Missouri Medicaid Basics

2026

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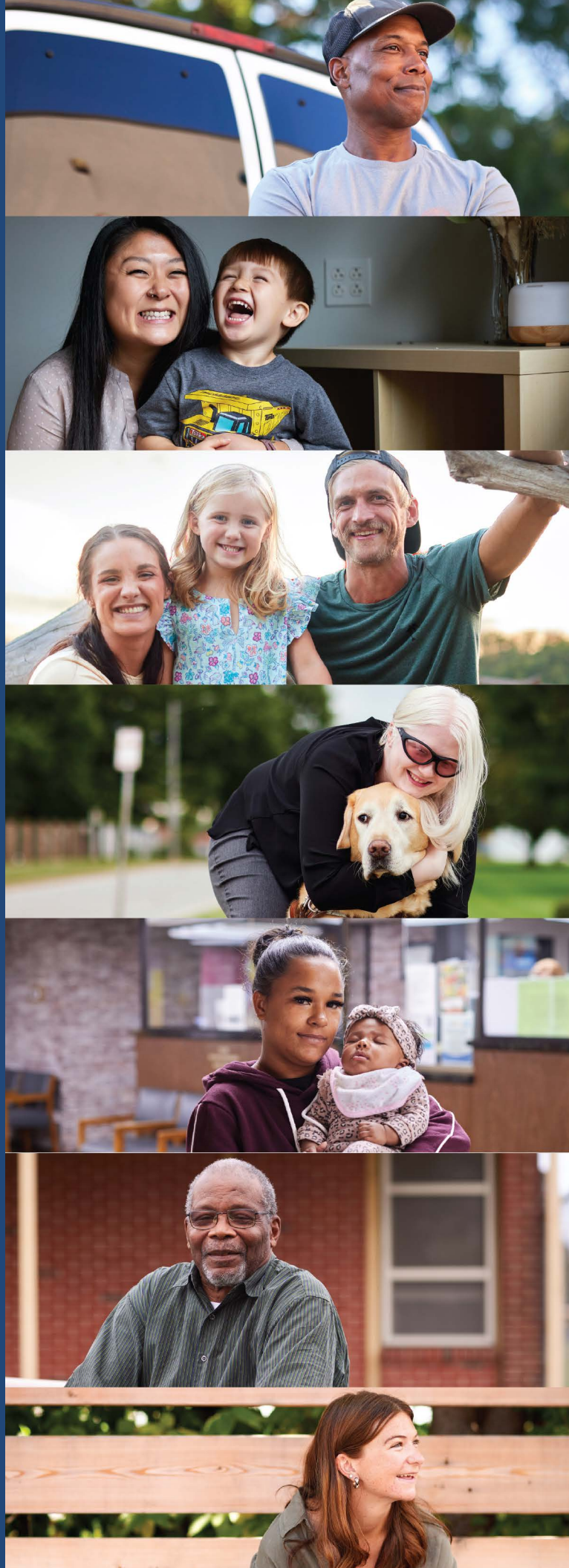
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Acronym Key

ACA	Affordable Care Act
AEG	Adult Expansion Group
AFDC	Aid for Families with Dependent Children
ARPA	American Rescue Plan Act
CCBHC	Certified Community Behavioral Health Clinics
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
DESE	Department of Elementary and Secondary Education
DHSS	Department of Health and Senior Services
DSS	Department of Social Services
DMH	Department of Mental Health
DPS	Department of Public Safety
EFMAP	Enhanced Federal Medical Assistance Percentage
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FFY	Federal Fiscal Year, Oct. 1 - Sept. 30
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
FSD	Family Support Division
HCB	Home-and Community-Based
LTSS	Long-Term Services and Supports
MAGI	Modified Adjusted Gross Income
MHABD	MO HealthNet for the Aged, Blind, and Disabled
MHF	MO HealthNet for Families
MOE	Maintenance of Effort
OAA	Old Age Assistance
PHE	Public Health Emergency
QMB	Qualified Medicare Beneficiary
SFY	State Fiscal Year June 30 - July 1
SLMB	Specified Low-Income Medicare Beneficiary
SSA	Social Security Act
SSI	Supplemental Security Income

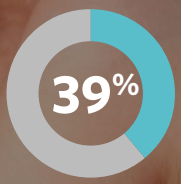
MO HealthNet

Covers



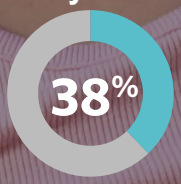
1 out of every 5 Missourians

Covers



of Missouri's children

Pays for



of all births in the state[1]

Covers



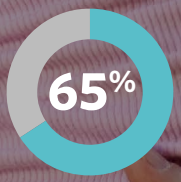
1 out of every 10 adults aged 19-64

Covers



1 out of every 12 older adults aged 65+

Pays for



of all nursing home care in the state[2]

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 over 73.5 million low-income Americans[3], 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) 2026, an average of 1,259,909 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, as well as the Rural Health Transformation Program.
  - **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 2027, approximately 40% 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. Prior to passage of Medicaid Adult Expansion in Missouri, 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 unwinding of certain pandemic-era provisions, while federal funding for Medicaid in Missouri increased by nearly 20 percentage points due to Medicaid expansion. In SFY 2027, major changes to federal funding are expected as a result of the implementation of H.R. 1, the federal budget reconciliation bill passed in 2025. Though the potential impacts to enrollment remain unclear, any significant shift in fiscal responsibility from the federal to the state budget is likely to limit the capacity of the state agency to administer the program effectively (see Impacts of H.R. 1).

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, 2023-2024[4]

	2024	2023	Change
Type of Insurance	% of total population	% of total population	
With any coverage	92.3	92.5	-0.2
Private	68.2	68.4	-0.2
Employer	56.0	56.5	-0.5
Direct purchase	13.4	13.2	0.2
TRICARE	2.7	2.8	-0.1
Public	35.9	36.0	3.8
Medicare	20.3	20.1	0.2
Medicare and Private Insurance	9.1	9.3	-0.2
Medicaid	17.3	17.7	-0.4
Medicaid and Private Insurance	2.8	2.6	0.2
Medicaid and Medicare	2.9	2.8	0.1
Military or Veterans	2.8	2.8	0
Uninsured	7.7	7.5	0.2

*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.[5] 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 doctors' 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 2021, the American Rescue Plan Act (ARPA) made financial assistance in the form of premium subsidies available for those over 400% of FPL until 2022. In 2022, the Inflation Reduction Act extended these additional subsidies through 2025. These subsidies officially expired on December 31, 2025, as Congress failed to reach an agreement to extend them. The termination of these subsidies is expected to have far-reaching impacts across the health insurance landscape (see Expiration of Health Insurance Marketplace Subsidies).

