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Medicaid Coverage of Missouri Children

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MO HealthNet, Missouri's Medicaid program, is a major source of health insurance for Missouri children in the state, covering more than one-third of Missouri children. Recent enrollment trends suggest that children's coverage is influenced not only by eligibility for the program but also by administrative processes that influence how easily families can enroll and stay enrolled during eligibility and renewal checks. This brief summarizes MO HealthNet coverage among Missouri children, describes the characteristics of children enrolled in MO HealthNet, examines trends in child enrollment over time in relation to Medicaid policy changes, and discusses implications for state policy.

DATA AND METHODS

We used the American Community Survey[1] for descriptive characteristics of enrollees and the Missouri Department of Social Services (DSS) Caseload Counter[2] for trend analyses. Further details of data sources, definitions, and methods used in our analyses can be found in Appendix 1.

RESULTS

Percentage of children enrolled in MO HealthNet vs. the United States (Table 1)

As of 2024, 93.5% of Missouri children had health insurance coverage. Of Missouri children overall, 34.5% were covered by public insurance and 63.9% by private insurance. Nationally, the percentage of children covered by public insurance was slightly higher at 37.9%. Among children with public coverage, nearly all were covered by Medicaid in both Missouri and the United States.

Table 1. Rates of insurance coverage in Missouri children compared to U.S. children under 19 years old in 2024.

	Missouri	United States
Uninsured	**6.5%**	**6.0%**
Public	**34.5%**	**37.9%**
Medicaid	34.1%	37.5%
Medicare	0.5%	0.1%
Veterans Affairs	0.2%	0.3%
Private	**63.9%**	**61.3%**
Employer-based	55.7%	52.6%
Direct-purchase	7.7%	8.4%
TRICARE	2.7%	2.7%

NOTES: Individuals may hold more than one form of primary health insurance; thus, the totals may add to more than 100 percent. TRICARE is the health insurance program for the U.S. military and their families, managed by the Pentagon's Defense Health Agency; the Census Bureau classifies TRICARE as private coverage because it is employer-based. The Veterans Affairs coverage refers to the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), a comprehensive health care program provided for spouses, dependents, or survivors of Veterans who meet certain service-connected disability requirements.

