

Missouri Medicaid Basics

Spring 2010



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 currently provides public health insurance coverage to approximately 60 million low-income Americans, including working families, seniors, and individuals with diverse 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.

Overview of MO HealthNet

The Missouri Department of Social Services (DSS), MO HealthNet Division (formerly known as the Division of Medical Services) administers the provision and payment of services for MO HealthNet. The DSS Family Support Division (FSD) determines MO HealthNet eligibility for individuals and families. FSD offices are currently located in each of Missouri's 114 counties and the City of St. Louis; however, the state plans to close some county-level FSD offices and create regional offices as a way to save on state administration costs.

MO HealthNet is a significant portion of Missouri's overall state budget. Approximately 26 percent of Missouri's total budget will go to MO HealthNet in state fiscal year (SFY) 2010. However, about 53 percent of the state's Medicaid funding comes from federal funds. Increases in program costs have a major impact on the overall fiscal condition of the state.

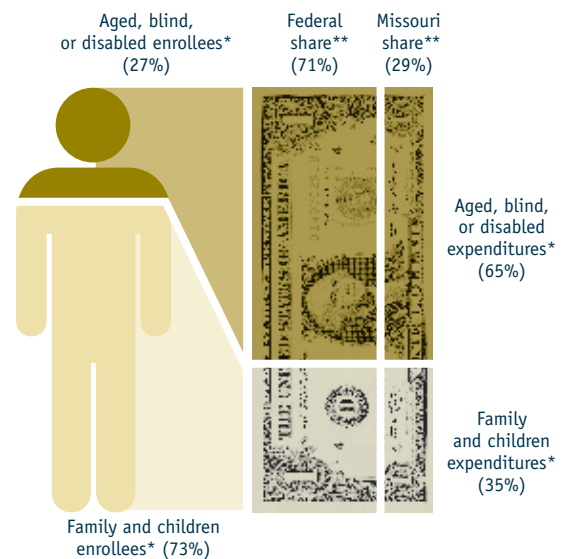
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Missouri's MO HealthNet:

- covers 1 out of every 7 Missourians
- covers 35% of Missouri's children
- pays for 48% of all births in the state¹
- covers 1 out of every 10 seniors over age 65
- pays for 61% of all nursing home care in the state²
- covers Medicare premiums, deductibles, and coinsurance for eligible seniors and people with disabilities

Although most people enrolled in MO HealthNet are families and children, the majority of expenditures pay for services to aged, blind, and disabled Missourians.



*State Fiscal Year 2009

**Effective from Oct. 1, 2009 to Sept. 30, 2010

Note: The Federal matching rate was increased by the American Recovery and Reinvestment Act of 2009 (ARRA) through Dec. 31, 2010. (Proposed legislation would extend this increase through June 30, 2011.) This law provides each state with an increased match rate of 6.2% and additional increases on a quarterly basis based on state unemployment rates. Therefore, Missouri's federal share is at a minimum of 71% and can be higher depending on unemployment.

Missouri Medicaid Eligibility

Covered Populations	Income Guidelines*
Children (up to age 19)	<300% Federal Poverty Level (FPL)
Parents	≈19% FPL**
Pregnant Women	<185% FPL
Disabled Individuals	<85% FPL***
Missourians (age 65 & over)	<85% FPL***
Blind Individuals	<100% FPL***
Qualified Medicare Beneficiaries	<100% FPL

* Asset tests and other factors affect eligibility, which is determined by the Family Support Division local offices.

** Income guidelines for parents are based on the July 1996 Aid for Families with Dependent Children (AFDC) payment standard, not on the Federal Poverty Guidelines. The FPL percentage given for parents is an approximation (see chart below for actual income amounts).

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

2009 Federal Poverty Level (FPL)*

Family Size	Annual Income			
	85% FPL	100% FPL	185% FPL	300% FPL
1	\$9,206	\$10,830	\$20,036	\$32,490
2	\$12,385	\$14,570	\$26,955	\$43,710
3	\$15,564	\$18,310	\$33,874	\$54,930
4	\$18,743	\$22,050	\$40,793	\$66,150

* These apply to the 48 contiguous states and the District of Columbia

AFDC Payment Standard for Parent Eligibility (≈19% FPL)

	Family Size			
	2	3	4	5
Annual Income	\$2,808	\$3,504	\$4,104	\$4,656

Eligibility

In general, MO HealthNet covers low-income children; their parents, guardians, or caretakers; and aged, blind, or disabled individuals. However, certain income and resource criteria must be met as well. Income criteria are largely based on poverty guidelines established by the federal government. Resource criteria (i.e., savings and other countable assets) largely apply only to aged, blind, and disabled people applying for MO HealthNet.

