

# Medical Assistance

SFY

# 2016

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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

## Table of Contents

Overview.....	3
Medical Assistance Clients by Program Type, SFY 2016.....	4
Total Medical Assistance Caseload, SFY 2007 – SFY 2016.....	5
Alien Emergency Medical Clients, SFY 2007 – SFY 2016 .....	6
Healthcare for Workers with Disabilities Clients, SFY 2007 – SFY 2016.....	7
Long-Term Care Medical Clients, SFY 2007 – SFY 2016.....	8
Medicare Savings Program Caseload, SFY 2007 – SFY 2016.....	9
Refugee Medical Assistance Caseload, SFY 2007 – SFY 2016.....	10
SSI Medicaid Clients, SFY 2007 – SFY 2016.....	11
SSI Related Medicaid Caseload, SFY 2007 – SFY 2016.....	12
Medical Care Services Caseload, SFY 2016.....	13
Medical Assistance Clients by County, June 2016 Snapshot .....	14
Medical Assistance Clients by Density of Residential Zip Code, June 2016 Snapshot .....	15

## 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.

In SFY 2014, the Briefing Book reported numbers for clients who received both medical-only and cash-related<sup>2</sup> medical assistance. Beginning with SFY 2015, reporting is limited to programs administered by ESA because the ACA-related transition of medical programs was completed before SFY 2015.

### TECHNICAL NOTES

**DATA SOURCES:** Data for this chapter is based on the September 2016 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.

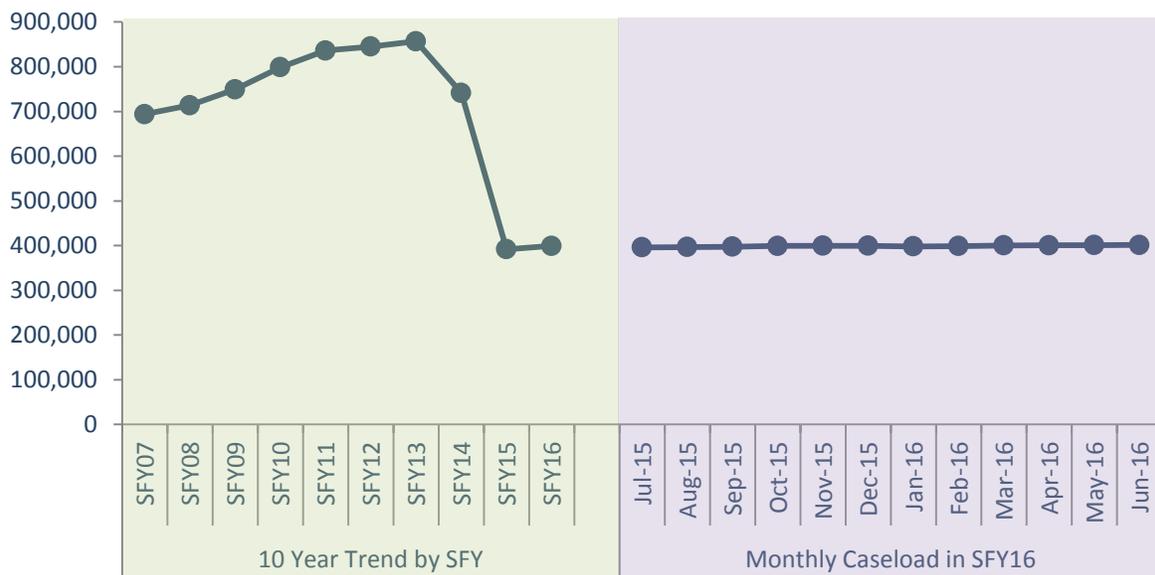
<sup>1</sup>Rules and eligibility processes for determining Medicaid changed significantly effective October 1, 2013 due to implementation of the Affordable Care Act (ACA). Under a federal option, Washington State created a state-run Health Benefit Exchange (HBE) portal called the Washington Healthplanfinder (HPF). In addition to providing health insurance access 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 State 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 Temporary Assistance for Needy Families (TANF), Aged, Blind or Disabled (ABD) cash assistance, or Refugee Cash Assistance (RCA).

