
Medicaid- MISSOURI (MCDMO)**MO Healthnet****Enrollment Instructions- Professional and Institutional ERA**

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Keep a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

FAX COMPLETED FORMS TO-
Practice Insight, Enrollment Department
713-333-0138

837- CLAIMS Provider Enrollment (New) or (Change of Service)

There is no 837 edi enrollment for submission of electronic claims.

835- ERAS Electronic Remittance Advice Statement (New) or (Change of Service)

If the provider has never registered for ERA files -Or if the provider currently receives 835 ERA files and wishes to authorize Practice Insight to retrieve their 835 ERA files, the provider must complete these forms for each billing provider group or solo practitioner.

1. Practice Insight 835-ERA Provider Enrollment Form (1 page)
2. MO HealthNet Outbound EMOMED Trading Partner Agreement (1 page)
SEE bottom line on this form, "Receiver ID (Provider NPI Number)" , enter the Billing Provider's NPI #.
3. Letter of Authorization on Provider's letterhead. See "Sample Letter"

IMPORTANT: Once Practice Insight receives the above documents, we will log onto MCD MO website to "Initiate Access Request" for the provider's NPI #. This will trigger an email that will be sent to the person who is the administrator of the MCD MO web account for the billing provider.

4. Advise the person who is the administrator of the billing provider's MCD MO web account to look for an email from Medicaid MO prompting them to log onto EMOMED and respond to the Access Request. Once logged onto the MCD MO website, the administrator should then...
CLICK [ePassport] tab, CLICK "**Manage Received Access Requests**", SELECT org of "**Practice Insight**", SELECT, the provider's billing NPI #, CLICK [Add], then [Submit] to authorize request.
For assistance with the MCD MO website, contact MCD MO EDI at 573-635-3559.

ALLOW 2-4 WEEKS FOR PROCESSING

*If the provider does not begin receiving ERAs and/or does not receive confirmation of enrollment within 20 days after submitting this request, the provider should contact their Support Vendor for assistance.
Practice Insight Resellers may contact Practice Insight Enrollment Department.*

835-ERA Provider Enrollment Form

Provider Information					
Provider Name:					
Billing NPI:		Tax ID:		Exclusive Provider ID: (If Applicable)	
Telephone Number:				Fax Number:	
Primary Address:					
City		State:		Zip:	
Billing Address:					
City:		State:		Zip:	
Contact Information					
Contact Name:					
Telephone Number:			Email:		
EDI Information					
Support Vendor / Reseller:				EDI Cust #:	
Payer Name:				Payer #:	
Receiver Information					
Receiver Name:		Practice Insight, LLC			
Telephone Number:		713.333.6000	Fax Number:		713.333.0138

Please Allow 2-4 Weeks For Processing

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 requirements applicable to the submitter, including guidelines defined in the HIPAA 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 exchange of data between the parties requires 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 OUTBOUND FROM INFOCROSSING

- Type of media to receive data
 Internet (emomed.com)
- Receiver demographic data (Please print or type)
(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.

Please fax the completed forms to 573-635-0316

Sample Letter

Date

Missouri Medicaid EDI
MO Healthnet

Dear EDI Enrollment

This is a letter of authorization for Practice Insight, Submitter ID #mjohnson016, to Receive 835- electronic remittance files (ERAS) on behalf of the following providers.

Name	Tax ID	Provider NPI
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IF you enrolled previously with Medicaid Missouri to receive 835 ERAs, ADD THIS SENTENCE TO YOUR LETTER, OTHERWISE, remove this sentence.

Please cancel the retrieval of our 835-ERAs by our previous Submitter _____

Thank you for your attention to this matter.

Sincerely,

Provider Name and Signature