# WashU
## Center for Advancing Health Services, Policy & Economics Research

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**Characteristics of Medicaid Recipients, including Work Status, in Missouri and the U.S.**
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## INTRODUCTION

The characteristics of the people on Medicaid in Missouri has changed considerably in recent years, as the Medicaid program has gone through several policy changes, including growth during the Public Health Emergency (PHE) (2020-23), and after the expansion of Medicaid passed by voters in 2020, and with the "unwinding" of the PHE, after May 2023. Understanding these characteristics, including how many recipients are working, is of great interest. This brief explores comparisons of Medicaid recipients living in Missouri, with comparisons to national averages, in 2023, based on data from the U.S. Census Bureau.

## DATA AND METHODS

This brief is based on data from the American Community Survey (ACS), augmented by other sources. See Appendix for more details on the data, definitions and methods used here.

## RESULTS

Demographic characteristics. A higher proportion of the Missouri Medicaid population are children, compared to those in the U.S. About one third of Missouri Medicaid recipients live in rural areas, a much higher proportion than the 16% found in the U.S., perhaps reflecting the higher proportion of rural people living in Missouri, but also the demographic characteristics of rural persons in Missouri, in particular lower incomes (relative to poverty) and less attachment to jobs that offer employer sponsored health insurance.

Over 70 percent of the Medicaid population in Missouri is in a family with incomes below 200 percent of the federal poverty line (FPL), reflecting that most recipients become eligible if their incomes are below 138% of the FPL. However, the remaining recipients who are in families above 200% of the FPL are likely on Medicaid because they are children (eligible up to 300% of the FPL), or chronically ill or disabled persons (including the aged) on spenddown.

### KEY FINDINGS

- Roughly two-thirds of the Medicaid population in Missouri of working age (age 19-64) are employed. This is like the employment levels of Medicaid recipients across the U.S.

- A significant percentage of working-age Medicaid recipients who are not employed report a work disability or illness, caregiving for a child under age 6, or that they are in school, or retired.

- A higher proportion of Missourians on Medicaid live in rural areas, compared to the U.S., likely reflecting the geographic distribution of the Missouri population, but also the lack of affordable employer sponsored health insurance in rural areas.

- The last grade of education completed for most individuals on Medicaid is either high school, or they did not complete high school. This is important since jobs that offer affordable health insurance are more likely to require a college education.

| Table 1. Characteristics of Medicaid recipients, in Missouri and the U.S., 2023 | | | | |
|---|---|---|---|---|
| **Characteristic** | Missouri | | United States | |
| | Number (in thousands) | Percent of Medicaid recipients | Number (in thousands) | Percent of Medicaid recipients |
| **All Medicaid recipients** | 1,081.5 | 100.0% | 70,201.1 | 100.0% |
| **By age** | | | | |
| Age <19 | 525.3 | 48.6% | 29,904.0 | 42.6% |
| Age 19-64 | 454.0 | 42.0% | 31,965.2 | 45.5% |
| Age 65+ | 102.3 | 9.5% | 8,332.0 | 11.9% |
| **By residence** | | | | |
| Urban | 729.6 | 67.5% | 59,211.2 | 84.3% |
| Rural | 351.9 | 32.5% | 10,990.0 | 15.7% |
| **By gender** | | | | |
| Female | 595.5 | 55.1% | 37,759.0 | 53.8% |
| Male | 486.1 | 44.9% | 32,442.1 | 46.2% |
| **By race/ethnicity** | | | | |
| White | 734.8 | 67.9% | 32,124.3 | 45.8% |
| Black | 192.1 | 17.8% | 13,221.4 | 18.8% |
| Hispanic, any race | 55.4 | 5.1% | 16,263.7 | 23.2% |
| Other (including two or more races) | 99.3 | 9.2% | 8,591.8 | 12.2% |
| **By income as percent of federal poverty line (FPL)** | | | | |
| Less than 100% of FPL | 391.5 | 36.2% | 23,684.9 | 33.7% |
| 100-199% of FPL | 366.5 | 33.9% | 20,909.4 | 29.8% |
| 200-399% of FPL | 242.2 | 22.4% | 17,445.3 | 24.9% |
| 400% or more of FPL | 81.3 | 7.5% | 8,161.5 | 11.6% |
| **By education status (last grade completed)** | | | | |
| Less than High school | 539.5 | 49.9% | 32,829.2 | 46.8% |
| High school graduate | 240.6 | 22.2% | 15,410.0 | 22.0% |
| Some college | 159.8 | 14.8% | 11,877.8 | 16.9% |
| College graduate | 60.0 | 5.6% | 5,646.8 | 8.0% |
| Source: CAHSPER analysis of American Community Survey (ACS) data for 2023, U.S. Census Bureau (see Appendix 2). | | | | |

In 2023, about half the Medicaid population were children and about 10 percent were over age 65 (Table 1). Roughly two thirds of Medicaid recipients in Missouri are white, a much higher proportion than that found in the U.S. (45.8%), likely reflecting the general demographic profile of Missouri.