## Medical Assistance Clients by Program Type, SFY 2016

Program Type	Description	Avg. 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 conditions.	142
<b>Healthcare for Workers with Disabilities</b>	Medical assistance for disabled persons who are working and do not receive SSI. Premium amounts are based on income, which cannot exceed 220% of the Federal Poverty Level (FPL).	1,437
<b>Long Term Care</b>	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	72,875
<b>Medicare Savings Program</b>	Programs that pay Medicare premiums, coinsurance, and deductibles for low-income Medicare beneficiaries. Income limits vary by program, from 100% of FPL to 200% of FPL.	177,321
<b>Refugee Medical</b>	Medical assistance for refugees who are ineligible for Medicaid. Eligibility ends after the first eight months of residency in the U.S.	11
<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.	125,278
<b>SSI Related Medicaid</b>	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	24,880
<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 or legally present immigrants who are ineligible for other medical assistance programs.	1,894

## Total Medical Assistance Caseload, SFY 2007 – SFY 2016



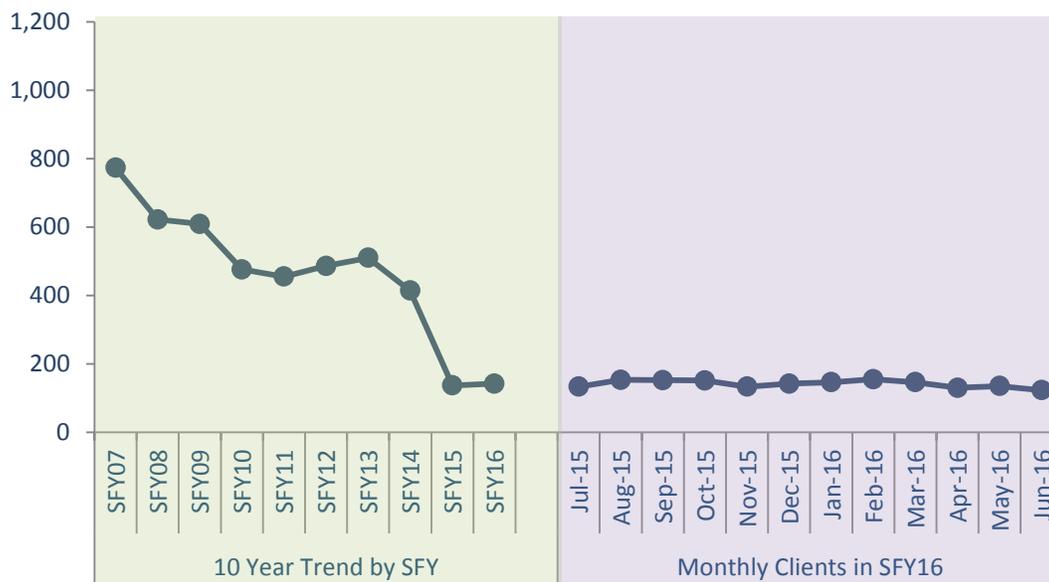
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY 2016	Mo. Avg. Caseload	SFY 2016	Mo. Avg. Caseload
SFY07	693,716	SFY12	845,207
SFY08	713,787	SFY13	856,672
SFY09	749,373	SFY14	741,457
SFY10	798,775	SFY15	391,828
SFY11	836,067	SFY16	399,159

SFY 2016	# of Cases <sup>3</sup>	# of Clients
July	396,148	280,749
August	396,690	281,203
September	397,537	281,866
October	399,106	282,717
November	399,560	282,929
December	399,793	283,515
January	398,344	282,158
February	398,955	282,832
March	400,302	283,829
April	400,847	284,286
May	401,166	284,773
June	401,456	285,127
<b>Mo. Avg.</b>	<b>399,159</b>	<b>282,999</b>

<sup>3</sup> These counts are of 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 programs). 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 2007 – SFY 2016