Parents, Children, and Pregnant Women

In SFY 2009, MO HealthNet covered more than 495,000 low-income children and approximately 121,000 low-income adults in families with children. The majority of covered adults in families with children are women. Children represent the largest demographic group served by MO HealthNet, with 58 percent of all MO HealthNet enrollees being age 18 or younger. Pregnant women who meet certain income criteria are also eligible for coverage during their pregnancy and postpartum.

Aged

Approximately 77,000 Missourians age 65 and over were covered by MO HealthNet in SFY 2009. Eligible individuals must meet the income and resource requirements of the program. Missouri seniors can also "spend down" their incomes to qualify for MO HealthNet (see text box on pg. 3 for an explanation of spend down). In some cases, MO HealthNet assists seniors in paying their Medicare premiums, copayments, and deductibles.

Blind and Disabled

According to Missouri DSS, an estimated 152,000 Missourians covered by MO HealthNet qualify 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 percent of the federal poverty level (FPL) for disabled individuals and 100 percent 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.

Key MO HealthNet Programs

MO HealthNet refers to the statewide medical assistance programs for elderly and disabled persons, low-income families, pregnant women, and children. MO HealthNet enrollees receive their health care through either the fee-for-service or the managed care delivery systems. MO HealthNet includes both federally matched and state-only funded programs. The following sections discuss six of the larger programs that together covered about 90 percent of the individuals enrolled in MO HealthNet in SFY 2009.

1. MO HealthNet for the Aged, Blind, or Disabled

MO HealthNet for the Aged, Blind, or Disabled (MHABD) provides Medicaid coverage to individuals who meet the requirements of Old Age Assistance (OAA), Permanently and Totally Disabled (PTD), or Aid to the Blind. These Missourians account for about 26 percent of all MO HealthNet consumers. Individuals who are over 65 or disabled and have incomes up to 85 percent of FPL qualify automatically, while others qualify for MHABD by spending down their incomes on medical expenses each month. Persons who are blind automatically qualify for MO HealthNet if they have incomes up to 100 percent of FPL. These individuals may also spend down to qualify.

Approximately 31 percent of individuals covered under MHABD are eligible under the OAA requirements, while less than 0.4 percent of individuals in the MHABD program are eligible under the Aid to the Blind program. Individuals with disabilities account for 69 percent of participants in the MHABD program. People of all ages with a wide variety of physical and mental disabilities can qualify if their disability, income, and resources meet certain criteria.

Individual recipients may be eligible for MO HealthNet in more than one category. They choose to enroll in a given program for a variety of reasons, such as an easier enrollment process. Many recipients of MHABD may also be eligible for benefits under the Qualified Medicare Beneficiary (QMB) program.

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 QMB program pays for Medicare premiums, deductibles, and coinsurance for eligible persons enrolled in Medicare Part A with incomes up to 100 percent of FPL. Approximately 11,300 individuals received benefits through the QMB program in SFY 2009. 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 more than 100 percent of FPL, but less than 175 percent of FPL. Approximately 15,400 individuals received assistance in SFY 2009 under the SLMB program.

What's Meant by "Spending Down"?

Spending down refers to the amount of medical expenses that an individual must pay 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 on a monthly basis; or
- paying the monthly spend down amount to the MO HealthNet Division, similar to an insurance premium payment.

MO HealthNet for Kids (CHIP)

The federal Balanced Budget Act (BBA) of 1997 amended the Social Security Act to create Title XXI, the Children's Health Insurance Program (CHIP). CHIP provides affordable health coverage to more than 7 million children nationally, including 61,500 in Missouri, who live in families with incomes too high to qualify for Medicaid but too low to afford private coverage. The federal government matches the state's CHIP spending at a higher rate than for Medicaid. In Missouri, the federal FY 2010 match for CHIP is 74 percent.

In February 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) was passed by Congress and signed into law by President Obama. The new law extends the CHIP program from April 1, 2009 until the end of 2013 and provides an additional \$32.8 billion above current federal CHIP spending. The additional spending is funded primarily from a 62-cent increase in the federal tobacco tax.

