

Missouri Medicaid Basics

Winter 2005

Introduction

The Medicaid program, enacted in 1965 at the same time as Medicare through Title XIX of the federal Social Security Act, exists as the largest of the federal-state partnerships for low-income Americans. Medicaid was designed to respond in a counter-cyclical manner to downturns in the economy to provide health care for certain eligible people. The federal government offers matching funds to states to support Medicaid.

Each state administers its own Medicaid program. The federal Centers for Medicare and Medicaid Services (CMS) monitor state-run programs and establish requirements for service delivery and quality, funding, and eligibility standards. State participation is voluntary and all states have participated since 1982. Missouri's participation in Medicaid began in 1967.

Overview of Missouri Medicaid

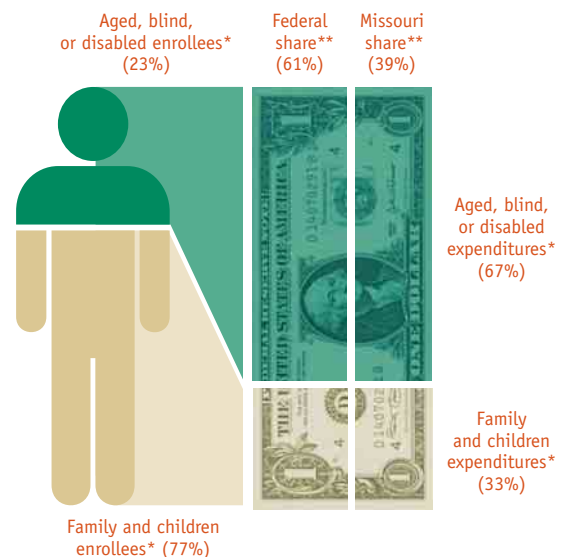
The Department of Social Services (DSS), Division of Medical Services (DMS) administers the provision and payment of services for Missouri's Medicaid program. The DSS Family Support Division (FSD) determines Medicaid eligibility for individuals and families. FSD offices are located in each of Missouri's 114 counties and the City of St. Louis.

Medicaid represents a significant portion of Missouri's overall state budget. Approximately 26 percent of Missouri's total budget will go to Medicaid in State Fiscal Year (SFY) 2005. However, over 60 percent of Medicaid funding comes from federal funds. Increases in program costs can have a serious impact on the overall fiscal condition of the state.

Missouri Medicaid:

- covers over 45 percent of births
- covers 1 out of every 3 children
- covers 1 out of every 8 seniors over age 65
- spends a smaller portion on administrative costs than 44 states
- pays for 66% of all nursing home care in the state¹
- covers children in families up to 300% of the Federal Poverty Level (FPL)
- covers Medicare premiums for eligible seniors and people with disabilities

Although the majority of people enrolled in Missouri Medicaid are families and children, the majority of expenditures pay for services to aged, blind, and disabled Missourians.



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*State Fiscal Year 2004

**Effective from Oct. 1, 2004, to Sept. 30, 2005

Missouri Medicaid Eligibility

Covered Populations	Income Guidelines*
Children (up to age 19)	300% Federal Poverty Level (FPL)
Parents	75% FPL
Pregnant Women	185% FPL
Disabled Individuals	100% FPL**
Missourians age 65 & over	100% FPL**
Qualified Medicare Beneficiaries	100% FPL

* Asset tests and other factors affect eligibility, which is determined by the Family Support Division local offices.

** Deductions and exceptions apply. People may have medical expenses deducted from income calculations to “spend down” to eligible levels.

Eligibility

In general, Medicaid covers low-income children; their parents, guardians, or caretakers; and aged, blind, or disabled people. However, certain income and resource criteria must be met as well. Income criteria are largely based on poverty guidelines established by the federal government. Resource criteria (i.e., savings and other countable assets) largely apply only to aged, blind, and disabled people applying for Medicaid.

Parents, Children, and Pregnant Women

Missouri Medicaid currently covers over 540,000 low-income children and more than 200,000 low-income adults in families with children. The majority of covered adults in families with children are women. Children represent the largest demographic group served by Missouri Medicaid, with nearly 56 percent of all Missouri Medicaid consumers being age 18 or younger. Pregnant women who meet certain income criteria are also eligible for coverage during their pregnancy and postpartum.

Aged

Approximately 74,000 Missourians age 65 and over are currently covered by Medicaid. Eligible individuals must meet the income and asset requirements of the program. Missouri seniors can also “spend down” their incomes to qualify for Medicaid (see text box on pg. 3 for an explanation of “spend down”). In some cases, Missouri Medicaid assistance helps seniors pay their Medicare premiums, copayments, and deductibles.

