



Strengthening Medicaid: **MISSOURI** STATE PROFILE



Medicaid is an essential program that provides health services for individuals and families who otherwise would not be able to afford them. In Missouri, 22.2 percent of residents, or 1.4 million individuals, are enrolled in Medicaid.¹ Medicaid improves health outcomes for recipients, improves their financial stability, saves lives, creates thousands of jobs that bolster our local economies, and helps reduce economic and racial disparities in health insurance and healthcare access.² However, while anyone who is eligible for Medicaid is guaranteed coverage,³ many eligible Missouri residents struggle to enroll in and maintain Medicaid coverage. Even when enrolled, many struggle to get access to the services that they need.

During the COVID-19 public health emergency, Congress passed legislation requiring Medicaid programs to keep people continuously enrolled. During this time, Medicaid enrollees did not face the regular barriers to renewing coverage that leave many temporarily or permanently disenrolled and without access to care. As a result, the number of Medicaid enrollees in Missouri grew from 850,000 just before the public health emergency was declared to 1.4 million in 2022 and the uninsured rate in the state also declined.⁴ At the end of 2022, Congress passed legislation to terminate the continuous enrollment requirement as of March 31, 2023, and scheduled a phase out of the enhanced federal Medicaid matching funds that were provided to states to provide that coverage through December 2023. To prevent the loss of these important gains in stabilizing Medicaid coverage for millions of residents, Missouri will need to act quickly to remove barriers to enrolling in and maintaining coverage.

The following report provides a brief overview of Missouri's Medicaid system; describes results from a survey conducted by Missouri Jobs with Justice, in partnership with Center for Popular Democracy, Make the Road New York/States, and People's Action Institute between September 2022 and February 2023; and makes recommendations for how Missouri can avoid losing the critical gains in health care coverage

made during the pandemic by addressing barriers to enrollment, renewal, and accessing services. For a description of survey methods and to see the national results of the survey, see the [full report](#). Overall, we find that:

- 68.5 percent of survey respondents in Missouri were not aware that they will need to renew their coverage when the public health emergency ends, suggesting that many Medicaid recipients are at risk of losing their coverage.
- Most survey respondents (65.9 percent) were either mostly or completely satisfied with the quality of care they receive through Medicaid, and many respondents described how important Medicaid coverage has been for them and their families.
- 59.1 percent of survey respondents in Missouri reported challenges with applying for their Medicaid coverage, such as long waits, not understanding how to apply, and difficulties navigating the program website.
- Half of survey respondents in Missouri reported experiencing challenges when renewing their coverage, such as not understanding that they needed to renew or how to renew.
- 61.0 percent of survey respondents in Missouri reported challenges with accessing services using their Medicaid coverage, such as a lack of transportation and difficulty finding providers that accept Medicaid.

