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

PROPOSED 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 amendment revises Medicare Part D coverage stage and copayment amounts.

(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 one hundred thirty dollars ($4,130)* **four thousand four hundred thirty dollars ($4,430**), 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 one hundred thirty dollars ($4,130)]***four thousand four hundred thirty dollars ($4,430)** and remain below *[six thousand five hundred fifty dollars ($6,550)]***seven thousand fifty dollars ($7,050)**, 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 five hundred fifty dollars ($6,550)]***seven thousand fifty dollars ($7,050)**;

4. Catastrophic Coverage Stage. After a member's total yearly out-of-pocket Part D prescription drug costs reach *[six thousand five hundred fifty dollars ($6,550)]***seven thousand fifty dollars ($7,050)**, the member will pay the greater of—

A. Five percent (5%) coinsurance or a *[three dollar and seventy cent ($3.70)]***three dollar and ninty-five cent ($3.95)** 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 a *[nine dollar and twenty cent ($9.20)]***nine dollar and eighty-five cent ($9.85)** 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. Emergency amendment filed Oct. 29, 2014, effective Jan. 1, 2015, terminated May 30, 2015. Amended: Filed Oct. 29, 2014, effective May 30, 2015. Emergency amendment filed Oct. 28, 2015, effective Jan. 1, 2016, expired June 28, 2016. Amended: Filed Oct. 28, 2015, effective May 30, 2016. Emergency amendment filed Oct. 28, 2016, effective Jan. 1, 2017, expired June 29, 2017. Amended: Filed Oct. 28, 2016, effective May 30, 2017. Emergency amendment filed Oct. 27, 2017, effective Jan. 1, 2018, expired June 29, 2018. Amended: Filed Oct. 27, 2017, effective May 30, 2018. Emergency amendment filed Oct. 31, 2018, effective Jan. 1, 2019, expired June 29, 2019. Amended: Filed Oct. 31, 2018, effective May 30, 2019. Emergency amendment filed Oct. 30, 2019, effective Jan. 1, 2020, expired June 28, 2020. Amended: Filed Oct. 30, 2019, effective May 30, 2020. Emergency amendment filed Oct. 26, 2020, effective Jan. 1, 2021, expired June 29, 2021. Amended: Filed Oct. 26, 2020, effective May 30, 2021. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: filed Oct. 29, 2021.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

**Original authority: 103.059, RSMo 1992.*