CHIPRA ensures that the children currently covered under CHIP continue to be covered, and it will cover approximately 4 million more children who would otherwise be uninsured. It is estimated that 83 percent of these uninsured children are already eligible for CHIP or Medicaid but are not enrolled. Additional information on the components included in the CHIPRA legislation can be found in the MFH fact sheet, "CHIP Reauthorization 2009," available at http://www.covermissouri.org/docs/SCHIP_2009.pdf.³

3. MO HealthNet for Kids (Medicaid)

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

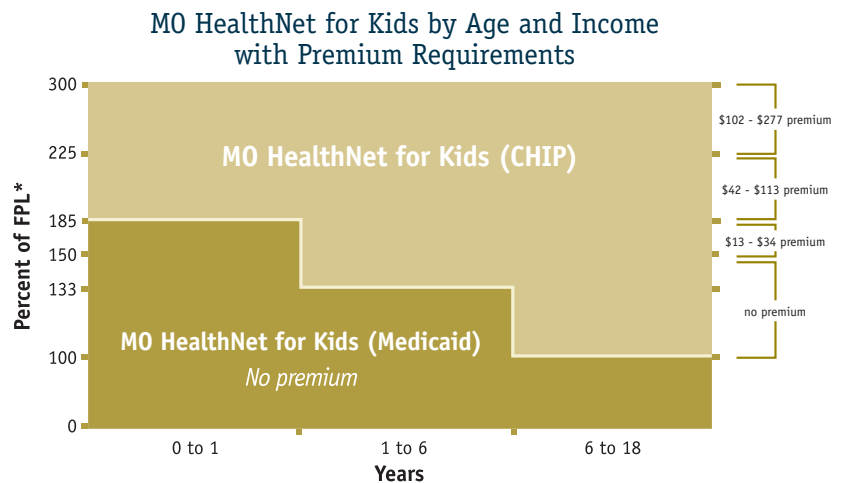
- 185 percent of FPL for children under age 1,
- 133 percent of FPL for children ages 1-5, and
- 100 percent of FPL for youth ages 6-18.

Approximately 363,500 low-income Missouri children have health insurance coverage through this MO HealthNet program. This population represents 43 percent of all MO HealthNet recipients. (Note: About half of these children are classified under MO HealthNet for Families – Children because their parents are also eligible for MO HealthNet; however, they are eligible because of the above income requirements.)

4. MO HealthNet for Kids (CHIP)

Using its allocated Children's Health Insurance Program (CHIP) funds, Missouri expanded its existing Medicaid program for low-income children in 1998. This CHIP expansion extended health coverage to low-income children with family income up to 300 percent of FPL.

The MO HealthNet for Kids (CHIP) program provides the same health services as those covered under MO HealthNet for Kids (Medicaid), except that CHIP kids are not eligible for non-emergency medical transportation. Based on an income scale, some individuals covered under Missouri's CHIP program must pay premiums. Premiums paid per



MO HealthNet for Kids (Medicaid): no premium

MO HealthNet for Kids (CHIP):

- 100% to 150% - no premium
- 151% to 185% - premium of \$13 to \$34 per family per month
- 186% to 225% - premium of \$42 to \$113 per family per month
- 226% to 300% - premium of \$102 to \$277 per family per month

*See page 2 for 2009 FPL guidelines

family per month range from \$13 to \$277 (see chart on pg. 4). Approximately 63,700 children have coverage under the MO HealthNet for Kids (CHIP) program in Missouri. This number represents 8 percent of the total MO HealthNet population.

5. MO HealthNet for Families – Adults

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 (approximately 19 percent of FPL) are eligible for the program. In SFY 2009, about 60,600 adults had health insurance coverage through the MHF program. This group represents 7 percent of all MO HealthNet recipients in the state of Missouri.

6. MO HealthNet for Pregnant Women

Pregnant women with family incomes up to 185 percent of FPL qualify for Medicaid coverage under the MO HealthNet for Pregnant Women (MPW) program. Qualification under this category includes 60-day postpartum coverage even with subsequent increases in family income. Approximately 28,600 women received insurance benefits under this program during SFY 2009. This group represents 3 percent of all MO HealthNet recipients in the state.

Mandatory MO HealthNet Services

Federal guidelines require states to cover a minimum set of services under Medicaid, including:

- inpatient hospital services;
- outpatient services, including those delivered in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs);
- 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;
- medical and surgical services of a dentist;
- non-emergency medical transportation; and
- screening and treatment services to children under age 21 under the EPSDT/HCY program.

EPSDT/HCY Program

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. In Missouri, the EPSDT program is called Healthy Children and Youth (HCY). HCY provides all MO HealthNet eligible children with appropriate full health screens and subsequent treatment for identified health problems. Components of a full health screen include interval history, physical examinations, anticipatory guidance, laboratory tests, immunizations, lead screening, development/personal social/language, fine/gross motor, hearing, vision, and dental.