Blind and Disabled

According to Missouri DSS, an estimated 140,000 Missourians covered by Medicaid qualify for services due to a “physical or mental impairment, disease, or loss which keeps them from working in any job within their skill level, for 12 months or longer.” People who are eligible for cash assistance through Supplemental Security Income (SSI) automatically qualify for Medicaid on the basis of disability. Other individuals who meet the SSI disability definition are also eligible as long as their income does not exceed 100 percent of the FPL. Additional people can qualify by “spending down” their incomes on medical expenses. Some people with a disability also receive Medicaid assistance to help pay their Medicare premiums, copayments, and deductibles.

2004 Federal Poverty Levels (FPL)*

Family Size	Annual Income			
	75% FPL	100% FPL	185% FPL	300% FPL
1	\$ 6,983	\$ 9,310	\$ 17,224	\$ 27,930
2	\$ 9,368	\$ 12,490	\$ 23,107	\$ 37,470
3	\$ 11,753	\$ 15,670	\$ 28,990	\$ 47,010
4	\$ 14,138	\$ 18,850	\$ 34,873	\$ 56,550

* These apply to the 48 contiguous states and D.C.

Key Missouri Medicaid Programs

Missouri Medicaid is split into two main categories: Medicaid and MC+. Medicaid refers to the statewide Fee-for-Service medical assistance program that serves elderly and disabled individuals. MC+ refers to the statewide medical assistance program for low-income families, pregnant women, and children. Both Medicaid and MC+ have many federal and state only funded programs within these two broad categories. The following discusses six of the largest programs which together cover 96 percent of those individuals receiving Missouri Medicaid.

Medicaid

1. Medical Assistance – Aged, Disabled, or Blind

Medical Assistance provides Medicaid coverage to individuals who meet the requirements of Old Age Assistance (OAA), Permanently and Totally Disabled (PTD), or Aid to the Blind. These Missourians account for 22 percent of all Missouri Medicaid consumers. People with incomes up to 100 percent of the FPL qualify automatically, while others qualify for Medical Assistance by “spending down” their incomes on medical expenses each month. Additionally, disabled individuals who are working and have incomes up to 250 percent of the FPL can qualify for Medical Assistance for the Working Disabled (MA-WD).

Approximately 34 percent of individuals covered under Medical Assistance are eligible under the OAA requirements. Many people age 65 and older who qualify for Medicaid also have a disability, but they first became eligible for Medicaid due to age, not a disability.

People with disabilities account for about 65 percent of those in the Medical Assistance program. People of all ages with a wide variety of physical and mental disabilities can qualify if their disability, income, and resources meet certain criteria.

Individual recipients may be eligible for Missouri Medicaid in more than one category. They choose to enroll in a given program for a variety of reasons, such as an easier enrollment process. Many recipients of Medical Assistance may also be eligible for benefits under the Qualified Medicare Beneficiary program.

2. Qualified Medicare Beneficiary

The federal government requires that state Medicaid programs pay Medicare premiums, deductibles, or coinsurance for qualified people enrolled in Medicare Parts A or B. The Missouri Qualified Medicare Beneficiary program pays for Medicare premiums, deductible, and coinsurance for eligible persons enrolled in Medicare Part A with incomes up to 100 percent of the Federal Poverty Level (FPL). Approximately 6,619 individuals received benefits through the Qualified Medicare Beneficiary program in SFY 2004. Additionally, Missouri has a Specified Low Income Medicare Beneficiary (SLMB) program that pays the Medicare Part B premiums for persons whose income is more than 100 percent of the FPL, but less than 135 percent of the FPL.

What’s Meant by “Spending Down”?

Spending down refers to the amount of medical expenses that an individual must pay each month before becoming eligible for coverage through Medicaid. The total that must be spent down equals the amount by which an individual’s or couple’s net income exceeds the income eligibility requirement for a given Medicaid program.

A person’s spend down obligation can be met by:

- submitting incurred medical expenses to their caseworker on a monthly basis; or
- paying the monthly spend down amount to the Division of Medical Services (DMS), similar to an insurance premium payment.

MC+ for Kids

Missouri's State Children's Health Insurance Program

The federal Balanced Budget Act (BBA) of 1997 amended the Social Security Act to create Title XXI, the State Children's Health Insurance Program (SCHIP). In each state, SCHIP provides health insurance for children in families with incomes too high to qualify for Medicaid but too low to afford private coverage.

The federal government matches the state's SCHIP spending at a higher rate than that for Medicaid. In Missouri, the federal FY 2005 match for Medicaid is 61 percent, but the federal match for Missouri's SCHIP program (MC+ for Kids) is 73 percent. Missouri's share of funding the MC+ for Kids program is just 27 percent.

MC+

1. MC+ for Children (Non-SCHIP)

This program provides health insurance coverage for children under 19 years of age whose net family income does not exceed:

- 185 percent FPL for children under age 1,
- 133 percent FPL for children ages 1-5, and
- 100 percent FPL for youth ages 6-18.

