MO HealthNet
Pharmacy Program Update
September 12, 2025

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Disclosures and Conflict of Interest

- Angela Wilson and Josh Moore declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings and honoraria.

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Objectives

- Discuss recent MO HealthNet policy changes
- Review pharmacist provider services
- Review best practices for diagnosis code on pharmacy claim
- Describe current status of MO HealthNet pharmacy program

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Pre-Test Questions

- T/F: Pharmacists in Missouri are able to diagnose patients and use those diagnosis codes on pharmacy claims to bypass PA criteria.
- T/F: Prior authorizations have increased for MO HealthNet over the last several years
- Over the last 5 years the pharmacy budget has:
  - Increased
  - Decreased
  - Stayed the same
- T/F: Pharmacists are billing for more pharmacist provider services in the last 2 years
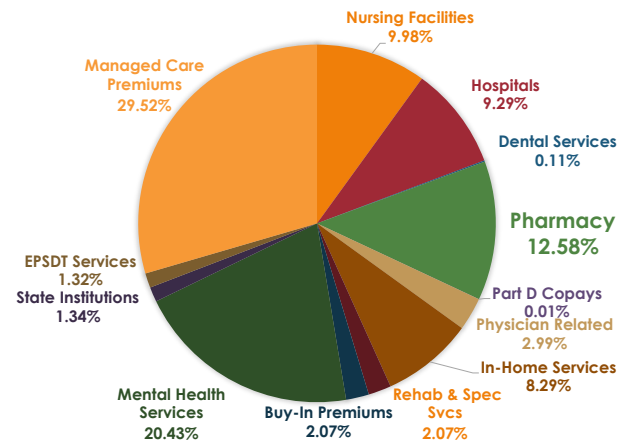
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Agenda

- MHD Program Update
- Prior Authorizations
- Diagnosis Codes
- Educational Opportunities
- Pharmacist Provider Services
- The Centers for Medicare and Medicaid Innovation Center (CMMI) Cell and Gene Therapy (CGT) Access Model
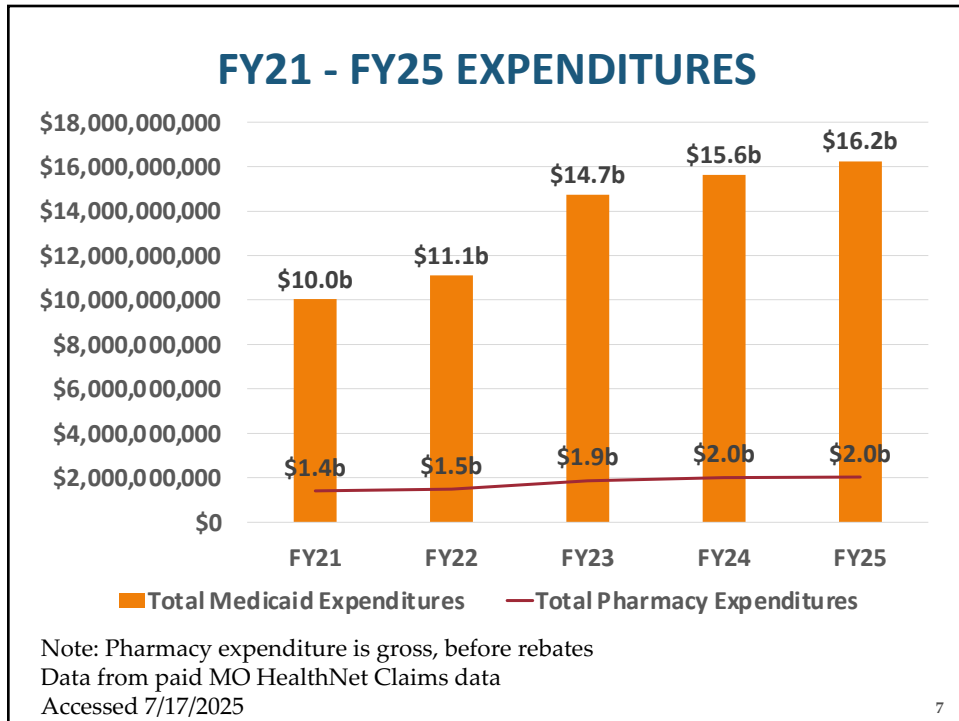- Question and Answer