MISSOURI'S MEDICAID SYSTEM

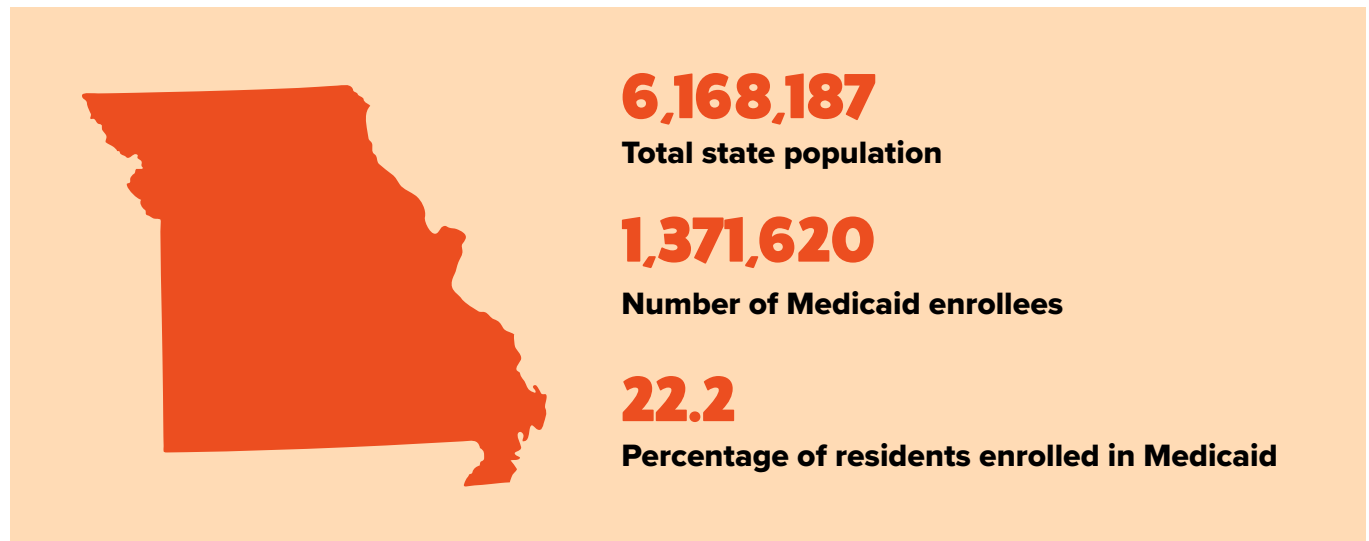
In Missouri, residents are eligible for MO HealthNet (the state's Medicaid program) if they have a household income below 138 percent of the Federal Poverty Line (FPL). Children under age 1 are eligible if they live below 201 percent of the FPL, children aged 1 to 18 are eligible if they live below 155 percent of the FPL, and pregnant people are eligible if they live below 201 percent of the FPL.⁵ The federal government covers 72.0 percent of the costs of Missouri's Medicaid program.⁶ Missouri did not opt to participate in the federal Medicaid expansion program until 2021, after voters approved a 2020 ballot measure calling for the state to expand Medicaid.⁷ Missouri has not expanded coverage beyond the federal expansion program. Missouri Jobs with Justice Voter Action helped lead the fight to expand Medicaid in Missouri. From fighting for the Affordable Care Act, direct actions in the Missouri legislature, organizing in communities from across the state for years to pressure our elected officials in Jefferson City.

In 2020, Missouri Jobs with Justice Voter Action gathered nearly 40,000 signatures to qualify the initiative petition to expand Medicaid as part of the more than 341,000 signatures turned in to qualify. MOJWJ & partners led the grassroots efforts to deliver a win for more than 200,000 Missourians stuck in the Medicaid Gap. In 2021, Missouri Jobs with Justice Voter Action led statewide actions and pressure on Governor Parson when he refused to take the necessary steps to fully expand Medicaid. The Missouri Supreme Court sided with advocates.

Since then, Missouri Jobs with Justice Voter Action has continued to defend Medicaid expansion and push for further expansion to truly serve our people, including advocating for improvements to the state's Medicaid system such as making sure the state fully funds the Medicaid program and hires the additional workers needed to implement programs and close the current backlog of applicants.

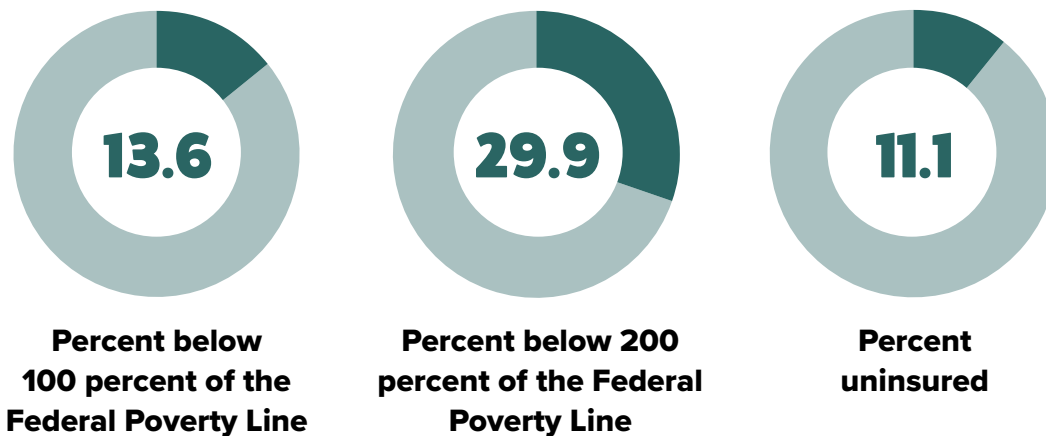
CHARACTERISTICS OF MEDICAID ENROLLEES, UNINSURED, AND ALL RESIDENTS

Compared to all residents in Missouri, Medicaid enrollees live in lower income households, are younger, and more likely to be Black and/or Latinx. Uninsured residents in Missouri live in households with significantly less income than all residents on average and are more likely to be Latinx and/or immigrants.