About half of the recipients of Medicaid did not graduate from high school, similar to the 47% of Medicaid recipients in the U.S. who did not graduate from high school.  Another 22% of Medicaid recipients have a high school degree in both Missouri and the U.S., so that only roughly 20% of recipients have a college degree. This is important because it means that many of the Medicaid recipients may lack the qualifications or skills to qualify for many jobs with higher incomes, or that offer health insurance.

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Characteristics of the Working Age Population on Medicaid. What percentage of those on Medicaid in Missouri are working, and if not working why are they not?  For this analysis, presented in Figure 1, the population explored is those age 19-64, since children and those over age 65 are not usually expected to be focusing on work at that stage of their lives.  The analysis also focuses on those who are not on SSI or on Medicare, since individuals who are covered by those programs have been determined to be disabled for work by a rigorous process.

Figure 1 shows that roughly two thirds of the Medicaid population in Missouri age 19-64 are working, 39% full time and



Figure 1. Work Status of Missouri Medicaid Recipients, Age 19-64

Not Working Due to Other reasons 13%

Not Working Due to Retirement 1%

Not Working Due to School Attendance 1%

Not Working Due to Caregiving 4%

Not Working Due to Disability or Illness 14%

Working Full-Time 39%

Total: 344,000 Share Working: 67% (229,000)

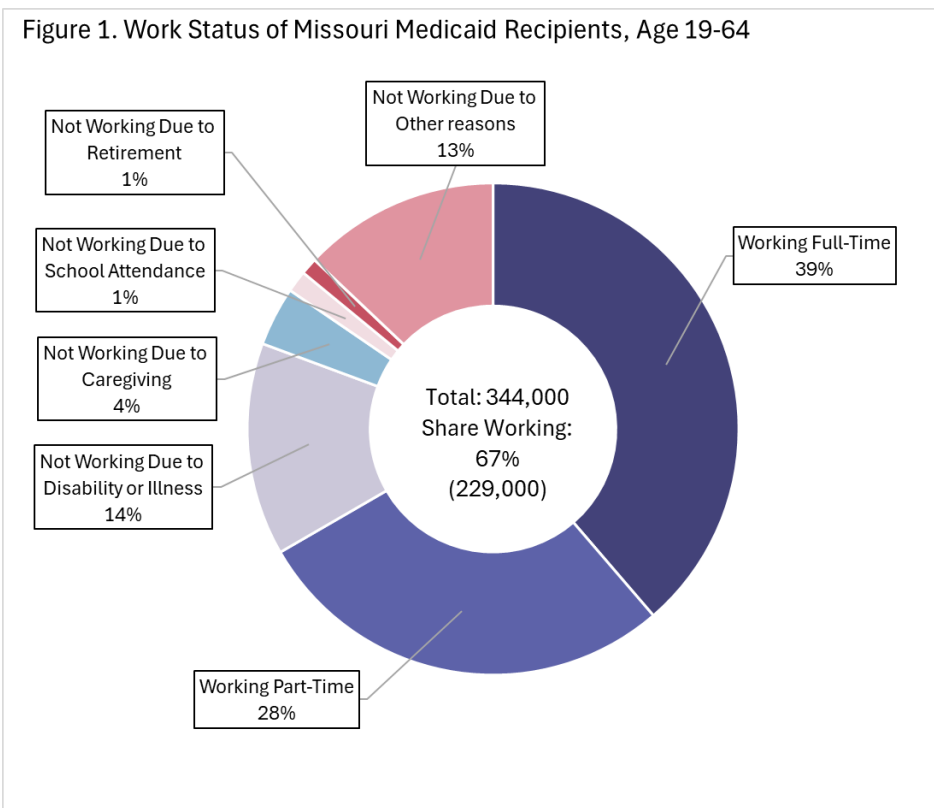Working Part-Time 28%

28% part time.  This is similar to what was found in a recent analysis for the U.S. population, though a different data source was used for that analysis.[1] Of those not working, 14% report having a work disability or illness, 4% are caregiving for a child under age 6, and 2% are either in school or report being retired.  This means that the reason for not working is not identified for 13% of Medicaid recipients in Missouri.