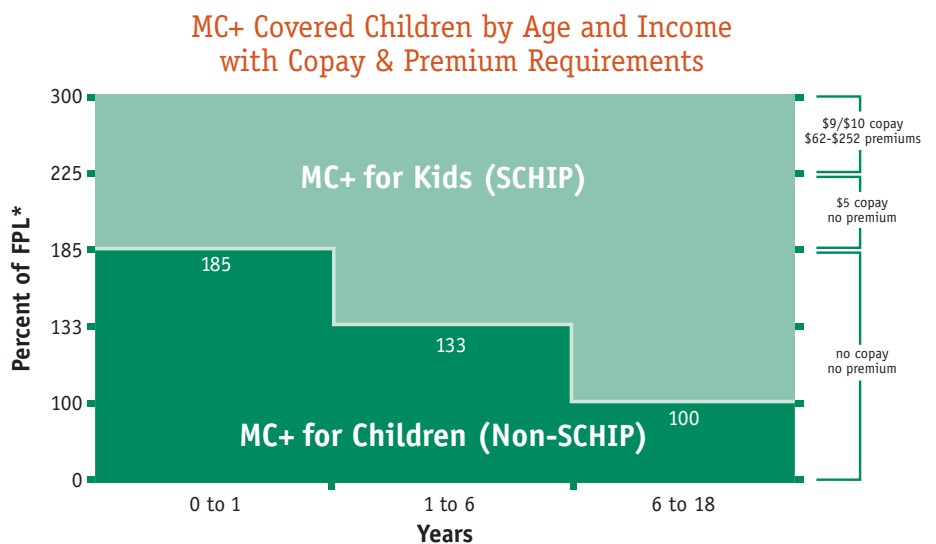
Currently, 435,000 low-income Missouri children have health insurance coverage through this Medicaid program. This population represents 45 percent of all Medicaid recipients.

2. MC+ for Kids (SCHIP)

Using its allocated SCHIP funds, Missouri expanded its existing Medicaid program for low-income children in 1998. MC+ for Kids extended health coverage to low-income children with family income up to 300 percent FPL.

The MC+ for Kids program provides the same health services as those covered under MC+ for Children, except that SCHIP kids are not eligible for non-emergency medical transportation. Based on an income scale, some individuals covered under Missouri's SCHIP program must pay copayments and/or premiums. Copayments range from \$5 to \$10 and premiums paid per family per month range from \$62 to \$252 (see chart).

Approximately 87,300 children have coverage under the MC+ for Kids (SCHIP) program in Missouri. This number represents 9 percent of the total Medicaid population.



From 0% to 185% there is no copay and no premium; from 186% to 225% there is a \$5 copay and no premium; from 226% to 300% there is a \$9 or \$10 copay and premiums from \$62-\$252

* See page 2 for 2004 FPL guidelines

3. Medical Assistance for Families – Adults

Low-income parents and caretakers are covered through the MC+ Medical Assistance for Families (MAF) adult program. Parents with incomes up to 75 percent of the FPL are eligible for the program. Currently, about 173,000 adults have health insurance coverage through the MAF program. This group represents 18 percent of all Medicaid recipients in the state of Missouri.

4. MC+ for Pregnant Women

Pregnant women with family incomes up to 185 percent FPL qualify for Medicaid coverage under the MC+ for Pregnant Women program. Qualification under this category includes 60-day postpartum coverage even with subsequent increases in family income. Approximately 12,000 women received insurance benefits under this program during SFY 2004. This group represents slightly over 1 percent of all Medicaid recipients in the state.

Mandatory Medicaid Services

Federal guidelines require states to cover a minimum set of services under Medicaid, including:

- inpatient hospital services;
- outpatient services, including those delivered in Rural Health Clinics and Federally Qualified Health Centers (FQHCs);
- physician services, including psychiatry;
- nursing facility services and home care;
- skilled home health services, including durable medical equipment;
- lab and X-ray services;
- nurse-midwife, certified family nurse practitioner, and certified pediatric nurse practitioner services;
- medical and surgical services of a dentist;
- non-emergency medical transportation; and
- screening and treatment services to children under age 21 under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program (i.e., the Healthy Children and Youth (HCY) Program in Missouri).

Optional Services Covered by Missouri Medicaid

States may opt to cover additional services, which also qualify for federal matching funds. Here are just some of the optional services Missouri provides:

- pharmacy services (prescription medications)
- rehabilitation and specialty services (includes emergency ambulance services, hospice, optical, and durable medical equipment)
- mental health services (may be mandatory in some instances)
- podiatry
- nursing facilities for children
- clinic services
- intermediate care facilities for those with mental retardation
- psychiatric care
- state institutions
- in-home care (including personal care, homemaker chores, and respite care)
- dental services

While considered “optional,” most of these services are central to effective health care (e.g., prescription drugs, dental care, and mental health services). “Optional” means only that federal law does not mandate the service. In many cases, eliminating “optional” services would increase utilization and costs of some mandatory services, particularly emergency room care and hospitalizations. In addition, certain segments of the population, such as families of children with mental retardation, depend heavily upon these optional services.

