



Healthcare Financial Management Association

July 2024

Understanding FRA Policies



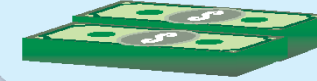
How The FRA Funds Are Used

STATE FISCAL YEAR 2023 ACTUAL EXPENDITURES

Hospitals pay an **assessment¹** of **\$1.27 billion.**



The state **receives** and **spends** the assessment and fund balance for a total of **\$1.28 billion.**



The state earns a **federal match** of **\$2.99 billion.**

The total to be spent by Medicaid is **\$4.27 billion.**

\$295,737,390 of the assessment is retained by the state to fund its Medicaid program

\$981,637,103 of the assessment is used to fund hospital payments

Federal Share \$0	Federal Share \$25,605,562	Federal Share \$230,450,057	Federal Share \$810,154,820	Federal Share \$24,665,097	Federal Share \$729,870
State Share \$0	State Share \$13,221,629	State Share \$118,994,664	State Share \$155,072,556	State Share \$7,718,671	State Share \$729,870
Federal Share \$434,002,517	Federal Share \$374,495,529	Federal Share \$569,664,305	Federal Share \$519,397,991	Federal Share N/A	Federal Share N/A
State Share \$225,917,738	State Share \$193,373,653	State Share \$294,150,556	State Share \$268,195,156	State Share N/A	State Share N/A
Disproportionate Share Hospital Payments² \$660 million	Supplemental Direct Payments and GME³ \$606.7 million	Hospital Care \$1.213 billion	Managed Care \$1.753 billion	CHIP \$32.4 million	Administrative \$1.5 million

\$1,091,605,407 is the amount of federal match on the assessment retained by the state to fund its Medicaid program

\$1,897,560,342 is the federal match on the assessment used to fund hospital payments

Note: Based on tax of 5.4% for July - June. State Share is 34.052%. Federal Match Rate is 65.948%.

¹ Includes assessment on the Institutions of Mental Disease

² Includes unspent DSH allotment payments for SFY 2018 totaling \$71 million; the assessment was increased by \$25.4 million to fund these payments

SFY 2025 Budget

SFY 2025 Budget

- On June 28, 2024, Governor Parson signed the SFY 2025 budget, which included funding for the FRA, FRA tax relief, inpatient psychiatric add-on, DMH boarding payments, and nurse education.
 - Funding for doula registrations, a statewide EMS communications and logistics platform, and a rate increase for Medicaid air ambulance services were among the vetoes.
 - No significant changes in Medicaid eligibility, benefits or reimbursement are necessitated by the Governor's veto actions.

FRA Assessment

FRA Assessment

- On July 11, 2024, Governor Parson signed Senate Bill 748 which extends the Federal Reimbursement Allowance for five more years – until September 30, 2029.

FRA Assessment Compared to State Sources of General Revenue	
Revenue Producer	Actual Revenue Collections (After Refunds) Fiscal Year 2023
Individual Income Tax	\$8.742 billion
Sales and Use Tax	\$2.880 billion
Hospital FRA	\$1.27 billion
Corporate Income Tax	\$884.4 million
County Foreign Insurance Tax	\$352.0 million

The FRA program releases traditional general revenue to be used for other state priorities.

The following key components have contributed to the FRA's success for more than 30 years.

- broad bipartisan support throughout eight administrations**
- a successful partnership between the state and hospitals
- explicit endorsement in federal law and by the Centers for Medicare & Medicaid Services through the Missouri Partnership Agreement
- a successful model replicated in other programs and states

FRA TIMELINE

■ REPUBLICAN
■ DEMOCRAT



Gov. John Ashcroft

Gov. Mel Carnahan

Gov. Roger B. Wilson

Gov. Bob Holden

Gov. Matt Blunt

Gov. Jay Nixon

Gov. Eric Greitens

Gov. Mike Parson

SENATE
HOUSE

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FRA Tax Reauthorization

1991

The voluntary contribution program was implemented in Missouri. Hospitals donated funds to the state, and the Medicaid program could use the funds to earn federal matching dollars.

1992

The voluntary program was phased out with federal Public Law 102-234, which established alternate criteria for provider assessments. Missouri passed House Bill 1744 to enact the Federal Reimbursement Allowance law.

1994

The traditional general revenue contribution dropped to 14.05% of the total Medicaid cost from the 39.46% rate in state fiscal year 1990.

1996

The Missouri Department of Social Services converted from an assessment based on patient days to an assessment based on net patient revenues.

2001

Tom Scully, director of the federal Centers for Medicare & Medicaid Services, challenged Missouri's provider assessment system and threatened to recoup \$2 billion from the state.

CMS entered into a five-year Medicaid Partnership Plan with Missouri. The state agreed to prospectively share its Medicaid budget information with the federal agency and demonstrate compliance with federal redistribution requirements. CMS dropped its challenge of the Missouri provider tax and withdrew its threatened \$2 billion claim.

2003

The FRA grew to become a major source of state revenue, first eclipsing in SFY 2003 all but the two largest sources of general revenue.

2007

Missouri successfully renegotiated its agreement with CMS.

2008

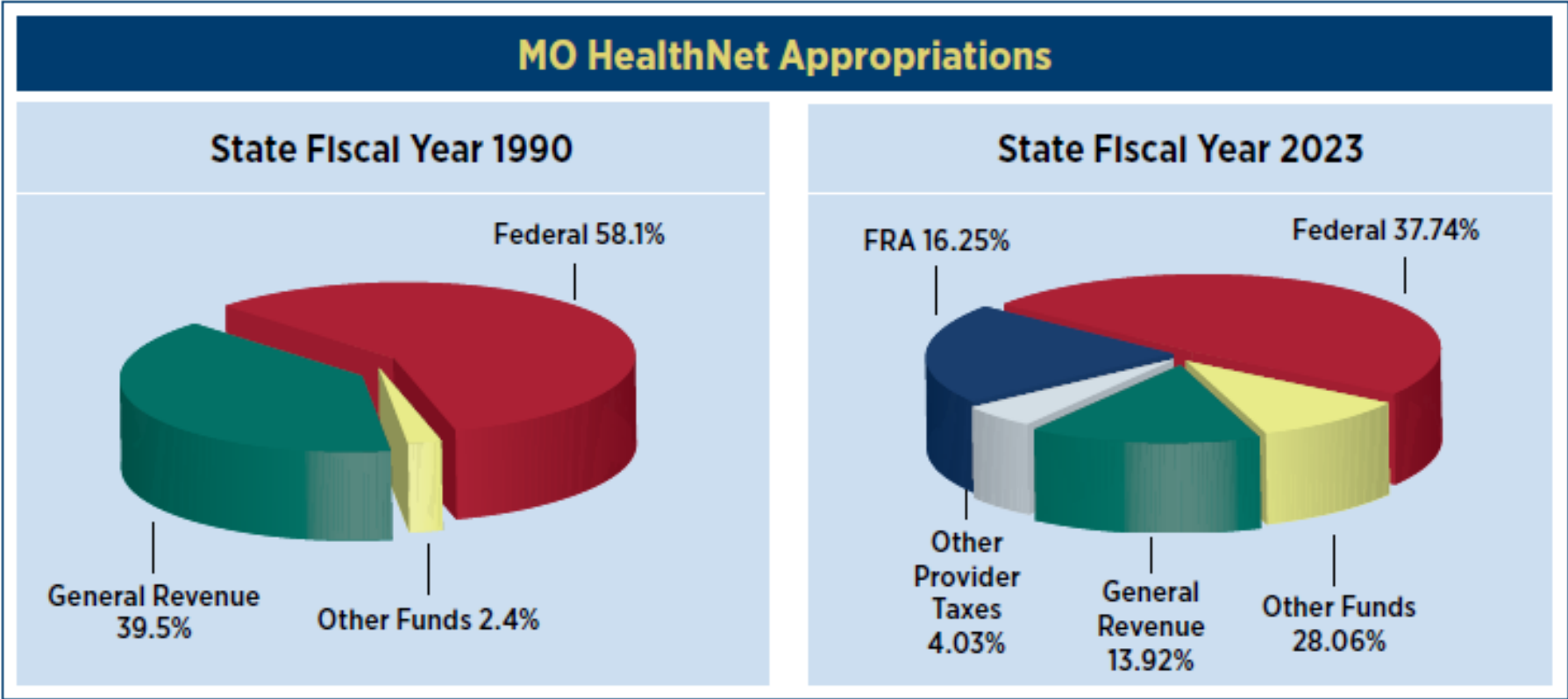
The Medicaid Partnership Plan was renewed in April.

