

# Medical Assistance

SFY

# 2015

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Provides state and federally funded medical assistance to low-income persons with disabilities, older adults, refugees, qualified aliens, and adults receiving Medicare benefits.

ESA Briefing  
Book

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## Overview

This chapter summarizes data for clients who receive medical assistance through ESA. Implementation of the Affordable Care Act (ACA) significantly changed ESA activities. Most medical assistance clients previously served by DSHS now apply for medical assistance through the new Health Benefit Exchange (HBE).<sup>1</sup> In SFY 2013 and 2014, Medicaid eligibility determination for all families, pregnant women, and children transitioned to the HBE. This transition accounts for the significant medical assistance caseload decrease in DSHS beginning in SFY 2014. ESA continues to determine eligibility for some medical assistance programs, including medical programs for persons who are aged, blind, or disabled.

Last year (SFY 2014), the Briefing Book reported numbers for clients who received both medical-only and cash-related<sup>2</sup> medical assistance. In this year's edition, reporting is limited to programs administered by ESA because the ACA-related transition of medical programs ended before SFY 2015.

### TECHNICAL NOTES

**DATA SOURCES:** Data for this chapter is based on the September 2015 ESA Automated Client Eligibility System (ACES) database.

**DATA NOTES:** If counts of clients and cases served by a medical program are nearly identical, only one number is reported (clients or cases) for that program.

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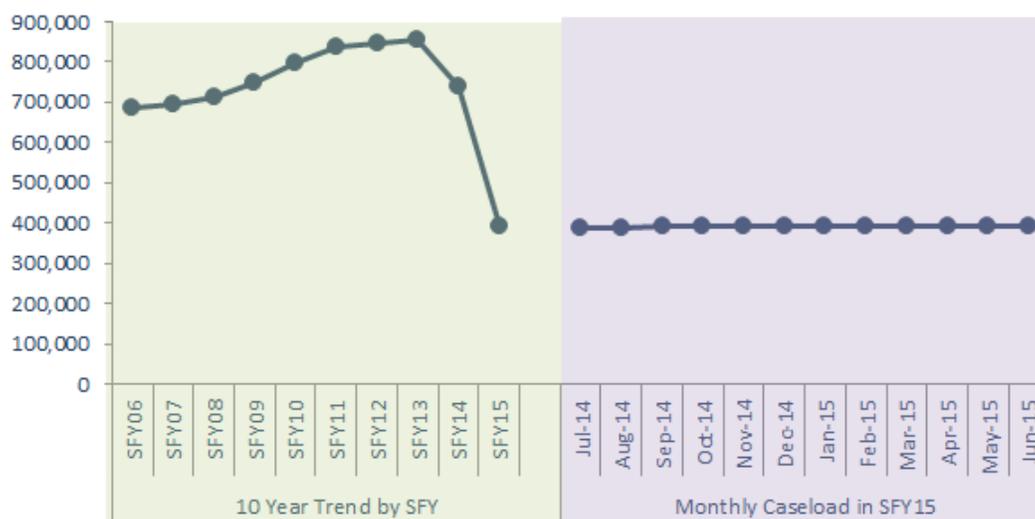
<sup>1</sup>Rules and eligibility processes for determining Medicaid changed significantly effective October 1, 2013 due to implementation of the Affordable Care Act (ACA). Under a federal option, Washington State created a state-run Health Benefit Exchange (HBE) portal called the Washington Healthplanfinder (HPF). In addition to providing access to health insurance to individuals and employers, the HPF provides eligibility determination for most Medicaid programs through a simplified automated system that is no longer tied to eligibility for ESA-administered public assistance programs. The management of medical assistance eligibility and related IT system processes were moved from ESA and the Automated Client Eligibility System (ACES) to the Health Care Authority (HCA) and the HBE. Families and pregnant women with Modified Adjusted Gross Income (MAGI) below the required federal poverty level (FPL) began accessing Medicaid through the HBE on October 1, 2013. Washington also opted to participate in Medicaid Expansion, which qualifies eligible individuals with MAGI below 138% FPL for Medicaid. These individuals began accessing Medicaid through HBE beginning January 1, 2014.

