Medical Assistance

SFY

2018

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

ESA Briefing Book

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Medical Assistance Overview

This chapter summarizes data for clients who receive medical assistance through the Economic Services Administration (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 Health Benefit Exchange (HBE).[1] 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[2] 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.

Additional information, including the eligibility criteria, funding sources, and services/benefits provided, is available here.

| TECHNICAL NOTES: |
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| DATA SOURCES: Data for this chapter is based on the ESA Automated Client Eligibility System (ACES) database as of August 2018.

 DATA NOTE:
 • If counts of clients and cases served by a medical program are nearly identical, only one number is reported (clients <u>or</u> cases) for that program. |

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[1] 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.

[2] 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 2018

Program Type	Description	Avg. Monthly Clients
Alien Emergency Medicaid (AEM)	Federally funded program for immigrants who would qualify for full-scope Medicaid except for their alien status. Coverage is limited to emergency medical conditions.	135
Healthcare for Workers with Disabilities	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).	1,508
Long Term Care	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	87,219
Medicare Savings Program	Programs that pay Medicare premiums, coinsurance, and deductibles for low-income Medicare beneficiaries. Income limits vary by program, from 100% to 200% FPL.	186,412
Refugee Medical	Medical assistance for refugees who are ineligible for Medicaid. Eligibility ends after the first eight months of residency in the U.S.	5
SSI Medicaid	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.	115,279
SSI Related Medicaid	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	24,461
Medical Care Services	Medical assistance for adults who are deemed 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.	2,173

Total Medical Assistance Caseload, SFY 2009 – SFY 2018
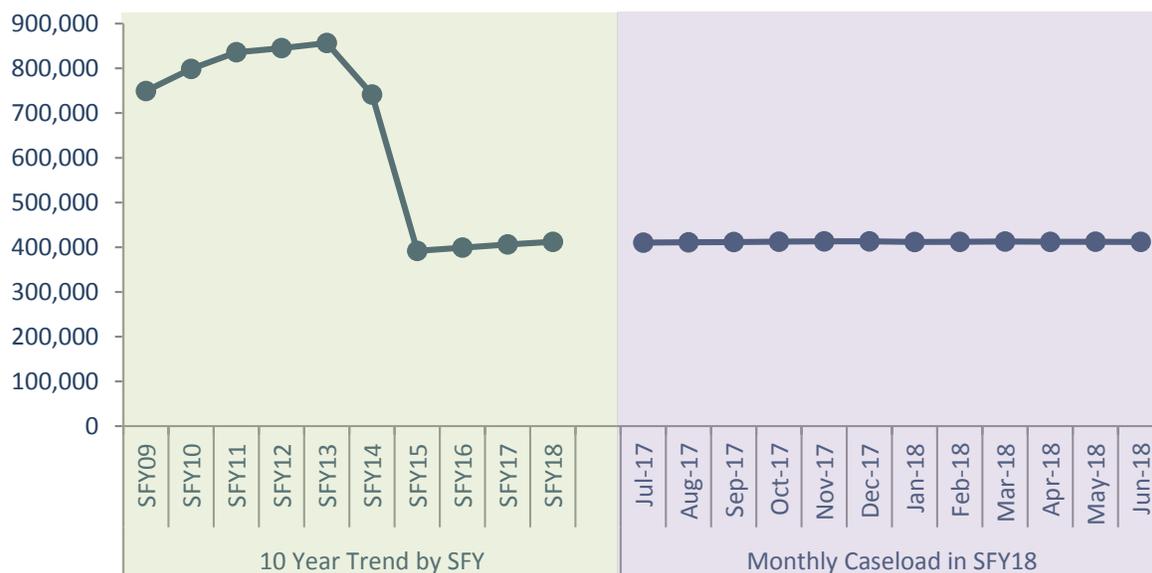
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY09	749,373	SFY14	741,457
SFY10	798,775	SFY15	391,828
SFY11	836,067	SFY16	399,159
SFY12	845,207	SFY17	406,260
SFY13	856,672	SFY18	412,042

SFY 2018	# of Cases[3]	# of Clients
July	410,276	291,446
August	410,971	291,993
September	411,574	292,422
October	412,479	293,046
November	413,152	293,643
December	413,169	293,622
January	411,780	292,480
February	412,132	292,605
March	412,792	293,116
April	412,087	292,707
May	412,192	292,847
June	411,904	292,692
Mo. Avg.	412,042	292,718

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[3] 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.

