
Rules of
Department of Health
and Senior Services
Division 90—Missouri Senior Rx Program
Chapter 1—Eligible Seniors

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**Title 19—DEPARTMENT OF
HEALTH AND SENIOR SERVICES**
Division 90—Missouri Senior Rx Program
Chapter 1—Eligible Seniors

19 CSR 90-1.010 Definitions

PURPOSE: This rule establishes the definitions that apply to 19 CSR 90-1.010 to 19 CSR 90-1.090 (eligible seniors) for implementation and administration of the Missouri Senior Rx Program.

(1) Applicant—A person who applies to participate in the program, either personally or through an authorized agent.

(2) Application—The form completed and submitted to the commission by an applicant which is used by the commission to determine the applicant's eligibility to participate in the Missouri Senior Rx Program. Also, the form completed and submitted to the commission by a claimant which is used by the commission to redetermine the claimant's eligibility to participate in the program.

(3) Claim—In the case of a claimant, presentation to a participating pharmacy of a valid senior prescription card in order to receive prescription drugs.

(4) Claimant—A resident of this state who meets the eligibility conditions set forth in sections 208.550 to 208.571, RSMo and the regulations promulgated thereunder.

(5) Coinsurance—The percentage which is required under the program to be paid by claimant for each prescription.

(6) Deductible—The dollar amount which is required under the program to be paid annually by the claimant before participation in the program.

(7) Enrollment fee—The dollar amount which is required to be paid for enrollment in the program. Enrollment fee will only be required after application approval.

(8) Generic drug—Generic drug as defined in section 208.550(7), RSMo.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.*

*Original authority: 208.553, RSMo 2001.

19 CSR 90-1.020 Eligibility and Application Process

PURPOSE: This rule establishes eligibility and the application process for eligible seniors for the Missouri Senior Rx Program.

(1) Eligibility.

(A) To be eligible to participate in the program, an applicant shall:

1. Meet the eligibility requirements in sections 208.550 to 208.571, RSMo; and

2. The commission shall determine the income level necessary to be eligible for the program under sections 208.556.4(1), (2), and (3). The commission may restrict income eligibility limits as a last resort to obtain program cost control.

(B) Program eligibility is established for a fiscal year when a valid program application is approved, unless there is a cause for earlier termination.

(2) Application Process.

(A) The application process includes all activity relating to a request for eligibility determination. It begins with the receipt by the commission of an application and continues until there is an official written disposition of the request by the third-party administrator.

(B) The application shall require the applicant to attest to the following information:

1. Residence;
2. Any third-party health insurance coverage;
3. Previous year prescription drug costs;
4. Annual household income for an individual or couple, if married;
5. Date of birth;
6. Gender;
7. Race (optional);
8. Social Security number (optional);
9. Self-certification of Missouri residency;
10. Self-certification of household income;
11. Certification and authorization statement; and
12. Signature of applicant or authorized agent.

(C) The applicant shall submit with the application the following documentation:

1. Documentation of residence shall include one (1) of the following: a valid drivers license; a valid Missouri state identification card; certification of residency in a nursing home; or a completed and signed federal, state, or local income tax return with the applicant's name and address preprinted on it.

2. Documentation of age shall include one (1) of the following: birth certificate; delayed birth certificate; certified hospital records; a valid drivers license or a valid Missouri state identification card.

3. Documentation of income shall be in the form required by the commission in the application and shall be substantially equivalent to the documentation required to determine income pursuant to sections 135.010 to 135.035, RSMo.

(D) The applicant shall certify and attest that the answers to questions on the application, the items on the application form and the required documentation are true and accurate to the best of the applicant's knowledge. Before the application can be processed, the certification shall be dated and signed by the applicant or authorized agent and any other party whose signature is required in the instructions which accompany the application form.

(E) The applicant shall consent to a review of information on the application form and of the required documentation, with reasonable prior notice to the applicant, if selected for review. Program eligibility will be denied or terminated if the applicant refuses to cooperate with the request.

(F) The applicant shall assist the commission, division, or third-party administrator in securing corroboration of the applicant's information on the application form and required documentation when necessary. Program eligibility will be denied or terminated if the applicant refuses to cooperate with the request.

(G) The applicant shall submit an enrollment fee in the amount as established by the commission on an annual basis.

(3) Denial of Application.

(A) An application shall be denied if an applicant fails to comply with the provisions of sections 208.550 to 208.571, RSMo and the regulations promulgated thereunder.

