

# Missouri Medicaid Basics

2025

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Acronym Key	
<b>ACA</b>	Affordable Care Act
<b>AEG</b>	Adult Expansion Group
<b>AFDC</b>	Aid for Families with Dependent Children
<b>ARPA</b>	American Rescue Plan Act
<b>CCBHC</b>	Certified Community Behavioral Health Clinics
<b>CHIP</b>	Children's Health Insurance Program
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>DESE</b>	Department of Elementary and Secondary Education
<b>DHSS</b>	Department of Health and Senior Services
<b>DSS</b>	Department of Social Services
<b>DMH</b>	Department of Mental Health
<b>EFMAP</b>	Enhanced Federal Medical Assistance Percentage
<b>EPSDT</b>	Early and Periodic Screening, Diagnostic, and Treatment
<b>FFY</b>	Federal Fiscal Year
<b>FMAP</b>	Federal Medical Assistance Percentage
<b>FPL</b>	Federal Poverty Level
<b>FSD</b>	Family Support Division
<b>HCB</b>	Home-and Community-Based
<b>LTSS</b>	Long-Term Services and Supports
<b>MAGI</b>	Modified Adjusted Gross Income
<b>MHABD</b>	MO HealthNet for the Aged, Blind, and Disabled
<b>MHF</b>	MO HealthNet for Families
<b>MOE</b>	Maintenance of Effort
<b>OAA</b>	Old Age Assistance
<b>PHE</b>	Public Health Emergency
<b>QMB</b>	Qualified Medicare Beneficiary
<b>SFY</b>	State Fiscal Year
<b>SLMB</b>	Specified Low-Income Medicare Beneficiary
<b>SSA</b>	Social Security Act
<b>SSI</b>	Supplemental Security Income

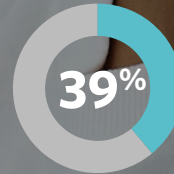
## MO HealthNet

Covers



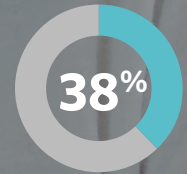
**1 out of every 5**  
Missourians

Covers



**39%**  
of Missouri's  
children

Pays for



**38%**  
of all births  
in the state<sup>1</sup>

Covers



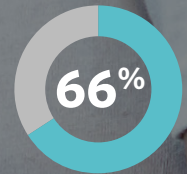
**1 out of every 11**  
adults aged  
**19-64**

Covers



**1 out of every 12**  
older adults aged  
**65+**

Pays for



**66%**  
of all nursing home  
care in the state<sup>2</sup>

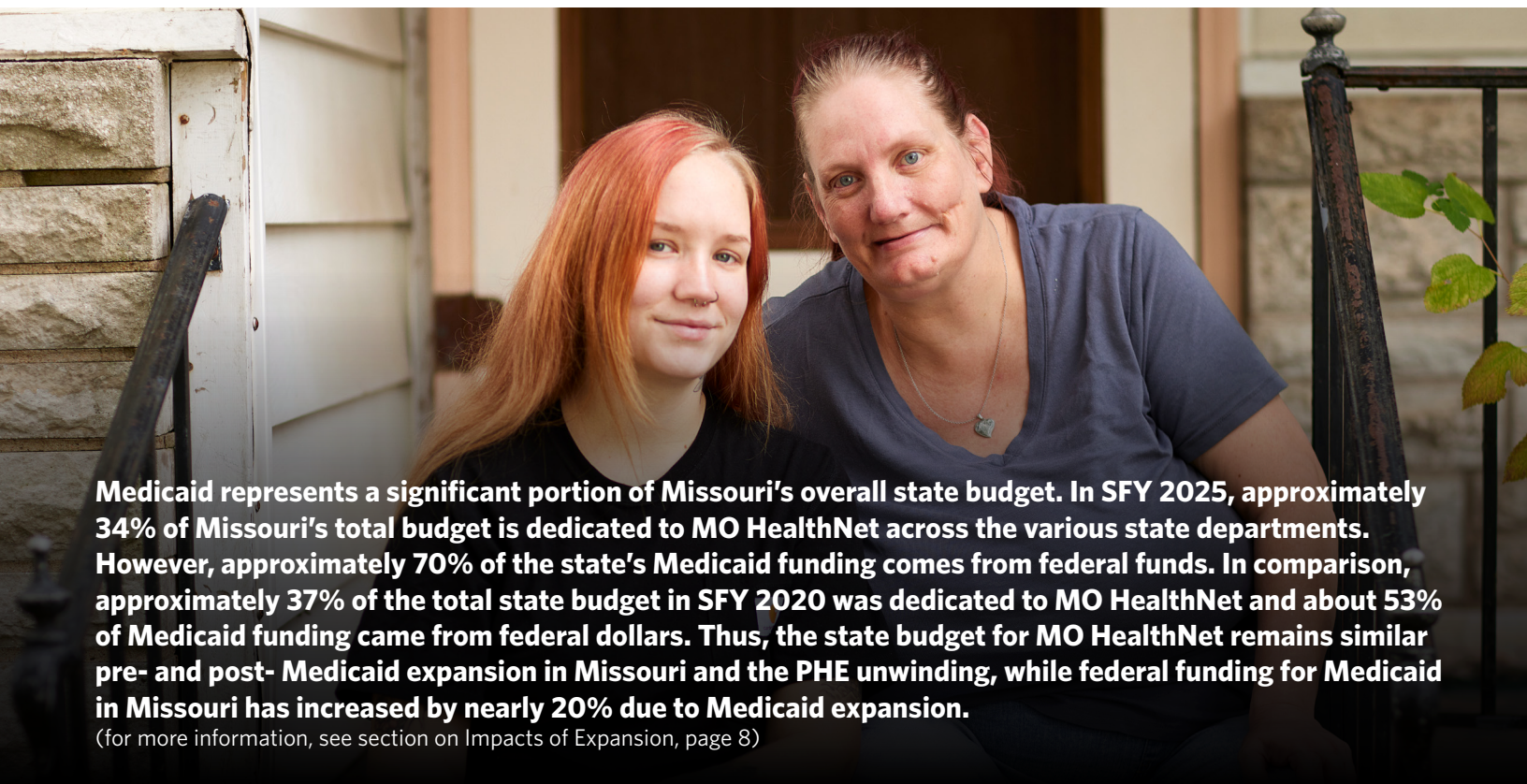
# Introduction

The Medicaid program, enacted through Title XIX of the federal Social Security Act in 1965 at the same time as Medicare, exists as the largest of the federal-state partnerships for low-income people. Nationally, Medicaid and the Children’s Health Insurance Program (CHIP) provide public health insurance coverage to nearly 80 million low-income Americans,<sup>3</sup> including working families, single adults, children, older adults, and individuals with physical and mental disabilities. The federal government offers matching funds to states to support the financing of Medicaid.

Each state administers its own Medicaid program. The federal Centers for Medicare and Medicaid Services (CMS) monitors state-run programs and establishes requirements for service delivery and quality, funding, and eligibility standards. State participation is voluntary, and all states have participated since 1982. Missouri’s participation in Medicaid (called MO HealthNet in Missouri) began in 1967. Over state fiscal year (SFY) 2024, an average of 1,391,481 Missourians per month were covered by MO HealthNet.

Missouri’s Medicaid program spans several departments within the state’s government.

- **Department of Social Services (DSS)** is officially designated the single state agency for MO HealthNet, as required by federal law, and is responsible for financial administration, federal reimbursement, and all daily operations of the program.
  - **MO HealthNet Division** administers the provision and payment of services.
  - **Family Support Division (FSD)** determines eligibility for individuals and families.
- **Department of Mental Health (DMH)** provides services to people with mental illness, developmental disabilities, and substance use disorders.
- **Department of Health and Senior Services (DHSS)** administers home-and community-based (HCB) services and regulates certain types of providers.
- **Department of Elementary and Secondary Education (DESE)** manages school-based services and special education programs that receive some Medicaid funding.



**Medicaid represents a significant portion of Missouri’s overall state budget. In SFY 2025, approximately 34% of Missouri’s total budget is dedicated to MO HealthNet across the various state departments. However, approximately 70% of the state’s Medicaid funding comes from federal funds. In comparison, approximately 37% of the total state budget in SFY 2020 was dedicated to MO HealthNet and about 53% of Medicaid funding came from federal dollars. Thus, the state budget for MO HealthNet remains similar pre- and post- Medicaid expansion in Missouri and the PHE unwinding, while federal funding for Medicaid in Missouri has increased by nearly 20% due to Medicaid expansion.**

(for more information, see section on Impacts of Expansion, page 8)

MO HealthNet spending varies with policy changes to enrollment, covered benefits, and eligibility guidelines, as well as with other factors such as participants’ health status, unemployment rates, and medical price inflation. Such factors are also likely to impact the overall state budget given the size of the MO HealthNet program.