Source: US Census Bureau American Community Survey 2021 Estimates, US Centers for Medicare & Medicaid Services September 2022, Medicaid Expansion Enrollment September 2021, Kaiser Family Foundation

Percentage of all Missouri residents



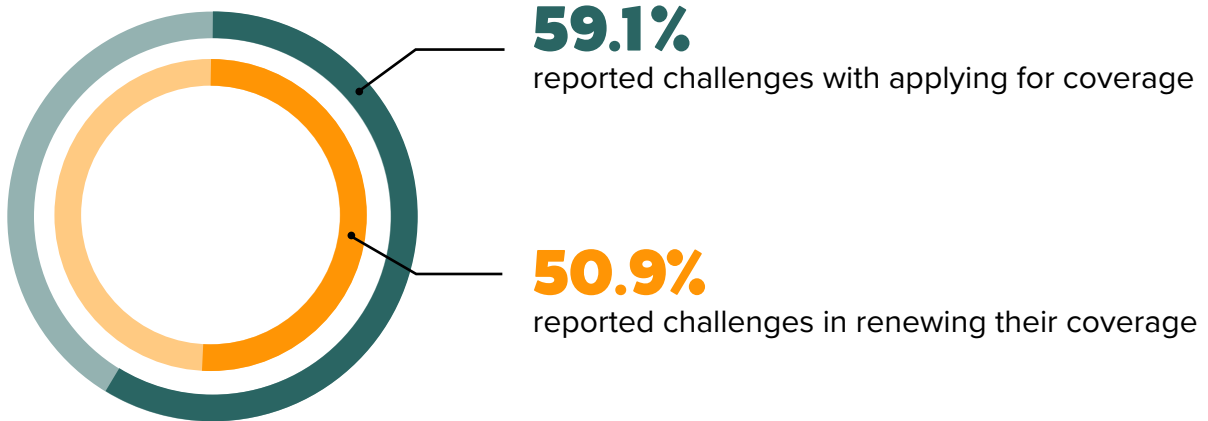
Source: Authors' analysis of IPUMS American Community Survey 2017-2021

	All residents	Medicaid enrollees	Uninsured
Percent Black	11.3	21.2	13.9
Percent Latinx	5.2	7.4	10.4
Percent White Non-Hispanic	74.8	62.1	66.8
Percent Asian	2.3	1.1	1.9
Percent All other races or multiracial	10.6	14.4	15.8
Percent Female	50.1	51.7	46.4
Percent Immigrant	5.0	2.6	9.7
Median age	31.5	14.5	33.5
Median household income	\$68,000	\$36,000	\$44,000

