



Medicaid Expansion Enrollment Update: February 2022

by Ethan Bradley, BA; Abigail R. Barker, PhD; Leah Kemper, MPH; and Timothy D. McBride, PhD

Introduction

An expansion of the Missouri Medicaid program was approved by voters in Missouri through the passage of a constitutional amendment in August 2020, later upheld by the Missouri Supreme Court in July 2021. Under expansion, eligibility for the Medicaid program is expanded to the Adult Expansion Group (AEG): adults aged 19-64 earning up to 138% of the federal poverty line (FPL; \$30,305 for a family of three.) Enrollment into the AEG began on October 1, 2021. The Center for Health Economics and Policy (CHEP), part of the Institute for Public Health at Washington University in St. Louis, developed a [Medicaid Expansion Enrollment Dashboard](#) to track the rollout of Medicaid expansion in Missouri. The dashboard displays data from the MO HealthNet monthly management reports,² monthly managed care reports,³ and the Caseload Counter.⁴ This brief summarizes the latest available Missouri Medicaid enrollment, including the AEG, and provides detail on application processing.

Key Findings

At the end of February 2022:

- 70,909 people were enrolled in the Adult Expansion Group
- Medicaid enrollment had grown in every county since Medicaid expansion implementation
- The market share in each of managed care plans varied across the four geographic regions
- 155,011 MAGI applications have been submitted for Medicaid enrollment since September 2021