It is worth noting that these findings are roughly similar to that found in a similar analysis of the U.S.,[2] with some notable differences. This is perhaps related to differences in comparisons of Missouri with the U.S. population on Medicaid but also differences in the survey methodology.  On the latter, analysis reported recently shows a lower percentage with disabilities or illness (10% in the U.S., 14% in Missouri), which may reflect known challenges of health and disability which are more significant in Missouri than found in the rest of the country.

In this analysis, we find that a lower proportion of those on Medicaid are caregiving (4% in Missouri, compared to 12% in the U.S.).  But is important to note that in the analysis of the U.S., the survey source is different (the U.S. Census Bureau's Current Population Survey, ASEC), and that survey has a specific question asking people why they are not working, and that question has responses that include: have a disability, caregiving, in school, or other reasons.  It is also worth noting that some people may be caregiving for a person who is not their own child under age 6, for example a parent, an older child, or a person with disabilities and that may be reflected in the higher proportion reporting "caregiving" in the CPS survey.  Thus, the finding reported here of the Medicaid recipients in Missouri caregiving is likely an underestimate of those who are caregiving.

Further analysis, shown in Appendix Table 1, provides more information on recipients of Medicaid, age 19-64, who are working, not working (but in the labor force), or not in the labor force.

Roughly two thirds of those who are not working live in urban areas, a much lower percentage than that found in the U.S. A somewhat higher percentage of those on Medicaid who are out of the labor force live in rural areas in Missouri (40%) compared to those who are employed (36%), perhaps reflecting the relative weakness of the labor markets in rural areas. Over 70% of those who are on Medicaid, age 19-64, and out of the labor force are white, roughly similar to the proportion who are working. In the U.S., a much higher proportion of the Medicaid population age 19-64 is nonwhite, reflecting a higher proportion of the population that is of Hispanic origin in other states.

Almost two thirds of Medicaid recipients who are of working age (age 19-64) have an education level (last grade competed) of high school, or less. This is important because it is more likely that jobs that offer affordable health insurance may require a college education, meaning that most recipients on Medicaid would not qualify for those positions.

Over three-quarters of those on Medicaid in Missouri, age 19-64, who are not working have a family income under 200% of the FPL. These proportions are similar to what is found in the U.S. for those not working.

## DISCUSSION

Almost two thirds of Medicaid who are of working age (age 19-64) in Missouri are employed. In addition, many of those that are not employed have a work disability or are caregiving for a child under age 6, in school, or retired.  A higher proportion of Missourians on Medicaid live in rural areas, compared to the U.S., likely reflecting the geographic distribution of the Missouri population, but also the lack of affordable employer sponsored health insurance in rural areas. For most of the individuals on Medicaid, their last level of education completed was high school or they did not complete high school, which is important since jobs that offer affordable health insurance are more likely to require a college education.

The analysis presented here provides important details about the characteristics of Medicaid recipients in Missouri, and how it compares to the U.S.  Although the survey data used here provides important information about Medicaid recipients, additional research, most likely using additional data sources would improve understanding of the Medicaid population, to help inform policymakers and others.

## APPENDIX

In this brief we primarily used data from the U.S. Census Bureau, the American Community Survey (ACS) for the analysis of insurance status. The U.S. Census Bureau released the ACS data for the United States in September 2024, based on insurance status for 2023, and in previous years. The ACS provides individual-level data to describe population characteristics, which historically has been the most-often cited source of health insurance coverage in the United States. The survey allows for a comprehensive look at the health insurance coverage of people in Missouri and the U.S., including private, employer, and public (Medicare and Medicaid) coverage. The ACS data allows for analysis of socioeconomic, employment, and health characteristics. The insurance coverage was analyzed in relation to demographic, economic, employment, and health characteristics using cross-tabulation. The analysis describes the insured and uninsured populations in 2023 and tracks the changes from 2021 to 2023.

The 2023 Rural-Urban Continuum Codes are used to identify urban (RUCC=1-3) and rural (RUCC=4-9) counties.[3]  The data set used here, the American Community Survey (ACS) [4], was analyzed at the Public Use Microdata Area (PUMA) level, for those who were not institutionalized.[5] Urban and rural classifications were determined using the Census Bureau's 2020 PUMA population estimates and geographic delineations, along with the 2023 Rural-Urban Continuum Codes (RUCC).[6]  Alternative definitions could be used to identify rural areas in Missouri or the U.S., leading to slightly different results.  The definition used should be guided by the planned use for the analysis.[7]

