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SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."

ROBIN CARNAHAN

SECRETARY OF STATE

MISSOURI REGISTER

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The rules are codified in the *Code of State Regulations* in this system—

Title	***Code of State Regulations***	**Division**	**Chapter**	**Rule**
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 40—Division of Fire Safety
Chapter 2—Boiler and Pressure Vessel Safety Rules

EMERGENCY AMENDMENT

11 CSR 40-2.025 Installation Permits. The division is amending paragraph (4)(B)5.

PURPOSE: This amendment provides financial relief to small business owners.

*EMERGENCY STATEMENT: This emergency amendment reduces the financial burden and provides immediate relief for small businesses installing or replacing small packaged pressure vessels in the state of Missouri. The Missouri Board of Boiler and Pressure Vessel Rules reviewed the fees required for installation permits. These fees are based on the actual time required to inspect these objects. As a result of this review the board determined that the fees for certain small packaged pressure vessel units were excessive. The promulgation of this emergency amendment is necessary to preserve the compelling governmental interest in not creating an unfair burden for small business. A proposed amendment to the rule containing the same fee reduction is being filed concurrently with this emergency amendment. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The division believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 22, 2008, effective January 1, 2009, and expires June 29, 2009.*

(4) Fees.

(B) Installation Permit Fees—

1. Hot Water Heating Boiler—	
A. 400,000 BTUH and less	$ 70
B. 400,000 BTUH to 12,500,000 BTUH	$175
C. Above 12,500,000 BTUH	$245
2. Hot Water Supply Boilers—	
A. 400,000 BTUH and less	$ 70
B. 400,000 BTUH to 12,500,000 BTUH	$175
C. Above 12,500,000 BTUH	$245
3. Jacketed Steam Kettle	$ 70
4. Power Boilers—	
A. 400,000 BTUH and less	$ 70
B. 400,000 BTUH to 12,500,000 BTUH	$175
C. More than 12,500,000 BTUH	$245
5. Pressure Vessel—	
A. < 1,000 cu.ft. (7,500 gallons) or less	$ 70
B. 1,000 cu. ft. and greater	$175
C. Compressed air receivers including tank mounted air compressors designed to operate at 250 psi or less and having a volume of 250 gallons or less	**$ 25**
D. Carbon Dioxide Storage Vessels used solely for carbonated beverage systems	**$ 25**
6. Steam Heating Boilers—	
A. 400,000 BTUH or less	$ 70
B. 400,000 BTUH to 12,500,000 BTUH	$175
C. Above 12,500,000 BTUH	$245
7. Waste Heat Boiler—	
A. 400,000 BTUH or less	$ 70
B. 400,000 BTUH to 12,500,000 BTUH	$175
C. Above 12,500,000 BTUH	$245
8. Water Heater (>200,000 BTUH)	$ 70

*AUTHORITY: section 650.215, RSMo 2000. Original rule filed March 23, 2006, effective Dec. 30, 2006. Emergency amendment filed Dec. 22, 2008, effective Jan. 1, 2009, expires June 29, 2009. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 400—Life, Annuities and Health
Chapter 1—Life Insurance and Annuity Standards

EMERGENCY AMENDMENT

20 CSR 400-1.170 Recognition of Preferred Mortality Tables in Determining Minimum Reserve Liabilities and Nonforfeiture Benefits. The department is amending section (2).

PURPOSE: This amendment changes the date upon which domestic life insurers may begin using the 2001 CSO Preferred Class Structure Mortality Table, if otherwise applicable.

EMERGENCY STATEMENT: This emergency amendment informs domestic life insurers that they may begin using the 2001 CSO Preferred Class Structure Mortality Table, if otherwise applicable, for policies issued on or after January 1, 2007. Without the emergency amendment, Missouri domestic life insurance companies will