2018

Senate Bill 775 upgraded a 17-year old safeguard for hospital payments funded by the FRA.

2019

First report produced as a result of Safeguard language (SB 775).



FRA Assessment

- FRA assessment rate decreased from 4.8% in SFY 2024 to 4.2% in SFY 2025.
- The rate is applied separately to each hospital's inpatient adjusted net patient revenues and outpatient adjusted net patient revenues from the hospital's 2022 Medicare/Medicaid cost report, with trend factors applied for years 2023, 2024, and 2025.
- This results in assessment of approximately \$1.090 billion (excluding the institutions of mental disease) for SFY 2025 compared to \$1.206 billion in SFY 2024, a reduction of \$116 million.

FRA Assessment

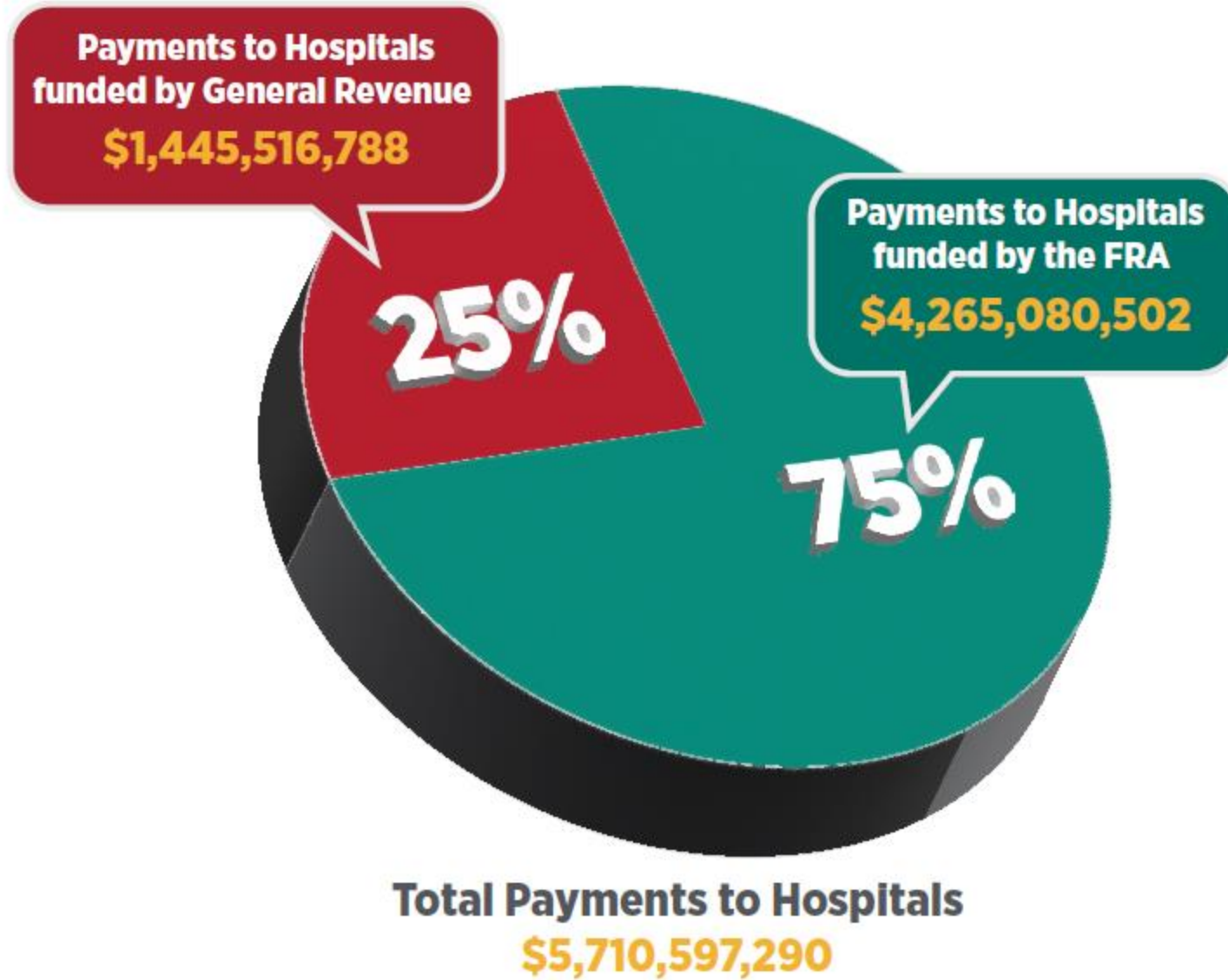
- Factors contributing to the overall lower assessment rate:
 - Taxable revenues increased by slightly more than 3% over last year.
 - The state budget approved in May by the Missouri General Assembly again included \$20 million for FRA tax relief.
 - A significant amount of FRA fund balance was used to reduce the amount of assessment needed in SFY 2025.
- **The assessment rate will increase in SFY 2026 because the available amount of fund balance at the beginning of the year will be significantly less than is currently available.**
- The lowered rate still will generate sufficient funds to process approximately \$60 million in unspent disproportionate share hospital allotment payments for SFY 2020, as well as the additional Medicaid payments, DSH, graduate medical education payments and fee-for-service and managed care inpatient and outpatient claims.

Hospital Medicaid Payment Summary
State Fiscal Year 2023
July 1, 2022 - June 30, 2023

Statewide

	<u>Inpatient</u>	<u>Outpatient</u>	<u>Total</u>	<u>% of Total</u>
Total FRA-Funded Payments to Hospitals				
+ Interim Disproportionate Share Hospital Payments			\$ 479,722,112	
- SFY 2022 DSH Recoupments			\$ (2,288,390)	
+ SFY 2018 DSH (Recoupment)/Unspent Allotment			\$ 71,015,902	
+ SFY 2017 Unspent DSH Allotment			\$ 111,470,632	
+ Supplemental Medicaid Payments			\$ 453,239,706	
+ Graduate Medical Education Payments			\$ 153,456,667	
+ Fee-for-Service Claims Payments	\$ 665,292,530	\$ 198,522,331	\$ 863,814,861	
+ Fee-for-Service Claims Payments Paid Through Hospital Care Appropriation	\$ 120,364,293	\$ 229,080,428	\$ 349,444,721	
+ Managed Care Claims Payments	\$ 754,567,308	\$ 33,025,839	\$ 787,593,147	
+ Managed Care Claims Payments Paid Through Managed Care Appropriation	\$ 379,049,541	\$ 618,561,603	\$ 997,611,144	
= Total FRA-Funded Payments			\$ 4,265,080,502	74.69%
Total General Revenue-Funded Payments to Hospitals				
+ Fee-for-Service Claims Payments	\$ 84,861,583	\$ 152,148,332	\$ 237,009,915	
+ Managed Care Claims Payments	\$ 450,149,185	\$ 732,087,987	\$ 1,182,237,172	
+ Graduate Medical Education Payments			\$ 26,269,701	
= Total General Revenue-Funded Payments			\$ 1,445,516,788	25.31%
Total Payments to Hospitals			\$ 5,710,597,290	100.00%

NOTE:
This report reflects payments made during SFY 2023 regardless of date of service.



Understanding Medicaid Payment Policies

Rebased Per Diem Calculation

Rebased Per Diem Calculation

- Per diems now are rebased every year using the third prior-year cost reports.
- The 2022 cost reports were used to determine the SFY 2025 per diem rates.
- In the absence of adequate cost data, a new hospital's Medicaid rate shall be 100% of the weighted average statewide per diem rate for the similar type of hospitals (i.e., acute care hospitals, free-standing psychiatric, etc.)
- The per diem calculation is included in hospital-specific formula packet, which can be found on the FRA website.