Annual Renewals

To remain eligible for MO HealthNet services, participants are subject to an annual eligibility check to determine that they still meet the program requirements such as income verification, household size, age, and other factors. If the individual no longer meets program requirements or the paperwork is otherwise not completed, the participant is disenrolled. If the individual was disenrolled in error but is otherwise eligible for MO HealthNet, they may experience a gap in coverage while they restart the application process.

During the Public Health Emergency (PHE), the 2020 Families First Coronavirus Response Act limited the ability of states to disenroll individuals from Medicaid for the duration of the Public Health Emergency (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 – 2026"). 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. Missouri began reviewing eligibility for all MO HealthNet beneficiaries on June 1, 2023, with most reviews completed over a 12-month period. After the conclusion of the unwinding period, Missouri has continued with regular annual eligibility review processes as required by law. Effective January 1, 2027, all states that participate in Medicaid expansion will be required to conduct eligibility reviews for the adult expansion group (AEG) population every six months to comply with H.R. 1, the federal budget bill signed into law on July 4, 2025.

During the initial Medicaid unwinding process between June 2023 and May 2024, Medicaid eligibility was reviewed for over 1.3 million Missourians.[6] Of these cases, approximately three-fourths were found to be eligible and nearly one-fourth lost coverage.[6] Almost half of those who lost coverage are children, and almost three-quarters were determined ineligible through a procedural determination, meaning they were disenrolled due to issues like missing paperwork, not necessarily because they no longer qualify.[6] 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.

While several of the initial challenges of the unwinding period have improved, the large percentage of disenrollments due to missing paperwork, particularly among children, remains a concern. These data spotlight systemic problems in the benefits enrollment process, worsened by decreased staff capacity and insufficient funding at the state agency to implement new federal requirements.

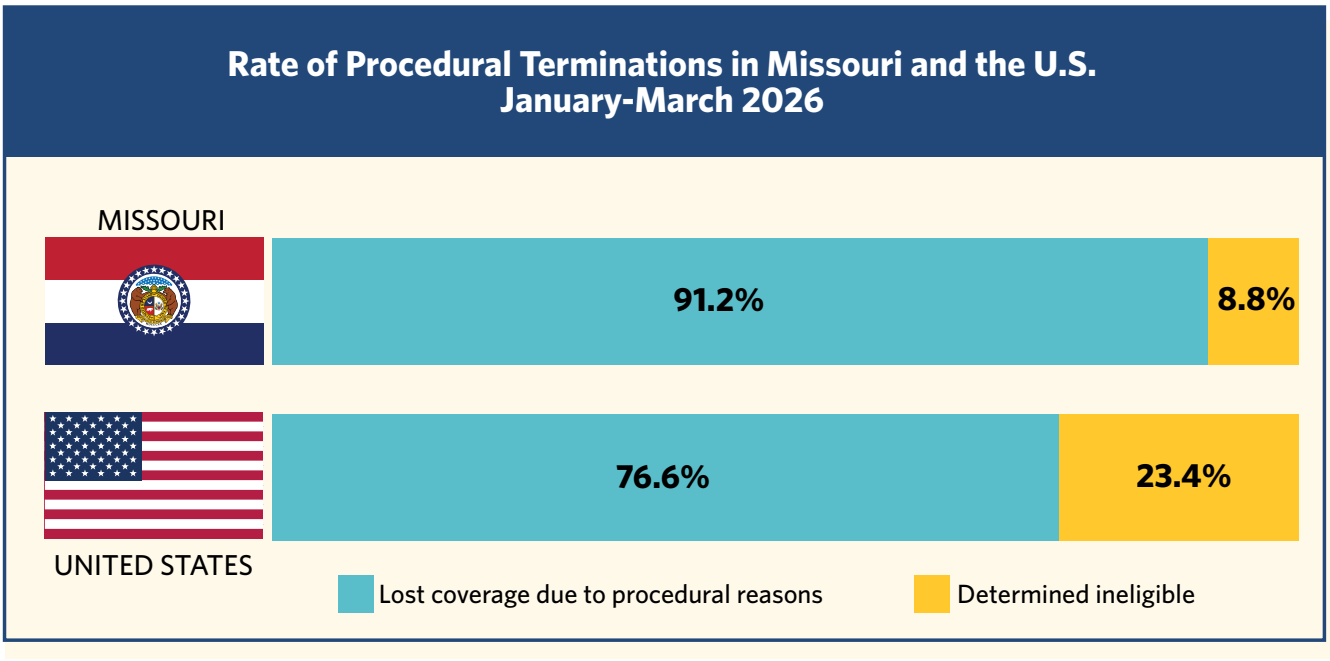
Ex Parte Renewals

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 and submit documentation. Ex parte renewals are the most efficient way to renew eligibility, as they do not require additional paperwork and eliminate the risk of procedural termination, which occurs when an individual loses coverage due to a paperwork issue such as missing documents even though they might still be eligible. After the unwinding, Missouri's ex parte rate has dropped to 52.3% of renewals being completed via ex parte processes between January and March of 2026, placing Missouri in the second quartile of all states.[7]



High Rate of Procedural Terminations

Procedural terminations occur when the state agency does not have adequate information to make an eligibility determination during the renewal process. In these cases, a participant may lose their MO HealthNet coverage due to missing paperwork, not because they no longer qualify. Of all disenrollments taking place in Missouri between January and March 2026, 91.2% lost coverage due to procedural reasons, placing Missouri in the bottom quartile of all states.[7] This is higher than the national median share of 76.6% during the same quarter. [7] As participants disenroll and re-enroll in a short amount of time (referred to as "churn"), it results in significant losses or gaps in critical coverage and in higher administrative burden on state agencies and health plans.