Delivery Systems

The Missouri Medicaid program works to promote good health, to prevent illness and premature death, to correct or limit disability, to treat illness, and to provide rehabilitation to persons with disabilities. Health services covered by Medicaid can be split into two benefit packages: 1) Primary and Acute Health Care and 2) Long-Term Care.

Primary and Acute Health Care

Missouri Medicaid’s Primary and Acute Health Care package provides physician, hospital, laboratory, pharmacy, preventive, and other services. People have access to these services through either the Fee-for-Service system or the Managed Care system, depending on the type of Medicaid for which they are eligible and where they live in the state. All programs cover prescription medications for Missouri Medicaid consumers.

Fee-for-Service

In Missouri, all individuals eligible under the Medical Assistance – Aged, Blind, and Disabled program participate in the Fee-for-Service system of Missouri Medicaid regardless of their county of residence. Additionally, Medicaid recipients eligible under the MC+ program that live in counties other than those designated as managed care counties (see map) participate in the Fee-for-Service system. The Missouri DMS, through the use of a claims processing fiscal agent, pays for services based on an established fee schedule.

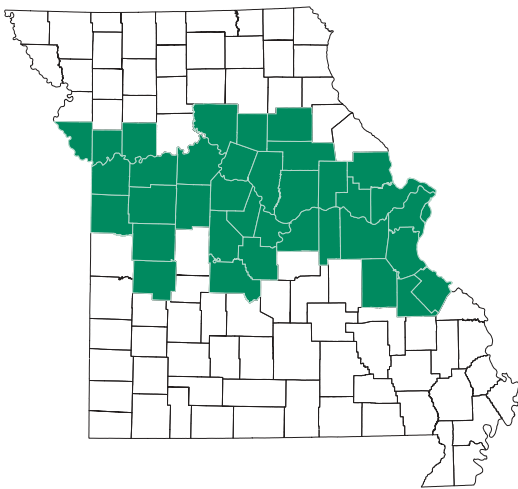
MC+ Managed Care

The MC+ Managed Care system started in 1995 when the Missouri DMS first contracted with managed care plans in an effort to improve the accessibility and quality of health care services for Missouri’s Medicaid populations, while reducing the costs of providing care. Missouri’s managed care system currently operates in 37 counties that cross through the middle of the state and include the St. Louis, Kansas City, Columbia, and Jefferson City areas. The contracted MC+ managed care health plans provide a particular range of benefits to each enrolled recipient in return for a capitated payment made on a per member per month basis.

All MC+ recipients residing in one of the 37 counties must enroll in a managed care health plan. However, an exception exists for MC+ populations that have Medicaid eligibility if they:

- receive SSI disability payments,
- meet the SSI disability definition as determined by Missouri’s DSS, or
- receive adoption subsidy benefits.

Missouri Counties with MC+ Managed Care



These MC+ eligibles may choose whether to receive health care services through either the Fee-for-Service or the MC+ Managed Care systems.

Approximately 435,000 Missourians are currently enrolled in one of the seven contracted MC+ managed care plans. The Missouri DSS estimates that potential costs of \$118 million were avoided in SFY 2004 due to the MC+ managed care program.

Prescription Medications

Prescription medications have taken on an increasingly significant role in American health care over the last 10 years. Missouri Medicaid pharmacy expenditures have more than doubled in the past five years, including a 15.5 percent increase in prescription drug spending from 2003 to 2004. Nationally, these recent increases are attributed to:

- price inflation (22%),
- a shift to higher-priced medications (36%), and
- an increase in the number of prescriptions filled (42%).²

Missouri has attempted to control prescription drug spending growth through a case management approach. A recent study shows that, when compared to Missouri:

- 27 states experienced higher rates of growth in their drug programs from 2001 to 2002,
- 15 states had higher average costs per prescription (Missouri's average was \$56.73), and
- 10 states had a higher percentage of Medicaid drug expenditures than Missouri.³

