


Medicaid & Children's Health Insurance Program in Missouri: 2020 Chartbook



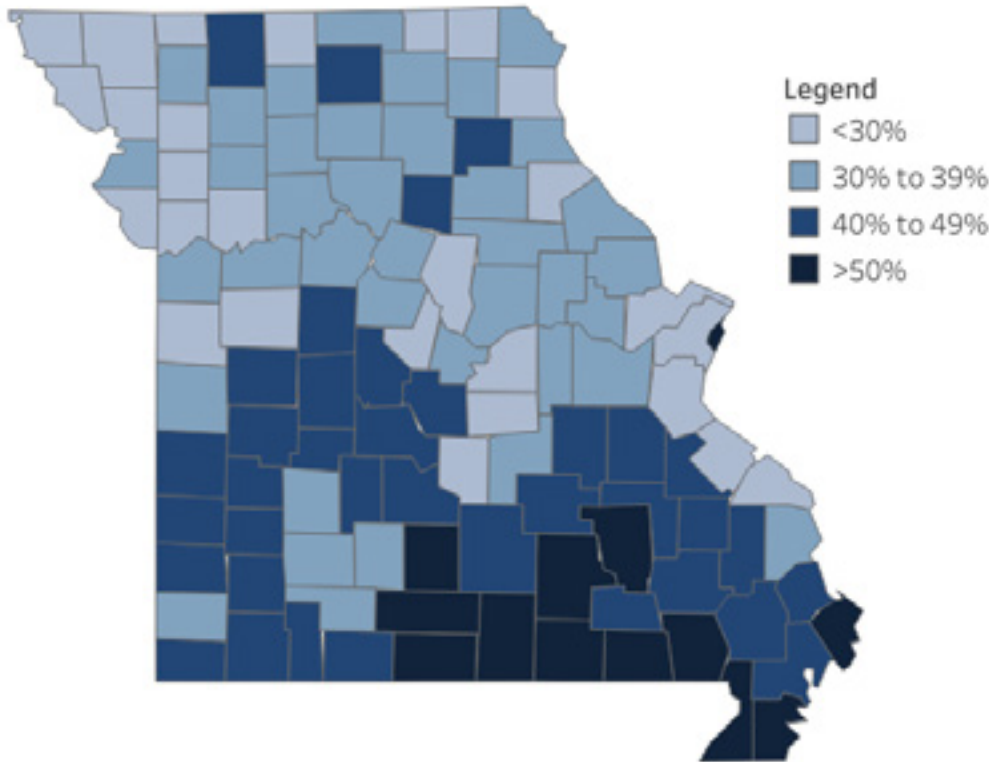
A Partnership Of:



Medicaid Plays an Important Role in Health Care Coverage for Missourians

Percent of Missouri Children with Medicaid Coverage, by County

Source: Missouri Budget Project analysis of November 2019 DSS Monthly Management Report & 2018 American Community Survey 5 year Estimates.



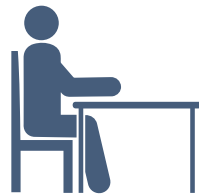
- More than 846,000 Missourians access health care coverage through the state's Medicaid program, known as MOHealthNet.¹
- MO HealthNet covers low-income seniors, people with disabilities, children, pregnant women and very low-income parents.
- The Children's Health Insurance Program (CHIP) allows children in families with incomes above Medicaid limits, but who can't afford private health insurance, to access health care through a premium structure.
- Medicaid & the Children's Health Insurance Program (CHIP) cover 1 of every 3 Missouri kids, and nearly 1 in 11 Missouri seniors.² Nearly two-thirds of Missouri's MO HealthNet enrollees are children.³

Medicaid Has Long-Term Benefits for Kids:⁴

Children with Medicaid Coverage:



