PROPOSED AMENDMENT

22 CSR 10-2.110 General Foster Parent Membership Provisions The Missouri Consolidated Health Care Plan is amending sections (3), (5), and (14).

PURPOSE: This amendment revises default enrollment procedures, clarifies disabled dependent eligibility, reporting of other health coverage, and renumbers as necessary.

(3) Enrollment Procedures. 

(C) An eligible foster parent may elect or change coverage for himself/herself and/or for his/her spouse/child(ren) if one (1) of the following occurs:

1. Occurrence of a life event, which includes marriage, birth, adoption, and placement of child(ren). A special enrollment period of thirty-one (31) days shall be available beginning with the date of the life event. It is the eligible foster parent’s responsibility to notify MCHCP of the life event;
   A. If paternity is necessary to establish the life event and was not established at birth, the date that paternity is established shall be the date of the life event; or
   2. Employer-sponsored group coverage loss. An eligible foster parent or his/her spouse/child(ren) may enroll within sixty (60) days due to an involuntary loss of employer-sponsored coverage under one (1) of the following circumstances:
      A. Employer-sponsored medical, dental, or vision plan terminates;
      B. Eligibility for employer-sponsored coverage ends;
      C. Employer contributions toward the premiums end; or
      D. Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage ends; or
   3. If an eligible foster parent or his/her spouse/child(ren) loses MO HealthNet or Medicaid status, s/he may enroll in an MCHCP plan within sixty (60) days of the date of loss; or
   4. If an eligible foster parent or eligible foster parent’s spouse receives a court order stating s/he is responsible for covering a child, the eligible foster parent may enroll the child in an MCHCP plan within sixty (60) days of the court order; or
   5. Default Enrollment
      A. If an eligible foster parent is enrolled in the PPO [300 or] 750, PPO [600]/1250, or HSA Plan and does not complete enrollment during the open enrollment period, the foster parent and his/her dependents will be enrolled in the same plan enrolled in the prior year at the same level of coverage [in the PPO 1250 Plan provided through the vendor the foster parent is enrolled in, effective the first day of the next calendar year]; or
      B. If an eligible foster parent is enrolled in the Health Savings Account (HSA) Plan and does not complete enrollment during the open enrollment period, the foster parent and his/her dependents will be enrolled at the same level of coverage in the HSA Plan provided through the vendor the foster parent is enrolled in, effective the first day of the next calendar year;
      C. If an eligible foster parent is enrolled in the HSA Plan and does not complete enrollment during the open enrollment period, the foster parent and his/her dependents will be enrolled in the same plan(s), effective the first day of the next calendar year; or
   6. If an eligible foster parent submits an Open Enrollment Worksheet or an Enroll/Change/Cancel form that is incomplete or contains obvious errors, MCHCP will notify the foster parent of such by mail, phone, or secure message. The foster parent must submit a corrected form to MCHCP by the date enrollment was originally due to MCHCP or ten (10) business days from the date MCHCP notifies the foster parent, whichever is later.
Proof of Eligibility. Proof of eligibility documentation is required for all dependents and subscribers, as necessary. Enrollment is not complete until proof of eligibility is received by MCHCP. A subscriber must include his/her MCHCPid or Social Security number on the documentation. If proof of eligibility is not received, MCHCP will send a letter requesting it from the subscriber. Except for open enrollment, documentation must be received within thirty-one (31) days of the date MCHCP processed the enrollment, or coverage will not take effect for those individuals whose proof of eligibility was not received. MCHCP reserves the right to request that such proof of eligibility be provided at any time upon request. If such proof is not received or is unacceptable as determined by MCHCP, coverage will terminate or never take effect. If enrolling during open enrollment, proof of eligibility must be received by November 20, or coverage will not take effect the following January 1 for those individuals whose proof of eligibility was not received. If invalid proof of eligibility is received, the subscriber is allowed an additional ten (10) days from the initial due date to submit valid proof of eligibility.

(E) Disabled Dependent.

1. An [newly] eligible foster parent may enroll his/her permanently disabled child when first eligible or an enrolled permanently disabled dependent turning age twenty-six (26) years, may continue coverage beyond age twenty-six (26) years, provided the following documentation is submitted to the plan prior to the end of the month of the dependent’s twenty-sixth birthday for the enrolled permanently disabled dependent or within thirty-one (31) days of enrollment of [a new foster parent and his/her] the permanently disabled child:

A. Evidence from the Social Security Administration (SSA) that the permanently disabled dependent or child was entitled to and receiving disability benefits prior to turning age twenty-six (26) years; and

B. A benefit verification letter dated within the last twelve (12) months from the SSA confirming the child is still considered disabled.

2. If a disabled dependent over the age of twenty-six (26) years is determined to be no longer disabled by the SSA, coverage will terminate the last day of the month in which the disability ends or never take effect for new enrollment requests.

3. Once the disabled child’s coverage is cancelled or terminated, s/he will not be able to enroll at a later date.

(14) Members are required to disclose to the claims administrator whether they have other health coverage and, if so, information about the coverage. [A member may submit other coverage information to the claims administrator by phone, fax, mail, or online. Dependent claims will be denied until the information is received.] Once the information is received, claims will be reprocessed subject to all applicable rules.


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.