MISSOURI MEDICAID FACTS

Who is covered in Missouri's Medicaid Program?

ELIGIBILITY GROUPS

	FFS[1-3]	MCO[4]	
Dual Eligibles	🚶	🚶	Children (0-18 years)
Undocumented Immigrants*	🚶	🚶	Current and Former Foster Care Children
Intellectual and Developmental Disabilities	🚶	🚶	Parents and Other Caretaker Relatives
		🚶	Pregnant Women
		🚶	Aged, Blind, and Disabled Adults
		🚶	Disabled Children
		🚶	Newly Eligible Adults
		🚶	Qualified Non-Citizens**

* Emergency Medicaid services only.

** Qualified non-citizens are subject to a 5-year waiting requirement.

Important News

September 2016 - A new law went into effect that allows Medicaid to cover telehealth services for schools. This allows speech therapists and consultants to teleconference into the classroom; without being permanently hired by the school.[5]

February 2017 - In an effort to cut costs, the governor releases a state health care budget that will make it more difficult for people with disabilities to be eligible for in-home and nursing care. Additionally, there is a 3% rate decrease for Medicaid health care providers.[6]

May 2017 - Missouri issues a request for proposal to transition to a statewide managed care program to administer the state Medicaid program. Aged, blind, and disabled enrollees will continue to be covered by the traditional MO HealthNet plan.[7]

Blue Cross Blue Shield of Kansas City declares that it will be withdrawing itself from the ACA marketplace, leaving 25 Missouri counties without any ACA marketplace exchanges.[8]

Do Medicaid health plans provide coverage?[9]

☑ YES ☐ NO

- Aetna Better Health of Missouri
- Home State Health Plan
- Missouri Care

How has Missouri's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVERS[10]

The **Missouri Gateway to Better Health** program was created to cover uninsured individuals age 19 to 64 up to 100% of the FPL in a limited provider network. It includes an incentive payment model for savings if providers demonstrate the use of certain health outcome measures, increased administrative support, and the provision of infrastructure payments to providers.

APPROVAL: 7/28/10

EFFECTIVE: 8/1/10

EXPIRATION: 12/31/22

Status: Extension pending approval

How is Missouri meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Missouri created a health home option for individuals with multiple chronic medical conditions and serious mental illness (SMI). Health homes receive a capitated rate to coordinate care for all enrollees. The program includes a dedicated care team including a care coordinator, nurse care manager, behavioral health consultant, and administrative personnel. All other Medicaid services are reimbursed on a fee-for-service (FFS) basis.[11]

The Missouri Foundation for Health launched the Advancing Chronic Care through Excellence in Systems and Support (ACCESS) program in 2010, designed to improve the delivery of chronic illness care. ACCESS works with federally qualified health centers (FQHC), local health departments, hospitals, and academic health centers through a learning collaborative model to improve team care and care coordination.[12]

Family Planning

Covered services include:[13]

- Obtaining a medical history
- A pelvic examination
- Pap smear
- A breast examination
- Laboratory and x-ray services
- Pregnancy tests
- HIV blood screening testing performed as part of a package of screening testing and counseling

The state operates an entirely state-funded program to provide family planning services.[14] MO HealthNet, through Missouri's Women's Health Services Program, provides up to one year of coverage for uninsured women ages 18 through 55 who have lost their MO HealthNet eligibility 60 days after the birth of their child.[15]

Mental Health and Substance Abuse Disorder

Services include:[16]

- Access Crisis Intervention
- Community Mental Health Liaisons
- Children's Programs and Services
- Assertive Community Treatment (ACT)
- Outpatient Community-Based Services
- Targeted Case Management
- Day Treatment/Partial Hospitalization
- Residential Services
- Inpatient (hospitalization)
- Respite
- Treatment Family Homes Program
- Community Psychiatric Rehabilitation (CPR)
- Forensic Services
- Drug therapies covered:[17] methadone, naloxone, naltrexone, acamprosate, and disulfiram

Missouri's Community Mental Health Centers provides community psychiatric rehabilitation services under the Medicaid Rehabilitation Option to individuals covered by MO HealthNet. They are eligible if they have a serious mental illness (SMI), or a mental health condition and a substance use disorder, or a chronic condition found on the list of risk factors. CMHC Healthcare Homes assist individuals with:[18]

- Accessing needed health, behavioral health, and social services and supports
- Managing their mental illness and other chronic conditions
- Improving their general health and developing and maintaining healthy lifestyles

Women's Health

Missouri's Women's Health Services Program, MO HealthNet, offers women's health services to women ages 18 through 55 who have a family income at or below 185% of the federal poverty level (FPL).[14]

Through the Missouri Department of Health and Senior Services (DHSS) Show Me Healthy Women program, MO HealthNet provides coverage for uninsured women under the age of 65 who have been screened and are in need of treatment for breast or cervical cancer. This includes treatment of certain pre-cancerous conditions and early-stage cancer.

Oral Health[19]

Children have coverage for dental services, and in some cases, orthodontics through Missouri's Healthy Children and Youth Program. As of FY 2017, MO HealthNet Division expanded dental coverage to adults. Services include:

- Preventive services
- Restorative services
- Periodontal treatment
- Oral surgery
- Extractions
- Radiographs
- Pain evaluation and relief
- Infection control

Federal	**Missouri**

1965 — President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1967 — Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967 — Missouri adopts the Medicaid program.[20]

1972 — Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1981 — Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1984 — Children and pregnant women become mandatory Medicaid eligibility groups.

1989 — Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1990 — Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1995 — Missouri creates HealthNet managed care; expanding to the central and western regions of the state. The program covers low-income children, pregnant women, parents, and foster-care children. Developmental disability waiver participants are required to enroll in a managed care plan for acute, primary, and specialty care and behavioral health services.[11]

1997 — Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1999 — Olmstead decision allows expanded HCBS coverage for persons with disabilities.

2001 — Missouri creates a Program for the All-Inclusive Care for the Elderly (PACE) program to cover primary and acute care and long-term services and supports for individuals age 55 years and older who choose to enroll and who require nursing home care.[11]

2005 — The Missouri General Assembly enacts legislation that reduces optional Medicaid services provided to adults, unless the individual is receiving benefits under a category of assistance for pregnant women or the blind.[21] The reduction in the income-level requirement is approximately 18 % of the federal poverty level (FPL).[22]

2009 — MO HealthNet managed care members receive pharmacy benefits through MO HealthNet fee-for-service (FFS).[23]

2010 — Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2012 — National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012 — Missouri begins a health home option for people with serious mental illness (SMI) and multiple chronic medical conditions to coordinate all Medicaid services, including physical and behavioral health.[11]

2014 — ACA implementation begins.

2015 — Missouri legislators approve expanding dental services to adults for FY 2016 and 2017. Services for adults were previously limited to trauma of the mouth and medical conditions.[24]

2017 — 31 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.