Do Better
in School



Miss Fewer
School Days
due to Illness
or Injury



Are More Likely to
Finish High School,
and Attend and
Graduate College

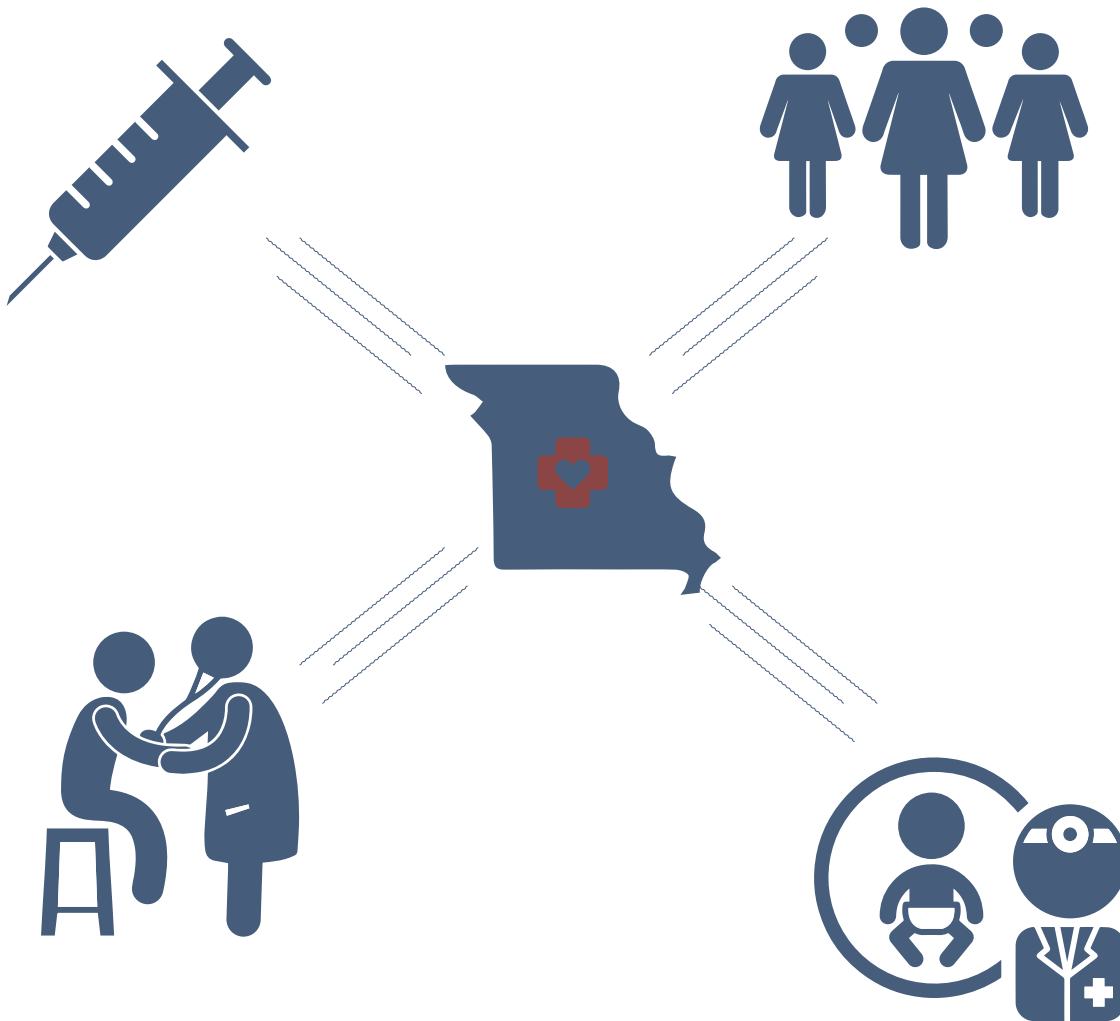


Have Fewer
Emergency
Room Visits &
Hospitalizations as
Adults



Earn More as
Adults

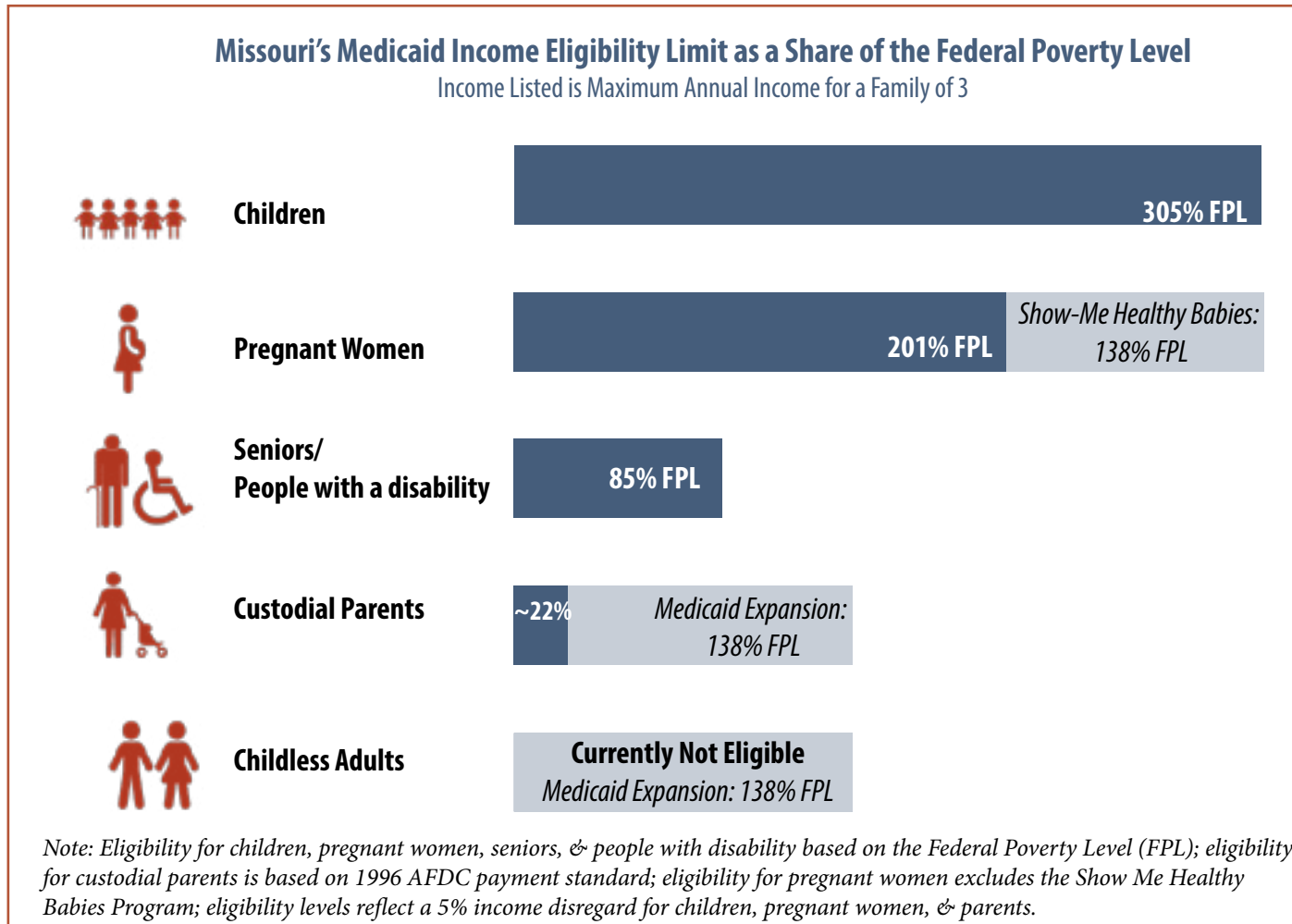
Medicaid Improves Health



- Medicaid patients are more likely than the uninsured to access preventive care, including prenatal care and vaccinations for kids.
- They are also more likely to have a regular doctor or clinic where they can go to get primary care.
- Expanding Medicaid coverage has been proven to reduce maternal and infant mortality, primarily due to increased access and utilization of prenatal and postpartum care.⁵
- Children whose parents are covered by Medicaid are 29% more likely to receive preventive care, such as well-child visits.⁶

Who Qualifies for MO HealthNet?