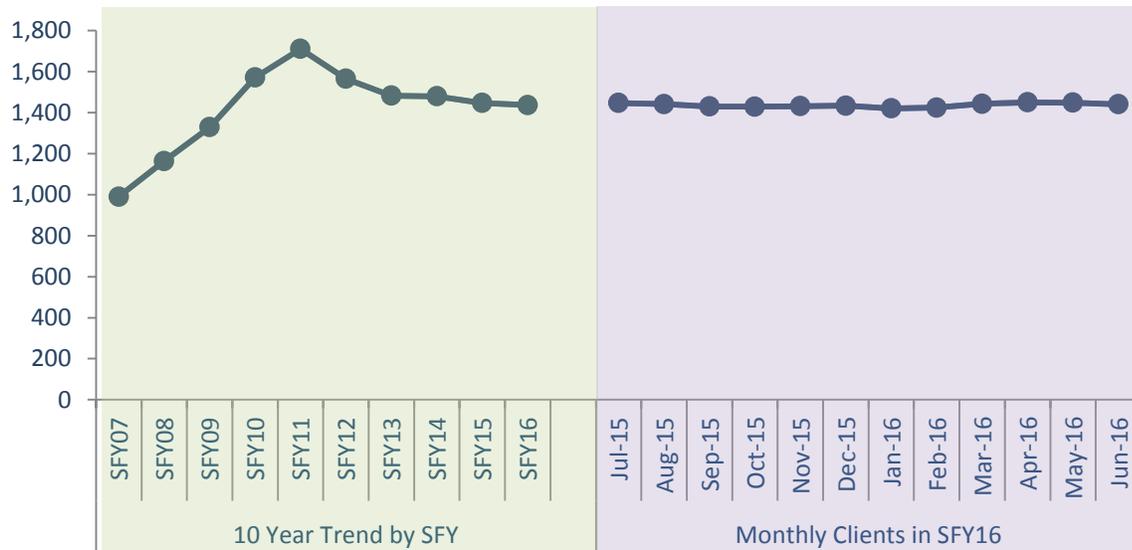


Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY 2016	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY07	773	SFY12	486
SFY08	622	SFY13	510
SFY09	609	SFY14	414
SFY10	476	SFY15	137
SFY11	455	SFY16	142

SFY 2016	# of Clients
July	133
August	153
September	152
October	151
November	133
December	142
January	146
February	155
March	146
April	130
May	135
June	123
Mo. Avg.	142

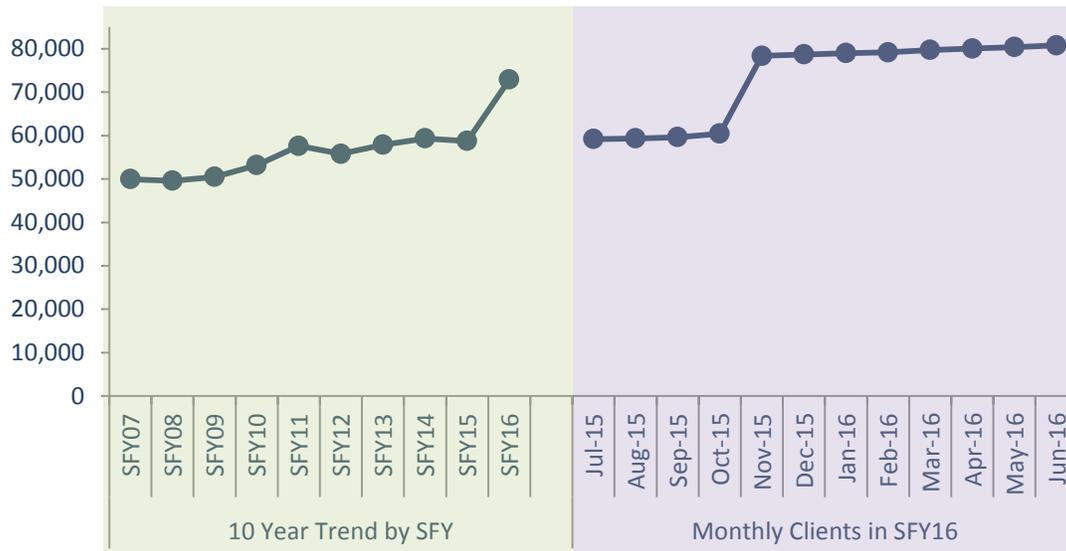
## Healthcare for Workers with Disabilities Clients, SFY 2007 – SFY 2016