Medicaid Inpatient and Outpatient Share of Assessment

Medicaid Inpatient Share of Assessment

- MHD continues to reimburse hospitals for the inpatient share of assessment.
 - The inpatient share of assessment is calculated by dividing the hospital's Medicaid fee-for-service (FFS) and managed care (MC) inpatient days from the base year cost report by total hospital inpatient days from the base year cost report to arrive at the Medicaid utilization percentage.
 - This percentage is then multiplied by the inpatient FRA assessment for the current SFY to arrive at the increased allowable Medicaid cost.
 - The cost is then added to the cost per day to arrive at the hospital per diem rate.

Medicaid Outpatient Share of Assessment

- MHD continues to reimburse hospitals for the outpatient share of assessment.
 - The outpatient share of assessment is calculated by dividing the hospital's outpatient Medicaid fee-for-service (FFS) and managed care (MC) charges by the hospital's total FFS and MC charges to arrive at the hospital's Medicaid share of charges.
 - This percentage is then multiplied by the hospital's outpatient assessment.
 - This payment is paid out evenly over the 24 payroll cycles of the state fiscal year.

Fee-For-Service Acuity-Based and Stop-Loss Supplemental Payments

Acuity-Based Payment Calculation

- MHD calculated the case-mix index for each hospital. MHD used 2022 and 2023 data for SFY 2025.
- Acute care hospitals that have a CMI greater than the CMI threshold for its ownership group is eligible for an acuity-based payment.

Ownership Group	CMI Threshold	Stop-Gain Limit
Privately Owned	1.10	4%
Non-State Government Owned	0.50	2%
State-Owned*	N/A	N/A

*State-owned hospitals (including University of Missouri Health Care) will not have acuity and stop-loss payments, but instead will receive an upper payment limit payment.

Acuity-Based Payment Calculation

- Freestanding psychiatric hospitals, long-term acute care facilities, and freestanding rehabilitation hospitals do not qualify for an acuity-based payment. As a result, if their estimated rebased claims payments were less than the previous year's Medicaid payments, they received a stop-loss payment equal to the difference between the estimated SFY 2025 rebased payments and the hospital's previous Medicaid payments from SFY 2023.
- The preliminary Acuity-Adjustment Payment (AAP) is calculated by multiplying the hospital's MO HealthNet case mix index times the estimated Medicaid FFS claims payments for the coming SFY.
- If the hospital's estimated Medicaid FFS claims payments for the coming SFY plus the preliminary AAP exceeds the hospital's prior SFY 2023 Medicaid FFS payments received, increased by a stop-gain percentage, the preliminary AAP will be reduced so the estimated Medicaid FFS claims payments for the coming SFY plus the final AAP is equal to the stop-gain percent of the hospital's SFY 2023 Medicaid FFS payments received.

CMI Threshold and Stop-Gain Limit for SFY 2025

- A stop-gain provision was applied that will limit the amount of increase in payments a hospital can receive.
- Established thresholds and limits for FFS supplemental payment purposes were applied separately for each ownership group.

FFS Stop-Loss Supplement Payment Calculation

- MHD implemented a stop-loss payment to help minimize the financial impact on hospitals.
- The total stop-loss payments available within each ownership group were proportionally distributed to the qualifying hospitals within the group.
- MHD developed these payments to help minimize the financial impact of the revised payment methodology in SFY 2023. The payments will continue until the state transitions to DRGs.

MO HealthNet Estimated Days

Methodology

Description	Acute	Psych	Total
Calendar Year 2023 Total Actual Paid Fee-For- Service Days	6,700	45	6,745
+ Total FFS Expansion Days	<u>4,250</u>	<u>0</u>	<u>4,250</u>
Total Projected Medicaid Fee-For-Service Days	10,950	45	10,995
Calendar Year 2023 Total Actual Paid Medicaid Managed Care Days (Includes Expansion Days)	5,050	120	5,170

The above calculations can be found on the Formula pages, which are available on the FRA Website.

Psychiatric Adjustment

Psychiatric Adjustment

- The Missouri General Assembly again included in its budget \$25 million for hospital inpatient psychiatric payment adjustments. Since this payment now has approval from the Centers for Medicare & Medicaid Services, the payments will be made evenly over the 24 cycles in the state fiscal year.

Example

Fee-for-Service Psychiatric Days*	4,000	
Statewide FFS Psychiatric Days	\$ <u>90,000</u>	
Percent of FFS Psychiatric Days to Total FFS Psychiatric Days		4.444%
Total Psychiatric Adjustment	\$ <u>25,000,000</u>	
SFY 2025 Psychiatric Adjustment		\$ <u>1,111,111</u>

**The days are based on the January through December 2023 total actual paid fee-for-service psychiatric days.*

Disproportionate Share Hospital Payment Update

SFY 2020 DSH Audit

- The SFY 2020 audit results were submitted to CMS on December 31, 2023.
- A total of 22 hospitals have liabilities totaling \$66.1 million. Three of these facilities now are in bankruptcy.
- MHD issued recoupment notices to the hospitals with SFY 2020 DSH audit liabilities and plans to redistribute the funds to hospitals that have SFY 2020 DSH shortfalls in December 2024.
- MHA pooling transactions will mirror the timing of MHD's transactions.

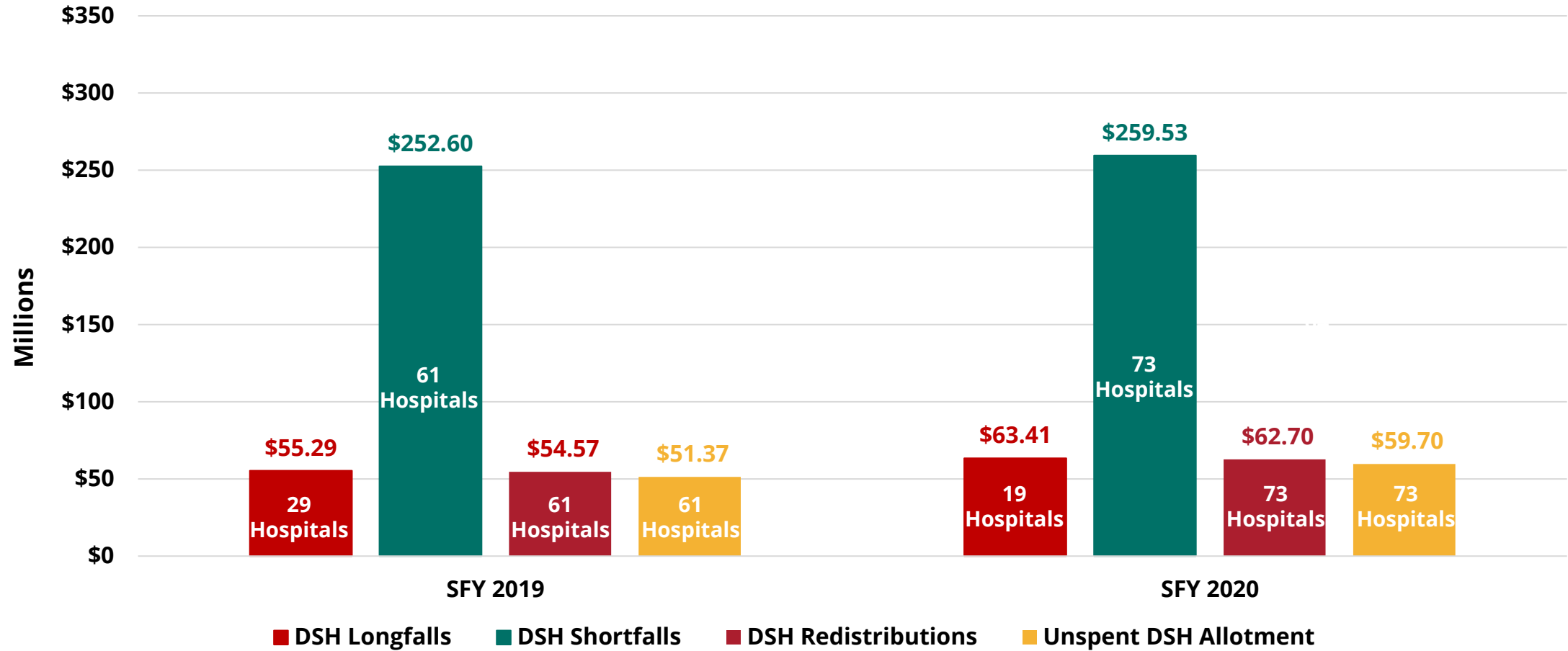
SFY 2020 DSH Audit

- The Revised SFY 2020 Schedule A forms reflecting the projected DSH adjustments will be posted.
- According to MHD's recent proposed amendment, SFY 2020 liabilities must be paid to the state by October 31, 2024. MHD uploaded invoices for those hospitals with 2020 DSH liabilities to the portal on May 15, 2024.
- Approximately \$59.7 million is available in unspent DSH allotment payments to 75 hospitals for SFY 2020. The payments likely will be made in June 2025.