Although Medicaid was created to serve as a safety net for low wage families and individuals, not all Missourians living in poverty qualify.



Children

- **MO HealthNet for Kids** provides coverage for children under 19 years whose income is below 153% FPL (or below 201% FPL for newborns).
- Additional coverage for children up to 305% FPL is provided through the **Children's Health Insurance Program (CHIP)**.

Pregnant Women

- **MO HealthNet for Pregnant Women** provides coverage during pregnancy, as well as limited postpartum coverage.
- **Show-Me Healthy Babies** provides additional coverage during pregnancy, as well as coverage for the child's first year of life.

Seniors/People Living with a Disability

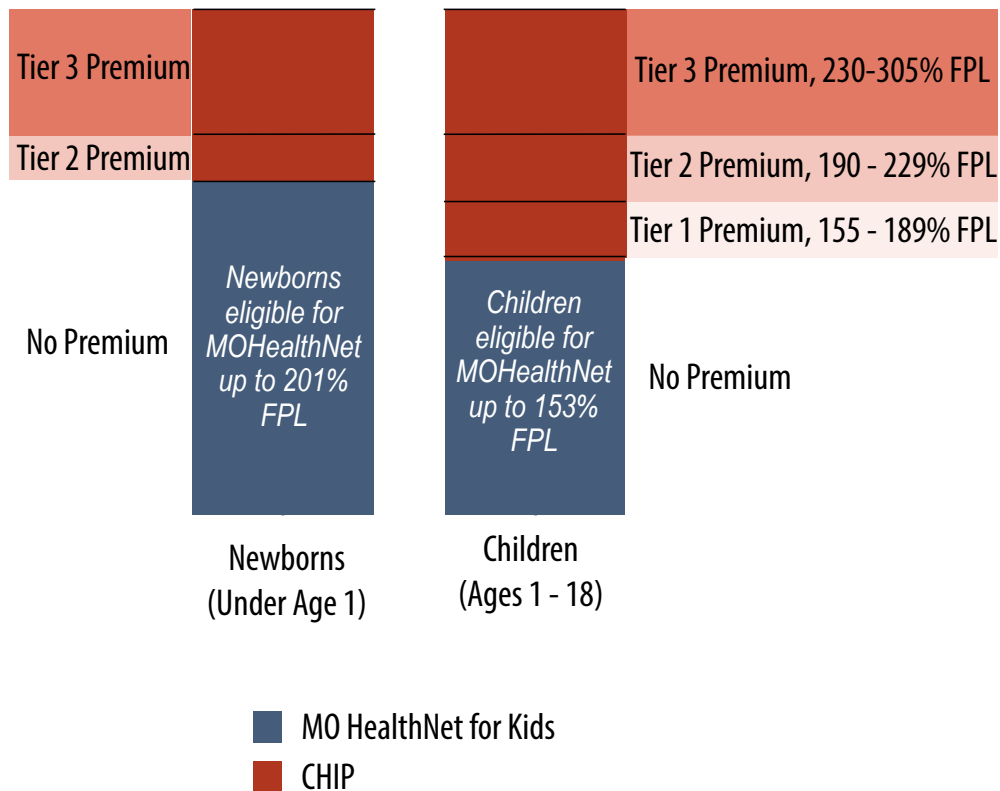
- **Asset Test:** Must have property/assets valued less than \$3,000 (or \$6,000 for couples).
- **Spend Down:** Monthly income is reduced by the amount spent on medical expenses in order to determine eligibility.