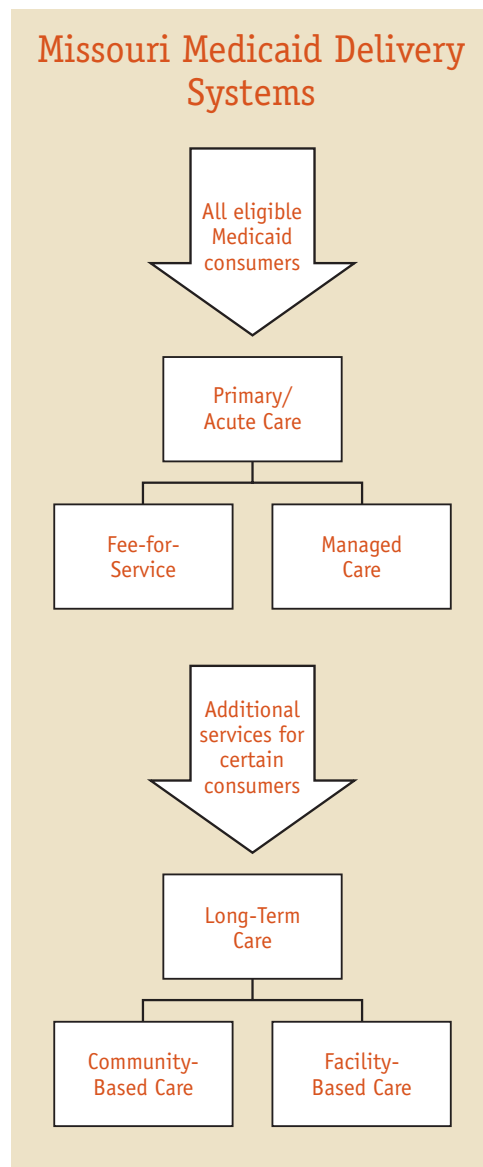
Long-Term Care

Medicaid provides long-term care services to people who have chronic or disabling conditions and meet certain "level of care" criteria. These services fall into two categories based on the setting of service delivery. Medicare and private insurance rarely cover long-term care services; therefore, Medicaid typically becomes the primary source of coverage.

Facility-Based Care

Facility-based nursing care covers services provided in certain residential settings and accounts for one of the larger portions of Missouri Medicaid costs. In fact, Medicaid pays for 66 percent of all nursing home care in the state.

Medicaid also covers care in residential facilities for eligible people with developmental disabilities, including mental retardation. To qualify, individuals need a planned program of active treatment, live in a licensed facility, and meet certain other criteria. A large majority of Missourians living in intermediate care facilities for the mentally retarded are Medicaid consumers.



What's a Waiver?

Federal regulation requires that Medicaid consumers have freedom of choice of providers; that the program be available statewide; and that services be comparable in amount, duration, and scope.

States can also choose to cover optional services and to provide health insurance to eligible groups. Some options are specifically described in the Social Security Act, while other options can be utilized through “waivers.” The term “waiver” is used whenever an exception to federal regulation has been granted to the state by the Centers for Medicare and Medicaid Services (CMS). For example, Home- and Community-Based Care waivers, provided under Section 1915(c), allow states to provide enhanced community support services to individuals who would otherwise require institutional care.

A few of the waivers Missouri has implemented include:

- an 1115 waiver, implemented in 1998 to expand coverage to Missouri children up to 300% of the FPL and to cover certain populations of adults, and
- the seven 1915(c) waivers that allow people to receive care in their own homes or community.

Community-Based Care

Community-based care in Missouri's Medicaid program supports a number of Home- and Community-Based (HCB) waivers that allow certain consumers to receive care in their homes or in the community rather than in a nursing facility or other institution. HCB services, available on a limited basis (i.e., a specific number of slots for each type of HCB waiver), have eligibility requirements based on income, resources, and level of care required.

Missouri currently has seven HCB waiver programs, which receive funding from state General Revenue, Social Services Block Grants, Medicaid, and the Older Americans Act. Authorization for waiver services comes through the Missouri Department of Health and Senior Services (DHSS) which determines need for care and the availability of services. The Missouri HCB waiver programs include the:

- Independent Living Waiver,
- Mental Retardation and Developmental Disabilities (MR/DD) Comprehensive Waiver,
- MR/DD Community Support Waiver,
- Missouri Children with Developmental Disabilities Waiver,
- Physical Disabilities Waiver,
- Aged and Disabled Waiver, and
- AIDS Waiver.

Combined, these HCB waiver programs provide over 48,000 slots for eligible consumers, such as the elderly and persons with disabilities.

For the majority of individuals, home care is preferred and less expensive than institutional care. In general, those who enter institutional care settings generally do not return home. Therefore, prevention of institutional care is important both for quality of life and for cost containment. The HCB waivers help create a healthier aging population by serving more people for less money than institutional care.