Optional Services Covered by MO HealthNet

States may opt to cover additional services, which also qualify for federal matching funds. "Optional" means only that federal law does not mandate the service. Some of the optional services Missouri provides to certain eligible Medicaid populations include:

- pharmacy services,
- rehabilitation and specialty services,
- mental health services (may be mandatory in some instances),
- psychiatric care,
- 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 elderly and disabled populations to remain in their homes and communities and can result in admission to an institution, such as a nursing home.

Delivery Systems

Missouri’s MO HealthNet program works to promote good health, to prevent illness and premature death, to correct or limit disability, 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 Care.

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 and where they live in the state. In SFY 2009 both programs covered prescription medications for MO HealthNet consumers.

Fee-for-Service

In Missouri, all individuals eligible under the MO HealthNet for the Aged, Blind, and Disabled program participate in the fee-for-service system regardless of their county of residence. Additionally, MO HealthNet children and parents that live in counties other than those designated as managed care counties participate in the fee-for-service system. Missouri DSS, through the use of a claims processing fiscal agent, pays for services based on an established fee schedule.

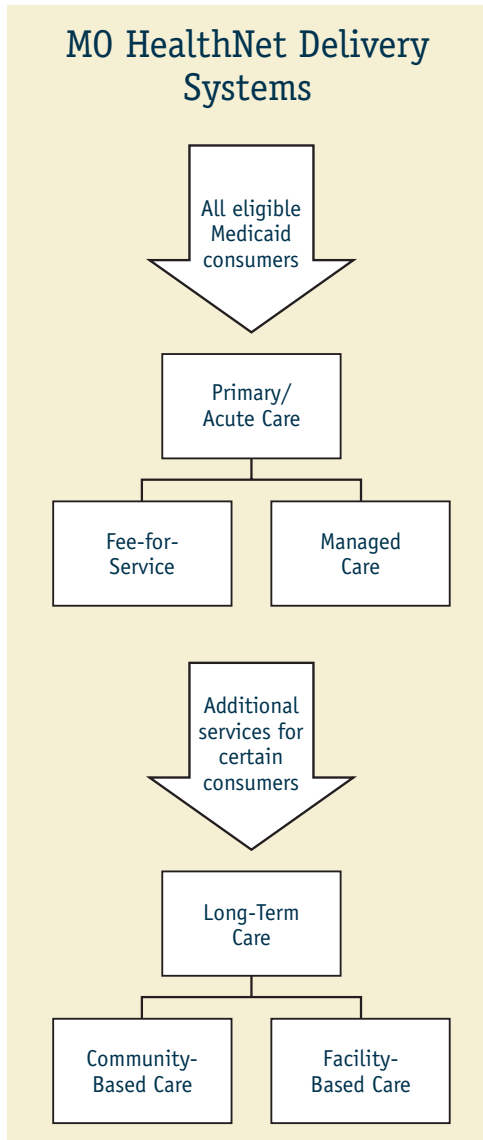
MO HealthNet Managed Care

The MO HealthNet managed care system (formerly known as MC+) started in 1995 when Missouri DSS first contracted with managed care plans in an effort to improve the accessibility and quality of health care services for Missouri’s MO HealthNet populations, while reducing the costs of providing care. The managed care system now operates in a total of 54 counties across the state, including the St. Louis, Kansas City, Columbia, and Jefferson City areas (see map on pg. 7). The contracted MO HealthNet managed care health plans provide a particular range of benefits to each enrolled recipient in return for a capitated payment made on a per member per month basis.

All MO HealthNet recipients must enroll in a managed care health plan if they reside in one of the 54 counties included in the managed care system and if they fit into one of the following eligibility categories:

- parents/caretakers, children, pregnant women, and refugees;
- other MO HealthNet children who are in the care and custody of the state and receive adoption subsidy assistance; and
- CHIP children.

Approximately 422,500 Missourians were enrolled in one of the six contracted MO HealthNet managed care plans as of March 2010.



Long-Term Care

MO HealthNet provides long-term care services 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 long-term care services; therefore, Medicaid typically becomes 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 mental retardation. To qualify, individuals need a planned program of active treatment, must live in a licensed facility, and must meet certain other criteria. A large majority of Missourians living in intermediate care facilities for the mentally retarded are MO HealthNet consumers.

Community-Based Care

Community-based care in Missouri’s MO HealthNet program supports a number of Home- and Community-Based (HCB) waivers that allow certain consumers to receive care in their homes or in the community rather than in a nursing facility or other institution. HCB services, available on a limited basis (i.e., a specific number of slots for each type of HCB waiver), have eligibility requirements based on income, resources, and level of care required.