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
<b>SFY07</b>	990	<b>SFY12</b>	1,565
<b>SFY08</b>	1,164	<b>SFY13</b>	1,483
<b>SFY09</b>	1,329	<b>SFY14</b>	1,480
<b>SFY10</b>	1,571	<b>SFY15</b>	1,447
<b>SFY11</b>	1,711	<b>SFY16</b>	1,437

SFY 2016	# of Clients
<b>July</b>	1,447
<b>August</b>	1,442
<b>September</b>	1,430
<b>October</b>	1,429
<b>November</b>	1,432
<b>December</b>	1,434
<b>January</b>	1,421
<b>February</b>	1,425
<b>March</b>	1,443
<b>April</b>	1,450
<b>May</b>	1,449
<b>June</b>	1,441
<b>Mo. Avg.</b>	<b>1,437</b>

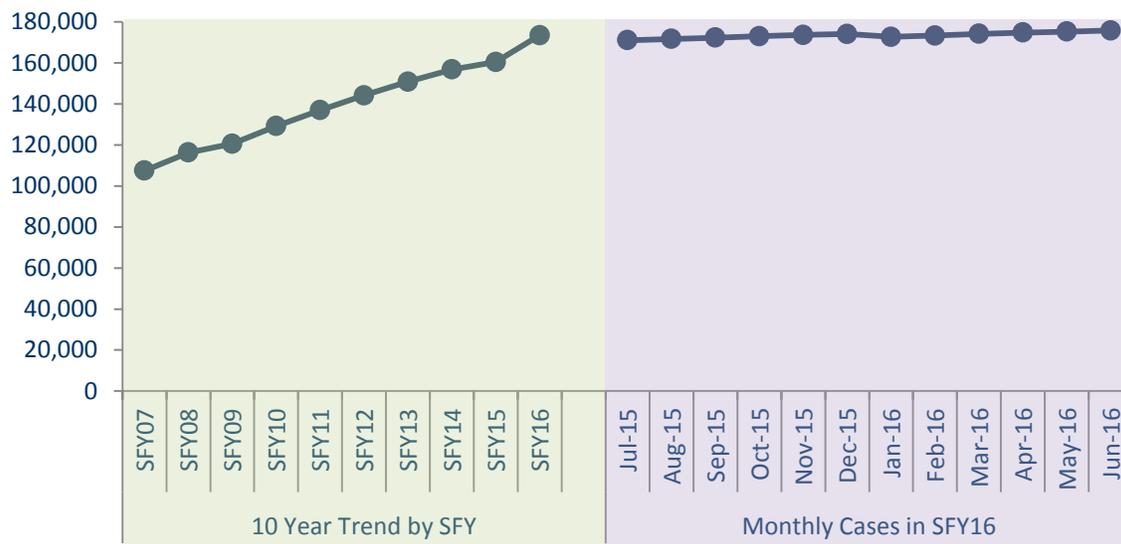
## Long-Term Care Medical Clients, SFY 2007 – SFY 2016



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY07	49,950	SFY12	55,775
SFY08	49,599	SFY13	57,873
SFY09	50,455	SFY14	59,328
SFY10	53,183	SFY15	58,724
SFY11	57,599	SFY16	72,875

SFY 2016	# of Clients
July	59,170
August	59,321
September	59,611
October	60,444
November	78,335
December	78,684
January	78,954
February	79,155
March	79,687
April	80,024
May	80,369
June	80,745
<b>Mo. Avg.</b>	<b>72,875</b>