5

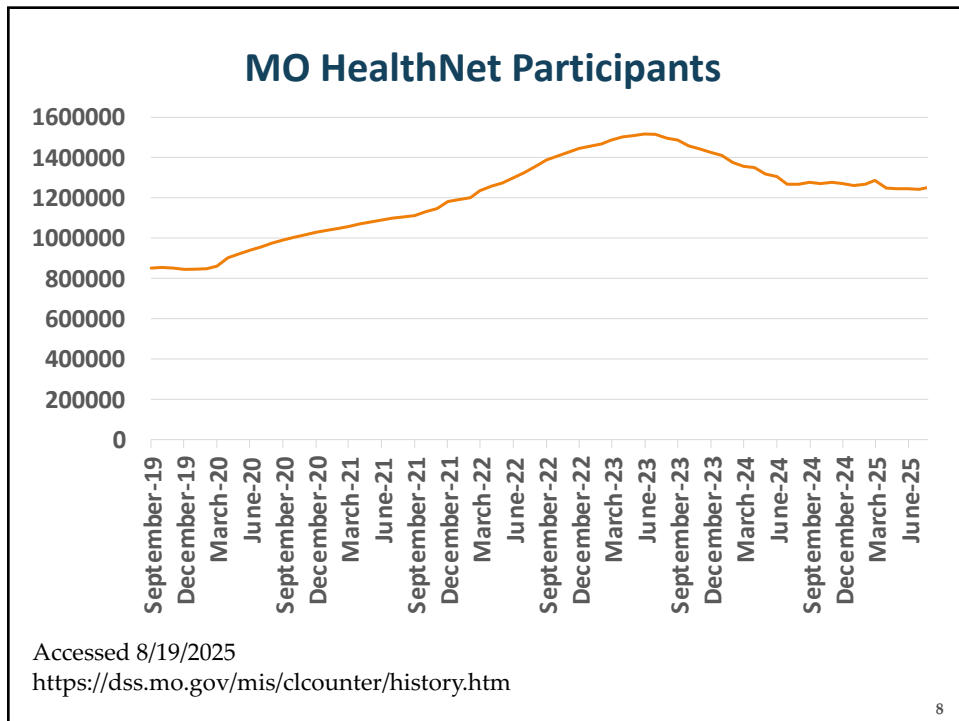## MO HEALTHNET STATE AND FEDERAL EXPENDITURES BY SERVICE JULY 2024 - MAY 2025

- Nursing Facilities 9.98%
- Managed Care Premiums 29.52%
- Hospitals 9.29%
- Dental Services 0.11%
- Pharmacy 12.58%
- Part D Copays 0.01%
- Physician Related 2.99%
- In-Home Services 8.29%
- Rehab & Spec Svcs 2.07%
- Buy-In Premiums 2.07%
- Mental Health Services 20.43%
- State Institutions 1.34%
- EPSDT Services 1.32%

Note: Pharmacy expenditure is gross, before rebates
Data from paid MO HealthNet Claims data
Accessed 7/17/2025

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FY21 - FY25 EXPENDITURES
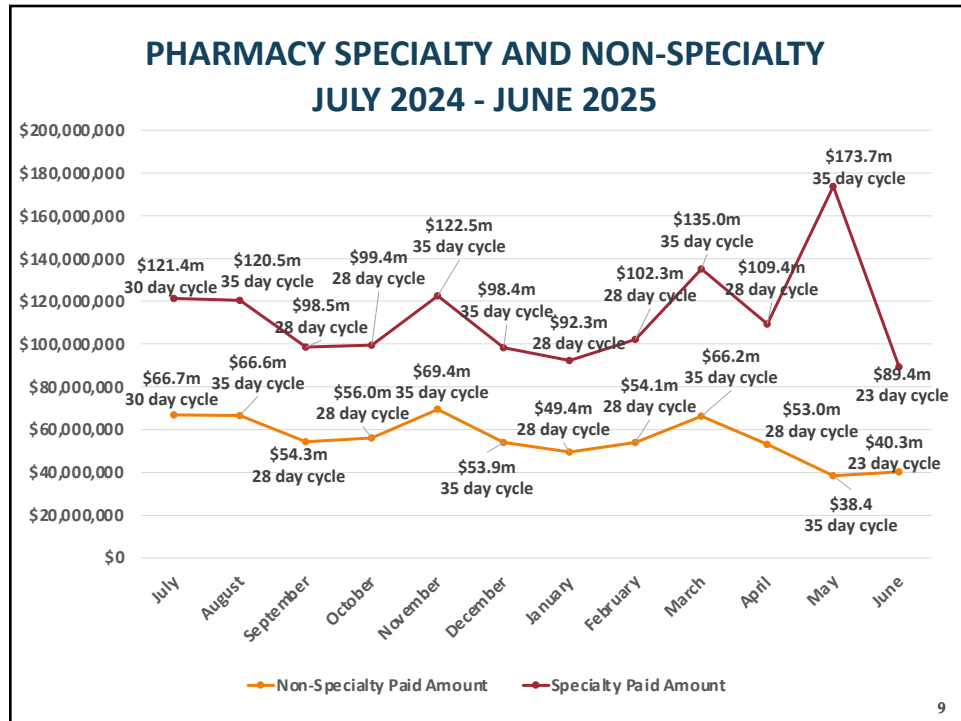
Note: Pharmacy expenditure is gross, before rebates
Data from paid MO HealthNet Claims data
Accessed 7/17/2025

