

# Medical Assistance

SFY

# 2019

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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).<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 or ALTSA<sup>3</sup> 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:

**DATA SOURCES:** Data for this chapter is based on the ESA Automated Client Eligibility System (ACES) database as of August 2019.

**DATA NOTE:**

- If counts of clients and cases served by a medical program are nearly identical, only clients are reported 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).

<sup>3</sup> Aging and Long-Term Support Administration (ALTSA) is a DSHS partner; therefore, ALTSA clients are included in this data.

## Medical Assistance Clients by Program Type, SFY 2019

Program Type	Description	Avg. Monthly Clients
<b>Alien Emergency Medicaid (AEM)<sup>4</sup></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.	150
<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).	1,506
<b>Long Term Care</b>	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	90,257
<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% to 200% FPL.	187,323
<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.	3
<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.	113,251
<b>SSI Related Medicaid</b>	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	25,026
<b>Medical Care Services</b>	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.	2,181

<sup>4</sup> Counts are restricted to clients 65 and older who are served by DSHS-ESA and AL TSA only.

### Total Medical Assistance Caseload, SFY 2010 – SFY 2019



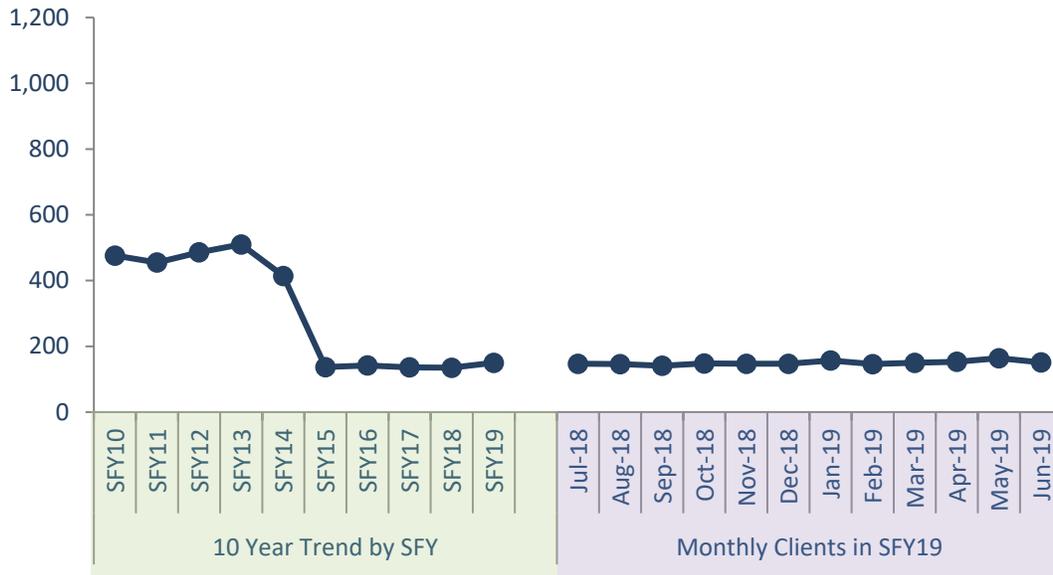
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY10	798,775	SFY15	391,828
SFY11	836,067	SFY16	399,159
SFY12	845,207	SFY17	406,260
SFY13	856,672	SFY18	412,042
SFY14	741,457	SFY19	414,320

SFY 2019	# of Cases <sup>5</sup>	# of Clients
July	415,203	294,943
August	415,947	295,385
September	415,541	295,124
October	416,077	295,477
November	416,128	295,471
December	416,010	295,256
January	413,271	292,601
February	412,819	291,950
March	412,700	291,966
April	412,832	292,157
May	413,129	292,388
June	412,180	291,820
<b>Mo. Avg.</b>	<b>414,320</b>	<b>293,712</b>

<sup>5</sup> These counts are of unique case numbers. Each client is assigned a case number for each medical program 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 is greater than the number of medical clients.