Custodial Parents

- Currently, **MO HealthNet for Families** provides coverage for low-wage parents earning no more than \$388 per month for a family of three, the lowest level allowed under federal law and the third lowest eligibility level in the nation.
- In August 2020, Missouri voters expanded Medicaid eligibility - eligibility for custodial parents and childless adults will increase to 138% of FPL in July 2021.

Children's Health Insurance Program (CHIP) Premiums

Children's Eligibility & Premiums for MO HealthNet & CHIP

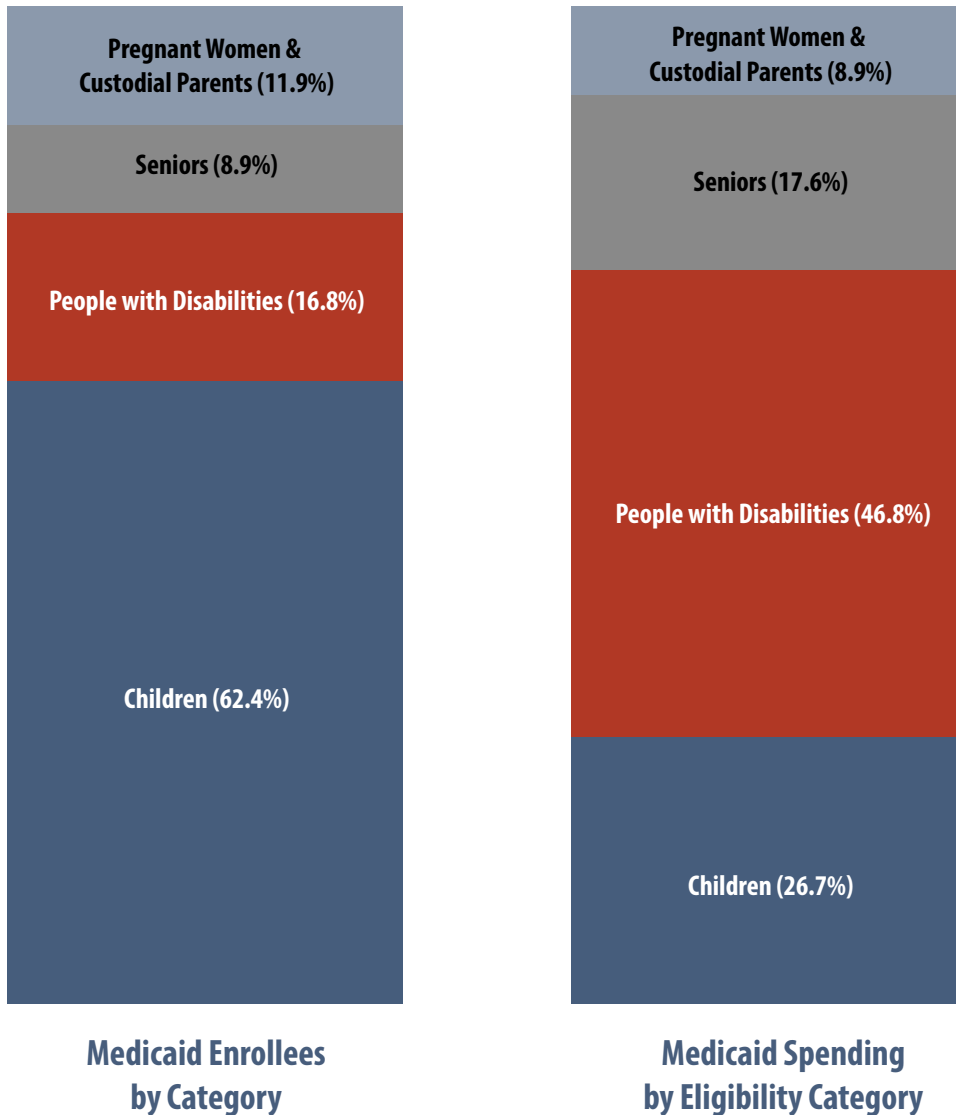


- Children with incomes above 153% FPL (and newborns with incomes above 201% FPL) are covered under the Children's Health Insurance Program (CHIP).
- Children with incomes above 155% FPL (and newborns that exceed the 201% FPL MOHealthNet threshold) must pay a premium to enroll in CHIP.
- Missouri's CHIP premiums are among the highest in the nation.
- A single mother with two children making \$33,000 a year is required to pay \$300 annually in premiums in Missouri. This is the second highest fee in the nation - only 11 other states charge a fee to parents at this income level.⁷