<sup>2</sup>Medical assistance programs historically included coverage that was associated with an ESA-administered cash assistance program such as the Temporary Assistance for Needy Families (TANF); the Aged, Blind or Disabled (ABD) cash assistance; or the Refugee Cash Assistance (RCA) program.

## Medical Assistance Clients by Program Type, SFY 2015

Program Type	Description	Average Monthly Clients
<b>Alien Emergency Medicaid (AEM)</b>	Federally funded program for immigrants who would qualify for full-scope Medicaid except for their alien status. Coverage is limited to emergency medical condition.	137
<b>Healthcare for Workers with Disabilities</b>	Medical assistance for disabled persons who are working and who do not receive SSI. Premium amounts are based on income, which cannot exceed 220% of FPL.	1,447
<b>Long Term Care</b>	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	58,724
<b>Medicare Savings Program</b>	Payment of Medicare premiums, coinsurance, and deductibles on behalf off low-income Medicare beneficiaries. Income limits vary depending on circumstances, ranging from 100% to 200% of FPL.	163,545
<b>Refugee Medical</b>	Medical assistance for refugees not otherwise eligible for Medicaid. Eligibility ends after the first eight months of U.S. residency.	20
<b>SSI Medicaid</b>	Medical assistance for aged, blind, or disabled persons who receive Supplemental Security Income (SSI). The Social Security Administration determines eligibility for SSI using income rules based on Title XVI of the Social Security Act.	136,374
<b>SSI Related Medicaid</b>	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	34,057
<b>Medical Care Services</b>	Medical assistance for adults who are found eligible for Aged, Blind, or Disabled (ABD) cash assistance or the Housing and Essential Needs (HEN) Referral program, but are immigrants under the five-year bar and/or legally present immigrants who are ineligible for other medical assistance programs.	1,812

## Total Medical Assistance Caseload, SFY 2006 – SFY 2015



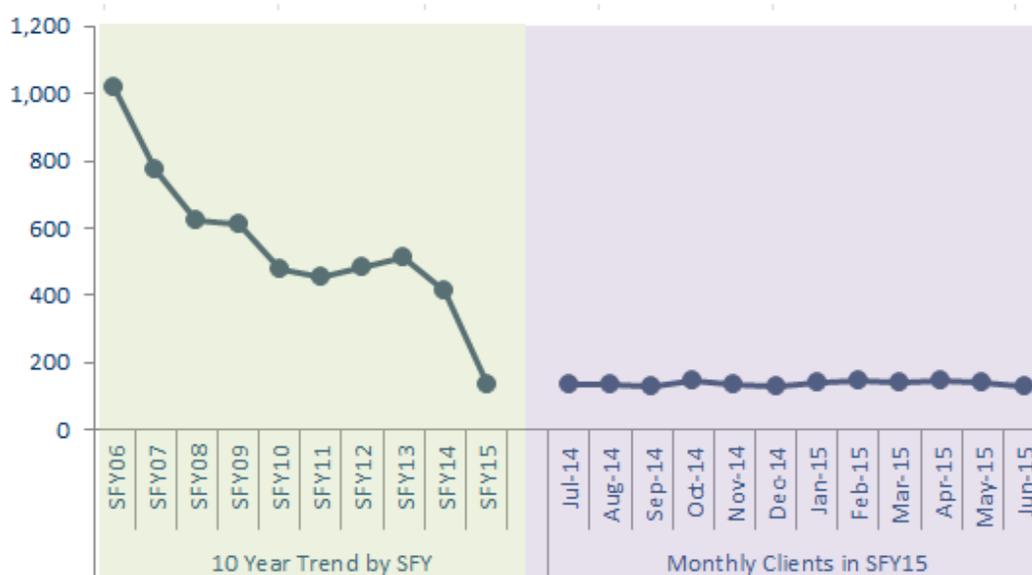
Note: The caseload decline beginning in SFY14 is related to implementation of the Affordable Care Act and associated transition of eligibility determination for and administration of most Medicaid programs to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY06	687,047	SFY11	836,067
SFY07	693,716	SFY12	845,207
SFY08	713,787	SFY13	856,672
SFY09	749,373	SFY14	741,457
SFY10	798,775	SFY15	391,828

SFY 2015	# of Cases <sup>3</sup>	# of Clients
July	387,951	276,841
August	388,562	277,286
September	391,412	278,243
October	392,775	278,951
November	392,832	278,651
December	393,170	278,900
January	392,249	277,664
February	392,199	277,639
March	392,758	278,124
April	392,815	278,121
May	392,793	278,133
June	392,417	278,112
<b>Mo. Avg.</b>	<b>391,828</b>	<b>278,055</b>

<sup>3</sup> Counts are unique case numbers. Each client is assigned a case number for each medical program in which s/he is enrolled. A client may be enrolled in more than one medical program during the month (for example, both the Long Term Care and the Medicare Savings program). When this happens, multiple case numbers are assigned—one for each medical program. As a result, the monthly number of medical assistance cases may be greater than the number of medical clients.