## Missouri's Health Insurance Landscape Before and After PHE and Expansion, 2019-2023<sup>4</sup>

	2023, Post-PHE/Expansion	2019, Pre-PHE/Expansion	Change
<b>Type of Insurance</b>	<b>% of total population</b>	<b>% of total population</b>	
<b>With any coverage</b>	<b>92.5</b>	<b>90.0</b>	<b>2.5</b>
<b>Private</b>	<b>68.4</b>	<b>69.7</b>	<b>-1.3</b>
<b>Employer</b>	<b>56.5</b>	<b>57.1</b>	<b>-0.6</b>
<b>Direct purchase</b>	<b>13.2</b>	<b>13.3</b>	<b>-0.1</b>
<b>TRICARE</b>	<b>2.8</b>	<b>2.7</b>	<b>0.1</b>
<b>Public</b>	<b>36.0</b>	<b>32.2</b>	<b>3.8</b>
<b>Medicare</b>	<b>20.1</b>	<b>19.5</b>	<b>0.6</b>
<b>Medicare and Private Insurance</b>	<b>9.3</b>	<b>10.0</b>	<b>-0.7</b>
<b>Medicaid</b>	<b>17.7</b>	<b>14.5</b>	<b>3.2</b>
<b>Medicaid and Private Insurance</b>	<b>2.6</b>	<b>2.0</b>	<b>0.6</b>
<b>Medicaid and Medicare</b>	<b>2.8</b>	<b>2.8</b>	<b>0</b>
<b>Military or Veterans Administration</b>	<b>2.8</b>	<b>2.7</b>	<b>0.1</b>
<b>Uninsured</b>	<b>7.5</b>	<b>10.0</b>	<b>-2.5</b>

\*May not sum to 100% due to rounding. Some respondents may have multiple types of insurance, so the sum of categories may exceed the total.



The type of insurance an individual is eligible to receive depends on age, employment, functional ability, income, and family size among other factors. Medicaid is a safety-net program that offers health coverage to those who may not have access to another source of affordable coverage, often used to fill gaps in the larger system. For example, a small percentage of families with high medical costs (e.g., children with significant disabilities) utilize Medicaid to supplement their private insurance coverage.<sup>5</sup> Other common types of insurance coverage include the following:

- Employer-sponsored insurance:** Many employers provide health insurance as part of their compensation plans. This benefit has been encouraged by federal tax policy since the 1940s. The ACA also imposes tax penalties for large employers (50 or more employees) that do not offer adequate and affordable coverage to full-time employees.
- Medicare:** This federal program primarily serves people aged 65 and older as well as younger people with certain disabilities. Medicare Part A helps pay for hospital care; Part B helps pay for medical care like doctor's visits, outpatient services, and medical equipment; Part C is a private health plan option that provides coverage for Parts A, B, and sometimes D; and Part D helps pay for prescription drugs. People can be 'dually-eligible' for both Medicare and Medicaid (see "Key MO HealthNet Programs" for more information).
- Individual market or Non-Group:** Individuals and families that do not receive employer-sponsored insurance and are not eligible for a public insurance program can receive coverage from private qualified health plans on the health insurance marketplace (healthcare.gov) or directly from insurance providers. Previously, those with household income between 100 and 400% of the federal poverty level (FPL) qualified for financial assistance on the marketplace. However, in 2020, the American Rescue Plan Act (ARPA) made financial assistance in the form of premium subsidies available for those over 400% FPL until 2022. In 2022, the Inflation Reduction Act extended these additional subsidies through 2025.

# Medicaid Unwinding Post-Public Health Emergency

Under Section 319 of the Public Health Service Act, the Secretary of the Department of Health and Human Services (HHS) is authorized to declare a public health emergency (PHE), which allows states to access various streams of federal funding. The duration of a PHE is 90 days, or for the duration of the emergency, whichever is shorter. The PHE can be extended by the HHS Secretary for additional periods of 90 days. In January 2020, the HHS secretary declared a PHE in response to the COVID-19 pandemic, and the PHE was repeatedly extended until it expired on May 11, 2023. On June 1, 2023, Missouri began the 12-month process that is often referred to as the Medicaid Unwinding, which included repealing certain flexibilities that helped individuals maintain their coverage during the pandemic. This process impacted all persons enrolled in Medicaid, totaling close to 1.4 million Missourians, for whom any loss or even brief gap in health coverage threatens adverse consequences – particularly low-income families and children, as well as those who are elderly or disabled. Key findings from the unwinding period underscore longstanding issues within the MO HealthNet program and significantly impacted enrollment.

## Reinstatement of the Regular Annual Renewal Process

The 2020 Families First Coronavirus Response Act limited the ability of states to disenroll individuals from Medicaid for the duration of the PHE. This, along with Medicaid expansion, is one of the reasons MO HealthNet enrollment increased steadily between SFY 2020 and 2023 (see “Changes in MO HealthNet Enrollment, SFY 2005 – 2024”). The expiration of the Public Health Emergency (PHE) on May 11, 2023 marked the end of the federal Medicaid continuous coverage requirements, thus permitting states to resume regular eligibility redeterminations for those enrolled in Medicaid. Missouri began reviewing eligibility for all MO HealthNet beneficiaries on June 1, 2023, with most reviews completed over a 12-month period.

Between June 2023 and May 2024, Medicaid eligibility was reviewed for a total of 1,377,391 Missourians.<sup>1</sup> Of these cases, 914,333 (66%) sustained coverage, 402,655 (29%) lost coverage, and 60,403 (4%) were still pending determination as of September 2024. Almost half of those who lost coverage are children, and almost three quarters (71%) were determined ineligible through a procedural determination, meaning they were disenrolled due to issues like missing paperwork, not necessarily because they no longer qualify.

## Ex Parte Renewals

CMS requires all states to first attempt administrative (or “ex parte”) renewals using available data sources before asking the enrollee to complete a renewal form. Ex parte renewals are the most efficient way to renew eligibility as they do not require additional paperwork and eliminate risk of procedural termination, which occurs when an individual loses coverage due to a paperwork issue such as missing documents but might still be eligible. Of the individuals who retained coverage through the annual renewal process between June 2023 and May 2024, Missouri renewed 71% on an ex parte basis, ranking in the top third of all states. Across all states and all renewals completed, only 61% were completed through ex parte processes.<sup>6</sup>

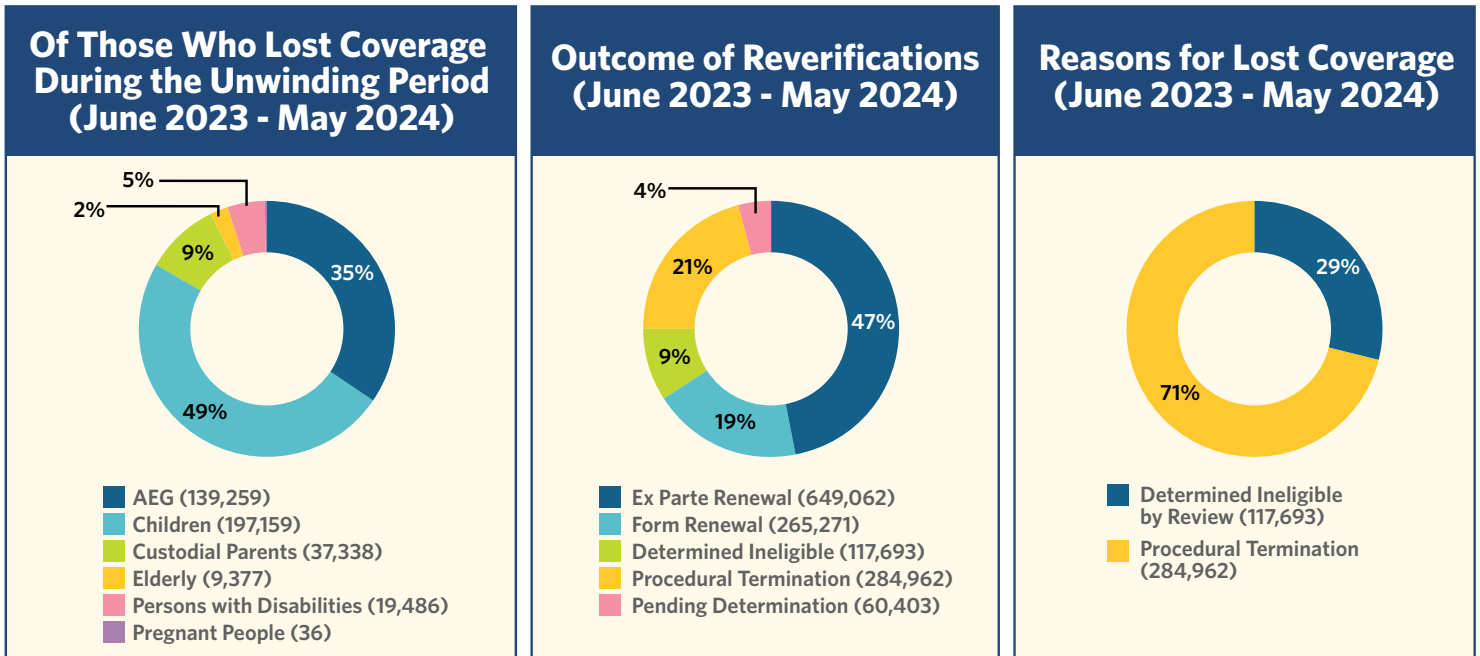


<sup>1</sup>Annual renewal data provided by the Missouri Department of Social Services on November 1, 2024. These data show a snapshot of annual renewals completed during the 12-month unwinding period. Because the snapshot was taken in October 2024, discrepancies may occur due to the number of active pending cases resolved over time.

