Provider Education Unit

Telephone: (573) 751-6683
Email: mhd.provtrain@dss.mo.gov

Fee-For-Service Providers page:
https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm

Provider Education webpage: https://dss.mo.gov/mhd/providers/education/

The Provider Education Unit is available to educate providers, and other groups, on proper billing methods, policies and procedures for MHD claims. The education representatives provide Webinar and Workshop trainings to educate providers on current billing practices and program provisions. Contact this unit for training information and scheduling, and access the current training schedule from the provider pages accessed from the web links above.

When contacting this unit, please provide the contact person’s name, telephone number, and email address, the provider’s NPI, and (if applicable) participant’s Departmental Client Number (DCN), Date of Service (DOS), Current Procedural Terminology (CPT) codes, and all other applicable information pertaining to the training.

Provider Communications Unit

Telephone: (573) 751-2896

The Provider Communications Unit has a call center, which is available for MHD providers for inquiries, concerns or questions regarding claim filing, claims resolution and disposition, and participant eligibility questions and verification.

Phone calls are transferred automatically to the Interactive Voice Response (IVR) system. Please listen to the available options and select the appropriate option. The IVR system also addresses participant eligibility, last two check amounts and claim status inquiries.

NOTE: Please reference Section 3.3.A for details concerning the IVR.
NOTE: MHD eligibility inquiries need to be directed to your local Family Services Division (FSD) http://dss.mo.gov/fsd/
To access the MO HealthNet Web Portal page at www.emomed.com the user must sign up for a user name and password. The provider can register from the main page on eMOMED.

MHD Technical Help Desk

Telephone: (573) 635-3559
Email: internethelpdesk@momed.com.

Providers may contact the technical help desk for assistance with the eMOMED Electronic claims internet billing system, Remittance Advice (RA) formats, network communication, and Health Insurance Portability and Accountability Act (HIPAA) trading partner agreements.

The Provider Communications Unit also processes written inquiries that should be sent to the following address:

MO HealthNet Division
Provider Communications Unit
PO Box 5500
Jefferson City, Missouri 65102-5500
Once logged in and on the Welcome to eProvider page, select “Provider Communications Management.” This opens the “Manage Provider Communications” page.

- Select “New Request” to access the “Create New Request” form. Providers are limited to one inquiry per email.
- The user submitting the email inquiry will be notified via email, when a response is available to their inquiry.

Missouri Medicaid Audit and Compliance (MMAC)

Telephone: (573) 751-3399
Send a Message to MMAC: http://mmac.mo.gov/contact-us/
Webpage: http://www.mmac.mo.gov/

MMAC is responsible for administering and managing Medicaid (Title XIX) audit and compliance initiatives and managing and administering provider enrollment contracts, under the Medicaid program. MMAC mission is to prevent, detect, and investigate fraudulent, wasteful practices, and abuse of the Medicaid Title XIX, CHIP Title XXI, and waiver programs. MMAC is divided into four major organizational components:

I. Administration Section
II. Financial Section
III. Provider Review and Participant Lock-In Section
IV. Investigations and Provider Enrollment Section
Providers can contact MMAC by sending a message from the following web link: http://mmac.mo.gov/contact-us/.

MMAC written inquiries should be sent to the following address:

Missouri Medicaid Audit and Compliance Unit
PO Box 6500
Jefferson City, MO 65102-6500

**Provider Enrollment**

Telephone: (573) 751-8619
Email: mmac.providerenrollment@dss.mo.gov
Webpage: http://mmac.mo.gov/providers/provider-enrollment/

The Provider Enrollment Section is responsible for screening and enrolling all Missouri Medicaid Providers. The Provider Enrollment staff is mandated with auditing and screening provider applications to ensure they meet Federal and State mandates, before they can be authorized to be a Missouri Medicaid Provider.

Providers may contact Provider Enrollment for questions, regarding enrollment applications, and changes to the Provider Master File; including: addresses, tax identification, ownership, individual's name or practice name, and National Provider Identification (NPI) numbers.

- **Apply to be a Missouri Medicaid Provider**
- **Provider Enrollment Guide** (Information and Requirements)
- **Civil Rights** (Compliance Information)
- **Home and Community Based Services** (Forms and Applications)
- **Provider Enrollment Applications and Forms**

Changes may be reported via email at MMAC.ProviderEnrollment@dss.mo.gov, Or through the ‘Contact Us Form’ on the website http://mmac.mo.gov/.

Provider Enrollment written inquiries should be sent to the following address:

Missouri Medicaid Audit and Compliance Unit
Provider Enrollment Unit
P. O. Box 6500
Jefferson City, Missouri 65102
Behavioral Health Precertification Help Desk

Telephone: (866) 771-3350
Behavioral Health webpage: http://dss.mo.gov/mhd/cs/psych/.