CHIP Premium Schedule					
as of July 1, 2019					
		Family Size			
		1	2	3	4
	<155%FPL	\$0	\$0	\$0	\$0
Tier 1	155-189% FPL	\$15	\$20	\$25	\$30
Tier 2	190%-229% FPL	\$48	\$65	\$82	\$99
Tier 3	230%-305% FPL	\$117	\$159	\$200	\$241

The Majority of Missouri's Medicaid Dollars Support Services for Seniors and People with Disabilities

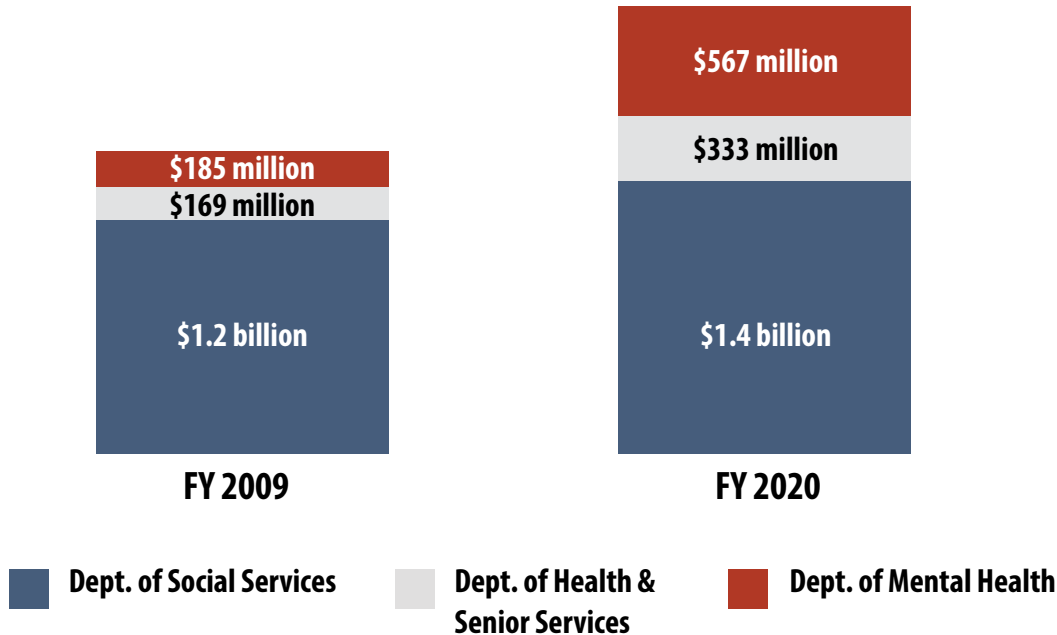
Missouri Medicaid Enrollment & Spending by Population
FY 2019



- While children make up the majority of Medicaid enrollees (62.4%), they only account for 26.7% of the cost of the program.
- The majority of the funding in Medicaid goes toward covering care for seniors and people with disabilities, who account for 64.4% of MO HealthNet spending.
- Missouri's distribution of Medicaid enrollment and payments for services by enrollment group mirrors the national average where most of the budget is spent caring for those with the most complex medical needs.⁸