## High Rate of Procedural Terminations

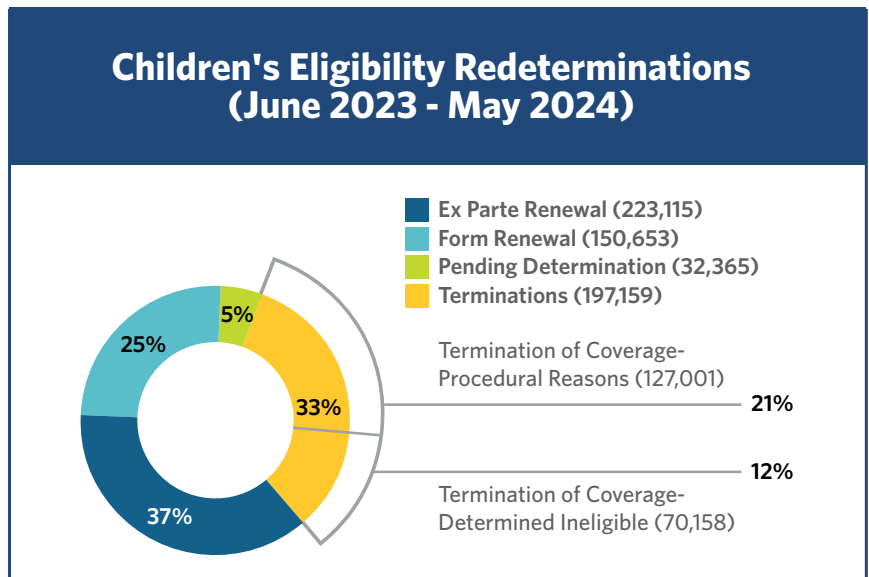
Of the more than 400,000 beneficiaries who were disenrolled between June 2023 and May 2024, 284,962 (71%), are a result of procedural terminations. This is slightly higher than the 69% terminated for procedural reasons across the nation and puts Missouri behind 23 other states.<sup>6</sup> Because of the high rate of procedural terminations, it is likely that tens of thousands of Missourians have been disenrolled from coverage despite remaining eligible for MO HealthNet.

The high rate of procedural terminations could be due to many factors, including outdated contact information for the enrollee, ongoing issues with the online enrollment portal such as the inability to upload multipage documents and documents getting lost or cited as never received, and high call center wait times and abandonment rates. Additionally, notices sent to beneficiaries regarding changes to coverage are often confusing and may include conflicting information about eligibility and reasons for termination.



## High Proportion of Children Losing Coverage

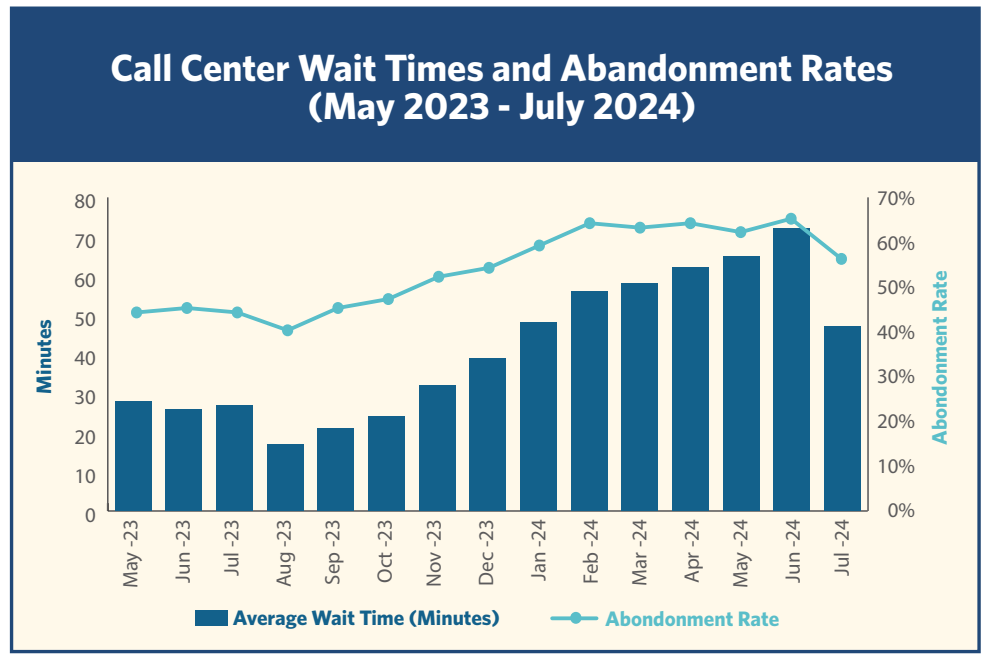
As of May 2024, 197,159 Missouri children lost MO HealthNet coverage during the 12-month unwinding period.<sup>ii</sup> Children make up almost half (49%) of the total number of disenrolled individuals in Missouri, a rate that is among the highest in the country. Of these cases, almost two-thirds (64%) were closed for procedural reasons. As a result, a large number of Missouri children may remain eligible for Medicaid or CHIP but have lost coverage due to paperwork and processing issues. Children make up a larger proportion of Medicaid enrollees than other categories, so it is expected that they would also comprise a large share of disenrollments. However, states with similar proportions of enrolled children have not shown similarly high rates of coverage loss.



<sup>ii</sup>This number includes all children reviewed in the 12-month unwinding period from June 2023 - May 2024 in a snapshot of enrollment data provided by MO DSS in October 2024. As annual renewals continue each month, this number has increased to 242,998 as of September 2024.

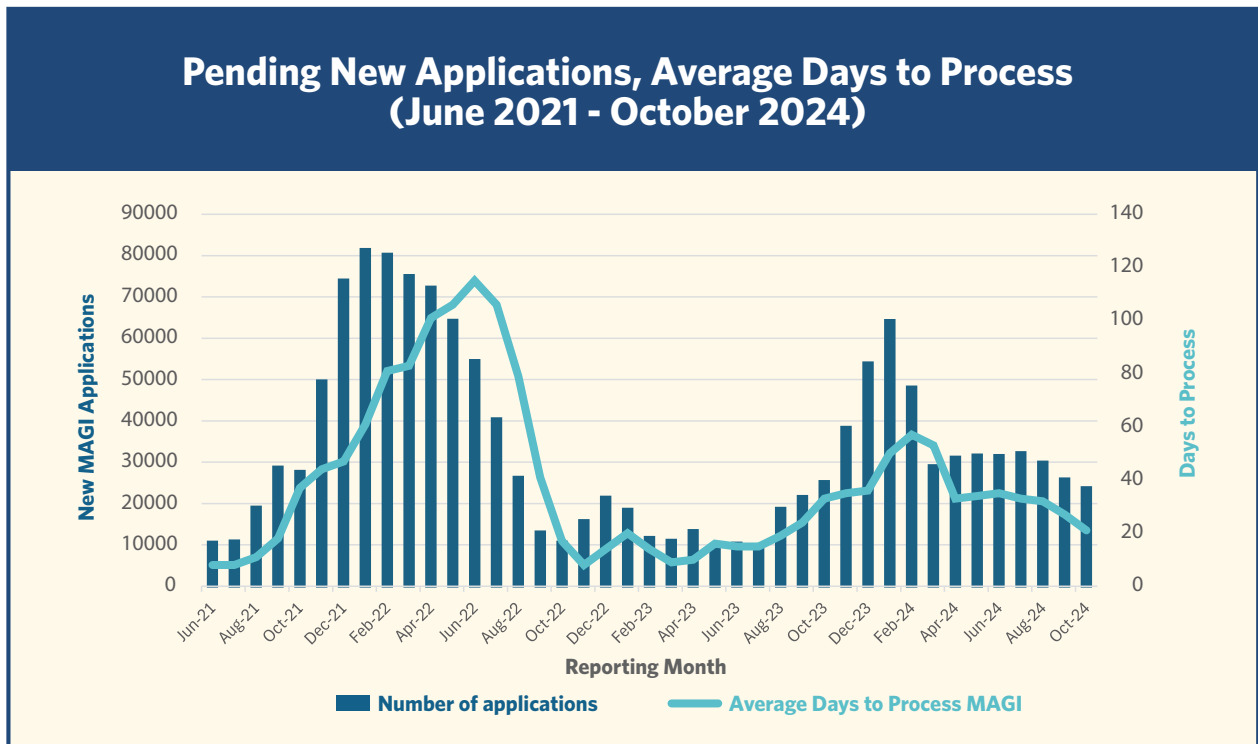
## Call Center

The Medicaid call center functions as the direct help line for beneficiaries seeking assistance with completing their renewal forms and understanding their changes in coverage. As of July 2024, the latest month for which CMS data are available, Missouri's Medicaid and CHIP call center experienced an average wait time of 47 minutes and a call abandonment rate of 55.7%, the highest in the country on both metrics.<sup>7</sup> Both metrics decreased in July after increasing steadily from August 2023 to June 2024. Missouri reported its highest call abandonment rate in June 2024, when approximately two out of every three callers left the call before connecting with a representative who could resolve their issues or answer their questions. The average wait time and abandonment rates have been among the highest in the country for six consecutive months from February to July 2024.



