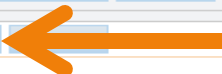








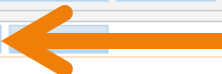








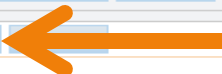








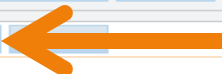








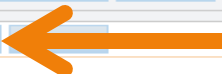








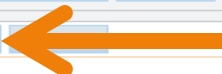








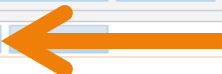








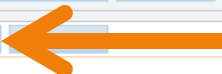








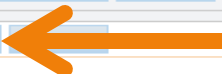








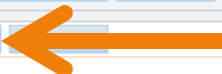








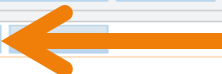








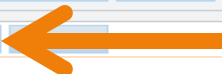








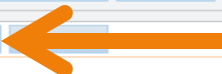








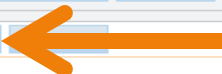








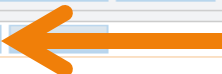








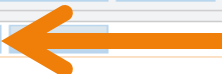








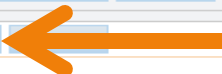








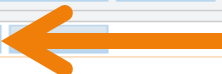








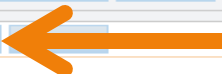








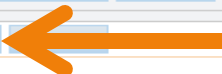








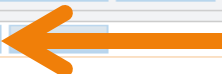








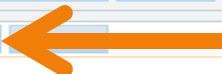








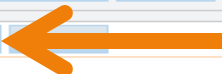








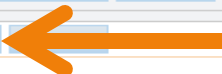








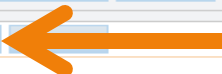








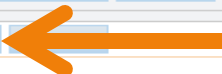








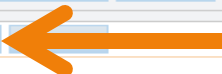








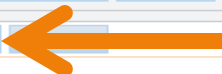








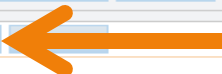








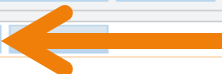








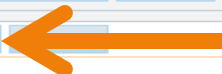








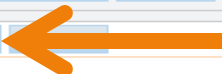








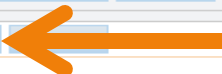








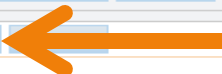

















Diagnosis Code *	Billed Charges *	Days/Units Billed *
- Select One -	0.00	
Paid Amount *	Performing Provider NPI *	Ordering Provider NPI
0.00		

Save Detail Line to Claim Reset

Other Payers

Header Summary

Payer ID	Payer Name	Paid Date	Filing Indicator	Paid Amount	Action
000X	BC BS	03/15/2022	16-Medicare Part C Professional (QMB)	57.21	 


Add/Edit Details

Filing Indicator *	Payer Responsibility Sequence Number *	
Other Payer ID *	Other Payer Name *	Paid Date *
Paid Amount *	Total Denied Amount *	Remittance Advice Remark Codes
0.00	0.00	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

☐ Payer at Header Level



Save Other Payer Data and Manage Codes

Save Other Payer To Claim Reset







Submit Claim  Reset Cancel

Now you are ready to submit the claim. You can also click on Printer friendly button to print out claim before submitting.

Claim Status ? [-] [+]

 **Claim received.** 


Claim Details

 Void  Replacement  Timely Filing  Copy Claim  View Claim Details  Printer Friendly

Participant Details		Claim Data		Payment Details	
Participant Name IMA PATIENT	ICN 4922124014594	Claim Submission Date 05/04/2022		Total Paid 0.00	
Participant DCN 01010101	First Date Of Service 02/01/2022	Last Date of Service 02/01/2022		RA Date	
	Claim Type CROSSOVER	Bill Type 5		Check Number	
	Total Charges 22.79				

Provider Details		Claim Status Details		
NPI M012136305	Claim Status 33	Category Code F0	Entity Identifier Code	
Taxonomy Code	Status Effective Date 05/04/2022	Adjudication Date 05/04/2022		

Service Line Details Summary											
Line Number	From/To Dates	Revenue Code	Procedure Code	Modifiers	Units Of Service	Submitted Charge	Paid Amount	Status	Category Code	Entity Identifier Code	Status Effective Date
1	02/01/2022 - 02/01/2022		99213	25	1	22.79	0.00	20	A2		05/04/2022

 Click on the button below to start a new claim of the last submitted claim type.

New Claim **Finish**

This will let you know the claim has been received.

If you have more Part C QMB claims to enter click on New Claim and if you are done entering claims, click Finish

Adjusting Claims

Claim Status

i This claim has a status of K - To Be Denied, therefore some functions are not available.

Claim Details

Void Replacement Timely Filing Copy Claim View Claim Details Printer Friendly

Participant Details		Claim Data	
Participant Name	IMA PATIENT	ICN	4916047049548
Participant DCN	01010101	Claim Submission Date	02/16/2016
		First Date Of Service	10/01/2015
		Last Date of Service	10/01/2015
		Claim Type	Bill Type

- Void
- Copy Claim Original or Advanced
- Replacement

Claim Adjustments & Resubmissions

Provider Manual

Section 6

- **Void Claim** - used when the claim *paid* and should never have been billed, i.e., wrong billing NPI or wrong DCN
- Choose “Void” tab to bring up paid claim, scroll to the bottom of the claim and click on the highlighted “submit claim” button. The claim has now been submitted to be voided or credited in the system

Adjustments & Resubmissions

- **Replacement Claim** – used when a claim *paid* that has been billed incorrectly
- Choose “Replacement” tab to bring up paid claim, select “edit” button to make changes, then save the changes. Scroll to the bottom of the claim and click highlighted “submit” button. The replacement claim has now been submitted

Adjustments & Resubmissions (cont.)

- **Copy Claim - Original**– used when a claim or any line of a claim **denied** that needs to be corrected. This will copy a claim just as it was entered
- Choose “Copy Claim” tab to bring up claim, choose “original,” select “edit” button to make changes, then save the changes. Scroll to the bottom of the claim and click highlighted “submit” button. The corrected claim has now been submitted

Adjustments & Resubmissions (cont.)

- **Copy Claim - Advanced**— used when a claim *denied* that had been filed using the wrong NPI or wrong claim form
- Choose “Copy Claim” tab to bring up claim, choose “advanced,” select “edit” button to edit NPI, then save the changes. Scroll to the bottom of the claim and click highlighted “submit” button
- If claim was filed on wrong form, only DCN and Name will transfer to correct form. Key in claim and click “submit” button

Provider Communications Management



Provider Communication Management portal – Direct email to Provider Communications. Provider Communications answers questions re: claims and eligibility issues.

NOTE: Only one question per submission. Phone (573-751-2896)

WIPRO
Provider Communications Unit
573-751-2896

Mo HealthNet Division
Constituent Education Unit
573-751-6683
MHD.Provtrain@dss.mo.gov