POLICY BRIEF

Caseload Counter Data over Time

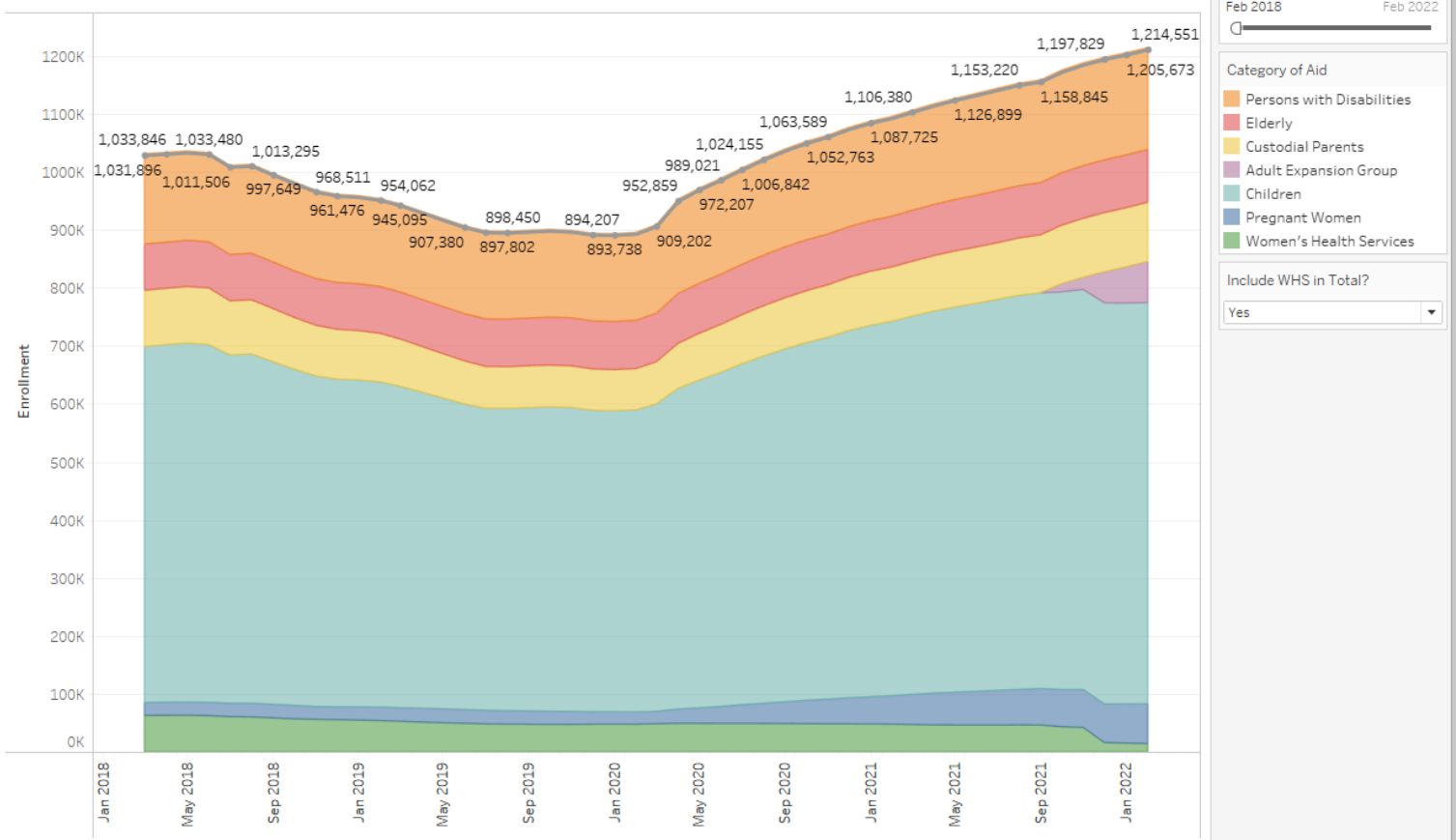


Figure 1. Medicaid Caseload Counter Data over time. Total enrollment on February 28, 2022 surpassed 1.21 million, including Women’s Health Services.

Summary of Missouri Medicaid Enrollment

By the end of February 2022, a total of 70,909 people were enrolled in the new Adult Expansion Group of Missouri Medicaid (Figure 1). The total number of Medicaid recipients, including all other eligibility groups, rose to over 1.2 million. This represents a growth of 354,190 people from January 2020 to February 2022, a period that roughly spans the COVID-19 pandemic. Enrollment grew rapidly during this time, partly due to the fact that under the Public Health Emergency (PHE) declaration from the federal government, state Medicaid programs are not allowed to remove recipients from the Medicaid rolls through the recertification process. Therefore, individuals were being added to the Medicaid program, but they were not being removed except due to moving out of state, by individual request, or death.