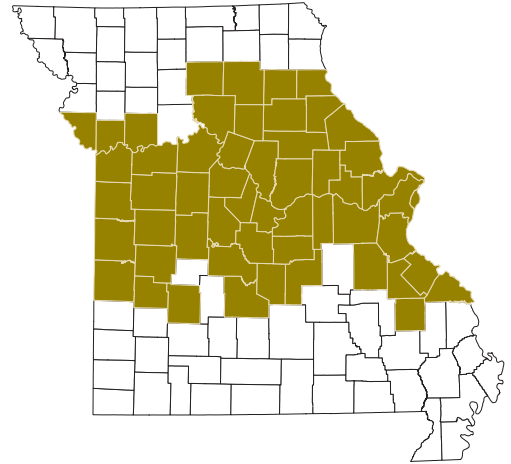
Missouri currently has seven HCB waiver programs that receive funding from state General Revenue, Social Services Block Grants, Medicaid, and the Older Americans Act. Authorization for waiver services comes through either the Missouri Department of Health and Senior Services (DHSS)* or the Missouri Department of Mental Health (DMH)** which determine need for care and the availability of services.

The Missouri HCB waiver programs include the:

- Aged and Disabled Waiver,*
- AIDS Waiver,*
- Independent Living Waiver,*
- Physical Disabilities Waiver,*
- MR/DD Community Support Waiver,**
- Missouri Children with Developmental Disabilities Waiver,**
- Mental Retardation and Developmental Disabilities (MR/DD) Comprehensive Waiver.**

For the majority of individuals, home care is preferred and less expensive than institutional care. In general, those who enter institutional care settings generally do not return home. Therefore, prevention of institutional care is important both for quality of life and for cost containment. The HCB waivers help create a healthier aging population by serving more people for less money than institutional care.

Missouri Counties with MO HealthNet Managed Care



What’s a Waiver?

States have a lot of flexibility when it comes to designing and running Medicaid and CHIP. However, federal law sets minimum standards for operating those programs. Sections 1115 and 1915 of the Social Security Act define specific circumstances in which the federal government may, at a state’s request, “waive” certain provisions of the federal Medicaid and CHIP laws. The “waiver” is the agreement between the federal government and the state that exempts the state from the provisions of the federal law that were waived. The waiver includes special terms and conditions that define the strict circumstances under which and for whom the state is exempt from the provisions of federal Medicaid and CHIP laws. For example, Home- and Community-Based Care waivers provided under Section 1915(c) allow states to provide enhanced community support services to individuals who would otherwise require institutional care. Missouri not only has seven 1915(c) waivers but also has an 1115 waiver that was implemented in 1998 and expanded coverage to Missouri children up to 300 percent of FPL.

Financing and Expenditures

Medicaid and CHIP are financed jointly between the states and federal government. In fiscal year (FY) 2009, federal funding of the Medicaid and CHIP programs totaled approximately \$227 billion. In 2010, The Office of Management and Budget (OMB) estimates that federal funds will account for approximately \$245 billion of states' Medicaid and CHIP spending. The OMB also estimated that FY 2011 federal Medicaid and CHIP spending will be about \$290 billion.⁴

MO HealthNet Financing

In general, there are three different levels of federal matching funds for MO HealthNet. They are the Federal Medical Assistance Percentage (FMAP), the Enhanced Federal Medical Assistance Percentage (EFMAP), and MO HealthNet administrative costs for which the federal government pays 50 percent of expenditures. FMAP covers the majority of MO HealthNet programs, while EFMAP is for the MO HealthNet for Kids (CHIP) program. Currently, under EFMAP the federal government pays 74 percent of CHIP expenditures in Missouri. The federal match rate for FMAP is currently at 64.5 percent. However, FMAP was increased by 6.2 percent in the American Recovery and Reinvestment Act through December 31, 2010. (Proposed legislation would extend this rate through June 30, 2011.) Additionally, a state can receive an extra increase in its FMAP for a rise in its unemployment rate. This additional boost in a state's FMAP is adjusted on a quarterly basis. Therefore, Missouri's FMAP is 70.7 percent or higher depending on state unemployment figures.