## Alien Emergency Medical Clients, SFY 2006 – SFY 2015

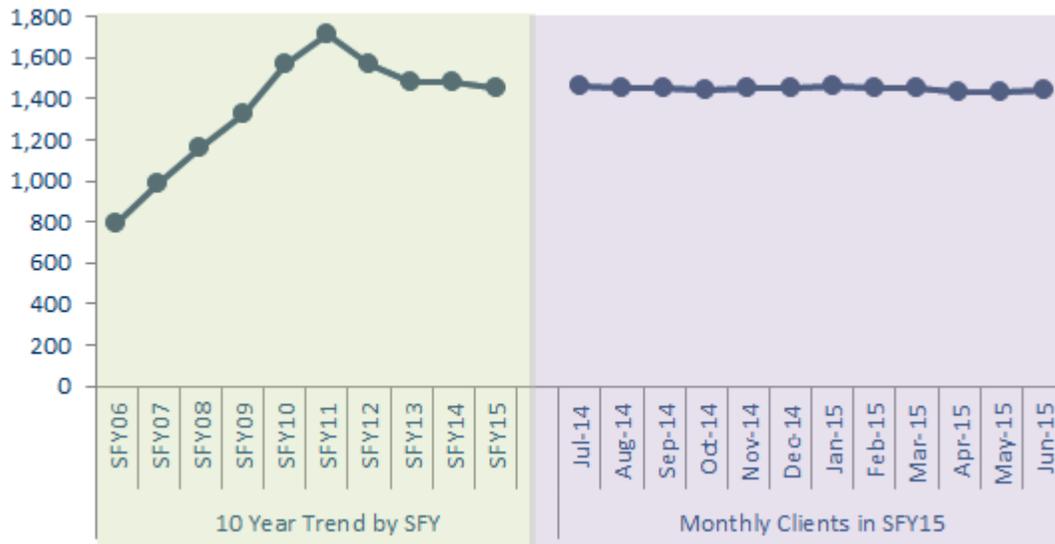


Note: The caseload decline beginning in SFY14 is related to implementation of the Affordable Care Act and associated transition of eligibility determination for most Medicaid programs to the Health Care Authority and the Health Benefit Exchange.

SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY06	1,017	SFY11	455
SFY07	773	SFY12	486
SFY08	622	SFY13	510
SFY09	609	SFY14	414
SFY10	476	SFY15	137

SFY 2015	# of Clients
July	134
August	133
September	131
October	144
November	132
December	128
January	138
February	144
March	138
April	147
May	142
June	131
<b>Mo. Avg.</b>	<b>137</b>

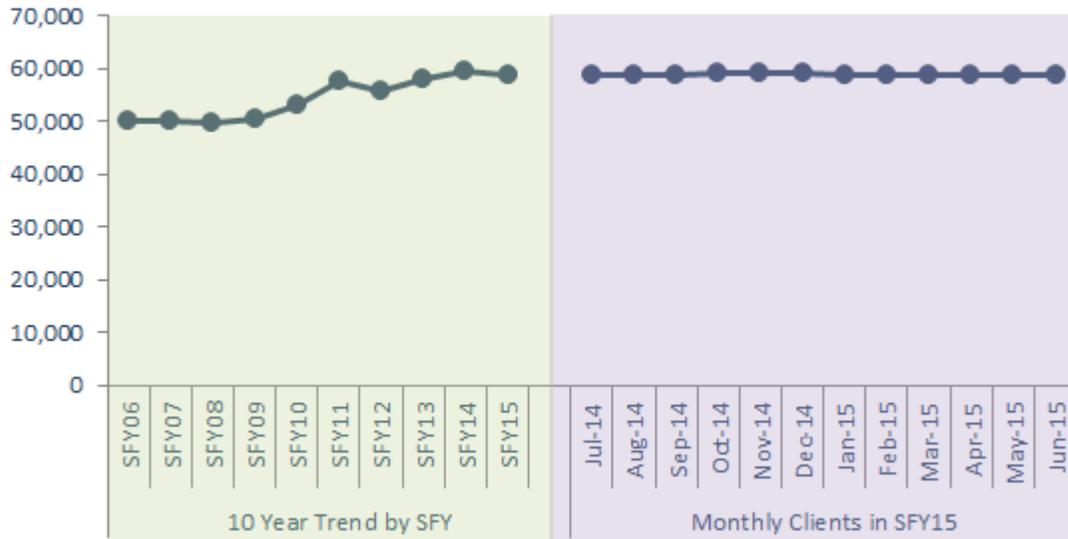
## Healthcare for Workers with Disabilities Clients, SFY 2006 – SFY 2015