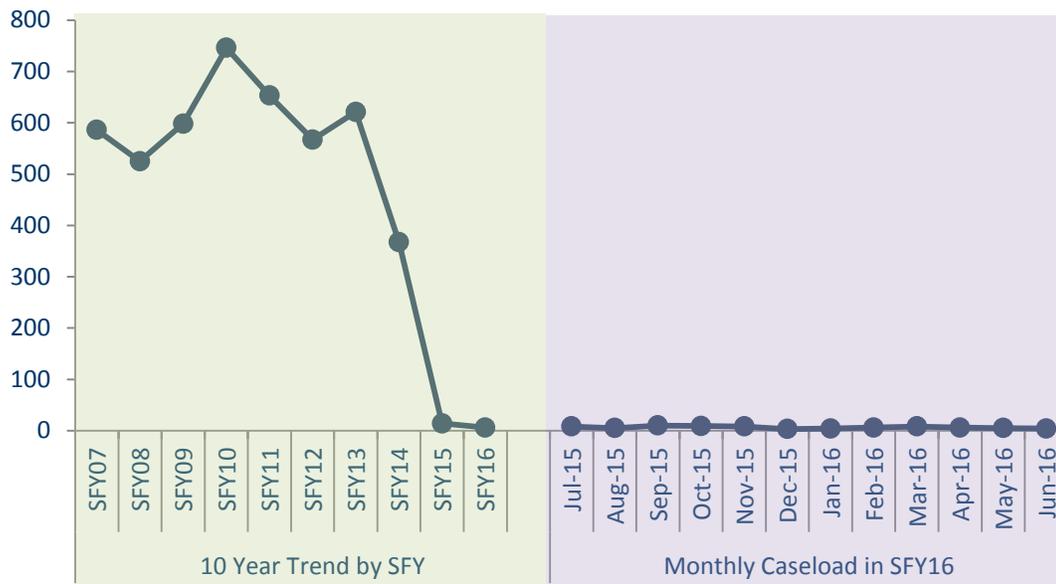
## Medicare Savings Program Caseload, SFY 2007 – SFY 2016



SFY 2016	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY07	107,480	SFY12	144,172
SFY08	116,286	SFY13	150,839
SFY09	120,620	SFY14	156,855
SFY10	129,207	SFY15	160,438
SFY11	136,935	SFY16	173,520

SFY 2016	# of Cases	# of Clients
July	171,100	174,802
August	171,708	175,429
September	172,314	176,090
October	173,055	176,868
November	173,638	177,468
December	174,133	177,968
January	172,745	176,509
February	173,376	177,170
March	174,241	178,050
April	174,829	178,671
May	175,296	179,141
June	175,807	179,690
Mo. Avg.	173,520	177,321