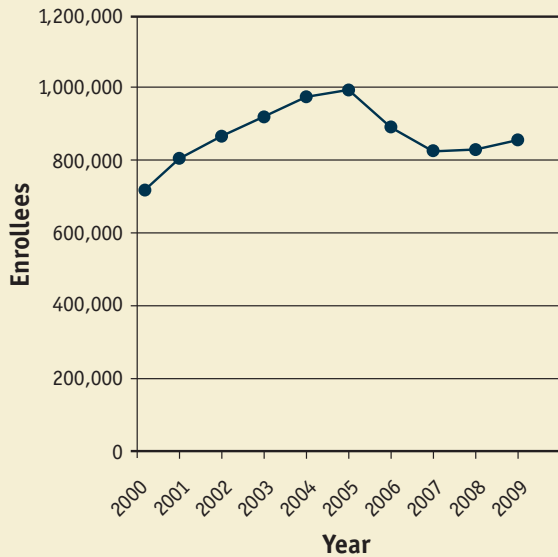
The enacted state budget for SFY 2010 appropriated approximately \$6.4 billion for MO HealthNet. However, only \$1.14 billion of this cost comes from state general revenue. The majority of Medicaid financing, \$3.34 billion, stems from federal funds. The remaining balance of MO HealthNet financing derives from several non-governmental sources, including provider taxes (e.g., hospitals and nursing homes), premiums, and tobacco funds (see pg. 9 for a complete list of sources).

MO HealthNet Expenditures

In SFY 2009 MO HealthNet spent \$4.6 billion or about 79 percent of its budget on:

- hospitals (\$1.1 billion),
- managed care premiums (\$1.1 billion),
- nursing facilities (\$885 million),
- pharmacy services (\$691 million),
- mental health services (\$473 million), and
- physician services (\$434 million).

Changes in MO HealthNet Enrollment, SFY 2000-2009

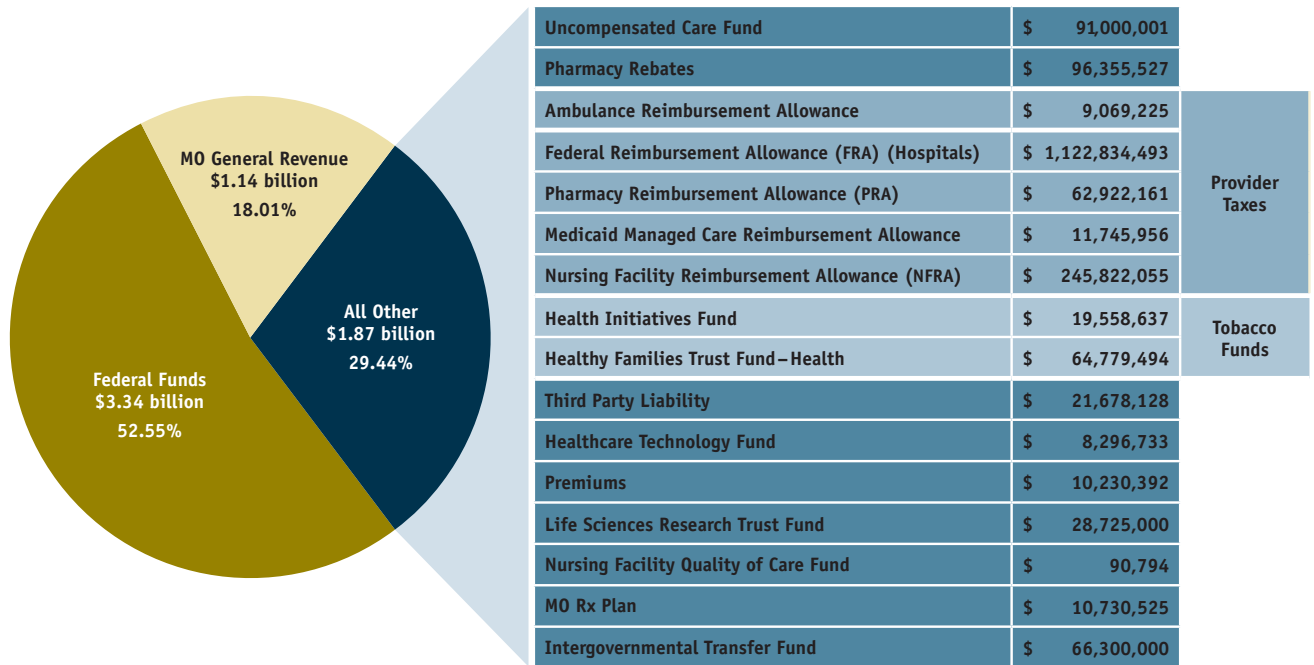


Annual MO HealthNet Expenditures by Population and Individual per Month Costs, SFY 2008

	Enrollees	Annual Expenditures (millions)	Average Monthly Cost per Enrollee (dollars)
Elderly	76,885	1,184.5	1,284
Persons with Disabilities	151,832	2,670.6	1,466
Children	495,137	1,517.2	255
Adults (non-disabled and under 65)	121,027	537.5	370

Although families and children constitute 73 percent of all MO HealthNet enrollees, this population uses only 35 percent of all Medicaid resources. By contrast, the elderly and disabled comprise 27 percent of all MO HealthNet enrollees but use 65 percent of all expenditures.