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY06	793	SFY11	1,711
SFY07	990	SFY12	1,565
SFY08	1,164	SFY13	1,483
SFY09	1,329	SFY14	1,480
SFY10	1,571	SFY15	1,447

SFY 2015	# of Clients
July	1,459
August	1,452
September	1,450
October	1,444
November	1,447
December	1,449
January	1,458
February	1,448
March	1,450
April	1,435
May	1,436
June	1,440
<b>Mo. Avg.</b>	<b>1,447</b>

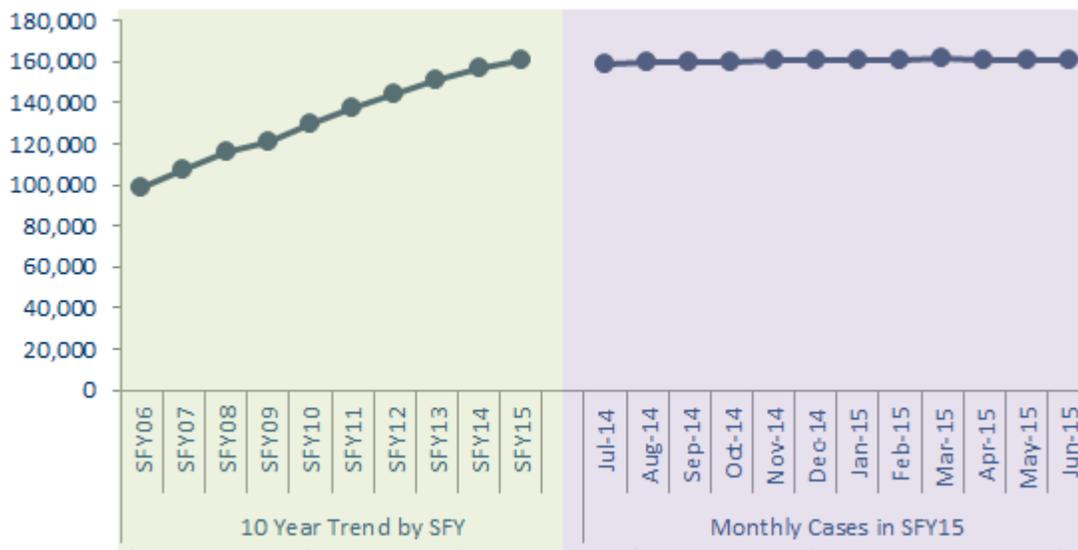
## Long Term Care Medical Clients, SFY 2006 – SFY 2015



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY06	50,051	SFY11	57,599
SFY07	49,950	SFY12	55,775
SFY08	49,599	SFY13	57,873
SFY09	50,455	SFY14	59,328
SFY10	53,183	SFY15	58,724

SFY 2015	# of Clients
July	58,555
August	58,588
September	58,592
October	58,946
November	58,932
December	58,905
January	58,860
February	58,585
March	58,607
April	58,671
May	58,759
June	58,685
<b>Mo. Avg.</b>	<b>58,724</b>

