

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

**PROPOSED AMENDMENT**

**22 CSR 10-2.080 Miscellaneous Provisions.** The Missouri Consolidated Health Care Plan is amending section (5).

*PURPOSE: This rule establishes the policy of the board of trustees in regard to miscellaneous provisions under the Missouri Consolidated Health Care Plan.*

*PURPOSE: This amendment revises the names of the medical plans.*

(1) Termination of the Plan. Any other provision of this plan to the contrary notwithstanding, no benefit will be paid for charges incurred by a member or former member after the termination of this plan.

(2) Facility of Payment. Plan benefits will be paid to the subscriber if living and capable of giving a valid release for the payment due. If the subscriber, while living, is physically, mentally, or for any other reason incapable of giving a valid release for any payment due, the claims administrator at his/her option, unless and until request is made by the duly appointed guardian, may pay benefits which may become due to any blood relative or relative connected by marriage to the subscriber, or to any other person or institution appearing to the claims administrator to have assumed responsibility for the affairs of the subscriber. Any payments made by the claims administrator in good faith pursuant to this provision shall fully discharge the claims administrator to the extent of the payment. Any benefit unpaid at the time of the subscriber's death will be paid to the subscriber's estate. If any benefits shall be payable to the estate of the subscriber, the claims administrator may pay these benefits to any relative by blood or connection by marriage of the subscriber who is deemed by the claims administrator to be equitably entitled to it. Any payments made by the claims administrator in good faith pursuant to this provision shall fully discharge the claims administrator to the extent of this payment. Subject to any acceptable written direction and assignment by the subscriber, any benefits provided, at the claims administrator's option, may be paid directly to an eligible provider rendering covered services; but it is not required that the service be rendered by a particular provider.

(3) Confidentiality of Records. The health records of the members in the plan are confidential and shall not be used or disclosed unless such use or disclosure is in compliance with the Health Insurance Portability and Accountability Act.

(4) Should any provision of this plan conflict with the requirements of federal or state law, including, but not limited to, the Health Insurance Portability and Accountability Act, Family and Medical Leave Act, the Americans with Disabilities Act, or the Older Workers Benefit Protection Act, the plan shall be administered in such a way as to comply with the requirements of law, and will be deemed amended to conform with law.

(5) The PPO [300] 750 Plan, PPO [600] 1250 Plan, and Health Savings Account Plan benefits including pharmacy are self-funded by the plan. MCHCP has subrogation rights under section 376.433, RSMo for any amounts expended for these benefits.

(6) The board of trustees has the right to suspend, revise, or remove eligibility and benefit requirements in the case of a disaster or emergency situation.

*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. Emergency rescission and 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. Rescinded and readopted: Filed Dec. 21, 1994, effective June 30, 1995. Emergency amendment filed Nov. 14, 1995, effective Jan. 1, 1996, expired June 28, 1996. Amended: Filed Nov. 14, 1995, effective May 30, 1996. Emergency amendment filed Nov. 25, 1996, effective Jan. 1, 1997, expired June 29, 1997. Amended: Filed Nov. 25, 1996, effective May 30, 1997. Emergency rescission and rule filed Dec. 12, 2000, effective Jan. 1, 2001, expired June 29, 2001. Rescinded and readopted: Filed Dec. 12, 2000, effective June 30, 2001. Emergency amendment filed Dec. 20, 2002, effective Jan. 1, 2003, expired June 29, 2003. Amended: Filed Dec. 20, 2002, effective June 29, 2003. Amended: Filed Dec. 19, 2003, effective June 30, 2004. Emergency rescission and rule filed Dec. 20, 2004, effective Jan. 1, 2005, expired June 29, 2005. Rescinded and readopted: Filed Dec. 20, 2004, effective June 30, 2005. Amended: Filed Oct. 30, 2012, effective May 30, 2013. Amended: Filed Oct. 29, 2014, effective May 30, 2015. Emergency amendment filed Oct. 30, 2018, effective Jan. 1, 2019, expires June 29, 2019.*

*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.*