*be at a severe competitive pricing disadvantage with respect to policies to which such table is applicable. This will occur because life insurers and reinsurers domiciled in other states are already using such table and the table produces lower aggregate reserves reflecting underwriting differences more appropriately for companies that have issued or reinsured significant amounts of preferred business. Lower reserves necessarily lead to more competitive pricing. If insurers and reinsurers domiciled outside of Missouri can price preferred life insurance business at lower rates, Missouri domiciled insurers and reinsurers will be disadvantaged because they will be compelled to charge more because of a higher reserving burden. The higher burden will apply to life policies issued prior to November 30, 2008. Many states have eliminated this burden with respect to policies issued after January 1, 2007. Without this emergency amendment, Missouri domestic life insurers and reinsurers may be forced to establish up to one hundred (100) million dollars in additional reserves for the year ending December 31, 2008 over what similarly situated companies are required to post who are domiciled in other states. As a result, the department finds an immediate danger to the public welfare and a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed December 17, 2008, effective December 31, 2008, and expires June 28, 2009.*

(2) 2001 CSO Preferred Class Structure Mortality Table.

(A) At the election of the insurer, for each calendar year of issue, for any one (1) or more specified plans of insurance and subject to satisfying the conditions stated in this regulation, the 2001 CSO Preferred Class Structure Mortality Table may be substituted in place of the 2001 CSO Smoker or Nonsmoker Mortality Table as the minimum valuation standard for policies issued on or after *[the effective date of this regulation]* **January 1, 2007**. No such election shall be made until the insurer or company demonstrates at least twenty percent (20%) of the business to be valued on this table is in one (1) or more of the preferred classes.

(B) A table from the 2001 CSO Preferred Class Structure Mortality Table used in place of a 2001 CSO Mortality Table, pursuant to the requirements of this rule, will be treated as part of the 2001 CSO Mortality Table only for purposes of reserve valuation pursuant to the requirements of the NAIC model regulation, "Recognition of the 2001 CSO Mortality Table For Use In Determining Minimum Reserve Liabilities And Nonforfeiture Benefits Model Regulation."

AUTHORITY: *section[s] 374.045, **SB 788, Second Regular Session, Ninety-fourth General Assembly, 2008, and sections** 376.380, 376.670, and 376.676, RSMo 2000. Original rule filed May 28, 2008, effective Nov. 30, 2008. Emergency amendment filed Dec. 17, 2008, effective Dec. 31, 2008, expires June 29, 2009. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

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

EMERGENCY AMENDMENT

22 CSR 10-2.050 PPO and Co-Pay Benefit Provisions and Covered Charges. The board is deleting sections (1) and (2) and renumbering the remaining sections.

PURPOSE: This amendment includes changes to the PPO and Co-Pay Benefit Provisions and Covered Charges made by the board of trustees regarding the Missouri Consolidated Health Care Plan.

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2009, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. 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 rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency amendment must become effective January 1, 2009, in order that an immediate danger is not imposed on the public welfare. This rule 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. Emergency amendment filed December 22, 2008, effective January 1, 2009, and expires on June 29, 2009.*

[(1) Lifetime maximum, three (3) million dollars.

(2) Automatic annual reinstatement—maximum, five thousand dollars ($5,000).]

*[(3)]***(1)** Deductible amount—per individual for the Preferred Provider Organization (PPO) plan each calendar year, five hundred dollars ($500), family limit each calendar year, one thousand dollars ($1,000).

*[(4)]***(2)** Coinsurance—non-network coinsurance amounts apply after deductible has been met. Coinsurance is no longer applicable for the remainder of the calendar year once out-of-pocket maximum is reached.

(A) The deductible is waived and claims are paid at eighty percent (80%) for the following services: home health care, infusion, durable medical equipment (DME), and audiologists.

(B) Claims may also be paid at eighty percent (80%) if you require covered services that are not available through a network provider in your area. The participant must contact the claims administrator in order to have a local provider approved. Such approval is not permanent.

(C) Non-network claims—seventy percent (70%) of the first four thousand dollars ($4,000) for an individual, or of the first eight thousand dollars ($8,000) for a family, of covered charges in the calendar year which are subject to coinsurance. One hundred percent (100%) of any excess covered charges in the calendar year. But see the provision applicable to second opinion, substance abuse and mental and nervous conditions, chiropractic care and PPOs.

*[(5)]***(3)** Co-payments—set charges for the following types of claims so long as network providers are utilized. Co-payments are no longer charged for the remainder of the calendar year once out-of-pocket maximum is reached with the exceptions noted under *[(5)]***(3)**(G).