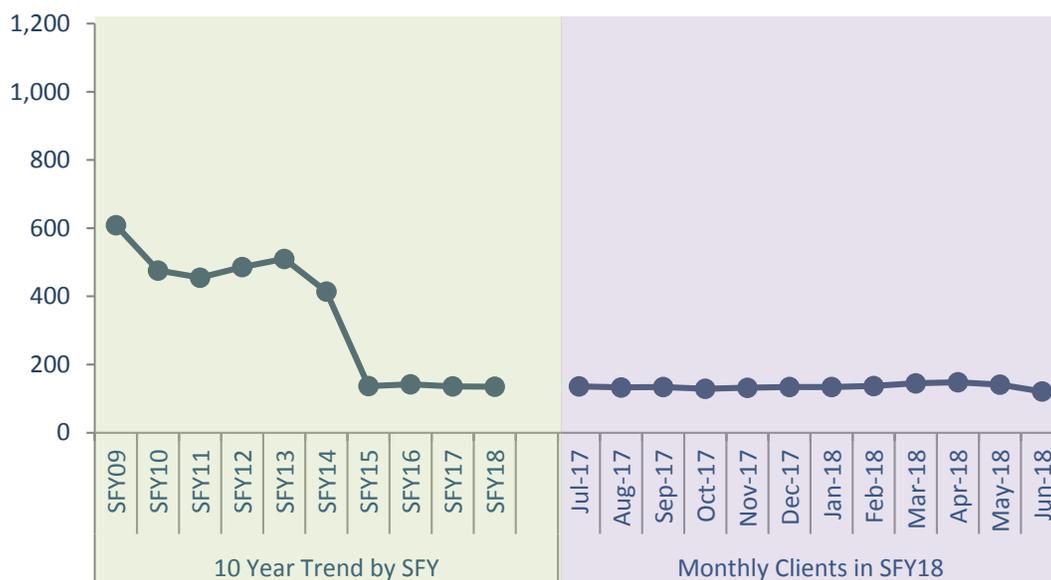# Alien Emergency Medical Clients, SFY 2009 – SFY 2018

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. Clients	SFY	Mo. Avg. Clients
SFY09	609	SFY14	414
SFY10	476	SFY15	137
SFY11	455	SFY16	142
SFY12	486	SFY17	136
SFY13	510	SFY18	135

SFY 2018	# of Clients
July	136
August	133
September	134
October	129
November	132
December	134
January	134
February	137
March	145
April	148
May	141
June	121
Mo. Avg.	135

Healthcare for Workers with Disabilities Clients, SFY 2009 – SFY 2018
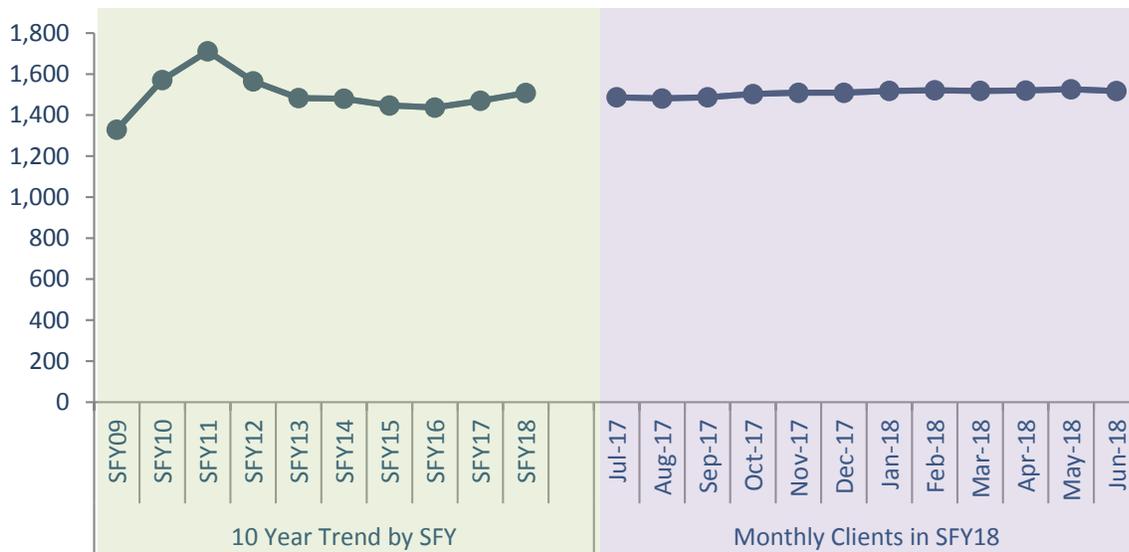
SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY09	1,329	SFY14	1,480
SFY10	1,571	SFY15	1,447
SFY11	1,711	SFY16	1,437
SFY12	1,565	SFY17	1,470
SFY13	1,483	SFY18	1,508