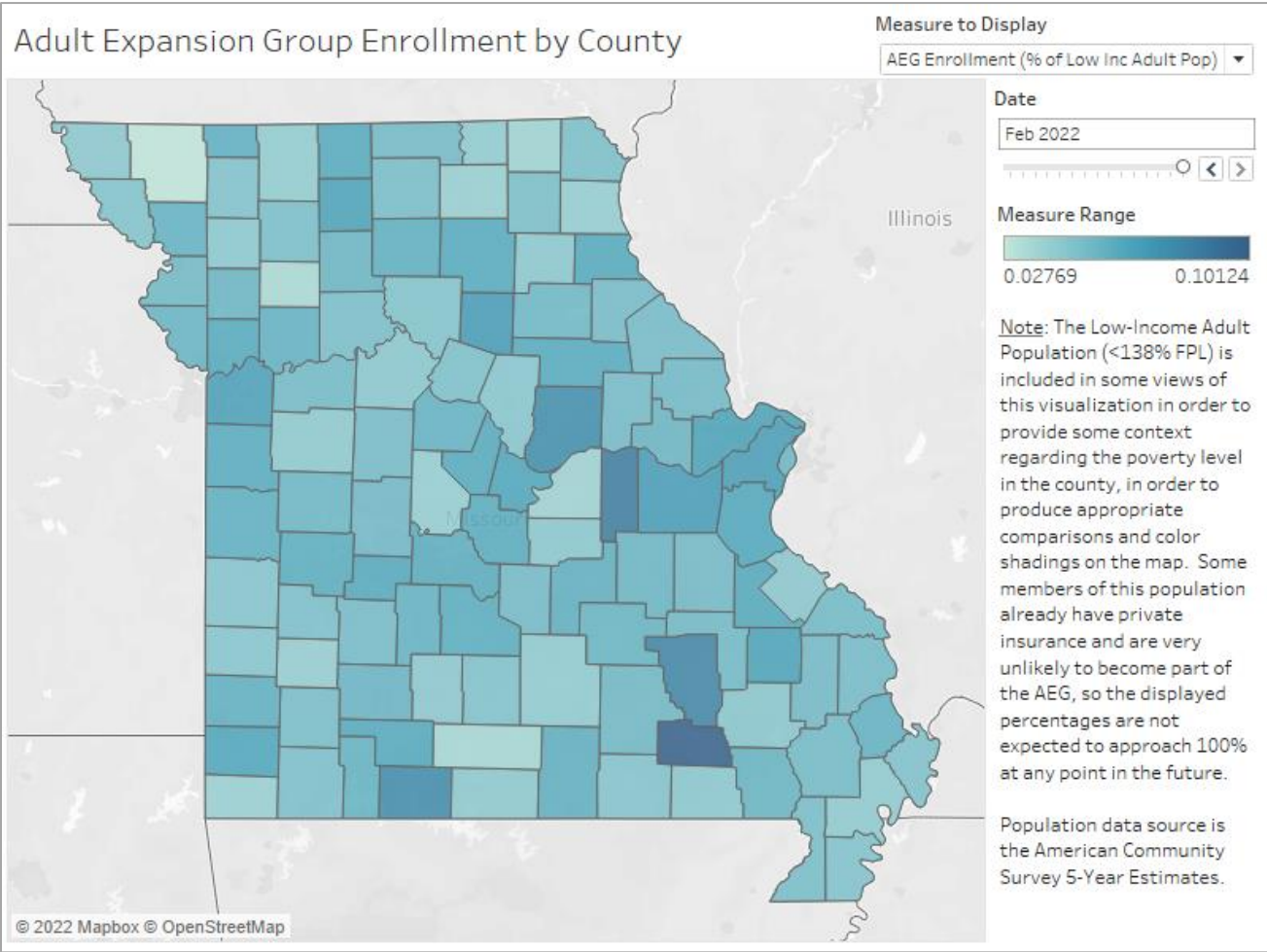


Figure 2. AEG enrollment by county as a percentage of the low-income population. The representation as a percentage of the low-income population is meant to help to visualize AEG enrollment across counties with varying proportions of low-income individuals. AEG enrollment will never reach 100% of the low-income population, as many of these individuals receive health insurance through other means (see Note).

AEG enrollment ranges from 2.8% to 10.1% of the low-income population across Missouri counties (Figure 2). Though St. Louis County and Jackson County have the highest raw numbers of individuals enrolled in the AEG, Carter County has the highest AEG enrollment relative to the size of its low-income adult population (10.1%). In general, some of the lightest-shaded counties, which likely correspond to the lowest AEG enrollment rates among those eligible, tend to be rural counties – although there are some exceptions.

All AEG enrollees are enrolled in one of three managed care plans (MCOs); recipients are allowed to choose among the plans at the time of enrollment and annually during open enrollment, but if they do not choose a plan, they are assigned to one through an algorithm. Figure 3 presents the MCO enrollment by region and the distribution of that enrollment across the plans. At the end of February there were 917,929 MCO enrollees comprised of children, pregnant women, low-income parents, and the AEG. The shares of MCO enrollment held by each of the three plans differs by region, with Home State Health holding the largest share (40.0%) in the East region, but with Healthy Blue maintaining the largest shares in the Central (44.1%), Southwest (37.1%) and West (39.9%) regions. The regions are defined in MCO contracts for the purposes of rate setting and other reporting and are depicted in the map below.

