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

PROPOSED AMENDMENT

22 CSR 10-3.061 Plan Limitations The Missouri Consolidated Health Care Plan is amending section (1) and renumbering as necessary.

PURPOSE: This amendment removes the limitation on infertility treatment.

[(AA) Infertility treatment beyond the covered services to diagnose the condition.]

[(BB)](AA) Infusions received through a non-network provider.

[(CC)](BB) Level of care, greater than is needed for the treatment of the illness or injury.

[(DD)](CC) Long-term care.

[(EE)](**DD**) Maxillofacial surgery.

[(FF)](EE) Medical care and supplies to the extent that they are payable under—

- 1. A plan or program operated by a national government or one (1) of its agencies; or
- 2. Any state's cash sickness or similar law, including any group insurance policy approved under such law.

[(GG)](FF) Medical service performed by a family member—including a person who ordinarily resides in the subscriber's household or is related to the member, such as a spouse, parent, child, sibling, or brother/sister-in-law.

[(HH)](GG) Military service-connected injury or illness—including expenses relating to Veterans Affairs or a military hospital.

[(II)](HH) Never events—never events on a list compiled by the National Quality Forum of inexcusable outcomes in a health care setting.

[(JJ)](II) Drugs that the pharmacy benefit manager (PBM) has excluded from the formulary and will not cover as a non-formulary drug unless it is approved in advance by the PBM.

[(KK)](JJ) Non-medically necessary services.

[(LL)](KK) Non-provider allergy services or associated expenses relating to an allergic condition, including installation of air filters, air purifiers, or air ventilation system cleaning.

[(MM)](LL) Non-reusable disposable supplies.

[(NN)](MM) Online weight management programs.

[(OO)](NN) Other charges as follows:

- 1. Charges that would not otherwise be incurred if the subscriber was not covered by the plan;
- 2. Charges for which the subscriber or his/her dependents are not legally obligated to pay including, but not limited to, any portion of any charges that are discounted;
- 3. Charges made in the subscriber's name but which are actually due to the injury or illness of a different person not covered by the plan; and
- 4. No coverage for miscellaneous service charges including, but not limited to, charges for telephone consultations, administrative fees such as filling out paperwork or copy charges, or late payments.

[(PP)](OO) Over-the-counter medications with or without a prescription including, but not limited to, analgesics, antipyretics, non-sedating antihistamines, unless otherwise covered as a preventive service.

[(QQ)](**PP**) Physical and recreational fitness.

f(RR)/(QQ) Private-duty nursing.

[(SS)](RR) Routine foot care without the presence of systemic disease that affects lower extremities.

[(TT)](SS) Services obtained at a government facility if care is provided without charge.

f(UU)/(TT) Sex therapy.

[(VV)](UU) Surrogacy—pregnancy coverage is limited to plan member.

[(WW)](VV)Telehealth site origination fees or costs for the provision of telehealth services are not covered.

[(XX)](**WW**)Travel expenses.

[(YY)](XX) Workers' Compensation services or supplies for an illness or injury eligible for, or covered by, any federal, state, or local government Workers' Compensation Act, occupational disease law, or other similar legislation.

AUTHORITY: section 103.059, RSMo 2016.* Emergency rule filed Oct. 31, 2018, effective Jan. 1, 2019, expired June 29, 2019. Original rule 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. 27, 2023, effective Jan. 1, 2024, expires June 28, 2024. Amended: filed Oct. 27, 2023.

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.