## Refugee Medical Assistance Caseload, SFY 2007 – SFY 2016

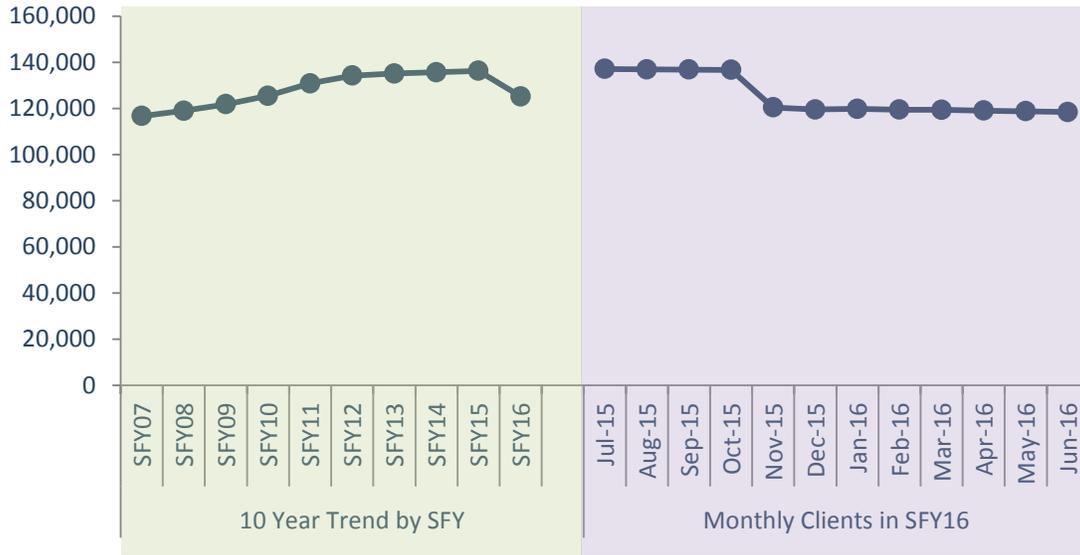


Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY07	586	SFY12	567
SFY08	525	SFY13	621
SFY09	598	SFY14	367
SFY10	746	SFY15	14
SFY11	653	SFY16	6

SFY 2016	# of Cases	# of Clients
July	8	13
August	5	5
September	10	17
October	9	16
November	8	14
December	3	9
January	4	4
February	6	7
March	8	8
April	6	14
May	5	14
June	4	13
Mo. Avg.	6	11

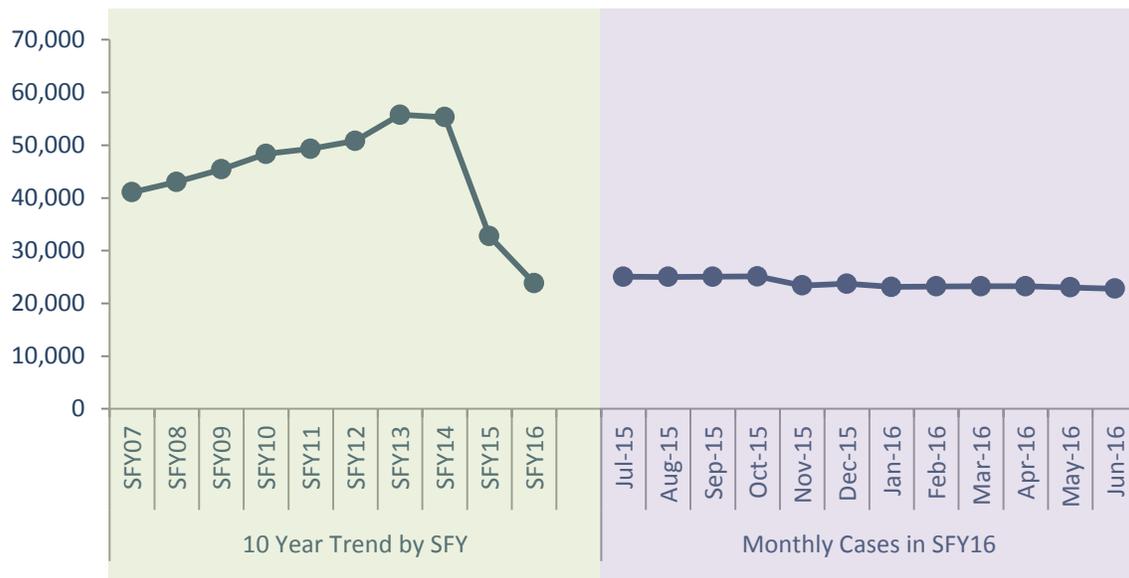
### SSI Medicaid Clients, SFY 2007 – SFY 2016



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY07	116,754	SFY12	134,322
SFY08	119,084	SFY13	135,224
SFY09	121,916	SFY14	135,730
SFY10	125,523	SFY15	136,374
SFY11	130,897	SFY16	125,278

SFY 2016	# of Clients
July	137,173
August	137,007
September	136,891
October	136,794
November	120,493
December	119,585
January	119,888
February	119,551
March	119,484
April	119,113
May	118,851
June	118,501
<b>Mo. Avg.</b>	<b>125,278</b>