SFY 2018	# of Clients
July	1,487
August	1,481
September	1,487
October	1,503
November	1,509
December	1,509
January	1,518
February	1,521
March	1,518
April	1,520
May	1,526
June	1,517
Mo. Avg.	1,508

Long-Term Care Medical Clients, SFY 2009 – SFY 2018
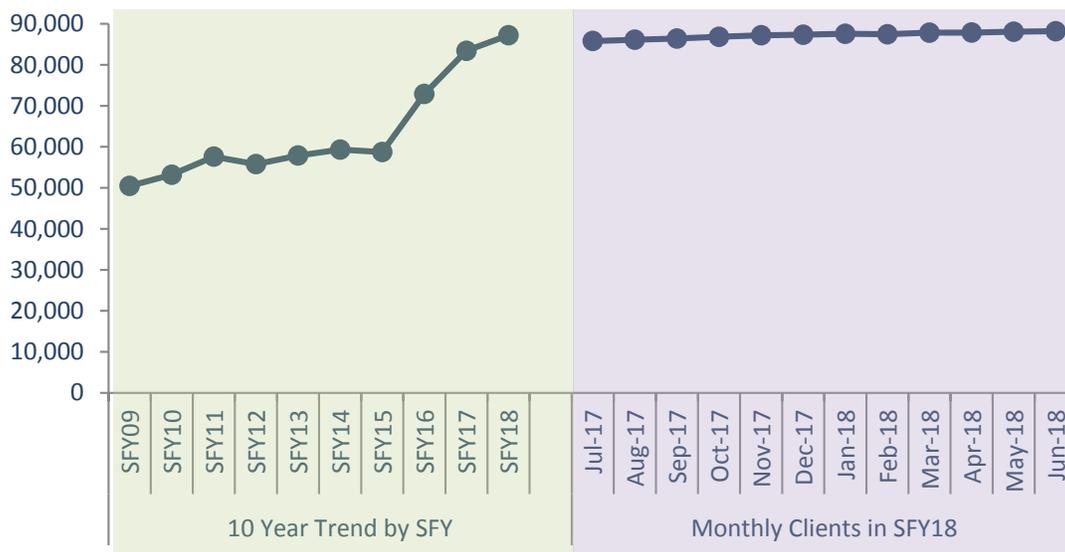
SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY09	50,455	**SFY14**	59,328
SFY10	53,183	**SFY15**	58,724
SFY11	57,599	**SFY16**	72,875
SFY12	55,775	**SFY17**	83,409
SFY13	57,873	**SFY18**	87,219

SFY 2018	# of Clients
July	85,794
August	86,101
September	86,406
October	86,834
November	87,200
December	87,326
January	87,563
February	87,451
March	87,833
April	87,851
May	88,074
June	88,193
Mo. Avg.	**87,219**