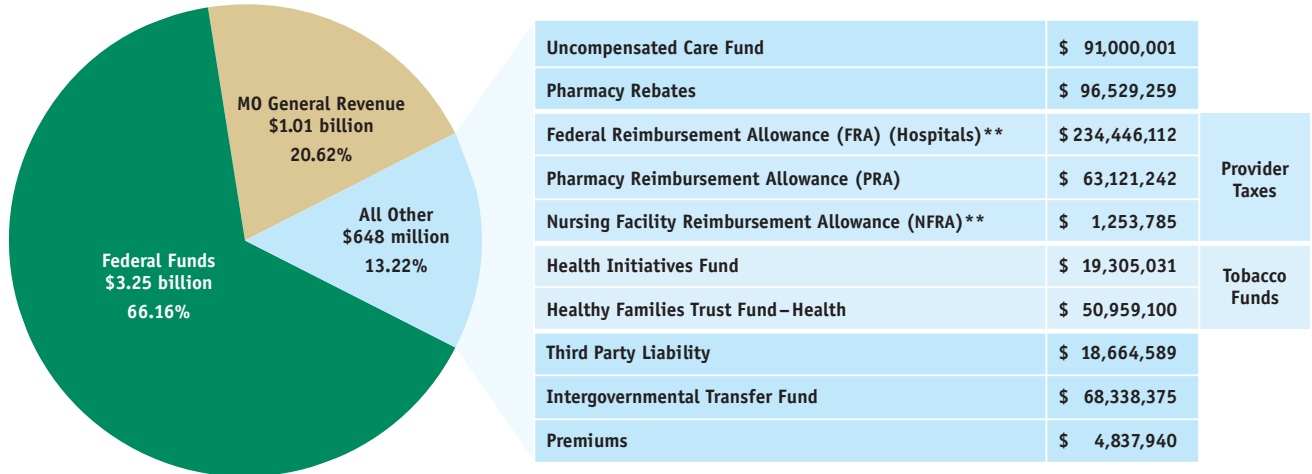
Financing and Expenditures

Medicaid is financed jointly between the state and federal governments. Between 1990 and 2004, federal funding of the Medicaid program to the states increased from \$42 billion to \$176 billion.⁴ The Missouri Medicaid program has grown in complexity and size over the same period that Congress has adjusted and expanded the federal program.

Medicaid Financing

For the majority of Medicaid programs, the federal government pays 61 percent of all expenditures. Two notable

Sources of Missouri Medicaid Funding, SFY 2005* – Total \$5 billion



* This represents the program budget for DMS, it does not include administrative appropriations or Medicaid funds appropriated to other state departments such as DHSS or DMH.

** The amounts shown for the FRA and NFRA provider taxes do not accurately reflect the total amount of these taxes. In SFY 2005, the FRA will collect around \$575 million and the NFRA will collect approximately \$130 million. The entire \$705 million from these two taxes will be used to draw down federal matching funds. Current Medicaid regulations allow the state to return \$340 million and \$128 million of the original tax monies back to the hospitals and nursing homes in the form of a tax offset. The remaining amounts, reflected in the chart, represent the state share of these provider taxes.

exceptions to this include: 1) the MC+ for Kids (SCHIP) program for which the federal government pays 73 percent of the expenditures, and 2) Medicaid administrative costs for which the federal government pays 50 percent of all expenditures. As a result, Missouri maintains responsibility for funding only the Medicaid costs not covered by the federal government.

The enacted Missouri Budget for SFY 2005 appropriated approximately \$5 billion for Medicaid. However, only \$1 billion of this cost comes from state General Revenue. The majority of Medicaid financing, approximately \$3.25 billion, stems from direct federal funds. The remaining balance of Missouri Medicaid financing derives from several non-government sources, including provider taxes (i.e., hospitals, nursing homes, and pharmacies), an uncompensated care fund, and tobacco funds (see pie chart for a complete list of sources).

Medicaid works as an open-ended entitlement program, which means that services must be provided to those who meet eligibility guidelines. Although families and children constitute 77 percent of all Medicaid enrollees, less than one-third of all Medicaid resources are spent on this population. By contrast, the elderly and disabled comprise under one-fourth of all Medicaid enrollees, but utilize 67 percent of all Medicaid resources.

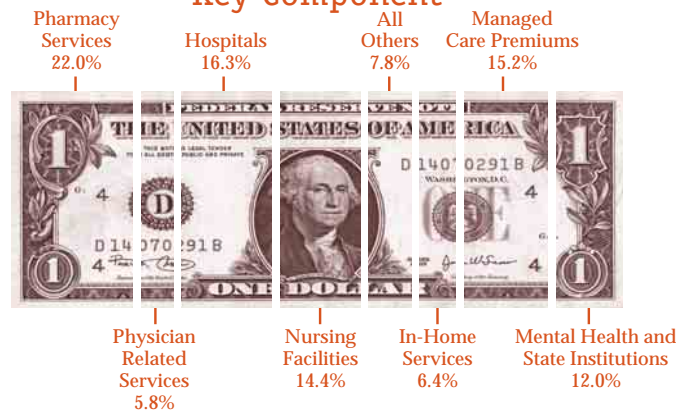
The counter-cyclical nature of Medicaid creates far more budgeting difficulties