## Rising Number of Pending New Applications

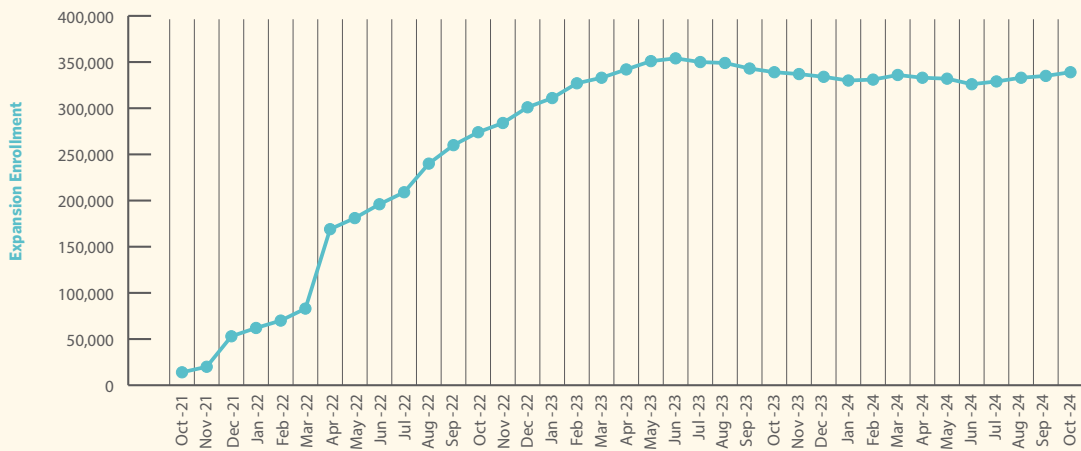
As the state commenced the redetermination process, new Medicaid applications continued to be submitted for review. In SFY 2024, an average of 33,736 new applications were pending review, including 22,723 MAGI applications (which utilize an individual's modified adjusted gross income to determine eligibility for pregnant people and low-income adults and children) with an average time to process MAGI applications of 35 days.<sup>8</sup> Application processing time continued to trend upward during the unwinding process and has at times exceeded the federal 45-day limit. New pending applications, unlike annual renewals pending redetermination, do not have coverage during the review period.



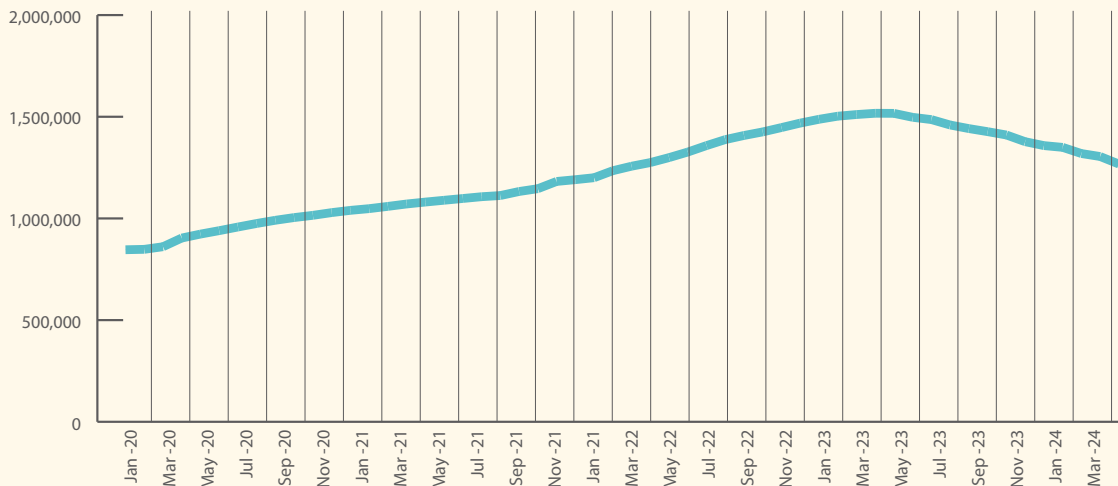
# Impacts of Expansion

In 2020, Missouri voters approved a Medicaid expansion ballot measure that extended Medicaid coverage to adults under 65 with household incomes up to 138% FPL. Despite approval of the ballot measure, the Missouri General Assembly declined to provide funding for expansion and the state withdrew its expansion plan, delaying the planned July 2021 start. In August 2021, the Missouri Supreme Court held that the program must be funded and the state was ordered to start accepting expansion applications. Enrollment in expansion began in October 2021, and as of October 2024, there were 339,987 adults enrolled in the Adult Expansion Group (AEG). The program was at its highest enrollment in June of 2023, with 354,187 eligible adults receiving health care coverage. Enrollment declined after June 2023 as expected due to the reinstatement of the annual renewal process. As provided by the ACA, the federal government covers 90% of the costs of Medicaid expansion (the federal government covers about 65% of the cost for other MO HealthNet beneficiaries).

## Adult Expansion Group Enrollment (October 2021 - October 2024)



## Changes in MO HealthNet Enrollment During the PHE, Expansion, and Unwinding Period (January 2020 - June 2024)





# Eligibility and Enrollment

MO HealthNet covers low-income Missourians who fall into the eligibility groups outlined in this section. Individuals must meet income criteria based on poverty guidelines established by the federal government to receive coverage. Resource guidelines (e.g., savings and other countable assets) also apply to MO HealthNet for the Aged, Blind, and Disabled (MHABD).

Note: Enrollment data are monthly averages over SFY 2024 unless otherwise noted.

## Parents, Children, and Pregnant Women

In SFY 2024, MO HealthNet covered a monthly average of 674,045 low-income children, 103,631 low-income custodial parents, and 30,689 pregnant women. The vast majority of covered adults in families with children are women. Children represent the largest demographic group served by Missouri Medicaid: 48% of all MO HealthNet enrollees are under the age of 19. Pregnant women who meet certain criteria are also eligible for coverage during their pregnancy and for 12 months postpartum through the MO HealthNet for Pregnant Women program.

## Aged

In SFY 2024, MO HealthNet covered a monthly average of 94,579 Missourians aged 65 and over. Eligible individuals must meet the income and resource requirements of the program. Older adults can also spend down their incomes to qualify for MO HealthNet (see “What’s Meant by Spending Down” for more information). In some cases, MO HealthNet assists older adults in paying their Medicare premiums, copayments, and deductibles.

## Blind and Disabled

In SFY 2024, 151,136 Missourians covered by MO HealthNet qualified for services due to a “physical or mental impairment, disease, or loss which keeps them from working in any job within their skill level for 12 months or longer.” People who are eligible for cash assistance through the federal Supplemental Security Income (SSI) program automatically qualify for MO HealthNet on the basis of disability. Other individuals who meet the SSI disability definition are also eligible as long as their income does not exceed 85% of FPL for individuals with a disability and 100% of FPL for those who are blind. Additional people can qualify by spending down their incomes on medical expenses. Some people with a disability also receive MO HealthNet assistance to help pay their Medicare premiums, copayments, and deductibles.

## Expansion Adults

In SFY 2024, a monthly average of 337,401 Missourians ages 19-64 were covered by MO HealthNet as a result of Medicaid expansion. This number includes adults who were already eligible for Medicaid coverage under other MO HealthNet programs but were later transferred to the adult expansion group after Medicaid expansion. In order to be eligible, these adults must have a household income that does not exceed 138% of FPL, and must not be eligible for disability benefits, MO HealthNet for Families, MO HealthNet for Pregnant Women, or non-spend down MO HealthNet for Aged, Blind, and Disabled. Additionally, any children in the household must have health care coverage, or at least have applied for it.

## MO HealthNet Income Eligibility

Covered Populations	Income Guidelines
Non-CHIP Children (ages 1-18)	<148% FPL
CHIP-premium Children	<300% FPL
Pregnant Women	<196% FPL**
Individuals with a Disability	<85% FPL*
Older Adults (age 65+)	<85% FPL*
Blind Individuals	<100% FPL*
Parents	~11-14% FPL***
Expansion Adults (age 19-64)	<133% FPL

\*\*Deductions and exceptions apply. People may have medical expenses deducted from income calculations to spend down to eligibility levels.

\*\*The income guidelines listed for pregnant women exclude Missouri’s Show-Me Healthy Babies Program, which provides pregnancy-related services to women with income below 300% FPL who do not have medical insurance that fully covers maternity benefits and are not eligible for any other MO HealthNet program.

\*\*\*Income guidelines for parents are based on the July 1996 AFDC payment standard, not on the federal poverty guidelines. See “AFDC Payment Standard for Parent Eligibility” below for details.

Children, pregnant women, and the adult expansion group are subject to a 5% income disregard (not included above) as a result of changes made in the ACA to amend modified adjusted gross income used to determine eligibility.