(B) An applicant may apply for a refund of the enrollment fee if the commission denies his or her eligibility because the commission restricted the income eligibility limits as a last resort to obtain program cost control pursuant to section 208.556.4(3), RSMo.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.*

*Original authority: 208.553, RSMo 2001.

19 CSR 90-1.030 General Payment Provisions

PURPOSE: This rule establishes the general payment provisions for eligible seniors for the Missouri Senior Rx Program.

(1) An applicant becomes eligible for the program when the application is received and approved by the third-party administrator, the applicant has paid the enrollment fee, the applicant receives a program identification card, and the program identification card is activated.

(2) An applicant for the program shall pay, in the initial year, an enrollment fee of twenty-five dollars (\$25) if the applicant has an annual household income at or below twelve thousand dollars (\$12,000) for an individual or at or below seventeen thousand dollars (\$17,000) for a married couple or an enrollment fee of thirty-five dollars (\$35) if the applicant has an annual household income between twelve thousand one dollars and seventeen thousand dollars (\$12,001–\$17,000) for an individual or between seventeen thousand one dollars and twenty-three thousand dollars (\$17,001–\$23,000) for a married couple. The enrollment fee may be adjusted by the commission to obtain program cost control under sections 208.550 to 208.571, RSMo.

(3) A claimant for the program shall pay, in the initial year, a deductible of two hundred fifty dollars (\$250) if the claimant has an annual household income at or below twelve thousand dollars (\$12,000) for an individual or at or below seventeen thousand dollars (\$17,000) for a married couple or a deductible of five hundred dollars (\$500) if the claimant has an annual household income between twelve thousand one dollars and seventeen thousand dollars (\$12,001–\$17,000) for an individual or between seventeen thousand one dollars and twenty-three thousand dollars (\$17,001–\$23,000) for a married couple. The deductible may be adjusted by the commission to obtain program cost control under sections 208.550 to 208.571, RSMo.

(4) A claimant for the program shall pay a forty percent (40%) coinsurance. The coinsurance may be adjusted by the commission on an annual basis or through the third-party administrator during the plan (or fiscal) year to obtain program cost control under sections 208.550 to 208.571, RSMo.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug.*

27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.

**Original authority: 208.553, RSMo 2001.*

19 CSR 90-1.040 Claimant's Responsibilities

PURPOSE: This rule sets forth the claimant's responsibilities as a participant in the Missouri Senior Rx Program.

(1) The claimant shall notify the third-party administrator when the claimant no longer meets the eligibility requirements as set forth in sections 208.550 to 208.571, RSMo and regulations promulgated thereunder. This does not include income eligibility that is determined at initial enrollment and annual reenrollment into the program.

(2) The authorized agent or other responsible person shall notify the third-party administrator of the death of a claimant within sixty (60) days of the claimant's death.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.*

**Original authority: 208.553, RSMo 2001.*

19 CSR 90-1.050 Process for Reenrollment into the Program

PURPOSE: This rule establishes the process for reenrollment into the Missouri Senior Rx Program.

(1) A claimant shall submit an annual application and all required documentation as set forth in 19 CSR 90-1.020 for determination of eligibility to reenroll in the program.

(2) An applicant for reenrollment in the program becomes eligible when the application is received and approved by the third-party administrator, the applicant has paid the enrollment fee, the applicant receives a program identification card, and the program identification is activated.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.*

**Original authority: 208.553, RSMo 2001.*

19 CSR 90-1.060 Authorized Agent

PURPOSE: This rule sets forth individuals who are eligible to act as an authorized agent for the purpose of submitting an application on behalf of an eligible senior.

(1) When an applicant is adjudicated incompetent, the third-party administrator shall accept the court-appointed guardian as an authorized agent for the purpose of initiating an application on behalf of the applicant.

(2) If an applicant is incapable of submitting an application on his or her own behalf, the third-party administrator shall accept one of the following persons designated by the applicant, listed in the order of priority, as an authorized agent for the purpose of initiating the application if a power of attorney or agent's affidavit of authority accompanies the applicant:

(A) A close relative by blood or marriage, such as a parent, spouse, son, daughter, brother, or sister;

(B) A representative payee designated by the Social Security Administration; or

(C) A representative of a public/private social service agency, of which the applicant is a client, who has been designated by the agency to so act.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.*

**Original authority: 208.553, RSMo 2001.*

19 CSR 90-1.070 Program Identification Card

PURPOSE: This rule sets forth the requirements for the possession and use of the program identification card by the eligible senior or his or her authorized agent.