High Proportion of Children Losing Coverage

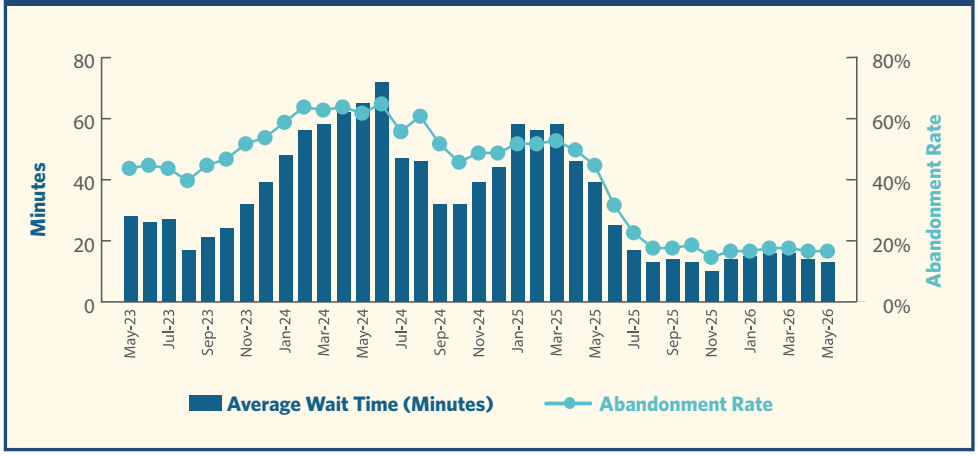
During the unwinding, children made up almost half of the total number of disenrolled individuals in Missouri, a rate that was among the highest in the country. Of these cases, almost two-thirds were closed for procedural reasons. As a result, a large number of Missouri children may have been eligible for Medicaid or CHIP but lost coverage due to paperwork and processing issues. While overall enrollment stabilized post-unwinding in 2025, the number of children enrolled in the program continues to decline without an obvious explanation.

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 during the unwinding. However, while enrollment has remained relatively steady in 2026, the number of children enrolled in the program has seen a noticeable decrease since January 2025.[8] A loss of about 5% since January 2025 is reflective of a national trend of kids losing coverage despite no changes in eligibility criteria.[8] While there is no clear explanation for this loss of coverage, there is some evidence to suggest that this drop may be related to what experts are referring to as a "chilling effect" resulting from procedural issues experienced by Medicaid recipients when attempting to complete the annual renewal process, or the federal immigration crackdown in the case of families with eligible children of ineligible non-citizens.[8]

Call Center

The Medicaid call center functions as the direct help line for beneficiaries seeking assistance with completing their renewal forms and understanding their coverage. As of May 2026, the latest month for which CMS data are available, Missouri's Medicaid and CHIP call center experienced an average wait time of 13 minutes and a call abandonment rate of 17%, ranking within the top 15 states for longest wait times.[9] Both metrics improved in SFY 2026 from record highs in 2024. Call abandonment rates have remained mostly steady with approximately one out of every five callers leaving the call before connecting with a representative who could resolve their issues or answer their questions.

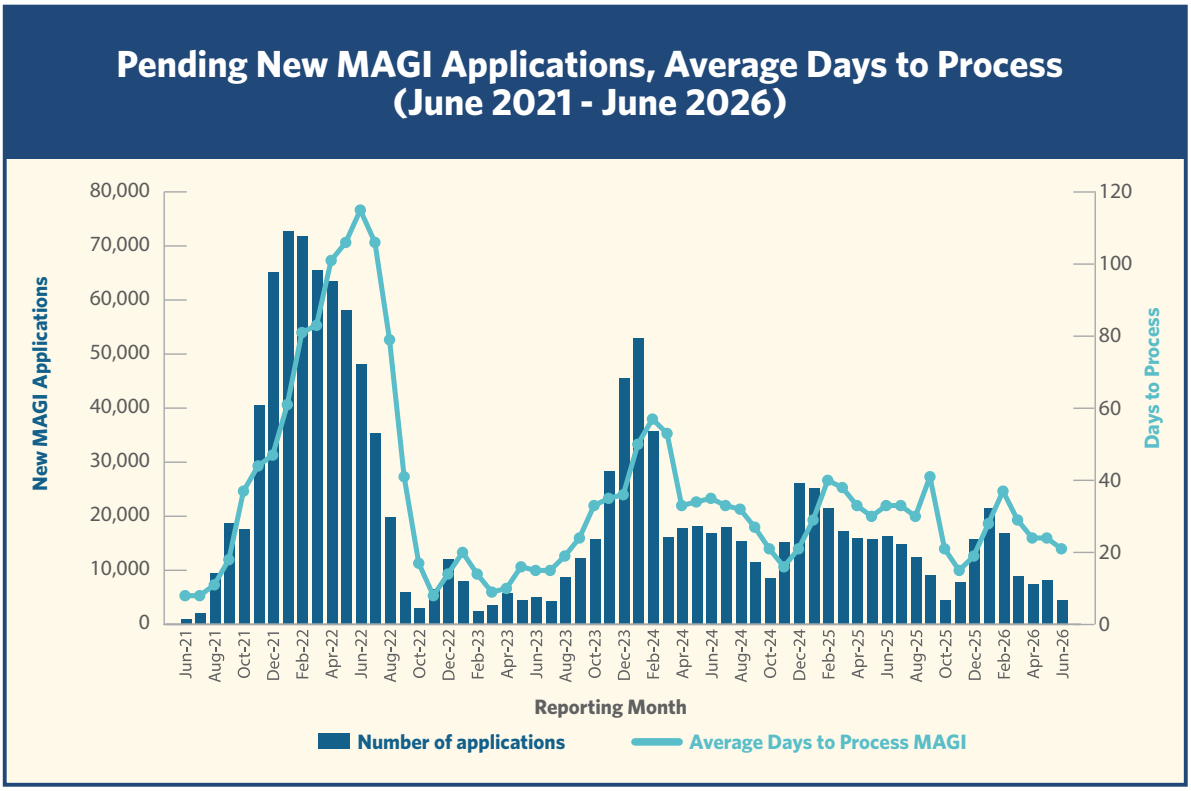
Call Center Wait Times and Abandonment Rates (May 2023 - May 2026)



Number of Pending New Applications

When the state commenced redetermining eligibility as part of the unwinding process, new Medicaid applications continued to be submitted for review and processing times increased, at times exceeding the 45-day federal limit. In SFY 2026, an average of 21,628 new applications were pending review, including 10,988 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 of 27 days.[10] New pending applications, unlike annual renewals pending redetermination, do not have coverage during the review period.