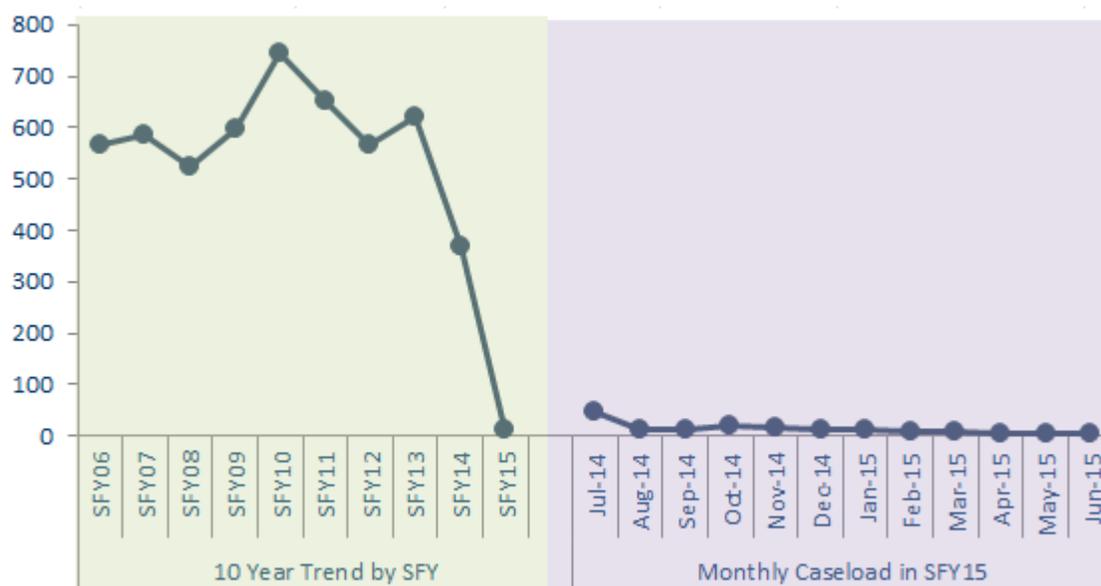
## Medicare Savings Program Caseload, SFY 2006 - SFY 2015



SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY06	98,704	SFY11	136,935
SFY07	107,480	SFY12	144,172
SFY08	116,286	SFY13	150,839
SFY09	120,620	SFY14	156,855
SFY10	129,207	SFY15	160,438

SFY 2015	# of Cases	# of Clients
July	159,003	162,050
August	159,455	162,515
September	159,629	162,721
October	160,092	163,174
November	160,243	163,352
December	160,616	163,722
January	161,025	164,149
February	161,100	164,225
March	161,311	164,437
April	160,878	164,008
May	160,911	164,033
June	160,994	164,158
<b>Mo. Avg.</b>	<b>160,438</b>	<b>163,545</b>