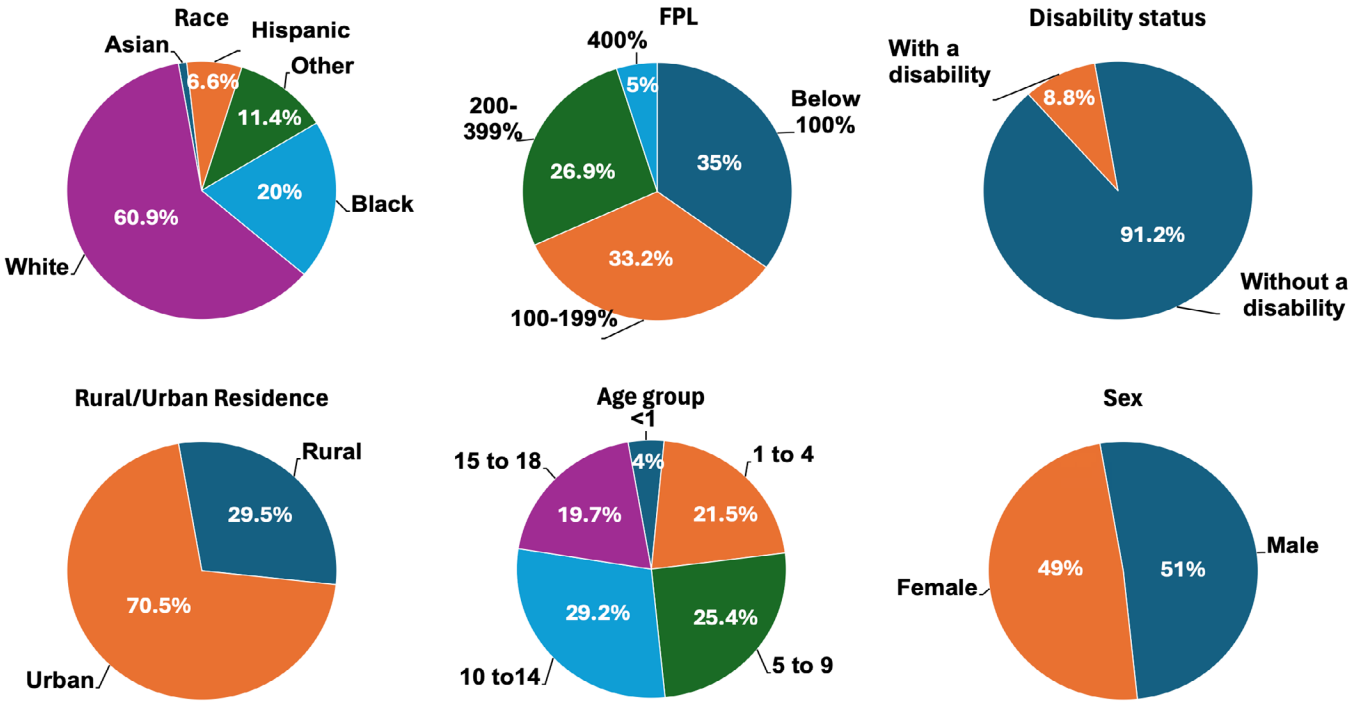
KEY FINDINGS

- More than one-third (34.1%) of Missouri children rely on MO HealthNet for their health insurance coverage.
- Missouri children are slightly less likely than U.S. children overall (37.5% vs. 34.1%) to have Medicaid as their insurance coverage.
- The percentage of children covered by MO HealthNet varies across counties with some of the highest rates in St. Louis City and Southern Missouri counties.
- The majority of children enrolled in MO HealthNet are White (61%) and reside in urban areas (70.5%).
- However, MO HealthNet covers a larger share of children living in rural areas and children from racial and ethnic minority groups.
- Enrollment in MO HealthNet has increased when policies supporting continuous Medicaid coverage have been in place and declined when administrative barriers to enrollment or renewal have increased.
- A decline of nearly 24,000 children covered by MO HealthNet in 2026 compared with 2025 raises concerns that eligible children may be losing coverage.
- Coverage disruptions may be especially harmful for children with disabilities, children in foster care, children with complex medical needs, and families facing housing, transportation, or language barriers.
- Upcoming changes to MO HealthNet eligibility and verification checks may further destabilize coverage in children.

Geographic distribution of child Medicaid enrollment

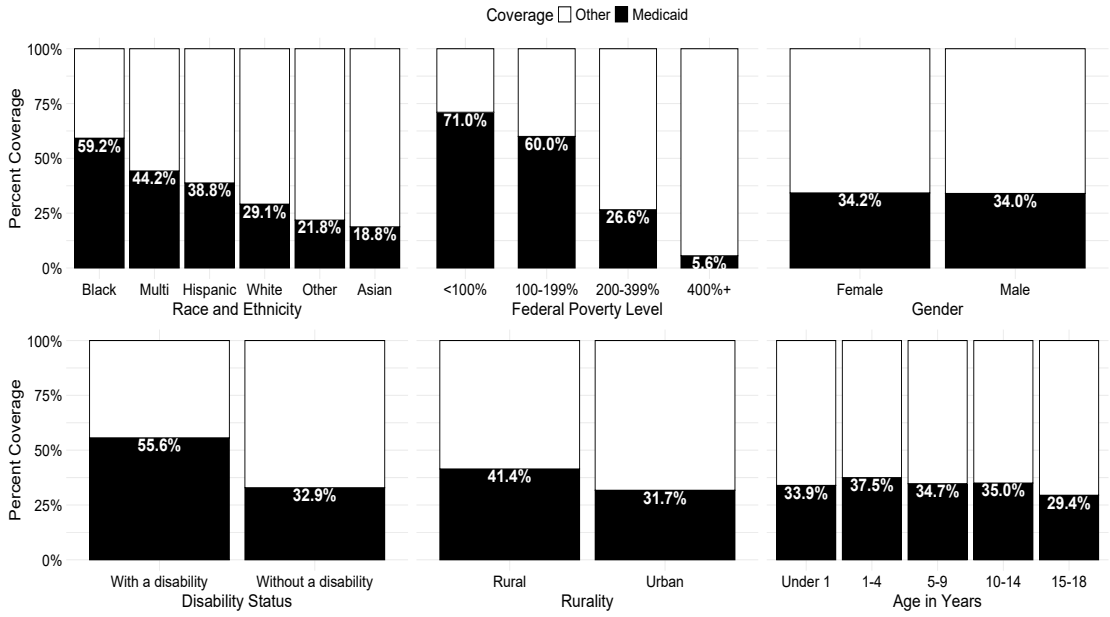
Enrollment of children on Medicaid varies considerably across the state, similar to variations found in overall Medicaid enrollment.[3] In general, Medicaid enrollment rates (as a percentage of the population) are highest in the southern part of the state, and lowest in the middle corridor of the state; and higher in rural areas, and lowest in suburban areas.