### Alien Emergency Medical Clients<sup>6</sup>, SFY 2010 – SFY 2019



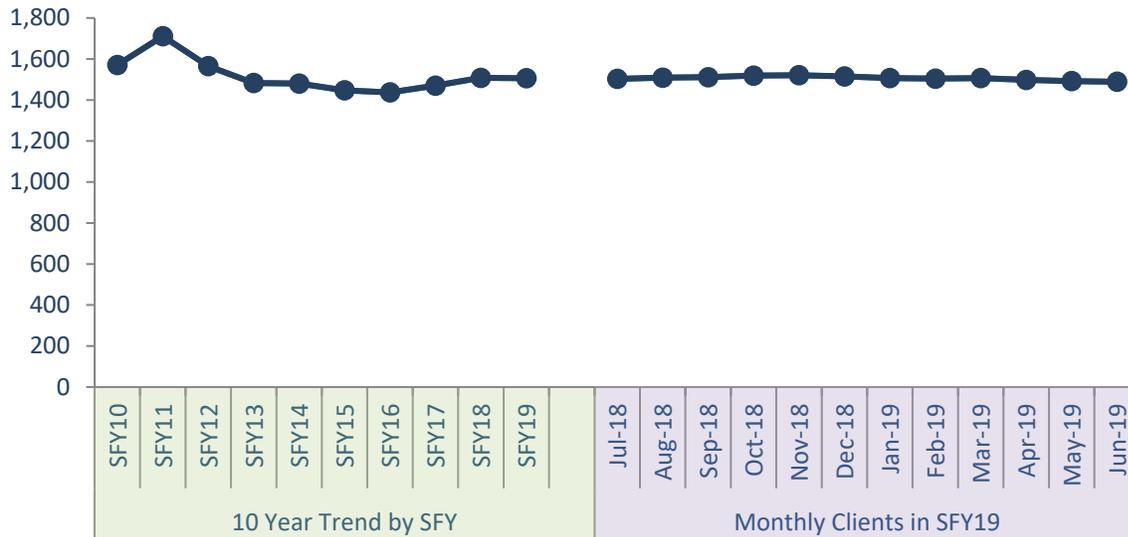
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY10	476	SFY15	137
SFY11	455	SFY16	142
SFY12	486	SFY17	136
SFY13	510	SFY18	135
SFY14	414	SFY19	150

SFY 2019	# of Clients
July	147
August	146
September	141
October	148
November	147
December	147
January	157
February	146
March	150
April	153
May	164
June	151
<b>Mo. Avg.</b>	<b>150</b>

<sup>6</sup> Counts are restricted to clients 65 and older who are served by DSHS-ESA and ALTSA only.

## Healthcare for Workers with Disabilities Clients, SFY 2010 – SFY 2019



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
<b>SFY10</b>	1,571	<b>SFY15</b>	1,447
<b>SFY11</b>	1,711	<b>SFY16</b>	1,437
<b>SFY12</b>	1,565	<b>SFY17</b>	1,470
<b>SFY13</b>	1,483	<b>SFY18</b>	1,508
<b>SFY14</b>	1,480	<b>SFY19</b>	1,506

SFY 2019	# of Clients
July	1,503
August	1,509
September	1,511
October	1,519
November	1,521
December	1,515
January	1,507
February	1,504
March	1,507
April	1,498
May	1,492
June	1,489
<b>Mo. Avg.</b>	<b>1,506</b>