The Behavioral Health Services request for Precertification form must be complete and include Provider National Provider Identifier (NPI) number, Departmental Client Number (DCN), and contact information in order to be processed. A Precertification cannot be processed, if the participant or provider identifying information is incomplete or inaccurate.

Every attempt is made by the Behavioral Health Services Help Desk to reconcile any incorrect or inaccurate information with providers. However, it remains the provider's responsibility to provide complete and accurate information when submitting a request for precertification.

Third Party Liability (TPL)

Telephone: (573) 751-2005
Fax: (573) 526-1162

Providers and participants can contact the TPL Unit to report any third party payers. Contact the TPL Unit to report injuries sustained by MHD participants, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a MHD participant.

Providers can complete the Insurance Resource Report Form (TPL-4) found at http://manuals.momed.com/manuals/presentation/forms.jsp.

Pharmacy and Clinical Services

Telephone: (573) 751-6963
Email: clinical.services@dss.mo.gov

This unit is responsible for program development and clinical policy decision-making for MHD. Policy development, benefit design, and coverage decisions are made by this unit using best practices and evidence-based medicine. This unit addresses provider and policy inquiries and issues, regarding the MHD clinical services programs, including Pharmacy, The Missouri Rx Plan (MoRx), Psychology, Exceptions (non-covered services/items), and Medical Precertification.
MHD PHARMACY AND MEDICAL PRECERTIFICATION HELP DESK

Telephone: (800) 392-8030
Email: cyberaccesshelpdesk@conduent.com

MO HealthNet requires pre-certification for certain radiological procedures listed at: https://portal.healthhelp.com/mohealthnet

The MO HealthNet fax line for non-emergency service or equipment exception request is (573) 522-3061.

For Drug PA’s fax line: (573) 636-6470.

The MO HealthNet fax line for Medicare Part D Emergency Override Authorization is (573) 522-8514.


The MO HealthNet Exception Request form can be found at http://manuals.momed.com/manuals/presentation/forms.jsp.

Certain drugs require a Prior Authorization (PA) or Edit Override (EO) obtained prior to dispensing. CyberAcess is a web tool that automates the PA and EO process for MHD providers. Providers are encouraged to become a CyberAccess user; contact Conduent help desk by calling or emailing.

Providers can call to request a pre-certification for a radiological procedure (MRI, MRA, CT, CTA, PET scans, cardiac imaging including Nuclear Cardiac (SPECT), EBCT/Calcium Scoring, Cardiac PET and PET/CT, diagnostic heart catheterization, and Stress ECHO); to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the MHD program; to request information on Medicare Part D; or, to request a drug PA.

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 precertification for the procedure unless performed in an inpatient hospital or emergency room setting.

List of Medical Imaging Procedures that require Precertification:
List of Durable Medical Supplies that require Precertification:
https://dss.mo.gov/mhd/cs/dmeprecert/
Providers are encouraged to sign up for the MO HealthNet web tool **CyberAccess**, which automates the **precertification** process. The **Cyber Access Tool** allows each request for precertification to automatically reference the individual participant's claim history, including International Classification Diseases (ICD) diagnosis codes and CPT procedure codes.

**MHD Services and Programs**

Email: [Ask.MHD@dss.mo.gov](mailto:Ask.MHD@dss.mo.gov)
Webpage: [http://dss.mo.gov/mhd/providers/fee-for-service-providers.htm](http://dss.mo.gov/mhd/providers/fee-for-service-providers.htm)

Contact MHD Services and Programs, for inquiries regarding program and policies that cannot be answered by any other contact information. Please provide the NPI, name and contact information, and complete details regarding the inquiry.

**Managed Care Stakeholder Services Unit**

Email: [MHD.MCCommunications@dss.mo.gov](mailto:MHD.MCCommunications@dss.mo.gov)
Telephone: (573) 526-4274
Contact MHD Managed Care Stakeholder Unit, for provider and participant inquiries regarding Managed Care issues. Please provide the NPI, name and contact information, and complete details regarding the inquiry.

**Participant Services Unit**

Telephone: (800) 392-2161 or (573) 751-6527  
Webpage: [http://dss.mo.gov/mhd/participants/](http://dss.mo.gov/mhd/participants/).

The Participant Services Unit assists participants, regarding access to providers, eligibility, covered and non-covered services, and unpaid medical bills. Participant Services Unit will assist participants with inquiries about payments received for Children’s Health Insurance Premiums (CHIP), spenddown, ticket to work, and electronic funds transfer requests.

The Participant Services Unit calls are transferred automatically to the IVR system. Participants listen to the available options and select the appropriate option.