Source: Authors' analysis of IPUMS American Community Survey 2021

SURVEY RESULTS

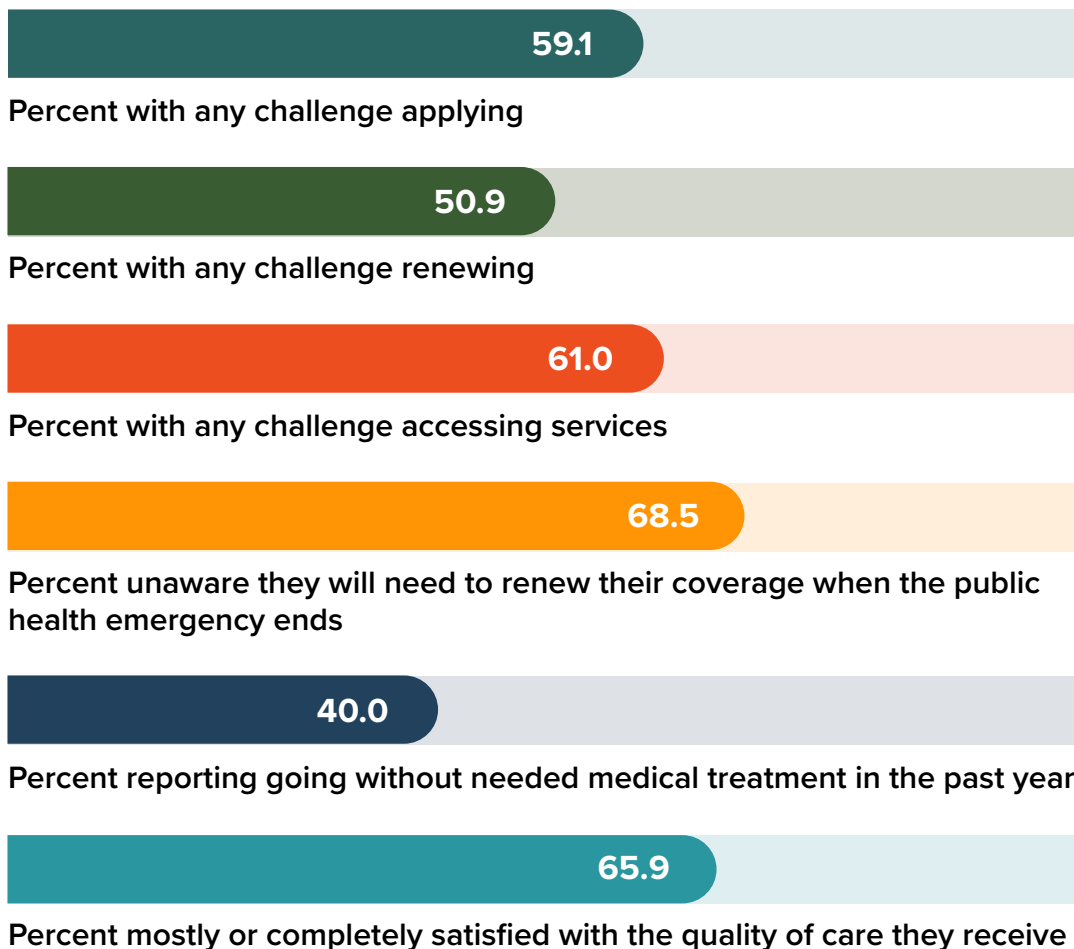
59.1 percent of survey respondents in Missouri reported challenges with applying for their Medicaid coverage, and 50.9 percent reported experiencing challenges when renewing their coverage. The most common challenges Missouri residents cited with applying for coverage included long waits, not understanding how to apply, and difficulties navigating the program website. The most common challenge Missouri survey respondents cited with renewing their coverage was not understanding that they needed to renew or how to renew.



61.0 percent of survey respondents in Missouri reported challenges with accessing services using their Medicaid coverage. The most frequently reported challenge was a lack of transportation, followed by difficulties finding providers who accept Medicaid. Challenges with accessing care can lead individuals to delay or never receive needed care. 40.0 percent of survey respondents in Missouri said that they had gone without needed medical care over the previous year.

Despite the challenges, respondents overall expressed satisfaction with the services they receive through Medicaid and described how important these services are for their and their families' lives. Most survey respondents (65.9 percent) were either mostly or completely satisfied with the quality of care they receive through Medicaid. Many who were on Medicaid said that if they lost it they would not be able to get care, see doctors, or afford their treatment.

During the COVID-19 public health emergency, the requirement to regularly renew Medicaid coverage was temporarily suspended. Now that the continuous enrollment requirement has been terminated, Medicaid enrollees will need to renew their coverage or risk losing it. 68.5 percent of survey respondents in Missouri were not aware that they will need to renew their coverage when the public health emergency ends.



For those survey respondents that reported any challenge while applying for Medicaid coverage, what specific challenges did they face?

Top three most common challenges with applying	
I called but experienced long wait times	54.5
I didn't understand how to apply	34.5
The website was difficult to navigate	32.7

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

For those survey respondents that reported any challenge while renewing Medicaid coverage, what specific challenges did they face?

Top three most common challenges with renewing	
I didn't know about or understand the renewal requirements	25.0
I was no longer qualified for another reason, such as no longer being pregnant	20.8
My income level changed	16.7

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

For those survey respondents that reported any challenges while accessing care, what specific challenges did they face?