Pending New MAGI Applications, Average Days to Process (June 2021 - June 2026)



Impacts of H.R. 1

In 2025, the 119th Congress passed H.R. 1 and it was signed into law on July 4, 2025. This budget bill reduced federal Medicaid spending by roughly $911 billion over 10 years.[11] It also included sweeping new program requirements that states will be required to administer with less funding. The Congressional Budget Office projects these changes will result in millions of low-income Americans losing their healthcare coverage.[11] H.R. 1 also shifts some fiscal responsibility for the program from the federal government to the states.[12,13] In Missouri, H.R. 1 is projected to reduce federal Medicaid funding by 10%, or roughly $12 billion over the next decade, putting up to 196,000 Missourians at risk of losing their coverage.[14] While the overall impact remains to be seen, most analyses show that Missourians, many of whom are still eligible, will be disenrolled, and the state may experience coverage losses similar to those during the unwinding period.[14,15,16]

Missouri DSS, the state agency responsible for administering MO HealthNet, is implementing changes to comply with the federal mandates. To support the implementation of H.R. 1, Gov. Mike Kehoe allocated $12.5 million in state and federal funding in his spending plan for fiscal year 2027 to increase staff capacity.[17] The proposed budget also recommends another $33 million in state and federal funding for IT enhancements to support system upgrades and backend infrastructure.[17]

Many of the changes impacting eligibility and enrollment can be tracked in real time on the DSS H.R. 1 website landing page.

Mandatory Reporting Requirements for Work and Community Engagement

Starting January 1, 2027, individuals in the Adult Expansion Group must report 80 hours per month of work, school, volunteering, or job training to maintain their coverage. While the majority of adults enrolled in Medicaid are working, others have responsibilities such as caretaking of children, elderly, or disabled family members. Most credible analyses show that work reporting requirements will result in losses of coverage for eligible individuals due to additional red tape and paperwork, difficulties documenting exemptions, and other administrative barriers.[18]

Six-Month Renewals

Also starting January 1, 2027, eligibility for individuals in the Adult Expansion Group will be re-verified every six months instead of annually. This change will require the state agency to double the number of times it will have to verify eligibility for the more than 350,000 individuals enrolled in the AEG. Missouri's experience during the unwinding showed a state agency that struggled to keep up with its workload. Doubling the number of redeterminations, on top of existing constraints in capacity and resources, is expected to result in thousands of individuals losing coverage, many for procedural reasons.[19]

Disenrollment of Certain Humanitarian Groups

As of October 1, 2026, refugees and asylees lost their health coverage through Medicaid and CHIP due to a narrowing of non-citizen statuses that are eligible for the program. Enrollment data for the number of refugees and asylees seeking medical coverage through MO HealthNet is not publicly tracked, but this population is expected to make up a fraction of the projected coverage losses.

Reduced Retroactive Coverage

Prior to the passage of H.R. 1, MO HealthNet recipients could receive retroactive coverage for eligible medical expenses incurred in the three months prior to the month that their application was submitted. This benefit is intended to lessen risk of accruing insurmountable medical debt for low-income Missourians and ensure payments to providers for services rendered. As of January 1, 2027, retroactive coverage will be reduced from three months to one month for the Adult Expansion Group, and two months for all other eligibility groups.

New Premium Cost Sharing

Adults in the expansion population with household incomes above 100% of FPL will be subject to new cost-sharing measures capped at $35 per service and 5% of overall income. Some services are exempted from these charges, including key services like primary care, behavioral health, and those provided in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Certified Community Behavioral Health Clinics (CCBHCs).[20]



Rural Health Transformation Fund

While H.R. 1 includes deep structural cuts that threaten the long-term stability of the health safety net, lawmakers sought to offset some of the federal funding losses by creating the competitive Rural Health Transformation Fund. In year one of the program, Missouri was awarded $216 million in FFY 2026 to bolster rural health infrastructure. Remaining funds will be awarded to states through a competitive process in Years 2-5 based on states' progress and demonstrated rural health need. Missouri is utilizing these funds to create 30 local community hubs across the state, incorporating hospitals, federally qualified health centers, rural health clinics, behavioral health providers, emergency services, pharmacies, public health agencies and community organizations.

The Rural Health Transformation Fund may contribute to building a more robust rural health system in Missouri. However, the fund is a one-time payment for up to five years and cannot backfill the projected federal funding losses to Missouri's state budget.[16] The Rural Health Transformation Fund will provide a total of $50 billion to states, which is little more than a third (37%) of the estimated loss of federal Medicaid funding in rural areas over the next decade.[21]

Expiration of Health Insurance Marketplace Subsidies

While not directly impacting the MO HealthNet program, changes to the Affordable Care Act (ACA) Marketplace have created a significant shift in the health insurance landscape in Missouri and across the nation. Under the American Rescue Plan Act (2021) and the Inflation Reduction Act (2022), federal subsidies for purchase of health plans in the Marketplace were increased and eligibility for these subsidies was expanded. As a result, enrollment in Marketplace plans surged in Missouri, increasing to more than 350,000 in 2025.[22]

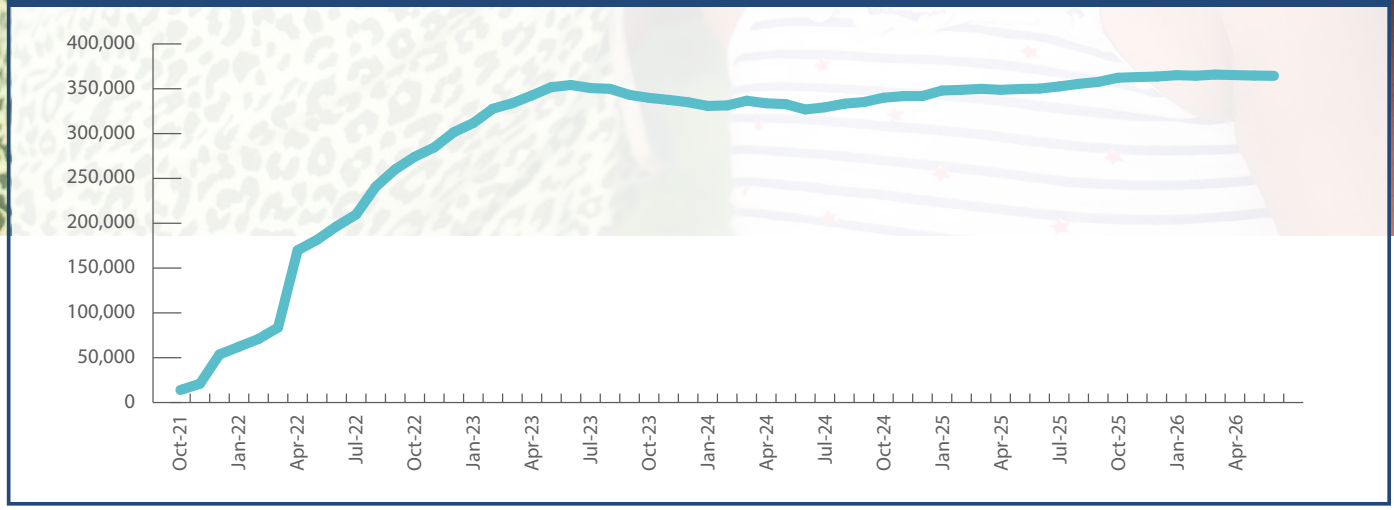
Congress chose not to extend the enhanced Marketplace subsidies and they expired on December 31, 2025. As a result, eligibility for subsidies and benefit levels were rolled back to the original rules of the 2010 law, effective January 1, 2026. This change resulted in a significant decline in enrollment in Marketplace plans.