## 2024 Federal Poverty Level

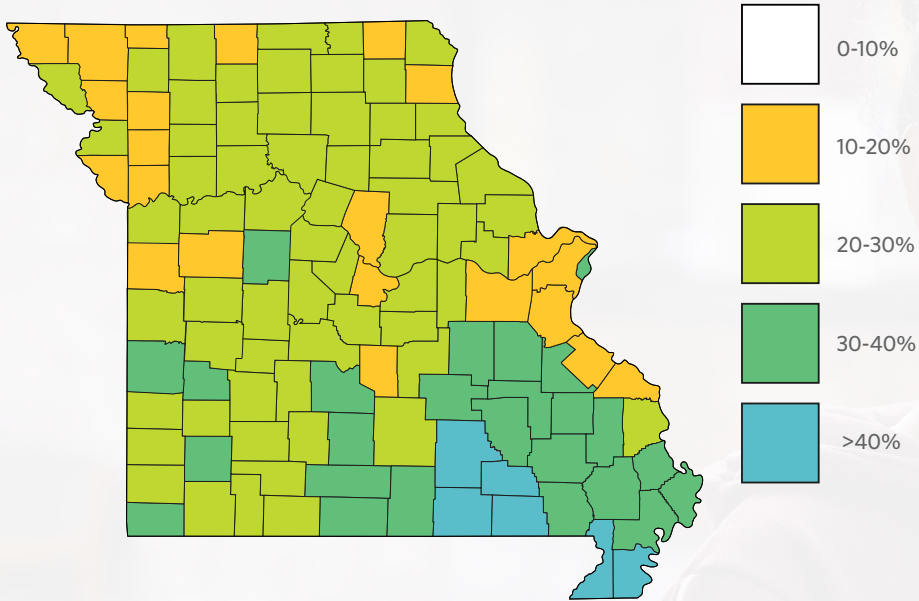
Family Size	Annual Income				
	85% FPL	100% FPL	138% FPL	196% FPL	300% FPL
1	\$12,801	\$15,060	\$20,783	\$29,518	\$45,180
2	\$17,374	\$20,440	\$28,207	\$40,062	\$61,320
3	\$21,947	\$25,820	\$35,632	\$50,607	\$77,460
4	\$26,520	\$31,200	\$43,056	\$61,152	\$93,600
5	\$31,093	\$36,580	\$50,480	\$71,697	\$109,740
6	\$35,666	\$41,960	\$57,905	\$82,242	\$125,880

## AFDC Payment Standard for Parent Eligibility (~11-14% FPL)

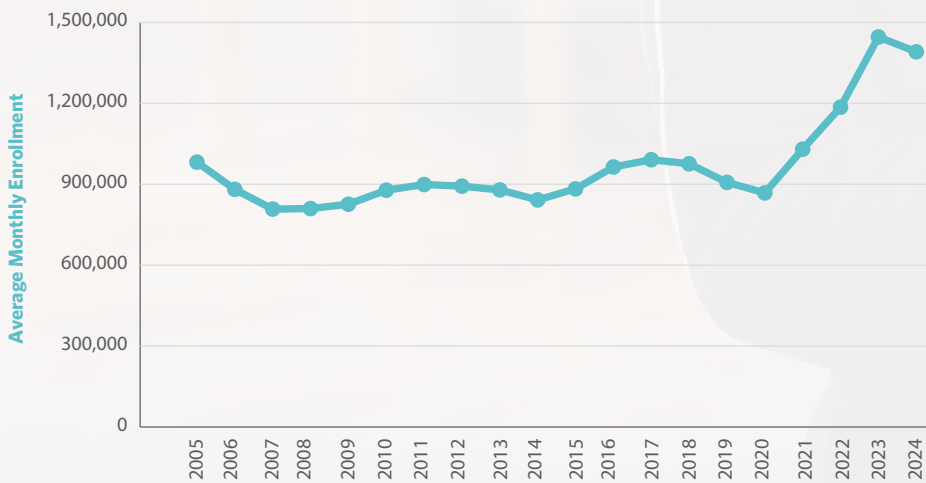
	Family Size				
	2	3	4	5	6
Annual Income	\$2,892	\$3,612	\$4,236	\$4,800	\$5,340

## Average MO HealthNet Enrollment by County, SFY 2024<sup>9</sup>

About 22% of all Missourians were enrolled in MO HealthNet in SFY 2024.



## MO HealthNet Change in Enrollment SFY 2005 - 2024



<sup>9</sup>Increase in enrollment after SFY 2020 is due to Medicaid expansion and the continued enrollment of all MO HealthNet participants for the duration of the PHE. Decrease in enrollment after 2023 is related to the PHE unwinding and reinstatement of the annual renewal process.

# Key MO HealthNet Programs

Missourians are enrolled in MO HealthNet programs based on eligibility requirements and necessary health care services. The following sections discuss the seven largest programs under MO HealthNet.

## 1. MO HealthNet for the Aged, Blind, and Disabled

MHABD provides Medicaid coverage to individuals who meet the requirements of the Old Age Assistance (OAA), Permanently and Totally Disabled, or Aid to the Blind programs. These Missourians account for nearly 18% of all MO HealthNet enrollees. Individuals who are over 65 or disabled and have incomes up to 85% of FPL qualify automatically, while others qualify for MHABD by spending down their incomes on medical expenses each month (see “What is Meant by Spending Down” for more information). Persons who are blind automatically qualify for MO HealthNet if they have incomes up to 100% of FPL. These individuals may also spend down to qualify.

In June 2024, more than 36% of individuals covered under MHABD were eligible under the OAA requirements (74,907 persons), while only about 0.5% of individuals (1,071 persons) in the MHABD program were eligible under the Aid to the Blind program. Individuals with disabilities accounted for 60% of participants in the MHABD program (122,754 persons). People of all ages with a wide variety of physical and mental disabilities can qualify if their disability, income, and resources meet certain criteria.

## 2. Qualified Medicare Beneficiary

The federal government requires that state Medicaid programs pay Medicare premiums, deductibles, or coinsurance for qualified people enrolled in Medicare Parts A or B. The Missouri Qualified Medicare Beneficiary (QMB) program pays for Medicare premiums, deductibles, and coinsurance for eligible persons enrolled in Medicare Part A with incomes up to 100% of FPL. In June 2024, 107,318 individuals received benefits through the QMB program, 84% of whom also received MHABD coverage.

Additionally, Missouri has a Specified Low-Income Medicare Beneficiary (SLMB) program that pays for all or part of the Medicare Part B premiums for persons whose incomes are between 100 and 130% of FPL. In June 2024, 40,996 individuals received assistance under the SLMB program. About 30% of SLMB recipients also received MHABD coverage.

## 3. MO HealthNet for Kids - Medicaid

This program provides health insurance coverage for children under age 19 whose net family income does not exceed:

- 196% of FPL for children under age 1
- 148% of FPL for children ages 1-18

In SFY 2024, 628,781 low-income Missouri children had health insurance coverage through this MO HealthNet program. This population represents 45% of all MO HealthNet recipients.

## What’s Meant by Spending Down?

Spending down refers to the amount of medical expenses that an individual must incur each month before becoming eligible for coverage through Medicaid. The total that must be spent down equals the amount by which an individual’s or couple’s net income exceeds the income eligibility requirement for a given Medicaid program.

An individual’s spend-down obligation can be met by:

- submitting incurred medical expenses to their caseworker monthly;
- paying the monthly spend down amount to the MO HealthNet Division, similar to an insurance premium payment; or
- a combination of submitting incurred medical expenses and paying a monthly spend down amount to the MO HealthNet Division.

During the PHE, FSD suspended the requirement for MO HealthNet beneficiaries to pay the spend down amount in order to remain covered. This means that during the PHE, FSD could not terminate coverage if the spend down was not met, although the spend down amounts were still technically due. If individuals did not meet their spend down during the PHE, they will not be required to pay at a later date after the expiration of the PHE. Since the expiration of the PHE in June 2023, however, individuals are again required to pay their monthly spend down amounts in order to remain eligible for MO HealthNet coverage and to prevent their coverage from being terminated.

MO HealthNet Enrollment Change		
	SFY 23-24 Percent Change - includes the PHE Unwinding	SFY 22-24 Percent Change - includes Medicaid Expansion and PHE Unwinding
Older Adults	0.2%	4.2%
Persons with Disabilities	-13.0%	-14.3%
Custodial Parents	-11.8%	2.5%
Pregnant Women	-11.9%	-47.0%
Children	-7.2%	-2.2%
Expansion Adults	12.7%	255.8%
All Medicaid Enrollees	-3.8%	17.3%

\*Decrease in enrollment between SFY 2023-2024 is due to the ending of continuous enrollment provisions for all MO HealthNet participants for the duration of the PHE. The increase in the “All Enrollees” category in SFY 2024 compared to SFY 2022 reflects the overall impact of Medicaid expansion in 2021.

#### 4. MO HealthNet for Kids - CHIP

Using its allocated CHIP funds, Missouri expanded the existing Medicaid program for low-income children in 1998. This CHIP expansion extended health coverage to children with family income up to 300% of FPL.

CHIP provides the same health services as those covered under MO HealthNet for Kids – Medicaid, except most CHIP children are not eligible for non-emergency medical transportation. Based on an income scale, some individuals covered under CHIP in Missouri must pay premiums. Premiums paid per family per month range from \$18 to \$393 for families with six members or less (see “MO HealthNet for Kids by Age and Income with Premium Requirements” chart). In SFY 2024, a monthly average of 45,265 children had coverage under CHIP in Missouri. This number represents about 3% of the total MO HealthNet population.