Characteristics of children covered by MO HealthNet (Figure 1)



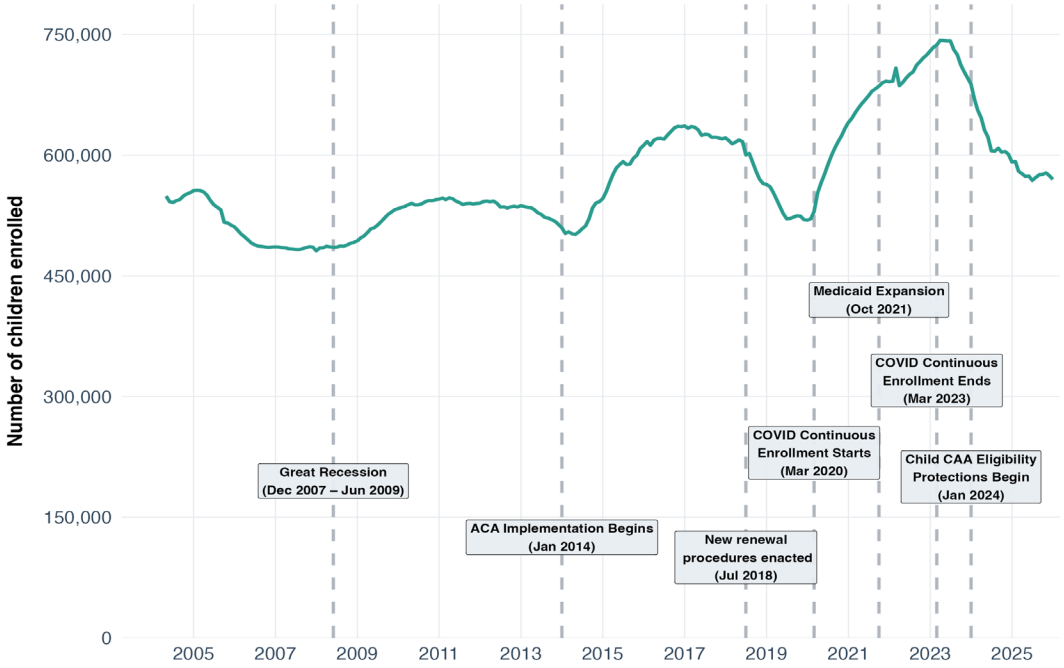
The majority of children enrolled in MO HealthNet are White (60.9%), have family incomes below 200% of the Federal Poverty Limit (FPL) (68.2%), do not have a disability (91.2%), and live in an urban area (70.5%). The percentage of children covered by MO HealthNet increases with age until older adolescence.

MO HealthNet enrollment rates within population subgroups (Figure 2)



A higher percentage of children reported as Black, Multi-racial (Multi), and Hispanic children are covered by MO HealthNet than children reported as White or Asian. By FPL, children whose family incomes fall below 100% of the FPL are more likely to be covered by MO HealthNet than children from families with higher incomes. FPL eligibility levels are detailed in **Appendix 2**. Children with a disability and those living in rural areas are more likely to be covered by MO HealthNet than those without a disability and those living in an urban area. Children aged 1-4 years old are more likely to be covered by MO HealthNet than other age groups. There is no material difference between male and female children in the likelihood of being covered by MO Healthnet.