Top three most common challenges with access services	
Difficulty accessing personal or public transportation or Medicaid travel	61.7
Unable to find a clinic/provider that will accept Medicaid	44.7
Difficulty accessing care because it was located far away	42.6

Source: Medicaid Monitoring Survey 2022-2023

Note: Percentage is of survey respondents who reported at least one challenge

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I was close to everything and the government building, but I didn't have internet and I didn't understand how to fill it out. I also didn't think that I qualified without being pregnant. I tried when I was younger and I got denied because I wasn't pregnant so I was surprised when I got it. And because I got it I have also been able to get a phone and with the phone I was able to get a job and I hope to be able to get out of the tent that I am living in.”

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I have been waiting to get into a psychiatrist because I know that I need to see someone with my mental health issues. I have been calling and calling and they say that they don't have room for any more people who have medicaid and that they won't see me.”

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Not enough clarity around the process and requirements for approval, and the renewal process for other services is different, it would be easier if you renewed both at the same time - hard to keep track of documents required for renewal when unhoused.”

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felt like concerns were just dismissed in the er because I had medicaid - didn't answer my questions, had a serious complication that ended up with losing my leg - 2 days later had to have leg amputated”

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Some of the places that I called only have limited availability for medicaid patients. They would say they could see me sooner, but I would have to be self-pay. They said they only have 4 slots for patients with medicaid per day and in the city there are only 2 people who even take people with medicaid. My husband needed to see a dr, but wasn't able to and eventually had to have emergency surgery because he wasn't able to get routine care. He has hemorrhoid issues and he had to have emergency surgery because they thought that he would have bleeding issues and that it would rupture.”

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I feel like people underestimate what I'm dealing with in pain and other issues. They don't listen to me and they don't provide any other options and saying nothing we can do. There should have been other avenues and it has always been a come and go level of pain, but there have been times that in the middle of going to work I haven't been able to walk. Then when I show up to the hospital and they don't help you. I haven't been on pain pills and I haven't had long term prescriptions but they just assume that people want pain pills.”

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Being on medicaid and homeless, people take me less seriously, especially with history of drug abuse, my concerns are dismissed and my quality of health care is not as good as it should be.”

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My teeth are rotting in my mouth. I'm tired and exhausted. The more that they get bad the worse my health gets and it doesn't seem to matter. When I go to the ER they cant really help me and they aren't interested in actually helping all of me, the teeth problems or other things.”

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They don't seem to want to give us appointments. They seem to be okay treating people like less of a person. They will take people with private insurance and they just ignore you if you have medicaid.”

The transportation part is the worst. I can't get there. There was one time I did feel discriminated against by the local hospital and they didn't change the sheets and bedding and food was the same for three days even though I had a whole bunch of vomit and other stuff on the sheets. I walked out because I was being treated so badly. I think they did that because I was on medicaid. Because of that I won't go back to that hospital.”

RECOMMENDATIONS

We recommend that all states, including Missouri, take the following actions, if they have not already done so:

Public health emergency unwinding

- **Outreach to current enrollees** about the public health emergency unwinding to make sure they know that they will need to re-enroll and connect them to supports, such as navigators, to help them do so. Outreach efforts should be done in consultation with community based organizations.
 - » Many survey respondents reported confusing communication from their Medicaid programs and recommended that Medicaid offices improve and clarify their communication practices. Make sure that communication on renewals and the steps enrollees need to take is clear and easy to understand by people with limited literacy and is translated into languages that enrollees speak. Make sure the communication clearly states the specific actions enrollees need to take and by what date.
 - » Contact enrollees through multiple modes of communication, including via texts, instead of just letters in the mail.
 - » Do a better job maintaining accurate contact information for enrollees
 - Create simple tools like online forms and dedicated phone lines for enrollees to be able to update their contact information
 - Use data from USPS and other programs to update mailing addresses.
 - Collect email addresses and cell phone numbers from enrollees to be able to contact them through email, phone calls and the mail
 - » Send reminders and follow-up communications to enrollees
 - » Allow extra time for enrollees to submit renewal documentation
 - » Provide navigators, assisters, community health centers, and community based organizations with additional funds for outreach and renewal support
- All states are required to report data on the unwinding to the federal government, but they should also **make data on the unwinding publicly available** and update as regularly as possible, as several states have done by creating public dashboards. Dashboards should include a visual display of information AND downloadable data updated at least monthly.
- Designate an unwinding czar, as some states have already implemented, to oversee unwinding plans and coordinate communication with stakeholders on the ground. This would include meeting regularly with a variety of stakeholders such as community groups, navigators, and providers to give regular updates, respond to information on the ground, and collaborate to ensure no one still eligible loses their Medicaid coverage.