## Refugee Medical Assistance Caseload, SFY 2006 - SFY 2015

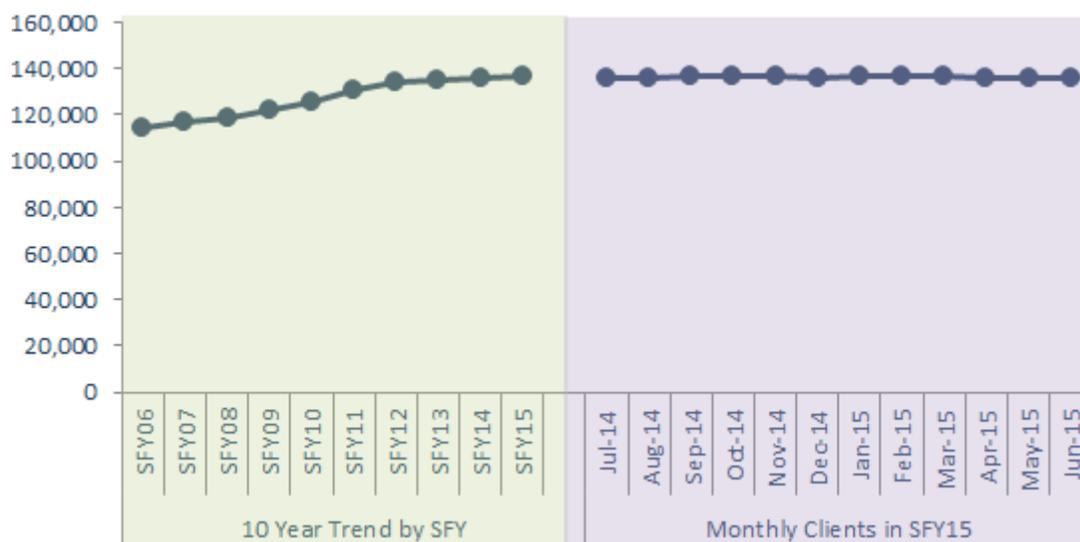


Note: The caseload decline beginning in SFY14 is related to implementation of the Affordable Care Act and associated transition of eligibility determination for and administration of most Medicaid programs to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY06	565	SFY11	653
SFY07	586	SFY12	567
SFY08	525	SFY13	621
SFY09	598	SFY14	367
SFY10	746	SFY15	14

SFY 2015	Total # of Cases	Total # of Clients
July	49	77
August	11	18
September	12	18
October	19	22
November	17	19
December	14	16
January	13	14
February	8	13
March	8	13
April	5	12
May	5	7
June	5	6
Mo. Avg.	14	20

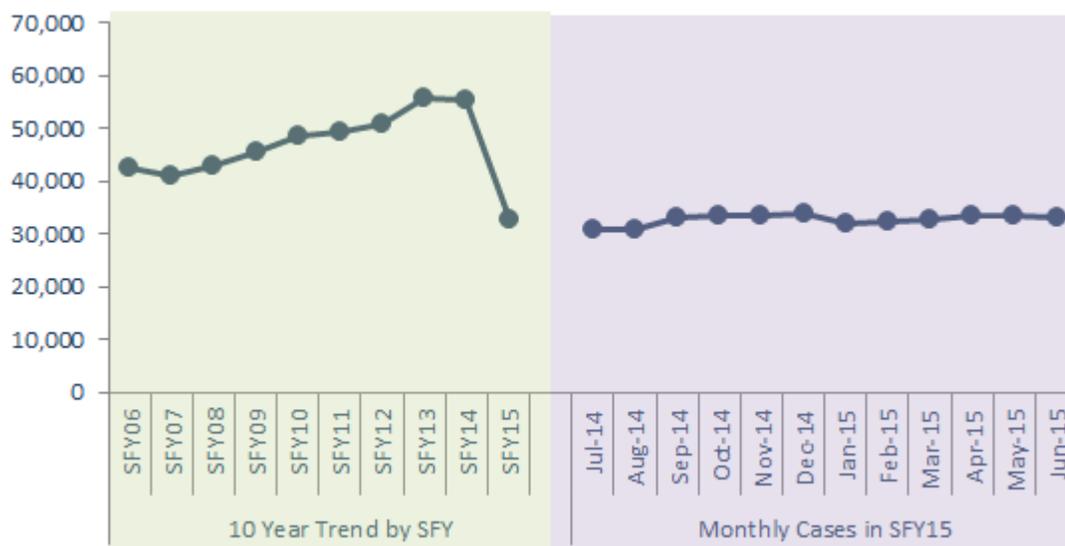
## SSI Medicaid Clients, SFY 2006 – SFY 2015



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY06	113,937	SFY11	130,897
SFY07	116,754	SFY12	134,322
SFY08	119,084	SFY13	135,224
SFY09	121,916	SFY14	135,730
SFY10	125,523	SFY15	136,374

SFY 2015	# of Clients
July	136,180
August	136,225
September	136,400
October	136,671
November	136,628
December	136,197
January	136,754
February	136,467
March	136,421
April	136,229
May	136,249
June	136,065
<b>Mo. Avg.</b>	<b>136,374</b>