Medicare Savings Program Caseload, SFY 2009 – SFY 2018
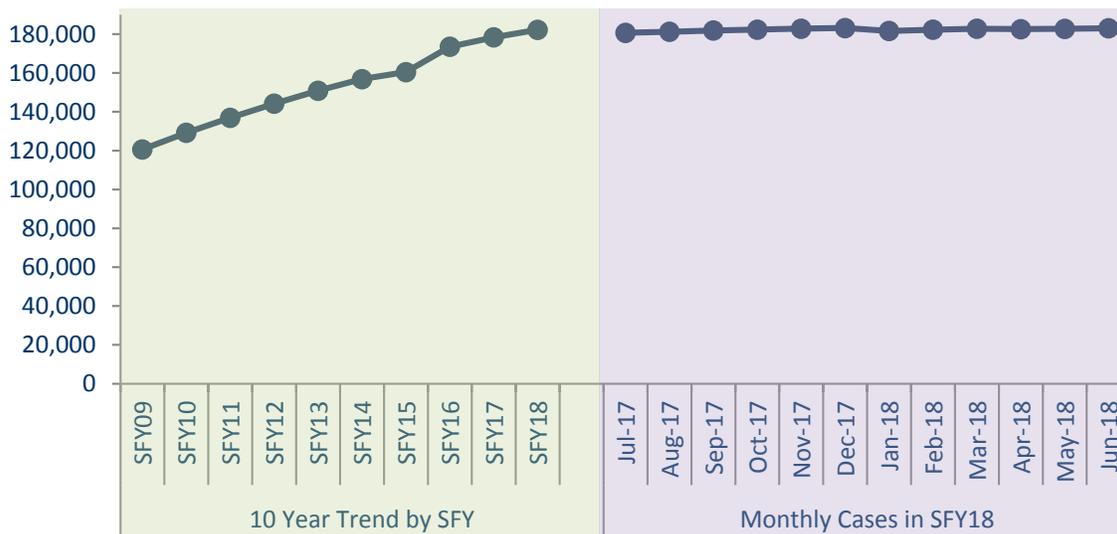
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY09	120,620	SFY14	156,855
SFY10	129,207	SFY15	160,438
SFY11	136,935	SFY16	173,520
SFY12	144,172	SFY17	178,338
SFY13	150,839	SFY18	182,238

SFY 2018	# of Cases	# of Clients
July	180,675	184,765
August	181,221	185,350
September	181,836	185,973
October	182,322	186,481
November	182,790	186,953
December	183,123	187,311
January	181,611	185,772
February	182,254	186,399
March	182,746	186,925
April	182,560	186,765
May	182,731	186,993
June	182,984	187,262
Mo. Avg.	182,238	186,412

# Refugee Medical Assistance Caseload, SFY 2009 – SFY 2018
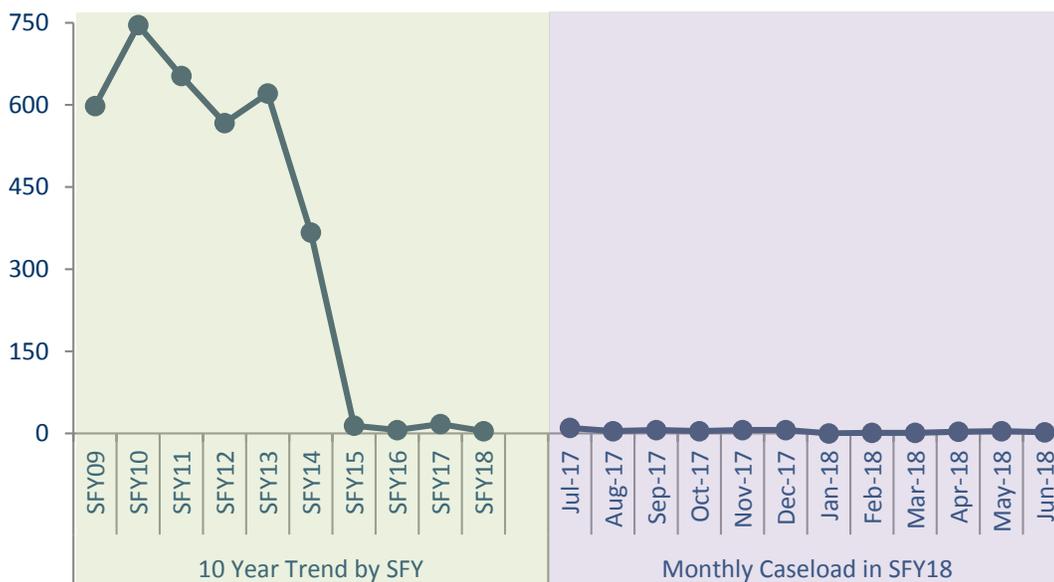
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY09	598	SFY14	367
SFY10	746	SFY15	14
SFY11	653	SFY16	6
SFY12	567	SFY17	17
SFY13	621	SFY18	4