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based organizations.

Improving application and renewal processes

- **Expand Medicaid eligibility** to cover more uninsured people, including by increasing income eligibility ceiling and asset limits.
- **Expand health insurance to all residents regardless of immigration status.** Millions of low-income immigrants across the United States are ineligible for health insurance due to federal and state laws that prohibit them from obtaining public insurance. Many states have begun to expand access to non-citizens, and recently the federal government announced plans to include DACA recipients in Medicaid. States should take active steps to expand coverage to immigrants, regardless of status.
- **Implement 12-month continuous eligibility regardless of changes in income** as some states have already done. This would greatly reduce enrollees' administrative burden of needing to continually provide documentation of their eligibility and would prevent the "churn" caused by frequent wrongful disenrollment.
- **Reduce wait times by hiring and training sufficient staff** to process new applications and renewals in an efficient and timely manner and provide assistance to enrollees as they call in or show up at offices with questions (most states' Medicaid programs are currently extremely understaffed). This will also reduce the number of individuals who are wrongly disenrolled, reducing the overall workload for state agencies that would then have to process enrollment paperwork for those who are wrongly disenrolled and have to apply again. An estimated 45 percent of those who lose coverage through the renewal process during the PHE unwinding will still be eligible and can re-apply.⁸ Reducing wait times and making sure enrollees get the support they need to re-enroll will also reduce the amount of time enrollees spend in the re-enrollment process. Many respondents recommended that Medicaid staff be trained to be more patient and have a better attitude towards Medicaid recipients and those trying to enroll. They emphasized that it was important to be compassionate and understanding to people in need.
 - » If recruitment is a problem, **raise call center worker and other agency worker wages.**
 - » **Hire call center workers who speak other languages**
- **Make it easier to apply for Medicaid by implementing an "easy enrollment" program,** as some states have already done, that allows households to enroll in Medicaid by checking off a box on their state tax return.
- **Make it easier to renew Medicaid by automating renewal systems, allowing self-attestation of some basic information about enrollees, and aligning renewals with SNAP,** as some states have already done.
 - » **Build more robust automatic ex parte renewal systems using existing administrative data when possible** instead of requiring all enrollees to manually complete forms and submit documentation.
 - » However, **periodic administrative data checks should not be used to automatically disenroll individuals** without allowing sufficient time for enrollees to prove eligibility. Some states use automatic systems that regularly check administrative records and if the system finds that income has increased, will automatically send a notice in the mail giving an enrollee only days to prove eligibility or be disenrolled.⁹ This leads many enrollees to lose coverage even though they are eligible for it, as low-income workers are more likely to have fluctuations in their income month to month.
- **Improve online enrollment/reenrollment software** so that it is functional and easy to use for enrollees. If websites for enrollment work well, more enrollees will be able to apply/re-enroll online. This will reduce the number who need to apply/reenroll over the phone, reducing the burden on call centers and on wait times. Make sure websites work well on mobile devices, as low-income individuals are more likely to use a mobile device than a laptop or desktop computer.

Removing barriers to accessing health services through Medicaid

- **Cover telehealth appointments** to make it easier for enrollees to access services even when transportation is not available or when providers are not located nearby.
- **Increase reimbursement rates for Medicaid providers** to prevent the loss of current Medicaid providers and encourage more providers to accept Medicaid-enrolled patients.
- **Require providers to accept Medicaid as a condition of receiving state operating licenses** in order to expand the network of providers that accept Medicaid.
- **Maintain an up to date and easily accessible list of providers who accept Medicaid.**
- **Establish monitoring and enforcement mechanisms to make sure Medicaid providers do not discriminate against enrollees with disabilities, LGBTQ enrollees, non-citizen enrollees, and undocumented enrollees.**
- **Institute quality metrics and increase oversight of Medicaid sub-contractors** like Maximus that provide eligibility, enrollment, helpline, and other administrative services to ensure that the services provided support the public interest, not just private profit.¹⁰
- **Provide comprehensive coverage for dental, vision, mental and behavioral health, and physical therapy.**

Reducing wait times and making sure enrollees get the support they need to re-enroll will also reduce the amount of time enrollees spend in the re-enrollment process.