| Characteristic | Missouri | | | | | |
| | Employed | | Not Employed | | Not in Labor Force | |
| | Number (in thousands) | Percent of Medicaid recipients | Number (in thousands) | Percent of Medicaid recipients | Number (in thousands) | Percent of Medicaid recipients |
|---|---|---|---|---|---|---|
| Medicaid recipients age 19-64 | 203.2 | 100.0% | 27.5 | 100.0% | 223.2 | 100.0% |
| By residence | | | | | | |
| Urban | 141.1 | 69.5% | 18.9 | 68.8% | 143.1 | 64.1% |
| Rural | 62.1 | 30.5% | 8.6 | 31.2% | 80.1 | 35.9% |
| By gender | | | | | | |
| Female | 129.2 | 63.6% | 17.8 | 64.6% | 134.6 | 60.3% |
| Male | 74.0 | 36.4% | 9.7 | 35.4% | 88.6 | 39.7% |
| By race/ethnicity | | | | | | |
| White | 143.4 | 70.6% | 18.6 | 67.6% | 161.7 | 72.4% |
| Black | 35.8 | 17.6% | 6.4 | 23.3% | 35.2 | 15.8% |
| Hispanic, any race | 10.4 | 5.1% | 0.5 | 2.0% | 7.3 | 3.3% |
| Other | 13.6 | 6.7% | 2.0 | 7.3% | 19.0 | 8.5% |
| By income as percent of federal poverty line (FPL) | | | | | | |
| Less than 100% of FPL | 55.2 | 27.2% | 13.4 | 48.7% | 115.6 | 51.8% |
| 100-199% of FPL | 77.7 | 38.2% | 7.9 | 28.6% | 59.0 | 26.4% |
| 200-399% of FPL | 52.3 | 25.7% | 4.8 | 17.6% | 35.6 | 16.0% |
| 400% or more of FPL | 18.0 | 8.9% | 1.4 | 5.1% | 13.0 | 5.8% |
| By education status (last grade complated) | | | | | | |
| Less than High school | 24.5 | 12.1% | 5.2 | 19.0% | 50.1 | 22.5% |
| High school graduate | 82.9 | 40.8% | 11.4 | 41.5% | 99.9 | 44.8% |
| Some college | 70.1 | 34.5% | 7.8 | 28.5% | 56.1 | 25.1% |
| College graduate | 25.7 | 12.7% | 3.0 | 11.0% | 17.0 | 7.6% |

Appendix Table 1. Characteristics of Medicaid recipients, age 19-64

[1] Kaiser Family Foundation. 2025. "Understanding the Intersection of Medicaid and Work: An Update," https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/

[2] Kaiser Family Foundation. 2025. "Understanding the Intersection of Medicaid and Work: An Update," https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/

[3] USDA, Economic Research Service, "Rural-Urban Continuum Codes," updated January 2025. https://www.ers.usda.gov/data-products/rural-urban-continuum-codes

[4] U.S. Census Bureau, American Community Survey 2023 1-Year Estimates Public Use Microdata Sample, accessed September 12, 2024,https://www2.census.gov/programs-surveys/acs/data/pums.

[5] This follows procedures used by the Census Bureau in their reports on health insurance status, as they also excluded people in institutions See: https://www2.census.gov/programs-surveys/demo/tables/health-insurance/2024/acs-hi/hi05_acs.xlsx .

[6] The methods for doing this are the following: An allocation factor, or the proportion of a PUMA population residing in each county, was established for each PUMA-county pair (following description found in Missouri Census Data Center "Geocorr 2022: Geographic Correspondence Engine," accessed October 16, 2024, https://mcdc.missouri.edu/applications/geocorr2022.html.)  Each county was categorized as either urban (RUCC 1-3) or rural (RUCC 4-9), following guidance from ERS, based on U.S. Department of Agriculture, Economic Research Service Rural-Urban Continuum Codes, January 2024. The county-level allocation factors were summed within each urban and rural category at the PUMA level, with each summation reflecting the probability of an individual residing in each PUMA to be categorized as urban or rural. These probabilities were then weighted using Public Use Microdata Sample (PUMS) person weights. In response to the Connecticut Office of Policy and Management Secretary's 2019 request, the U.S. Census Bureau implemented the state's nine planning regions as county-equivalent geographic units for statistical purposes in 2023. Therefore, Connecticut 2020 PUMA census data, along with allocation factors, were cross-walked to and replaced by county-equivalent planning region-related data and matched to planning region FIPS codes in the 2023 RUCC. (See Missouri Data Center, 2024).

[7] RUPRI Health Panel. 2020. "Considerations for Defining Rural Policies and Programs," May 2020.  https://rupri.org/2020/05/07/considerations-for-defining-rural-places-in-health-policies-and-programs/