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MO HealthNet Participants

Accessed 8/19/2025
https://dss.mo.gov/mis/clcounter/history.htm

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PHARMACY SPECIALTY AND NON-SPECIALTY
JULY 2024 - JUNE 2025

$121.4m 30 day cycle	$120.5m 35 day cycle	$98.5m 28 day cycle	$99.4m 28 day cycle	$122.5m 35 day cycle	$98.4m 35 day cycle	$92.3m 28 day cycle	$102.3m 28 day cycle	$135.0m 35 day cycle	$109.4m 28 day cycle	$173.7m 35 day cycle	$89.4m 23 day cycle
$66.7m 30 day cycle	$66.6m 35 day cycle	$54.3m 28 day cycle	$56.0m 28 day cycle	$69.4m 35 day cycle	$53.9m 35 day cycle	$49.4m 28 day cycle	$54.1m 28 day cycle	$66.2m 35 day cycle	$53.0m 28 day cycle	$38.4 35 day cycle	$40.3m 23 day cycle

Legend: —●— Non-Specialty Paid Amount —●— Specialty Paid Amount

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Top 20 Drugs by Claims Volume 7/1/24 to 6/11/25

Rank	Drug Generic Name	Total Paid Amount	Claim Count	Participant Count
1	ATORVASTATIN CALCIUM	$4,649,549.27	357,476	52,027
2	ALBUTEROL SULFATE	$18,651,518.94	329,035	138,511
3	GABAPENTIN	$4,596,856.67	298,182	53,668
4	SERTRALINE HCL	$3,270,471.54	254,368	46,093
5	METFORMIN HCL	$2,793,001.66	250,300	41,022
6	LISINOPRIL	$2,819,777.65	248,635	37,356
7	OMEPRAZOLE	$3,241,782.77	244,816	45,170
8	AMLODIPINE BESYLATE	$2,767,464.24	242,698	37,971
9	TRAZODONE HCL	$2,919,591.25	242,069	44,411
10	PANTOPRAZOLE SODIUM	$3,118,590.54	236,772	48,385
11	0.9 % SODIUM CHLORIDE	$881,795.11	235,144	98,185
12	LEVOTHYROXINE SODIUM	$2,525,913.70	225,926	28,378
13	AMOXICILLIN	$3,064,339.63	215,761	162,118
14	FLUTICASONE PROPIONATE	$8,436,215.21	199,501	81,978
15	CETIRIZINE HCL	$2,993,464.22	197,820	98,020
16	BUPROPION HCL	$3,432,070.72	193,568	35,428
17	FLUOXETINE HCL	$2,441,209.99	189,924	32,765
18	HYDROXYZINE HCL	$2,821,298.95	189,706	55,082
19	IBUPROFEN	$2,043,646.32	185,926	117,375
20	ESCITALOPRAM OXALATE	$2,365,703.45	173,937	33,515

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Top 20 Drugs by Spend 7/1/24 to 6/11/25

Rank	Drug Generic Name	Total Paid Amount	Claim Count	Participant Count
1	ADALIMUMAB	$107,884,317.41	14,409	2,245
2	DULAGLUTIDE	$95,335,367.00	102,712	15,338
3	BICTEGRAV/EMTRICIT/TENOFOV ALA	$78,468,867.57	21,068	3,056
4	PALIPERIDONE PALMITATE	$75,670,334.22	23,273	3,351
5	ELEXACAFTOR/TEZACAFTOR/IVACAFT	$49,613,786.87	2,265	251
6	EMPAGLIFLOZIN	$41,635,922.54	76,316	11,772
7	CARIPRAZINE HCL	$39,995,647.45	29,701	5,321
8	GLECAPREVIR/PIBRENTASVIR	$36,549,226.31	2,309	1,538
9	BLOOD-GLUCOSE SENSOR	$33,052,109.04	93,848	13,948
10	PEMBROLIZUMAB	$32,094,485.97	3,398	713
11	ARIPIPRAZOLE	$30,602,981.01	146,392	26,083
12	BUDESONIDE/FORMOTEROL FUMARATE	$28,288,221.43	118,925	29,952
13	APIXABAN	$27,864,242.65	57,453	9,363
14	LISDEXAMFETAMINE DIMESYLATE	$27,811,718.60	76,737	13,081
15	SEMAGLUTIDE	$27,501,969.70	30,760	10,030
16	BUPRENORPHINE HCL/NALOXONE HCL	$25,398,775.57	72,936	9,707
17	EMICIZUMAB-KXWH	$23,999,300.79	655	66
18	METHYLPHENIDATE HCL	$23,143,940.18	144,514	22,201
19	DUPILUMAB	$23,089,457.38	6,492	1,027
20	TIRZEPATIDE	$22,643,008.28	23,558	9,334

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Project Hep Cure Update

Pre-Project Hep Cure Trend	Trend During Project Hep Cure
1,014 participants treated per year	1,554 participants treated per year
	53% increase in participants treated per year
	Net increase of 1,600 participants treated over 3 years

Data accessed on 7/31/2024 from MO HealthNet claims data.
Includes only active MO HealthNet participants aged 18 and older.