SFY 2020 Unspent DSH Allotment

- The current SFY 2025 FRA Assessment rate of 4.2% will generate sufficient funds to process approximately \$60M in unspent DSH allotment payments for SFY 2020.
- These unspent DSH allotment payments are not subject to pooling.

DSH Longfalls and Shortfalls SFY 2019 and SFY 2020



SFY 2021 DSH Audit Settlement Update

- Meyers and Stauffer currently is completing the SFY 2021 draft independent DSH audit.
- A draft of the SFY 2021 audit is due to the state by September 30, 2024.
- The final audit is not due to the Centers for Medicare and Medicaid Services until December 31, 2024.

SFY 2025 Interim DSH Payment

- MHD has not adjusted for outpatient expansion or the \$20 million reduction from the outpatient simplified fee schedule.
- Hospitals are receiving 100% of their uncompensated care cost for SF Y 2025.

Graduate Medical Education Reimbursement Changes

GME Payment Methodology

- MHD is using the lower of the calculated Medicaid GME cost per resident for each hospital based on the 2022 cost report trended to 2025 or the maximum per resident amount of \$45,000.
- The uncapped FTE counts from the 2022 cost report are being used for SFY 2025.

Graduate Medical Education Calculation	
	Lower of the hospital's Medicaid GME cost per resident or \$45,000 cost per resident
x	Hospital's uncapped FTE count from Worksheet S-3
=	Graduate medical education payment

GME Payment Methodology

- If a hospital's GME payment was less than the previous year's GME payment, it was eligible for a GME stop-loss payment.
- The total GME stop-loss payments available were proportionally distributed to the qualifying hospitals regardless of ownership group.
- In the future, MHD likely will establish different per resident amounts for general resident and specialty practices. This would allow MHD to provide additional reimbursement for defined specialty practices.
- GME payments are processed on a quarterly basis.

MSC Pooling Arrangement

MSC Pooling Arrangement

- The pooling methodology approved by the FRA Policy Committee and MSC Board of Directors allows pool recipients to retain 30% of their payments.
 - The estimated payments that will be made by MHD and the three managed care plans to the hospital are totaled. (Only GME payments are excluded).
 - The assessment and fees are subtracted to obtain a net payment.
 - The net payment is divided by the hospital's total projected payments to arrive at the percentage of payment retained by each hospital.

MSC Pooling Arrangement

- If the percentage retained falls below the 30% minimum, the hospital is considered a pool recipient and will receive a payment from the pool that ensures the recipient retains 30% of its payments.
- If the percentage of payments retained is greater than the 30% minimum percentage, the hospital is considered a pool contributor. The hospital's net payment is divided by the total net payments for all pool contributors to determine each hospital's proportional share of the total.
- This percentage is applied to the pool need to arrive at each hospital's pool contribution.

Revised Schedule A Calculator Worksheet

State Fiscal Year 2025 (July 2024 – June 2025)

EXAMPLE AT RIGHT

[View your hospital-specific forms.](#)
(A password is required. [Email Kathy LaFarge](#)
or call 573/893-3700, ext.1344.)

Formula Packet

Rebased Per Diem

- Fee-For-Service Acuity-Based and Stop-Loss Supplemental Payments
- Interim Disproportionate Share (Uninsured) Payment
- Projected Medicaid Days Calculation
- Medicaid Fee-For-Service Payments Used for the Acuity & Stop-Loss Supplemental Payment Calculation
- Inpatient Calculation of Assessment
- Fee-For-Service Outpatient Calculation of Assessment
- Calculation of FRA-Funded Inpatient Claims Payments
- Calculation of FRA-Funded Outpatient Claims Payments
- Additional Case Mix Methodology Information

Calculation of Per Diem

Calculation of Projected Days

[View a sample of the MSC FRA payroll report.](#)

	Inpatient	Outpatient	Total
Fee-For-Service Payments Used For Pooling:			
+ Acuity-Based Supplemental Add-On Payment	10,000	150,000	160,000
+ Stop-Loss Supplemental Add-On Payment	-	-	-
+ Psychiatric Adjustment	150	1,200	1,350
+ Interim Disproportionate Share Hospital (Uninsured) Add-On Payment	400,000	4,000,000	4,400,000
+ FRA-Funded FFS Claims Payments	2,100,000	1,200,000	3,300,000
+ FRA-Funded FFS Claims Paid Through Hospital Care Approp.*	98,000	2,050,000	2,148,000
Medicaid Managed Care Payments Used for Pooling:			
+ 100% of Previous MC FMP Now Paid Through Claims*	230,000	1,300,000	1,530,000
+ FRA-Funded MC Claims Payments*	300,500	1,250,000	1,550,500
General Revenue-Funded Payments Used for Pooling:			
+ Fee-For-Service Claims Payments*	30,000	1,000,000	1,030,000
+ Medicaid Managed Care Claims Payments*	400,000	200,000	600,000
= Net Payment Prior to Pool	3,568,650	11,401,200	14,969,850
FRA Assessment and Fees:			
- FRA Assessment	(584,000)	(4,150,000)	(4,734,000)
- One Percent (1%) Uninsured Increase	(4,000)	(40,000)	(44,000)
- Administrative Fee	(6,176)	(19,000)	(25,176)
= Net Payment Prior to Pool	4,162,826	15,610,200	19,773,026
	Net Payment As a Percentage of Total Payments	116.65%	136.92%
MSC Pooling and B1/B2 Adjustments:			
- NFRA Loss	-	-	-
+ Payment from Pool	-	-	-
- Amount to Withhold for Pool	(19,246)	(250,154)	(269,400)
= Net After Pool	4,143,580	15,360,046	19,503,626
+ B1/B2 Adjustment	(5,000)	-	(5,000)
= Net After Pool and B1/B2 Adjustment	4,138,580	15,360,046	19,498,626
Additional Benefit of FRA Program (Payments Not Used for Pooling):			
+ Per Resident GME Add-On Payment	-	-	-
+ GME Stop-Loss Payment	-	-	-
= Total SFY 2024 Benefit to Hospital	4,138,580	15,360,046	19,498,626

* The amounts reflected above have been obtained from the MO HealthNet Division's SFY 2022 Safeguard Report. The above pooling amount reflects the change in methodology adopted by the FRA Policy Committee and the MSC Board of Directors, effective June 28, 2023.

MSC Pooling Arrangement

- The Schedule A form is prepared to assist with the MSC pooling calculations. MSC staff used MHD's SFY 2023 Safeguard Report to estimate the majority of the claims payments for SFY 2025 (as noted on the bottom of the Schedule A form). If you intend to use the Schedule A form to project all payments for SFY 2025, please replace the claims payment amounts on your Schedule A with your own estimates using your rebased per diem rates times your projected days. Be sure to consider your negotiated rates for the managed care claims payments.

Access to the FRA Website

- You can access your hospital-specific forms, the MHA Management Services Corporation pooling policies and procedures, and the FRA Tutorial by visiting the following website:

<https://www.mhanet.com/docshare>

- Enter Username and Password
- Click on Download
- Click on FRA for Hospital-Specific Forms
- Click on Info for Explanation of SFY 2025 Terms and the FRA Tutorial
- For assistance contact klafarge@mhanet.com

Transition to DRGs -Diagnosis Related Groups

MO HealthNet Division Rationale

- MHD plans to transition to APR DRG-based payments, effective July 1, 2025.
- MHD has not yet provided information regarding the transition to DRGs; however, it has indicated MHA and its members will be included in discussions moving forward.