**Family Support Division (FSD)**

Telephone:  
FSD Info Center: 855-FSD-INFO (855) 373-4636  
FSD Info Center (IVR): (800) 392-1261  
Webpage: [http://dss.mo.gov/fsd](http://dss.mo.gov/fsd)

The FSD handles the eligibility determinations for MHD benefits. Contact FSD if you have questions about eligibility determinations and services available through FSD.

**FSD Spenddown Unit**

Telephone:  
(855) 600-4412  
EFax Option: 855-600-3754

Providers may submit incurred medical expenses to the spenddown unit on behalf of the participant. Providers may utilize the MO HealthNet Spenddown Provider Form located on the MO HealthNet for the Aged, Blind and Disabled page under quick links and spenddown [http://dss.mo.gov/fsd/health-care/mo-healthnet-for-people-with-disabilities.htm](http://dss.mo.gov/fsd/health-care/mo-healthnet-for-people-with-disabilities.htm).

Providers may scan or email the form to sesd@ip.sp.mo.gov and include receipts, bills, and information related to the spenddown. Email questions or problems to SpendDown.Unit@dss.mo.gov, or fax the form to fax numbers above.

**Health Insurance Portability and Accountability Act (HIPAA) Information**

Billing providers, who want to exchange electronic information transactions with MHD, can access the HIPAA - EDI Companion Guide online.
• Accessing the MHD Web page at http://dss.mo.gov/mhd/providers/fee-for-service-providers.htm

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Help Desk at (573) 635-3559.

Electronic Billing Documents

EDI Companion Guide
ASC X12 Version 5010
Telecommunication Version D.0 and Batch Transaction Standard Version 1.2
Eligibility Specifications Manual
Health Plan Record Layout Manual
Internet Confirmation/Error Layout
924 Implementation Guide
Health Plan WTX Flowchart
TPL Vendor Record Layout Manual
X12N 271 Unsolicited Version 4010 Companion Guide

MO HealthNet Interactive Voice Response (IVR)
(573) 751-2896

The IVR system requires a touchtone telephone. The ten-digit MHD NPI 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 DOS, during their active status. When contacting program resources, please provide the provider’s NPI, participant’s DCN, DOS, Current Procedural Terminology (CPT) codes, and the name and contact information of the person requesting the information.

Option 1  Participant Eligibility
Participant eligibility must be verified each time a participant presents and should be verified prior to rendering the service. Eligibility information can be obtained by a participant’s DCN, social security number and date of birth; or if a newborn, using the mother’s DCN and the baby’s date of birth. Callers can only inquire on dates within one year of the current date. Callers will be given a confirmation number for their records.
Option 2  Check Amount Information
Using this option, the caller will be given the last two RA dates, RA numbers, and check amounts.

Option 3  Claim Information
After entering the participant’s DCN and the DOS, the caller will be provided the status of the most current claim in the system containing the DOS entered. The caller will be notified of the claim status, paid, denied, approved to pay or being processed, and the amount paid, the RA date and the Internal Control Number (ICN).

Option 4  Provider Enrollment Status
The 10 digit National Provider Identifier (NPI) number is required. Follow the instructions of the automated voice prompts. Provide the 6 digit date of service following MM/DD/YY for verification of provider status. This information is also available on www.emomed.com. EPassport is also available to update your provider information, such as your phone numbers or address.

Option 5  Participant Annual Review Date
The participant’s annual review date can be obtained through this option. The only information retrieved is the annual review date. For specific information, call the Family Support Division at 1-855-373-4636.

Internet Services for MHD Providers
MHD continues to improve their billing website www.emomed.com to provide real-time direct access for administrators, providers, and clearinghouse users. The following list describes the tools available on the electronic billing emomed:

- Submit claims and receive claim confirmation files
- Verify participant eligibility
- Obtain Remittance Advices (RAs)
- Submit adjustments
- Submit attachments
- View claim, attachment and PA status
- View and download public files

Without proper authorization, providers are unable to access electronic billing website, emomed. Only providers and designated staff, who are approved to be electronic billers, can enroll and utilize the Website services.

Each user is required to complete the 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 Website.
To participate in the service, apply online at [https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm](https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm) and select **Apply for Electronic/Internet system access** to complete the online **Application for MO HealthNet Internet Access Account**.

Questions regarding the completion of the online Internet application should be directed to the Help Desk at (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.**

The electronic billing Website emomed 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

Claims Processing Schedule for the current fiscal year:

The electronic billing system and services therein are free of charge, no charges applied from MHD. The provider may have costs associated with an Internet service access to the Internet. There are no special software requirements. The provider must have one of the following Web browsers: Internet Explorer 7.0 (IE7) or higher. The Internet site is available 24 hours a day, 7 days a week with the exception of scheduled maintenance.