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Trends in Claim Count and Prior Authorizations per Quarter
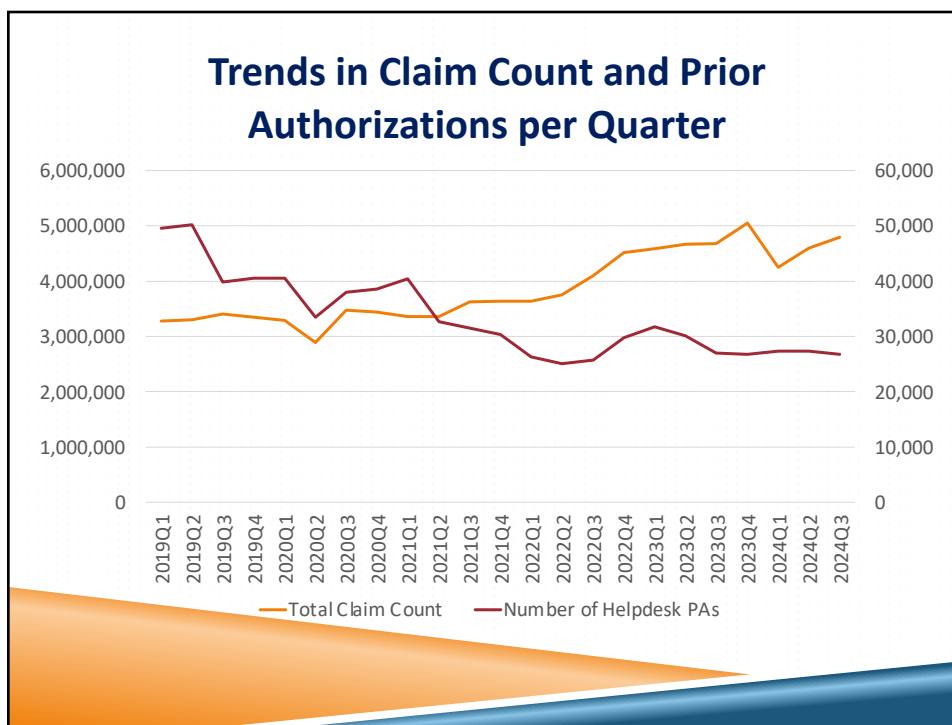
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Drug Prior Authorization Request – How to Help Yourself

- Utilize the latest version
- Type rather than handwrite
- Download form for fillable PDF functionality
- Review and double check for accuracy and completeness
- Pharmacy Prior Authorization Process training

References:
1. MO HealthNet Bulletins. Drug Prior Authorization Request. Accessed 5/15/2025 at https://mydss.mo.gov/mhd/hot-tips/drug-prior-authorization-request
2. MO HealthNet Education. Pharmacy Prior Authorization Process. Accessed 5/15/2025 at Pharmacy Prior Authorization Process | Rise 360
3. MO HealthNet Pharmacy Forms. Accessed 5/15/2025 at Pharmacy | mydss.mo.gov

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Slide 17

MHD Educational Opportunities

Pharmacy Prior Authorization Process

BEGIN

This course will detail the process for a Prior Authorization with the MO HealthNet Division (MHD). To begin, click Start above.

References:
1. MO HealthNet Education. Pharmacy Prior Authorization Process. Accessed 5/15/2025 at Pharmacy Prior Authorization Process | Rise 360

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Slide 18

Diagnosis Codes on Pharmacy Claims

- Diagnosis codes are valuable clinical tools for pharmacists
  - Aid in clinical review of appropriateness of prescription
  - Potentially reduce medication errors
  - Reduce PA burdens

- A comparison of claims with a date of service in the first 2 months of 2024 and 2025 shows:
  - 14.5% increase in pharmacy claims with a diagnosis code on the claim
  - Majority of increase is from e-prescribed prescriptions
    - 23% of e-prescribed prescriptions are billed with a diagnosis code
    - 3% of non-e-prescribed prescriptions are billed with a diagnosis code

Time frame: Date of Service 1/1/24 – 2/29/24 and 1/1/25 – 2/28/25;
Accessed on 3/10/2025

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Do's and Don'ts of Diagnosis Codes on Pharmacy Claims