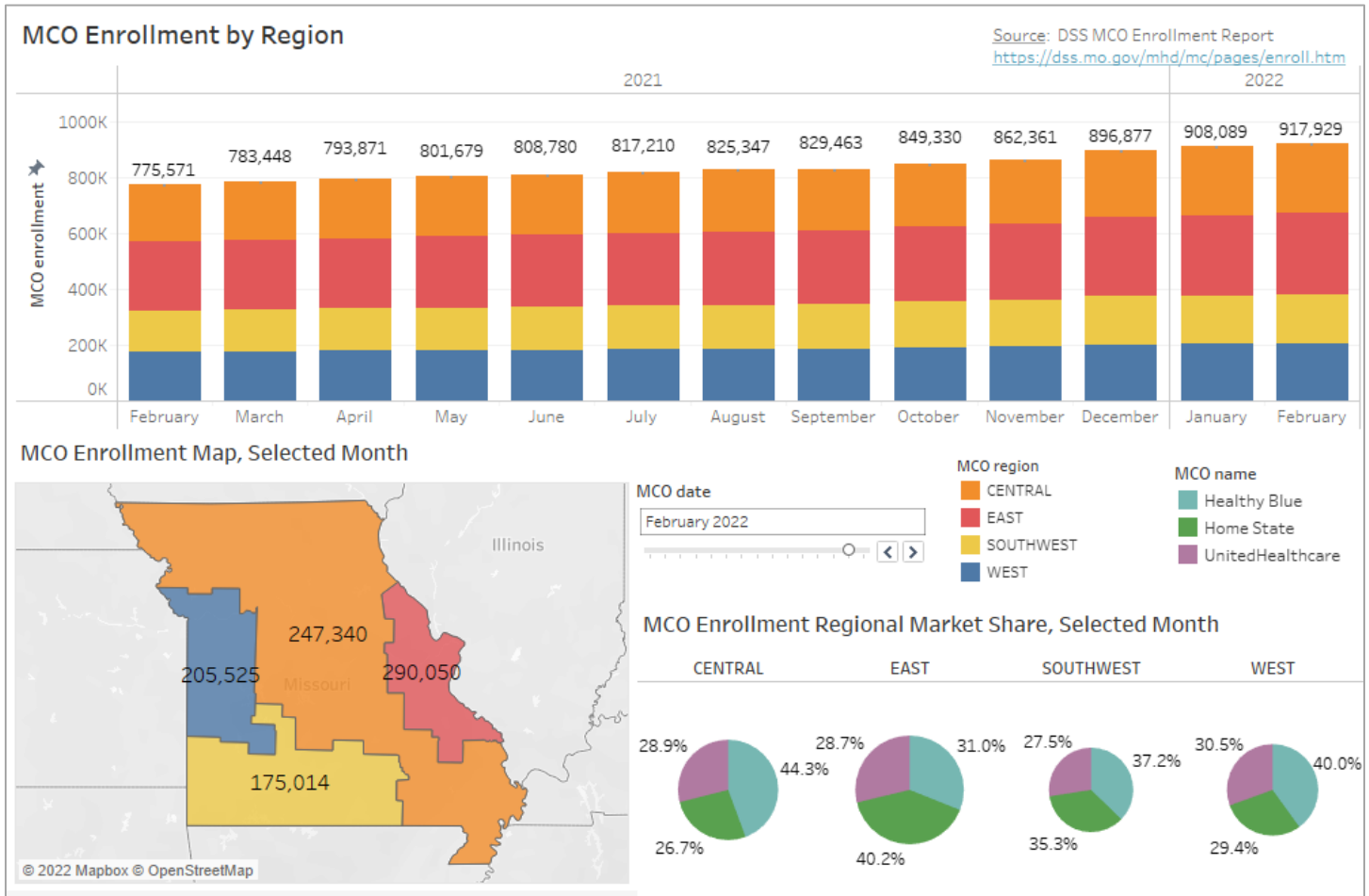


Figure 3. MCO Enrollment by Region. There were 917,929 MCO enrollees on February 28, 2022. The percent of enrollees in a particular MCO differ by region. The MCO Enrollment Regional Market Share pie graphs represent both the regional market share (colored wedges) and the overall size of the market (size of circle).