Enrollment in February 2026 in Missouri was about 260,000, a decline of more than 25% from the previous year.[22] This drop was significantly higher than the national average decline of 12%.[23] As premiums spiked to adjust for the loss of federal tax credits, enrollees either dropped their plans or downgraded to lower-tier options which feature lower monthly premiums in exchange for higher out-of-pocket costs in deductibles and co-pays.

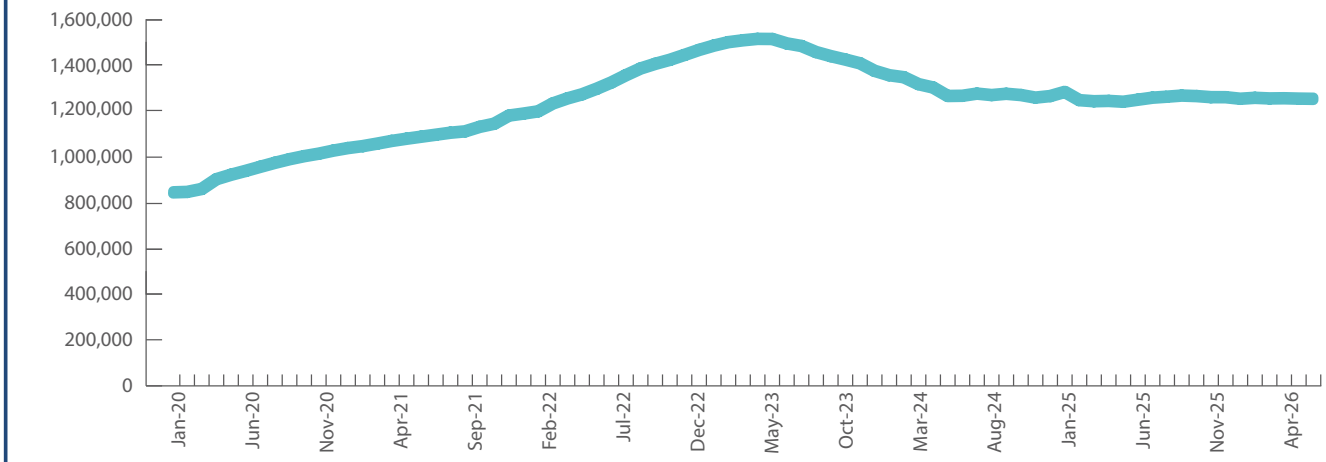
Before the enhanced subsidies expired, Missourians earning below 150% of FPL paid no premiums for Marketplace plans and eligible higher earners paid no more than 8.5% of their income. Following expiration of the enhanced subsidies, the estimated average out-of-pocket annual premium cost for a Marketplace plan across all states more than doubled in 2026 from $888 to $1,904.[24] Some health insurance companies are forecasting another double-digit premium hike for 2027, ranging from increases of 10.3% to 25.6%, noting that as younger, relatively healthy Missourians terminated their coverage following the end of the subsidies, the remaining pool is sicker and will incur higher costs.[25] Some of these individuals may enroll in MO HealthNet AEG if their income is below 138% of FPL (see "Eligibility and Enrollment" below).



Expansion Enrollment (October 2020-June 2026)



Changes in MO HealthNet Enrollment (January 2020-June 2026)



Eligibility and Enrollment

MO HealthNet covers low-income Missourians who fall into the eligibility groups outlined in this section. To receive coverage, individuals must meet income criteria based on poverty guidelines established by the federal government. 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 2026 unless otherwise noted.

Parents, Children, and Pregnant Women

In SFY 2026, MO HealthNet covered a monthly average of 569,416 low-income children, 69,395 low-income custodial parents, and 39,542 pregnant women. The vast majority of covered adults in families with children are women. Children represent the largest demographic group served by Missouri Medicaid: 45% 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 2026, MO HealthNet covered a monthly average of 99,410 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 2026, 120,091 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 if 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 income on medical expenses. Some people with a disability also receive MO HealthNet assistance to help pay their Medicare premiums, copayments, and deductibles.

Expansion Adults (AEG)

In SFY 2026, a monthly average of 362,055 Missourians ages 19-64 were covered by MO HealthNet through Medicaid expansion. This number includes adults who may be eligible for Medicaid coverage under other MO HealthNet programs but enrolled in the expansion group because the pathway to coverage is easier (e.g., it doesn't require an SSI disability determination) or less costly (e.g., it doesn't require spend down). In order to be eligible, these adults must have a household income that does not exceed 138% of FPL, and must not be receiving 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 (under age 1)	<196% FPL
Non-CHIP Children (ages 1-18)	<148% FPL
CHIP-premium Children	<150% FPL
Pregnant Women	<196% FPL**
Individuals with a Disability	<85% FPL*
Older Adults (age 65+)	<85% FPL*
Blind Individuals	<100% FPL*
Parents	~ 12-13% 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% of 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.