## SSI Related Medicaid Caseload, SFY 2006 – SFY 2015

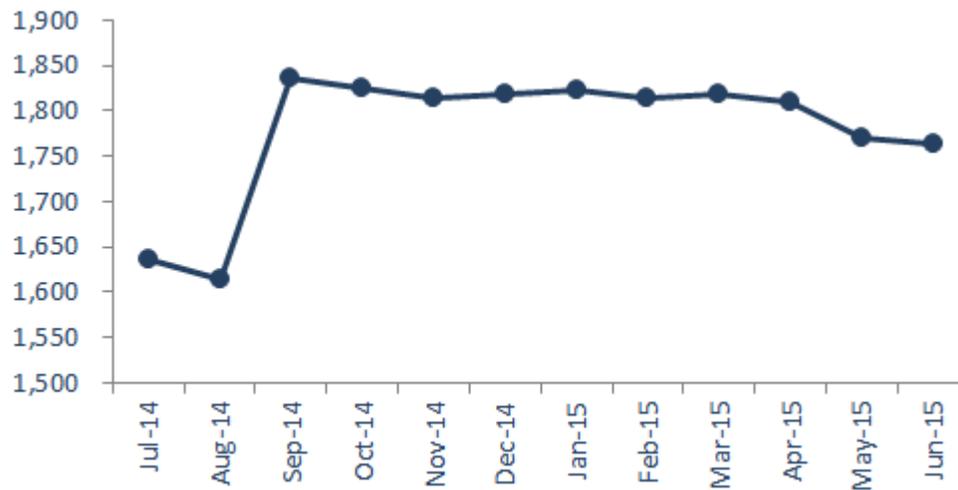


Note: The caseload decline beginning in SFY14 is related to implementation of the Affordable Care Act and associated transition of eligibility determination for and administration of most Medicaid programs to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY06	42,563	SFY11	49,318
SFY07	41,077	SFY12	50,812
SFY08	43,047	SFY13	55,778
SFY09	45,408	SFY14	55,314
SFY10	48,337	SFY15	32,758

SFY 2015	# of Cases	# of Clients
July	30,761	31,772
August	30,914	31,916
September	33,197	34,556
October	33,426	34,798
November	33,418	34,776
December	33,845	35,204
January	32,042	33,329
February	32,481	33,783
March	32,863	34,178
April	33,512	34,866
May	33,404	34,819
June	33,233	34,685
<b>Mo. Avg.</b>	<b>32,758</b>	<b>34,057</b>