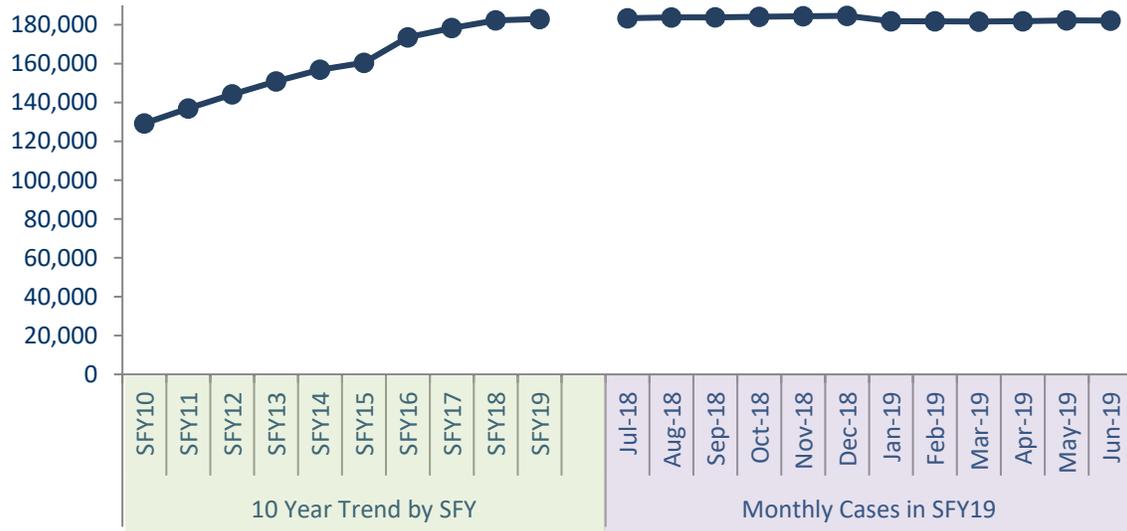
### Long-Term Care Medical Clients, SFY 2010 – SFY 2019



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
<b>SFY10</b>	53,183	<b>SFY15</b>	58,724
<b>SFY11</b>	57,599	<b>SFY16</b>	72,875
<b>SFY12</b>	55,775	<b>SFY17</b>	83,409
<b>SFY13</b>	57,873	<b>SFY18</b>	87,219
<b>SFY14</b>	59,328	<b>SFY19</b>	90,257

SFY 2019	# of Clients
July	88,860
August	89,264
September	89,320
October	89,738
November	89,948
December	90,127
January	90,473
February	90,628
March	90,855
April	91,102
May	91,374
June	91,396
<b>Mo. Avg.</b>	<b>90,257</b>

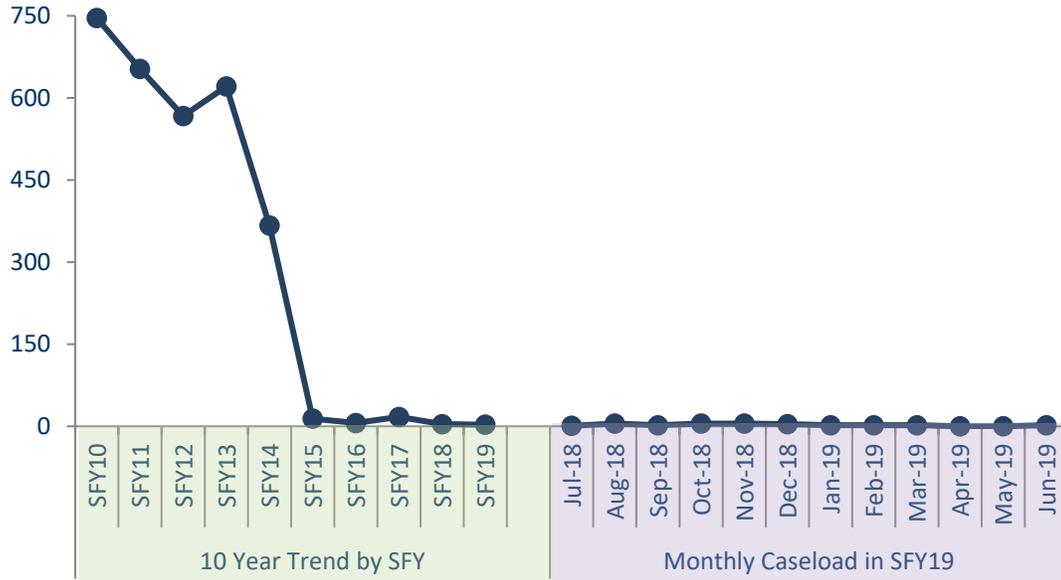
### Medicare Savings Program Caseload, SFY 2010 – SFY 2019



SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY10	129,207	SFY15	160,438
SFY11	136,935	SFY16	173,520
SFY12	144,172	SFY17	178,338
SFY13	150,839	SFY18	182,238
SFY14	156,855	SFY19	182,956

SFY 2019	# of Cases	# of Clients
July	183,372	187,664
August	183,769	188,079
September	183,803	188,141
October	184,108	188,448
November	184,391	188,740
December	184,597	188,996
January	181,805	186,121
February	181,768	186,096
March	181,654	186,002
April	181,813	186,231
May	182,246	186,718
June	182,141	186,640
Mo. Avg.	182,956	187,323

### Refugee Medical Assistance Caseload, SFY 2010 – SFY 2019

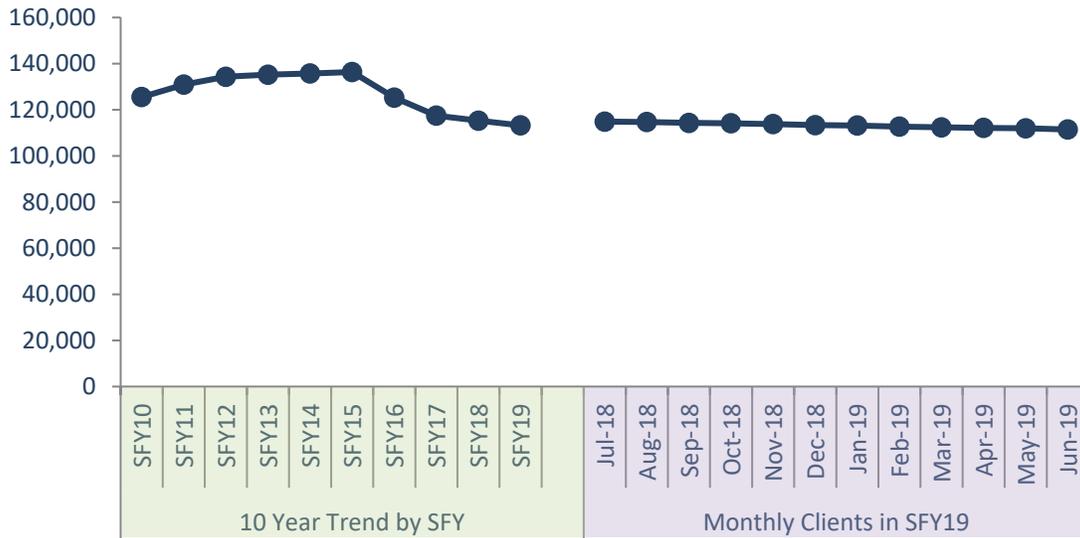


Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY10	746	SFY15	14
SFY11	653	SFY16	6
SFY12	567	SFY17	17
SFY13	621	SFY18	4
SFY14	367	SFY19	3

SFY 2019	# of Cases	# of Clients
July	1	1
August	5	6
September	2	2
October	5	8
November	5	8
December	4	5
January	2	3
February	2	3
March	2	3
April	0	0
May	0	0
June	2	2
Mo. Avg.	3	3