(1) The program identification card shall be retained in the possession of the claimant or the claimant's authorized agent and not be given to a participating pharmacy except for inspection and immediate return. The claimant remains responsible for its appropriate use to claim benefits. In no case may a claimant send the program identification card through the mail to a participating provider.

(2) A claimant may claim program benefits only if the claimant, or the claimant's authorized agent, presents the participating pharmacy with a valid program identification card.

(3) When a claimant is adjudicated incompetent or is incapable to claim program benefits, the claimant's authorized agent may claim such benefits on behalf of the claimant. Authorized agents must present the participating pharmacy with the claimant's program identification card; inform the pharmacy of their designation; and sign their own name and indicate their relationship to the claimant.

(4) Eligibility for the program benefits terminates upon the death of a claimant.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.*

**Original authority: 208.553, RSMo 2001.*

19 CSR 90-1.080 Termination from the Program

PURPOSE: This rule enumerates the reasons that an eligible senior will be terminated from participation in the Missouri Senior Rx Program.

(1) A claimant shall be terminated from the program if he or she no longer meets the eligibility requirements under sections 208.550 to 208.571, RSMo or regulations promulgated thereunder. This does not include income eligibility that is determined at initial enrollment and annual reenrollment into the program.

(2) A claimant shall be terminated from the program as set forth in section 208.556.18, RSMo.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.*

**Original authority: 208.553, RSMo 2001.*

19 CSR 90-1.090 Appeal Process

PURPOSE: This rule sets forth the process to appeal from the denial of or termination from

participation in the Missouri Senior Rx Program.

(1) Applicants for, or claimants of, program benefits shall have the right to appeal the denial of an application for benefits or termination from the program, except for a denial or termination because the applicant or claimant has refused to submit requested information or documentation or any other information necessary to establish eligibility for the program or a termination as a result of the end of a plan (fiscal) year. Applicants for, or claimants of, program benefits shall not have the right to appeal the implementation of any cost-control measures.

(2) The third-party administrator shall provide written notice of the denial or termination directly to the applicant or claimant or their authorized agent.

(A) The notice shall include the reasons for the denial or termination;

(B) A notice of termination shall be effective no sooner than ten (10) calendar days after the date of the notice;

(C) The denial or termination may be appealed;

(D) If an appeal is made, such appeal shall be filed with the third-party administrator within thirty (30) calendar days following the date of the notice of denial or termination of program benefits.

(3) Applicant or claimant shall file an appeal within thirty (30) calendar days following the date of the notice of denial or termination with the third-party administrator.

(A) In the case of appeal of a termination of program benefits, filing of an appeal within the allowed thirty (30) calendar days shall continue benefits from the date the appeal is received by the third-party administrator until the end of the appeal process.

(B) The appeal shall include the applicant's or claimant's name, address, telephone number, program enrollment number, and the reasons for the appeal.

(4) The third-party administrator will initially seek to resolve all applicant or claimant appeals through a letter-ruling process.

(A) The letter-ruling process shall consist of the following steps:

1. The third-party administrator shall review the denial or termination, including a review of applicable documentation, to determine any possibility of an error.

2. Within thirty (30) calendar days of the receipt of the appeal, a letter shall be sent to the applicant or claimant which sets forth the results of the review. The letter will cite the reason for the results of the review and

inform the applicant or claimant of the right to a formal hearing before the third-party administrator.

(B) Results and opinions set forth in letter rulings shall have no precedential authority and are subject to withdrawal or change at any time to conform with new or different interpretations of the law.

(5) If an applicant or claimant who has filed an appeal under section (3) of this rule disagrees with the third-party administrator's letter ruling, the applicant or claimant may request a formal hearing on the appeal.

(A) The applicant or claimant shall file a written request for a formal hearing within ten (10) calendar days of the date of the letter ruling by the third-party administrator.

(B) When the third-party administrator receives the formal request for a hearing, the third-party administrator shall appoint a hearing officer to address and preside over the formal hearing.

(6) The authorized agent shall have the right to file an appeal on behalf of the applicant or claimant.

(7) If the claimant does not prevail in his or her appeal, the commission reserves the right to recoup any program benefits received by the claimant during the appeal process.

AUTHORITY: section 208.553.3(5), RSMo Supp. 2001. Emergency rule filed Jan. 16, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Jan. 16, 2002, effective Aug. 30, 2002.*

**Original authority: 208.553, RSMo 2001.*