Discussion of Provider-Based Rural Health Clinic Payments

Provider-Based Rural Health Clinic Payment Methodology

- Provider-based rural health clinics (PBRHC) shall be reimbursed for covered services furnished to eligible Missouri Medicaid participants under a prospective payment system (PPS) pursuant to section 702 of the Medicare, Medicaid, and CHIP Benefits Improvement and Protection Act of 2000 (BIPA 2000).
- An alternative prospective payment system (APPS) will also be determined for each PBRHC. A PBRHC will be reimbursed the greater of the PPS rate or the APPS rate.
- Effective for dates of service beginning January 1, 2025, PBRHCs will be paid a per visit rate. The per visit rate will be greater of the PPS rate as calculated in IV. A. or the APPS rate as calculated in IV. B.
- If you have not yet seen the draft State Plan Amendment or the FAQs, copies are available.

Provider-Based Rural Health Clinic FAQs

- Will the claims payment be limited to the charges?
 - The MO HealthNet Division (MHD) will not limit the payment to charges.
- Will the Managed Care companies be required to pay the Fee-For-Service (FFS) rate and not limit the payment to charges?
 - The managed care contract will state that the managed care companies will have to pay at least the FFS rate.
- Will the Medicare productivity limits be applied?
 - MHD will not be applying the Medicare productivity limits.

Provider-Based Rural Health Clinic FAQs

- Will the PBRHCs be required to be split out on the cost report?
 - MHD will require the PBRHCs to be split out on the cost report and the M series worksheets completed for each PBRHC.
- How will the rate be calculated for PBRHCs who opened after 2000 be calculated?
 - MHD will calculate the rate as outlined in the state regulation and State Plan Amendment (SPA)
- Will the cost of vaccine administration be included in the cost?
 - Yes.

Missouri Medicaid “Unwinding”

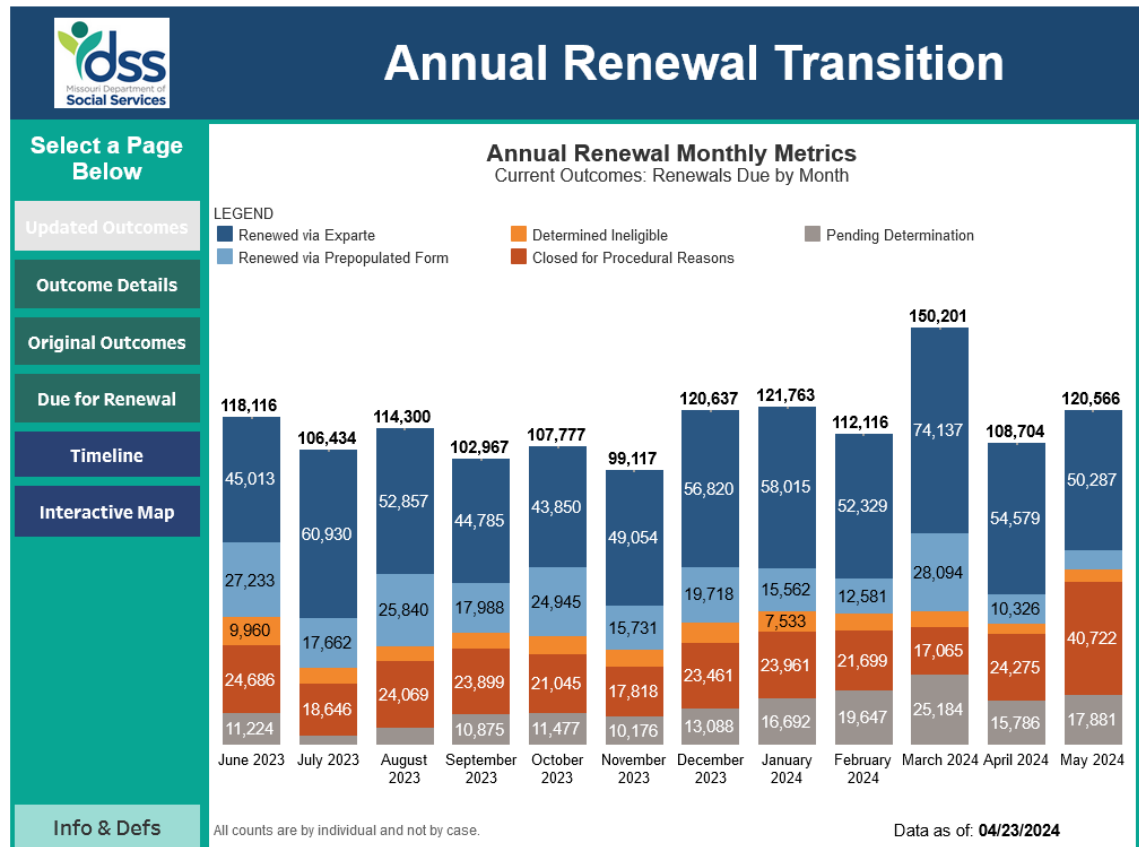
Medicaid “Unwinding”: Eligibility Reverification Post-COVID PHE

- The Consolidated Appropriations Act of 2023 ended continuous Medicaid eligibility during the COVID-19 public health emergency (PHE) in March 2023.
 - During the COVID-19 PHE, individuals could only be removed from Medicaid coverage if they died, moved to another state or became incarcerated.
- States had until June 30, 2024, to reverify the eligibility of ALL Medicaid participants.
- Missouri’s first cohort of unwinding reviews was completed in June 2023 and the final cohort was completed in May 2024.
 - About 151,000 individuals are still pending final determination according to DSS reports.
- The state is obliged try to verify eligibility “*ex parte*” using information in its possession before asking the participant to submit paperwork
- Individuals disenrolled have 90 days to from their coverage termination date to reenroll with no gap in coverage. “Churning” is expected.

Medicaid “Unwinding”: Missouri Progress and Performance

- DSS’s dashboard reports the state’s unwinding progress and outcomes.
- Missouri’s unwinding outcomes (approval and termination rates, case closures, total caseload reduction) are slightly better than average compared to other states.
- Missouri’s *ex parte* processing rate is good.
- Application processing times slowed during the unwinding to levels above federal standards but are now improving; CMS corrective action pending.
- Missouri’s call center performance is very poor.
- The total Medicaid caseload is projected to fall by about 250,000 because of the unwinding. The caseload has fallen 198,000 through April 2024.
- Those not eligible for MO HealthNet coverage will qualify for highly subsidized marketplace coverage.
- Marketplace enrollment is at record high.