#### 5. MO HealthNet for Pregnant Women

Pregnant women with family income that does not exceed 196% of FPL qualify for Medicaid coverage under the MO HealthNet for Pregnant Women program. An average of 30,689 women per month received insurance benefits under this program in SFY 2024. This group represents nearly 2% of all MO HealthNet recipients in the state.

In 2014, the General Assembly passed legislation creating the “Show-Me Healthy Babies” program in MO HealthNet. Show-Me Healthy Babies covers pregnancy-related services for women with incomes below 300% of FPL. An additional 5,230 women were enrolled in this program in June 2024.

#### 6. MO HealthNet for Families - Parents

Low-income parents and caretakers are covered through the MO HealthNet for Families (MHF) adult program. Parents with incomes up to the 1996 Aid to Families with Dependent Children (AFDC) income level (about 11-14% of FPL) are eligible for the program. In SFY 2024, 103,631 adults had health insurance coverage through the MHF program. This group represents about 7% of all MO HealthNet recipients in the state of Missouri.

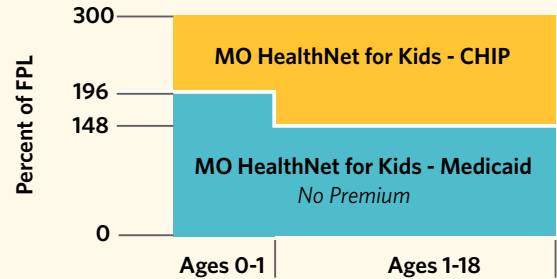
#### 7. Adult Expansion Group

Missourians aged 19-64, with income up to 138% FPL, and who are not eligible for disability benefits, are eligible for coverage under the adult expansion group. Additionally, these adults must not be eligible for Medicare part A or B, MO HealthNet for Families, MO HealthNet for pregnant women, or non-spend down MO HealthNet for the Aged, Blind, and Disabled. In SFY 2024, a monthly average of 337,401 adults were enrolled in MO HealthNet through the adult expansion group, including those previously enrolled in other Medicaid programs who were transferred to the adult expansion group. This makes up 24% of all MO HealthNet enrollees.

### Children’s Health Insurance Program

The federal Balanced Budget Act of 1997 amended the Social Security Act to create Title XXI, the Children’s Health Insurance Program. As of June 2024, CHIP provides affordable health coverage to nearly 7.1 million children nationally,<sup>3</sup> including a monthly average of 45,265 in Missouri, who live in families with incomes too high to qualify for Medicaid but too low to afford private coverage. In Missouri, CHIP is combined with the state’s Medicaid program and is called MO HealthNet for Kids. In 2018, Congress reauthorized CHIP and extended funding of the program through FFY 2027. The reauthorization maintained the enhanced federal match rate for CHIP, which is 75.72% for FFY 2025.<sup>10</sup>

### MO HealthNet for Kids by Age and Income with Premium Requirements



### MO HealthNet for Kids - CHIP Monthly Premiums

226 – 300% FPL	\$141 - 393
186 – 225% FPL	\$58 - 161
151 – 185% FPL	\$18 - 49

Family income and size determines the premium. A family pays no more than 5% of its income for coverage.

# Covered Services

Federal guidelines require states to cover a minimum set of services under Medicaid. Mandatory services include:

- Inpatient hospital services
- Outpatient services, including those delivered in rural health clinics and federally qualified health centers
- Physician services, including psychiatry
- Family planning services and supplies
- Nursing facility services and home care
- Skilled home health services, including durable medical equipment
- Lab and X-ray services
- Nurse-midwife, certified family nurse practitioner, and certified pediatric nurse practitioner services
- Home health services
- Non-emergency medical transportation
- Screening and treatment services to children under age 21 under the Early and Periodic Screening, Diagnostic, and Treatment program, also known as the Healthy Children and Youth program in Missouri

## Optional Services

States may opt to cover additional services, which also qualify for federal matching funds. Optional means that federal law does not mandate the service. Some of the optional services Missouri provides to certain eligible Medicaid populations include pharmacy, rehabilitation, mental health services (may be mandatory in some instances for those under age 21 and when medically necessary), in-home care, and dental services.

While considered optional, most of these services are central to effective health care. The elimination of these services may increase utilization and costs of some mandatory services, particularly emergency room care and hospitalizations. In addition, lack of access to optional benefits can affect the ability of older adults and people with disabilities to remain in their homes and communities and can result in admission to a nursing facility or similar institution.

# MO HealthNet Waivers and State Plan Amendments

Medicaid is administered jointly by federal and state governments. The arrangement allows states to tailor their programs to best address the needs of their residents and respond to emerging issues. Federal law sets minimum standards for operating the programs. States can change their programs through a state plan amendment or a waiver. State plan amendments are used when a state is making a change to how Medicaid is administered within the requirements of federal law.

States can also request to waive certain provisions of sections 1115 and 1915 of the Social Security Act (SSA). When the secretary of Health and Human Services declares a state of emergency, states can also waive provisions of section 1135 of the SSA. The waiver is an agreement between the federal government and the state that exempts the state from the provisions of the federal law. The waiver includes special terms and conditions that define the strict circumstances under which the state is exempt from the provisions of federal law.

Over the previous year, Missouri implemented one new state plan amendment regarding postpartum coverage. Missouri currently has eleven 1915(c) HCB waivers, a 1915(b) waiver authorizing the managed care system, and two active 1115 waivers.<sup>11</sup> The 1915(c) HCB waivers cover certain services that would not otherwise have been covered under the Medicaid program to provide options other than institutional care. For more information on Missouri's 1915(c) waivers, please refer to the "Home and Community Based Care" subsection below.

## Postpartum Coverage and Doula Services State Plan Amendments

In 2023, Missouri legislators enacted 12 months of postpartum coverage for women under most MO HealthNet programs. Postpartum coverage is continuous at the level of care the participant had on their last day of pregnancy. New applicants may be eligible if their pregnancy ended during the prior quarter period if the applicant is found to be eligible on the last day of the pregnancy.

On September 27, 2024, Missouri state officials took steps toward improving maternal and infant health outcomes particularly among low-income families by issuing an emergency rule to allow doulas to be reimbursed through Medicaid. The program reimburses six prenatal and postpartum doula visits, being present at a birth, lactation education services, and support in navigating community services. Coverage is provided for Medicaid enrollees under the six-month rule, which will end on March 28, 2025. The state has provided public notice of its intention to submit a permanent plan amendment upon its expiration.

## Missouri's 1115 Waivers

Missouri has two active 1115 waivers, and each serves a specific purpose in forwarding the goals of the Medicaid program. The **MO Former Foster Care Youth Demonstration**, effective June 10, 2022, through December 31, 2025, provides coverage to former foster care youth under age 26. This waiver allows the state to enroll foster care children, children receiving adoption assistance, individuals formerly in foster care who have aged out and are now under the age of 26, and children who are under the care of the Division of Youth Services, into a single specialty health plan as long as they are eligible. The goal of this waiver is to improve coordination of care, access to specialty providers, medication management, and to provide whole-person care to this group.

**The MO Substance Use Disorder & Serious Mental Illness Demonstration**, effective December 6, 2023, through December 31, 2028, allows the state to expand access to a full continuum of services across American Society of Addiction Medicine (ASAM) levels of care statewide for opioid use disorder and other substance use disorders. It also permits Medicaid coverage and reimbursement for inpatient psychiatric services provided to eligible people with a substance use disorder ages 12-64 who meet medical necessity criteria, including residential substance use disorder services in a facility that qualifies as an institution for mental disease (IMD). In addition, approval of the serious mental illness program allows the state to add reimbursement for acute inpatient stays in an IMD.

The state's now inactive 1115 waiver to extend coverage of postpartum treatment of substance use disorders was approved by the federal government, but the demonstration has been paused by DSS as of February 2022. This waiver would have covered substance use disorder and mental health services for certain postpartum women for 12 months. Since the implementation of Medicaid expansion, women with incomes up to 138% of FPL will be eligible for coverage regardless of this program. Additionally, in 2021, the Missouri General Assembly passed legislation that allows 12 months of continuous coverage after the end of a pregnancy for eligible individuals. Women with incomes between 138 and 201% of FPL, however, could still benefit from this waiver program if it is reinstated.

### Requirements for Medicaid Waivers and State Plan Amendments

	State Plan Amendment	1915(c) Waiver	1915(b) Waiver	1115 Waiver	1135 Waiver
<b>Scope of Change</b>	Administrative updates in accordance with federal requirements (eligibility, benefits, services, provider payments, etc.)	Home and community-based services (HCB waivers)	Delivery system modifications (e.g., managed care)	Demonstrations that further the goals of the Medicaid program	Authorized changes by the HHS secretary during a public health emergency
<b>Public Review</b>	Not required	Encouraged	Encouraged	Required public comment period	Not required
<b>Budget Requirements</b>	None	Budget neutrality	Cost effectiveness	Budget neutrality	None
<b>Federal Government's Approval Timeframe</b>	90 days	90 days	90 days	None	None
<b>Approval Duration</b>	Indefinite	3 years; renewals up to 5 years	2 years; renewals up to 2 years	5 years; renewals up to 3 years <sup>12</sup>	60 days or end of state of emergency <sup>13</sup>

# Delivery Systems

The MO HealthNet program works to promote good health, to prevent illness and premature death, to treat illness, and to provide rehabilitation to persons with disabilities. Health services covered by MO HealthNet can be split into two benefit packages: 1) Primary and Acute Health Care and 2) Long-Term Services and Supports.