## SSI Related Medicaid Caseload, SFY 2007 – SFY 2016

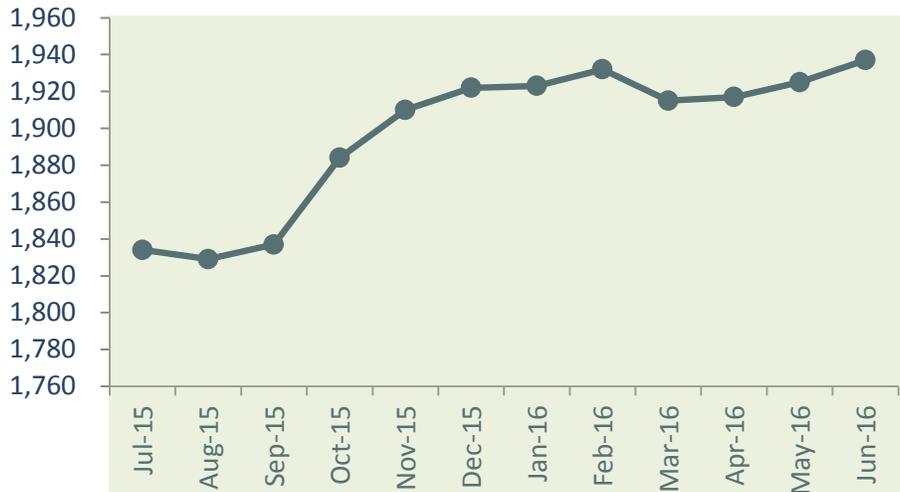


Note: The sharp caseload decline beginning in SFY 2015 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY07	41,077	SFY12	50,812
SFY08	43,047	SFY13	55,778
SFY09	45,408	SFY14	55,314
SFY10	48,337	SFY15	32,758
SFY11	49,318	SFY16	23,832

SFY 2016	# of Cases	# of Clients
July	25,064	26,127
August	25,009	26,062
September	25,060	26,125
October	25,111	26,194
November	23,382	24,431
December	23,723	24,762
January	23,119	24,137
February	23,211	24,250
March	23,239	24,273
April	23,241	24,260
May	23,026	24,079
June	22,800	23,861
<b>Mo. Avg.</b>	<b>23,832</b>	<b>24,880</b>

### Medical Care Services Caseload,<sup>4</sup> SFY 2016



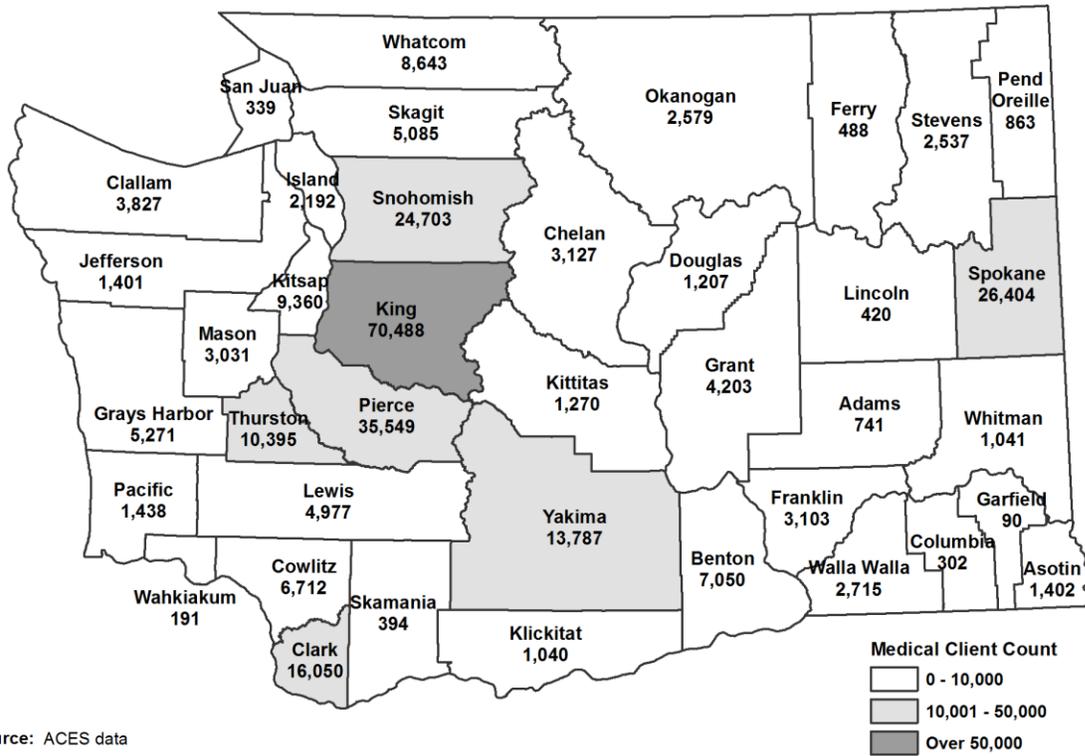
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY07	16,749	SFY12	16,175
SFY08	17,533	SFY13	12,637
SFY09	19,731	SFY14	7,292
SFY10	21,523	SFY15	1,778
SFY11	22,082	SFY16	1,897