## Medical Care Services Caseload,<sup>4</sup> SFY 2015

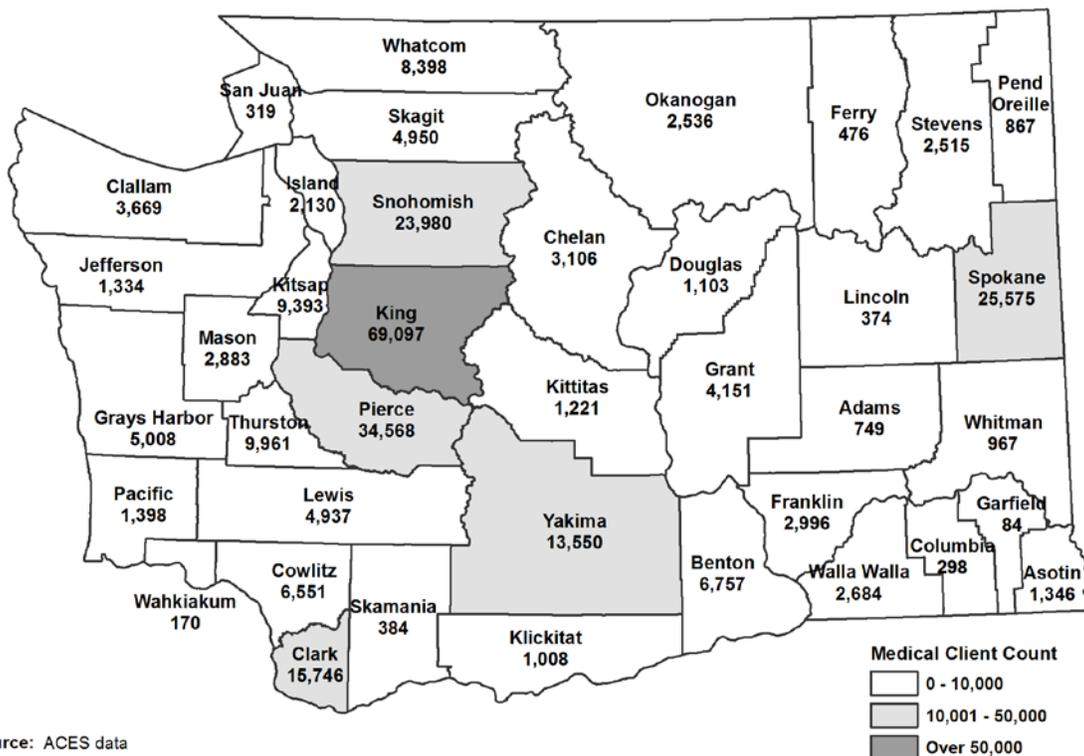


SFY 2015	Total # of Cases	Total # of Clients
July	1,635	1,853
August	1,614	1,827
September	1,835	1,832
October	1,826	1,825
November	1,814	1,813
December	1,819	1,817
January	1,822	1,819
February	1,813	1,810
March	1,819	1,817
April	1,810	1,805
May	1,769	1,765
June	1,763	1,758
<b>Mo. Avg.</b>	<b>1,778</b>	<b>1,812</b>

<sup>4</sup> During the 2013 legislative session, the Washington State Legislature passed Substitute House Bill 2069, which narrowed MCS eligibility to include only ABD and HEN recipients who are ineligible for Medicaid expansion. This change maintained MCS coverage for aged, blind, disabled or incapacitated persons who are lawfully present in the U.S. and not eligible for federally funded medical assistance because of immigration status. The effective date for these changes was January 1, 2014.

## Medical Assistance Clients by County, June 2015 Snapshot

Number of Medical Clients by Residential County in Washington State: June 2015



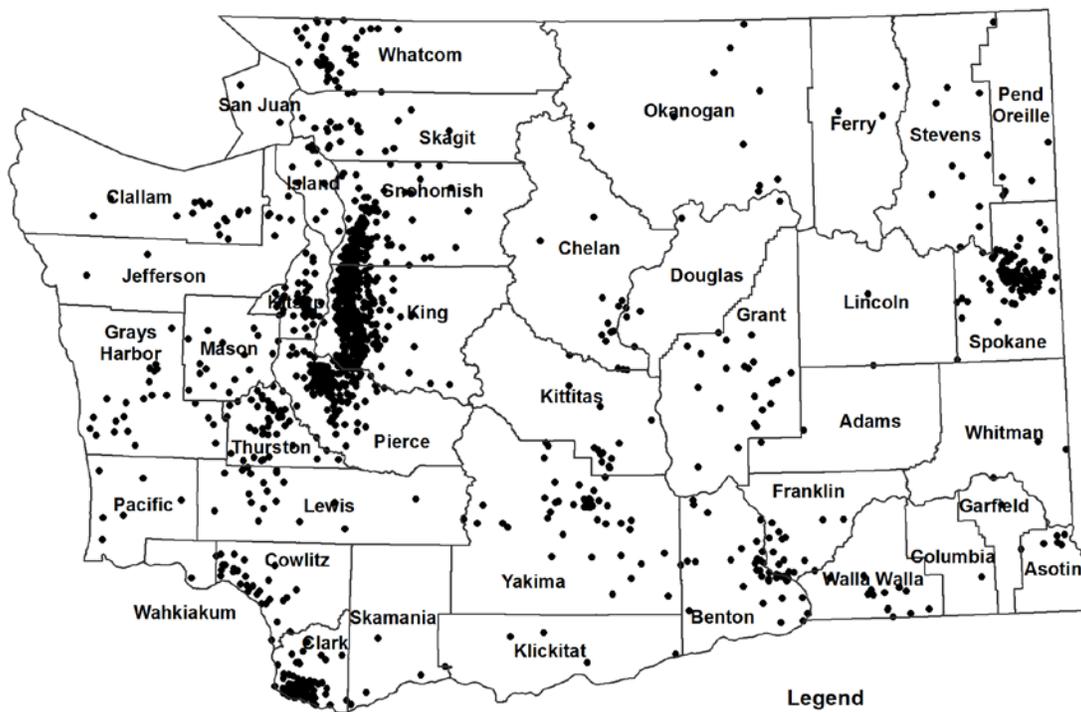
Source: ACES data

Note: If a client is found to be in more than one county during the month (due to transition), then the client would be counted in each county they are found in.

Provided by DSHS/ESA/OAS/E-MAPS - Oct. 2015

# Medical Assistance Clients by Density of Residential Zip Code, June 2015 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2015



Source: ACES data

Note: If a client is found to be in more than one zip area during the month (due to transition), then the client would be counted in each zip area they are found in.

Provided by DSHS/ESA/OAS/E-MAPS - Oct. 2015