## Primary and Acute Health Care

MO HealthNet's Primary and Acute Health Care package provides physician, hospital, laboratory, pharmacy, preventive, and other services. People have access to these services through either the fee-for-service system or the managed care system, depending on the MO HealthNet program for which they are eligible.

### Fee for Service

In Missouri, all individuals eligible under the MHABD program participate in the fee-for-service system, in which DSS, through a claims-processing fiscal agent, pays for services based on an established fee schedule. Similarly, families who receive coverage under the Medical Assistance for Disabled Children program, which provides coverage for children with disabilities, are enrolled in a fee-for-service system. In addition, all MO HealthNet beneficiaries, including those who receive services through managed care, obtain prescription drugs and behavioral health services through the fee-for-service system.

### MO HealthNet Managed Care

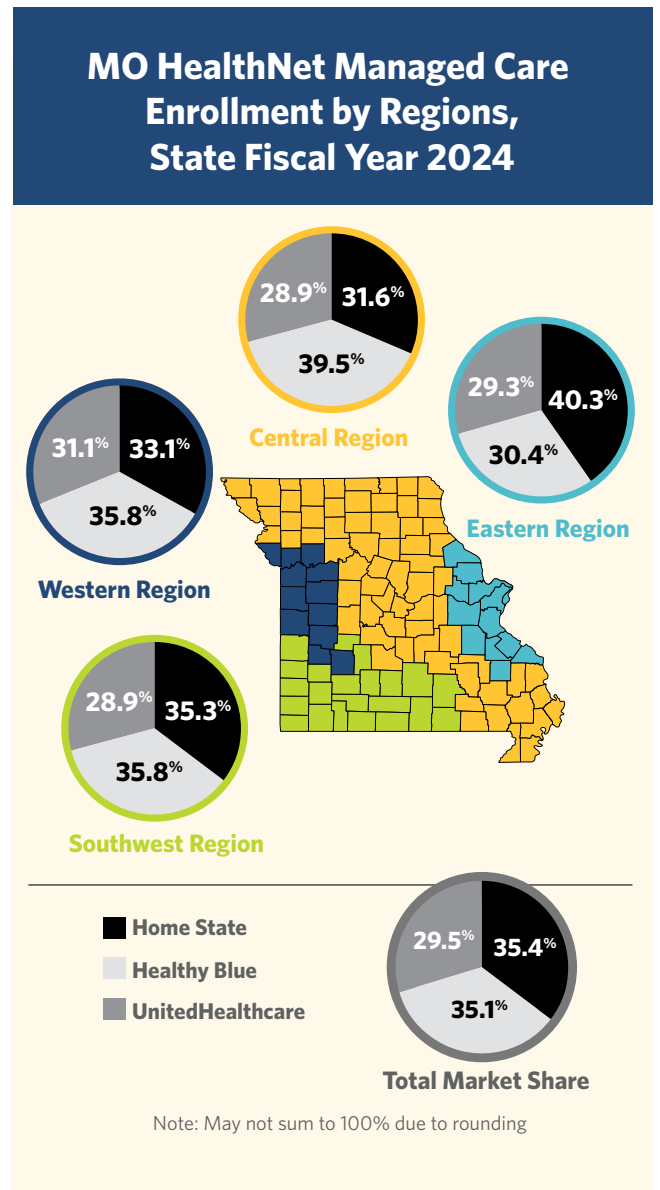
In an effort to enhance access and quality of care and improve predictability of costs, Missouri began providing MO HealthNet services to some beneficiaries through a managed care system in 1995. A managed care system integrates healthcare financing and delivery to provide care while lowering costs. States contract with managed care organizations (MCOs) to provide Medicaid benefits to enrollees. Today, three managed care health plans - Home State Health (Centene), HealthyBlue (Missouri Care), and UnitedHealthcare - provide services to all MO HealthNet enrollees who fit into the following eligibility categories:

- Parents/caretakers, children, pregnant women, and refugees
- Adults aged 19-64
- CHIP children

Additionally, Home State Health operates Show Me Healthy Kids, a managed care program for MO HealthNet children who are in the care and custody of the state, in alternative care, or receive adoption subsidy assistance. It also covers certain former foster care youth under age 26 who were in foster care until age 18 and were previously covered by MO HealthNet.

In SFY 2024, more than 79% of MO HealthNet beneficiaries were enrolled in one of the three contracted MO HealthNet managed care plans and Show Me Healthy Kids. Enrollees in the MO HealthNet managed care system can choose one of the three plans during open enrollment (children in state custody are placed in the Show Me Healthy Kids plan). If no selection is made, DSS will automatically assign individuals to a plan. For adult expansion enrollees, individuals are assigned to one of the three plans when their application is approved and can later change to a different plan. Missourians can change their MO HealthNet managed care plan during the first 90 days of enrollment for any reason. After this grace period, enrollees may request a change under specific circumstances. In particular, people with disabilities may choose to opt out of managed care and instead switch to a fee-for-service plan.

The contracted managed care plans provide a defined set of benefits to each enrollee in return for a capitated payment made on a per-member per-month basis. In 2022, the state signed one-year contracts with the managed care plans that are renewable annually for up to four additional years.



## Long-Term Services and Supports

MO HealthNet provides long-term services and supports (LTSS) to people who have chronic or disabling conditions and meet certain “level-of-care” criteria. These services fall into two categories based on the setting of service delivery. Medicare and private insurance rarely cover LTSS; therefore, Medicaid is the primary source of coverage.

### Facility-Based Care

Facility-based nursing care covers services provided in certain residential settings and accounts for one of the largest portions of MO HealthNet costs. Medicaid also covers care in residential facilities for eligible people with developmental disabilities, including intellectual disability. To qualify, individuals must live in a licensed facility, have a planned program of active treatment, and meet certain other criteria. A large majority of Missourians living in intermediate care facilities for individuals with intellectual disabilities are MO HealthNet participants.

### Home and Community-Based Care

Missouri’s MO HealthNet program supports a number of 1915(c) HCB waivers that allow certain participants to receive care in their homes or in the community rather than in a nursing facility or other institution. HCB services have eligibility requirements based on income, resources, and needed level of care. Services in the community account for nearly 68% of MO HealthNet’s spending on LTSS.<sup>14</sup>

Missouri currently has 11 HCB waiver programs that receive funding from state general revenue, social services block grants, Medicaid, and the Older Americans Act. During the COVID-19 public health emergency, Missouri submitted a request under Appendix K of section 1915(c) of the Social Security Act to temporarily amend provisions in many of these waivers to increase access to care for HCB populations. Authorization for waiver services comes through either DHSS\* or DMH\*\*, which determine need for care and the availability of services.



The Missouri HCB waiver programs include the:

- Adult Day Care Waiver\*
- Aged and Disabled Waiver\*
- AIDS Waiver\*
- Brain Injury Waiver\*
- Independent Living Waiver\*
- Medically Fragile Adult Waiver\*
- Structured Family Caregiving Waiver\*
- Developmental Disabilities Comprehensive Waiver\*\*
- Division of DD Community Support Waiver\*\*
- Missouri Children with Developmental Disabilities Waiver\*\*
- Partnership for Hope Waiver\*\*

About three in four adults over age 50 want to live in their homes and communities as they age.<sup>15</sup> Home care is also less expensive for MO HealthNet than institutional care. Because those who enter institutional care settings generally do not return home, prevention of institutional care is important. The HCB waivers help individuals remain integrated in their communities as they age while also preventing utilization of higher-cost services.

On October 1, 2024, DHSS implemented a new algorithm to determine whether Medicaid enrollees are eligible for home and community-based services. After the Missouri legislature made changes to the HCBS program in 2017 with the aim of reducing the budget, DHSS has been working to update the eligibility calculation. The new changes put almost 8,000 seniors and people with disabilities at risk of losing services that they may already be receiving as the updated algorithm seeks to redistribute resources under funding limitations.



# Financing and Expenditures

Medicaid is financed jointly between the federal and state governments. In FFY 2022, health care spending in the United States on the Medicaid program totaled \$804.1 billion, 71.3% of which was paid by the federal government and 28.7% was paid by states.<sup>16</sup>

## MO HealthNet Financing

In general, there are four different levels of federal matching funds for MO HealthNet for FFY 2024:

- Federal Medical Assistance Percentage (FMAP) of 66%, which covers the majority of MO HealthNet programs
- Enhanced Federal Medical Assistance Percentage (EFMAP) of 76.25%, for the MO HealthNet for Kids - CHIP program<sup>17</sup>
- Enhanced FMAP of 90%, which covers costs for the AEG
- MO HealthNet administrative costs, for which the federal government pays 50% of expenditures<sup>18</sup>

Historically, the Missouri FMAP did not fluctuate significantly year over year and has remained close to 60-65% from Fiscal Years 2011-2019. However, following the onset of the COVID-19 pandemic in 2020, more federal funding was available for Medicaid in Missouri due to the ongoing PHE and the implementation of Medicaid expansion.