(A) Office visit—twenty-five dollars ($25).

(B) Laboratory and X-ray services—no co-payment; covered at

one hundred percent (100%).

(C) Inpatient hospitalizations—three hundred dollars ($300) per admission.

(D) Maternity—twenty-five dollars ($25) for initial visit.

(E) Preventive care—no co-payment; covered at one hundred percent (100%).

(F) Outpatient surgery—seventy-five dollars ($75).

(G) Services that do not apply to the out-of-pocket maximum and for which applicable costs will continue to be charged: office visits, emergency room visits, hospital admissions, outpatient surgery, claims for services paid at one hundred percent (100%), charges above the Usual, Customary, and Reasonable (UCR) limit, percentage amount coinsurance is reduced as a result of non-compliance with pre-certification, coinsurance amounts related to infertility benefits, and charges above the maximum allowable amount for transplants performed by a non-network provider.

*[(6)]***(4)** Out-of-pocket maximum—the maximum amount payable by the participant before the plan begins to pay one hundred percent (100%) of covered charges for the remainder of the calendar year. Certain co-payments do not apply to the out-of-pocket maximum as noted under *[(5)]***(3)**(G).

(A) Network out-of-pocket maximum for individual—two thousand dollars ($2,000);

(B) Network out-of-pocket maximum for family—four thousand dollars ($4,000);

(C) Non-network out-of-pocket maximum for individual—four thousand dollars ($4,000);

(D) Non-network out-of-pocket maximum for family—eight thousand dollars ($8,000);

*[(7)]***(5)** Any claim must be submitted within twelve (12) months of claim being incurred. The plan reserves the right to deny claims not timely filed.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Dec. 22, 2008, effective Jan. 1, 2009, expires June 29, 2009. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

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

EMERGENCY RULE

22 CSR 10-2.053 High Deductible Health Plan Benefit Provisions and Covered Charges

PURPOSE: This rule establishes the policy of the board of trustees in regard to the high deductible health plan benefit provisions and covered charges for members of the Missouri Consolidated Health Care Plan.

EMERGENCY STATEMENT: This emergency rule must be in place by January 1, 2009, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. 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 rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency rule must become effective January 1, 2009, in order that an immediate danger is not imposed on the public welfare. This rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. This emergency rule 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. Emergency rule filed December 22, 2008, effective January 1, 2009, and expires on June 29, 2009.*

(1) Deductible amount—In Network: per individual for the High Deductible Health Plan (HDHP) each calendar year, one thousand two hundred dollars ($1,200), family limit each calendar year, two thousand four hundred dollars ($2,400). Non-network: per individual for the High Deductible Health Plan (HDHP) each calendar year, two thousand four hundred dollars ($2,400), family limit each calendar year, four thousand eight hundred dollars ($4,800).

(2) Coinsurance—coinsurance amounts apply after deductible has been met. Coinsurance is no longer applicable for the remainder of the calendar year once out-of-pocket maximum is reached. Coinsurance is twenty percent (20%) after deductible is met when utilizing network providers. Coinsurance is forty percent (40%) after deductible is met when utilizing non-network providers. Claims may also be paid at eighty percent (80%) if you require covered services that are not available through a network provider in your area. The participant must contact the claims administrator in order to have a local provider approved. Such approval is not permanent.

(3) Out-of-pocket maximum—the maximum amount payable by the participant before the plan begins to pay one hundred percent (100%) of covered charges for the remainder of the calendar year.

(A) Network out-of-pocket maximum for individual—two thousand four hundred dollars ($2,400);

(B) Network out-of-pocket maximum for family—four thousand eight hundred dollars ($4,800);

(C) Non-network out-of-pocket maximum for individual—four thousand eight hundred dollars ($4,800);

(D) Non-network out-of-pocket maximum for family—nine thousand six hundred dollars ($9,600);

(4) Any claim must be submitted within twelve (12) months of claim being incurred. The plan reserves the right to deny claims not timely filed.

(5) Prescription costs are applied to the medical plan deductible.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 22, 2008, effective Jan. 1, 2009, expires June 29, 2009. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

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

EMERGENCY AMENDMENT

22 CSR 10-2.060 PPO, *HDHP,* and Co-Pay Plan Limitations. The board is amending the rule title and purpose to include the High Deductible Health Plan.