Trends in MO HealthNet enrollment in Missouri children, 2024 (Figure 3)



Prior to 2014. Enrollment increased during and immediately after the Great Recession, which began in 2008, when many families experienced job loss and declining income, making more children eligible for Medicaid coverage.[4–6] During this period, the federal government temporarily increased the Medicaid matching rate through the American Recovery and Reinvestment Act of 2009 that required states receiving these funds to maintain Medicaid eligibility thresholds at July 2008 levels.[7] Together, these changes contributed to growth in child enrollment, which peaked at 546,731 children in February 2011. Enrollment then declined modestly after the enhanced federal funding ended in June 2011.[8]

2014 to 2017. Child enrollment again increased following the implementation of the Patient Protection and Affordable Care Act (ACA) in 2014.[9] Although Missouri did not initially expand Medicaid, the ACA improved eligibility and enrollment systems and increased awareness of public coverage, producing a "welcome mat" effect in which more eligible children enrolled in MO HealthNet.[7-10,11] Child enrollment increased from approximately 502,597 in February 2014 to more than 636,279 by January 2017.

2017 to 2020. Enrollment declined between 2017 and early 2020, likely reflecting changes to renewal and recertification procedures that increased administrative barriers to maintaining coverage.[12] Missouri implemented a series of administrative changes, including more frequent requests for documentation and additional procedural requirements, which may have contributed to eligible children losing coverage during the reenrollment process.

2020 to 2023. Enrollment rose sharply again beginning in March 2020, when the federal government enacted continuous Medicaid coverage requirements under the Families First Coronavirus Response Act.[13] Under this policy, states were generally prohibited from disenrolling Medicaid beneficiaries during

the COVID-19 public health emergency in exchange for enhanced federal funding. Missouri child enrollment increased from approximately 519,157 in early 2020 to nearly 734,267 by early 2023. Missouri's Medicaid expansion for adults in October 2021 may also have contributed to additional enrollment among children through another welcome mat effect.

2023 to 2026. When the federal continuous coverage requirement authorized by the Families First Coronavirus Response Act ended, child enrollment declined substantially as Missouri resumed renewals and eligibility redeterminations during the "unwinding" period. The Consolidated Appropriations Act (CAA) of 2023[14] required 12-month continuous eligibility for enrolled children beginning January 2024. Importantly, this protection did not restore coverage for children already disenrolled during the unwinding period. Many children may have lost coverage because families did not complete paperwork or were unable to navigate the recertification process, even if the children remained eligible. By 2025, child enrollment fell to approximately 592,002. Recent data (February 2026) indicate that enrollment continued to decline into 2026, dropping by nearly 24,000 children (4%) despite little change in overall Medicaid enrollment or child eligibility criteria.[15] This pattern suggests that administrative barriers, rather than changes in eligibility, may be an important driver of recent losses in coverage.

INTERPRETATION AND IMPLICATIONS OF THE FINDINGS

MO HealthNet is a major source of coverage for Missouri children, covering over one-third of the state's children. The findings suggest that enrollment is influenced not only by eligibility rules (**Appendix 2**), but also by how easy it is for families to enroll and renew coverage (**Appendix 3**). Enrollment rose when the COVID continuous enrollment policy was enacted and fell when administrative barriers and checks increased, raising concern that recent declines reflect procedural disenrollment (disenrollment not due to loss of eligibility) rather than reduced need. It was reported in 2024 that "around three-quarters of denied renewals are due to what are called procedural reasons".[16] Coverage losses may be especially harmful for children with disabilities, children in foster care, children with complex medical needs, and families facing economic or logistical barriers. Although 12-month annual continuous eligibility is an important protection for children that has been implemented[14], broader policy changes, such as work requirements and bi-annual eligibility checks that are expected to take effect in 2027[17], may further destabilize family coverage (**Appendix 4**). Stable coverage is essential for preventive care, behavioral health, specialty care, and treatment of chronic and serious illness.

LIMITATIONS AND NEXT STEPS

This brief is descriptive and cannot determine the exact reasons children gained or lost coverage. Recent declines may reflect changes in eligibility, movement to other insurance, or procedural disenrollment. ACS estimates also provide only a cross-sectional snapshot and do not capture short-term gaps in coverage. In addition, this brief does not directly assess healthcare access or health outcomes. Future work should examine whether recent disenrollment is largely procedural and whether coverage losses are affecting preventive care, behavioral health care, and the management of chronic or serious pediatric conditions.