- Do:
  - ➢ **Do** only use the diagnosis code provided by the prescriber
  - ➢ **Do** talk to your software vendor about updating your system to send MHD diagnosis codes
  - ➢ **Do** use billable diagnosis codes
  - ➢ **Do** use the diagnosis to assist in your clinical review
- Don't:
  - ➢ **Don't** code your system to assign a specific diagnosis code to all of a participant's claims
  - ➢ **Don't** assign a diagnosis for a patient on your own
  - ➢ **Don't** Google what a drug is used for to find a billable diagnosis

References:
1. MO HealthNet Bulletins. Pharmacy diagnosis Code. Vol. 43-02. Accessed 5/15/2025 at https://mydss.mo.gov/media/pdf/pharmacy-diagnosis-code
2. MO HealthNet Hot Tips. Diagnosis Code Requirement on Certain Pharmacy Claims. Accessed 5/15/2025 at https://mydss.mo.gov/mhd/hot-tips/diagnosis-code-requirement-certain-pharmacy-claims
3. National Council for Prescription Drug Programs (NCPDP) Telecommunication Version D.0 and Batch Transaction Standard Version 1.2 Companion Guide. Accessed 4/17/2024 at https://manuals.momed.com/edb_pdf/D.0%20Companion%20Guide.pdf

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NCPDP Version D.0 Companion Guide

Segment	Field	Field Name	Comments
Clinical Segment	424-DO	Diagnosis Code	On August 16, 2020, the MO HealthNet Division (MHD) began accepting ICD10 diagnosis codes on pharmacy claims. To ensure data integrity, claims will be denied if the diagnosis is not coded to the highest level of specificity. When including the ICD10 code on the pharmacy claim, the pharmacy should verify the code is billable. As an example, the code F20 Schizophrenia is a non-billable code. It lacks the full specificity needed to be billable. The exact diagnosis code should come from the prescriber of the medication. When transmitting the claim to MO HealthNet the diagnosis code should not contain the decimal point, per the NCPDP Standard. For the diagnosis of paranoid schizophrenia, the diagnosis code should be transmitted as F200.

References:
1. National Council for Prescription Drug Programs (NCPDP) Telecommunication Version D.0 and Batch Transaction Standard Version 1.2 Companion Guide. Accessed 4/17/2024 at https://manuals.momed.com/edb_pdf/D.0%20Companion%20Guide.pdf

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Billable vs Non-Billable Diagnosis Codes

▶ S62.5 **Fracture of thumb**

▶ S62.50 Fracture of unspecified phalanx of thumb

▶ S62.501 Fracture of unspecified phalanx of right thumb

▶ S62.501A ...... initial encounter for closed fracture

▶ S62.501B ...... initial encounter for open fracture

▶ S62.501D ...... subsequent encounter for fracture with routine healing

▶ S62.501G ...... subsequent encounter for fracture with delayed healing

▶ S62.501K ...... subsequent encounter for fracture with nonunion

▶ S62.501P ...... subsequent encounter for fracture with malunion

▶ S62.501S ...... sequela

▶ S62.502 Fracture of unspecified phalanx of left thumb

▶ S62.502A ...... initial encounter for closed fracture

▶ S62.502B ...... initial encounter for open fracture

▶ S62.502D ...... subsequent encounter for fracture with routine healing

▶ S62.502G ...... subsequent encounter for fracture with delayed healing

▶ S62.502K ...... subsequent encounter for fracture with nonunion

▶ S62.502P ...... subsequent encounter for fracture with malunion

▶ S62.502S ...... sequela

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Billable vs Non-Billable Diagnosis Codes

ICD-10-CM Diagnosis Code F20

▶ F20 Schizophrenia

▶ F20.0 Paranoid schizophrenia

▶ F20.1 Disorganized schizophrenia

▶ F20.2 Catatonic schizophrenia

▶ F20.3 Undifferentiated schizophrenia

▶ F20.5 Residual schizophrenia

▶ F20.8 Other schizophrenia

▶ F20.81 Schizophreniform disorder

▶ F20.89 Other schizophrenia

▶ F20.9 Schizophrenia, unspecified

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Diagnosis Code Related Audits

- Identified Issues:
  - Storing a default diagnosis code on a participant's profile
    - Default diagnosis code is submitted with every MHD pharmacy claim for the participant
    - Pharmacies flagged with high percentage of POS claims contain the same diagnosis code for the same participant
  - Looking up a diagnosis code online
    - Pharmacies flagged when high percentage of POS claims contain a diagnosis code not found in participant's history

- 13 CSR 70-3.030(3)(A)20.
  - Failure to submit proper diagnosis codes, procedure codes, billing codes regardless to whom the reimbursement is paid and regardless of who in their employment or service produced or submitted the MO HealthNet claim;
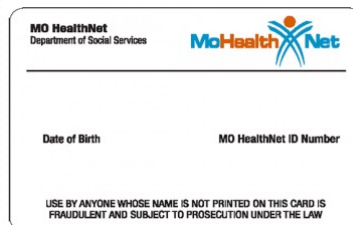
References:
1. 13 CSR 70-3.030 Administrative Action for Improperly Paid, False, or Fraudulent Claims for MO HealthNet Services. Accessed 4/17/2024 at https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-3.pdf