General Revenue Spending on Medicaid

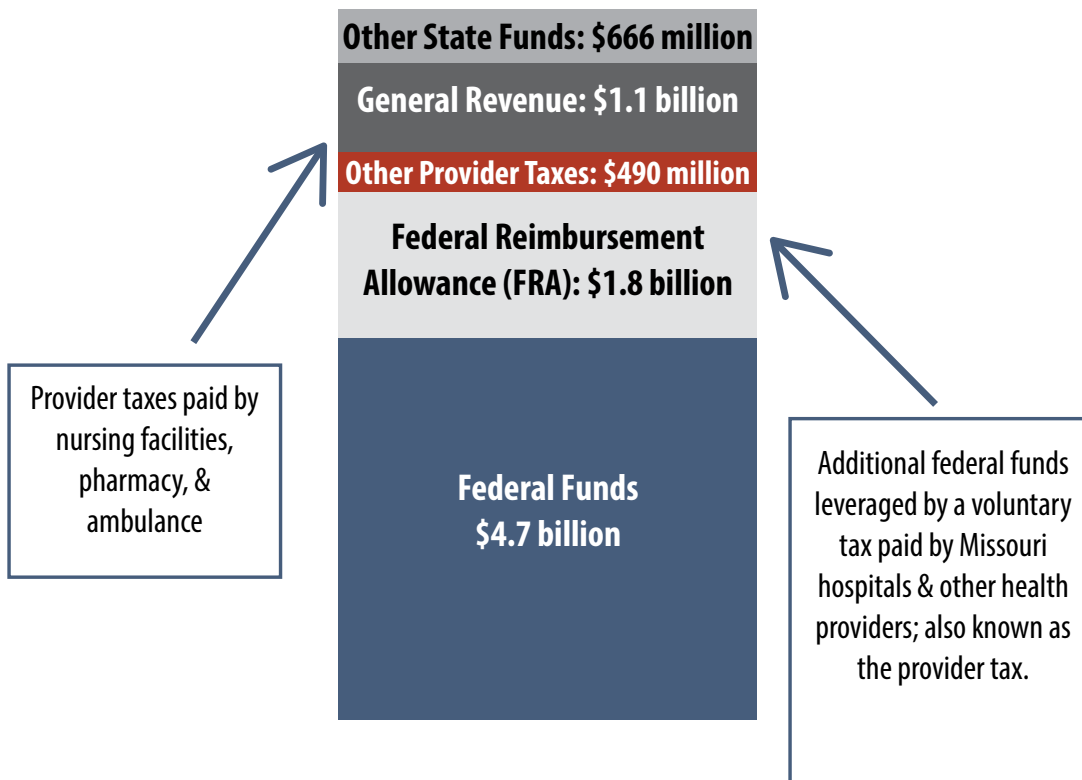
Medicaid General Revenue Appropriations by Department
FY 2009 and FY 2020



- In FY 2020, Medicaid accounted for 23% of the General Revenue budget, up from 18% in FY 2009.
- In FY 2020, around 61% of General Revenue spending on Medicaid is housed in the Department of Social Services (DSS) to pay for MOHealthNet and other DSS programs. This funding has increased modestly over the past decade.
- Over 70% of growth in GR spending on Medicaid over the past decade has occurred in the Department of Mental Health (DMH) and the Department of Senior Services (DHSS).
- This growth reflects the leveraging of increased federal Medicaid dollars to provide mental health services for Missourians and to address the opioid crisis, as well as rising need due to Missouri’s aging population and the rising cost of health care more broadly.