CONCLUSIONS

MO HealthNet is a critical source of health insurance for Missouri children. Recent trends suggest that child coverage expands when policies support continuity and contracts when administrative barriers increase. The decline in enrollment during the unwinding period raises concern that eligible children may be losing coverage for procedural reasons. Simplifying renewals, reducing paperwork-related disenrollment, improving communication with families, and reducing or eliminating Children's Health Insurance Program (CHIP) premiums (**Appendix 2**) could help families maintain healthcare access for eligible children. Ensuring that eligible children remain covered is an important investment in the health of Missouri's children.

APPENDICES

Appendix 1

Data sources

DSS enrollment data. Monthly administrative enrollment data were obtained from the Missouri Department of Social Services (DSS) Caseload Counter[2], which reports counts of MO HealthNet enrollees on the last day of each month. Data were sourced from the Family Support Division and MO HealthNet Division Monthly Management Report[2], which has included monthly enrollment counts by eligibility category since 2004. For this analysis, Children (MO HealthNet for Families-Child, Foster Care, Child Welfare, MO HealthNet for Kids Title XIX, MO HealthNet for Kids (CHIP), and related categories[2]) were examined over time. Total MO HealthNet enrollment was calculated as the sum of enrollees in these groups. Data were downloaded and analyzed using RStudio version 4.5.2. Monthly enrollment trends were examined from January 2008 through February 2026 to capture major changes to Medicaid policy, including the time before the Affordable Care Act Implementation in 2021 in Missouri, the COVID-19 pandemic continuous enrollment period, the unwinding, Missouri Medicaid expansion, the post-unwinding recovery, and recent trends in child enrollment.

American Community Survey (ACS).[1] Insurance data: In this brief, we cross-tabulated data from the U.S. Census Bureau's 2025 release of American Community Survey (ACS) Public Use Microdata Sample (PUMS)[18] for the analysis of insurance coverage, socioeconomic employment, and health characteristics in 2024. U.S. health insurance coverage rates were obtained from the U.S. Census Bureau's 2025 release of ACS Tables for Health Insurance Coverage.[19] The 2023 Rural-Urban Continuum Codes were used to identify urban and rural counties, cross-walked to the Census Bureau's 2020 Public Use Microdata Area population estimates and geography.[20] Geographic estimates were built using the 2020–2024 ACS 5-year estimates (Table B27003: Public Coverage by Sex by Age), which provided county-level counts of children under 19 with public health insurance coverage and total child population estimates for all 115 Missouri counties. County-level child population estimates (children under 19) were extracted from the 2020–2024 ACS 5-year estimates (Table B27003). Enrollment rates reflect the 2020–2024 period and include years of elevated enrollment during the COVID-19 continuous coverage requirement (not shown). As a result, rates may overstate current enrollment levels compared to post-unwinding administrative data.

Appendix 2

MO HealthNet eligibility for children. MO HealthNet is jointly funded by the State of Missouri and the U.S. federal government. Children are eligible for MO HealthNet if they are <19 years old, live in Missouri, are U.S. Citizens or a qualified non-citizen, and live in a household that meets annual income eligibility. In Missouri, children qualify for MO HealthNet if their family's income is less than 300% of the federal poverty level (FPL), which varies by family size. They may qualify under a combination of two programs: 1) Medicaid, or 2) the Children's Health Insurance Program (CHIP).[21] For Medicaid, for infants under one year, the household must have a maximum income that is no greater than 196% of the FPL. For children aged 1 to 18 years, the household maximum income limit is 148% of FPL. The CHIP program is designed for children whose families' income is too high to qualify for Medicaid, but too low to afford private insurance. Of note, foster children are also eligible for Medicaid.

Table 1. Missouri MO HealthNet income eligibility limits in dollars for children 0 to 18 years (current as 0f 4/1/2026)[22]

	Income Limit (% FPL)	Household size & Maximum Annual Income							
Age Group		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Infants (< 1 year)	≤ 196%	31,282	42,414	53,547	64,680	75,813	86,946	98,078	109,211
Children ages 1–18	≤ 148%	23,621	32,027	40,434	48,840	57,246	65,653	774,059	82,466
State CHIP	≤ 300%	23,940	32,460	40,980	49,500	58,020	66,540	75,060	83,580

MO HealthNet premiums. Missouri requires families covered by CHIP to pay monthly premiums for coverage. Missouri is one of only 18 states requiring premiums as of January 2025.[23] Missouri has one of the highest maximum premium payments for families with one child, currently at $147 per month for families with incomes between approximately $3000 and $4000 per month.[24] According to the Missouri Budget Project, Missouri assesses "premiums at lower income levels than most states," and "It would cost Missouri very little to eliminate coverage premiums for all kids". The amount was estimated at three million annually in their 2023 publication.[25]