2023	257,629
2024	359,369 + 39.5%

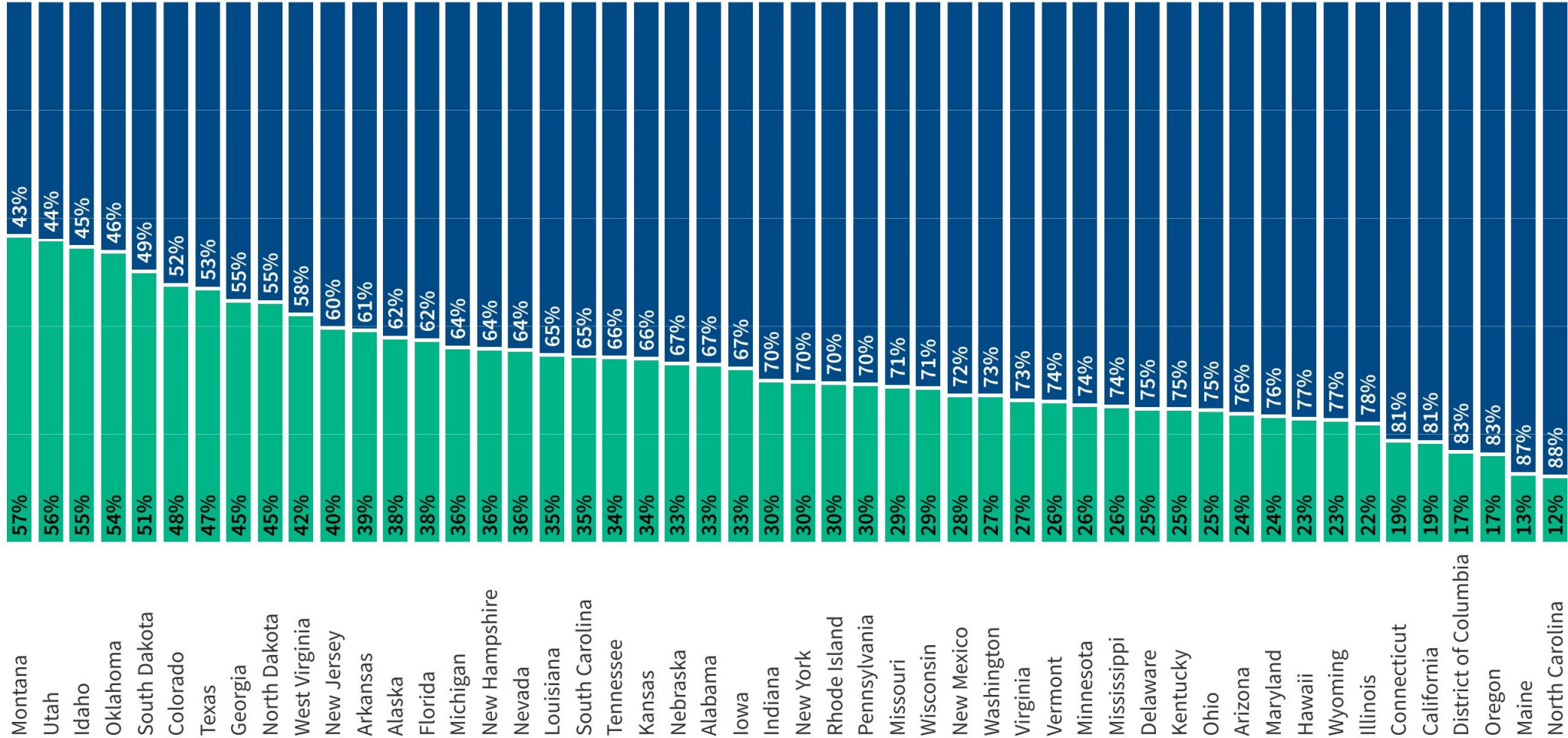


Unwinding Rates of Renewal and Disenrollment (July 2024)

■ Disenrollment Rate ■ Renewal Rate

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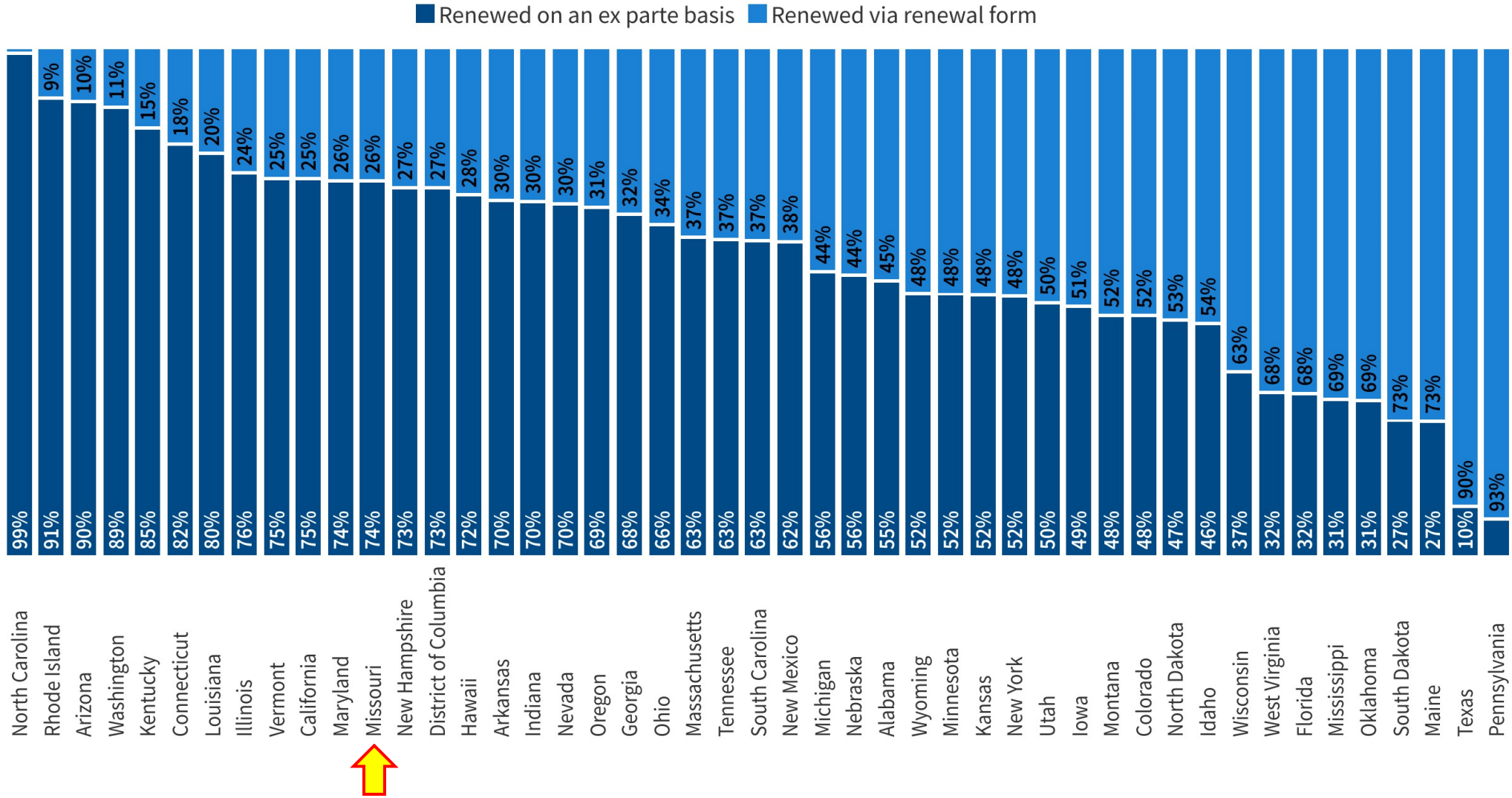


Source: <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>

Unwinding Rates of Approval Ex Parte & By Renewal Form (July 2024)