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Incorrect DCN

- Ensure scripts are billed under the correct DCN & patient profile
  - Verify name, DOB and DCN on the participants MHD card prior to filling drug claims
    - Do not call other pharmacies to gather DCN information

MO HealthNet
Department of Social Services

MoHealth Net

Date of Birth   MO HealthNet ID Number

USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS
FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW

  - MHD system will not deny claims due to DOB mismatch

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Incorrect DCN Continued

- Errors MHD has seen:
  - ➤ Parent/Child mismatch
    - Ex: John Doe III vs John Doe IV
    - Misconception that a new baby's drug claims can be billed under mother's DCN
  - ➤ Same name mismatch
    - Ex: Jane Doe (DOB 1/1/1984) vs Jane Doe (DOB 12/31/2015)
    - Participants not in the same household
  - ➤ Systems linking family members inappropriately
    - Ex: Parent/child share the same primary but have different MHD DCNs

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Other Errors We Have Identified

- Participants refilling old starter doses of GLP1 after being established on higher doses
- Filling multiple strengths of the same medication instead of only the new strength
- Filling multiple biosimilars of the same drug for a patient
- Reminder – Pharmacists are required to have proper prospective DUR (20 CSR 2220-2.195) in place

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Provider Communications IVR

- Providers can call (573) 751-2896 for questions regarding claims, eligibility and more. When calling, there are six options to choose from:

  - **Option 1 – MO HealthNet Participant Eligibility**
  - Option 2 – Check Amount Information
  - Option 3 – Claim Information
  - Option 4 – Provider Enrollment Status
  - Option 5 – MO HealthNet Participant Annual Review Date
  - Option 6 - To Be Transferred To a Representative for All Other Issues

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GLP1 Prior Authorization Best Practices

- MO HealthNet reimburses for one GLP-1 at a time.
  - When changing medications or doses participants must utilize at least 23 days of the medication before the next claim is able to be processed.
- Zepbound® does not require a new prior authorization for changes in dose.
- Participants that are dual eligible (Medicare and Medicaid) must have the GLP1 covered by Medicare before Medicaid will pay as secondary.
  - MO HealthNet will not pay as primary for these claims.
- For Zepbound® requests provide any relevant recent chart notes necessary to document weight, height, and if BMI 27 – 29.9, at least one weight related comorbidity
- Do not start the participant on a different GLP1 while submitting a PA for another, it confuses staff as to what the provider wants.
- Adolescent participants who need obesity treatment can utilize Ozempic® (off label) or Zepbound® (off label).
- When prescribing Zepbound® include the relevant billable diagnosis code for the participant, it is required for the pharmacy to process the claim for MO HealthNet.

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Pharmacist Provider Services – Reminders

Effective April 1, 2023:

- Expanded PPS to allow pharmacist providers to receive reimbursement for services that fall within their scope of practice defined by the Missouri BOP
- The pharmacist provider shall:
  - ➢ Check eMOMED to verify the participant's MO HealthNet eligibility prior to performing any service
  - ➢ Document service within the participant's medical record
  - ➢ Reference the Medical Services Fee Schedule for covered CPT codes and reimbursement rates
  - ➢ Submit a medical claim through the provider's medical system or eMOMED
  - ➢ Be listed as the performing provider

References:
1. MO HealthNet Bulletins. Medication Therapy Management. Vol. 45-39. Accessed 5/15/2025 at https://mydss.mo.gov/media/pdf/medication-therapy-management-and-direct-care-pro
2. MO Pharmacy Provider Manual. Accessed 5/15/2025 at https://mydss.mo.gov/media/pdf/pharmacy-provider-manual

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Pharmacist Provider Services – Uptake