2026 Federal Poverty Level

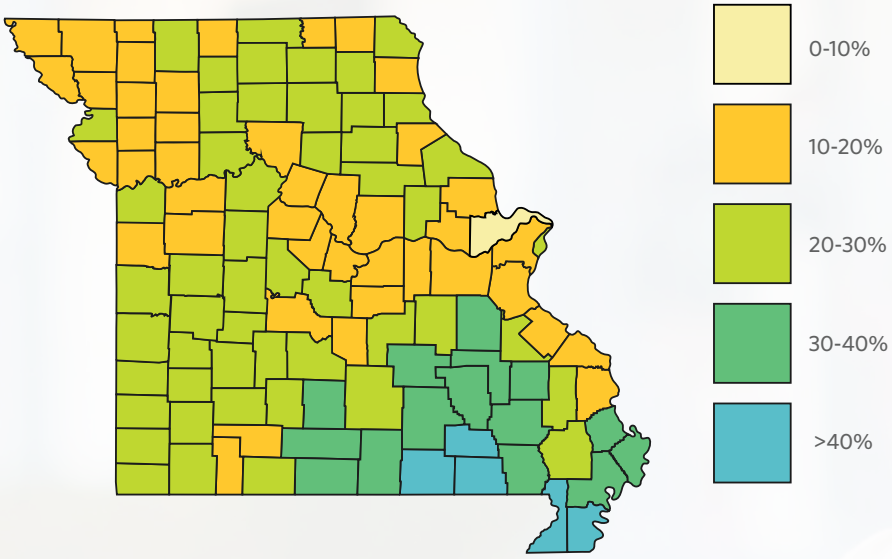
Family Size	Annual Income				
	85% FPL	100% FPL	138% FPL	196% FPL	300% FPL
1	$13,566	$15,960	$22,025	$31,282	$47,880
2	$18,394	$21,640	$29,863	$42,414	$64,920
3	$23,222	$27,320	$37,702	$53,547	$81,960
4	$28,050	$33,000	$45,540	$64,680	$99,000
5	$32,878	$38,680	$53,378	$75,813	$116,040
6	$37,706	$44,360	$61,217	$86,946	$133,080

AFDC Payment Standard for Parent Eligibility (~12-13% FPL)

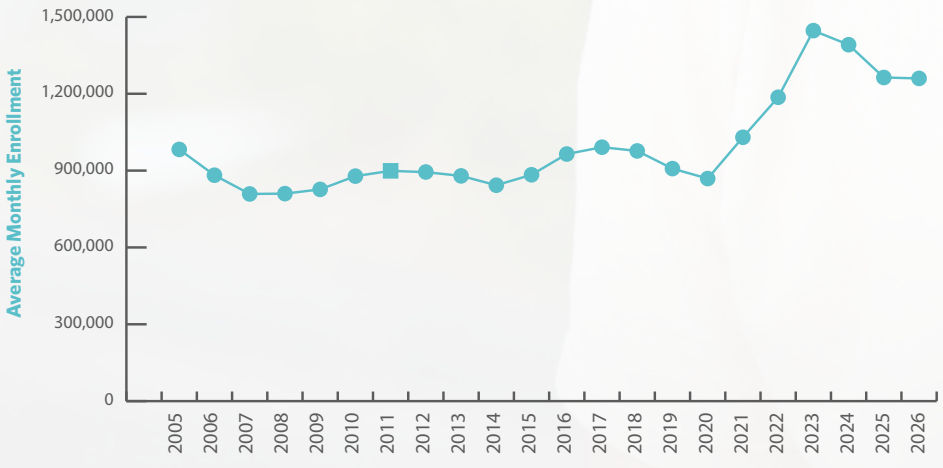
	Family Size				
	2	3	4	5	6
Annual Income	$2,892	$3,612	$4,236	$4,800	$5,340

Average MO HealthNet Enrollment by County, SFY 2026[26]

About 20% of all Missourians were enrolled in MO HealthNet in SFY 2026.



MO HealthNet Change in Enrollment SFY 2005 - 2026



*Increase in enrollment after SFY 2020 is due to Medicaid expansion and continuous enrollment of all MO HealthNet participants for the duration of the PHE. Decrease in enrollment after 2023 is related to the reinstatement of the annual renewal process and the PHE unwinding.

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

MO HealthNet for the Aged, Blind, and Disabled, or 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 17% 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 2026, more than 41% of individuals covered under MHABD were eligible under the OAA requirements (83,495 persons), while only about 0.5% of individuals (970 persons) in the MHABD program were eligible under the Aid to the Blind program. Individuals with disabilities accounted for 55% of participants in the MHABD program (111,331 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 2026, 112,190 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 2026, 42,719 individuals received assistance under the SLMB program. About 32% 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 2026, 507,155 low-income Missouri children had health insurance coverage through this MO HealthNet program. This population represents 40% 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 documentation of 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 incurred medical expenses and paying a monthly spend down amount to the MO HealthNet Division.

SFY 2023-2026 MO HealthNet Enrollment Change

	SFY 23-24 Percent Change - includes the PHE Unwinding	SFY 25-26 Percent Change, Regular Renewal Cycle
Older Adults	**0.2%**	**4.3%**
Persons with Disabilities	**-13.0%**	**-4.1%**
Custodial Parents	**-11.8%**	**-10.2%**
Pregnant Women	**-11.9%**	**21.6%**
Children	**-7.2%**	**-3.5%**
Expansion Adults	**12.7%**	**5.5%**
All Medicaid Enrollees	**-3.8%**	**-0.3%**

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. As of July 1, 2026, premiums paid per family per month range from $19 to $416 for families with six members or less (see "MO HealthNet for Kids by Age and Income with Premium Requirements" chart). In SFY 2026, a monthly average of 62,261 children had coverage under CHIP in Missouri. This number represents about 5% 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 39,542 women per month received insurance benefits under this program in SFY 2026. This group represents 3% 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 8,313 women were enrolled in this program in June 2026.

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 12-13% of FPL) are eligible for the program. In SFY 2026, 69,395 adults had health insurance coverage through the MHF program. This group represents about 6% of all MO HealthNet recipients in the state of Missouri.

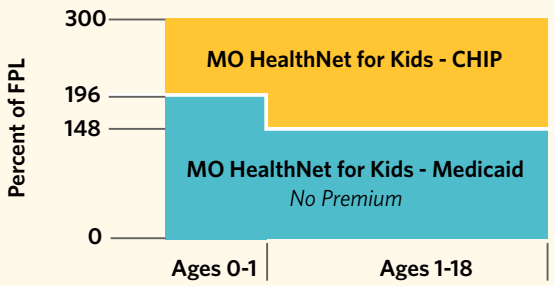
7. Adult Expansion Group

Missourians aged 19-64, with income up to 138% of FPL, and who are not receiving disability benefits, are eligible for coverage under the Adult Expansion Group, also called AEG. 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 2026, a monthly average of 362,055 adults were enrolled in MO HealthNet through the adult expansion group, including those previously enrolled in other Medicaid programs who lost coverage and re-entered into the Adult Expansion Group. This makes up 29% 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 May 2026, CHIP provides affordable health coverage to nearly 7.1 million children nationally,[3] including a monthly average of 62,261 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 75.21% for FFY 2027.[27]

MO HealthNet for Kids by Age and Income with Premium Requirements



MO HealthNet for Kids - CHIP Monthly Premiums

226 – 300% FPL	$150 - 416
186 – 225% FPL	$62 - 170
151 – 185% FPL	$19 - 52

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 for Medicaid, 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.