PURPOSE: This amendment is necessary to include the HDHP in the limitations and exclusions of the Missouri Consolidated Health Care Plan.

*PURPOSE: This rule establishes the limitations and exclusions of the Missouri Consolidated Health Care Plan PPO, **HDHP,** and/or Co-Pay Plan.*

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2009, in accordance with the new plan year. Therefore, this amendment is necessary to protect members (employees, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. 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 rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency amendment must become effective January 1, 2009, in order that an immediate danger is not imposed on the public welfare. This rule 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. Emergency amendment filed December 22, 2008, effective January 1, 2009, and expires on June 29, 2009.*

*AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Dec. 22, 2008, effective Jan. 1, 2009, expires June 29, 2009. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

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

EMERGENCY AMENDMENT

22 CSR 10-2.075 Review and Appeals Procedure. The board is amending subparagraph (5)(D)4.A.

PURPOSE: This rule is being amended to include changes made by the Missouri Consolidated Health Care Plan board of trustees regarding newborn coverage under the plan.

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2009, in accordance with the new plan year. Therefore, this amendment is necessary to protect members (employees, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. Further, it clarifies member eligibility, beginning with the first day of coverage for the new plan year. It is imperative that this rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency amendment must become effective January 1, 2009, in order that an immediate danger is not imposed on the public welfare. This rule 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. Emergency amendment filed December 22, 2008, effective January 1, 2009, and expires on June 29, 2009.*

(5) All members of the Missouri Consolidated Health Care Plan (MCHCP) shall use the claims and administration procedures established by the health maintenance organization (HMO), point-of-service (POS), preferred provider organization (PPO) or co-pay health plan contractor or claims administrator applicable to the member. Only after these procedures have been exhausted may the member appeal directly to the Missouri Consolidated Health Care Plan Board of Trustees to review the decision of the health plan contractor or claims administrator.

(D) Administrative decisions made solely by MCHCP may be appealed directly to the board of trustees, by either a member or health plan contractor providing a fully-insured product.

1. All the provisions of this rule, where applicable, shall apply to these appeals.

2. The parties to such appeal shall be the appellant and the MCHCP shall be respondent.

3. The appellant, if aggrieved by the final decision of the board, shall have the right of appeal as stated in subsection (5)(C) herein.

4. In reviewing these appeals, the board and/or staff may consider:

A. Newborns—**If a member currently has coverage under the plan, he/she may enroll his/her newborn retroactively to the date of birth if the request is made within three (3) months of the child's date of birth.**

[(I) Notwithstanding any other rule, if a member currently has children coverage under the plan, he/she may enroll his/her newborn retroactively to the date of birth if the request is made within six (6) months of the child's date of birth. If a member does not currently have children coverage under the plan but states that the required information was provided within the thirty-one (31)-day enrollment period, he/she must sign an affidavit stating that their information was provided within the required time period. The affidavit must be notarized and received in the MCHCP office within thirty-one (31) days after the date of notification from the MCHCP; and

(II) Once the MCHCP receives the signed affidavit from the member, coverage for the newborn will be backdated to the date of birth, if the request was made within six (6) months of the child's date of birth. The approval notification will include language that the MCHCP has no contractual authority to require the contractors to pay for claims that are denied due to the retroactive effective date. If an enrollment request is made under either of these two (2) scenarios past six (6) months following a child's date of birth, the information will be forwarded to the MCHCP board for a decision.]

B. Credible evidence—Notwithstanding any other rule, the MCHCP may grant an appeal and not hold the member responsible when there is credible evidence that there has been an error or

miscommunication, either through the member's payroll/personnel office or the MCHCP, that was no fault of the member.

C. Change of plans due to dependent change of address—A member may change plans outside the open enrollment period if his/her covered dependents move out of state and their current plan cannot provide coverage.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 13, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 21, 1994, effective June 30, 1995. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Dec. 22, 2008, effective Jan. 1, 2009, expires June 29, 2009. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership

EMERGENCY AMENDMENT

22 CSR 10-3.030 Public Entity Membership Agreement and Participation Period. The board is amending paragraph (1)(A)6.

PURPOSE: This rule is being amended to include changes to the participation requirements for public entities participating in the Missouri Consolidated Health Care Plan.

EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2009, in accordance with the new plan year. Therefore, this rule is necessary to protect members (employees, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of having their health insurance coverage interrupted due to confusion regarding eligibility or availability of benefits. 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 rule be registered immediately in order to maintain the integrity of the current health care plan. This emergency amendment must become effective January 1, 2009, in order that an immediate danger is not imposed on the public welfare. This 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. Emergency amendment filed December 22, 2008, effective January 1, 2009, and expires on June 29, 2009.*

(1) The application packet, participation agreement and confirmation notice shall comprise the membership agreement between a public entity and the Missouri Consolidated Health Care Plan (MCHCP).

(A) By applying for coverage under the MCHCP a public entity agrees that—

1. The MCHCP will be the only health care offering made to its eligible members;

2. If the public entity participated in the MCHCP during calendar year 2004 and continues to participate each year subsequent to calendar year 2004, that public entity shall only be required to contribute twenty-five dollars ($25) per month towards the employee only premium for each active employee's premium for the plan(s) offered through MCHCP during calendar years 2005 and 2006;

3. If the public entity did not participate in the MCHCP during calendar year 2004, that public entity shall contribute at least fifty percent (50%) of the lowest cost employee only premium per month toward each active employee's premium for the plan(s) offered through MCHCP;

4. Beginning January 1, 2007, all public entities shall contribute at least fifty percent (50%) of the lowest cost employee only premium per month toward each active employee's premium for the plan(s) offered through MCHCP;

5. For public entities with less than twenty-five (25) employees, the public entity shall only offer one (1) plan choice to its employees. For public entities with twenty-five (25) or more employees, the public entity may offer more than one (1) plan choice provided by MCHCP.

6. For public entities with more than a total of three (3) employees, at least seventy-five percent (75%) of all eligible employees must join the MCHCP. For public entities with three (3) or fewer employees, a minimum of one (1) employee must join the MCHCP. For public entities with three (3) or fewer employees who fail to have one (1) employee participating in the MCHCP, MCHCP will allow the public entity up to *[twelve (12) months]* **the remainder of the period remaining in the latest participation agreement** in which to attempt to meet the participation requirements before terminating for failure to meet the participation requirements. *[Such a termination for those public entities with three (3) or fewer employees will occur retroactively to the date such participation requirement failed to be met]*;

7. Individual and family deductibles, if applicable, will be applied. Deductibles previously paid to meet the requirements of the terminating plan may be credited for those joining one of the PPO options. Appropriate proof of said deductibles will be required;

8. An eligible employee is one that is not covered by another group sponsored plan;

9. Any individual eligible as an employee may be covered as either an employee or dependent, but not both. Employees enrolled as dependents will not be considered as eligible employees in consideration of section (6); and

10. A public entity may apply a probationary period, not to exceed applicable federal guidelines, before benefits become effective.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 20, 2004, effective Jan. 1, 2005, expired June 29, 2005. Original rule filed Dec. 20, 2004, effective June 30, 2005. Emergency amendment filed Dec. 22, 2008, effective Jan. 1, 2009, expires June 29, 2009. A proposed amendment covering this same material is published in this issue of the ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership

EMERGENCY AMENDMENT

22 CSR 10-3.075 Review and Appeals Procedure. The board is amending subparagraph (5)(D)4.A.

PURPOSE: This rule is being amended to include changes made by the Missouri Consolidated Health Care Plan board of trustees regarding newborn coverage under the plan.

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(5) All *[insured]* members of the Missouri Consolidated Health Care Plan (MCHCP) shall use the claims and administration procedures established by the health maintenance organization (HMO), point-of-service (POS), or preferred provider organization (PPO) health plan contract**or or claims administrator** applicable to the *[insured]* member. Only after these procedures have been exhausted may the member appeal directly to the Missouri Consolidated Health Care Plan Board of Trustees to review the decision of the health plan contractor **or claims administrator**.

(D) Administrative decisions made solely by MCHCP may be appealed directly to the board of trustees, by either a*[n insured]* member or health plan contractor **providing a fully-insured product**.