Sources of MO HealthNet Funding, SFY 2010* – Total \$6.4 Billion



*This represents the program budget for the MO HealthNet Division, it does not include administrative appropriations or Medicaid funds appropriated to other state departments such as DHSS or DMH.

MO HealthNet Spending by Key Component



Federal Health Reform and Medicaid

In addition to expanding Medicaid eligibility to non-Medicare eligible individuals up to 133 percent of FPL, the health reform legislation impacts Medicaid in numerous other ways. The newly eligible will be guaranteed a benchmark benefit package that provides the same essential health benefits required of private insurance plans in the Exchanges. Additionally, states are required to maintain their current Medicaid/CHIP eligibility levels for children until 2019 and current adult Medicaid eligibility levels until the Exchange is fully operational.

Other provisions of the health reform law that impact Medicaid include:

- Permitting enrollees with chronic conditions to designate a provider as a health home and providing additional funds for home health-related services.
- Providing Medicaid programs that cover, and remove cost-sharing requirements for, preventive services and recommended immunizations with a 1 percent increase in their FMAP for these services.
- Providing incentives to Medicaid beneficiaries to complete behavior modification programs (e.g., smoking cessation classes, weight-loss programs).
- Requiring Medicaid coverage for tobacco cessation services for pregnant women.
- Establishing an option to provide community-based attendant supports and services to individuals with disabilities who require an institutional level of care.
- Reducing waste, fraud, and abuse in Medicaid by allowing provider screening, enhancing oversight periods for new providers and suppliers, and establishing compliance programs.⁸

Medicaid and the Economy

As the nation struggles with the current economic recession, states (including Missouri) face lower than anticipated revenue growth and significant budget shortfalls. During economic downturns, unemployment increases, individuals lose employer-sponsored insurance, incomes decline, and Medicaid enrollment expands. This results in increased Medicaid costs at the same time that states experience the greatest economic challenges. In Missouri, the unemployment rate in February 2010 was 9.4 percent, compared to 5.3 percent in February 2008.⁵

Spending and Enrollment Growth

In FY 2008, states began reporting increases in Medicaid spending and enrollment, which has continued into FY 2010. Nationally, Medicaid spending grew by 7.9 percent in FY 2009 and is estimated to increase another 6.3 percent in FY 2010. These spending increases correspond to a rise in Medicaid enrollment. Across the U.S., Medicaid enrollment increased by 7.5 percent in FY 2009 and is estimated to increase by an average 6.6 percent in FY 2010. Growth in Medicaid enrollment drives overall Medicaid spending; however, on a cost-per-enrollee basis Medicaid remains a cost-effective program when compared to increases in overall health care costs and costs per person for private sector coverage.⁶

Federal Health Reform

In March 2010, President Obama signed federal health reform legislation into law. This law has far-reaching implications for the health care system, including prohibiting pre-existing condition exclusions; providing tax credits to individuals, families, and small businesses to make insurance more affordable; limiting cost-sharing; closing the Medicare Part D “doughnut hole;” and creating state or regional health insurance exchanges. However, this document focuses solely on how the new law impacts the Medicaid program.

Under this law, Medicaid eligibility will be expanded in January 2014 to all non-elderly, non-disabled individuals with incomes up to 133 percent of FPL. In Missouri, parental eligibility will be expanded from the current 19 percent, and a new eligibility category of childless adults will be created. While some states have used a waiver to provide coverage to some childless adults, Missouri has not provided coverage for this population under MO HealthNet. For the first three years of the expansion, the federal government will provide 100 percent of the funding for this expanded population. In 2017, the federal share will decrease to 95 percent and then step down each year until it reaches 90 percent federal funding for 2020 and beyond. To encourage more physicians to accept newly eligible MO HealthNet patients, the law also increases primary care doctors’ Medicaid payments for primary care services to 100 percent of Medicare payment rates in 2013 and 2014, with 100 percent federal financing.⁷

Summary

MO HealthNet impacts the health of the low-income children, families, and elderly and disabled it serves. The availability of Medicaid reduces the number of uninsured Missourians and provides health insurance coverage for vulnerable populations who might not otherwise have health coverage.

MO HealthNet also has a significant economic impact on the state because of the matching funds it draws from the federal government. The influx of funds stimulates economic activity throughout state and local economies.