Changes to Optional Services Covered

Due to worsening budget constraints in 2027, optional services provided in homes and communities are under threat as the state works with fewer resources to implement H.R. 1. Effective July 1, 2026, MO HealthNet no longer covers acupuncture, chiropractic, and physical therapy services provided under the Complementary Health and Alternative to Chronic Pain Management program.[28] For participants who normally rely on these services, these changes pose a new challenge to completing their activities of daily living including work, school, and taking care of family.



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 11 1915(c) HCB waivers, a 1915(b) waiver authorizing the managed care system, and two active 1115 waivers.[11] 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. Those newly enrolled in MO HealthNet may be eligible if their pregnancy ended during the prior quarter period and they are found to have been 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, including being present at a birth, lactation education services, and support in navigating community services. A temporary coverage extension was previously provided for Medicaid enrollees under the six-month rule while the state issued public notice of its intent to submit a permanent state plan amendment. The temporary rule ended on March 28, 2025, and was extended into law on August 28, 2026.

Expansion of Hearing Aid Access

In 2025, state lawmakers voted to expand access to medically necessary cochlear implants and hearing aids for eligible MO HealthNet enrollees. Prior to this bill, which took effect on August 28, 2025, hearing instruments were only covered for eligible children, pregnant women, blind individuals, and nursing home residents. This change allows more Missourians to have access to critical hearing resources at any age.

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, initially approved on June 2, 2021, and recently extended through December 31, 2030, 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 for opioid use disorder and other substance use disorders. It also permits Medicaid coverage and reimbursement for inpatient psychiatric services provided to eligible people ages 12 to 64 with a substance use disorder who meet medical necessity criteria. The benefit includes 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.

Lawmakers passed legislation in 2026 that allows DSS to explore whether providing targeted nutrition efforts as a healthcare intervention can improve health outcomes and reduce costly medical visits for patients with chronic conditions. The Food is Medicine Act, signed into law by Governor Kehoe and effective on August 28, 2026, states that DSS may pursue the Section 1115 demonstration waiver to implement the "Food is Medicine" program, which may cover services like case management, nutrition counseling, and medically tailored meals to MO HealthNet participants with nutrition-related chronic diseases.

Requirements for Medicaid Waivers and State Plan Amendments

	State Plan Amendment	1915(c) Waiver	1915(b) Waiver	1115 Waiver	1135 Waiver
Scope of Change	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
Public Review	Not required	Encouraged	Encouraged	Required public comment period	Not required
Federal Budget Requirements	None	Budget neutrality	Cost effectiveness	Budget neutrality	None
Federal Government's Approval Timeframe	90 days	90 days	90 days	None	None
Approval Duration	Indefinite	3 years; renewals up to 5 years	2 years; renewals up to 2 years	5 years; renewals up to 3 years[30]	60 days or end of state of emergency[31]

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 with the goal of 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 in the following eligibility categories:

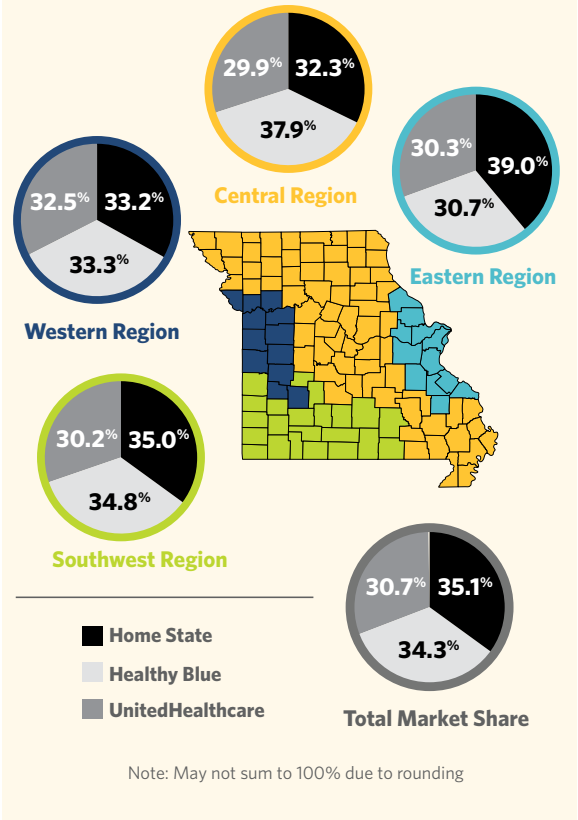
- Parents/caretakers, children, pregnant women, and refugees
- Adults aged 19-64
- Children in CHIP
- Eligible non-citizens, including refugees and asylees[1]

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.

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. In SFY 2026, more than 80% of MO HealthNet beneficiaries were enrolled in one of the three contracted MO HealthNet managed care plans and Show Me Healthy Kids.

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. Currently, DSS is in the process of rebidding its statewide Medicaid managed care organization (MCO) contracts. The Request for Proposals was released on July 1, 2026 with submissions due by September 2, 2026. This rebid process is expected to be highly competitive. Any new contracts awarded will feature a one-year base period in 2027, followed by four optional one-year renewal terms.

MO HealthNet Managed Care Enrollment by Regions, State Fiscal Year 2026



Note: May not sum to 100% due to rounding

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 for people who need this care.

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 70% of MO HealthNet's spending on LTSS.[32]

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 the 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 (or Complex Adult
- 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.[33] Home care is also less costly 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.

Financing and Expenditures

Medicaid is financed jointly between the federal and state governments. In FFY 2024, health care spending in the United States on the Medicaid program totaled $918.6 billion, 65% of which was paid by the federal government and 35% by states.[34]

MO HealthNet Financing

In general, there are four different levels of federal matching funds for MO HealthNet for FFY 2027:

- Federal Medical Assistance Percentage (FMAP) of 64.58%, which covers the majority of MO HealthNet programs[27]
- Enhanced Federal Medical Assistance Percentage (EFMAP) of 75.21%, for the MO HealthNet for Kids – CHIP program[27]
- Enhanced FMAP of 90%, which covers costs for the AEG
- MO HealthNet administrative costs, for which the federal government pays 50% of expenditures[35]

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 due to the ongoing PHE and the implementation of Medicaid expansion in Missouri. Following the end of the PHE and additional short-term incentives related to Medicaid expansion, the federal share returned to its relative range before 2020.