SFY 2018	# of Cases	# of Clients
July	10	10
August	4	5
September	6	7
October	4	10
November	6	7
December	6	7
January	0	0
February	1	1
March	1	1
April	3	4
May	4	6
June	2	3
Mo. Avg.	4	5

SSI Medicaid Clients, SFY 2009 – SFY 2018
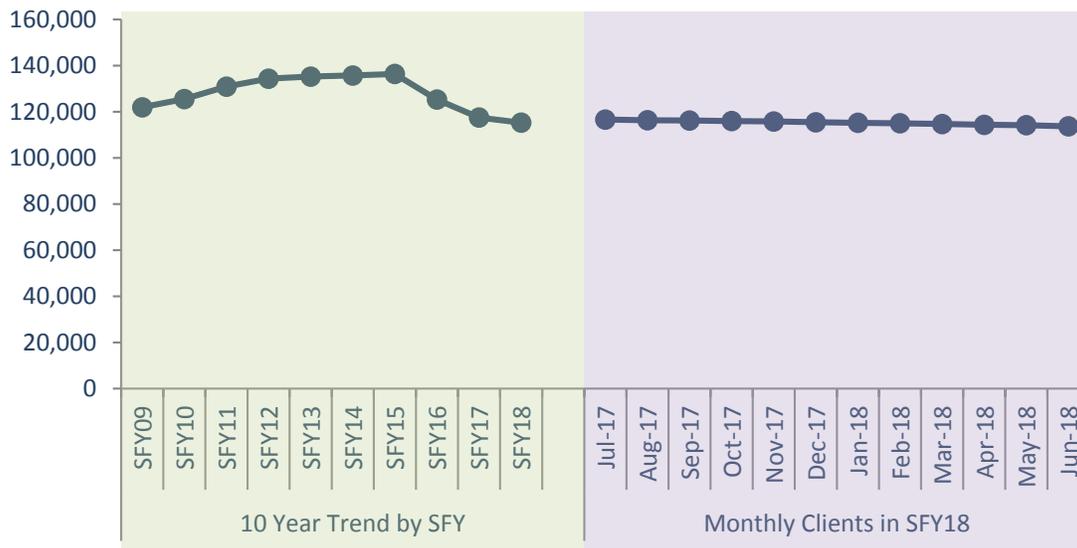
SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY09	121,916	SFY14	135,730
SFY10	125,523	SFY15	136,374
SFY11	130,897	SFY16	125,278
SFY12	134,322	SFY17	117,461
SFY13	135,224	SFY18	115,279

SFY 2018	# of Clients
July	116,601
August	116,314
September	116,194
October	115,942
November	115,778
December	115,425
January	115,215
February	115,010
March	114,680
April	114,334
May	114,173
June	113,687
Mo. Avg.	115,279