ENDNOTES

- 1 Data.Medicaid.gov, “State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data,” accessed March 30, 2023, <https://data.medicare.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360>.
- 2 Center for Budget and Policy Priorities, “The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” October 21, 2020, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicare-expansion>; Manatt Health, “Medicaid’s Impact on Health Care Access, Outcomes and State Economies,” Briefing Series: Ket Medicaid Issues for New State Policymakers (Robert Wood Johnson Foundation, February 1, 2019), <https://www.rwjf.org/en/insights/our-research/2019/02/medicare-s-impact-on-health-care-access-outcomes-and-state-economies.html>; The Commonwealth Fund, “The Economic and Employment Effects of Medicaid Expansion Under the American Rescue Plan,” May 20, 2021, <https://doi.org/10.26099/x6zp-g424>; Center on Budget and Policy Priorities, “Policy Basics: Introduction to Medicaid,” April 14, 2020, <https://www.cbpp.org/research/health/introduction-to-medicare>; Medicaid and CHIP Payment and Access Commission, “Racial and Ethnic Disparities in Medicaid: An Annotated Bibliography,” April 2021, <https://www.macpac.gov/wp-content/uploads/2021/04/Racial-and-Ethnic-Disparities-in-Medicare-An-Annotated-Bibliography.pdf>; Madeline Guth, Samantha Artiga, and Olivia Pham, “Effects of the ACA Medicaid Expansion on Racial Disparities in Health and Health Care” (Kaiser Family Foundation, September 30, 2020), <https://www.kff.org/medicare/issue-brief/effects-of-the-aca-medicare-expansion-on-racial-disparities-in-health-and-health-care/>; Owen Thompson, “The Long-Term Health Impacts of Medicaid and CHIP,” *Journal of Health Economics* 51 (January 1, 2017): 26–40, <https://doi.org/10.1016/j.jhealeco.2016.12.003>.
- 3 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, “10 Things to Know about Medicaid: Setting the Facts Straight” (Kaiser Family Foundation, March 6, 2019), <https://www.kff.org/medicare/issue-brief/10-things-to-know-about-medicare-setting-the-facts-straight/>.
- 4 Data.Medicaid.gov, “State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data”; Jennifer Tolbert, Patrick Drake, and Anthony Damico, “Key Facts about the Uninsured Population,” Kaiser Family Foundation, December 19, 2022, <https://www.kff.org/report-section/key-facts-about-the-uninsured-population-appendix/>.
- 5 Louise Norris, “Medicaid Eligibility and Enrollment in Missouri,” [healthinsurance.org](https://www.healthinsurance.org/medicare/missouri/), March 27, 2023, <https://www.healthinsurance.org/medicare/missouri/>.
- 6 “Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier,” Kaiser Family Foundation, 2023, <https://www.kff.org/medicare/state-indicator/federal-matching-rate-and-multiplier/>.
- 7 “Status of State Medicaid Expansion Decisions: Interactive Map,” Kaiser Family Foundation, March 27, 2023, <https://www.kff.org/medicare/issue-brief/status-of-state-medicare-expansion-decisions-interactive-map/>.
- 8 Jennifer Tolbert and Megan Ammula, “10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision” (Kaiser Family Foundation, April 5, 2023), <https://www.kff.org/medicare/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicare-continuous-enrollment-provision/>.
- 9 Tricia Brooks and Alexia Gardner, “Unwinding the Medicaid Continuous Coverage Protection at the End of the COVID Public Health Emergency: Tips and Best Practices” (Georgetown University Health Policy Institute Center for Children and Families, August 2022), <https://ccf.georgetown.edu/wp-content/uploads/2022/09/Tips-Unwinding-PHE-final.pdf>.
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