1. All the provisions of this rule, where applicable, shall apply to these appeals.

2. The parties to such appeal shall be the appellant and the MCHCP shall be respondent.

3. The appellant, if aggrieved by the final decision of the board, shall have the right of appeal as stated in subsection (5)(C) herein.

4. In reviewing these appeals, the board and/or staff may consider:

A. Newborns—**If a member currently has coverage under the plan, he/she may enroll his/her newborn retroactively to the date of birth if the request is made within three (3) months of the child's date of birth.**

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(II) Once the MCHCP receives the signed affidavit from the member, coverage for the newborn will be backdated to the date of birth, if the request was made within six (6) months of the child's date of birth. The approval notification will include language that the MCHCP has no contractual authority to require the contractors to pay for claims that are denied due to the retroactive effective date. If an enrollment request is made under either of these two (2) scenarios past six (6) months following a child's date of birth, the information will be forwarded to the MCHCP board for a decision.]

B. Credible evidence—Notwithstanding any other rule, the MCHCP may grant an appeal and not hold the member responsible when there is credible evidence that there has been an error or miscommunication, either through the member's payroll/personnel office or the MCHCP, that was no fault of the member.

C. Change of plans due to dependent change of address—A member may change plans outside the open enrollment period if his/her covered dependents move out of state and their current plan cannot provide coverage.

*AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 20, 2004, effective Jan. 1, 2005, expired June 29, 2005. Original rule filed Dec. 20, 2004, effective June 30, 2005. Emergency amendment filed Dec. 22, 2008, effective Jan. 1, 2009, expires June 29, 2009. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2007.

EXECUTIVE ORDER
08-40

WHEREAS, emergencies may arise at any time, including but not limited to power outage due to tornado, rain, snow or ice storm, propane or gas shortages due to extremely cold conditions requiring carriers to travel out of state to haul fuel and distribute such fuel upon their return, flooding conditions, potential terrorist attack, or other unforeseen emergencies; and

WHEREAS, many of these emergencies occur after normal working hours or on holidays; and

WHEREAS, the safety and welfare of the inhabitants of the affected areas may require the rapid identification of an emergency situation that necessitates the need to suspend state enforcement of federal commercial vehicle and driver laws; and

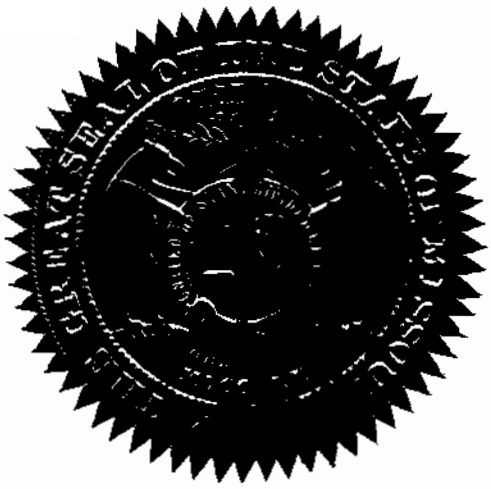
WHEREAS, Executive Order 07-01, issued on January 2, 2007, in accordance with Section 390.23 of Title 49, Code of Federal Regulations (**CFR**), authorized the Missouri Department of Transportation to declare an emergency exempting motor carriers or drivers operating a commercial vehicle from the Federal Motor Carrier Safety Regulations, 49 CFR Parts 390-399, both while providing assistance to the emergency relief efforts during the emergency, and while returning empty to the motor carrier's terminal or driver's normal work reporting location; and

WHEREAS, Executive Order 07-01 was scheduled to terminate on January 1, 2008; and

WHEREAS, Executive Order 07-38 was signed on December 29, 2007, to extend Executive Order 07-01 until January 1, 2009; and

WHEREAS, in order to ensure the safety and welfare of Missourians in times of emergency situations, an extension of the January 1, 2009, termination date is necessary:

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, hereby extend the order that Executive Order 07-01 shall remain in effect until January 1, 2010.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 17th day of December, 2008.

Matt Blunt

Matt Blunt
Governor

ATTEST:

Robin Carnahan

Robin Carnahan
Secretary of State