

# Medical Assistance

SFY

# 2020

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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 2020.

**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).

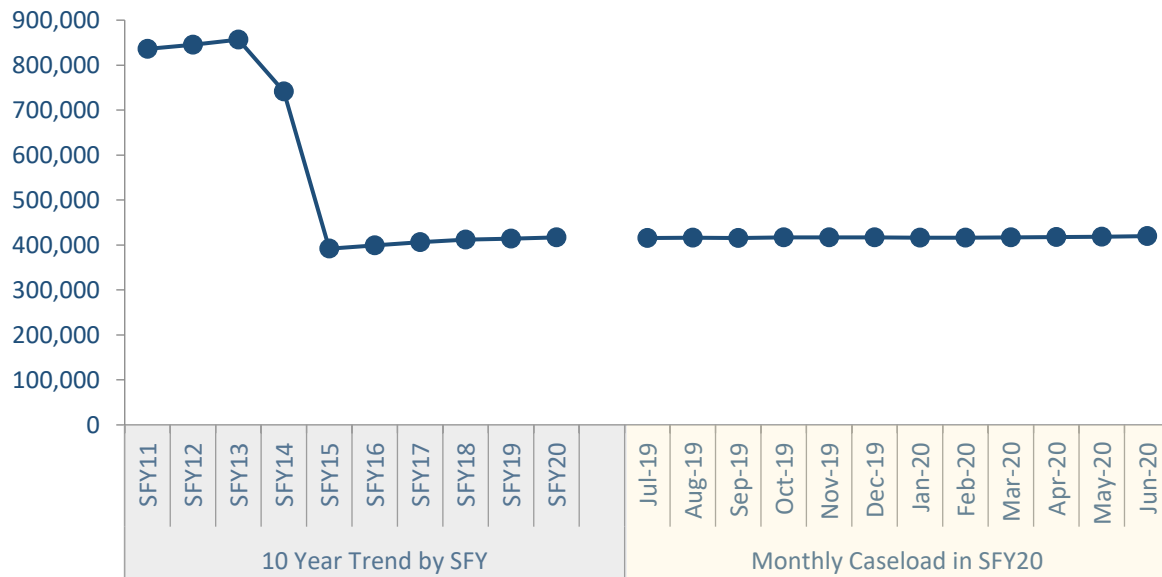
<sup>3</sup> Aging and Long-Term Support Administration (ALTSA) is an ESA partner; therefore, ALTSA clients are included in this data.

## Medical Assistance Clients by Program Type, SFY 2020

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.	155
<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).	1,513
<b>Long Term Care</b>	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	94,185
<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.	188,582
<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.	5
<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.	110,739
<b>SSI Related Medicaid</b>	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	25,446
<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.	2,058

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

### Total Medical Assistance Caseload, SFY 2011 – SFY 2020



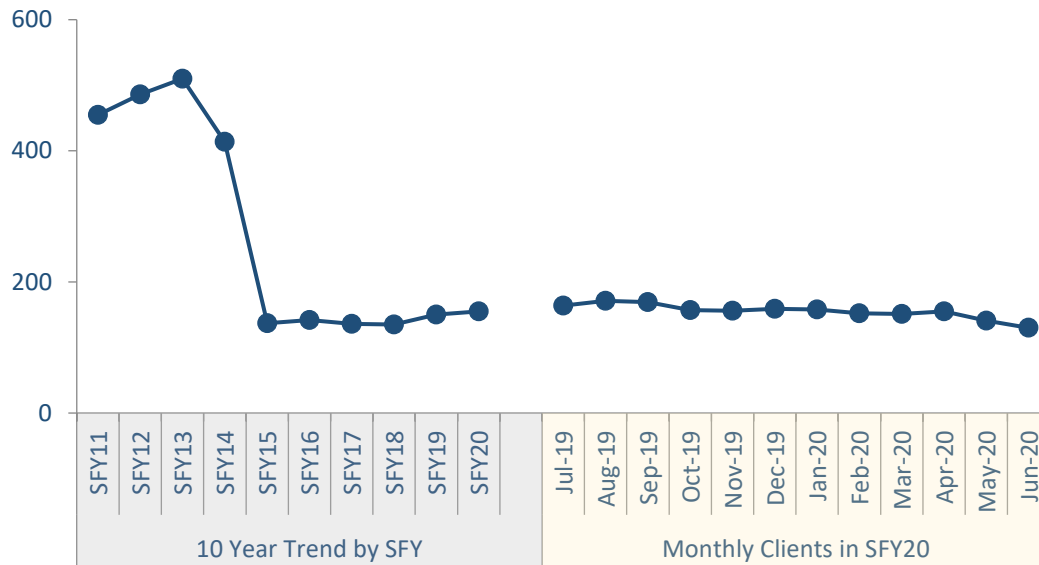
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY11	836,067	SFY16	399,159
SFY12	845,207	SFY17	406,260
SFY13	856,672	SFY18	412,042
SFY14	741,457	SFY19	414,320
SFY15	391,828	SFY20	416,950