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**Verifying Participant Eligibility on eMOMED**

Functions include eligibility verification by participant DCN, case head 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 IVR System, which means an immediate response. Providers can access MHD participant eligibility files via emomed. Select “Participant Eligibility” from the Welcome Provider page to access participant eligibility and coverage information. Batch eligibility verifications are returned to the user within 24 hours. A batch eligibility confirmation file can be downloaded for viewing purposes and printed.
MHD Claims Submission through eMOMED

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-National Council Prescription Drug Programs (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 eMOMED electronic internet Web service: Sterilization Consent, Acknowledgement of Receipt of Hysterectomy Information, and the PI-118 Referral (Lock-In) forms, Certificate of Medical Necessity or the Invoice of Cost.

**Obtaining a Remittance Advice Through eMOMED**

The MHD does not mail provider paper RAs. All providers and billers must have Internet access to obtain the printable electronic RA, via the electronic internet www.emomed.com.

Receiving the RA via the Internet is beneficial to the provider or biller’s operation. Providers are responsible to verify the RA information to ensure proper claim filing and
payment and inappropriate overpayments in which the provider must repay. The RA is viewable and printable in a ready to use format.

The provider can conduct the following when accessing the RA on eMOMED:

- Retrieve the RA the Monday following the weekend claim processing cycle
- Have access to RAs for 62 days
- View and print the RA from the desktop
- Download the RA into the provider’s operating system for retrieval at a later date.

To sign up for this service, Click on the Electronic Remittance Advice (ERA) under the ERA Enrollment.

Receive Public Files through the Internet

Several public files are available for viewing or downloading from the eMOMED. Provider information under External Links includes the Fee-For-Service Providers website for the claims processing schedule for the State fiscal year, which begins July 1 and ends June 30. [http://manuals.momed.com/ClaimsProcessingSchedule.htm](http://manuals.momed.com/ClaimsProcessingSchedule.htm)

Providers also have access to a listing of the HIPAA related Remittance Advice Remark Codes and Claim Adjustment Reason Codes and other HIPAA related codes. [http://www.wpc-edi.com/reference/](http://www.wpc-edi.com/reference/)
Attachment Management

Providers can submit **electronic attachments** via the Internet (emomed) as an alternative to mailing paper versions. The following forms can be submitted through emomed.

- Sterilization Consent
- Second Surgical Opinion (SSO)
- PI 118 Referral (Medical Referral Form of Restricted Recipient)
- Acknowledgment of Receipt of Hysterectomy Information
- Certificate of Medical Necessity

MHD attachments found on the following webpage:

A paper copy of any attachment submitted via the Internet (emomed) must be kept with the patient’s record.

Specific providers can submit **electronic forms** via the Internet (emomed) as an attachment to the electronic claim. The following forms:

- Certificate of Medical Necessity
- Invoice of Cost

**MHD Provider Bulletins and Provider Manuals**
https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm

MHD provider bulletins are also available at the MHD Website.

The bulletins are published to notify providers of new program and policy changes or to clarify existing policy. Once the manuals are updated, the bulletins are moved to the Archived Bulletin location.

State of Missouri MO HealthNet Web portal page with an alphabetical listing of the MHD provider manuals. Select the appropriate manual link and the entire manual with display.
Claims Processing and Payment Schedule:
http://manuals.momed.com/ClaimsProcessingSchedule.html

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Note 1: Ending Claim Capture date - Closeout is 5:00 p.m. on the date shown

Revised : 05/17/2017
# Additional Helpful Contact Information

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<tbody>
<tr>
<td>Department of Social Services (DSS)</td>
<td>(573) 751-4815</td>
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<tr>
<td>Family Support Division State Office (FSD)</td>
<td>(573) 751-3221</td>
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<tr>
<td>FSD Information Line</td>
<td>(800) 392-1261</td>
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<td>MO HealthNet Division (MHD)</td>
<td>(573) 751-3425</td>
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<tr>
<td>Participant Services Unit (PSU)</td>
<td>(800) 392-2161 or (573) 751-6527</td>
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<td>Third Party Liability Unit (TPL)</td>
<td>(573) 751-2005</td>
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<tr>
<td>Department of Mental Health (DMH)</td>
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<td>Division of Developmental Disabilities (MRDD)</td>
<td>(800) 207-9329</td>
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<td>Department of Health &amp; Senior Services (DHSS)</td>
<td>(800) 235-5503 or (573) 751-6400</td>
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<td>Special Health Care Needs</td>
<td>(573) 751-6246</td>
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<td>Long-Term Care Ombudsman</td>
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<td>Missouri Care Options (MCO) Adult Abuse Hot Line</td>
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