SFY 2016	# of Cases	# of Clients
July	1,834	1,829
August	1,829	1,828
September	1,837	1,835
October	1,884	1,881
November	1,910	1,908
December	1,922	1,920
January	1,923	1,919
February	1,932	1,927
March	1,915	1,912
April	1,917	1,915
May	1,925	1,923
June	1,937	1,936
<b>Mo. Avg.</b>	<b>1,897</b>	<b>1,894</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 2016 Snapshot

Number of Medical Clients by Residential County in Washington State: June 2016

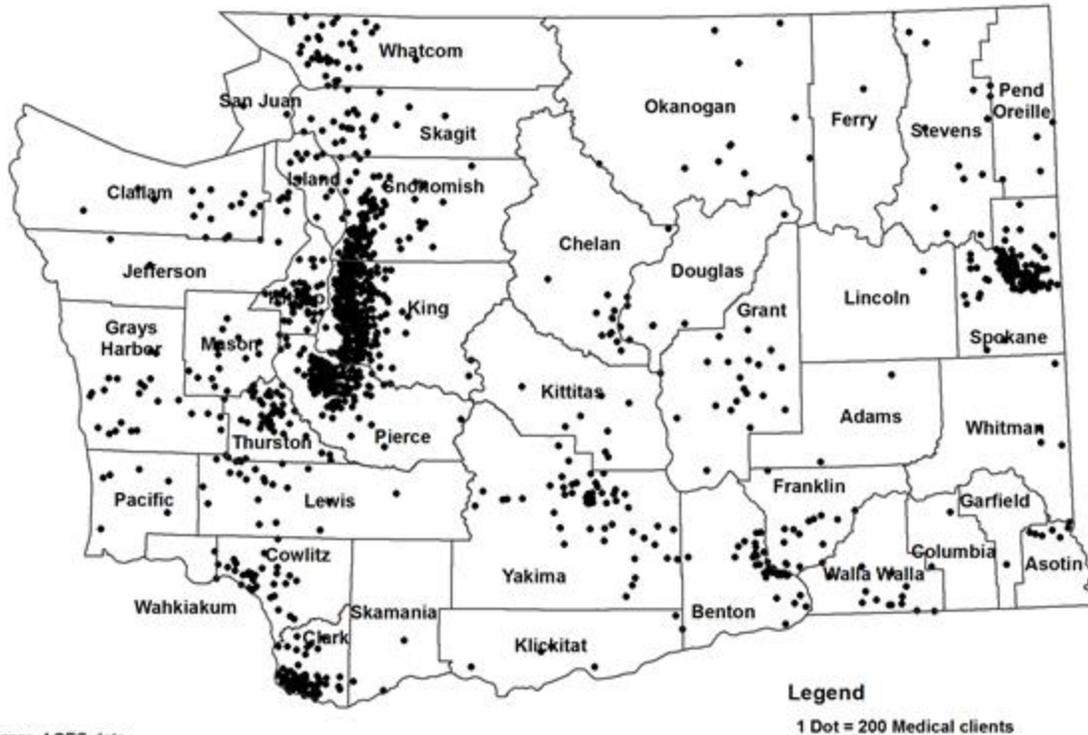


Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2016

# Medical Assistance Clients by Density of Residential Zip Code, June 2016 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2016



Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2016