Appendix 3

Eligibility checks

Missouri verifies Medicaid eligibility at application, during annual renewal, and when eligibility cannot be confirmed through existing records. The state first uses automated "ex parte" checks, relying on electronic and administrative data sources such as wage records or SNAP participation. When these data are sufficient, coverage can be approved or renewed without action from the enrollee. If eligibility cannot be verified electronically, the Family Support Division sends a Request for Information, known as an IM-31A. Enrollees have 10 days to respond, including mailing time, and Missouri policy requires only one notice. If the requested information is not received on time, coverage may be denied or terminated.[26]

This process creates opportunities for eligible children and families to lose coverage for procedural reasons. Notices may be lost, delayed, sent to an outdated address, or difficult to understand. Families may also face barriers responding through the portal, phone, mail, or in person.[27] During periods of high administrative volume, these challenges may be compounded by long processing times, lost paperwork, confusing notices, and call center delays. In 2023, more than 40% of Missouri Medicaid applications reportedly took longer than 45 days to process.[28] Together, these barriers can result in delayed coverage or procedural disenrollment even when individuals remain eligible.

Appendix 4

Policies impacting enrollment in MO HealthNet. Several policies affect Medicaid coverage in Missouri, as described below in Table 2. These include Medicaid expansion in 2021[9] that expanded Medicaid for Missouri adults 19 to 64 up to 138% FPL. The Families First Coronavirus Response ACT[13] that required states to keep enrollees continuously enrolled during the pandemic, the Consolidated Appropriations Act of 2023[14] which required states to keep children under 19 years of age continuously enrolled for 1 year, and the forthcoming implementation of One Big Beautiful Bill Act[17] that includes work requirements, bi-annual eligibility determinations, and excludes non-citizens from coverage.

Table 2. Key policies impacting MO HealthNet enrollment

Policy	Description of key components relevant to children	Key Dates
Children's Health Insurance Program (CHIP)[29]	Expanded Medicaid coverage to include children under age 19 years whose families household income is ≤300% of the FPL.	Implemented: Sep 1, 1998 through a section 1115 waiver[30]
Affordable Care Act (ACA)[9]	Authorized through the ACA that was signed into law March 23, 2010, Missouri voters approved Medicaid expansion via a ballot initiative in August 2020. The ACA expansion expanded Medicaid eligibility for adults 19-64 up to 138% FPL.	Voter approval: Aug 2020 Enrollment formally opens: Oct. 2021
Families First Coronavirus Response Act (FFCRA)[13]	The FFCRA of 2020 required states to maintain continuous enrollment for all Medicaid enrollees during the COVID-19 public health emergency. States resume eligibility redeterminations, beginning the process of eligibility reviews for millions of enrollees (referred to as the "unwinding").	Implemented: Mar 2020 Pandemic continuous coverage ends: Mar 31, 2023
Consolidated Appropriations Act (CAA), 2023[14]	Required all states to provide 12 months of continuous coverage to children under 19 years of age following expiration of the FFCRA. Although many states had continuous coverage for children as of 2019, Missouri was one of 17 states and the District of Columbia that did not have that provision.	Signed: Dec 29, 2022 Continuous coverage for children required: Jan 1, 2024
One Big Beautiful Bill Act (OBBBA)[17]	Work Requirements: Section 71119 of the OBBBA requires that adults who are eligible for Medicaid through Medicaid expansion must complete at least 80 hours per month of work or other qualifying activity (ex: community service, job training, educational program) or qualify for an exemption to maintain coverage. Section 71109 restricts federal Medicaid and CHIP payments to only U.S. Citizens, lawful permanent residents, Cuban Haitian entrants, or Compact of Free Association migrants lawfully residing in the United States. Biannual Redeterminations: Section 71107 requires state Medicaid programs to redetermine the eligibility of Medicaid expansion enrollees every six months beginning December 31, 2026.	Signed: Jul 4, 2025, Work requirements go into effect: Jan 1, 2027 Restrictions on Non-Citizen Eligibility go into effect: Oct 1, 2026 Biannual redeterminations go into effect: Jan 2027

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