Medicaid Expenditures

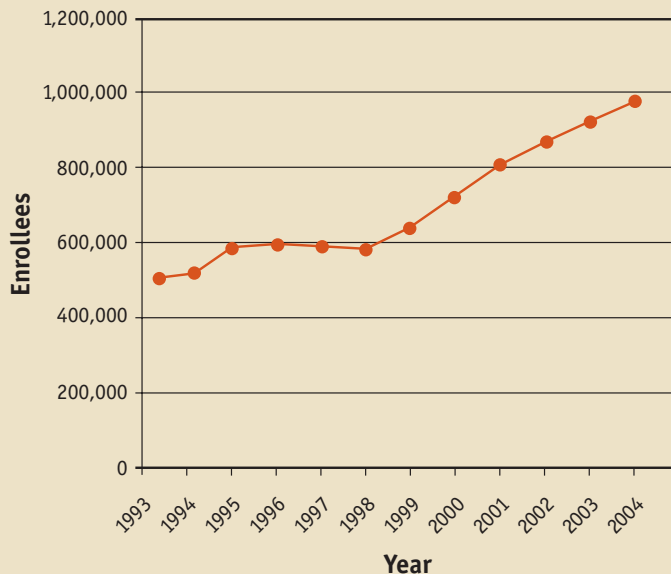
In SFY 2004, Missouri Medicaid spent over \$3.9 billion or 80 percent of its budget on:

- pharmacy services (\$1,078 million),
- hospitals (\$796 million),
- managed care premiums (\$743 million),
- nursing facilities (\$706 million), and
- mental health and state institutions (\$589 million).

Missouri Medicaid Spending by Key Component



Growth in Missouri Medicaid Enrollment,
SFY 1993-2004



for this program, compared to other state programs. The complexity stems from the fact that economic conditions and other factors, beyond the control of administrators and legislators, heavily influence Medicaid expenditures. For example, as incomes decrease, more people become eligible for Medicaid. At the same time, state tax revenues also decrease. This results in increased Medicaid costs at the same time that states experience their greatest economic challenges.

Identifying Causes of Spending Increases

In general, the chief causes of Medicaid spending growth coincide with the factors increasing private health insurance costs. A recent survey of Medicaid officials in all 50 states and the District of Columbia identified the leading reasons for Medicaid expenditure growth as:

- prescription medication costs,
- enrollment growth,
- medical inflation and utilization, and
- long-term care costs.⁵

A recent report projected Medicaid spending to increase by 7 to 9 percent per year through 2013.⁶ Medicaid spending is a function of changes in the number and types of consumers enrolled. Recent increases in enrollment have been a result of:

- expanded eligibility criteria,
- a growing aging population,
- simplification of the application process,
- a weakened economy, and
- a natural correction after decreases in enrollment when Medicaid was delinked from welfare in 1996.

Annual Missouri Medicaid Expenditures by
Population and Individual per Month Costs,
SFY 2004

	Enrollees	Annual Expenditures (Dollars)	Average Monthly Cost per Enrollee (Dollars)
Elderly	80,149	1,205,228,317	1,253
Persons with Disabilities	143,798	2,065,559,952	1,197
Children	547,105	1,044,406,583	159
Adults (non-disabled and under 65)	203,583	573,204,273	235

Of federal Medicaid spending growth between 2001 and 2002, 57 percent was due to people in the aged, blind, and disabled program; 28 percent was due to children and families; and 15 percent was due to factors not related to a specific population.⁷ In general, elderly and disabled people use medical care and medications more often than the general population. Therefore, cost increases for these services have an even greater impact on the Medicaid budget.

Summary

Missouri Medicaid is not a single program but rather a collection of programs, services, and funding mechanisms that works as part of the health and human services system. In many cases, an adjustment to one element of this system will have unintended effects or consequences on other elements. Therefore, policymakers, state administrators, and others use a systems approach when considering changes to this major health insurance program.

Medicaid has a significant economic impact on the state because of the matching funds that it draws from the federal government. The influx of funds stimulates economic activity throughout state and local economies.

Missouri Medicaid also has a health impact on the lives of the low-income children, families, and elderly and disabled that it serves. The availability of Medicaid reduces the number of uninsured Missourians and provides health insurance coverage for vulnerable populations who might not otherwise be insured.

