

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 hereinafter referred to as the Medicare Prescription Drug Plan.

(A) Non-active subscribers that have Medicare primary coverage and their dependents that have Medicare primary coverage enrolled in the Medicare Advantage Plan shall receive their pharmacy benefit through the Medicare Prescription Drug Plan.

(B) The non-Medicare dependents of Medicare primary non-active subscribers will not be in the Medicare Prescription Drug Plan but will have pharmacy benefit coverage as defined by 22 CSR 10-2.090.

(C) Foster parent members that have Medicare primary coverage and their dependents that have Medicare primary coverage will not be in the Medicare Prescription Drug Plan but will have pharmacy benefit coverage as defined by 22 CSR 10-2.090.

(D) A retiree Medicare primary member who chooses not to be in the Medicare Prescription Drug Plan will lose MCHCP eligibility and will not be allowed to enroll in a medical or Medicare Prescription Drug Plan at a later date.

(E) MCHCP will pay the Medicare financial penalty incurred by a Medicare primary member who has had a continuous gap in prescription drug coverage of sixty-three (63) days or more after the Medicare Initial Election Period (IEP) and was not covered by any creditable prescription drug coverage and failed to enroll into Part D.

(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 four hundred thirty dollars (\$4,430)]***four thousand six hundred sixty dollars (\$4,660)**, 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 dollar (\$80) copayment; ninety- (90-) day supply at retail has a one hundred twenty dollar (\$120) copayment; and a ninety- (90-) day supply through home delivery has a one hundred dollar (\$100) 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 four hundred thirty dollars (\$4,430)]***four thousand six hundred sixty dollars (\$4,660)** and remain below *[seven thousand fifty dollars (\$7,050)]***seven thousand four hundred dollars (\$7,400)**, 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 *[seven thousand fifty dollars (\$7,050)]***seven thousand four hundred dollars (\$7,400)**;

4. Catastrophic coverage stage. After a member's total yearly out-of-pocket Part D prescription drug costs reach *[seven thousand fifty dollars (\$7,050)]***seven thousand four hundred dollars (\$7,400)**, the member will pay the greater of—

A. Five percent (5%) coinsurance or a *[three dollar and ninety-five cent (\$3.95)]***four dollar and fifteen cent (\$4.15)** 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 eighty-five cent (\$9.85)]***ten dollar and thirty-five cent (\$10.35)** 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.

(G) Medications covered under 22 CSR 10-2.090 will be covered under the Medicare Prescription Drug Plan as non-Part D medications when they are not a Part D covered drug.

(H) Medicare Part B Prescription Drugs are excluded from the Medicare Prescription Drug Plan.

(I) Prescription drugs and prescribed over-the-counter drugs as recommended by the U.S Preventive Services Task Force (categories A and B) are covered at one hundred percent (100%) when filled at a network pharmacy. The following are also covered at one hundred percent (100%) when filled at a network pharmacy:

1. Vaccines and administration as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and

2. Preferred formulary brand contraception and non-preferred contraception when the provider determines a generic is not medically appropriate or a generic version is not available.

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, expired June 29, 2022. Amended: Filed Oct. 29, 2021, effective May 30, 2022. Emergency amendment filed Oct. 28, 2022, effective Jan. 1, 2023, expires June 28, 2023. Amended: filed Oct. 28, 2022.*

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.*