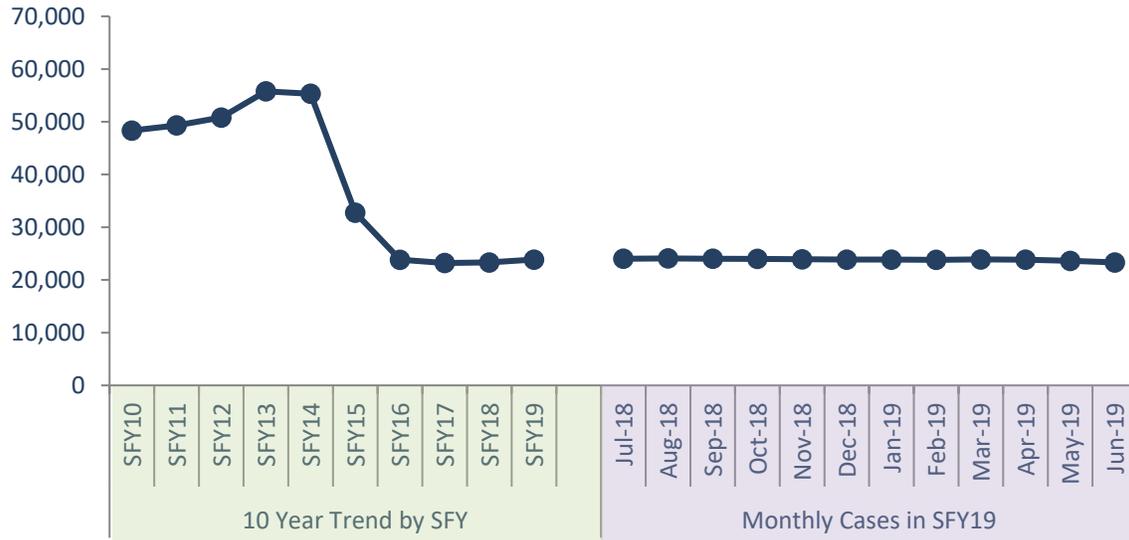
### SSI Medicaid Clients, SFY 2010 – SFY 2019



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY10	125,523	SFY15	136,374
SFY11	130,897	SFY16	125,278
SFY12	134,322	SFY17	117,461
SFY13	135,224	SFY18	115,279
SFY14	135,730	SFY19	113,251

SFY 2019	# of Clients
July	114,870
August	114,712
September	114,307
October	114,155
November	113,803
December	113,371
January	113,166
February	112,688
March	112,375
April	112,157
May	111,960
June	111,446
Mo. Avg.	113,251

### SSI Related Medicaid Caseload, SFY 2010 – SFY 2019

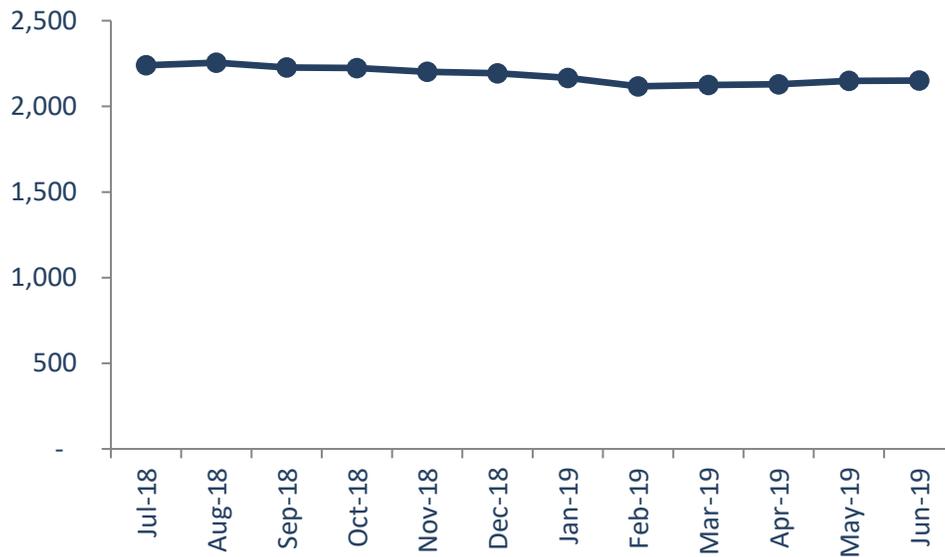


Note: The sharp caseload decline beginning in SFY 2015 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY10	48,337	SFY15	32,758
SFY11	49,318	SFY16	23,832
SFY12	50,812	SFY17	23,211
SFY13	55,778	SFY18	23,319
SFY14	55,314	SFY19	23,859