SSI Related Medicaid Caseload, SFY 2009 – SFY 2018
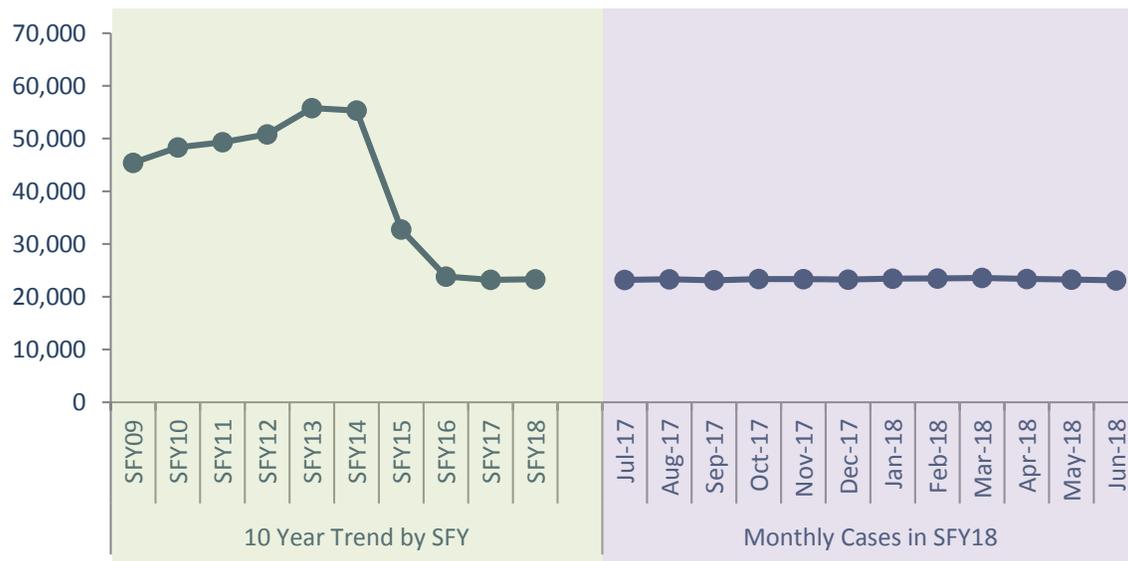
Note: The sharp caseload decline beginning in SFY 2015 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY09	45,408	SFY14	55,314
SFY10	48,337	SFY15	32,758
SFY11	49,318	SFY16	23,832
SFY12	50,812	SFY17	23,211
SFY13	55,778	SFY18	23,319

SFY 2018	# of Cases	# of Clients
July	23,204	24,327
August	23,320	24,482
September	23,126	24,275
October	23,361	24,500
November	23,345	24,483
December	23,257	24,377
January	23,435	24,555
February	23,467	24,589
March	23,568	24,684
April	23,374	24,537
May	23,258	24,426
June	23,110	24,291
Mo. Avg.	23,319	24,461

Medical Care Services Caseload,[4] SFY 2018
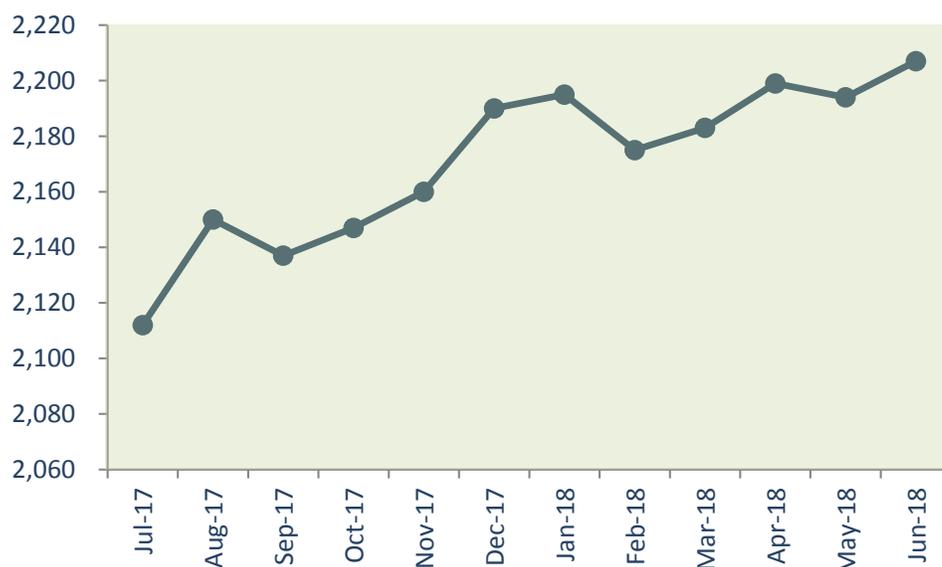
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY09	19,731	SFY14	7,292
SFY10	21,523	SFY15	1,778
SFY11	22,082	SFY16	1,897
SFY12	16,175	SFY17	2,038
SFY13	12,637	SFY18	2,171