- ❖ 2021: 168 RPh enrolled, 35 billed for services
  - ➢ $90,812 Pharmacist Reimbursement
- ❖ 2022: 226 RPh enrolled, 58 billed for services
  - ➢ $225,759 Pharmacist Reimbursement
- ❖ 2023: 1,105 RPh enrolled, 109 billed for services
  - ➢ $1,425,267 Pharmacist Reimbursement
- ❖ 2024: 1,292 RPh enrolled, 164 billed for services
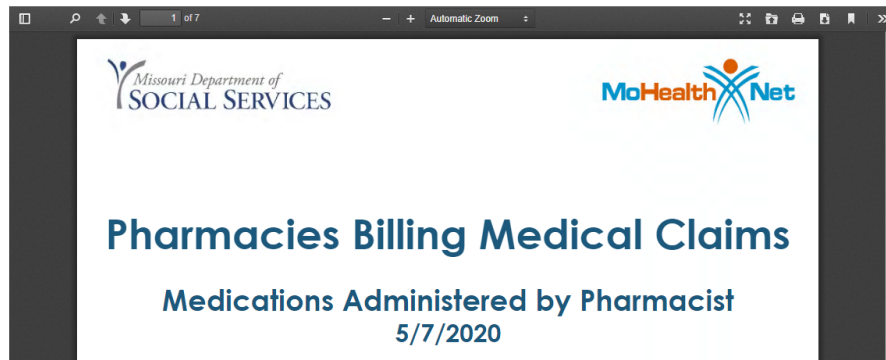 - ➢ $5,100,714 Pharmacist Reimbursement

Claims data by date of service, accessed on 3/10/2025
Excludes vaccines and COVDI test performed by pharmacists

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eMOMED Electronic Claim Filing

Pharmacies Billing Medical Claims

To utilize the full functionality of a fillable PDF file, you must download the form, and fill in the form fields using your default browser.

Missouri Department of SOCIAL SERVICES

MoHealth Net

Pharmacies Billing Medical Claims

Medications Administered by Pharmacist
5/7/2020

References:
1. Pharmacies Billing Medical Claim. Accessed 5/15/2025 at https://mydss.mo.gov/media/pdf/pharmacies-billing-medical-claims

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Audits and Compliance

- MO HealthNet and Missouri Medicaid Audit and Compliance (MMAC) have begun reviewing claims data and will begin audits to ensure accurate billing
- What to expect:
  - Communication from MHD Pharmacy Integrity
    - MHD.PharmacyIntegrity@dss.mo.gov
  - Medical records requests must be returned within 10 days
    - No HIPAA release from the participant is required
  - Administrative action may be imposed

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MHD Educational Opportunities

References:
1. MO HealthNet Pharmacy Committees. Accessed 5/15/2025 at https://mydss.mo.gov/mhd/pharmacy-committees

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MHD Educational Opportunities

References:
1. DSS Calendar of Events. Accessed 5/15/2025 at Events | Missouri Department of Social Services

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MHD Educational Opportunities

- Covers National Drug Codes, billed quantities, white and brown bagging and more.
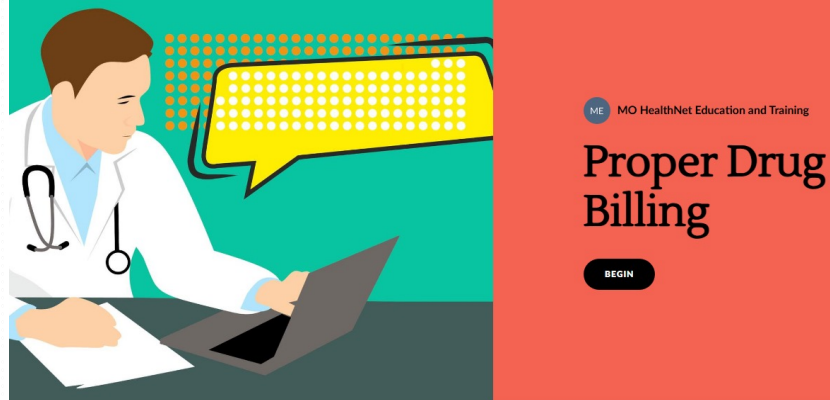
References:
1. MO HealthNet Education. Proper Drug Billing. Accessed 5/15/2025 at Proper Drug Billing | Rise 360
2. MO HealthNet Hot Tips. Proper Drug Billing Resource. Accessed 5/15/2025 at Proper Drug Billing Resource | mydss.mo.gov

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MHD Educational Opportunities

- Covers questions regarding billing, eligibility, verification, the Spend Down Program and eMOMED.
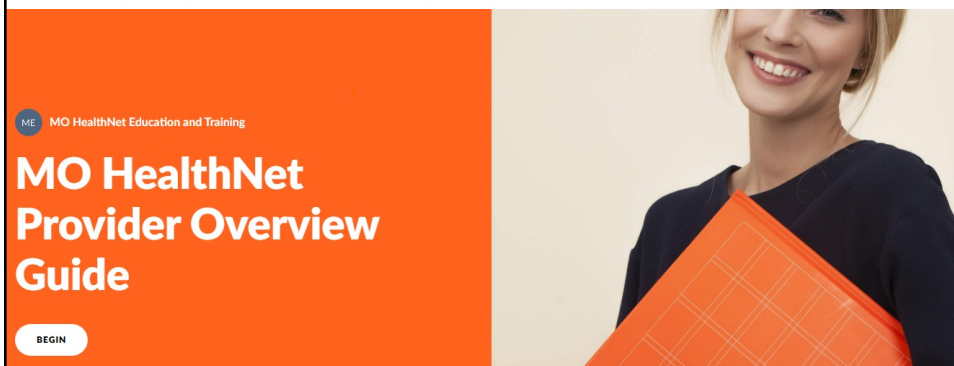
References:
1. MO HealthNet Education. MO HealthNet Provider Overview Guide. Accessed 5/15/2025 at MO HealthNet Provider Overview Guide | Rise 360
2. MO HealthNet Hot Tips. MO HealthNet Provider Overview Guide. Accessed 5/15/2025 at https://mydss.mo.gov/mhd/hot-tips/mo-healthnet-provider-overview-guide