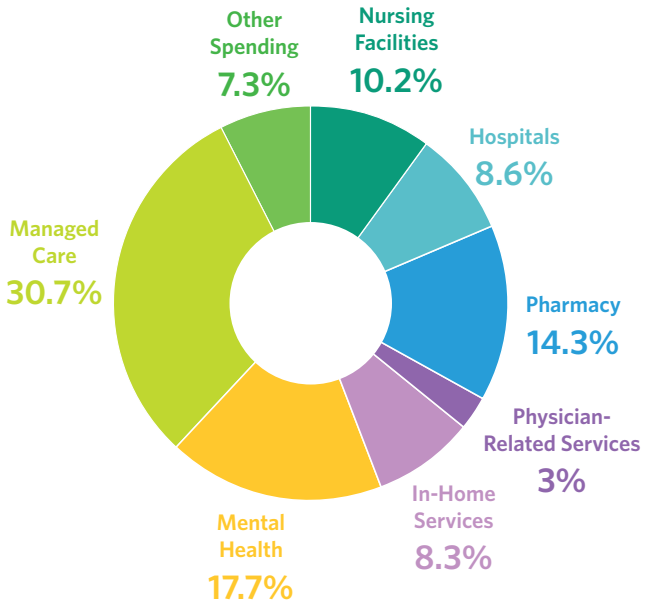
The enacted state budget for SFY 2027 appropriated approximately $21.6 billion for MO HealthNet across the various departments. Yet only $4.5 billion of this cost comes from state general revenue. The majority of Medicaid financing, $15.2 billion, comes from federal funds. The remaining balance of MO 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 2027 Budget Appropriations

	General Revenue	Federal Funds	Other	Total
DSS	$2,797,975,425	$11,943,731,944	$1,660,348,305	$16,546,624,259
DMH	$1,204,950,473	$2,280,764,047	$19,811,590	$3,531,355,278
DHSS	$525,222,818	$958,902,896	$471,803	$1,484,611,592
DESE	$-	$9,000,000	$11,500,000	$20,500,000
DPS	$-	$-	$1,000,000	$1,000,000
Total	**$4,528,148,716**	**$15,192,398,887**	**$1,863,543,526**	**$21,584,091,129**

MO HealthNet Spending by Key Component

The key services below account for 93.9% of expenditures, with the remaining 6.1% 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 2026, approximately $19.2 billion was spent on Medicaid services in Missouri. Managed care, mental health services, pharmacy, and nursing facilities 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 54% of all MO HealthNet enrollees, this population uses only 27% of all Medicaid resources. By contrast, older adults and people with disabilities comprise 17% of MO HealthNet enrollees but account for 49% 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 29% of enrollees, but account for 24% of expenditures.

MO HealthNet Expenditures by Eligibility Group and Monthly Costs Per Person, SFY 2026

	Enrollment	Annual Expenditures (in millions)	Monthly Cost Per Person	Monthly State Cost Per Person*
Older Adults	99,410	$3,076,457,868	$2,578.93	$917.07
Adult Expansion	362,055	$4,292,208,491	$987.93	$98.79
Persons with Disabilities	120,091	$5,744,385,781	$3,986.13	$1,417.47
Custodial Parents	69,396	$758,288,142	$910.58	$323.80
Pregnant Women	39,542	$304,453,363	$641.62	$228.16
Non-CHIP Children	507,155	$3,573,313,397	$587.15	$208.79
CHIP Children including Show-Me Healthy Babies	62,261	$289,605,121	$387.62	$96.48

* 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.

Enrollment and Spending Changes

MO HealthNet enrollment has experienced wide swings since 2020, steadily increasing for several years 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. Enrollment sharply declined in 2024 when the PHE ended. In 2026, overall enrollment in the program remained relatively stable following several years of fluctuation.

While overall participation stabilized, 20,564 fewer Missouri children were enrolled in MO HealthNet in SFY 2026 compared to SFY 2025. This appears to be part of a national trend of declining child enrollments with no clear explanation, raising concerns that some eligible kids may be losing health coverage. Older adults and AEG populations increased in 2026, as did pregnant women, likely due to the expansion of postpartum coverage. Custodial parents experienced a drop as did people with disabilities, which likely reflects a shift in categories when adults in the eligible age range chose to apply for AEG rather than wait for a determination of permanently and totally disabled.

With the expiration of the PHE also came the loss of enhanced federal funding mechanisms and states returned to normal FMAP provisions in 2024. While these financial incentives have expired, the enhanced AEG FMAP is set to continue. As part of the implementation of H.R. 1, Missouri was awarded $216 million to support rural health infrastructure and offset some portion of impending federal cuts to the state Medicaid budget. While the anticipated impacts of H.R. 1 implementation on the state budget remain unclear, most analyses predict losses to coverage and care that may be similar to the unwinding period in 2024.[11,15,16]

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 reduces 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.

Following massive shifts in enrollment from 2020 through 2024 due to the COVID-19 pandemic, the implementation of Medicaid expansion, and the 12-month unwinding period, enrollment in SFY 2026 remained relatively stable. Medicaid financing also largely returned to pre-pandemic levels of federal-state cost sharing after the expiration of the PHE. One exception is the enhanced federal match for the AEG population as part of Medicaid expansion.

A decline in the number of Missouri children enrolled in MO HealthNet despite no changes to eligibility criteria raises concerns that eligible children may be losing health coverage. This seems to be part of a national trend and may be related to what experts are calling a "chilling effect" of procedural issues in which participants are losing their coverage due to missing paperwork or recent federal actions to crack down on immigration. For example, parents who are undocumented or do not have permanent resident status may be reluctant to enroll their children in Medicaid, even if these children are eligible for the program.

Missourians continue to face challenges when enrolling and re-enrolling in MO HealthNet. Backlogs and long processing times are often problems, and as the number of pending applications increase, call center wait times and abandonment rates also remain higher than national averages.

The expiration of federal Marketplace subsidies has impacted the overall coverage landscape as many Missourians dropped their health coverage as premiums increased. As Missouri faces unprecedented federal Medicaid cuts in 2027 and new implementation requirements under H.R. 1, sustainability 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.

The MO HealthNet 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
- Centers for Medicare and Medicaid Services– cms.gov
- Families USA – familiesusa.org
- KFF Program on Medicaid and the Uninsured - kff.org/kcmu
- Missouri Department of Health and Senior Services – health.mo.gov
- Missouri Department of Mental Health – dmh.mo.gov
- Missouri Department of Social Services – dss.mo.gov/mhd
- National Academy for State Health Policy - nashp.org
- U.S. Government Medicaid site - medicaid.gov

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For more information about MO HealthNet, please visit the Missouri Department of Social Services, MO HealthNet Division at dss.mo.gov/mhd.

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