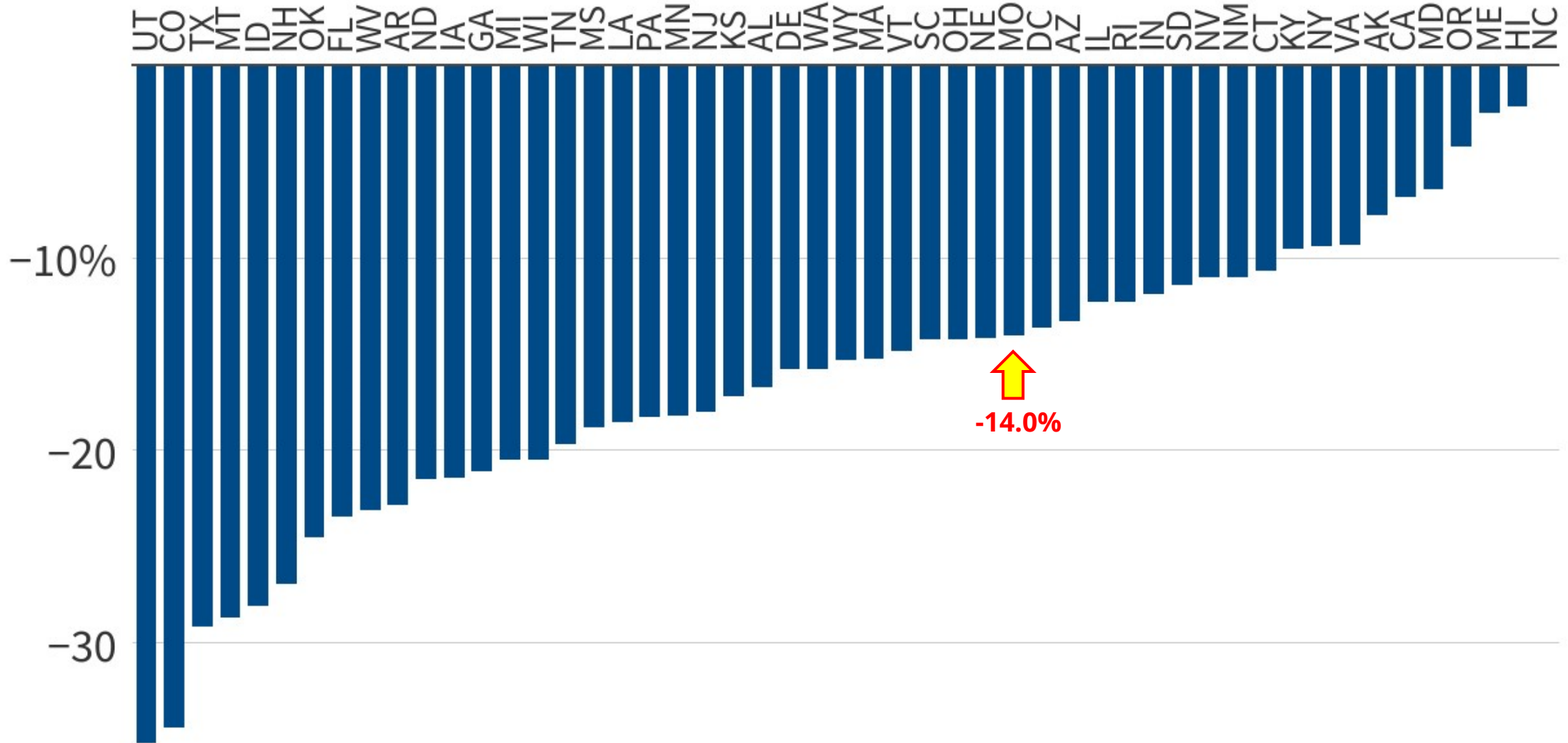
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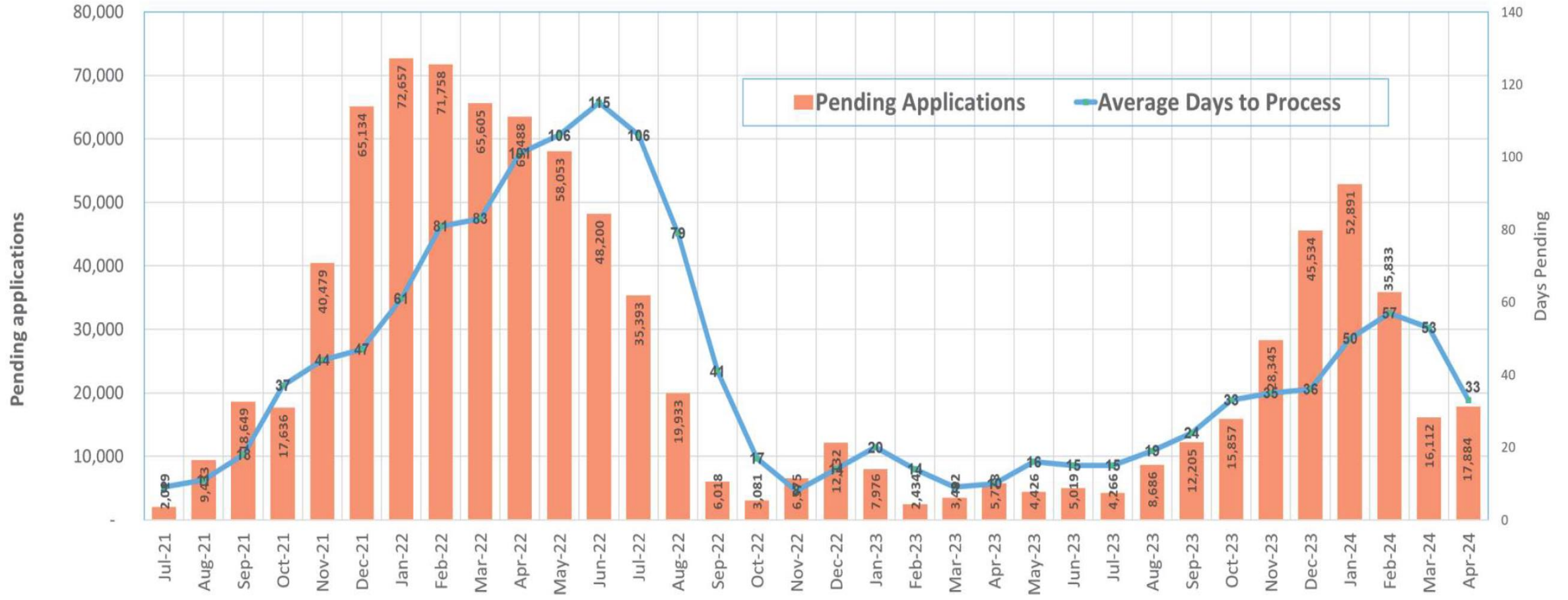
Source: <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>

Net Change In Medicaid Caseload During Unwinding (July 2024)



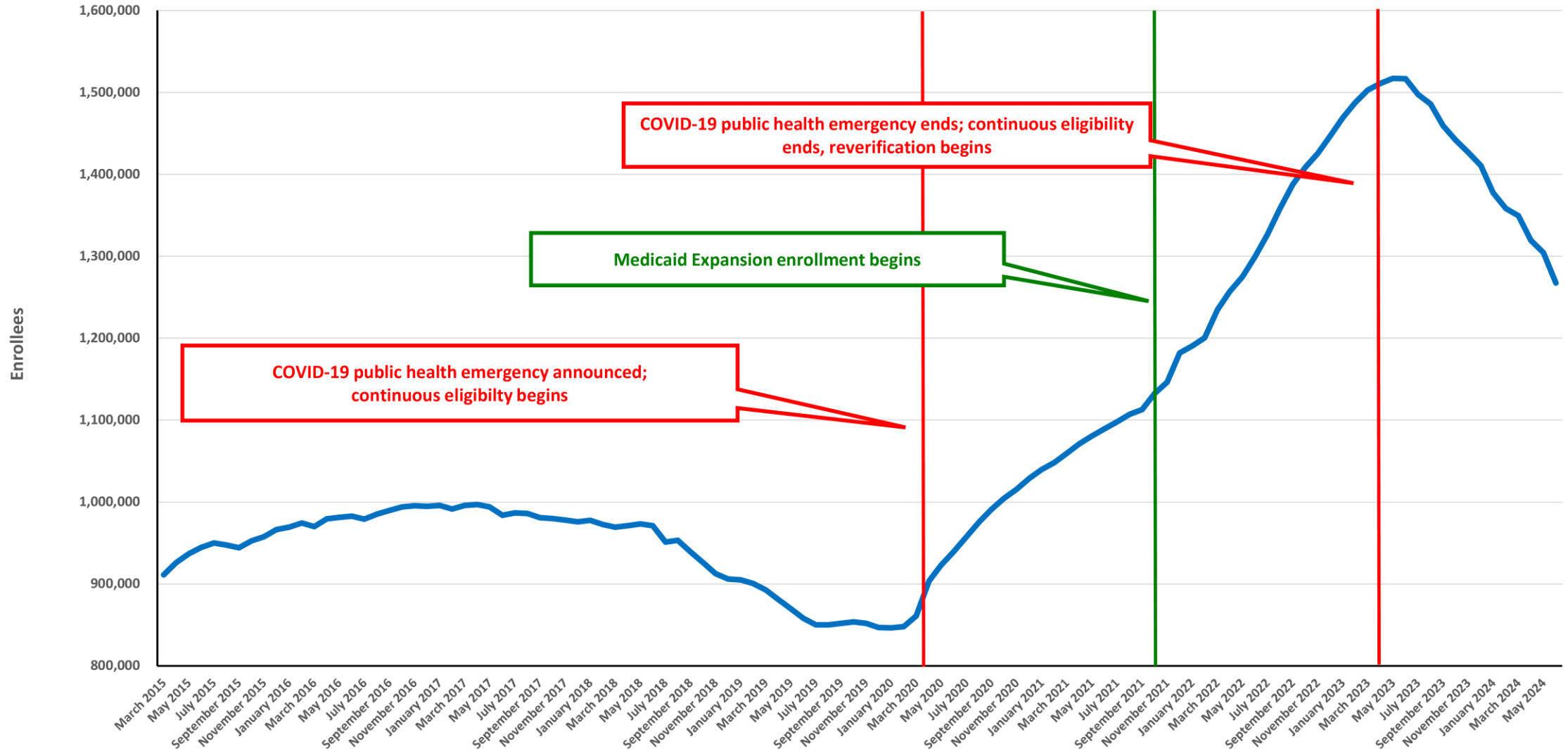
Source: <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>