SFY 2018	# of Cases	# of Clients
July	2,112	2,115
August	2,150	2,152
September	2,137	2,140
October	2,147	2,150
November	2,160	2,163
December	2,190	2,191
January	2,195	2,196
February	2,175	2,173
March	2,183	2,186
April	2,199	2,201
May	2,194	2,195
June	2,207	2,209
Mo. Avg.	**2,171**	**2,173**

[4] 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 2018 Snapshot

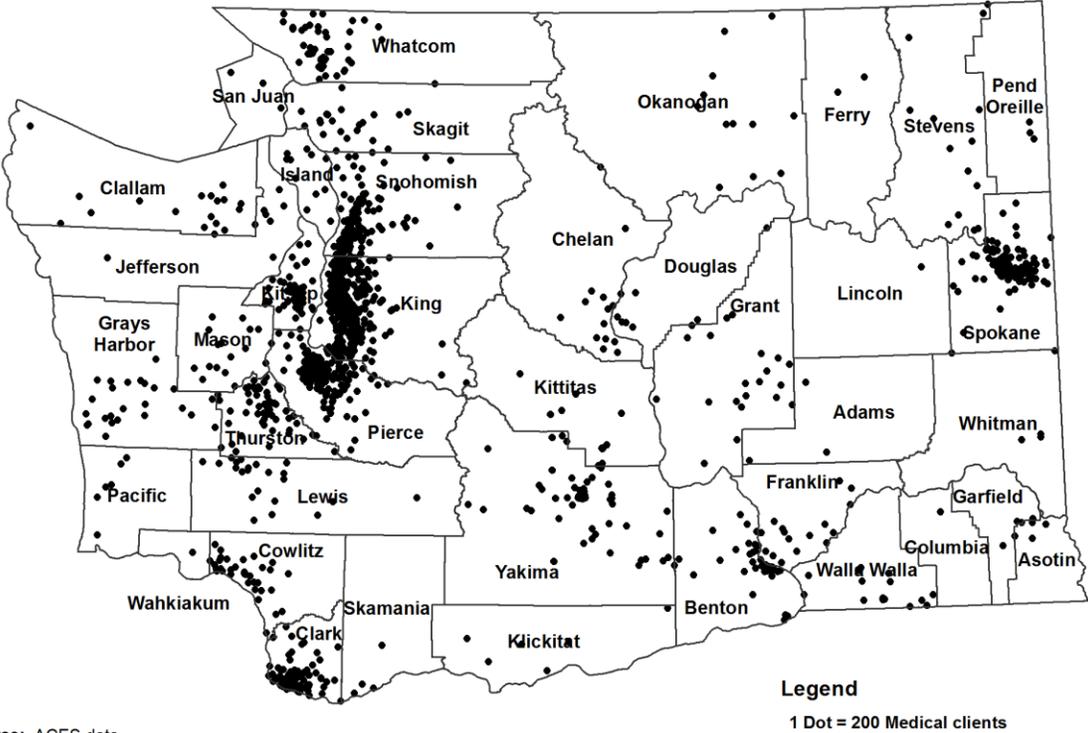**Number of Medical Clients by Residential County in Washington State: June 2018**

County	Count
Whatcom	8,919
San Juan	332
Skagit	5,290
Okanogan	2,648
Ferry	500
Stevens	2,699
Pend Oreille	932
Clallam	3,930
Island	2,243
Snohomish	25,173
Chelan	3,216
Douglas	1,212
Lincoln	486
Spokane	27,332
Jefferson	1,454
Kitsap	9,543
King	71,257
Mason	3,114
Kittitas	1,286
Grant	4,320
Adams	764
Whitman	1,151
Grays Harbor	5,615
Thurston	11,042
Pierce	36,453
Lewis	5,114
Pacific	1,530
Yakima	13,965
Franklin	3,277
Garfield	102
Columbia	309
Cowlitz	7,009
Skamania	384
Benton	7,496
Walla Walla	2,825
Asotin	1,493
Wahkiakum	220
Clark	16,671
Klickitat	1,120

Medical Client Count
- 0 - 10,000
- 10,001 - 50,000
- Over 50,000

Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2018

Medical Assistance Clients by Density of Residential Zip Code, June 2018 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2018

Source: ACES data

Legend
1 Dot = 200 Medical clients

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2018