

# Emergency Rule

## Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—State Membership

### EMERGENCY AMENDMENT

**22 CSR 10-2.089 Pharmacy Employer Group Waiver Plan for Medicare Primary Members.** The Missouri Consolidated Health Care Plan is amending section (1).

*PURPOSE:* This emergency amendment revises Medicare Part D coverage stage and copayment amounts.

*EMERGENCY STATEMENT:* This emergency amendment must be in place by January 1, 2021, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forgo coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 26, 2020, becomes effective January 1, 2021, and expires June 29, 2021.

(1) The pharmacy benefit for Medicare primary non-active members is provided through a Pharmacy Employer Group Waiver Plan (EGWP) as regulated by the Centers for Medicare and Medicaid Services herein after referred to as the Medicare Prescription Drug Plan.

(F) The Medicare Prescription Drug Plan is comprised of a Medicare Part D prescription drug plan contracted by MCHCP and some non-Part D medications that are not normally covered by a Medicare Part D prescription drug plan. The requirements for the Medicare Part D prescription drug plan are as follows:

1. The Centers for Medicare and Medicaid Services regulates the Medicare Part D prescription drug program. The Medicare Prescription Drug Plan abides by those regulations;

2. Initial Coverage Stage. Until a member's total yearly Part D prescription drug costs reach *[four thousand twenty dollars (\$4,020)]* **four thousand one hundred thirty dollars (\$4,130)**, the member will pay the following copayments:

A. Preferred Formulary Generic Drugs: thirty-one- (31-) day supply has a ten dollar (\$10) copayment; sixty- (60-) day supply has a twenty dollar (\$20) copayment; ninety- (90-) day supply at retail has a thirty dollar (\$30) copayment; and a ninety- (90-) day supply through home delivery has a twenty-five dollar (\$25) copayment;

B. Preferred Formulary Brand Drugs: thirty-one- (31-) day

supply has a forty dollar (\$40) copayment; sixty- (60-) day supply has an eighty (\$80) dollar copayment; ninety- (90-) day supply at retail has a one hundred twenty (\$120) dollar copayment; and a ninety- (90-) day supply through home delivery has a one hundred (\$100) dollar copayment; and

C. Non-preferred Formulary Drugs and approved excluded drugs: thirty-one- (31-) day supply has a one hundred dollar (\$100) copayment; sixty- (60-) day supply has a two hundred dollar (\$200) copayment; ninety- (90-) day supply at retail has a three hundred dollar (\$300) copayment; and a ninety- (90-) day supply through home delivery has a two hundred fifty dollar (\$250) copayment;

3. Coverage Gap Stage. After a member's total yearly Part D prescription drug costs exceed *[four thousand twenty dollars (\$4,020)]* **four thousand one hundred thirty dollars (\$4,130)** and remain below *[six thousand three hundred fifty dollars (\$6,350)]* **six thousand five hundred fifty dollars (\$6,550)**, the member will continue to pay the same cost-sharing amount as in the Initial Coverage stage until the yearly out-of-pocket Part D prescription drug costs reach *[six thousand three hundred fifty dollars (\$6,350)]* **six thousand five hundred fifty dollars (\$6,550)**;

4. Catastrophic Coverage Stage. After a member's total yearly out-of-pocket Part D prescription drug costs reach *[six thousand three hundred fifty dollars (\$6,350)]* **six thousand five hundred fifty dollars (\$6,550)**, the member will pay the greater of—

A. Five percent (5%) coinsurance or a *[three dollar and sixty cent (\$3.60)]* **three dollar and seventy cent (\$3.70)** copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage; or

B. Five percent (5%) coinsurance or an *[eight dollar and ninety-five cent (\$8.95)]* **nine dollar and twenty cent (\$9.20)** copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage; and

5. Amounts paid by the member or the plan for non-Part D prescription drugs will not count toward total Part D prescription drug costs or total Part D prescription drug out-of-pocket costs.

*AUTHORITY:* section 103.059, RSMo 2016. Emergency rule filed Oct. 30, 2013, effective Jan. 1, 2014, expired June 29, 2014. Original rule filed Oct. 30, 2013, effective June 30, 2014. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 26, 2020, effective Jan. 1, 2021, expires June 29, 2021. An emergency amendment and a proposed amendment covering this same material will be published in the Dec. 1, 2020 issue of the **Missouri Register**.

*PUBLIC COST:* This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.

*PRIVATE COST:* This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.