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MO HealthNet First State Medicaid Program to Join CMMI CGT Access Model

- What:
  - ➢ Aim to improve health outcomes for people with Medicaid who could benefit from cell and gene therapies & make it easier for states to pay for cell and gene therapies
- How:
  - ➢ By supporting outcomes-based agreements between states and manufacturers that will provide for treatments within a framework that lowers prices for states and ties payment to outcomes
- First disease state:
  - ➢ Sickle Cell Disease
- When:
  - ➢ MO HealthNet participation in the model began on 3/1/2025

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References:
1. https://www.cms.gov/files/document/cgt-model-journey-map.pdf
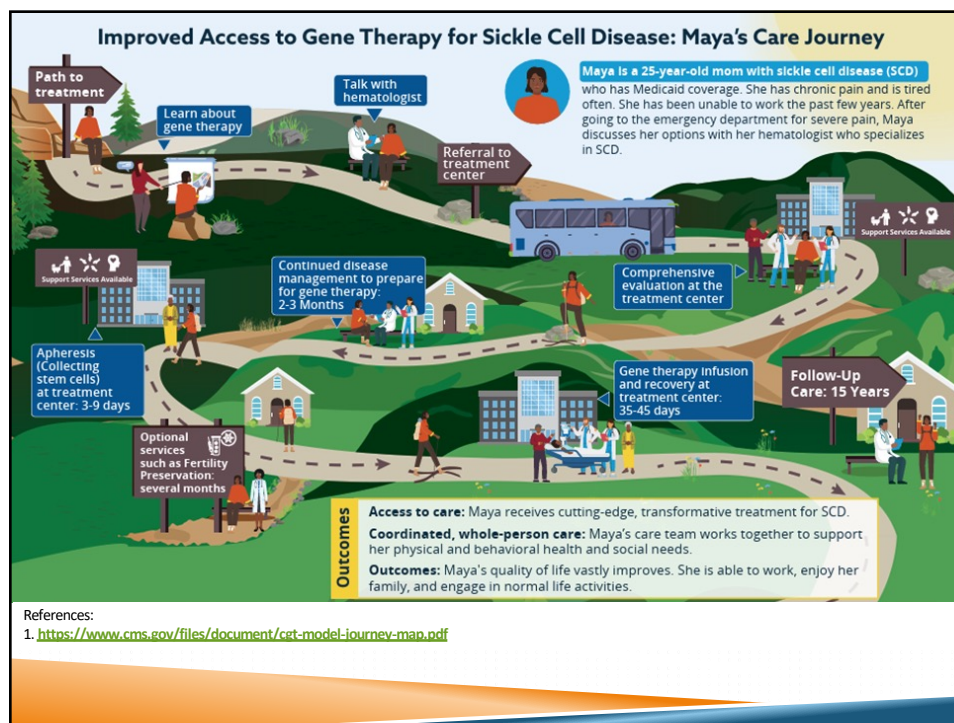
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Who You Gonna Call?

The Pharmacy Administration Unit (PAU):

- MO HealthNet billing questions or issues, unrelated to prior authorizations
- Email: MHD.PharmacyAdmin@dss.mo.gov
- Phone: (573) 751-6963
- Fax: (573) 522-8514

MO HealthNet Prior Authorizations:

- Phone: (800) 392-8030, option 3
- Fax: (573) 636-6470

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Stay Up To Date

- Sign up for notifications at:
  - ➢ https://mydss.mo.gov/mhd/providers
- Revamped MHD Pharmacy Website:
  - ➢ https://mydss.mo.gov/mhd/pharmacy
- Pharmacy Provider Resource Guide:
  - ➢ https://mydss.mo.gov/media/pdf/pharmacy-provider-resource-guide

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Post-Test Questions

- T/**F**: Pharmacists in Missouri are able to diagnose patients and use those diagnosis codes on pharmacy claims to bypass PA criteria.
- T/**F**: Prior authorizations have increased for MO HealthNet over the last several years
- Over the last 5 years the pharmacy budget has:
  - **Increased**
  - Decreased
  - Stayed the same
- **T**/F: Pharmacists are billing for more pharmacist provider services in the last 2 years

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Questions?

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