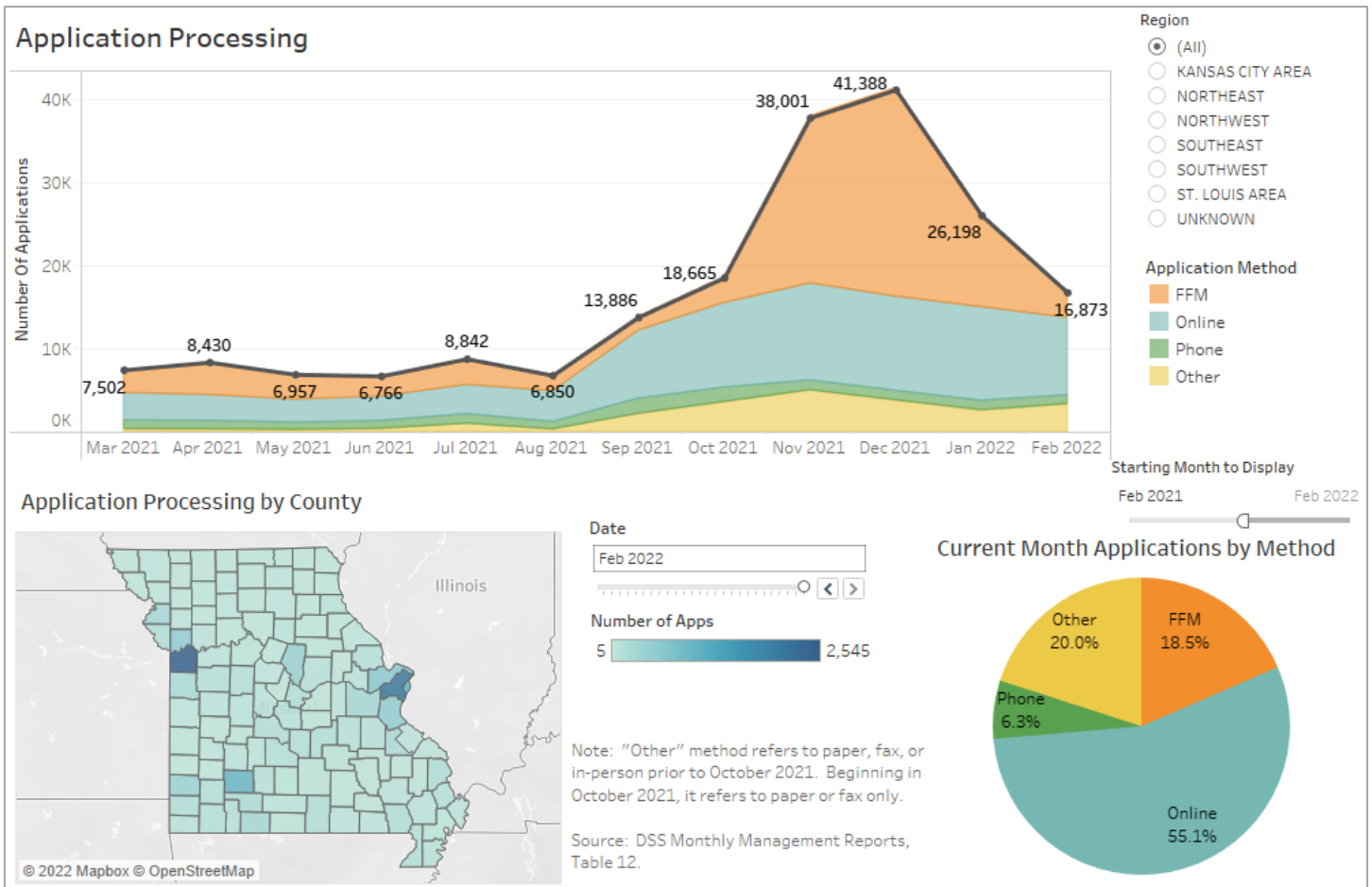


Figure 4. Missouri Medicaid Application Processing Analysis, by county and by application method.