MO Medicaid MAGI Pending Application and Processing Times



Source: Tim McBride, Center for Advancing Health Services, Policy and Economics Research

Missouri Medicaid Caseload March 2015 - June 2024



Missouri Medicaid - Two-year Caseload History

	TOTAL			Disabled			Elders			Parents			Kids			Pregnant Women			Expansion Adults		
	Caseload	Change	% Change Prior Month	Caseload	Change	% Change Prior Month	Caseload	Change	% Change Prior Month	Caseload	Change	% Change Prior Month	Caseload	Change	% Change Prior Month	Caseload	Change	% Change Prior Month	Caseload	Change	% Change Prior Month
July 2022	1,326,458	27,286	2.10%	175,174	(85)	(0.05%)	92,217	478	0.52%	109,865	7,526	7.35%	700,447	4,523	0.65%	38,945	1,606	4.30%	209,810	13,238	6.73%
August 2022	1,358,275	31,817	2.40%	175,171	(3)	(0.00%)	92,814	597	0.65%	111,731	1,866	1.70%	703,503	3,056	0.44%	34,407	(4,538)	(11.65%)	240,649	30,839	14.70%
September 2022	1,387,701	29,426	2.17%	175,052	(119)	(0.07%)	93,253	439	0.47%	114,007	2,276	2.04%	711,767	8,264	1.17%	33,490	(917)	(2.67%)	260,132	19,483	8.10%
October 2022	1,407,961	20,260	1.46%	174,857	(195)	(0.11%)	93,649	396	0.42%	115,808	1,801	1.58%	716,126	4,359	0.61%	33,357	(133)	(0.40%)	274,164	14,032	5.39%
November 2022	1,425,543	17,582	1.25%	174,581	(276)	(0.16%)	93,997	348	0.37%	116,700	892	0.77%	720,984	4,858	0.68%	34,660	1,303	3.91%	284,621	10,457	3.81%
December 2022	1,446,914	21,371	1.50%	174,203	(378)	(0.22%)	94,327	330	0.35%	117,724	1,024	0.88%	724,577	3,593	0.50%	34,557	(103)	(0.30%)	301,526	16,905	5.94%
January 2023	1,468,865	21,951	1.52%	173,739	(464)	(0.27%)	94,568	241	0.26%	118,663	939	0.80%	734,267	9,690	1.34%	35,819	1,262	3.65%	311,809	10,283	3.41%
February 2023	1,487,508	18,643	1.27%	173,446	(293)	(0.17%)	94,870	302	0.32%	119,996	1,333	1.12%	736,902	2,635	0.36%	34,560	(1,259)	(3.51%)	327,734	15,925	5.11%
March 2023	1,502,793	15,285	1.03%	172,965	(481)	(0.28%)	95,408	538	0.57%	121,242	1,246	1.04%	742,803	5,901	0.80%	36,431	1,871	5.41%	333,944	6,210	1.89%
April 2023	1,510,892	8,099	0.54%	172,747	(218)	(0.13%)	95,690	282	0.30%	121,854	612	0.50%	742,614	(189)	(0.03%)	35,387	(1,044)	(2.87%)	342,600	8,656	2.59%
May 2023	1,517,170	6,278	0.42%	172,107	(640)	(0.37%)	96,005	315	0.33%	121,777	(77)	(0.06%)	742,106	(508)	(0.07%)	33,326	(2,061)	(5.82%)	351,849	9,249	2.70%
June 2023	1,516,691	(479)	(0.03%)	170,181	(1,926)	(1.12%)	96,008	3	0.00%	120,971	(806)	(0.66%)	742,095	(11)	(0.00%)	33,249	(77)	(0.23%)	354,187	2,338	0.66%
July 2023	1,497,282	(19,409)	(1.28%)	167,447	(2,734)	(1.61%)	95,667	(341)	(0.36%)	118,892	(2,079)	(1.72%)	731,220	(10,875)	(1.47%)	33,261	12	0.04%	350,795	(3,392)	(0.96%)
August 2023	1,486,027	(11,255)	(0.75%)	164,733	(2,714)	(1.62%)	95,383	(284)	(0.30%)	117,445	(1,447)	(1.22%)	724,917	(6,303)	(0.86%)	33,616	355	1.07%	349,933	(862)	(0.25%)
September 2023	1,459,399	(26,628)	(1.79%)	161,748	(2,985)	(1.81%)	95,021	(362)	(0.38%)	113,800	(3,645)	(3.10%)	712,650	(12,267)	(1.69%)	33,012	(604)	(1.80%)	343,168	(6,765)	(1.93%)
October 2023	1,441,791	(17,608)	(1.21%)	159,146	(2,602)	(1.61%)	95,098	77	0.08%	111,165	(2,635)	(2.32%)	703,833	(8,817)	(1.24%)	32,706	(306)	(0.93%)	339,843	(3,325)	(0.97%)
November 2023	1,426,712	(15,079)	(1.05%)	156,728	(2,418)	(1.52%)	94,965	(133)	(0.14%)	108,995	(2,170)	(1.95%)	696,286	(7,547)	(1.07%)	32,136	(570)	(1.74%)	337,602	(2,241)	(0.66%)
December 2023	1,410,338	(16,374)	(1.15%)	154,113	(2,615)	(1.67%)	94,859	(106)	(0.11%)	106,573	(2,422)	(2.22%)	688,422	(7,864)	(1.13%)	31,385	(751)	(2.34%)	334,986	(2,616)	(0.77%)
January 2024	1,377,411	(32,927)	(2.33%)	151,130	(2,983)	(1.94%)	94,631	(228)	(0.24%)	102,714	(3,859)	(3.62%)	669,616	(18,806)	(2.73%)	28,474	(2,911)	(9.28%)	330,846	(4,140)	(1.24%)
February 2024	1,358,178	(19,233)	(1.40%)	148,517	(2,613)	(1.73%)	94,537	(94)	(0.10%)	99,578	(3,136)	(3.05%)	656,085	(13,531)	(2.02%)	28,069	(405)	(1.42%)	331,392	546	0.17%
March 2024	1,349,495	(8,683)	(0.64%)	146,039	(2,478)	(1.67%)	94,620	83	0.09%	97,925	(1,653)	(1.66%)	646,564	(9,521)	(1.45%)	27,654	(415)	(1.48%)	336,693	5,301	1.60%
April 2024	1,319,166	(30,329)	(2.25%)	139,375	(6,664)	(4.56%)	93,846	(774)	(0.82%)	93,194	(4,731)	(4.83%)	631,157	(15,407)	(2.38%)	27,793	139	0.50%	333,801	(2,892)	(0.86%)
May 2024	1,304,448	(14,718)	(1.12%)	136,849	(2,526)	(1.81%)	94,694	848	0.90%	89,027	(4,167)	(4.47%)	622,426	(8,731)	(1.38%)	28,614	821	2.95%	332,838	(963)	(0.29%)
June 2024	1,267,482	(36,966)	(2.83%)	127,812	(9,037)	(6.60%)	91,622	(3,072)	(3.24%)	84,260	(4,767)	(5.35%)	605,324	(17,102)	(2.75%)	31,549	2,935	10.26%	326,915	(5,923)	(1.78%)
1 Year Change	(229,800)	(15.3%)		(39,635)	(23.7%)		(4,045)	(4.2%)		(34,632)	(29.1%)		(125,896)	(17.2%)		(1,712)	(5.1%)		(23,880)	(6.8%)	
2 Year Change	(58,976)	2.3%		(47,362)	(22.0%)		(595)	3.7%		(25,605)	(11.0%)		(95,123)	(9.8%)		(7,396)	(20.4%)		117,105	83.3%	
Reverification Reduction	(249,688)	(16.5%)		(44,295)	(2.9%)		(4,383)	(0.3%)		(37,517)	(2.5%)		(136,782)	(9.0%)		(1,777)	(0.1%)		(24,934)	(1.6%)	