SFY 2019	# of Cases	# of Clients
July	24,022	25,187
August	24,090	25,238
September	24,025	25,184
October	23,996	25,152
November	23,929	25,087
December	23,867	25,041
January	23,869	25,036
February	23,821	24,986
March	23,895	25,056
April	23,850	25,008
May	23,627	24,818
June	23,313	24,515
Mo. Avg.	23,859	25,026

### Medical Care Services Caseload,<sup>7</sup> SFY 2010 – 2019



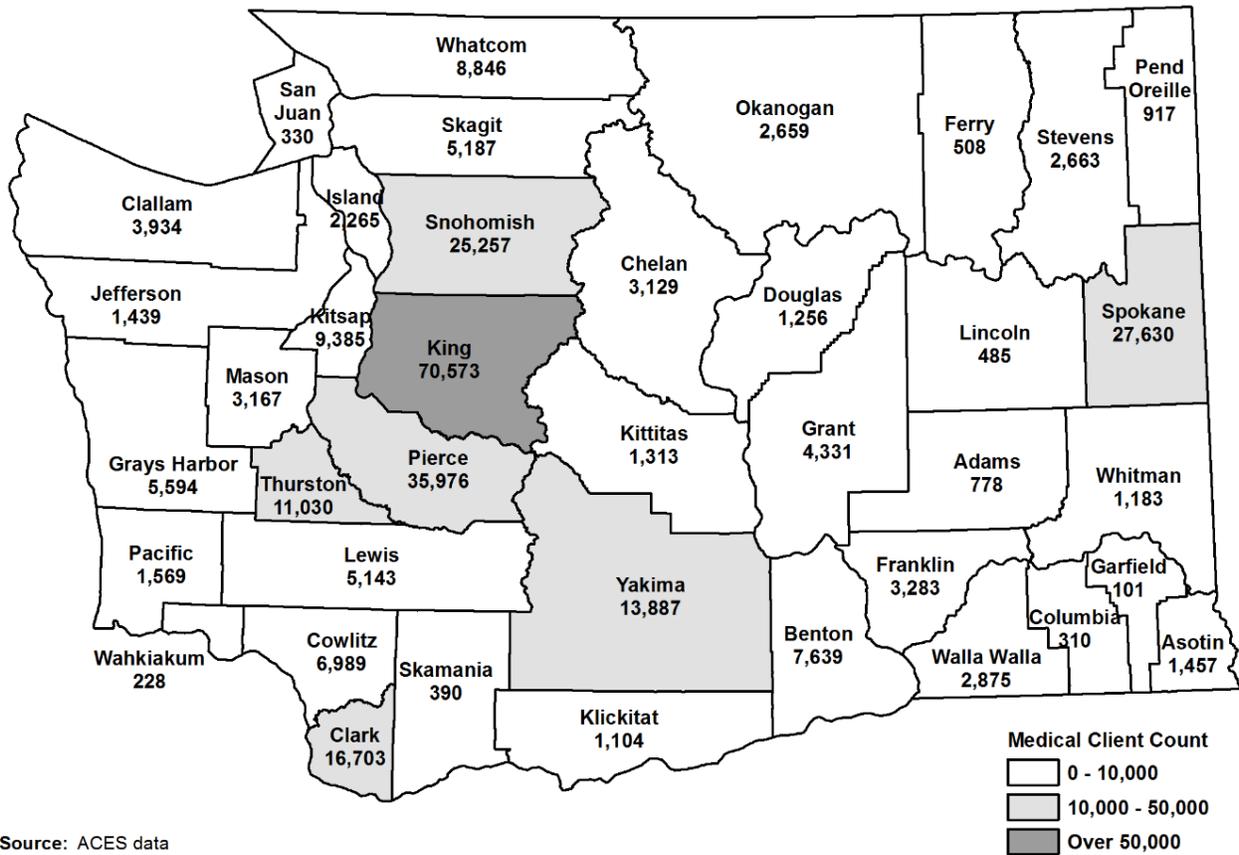
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY10	21,523	SFY15	1,778
SFY11	22,082	SFY16	1,897
SFY12	16,175	SFY17	2,038
SFY13	12,637	SFY18	2,171
SFY14	7,292	SFY19	2,182