Medicaid participants who qualify for the program due to low incomes, as opposed to age or disability, submit applications on the basis of their modified adjusted gross income (MAGI). Figure 4 presents the number of MAGI applications received by MO HealthNet over time, including new applications for all MAGI eligibility groups (which include Children, Pregnant Women, Low-Income Parents, and the AEG). Between September 2021 and February 2022, a total of 155,011 applications for Medicaid coverage were received. There were 37% fewer applications in January 2022 than in December 2021 (26,198 vs. 46,388) (Figure 4). Application volume rose between September and December 2021 in part because of the open enrollment period for the ACA marketplaces (called the federally facilitated marketplace, FFM, which is used in Missouri). In December 2021, 60.5% of the applications came through the FFM application portal and were routed to MO HealthNet, while only 18.5% came through in this manner in February 2022. Instead, the majority (55.1%) came directly through MO HealthNet’s own online portal.

Figure 4 includes applications in all MAGI eligibility groups, not only the AEG. Applications across eligibility groups occurred in all counties and regions each month, with a total of 2,545 in Jackson County in February 2022 and significant numbers coming from the St. Louis, Kansas City, and Springfield metropolitan areas. Not shown in the figure, the February 2022 Monthly Management Report also shows 71,578 applications pending (awaiting processing), a more than two-fold increase since Medicaid Expansion rollout began in October.

Discussion

Statewide, total AEG enrollment is substantially lower in February 2022 than was it was projected to be in Governor Parson's budget request projection.¹ At the end of February there were 70,909 people enrolled in the Adult Expansion Group, which is 37% of the governor's projected 192,018 enrollees at the four-month post-expansion mark.

That being said, the low reported AEG enrollment does not account for the number of people who, although newly eligible for expansion, are already enrolled in another category. Even though Missouri is not enrolling people into the AEG as quickly as was originally projected, due to the the continuing public health emergency some of these individuals are already enrolled in Medicaid. The PHE has led to many individuals being retained on Medicaid who otherwise would have been dropped under the pre-expansion criteria in 2020 or early 2021 but then would have become eligible for the AEG under expansion in late 2021. For example, pregnant women who enrolled into Medicaid during their pregnancy have not been removed from the program at six weeks after delivery as they would have been previously. These women have remained enrolled in the Medicaid program through the PHE. MO HealthNet is working to transition individuals retained on Medicaid through the PHE into the AEG. That transition will ultimately lead to an AEG that is closer in size to the projected population, but it will not result in an overall increase in the number of individuals covered by Missouri Medicaid.

Enrolling the newly eligible AEG individuals into Medicaid in Missouri as quickly as possible is beneficial in many ways. Access to needed health care services, including preventive services, allows these individuals to maintain and improve their health. Enrolling these individuals is likely to produce cost savings in the long run, as earlier access to care can reduce expensive downstream utilization. While an increase in applications awaiting processing is to be expected as a result of expansion, such a significant increase suggests that there is a temporary need to focus efforts toward application processing – until the backlog is resolved. Furthermore, the low overall enrollment, even with the PHE caveat above, suggests the need for a longer-term enrollment and outreach strategy to move Missouri within range of the original projections.

Ultimately, it is in the best interest of all Missourians for MO HealthNet to find ways to approve newly eligible individuals efficiently, perhaps relying on community partners to streamline parts of the process. Moreover, targeted enrollment efforts may be needed in some areas of the state, particularly in rural counties which are experiencing less rapid enrollment, in order for all eligible individuals, all local economies, and the state as a whole to experience the positive impacts expected from Medicaid expansion.⁵

References

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