- In 2020, as part of the Families First Coronavirus Response Act, the federal government provided a temporary 6.2 percentage point increase in states' FMAP until the end of the PHE, which provided about \$376 million in SFY 2022.
- In October 2021, Medicaid expansion was implemented in Missouri, and the new permanent FMAP for the population covered under expansion is 90%.
- Also in 2021, the American Rescue Plan Act provided an additional incentive for Medicaid expansion by allowing a 5 percentage point FMAP increase for the non-expansion population in the two-year period following implementation in 2021, which ended on June 30, 2023.<sup>19</sup> With the ending of the PHE and additional incentives related to Medicaid expansion, the federal share in FY 2024 is closer to its relative range before 2020.

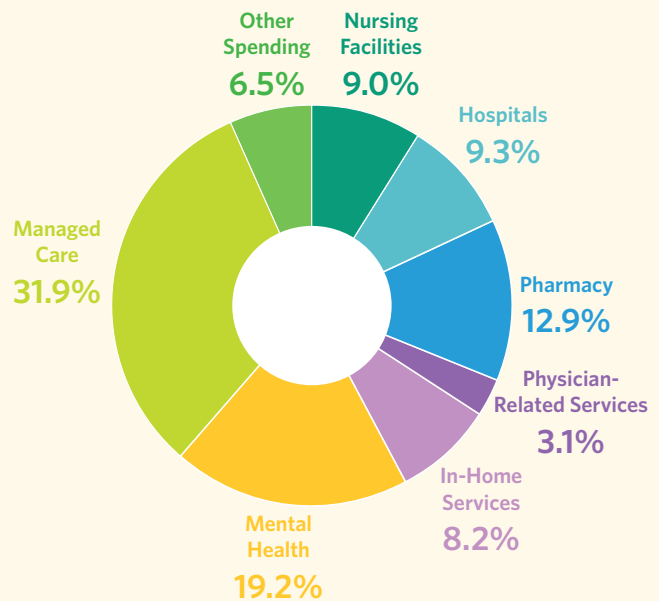
The enacted state budget for SFY 2025 appropriated approximately \$18.2 billion for MO HealthNet across the various departments. Yet only \$3.8 billion of this cost comes from state general revenue. The majority of Medicaid financing, \$12.7 billion, comes from federal funds. The remaining balance of MO HealthNet financing derives from several nongovernmental sources, including provider taxes (e.g., on hospitals and nursing homes), premiums, and tobacco funds (see "Sources of MO HealthNet Funding" for more information).

## Sources of MO HealthNet Funding, SFY 2025 Budget Appropriations

	General Revenue	Federal Funds	Other	Total
DSS	\$2,219,683,745	\$9,814,082,961	\$1,660,348,305	\$13,694,115,011
DMH	\$1,070,086,906	\$2,072,412,846	\$19,811,590	\$3,162,311,342
DHSS	\$497,291,914	\$835,720,355	\$471,803	\$1,333,484,072
DESE	\$0	\$3,000,000	\$11,500,000	\$14,500,000
<b>Total</b>	<b>\$3,787,062,565</b>	<b>\$12,725,216,162</b>	<b>\$1,692,131,698</b>	<b>\$18,204,410,425</b>

## MO HealthNet Spending by Key Component

The key services below account for 92.8% of expenditures, with the remaining 7.2% primarily covering administrative costs. Other spending includes dental services, Medicare Part D copays, rehabilitation and specialty care, the Early and Periodic Screening, Diagnostic and Treatment program, state institutions, and buy-in.



## MO HealthNet Expenditures

In SFY 2024, approximately \$16.9 billion was spent on Medicaid services in Missouri. Managed care, mental health services, and pharmacy each account for more than 10% of all spending not related to administrative costs (see “MO HealthNet Spending by Key Component” for more information).

**Although families and children constitute 58% of all MO HealthNet enrollees, this population uses only 30% of all Medicaid resources. By contrast, older adults and people with disabilities comprise 18% of MO HealthNet enrollees but account for 50% of all expenditures.** Expenses for this population are higher due to complex medical needs and utilization of LTSS (see “MO HealthNet Expenditures by Eligibility Group and Monthly Costs Per Person” for more information). Expansion adults make up 24% of enrollees, but account for 20% of expenditures.

### Enrollment and Spending Growth

Between 2020 and 2023, MO HealthNet enrollment increased steadily due to the economic downturn caused by the COVID-19 pandemic, continuous enrollment requirements mandated during the PHE, and the implementation of Medicaid expansion in Missouri. When the PHE was terminated, MO HealthNet enrollment declined at an unprecedented rate with three out of four disenrollments being due to missing paperwork rather than determined ineligibility, as the continuous eligibility requirements were lifted and the annual renewal process was reinstated. With the expiration of the PHE also came the loss of enhanced funding mechanisms as the states returned to normal FMAP provisions.

Additionally, Medicaid expansion in Missouri went into effect in October 2021, which resulted in an increase in MO HealthNet enrollment of newly eligible adults in SFY 2022-2024. While some of the financial incentives have expired in the two years since implementation, the enhanced AEG FMAP is set to continue.

### MO HealthNet Expenditures by Eligibility Group and Monthly Costs Per Person, SFY 2024

	Enrollment	Annual Expenditures (in millions)	Monthly Cost Per Person	Monthly State Cost Per Person*
Older Adults	94,579	\$2,343,803,057	\$2,065.12	\$700.69
Adult Expansion	337,401	\$3,113,034,101	\$768.88	\$76.89
Persons with Disabilities	151,136	\$5,425,941,434	\$2,991.75	\$1,015.10
Custodial Parents	103,630	\$817,230,531	\$657.17	\$222.98
Pregnant Women	30,690	\$209,097,106	\$567.77	\$192.64
Non-CHIP Children	628,781	\$3,559,702,122	\$471.77	\$160.07
SCHIP Children including Show Me Healthy Babies	45,265	\$169,355,544	\$311.79	\$74.05

\* Due to federal funding, monthly state cost per person is typically much lower than the total monthly cost per person shown. State costs in this chart are estimates using FMAP rates.

\*\*Estimated cost per person includes only program costs and does not account for administrative costs.



# Summary

MO HealthNet impacts the lives of low-income children, working families, single adults, older adults, and people with disabilities in Missouri. The availability of Medicaid reduces the number of uninsured Missourians and provides health insurance coverage for populations that might not have it otherwise. MO HealthNet supports the state's health care infrastructure by providing health insurance coverage that helps to reduce uncompensated care, promotes earlier treatment in appropriate settings, reduces preventable hospitalizations, decreases unnecessary emergency room use, and supports education and training in academic medical centers. MO HealthNet also plays a significant role in enhancing health equity in the state.

During the 12-month unwinding period (June 1, 2023 – May 31, 2024) and continuing over the following months, the impacts of repealing COVID-era provisions resulted in a sharp decrease in enrollment, with a significant number of Missourians losing their health benefits due to procedural issues and a disproportionate number of children losing coverage. At the same time, Missourians faced new challenges when trying to enroll and re-enroll after losing their Medicaid benefits when the number of pending applications continued to increase, contributing to a significant backlog and longer processing times. Similarly, as the number of applications increased, call center wait times and abandonment rates also increased to become the highest in the country. Mitigation strategies and improvements to the safety net program are critical to ensure that all eligible Missourians can seamlessly get, keep, and use their MO HealthNet coverage.

Missouri's program exists as a complex system that affects the lives of individuals and families in every county across the state. Policymakers must consider that Medicaid is a collection of programs, services, and funding mechanisms. In many cases, an adjustment to one element of this system can have unintended effects or consequences on other elements. Changes can also impact the entire health care system and the economy, since MO HealthNet is a major health insurance program. Understanding the basics of this system is an important step in addressing the health care needs of all Missouri residents.



## Online Resources

- Center for Budget and Policy Priorities  
[cbpp.org/topics/health](https://cbpp.org/topics/health)
- Centers for Medicare and Medicaid Services  
[cms.gov](https://cms.gov)
- Families USA  
[familiesusa.org](https://familiesusa.org)
- KFF Program on Medicaid and the Uninsured  
[kff.org/medicaid](https://kff.org/medicaid)
- Missouri Department of Health and Senior Services  
[health.mo.gov](https://health.mo.gov)
- Missouri Department of Mental Health  
[dmh.mo.gov](https://dmh.mo.gov)
- Missouri Department of Social Services  
[dss.mo.gov/mhd](https://dss.mo.gov/mhd)
- National Academy for State Health Policy  
[nashp.org](https://nashp.org)
- U.S. Government Medicaid site  
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Missouri Foundation  
for Health

## Missouri Medicaid Basics

This publication was prepared by Melanie Theriault, Health Policy Coordinator, at Missouri Foundation for Health.

For more information about **MO HealthNet**, please visit the Missouri Department of Social Services, MO HealthNet Division at [dss.mo.gov/mhd](https://dss.mo.gov/mhd).

Statistics come from the Missouri Department of Social Services and are for SFY 2024 (July 1, 2023-June 30, 2024) unless otherwise indicated. All population estimates come from the Missouri Census Data Center and are from 2023.