Medicaid is a Good Deal for Missouri Taxpayers

Medicaid Appropriations in the Department of Social Services FY 2020

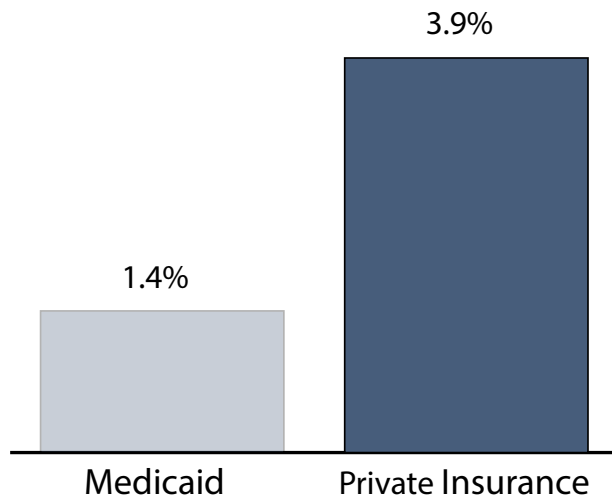


- Created as part of the Social Security Act in 1965, Medicaid is a partnership between the state and federal governments.
- Each state enjoys flexibility in designing and managing its program, within the parameters of national guidelines. In exchange, the federal government provides the majority of funding.
- In state FY 2020, the federal government provided \$1.91 for each dollar Missouri spent on coverage. The Families First Coronavirus Response Act contained a 6.2% increase in the Federal Medical Assistance Percentage (FMAP), which was applied retroactively beginning January 1, 2020 and will continue to the end of the quarter in which the U.S. Health & Human Services public health emergency period ends.⁹
- Over 3/4 of Missouri's Medicaid program is financed through federal funds or provider taxes. State general revenue funds only 16% of the total cost of Medicaid in Missouri, making it a good deal for Missouri taxpayers.¹⁰

Medicaid Controls Costs and Encourages Innovation

Medicaid Spending Has Grown More Slowly Than Private Insurance

Average annual growth rate per enrollee, 2010 - 2018



- Not only does Medicaid provide access to critical health care services, it also does it less expensively than private insurers do, spending less per enrollee than private insurers for both children and adults.¹¹
- Medicaid spending per patient grows more slowly than private insurance. Between 2010 and 2018 average grew by just 1.4% annually, while cost per patient covered through private insurance grew by about 4% on average each year.¹²
- The Medicaid program allows a great deal of flexibility to innovate and design changes to the program that are specific to the needs of Missouri.

Notes

1. Missouri Department of Social Services, Caseload Data as of January 2020
2. Source: Missouri Budget Project calculations using Missouri Department of Social Services, Caseload Data as of January 2020 and U.S. Census Bureau Population estimates for 2018.
3. Ibid #1
4. See “The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions,” National Bureau of Economic Research (NBER) Working Paper No. 20178, May 2014; “Childhood Medicaid Coverage and Later Life Health Care Utilization,” NBER Working Paper No. 20929, February 2015; “The Long-Term Effects of Early Life Medicaid Coverage,” Miller, Sarah and Laura R. Wherry,” accessed at http://www-personal.umich.edu/~mille/MillerWherry_Prenatal2015.pdf.
5. Georgetown - Medicaid fills gap in maternal health coverage. “Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies,” Adam Searing and Donna Cohen Ross, Georgetown University Health Policy Institute, Center for Children and Families, May 2019.
6. “Spillover Effects of Adult Medicaid Expansions on Children’s Use of Preventive Services,” Maya Venkataramani, MD, MPH, & Craig Evan Pollack, MD, MHS, a Eric T. Roberts, PhD. *Journal of the American Academy of Pediatrics*, December 2017, Volume 140, Issue 6.
7. “Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey,” Tricia Brooks and Lauren Roygardner, Georgetown University Health Policy Institute, Center for Children and Families, March 27, 2019.
8. Missouri Department of Social Services 2019 Department Overview: Subcommittee on Appropriations
9. Kaiser State Health Facts. See <https://www.kff.org/state-category/medicaid-chip/>, Federal Medical Assistance Percentage for Medicaid and Multiplier, FY 2021
10. Based on the FY 2020 MoHealthNet Budget, Revenue Sources
11. Peterson-KFF Health System Tracker, available at www.healthsystemtracker.org
12. Ibid