SECTION 1
MO HealthNet PROGRAM RESOURCES

CONTACTING MO HealthNet

PROVIDER COMMUNICATIONS
(573) 751-2896
The following phone number is available for MO HealthNet providers to call with inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and participant eligibility questions and verification.

Provider Communications (573) 751-2896

When you call the (573) 751-2896 number, you are transferred automatically to the IVR (interactive voice response). Anytime during the IVR options, you may select "0" to speak to the next available specialist. Your call will be put into a queue and will be answered in the order it was received.

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 page at emomed.com. Once logged in and on the eProvider/Welcome to eProvider page, click on "Provider Communications Management.” This opens the "Manage Provider Communications” page. Click on “New Request” to access the “Create New Request" form. 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 processes written inquiries. Written inquiries should be sent to:

Provider Communications Unit
PO Box 5500
Jefferson City, Missouri 65102

The interactive voice response (IVR) system also addresses participant eligibility, last two check amounts and claim status inquiries. Providers must use a touchtone phone to access the IVR.

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, policies and procedures for MO HealthNet claims. Contact the Unit for training information and scheduling. You may also send an E-mail 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 MEDICAL PRE-CERTIFICATION HELP DESK
(800) 392-8030
Providers can call this toll free number to: request a pre-certification for a radiological procedure (MRI, MRA, CT, CTA, PET, ultrasound and cardiac imaging studies); to 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; to request information on Medicare Part D; or, to request a drug prior authorization. The MO HealthNet fax line for non-emergency service or equipment exception requests only is (573) 522-3061; the fax line to obtain a drug prior authorization is (573) 636-6470. Do not use either of these numbers for requests for pre-certifications of MRI, MRA, CT, CTA, PET, ultrasound and cardiac imaging studies procedures.

MHD has implemented pre-certification for certain radiological procedures. In order for providers to be reimbursed for these services, the participant must meet certain medical criteria and the physician must obtain the pre-certification for the procedure unless performed in an inpatient hospital or emergency room setting.
The list of medical imaging procedures and durable medical equipment and supplies that currently require pre-certification along with the related medical criteria can be referenced at the MO HealthNet Web site dss.mo.gov/mhd/cs/medprecert/pages/medprecert.htm.

Providers are encouraged to sign up for the MO HealthNet web tool – CyberAccess – which automates the pre-certification process. To become a CyberAccess user, contact the Xerox Care and Quality Solutions, Inc. help desk at 1-888-581-9797 or 573-632-9797, or send an e-mail to cyberacesshelpdesk@xerox.com. The CyberAccess tool allows each request for pre-certification to automatically reference the individual participant’s claim history, including ICD-9 diagnosis codes and CPT 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 dss.mo.gov/mhd and clicking on the “Providers” link at the top of the page. On the Provider Participation page, 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.

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 MO HealthNet National Provider Identifier 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. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

Option 0  Provides access to a MO HealthNet phone specialist

If all the specialists are busy with other calls, the caller is put into a queue until the next specialist is available. Calls are taken in the order in which they are received. Callers selecting this option are limited to three inquiries per call. Limiting the number of inquiries to three allows communications specialists to respond to more provider calls.
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 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, in cooperation with Wipro Infocrossing Healthcare Services, has an Internet service for MO HealthNet providers, emomed.com. 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 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 dss.mo.gov/mhd/providers/index.htm.
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 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, 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. However, the user (provider) must have the proper Web browser. The provider must have one of the following Web browsers: Internet Explorer 6.0 or higher or Netscape 7.0 or higher. 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 (NCPDP)

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.

Note – Currently, some claims cannot be submitted electronically if an attachment is required unless the attachment is one of the following that can be submitted via the Wipro Infocrossing Internet Web service: Sterilization Consent, Acknowledgement of Receipt of Hysterectomy Information, the PI-118 Referral (Lock-In) forms, Certificate of Medical Necessity or the Invoice of Cost.

**OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET**

The MO HealthNet program discontinued 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;
- 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.

**SUBMIT ATTACHMENTS AND FORMS THROUGH THE INTERNET**
Providers can submit required attachments and forms via the Internet as an option to mailing paper versions to MO HealthNet. A paper copy of any attachment or form submitted via the Internet must be kept with the patient’s record. The following forms can be submitted through the Wipro Infocrossing Internet service.

- Sterilization Consent,
- PI 118 Referral (administrative lock-in)
- Acknowledgment of Receipt of Hysterectomy Information
- Certificate of Medical Necessity
- Invoice of Cost

**MO HealthNet PROVIDER MANUALS AND BULLETINS ONLINE**
dss.mo.gov/mhd/providers/

MO HealthNet provider manuals are available online at the MHD Web site, dss.mo.gov/mhd/providers. Scroll to the bottom of the Provider Participation page and click on the "Provider Manuals" link. The next page displays a State of Missouri MO HealthNet Web portal page with an alphabetical listing of the MO HealthNet provider manuals. Click on the appropriate manual link and when it opens, choose the section you want to view. The entire section, portions of a section or the current page displayed can be printed using the print feature on the computer toolbar.

MO HealthNet provider bulletins are also available at the MO HealthNet 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

- **July 4, 2013** Independence Day
- **September 2, 2013** Labor Day
- **October 14, 2013** Columbus Day
- **November 11, 2013** Veteran’s Day
- **November 28, 2013** Thanksgiving Day
- **December 25, 2013** Christmas Day
- **January 1, 2014** New Year’s Day
- **January 20, 2014** Martin Luther King’s Birthday
- **February 12, 2014** Lincoln’s Birthday
- **February 17, 2014** Washington’s Birthday
- **May 8, 2014** Truman’s Birthday
- **May 26, 2014** Memorial Day