MO HealthNet supports the state's entire health care infrastructure by helping to:

- reduce uncompensated care,
- promote earlier treatment in appropriate settings and reduce preventable hospitalizations,
- decrease unnecessary emergency room use, and
- support education and training in academic medical centers.⁹

Without MO HealthNet, these infrastructure costs would be passed on to employers and their employees through higher insurance premiums.

The MO HealthNet program exists as a complex system that affects the lives of individuals and families in every county across the state. Policymakers, state administrators, and others must consider how changes to MO HealthNet impact the entire health care system in the state when implementing reforms to this major health insurance program. Reforming a state's Medicaid program is never a simple undertaking because it is not a single program but rather a collection of programs, services, and funding mechanisms. In many cases, an adjustment to one element of this system will have unintended effects or consequences on other elements. Understanding the basics of this system is an important step in addressing the health care needs of all Missouri residents.

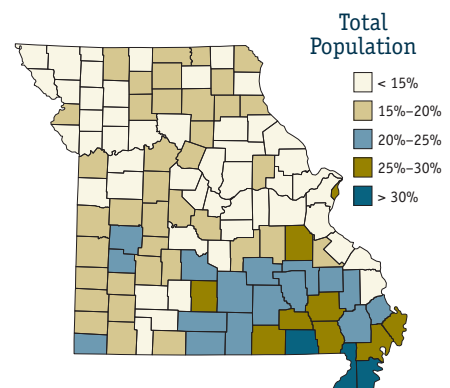
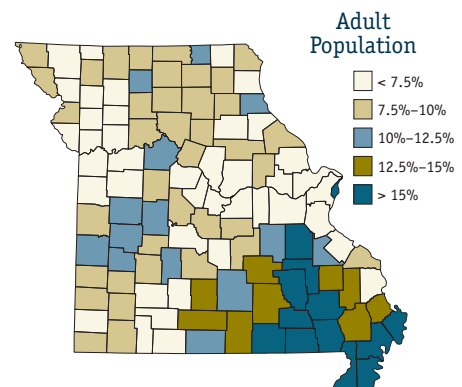
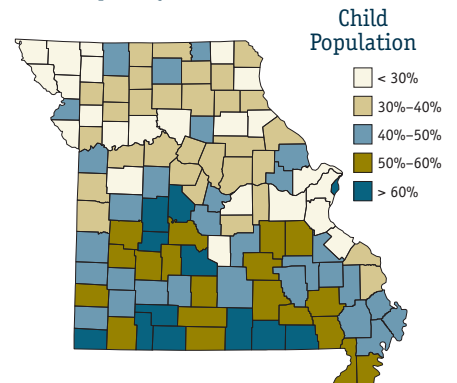
For More Information About Medicaid

Missouri Medicaid Basics provides a brief outline of the Missouri MO HealthNet program. For more information about **MO HealthNet**, please visit the Missouri Department of Social Services, MO HealthNet Division website at www.dss.mo.gov/mhd/index.htm.

For more information about the **federal Medicaid** program, including federal eligibility requirements, benefits, financing, and administration, please refer to *Medicaid: A Primer*. This document is available at <http://www.kff.org/medicaid/upload/7334-03.pdf>.

Percent of Specified Population Enrolled in MO HealthNet by County

In June 2009, 15 percent of Missourians (895,077 individuals) were enrolled in MO HealthNet. The maps below show the percentage of the specified population enrolled in the program by county. As the graphics demonstrate, MO HealthNet exists as an important source of health coverage for many state residents, especially children.



Source: Medicaid Enrollment - Missouri Department of Social Services, Research and Evaluation, Census Data - HIDI Online 2009 Census Report

Online Resources

- Center for Health Care Strategies – www.chcs.org
- Center on Budget and Policy Priorities – www.cbpp.org/pubs/health.htm
- Centers for Medicare and Medicaid Services (CMS) – www.cms.hhs.gov
- Families USA – www.familiesusa.org
- Heritage Foundation – www.heritage.org/Research/HealthCare
- The Kaiser Commission on Medicaid and the Uninsured – www.kff.org/kcmu
- Missouri Department of Health and Senior Services – www.dhss.mo.gov
- Missouri Department of Mental Health – www.dmh.mo.gov
- Missouri Department of Social Services – www.dss.mo.gov/mhd/index.htm
- National Academy for State Health Policy – www.nashp.org
- National Association of State Medicaid Directors – www.nasmd.org
- National Center for Health Statistics – www.cdc.gov/nchs
- Robert Wood Johnson Foundation – www.rwjf.org
- The Urban Institute – www.urban.org/health/index.cfm

Endnotes

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