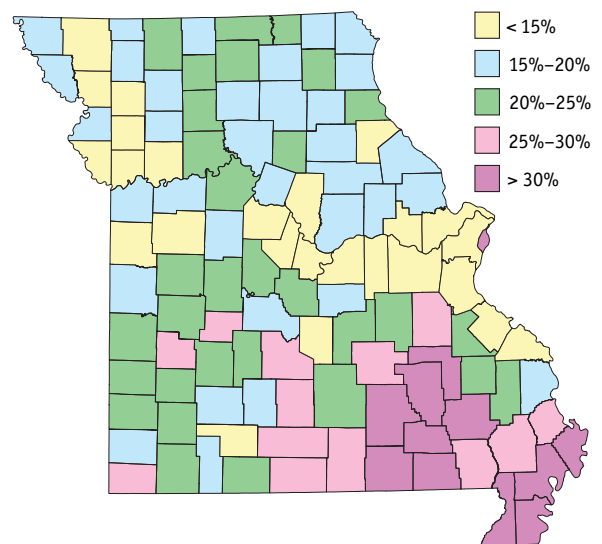
Medicaid supports the state's entire health care infrastructure by helping to:

- reduce uncompensated care,
- promote earlier treatment in appropriate settings and reduce preventable hospitalizations,
- decrease unnecessary emergency room use, and
- support education and training in academic medical centers.⁸

Without the Medicaid program, these infrastructure costs would be passed on to employers and their employees through higher insurance premiums.

Missouri Medicaid exists as a complex system that affects the lives of individuals and families in every county across the state. Understanding the basics of this system is an important step in addressing the health care needs of low-income Missouri residents.

Percent of Total Population Enrolled in Medicaid June 2004



Sources: *Medicaid Enrollment – Missouri Department of Social Services, Research and Evaluation Census Data – HIDI publication “2004 Census Report”* obtained from Claritas, Inc.

For More Information about Medicaid

Missouri Medicaid Basics provides a brief outline of the Missouri Medicaid program. For more information about **Missouri Medicaid**, please visit the Missouri Department of Social Services, Division of Medical Services' Web site at www.dss.mo.gov/index.htm.

For more information about the **federal Medicaid** program, including federal eligibility requirements, benefits, financing, and administration, please refer to *The Medicaid Resource Book*, a publication of The Kaiser Commission on Medicaid and the Uninsured, published by The Henry J. Kaiser Family Foundation. *The Medicaid Resource Book* is available at www.kff.org or by calling 800.656.4533.

Online Resources

- Agency for Healthcare Research and Quality – www.ahrq.gov
- Center for Health Care Strategies – www.chcs.org
- Center on Budget and Policy Priorities – www.cbpp.org
- Centers for Medicare and Medicaid Services (CMS) – www.cms.gov
- Families USA – www.familiesusa.org
- Health Affairs – www.healthaffairs.org
- Heritage Foundation – www.heritage.org/Research/HealthCare
- The Kaiser Commission on Medicaid and the Uninsured – www.kff.org/kcmu
- Missouri Department of Health and Senior Services – www.dhss.state.mo.us
- Missouri Department of Social Services – www.dss.mo.gov
- National Association of State Medicaid Directors – www.nasmd.org
- National Center for Health Statistics – www.cdc.gov/nchs
- The Urban Institute – www.urban.org

Endnotes

- ¹ AARP Public Policy Institute, “Across the States: Profiles of Long-Term Care, 5th Edition,” AARP 2002, http://research.aarp.org/health/d17794_2002_atp.pdf.
- ² Kaiser Commission on Medicaid and the Uninsured, “Medicaid Spending Growth: Results from a 2002 Survey,” The Henry J. Kaiser Family Foundation 2002, <http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14139>.
- ³ National Pharmaceutical Council, Pharmaceutical Benefits under State Medical Assistance Programs 2003, <http://www.npcnow.org/resources/PDFs/medicaid2003/03Sec4.pdf>.
- ⁴ National Association of State Budget Officers, 2003 State Expenditure Report 2004, <http://www.nasbo.org/Publications/PDFs/2003ExpendReport.pdf>.
- ⁵ Kaiser Commission on Medicaid and the Uninsured, “Medicaid Spending Growth: Results from a 2002 Survey,” The Henry J. Kaiser Family Foundation 2002, <http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14139>.
- ⁶ Stephen Heffler, Sheila Smith, Sean Keehan, M. Kent Clemens, Mark Zezza, and Christopher Truffer, “Health Spending Projections Through 2013,” Health Affairs 2004, <http://content.healthaffairs.org/cgi/reprint/hlthaff.w4.79v1>.
- ⁷ Kaiser Commission on Medicaid and the Uninsured, “Analysis of CBO Medicaid Baseline,” The Henry J. Kaiser Family Foundation 2002, <http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14120>.
- ⁸ Ellen O’Brien and Cindy Mann, “Maintaining the Gains: The Importance of Preserving Coverage in Medicaid and SCHIP,” Covering Kids and Families June 2003, http://www.kidsouth.org/pdf/maintaining_the_gains.pdf.

Missouri Medicaid Basics is a project of the Missouri Foundation for Health (MFH) that has been adapted with permission from The Health Foundation of Greater Cincinnati.

Statistics were provided by the Missouri Department of Social Services unless otherwise indicated. All dollar figures are for SFY 2004 unless otherwise noted.

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