SFY 2019	# of Cases	# of Clients
July	2,240	2,241
August	2,255	2,256
September	2,227	2,225
October	2,224	2,225
November	2,202	2,201
December	2,193	2,191
January	2,166	2,165
February	2,117	2,118
March	2,125	2,124
April	2,129	2,129
May	2,149	2,146
June	2,151	2,152
<b>Mo. Avg.</b>	<b>2,182</b>	<b>2,181</b>

<sup>7</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 2019 Snapshot

Number of Medical Clients by Residential County in Washington State: June 2019

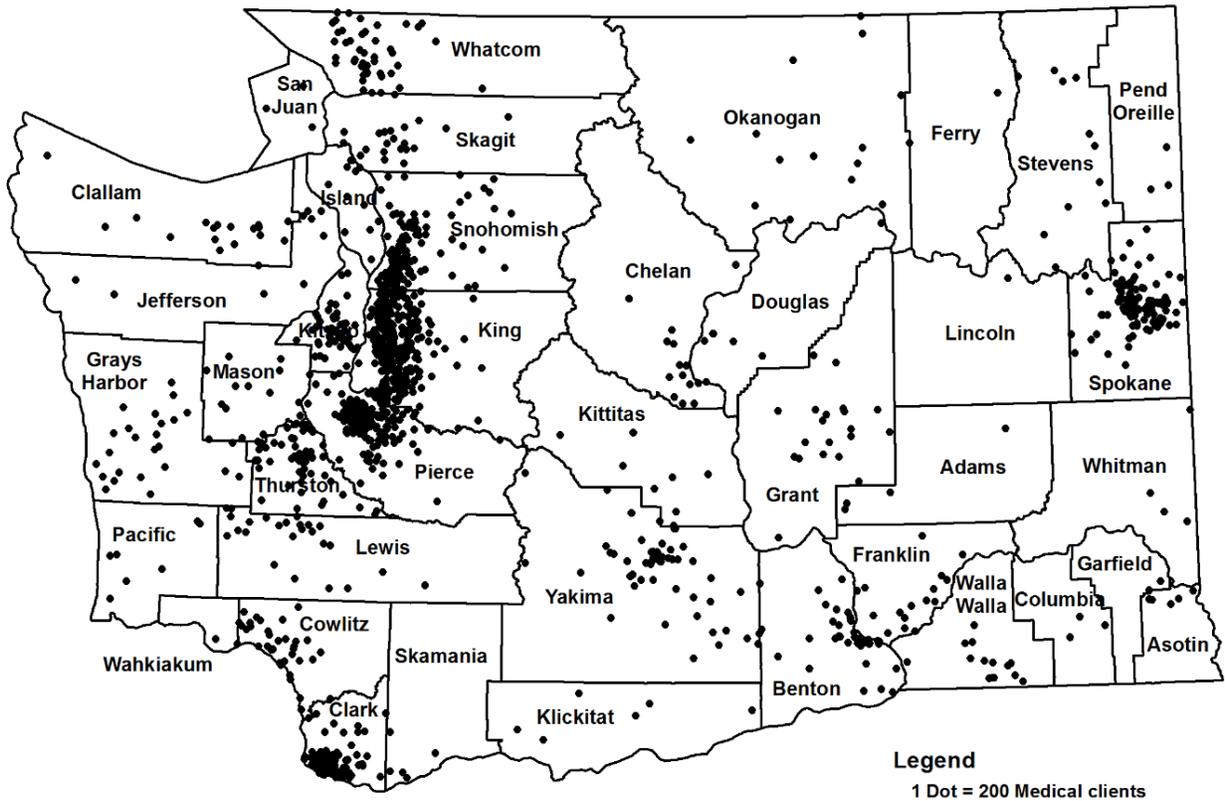


Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2019

# Medical Assistance Clients by Density of Residential Zip Code, June 2019 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2019



Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2019