SFY 2020	# of Cases <sup>5</sup>	# of Clients
July	415,598	294,222
August	416,122	294,363
September	415,728	293,984
October	416,863	294,669
November	417,062	294,735
December	417,179	295,008
January	416,194	293,776
February	416,198	293,719
March	416,756	294,246
April	417,591	295,236
May	418,662	295,996
June	419,451	296,664
<b>Mo. Avg.</b>	<b>416,950</b>	<b>294,718</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 2011 – SFY 2020



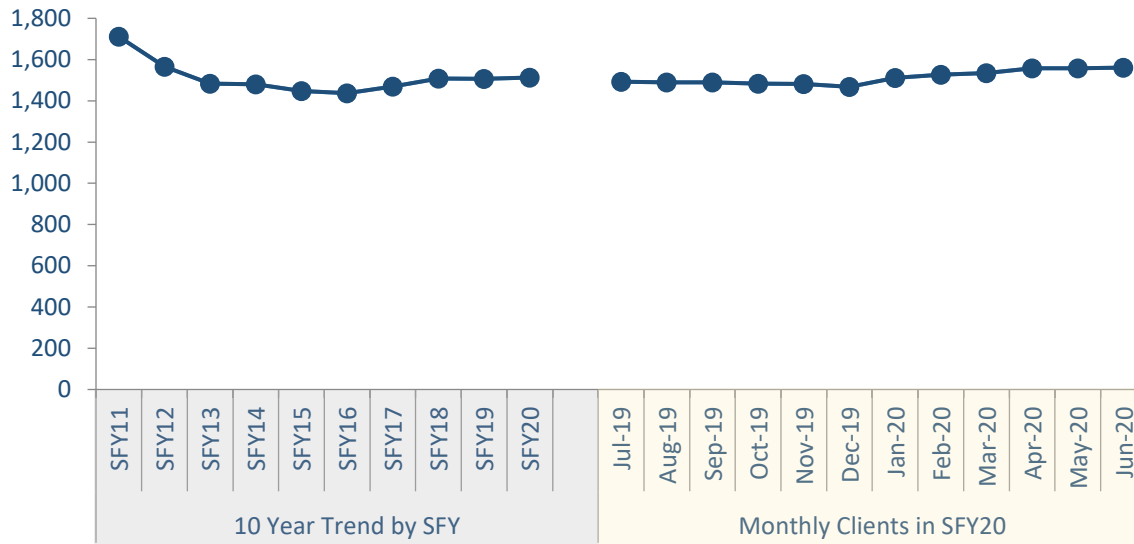
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY11	455	SFY16	142
SFY12	486	SFY17	136
SFY13	510	SFY18	135
SFY14	414	SFY19	150
SFY14	137	SFY20	155

SFY 2020	# of Clients
July	164
August	171
September	169
October	157
November	156
December	159
January	158
February	152
March	151
April	155
May	141
June	130
Mo. Avg.	155

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

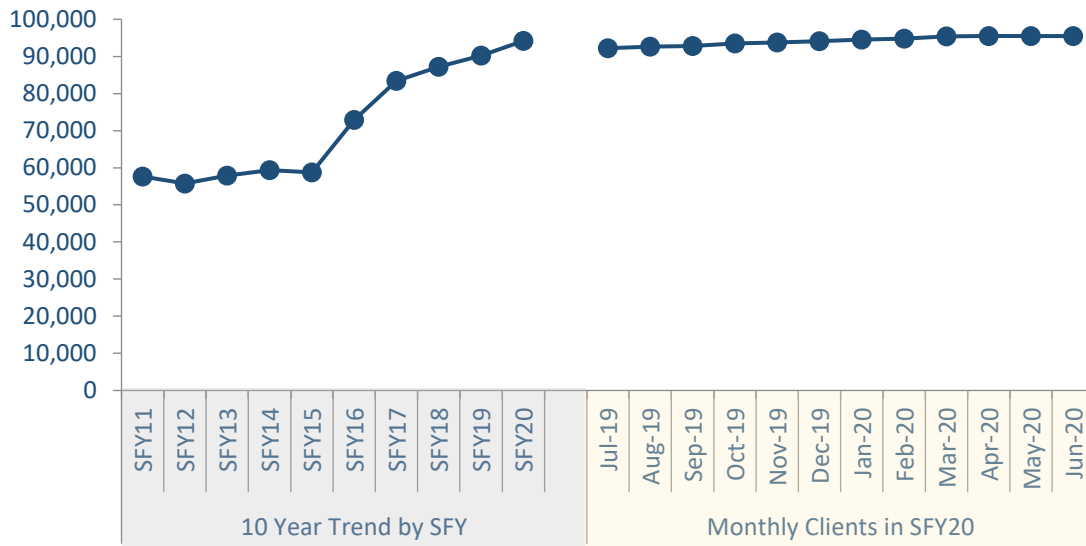
### Healthcare for Workers with Disabilities Clients, SFY 2011 – SFY 2020



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY11	1,711	SFY16	1,437
SFY12	1,565	SFY17	1,470
SFY13	1,483	SFY18	1,508
SFY14	1,480	SFY19	1,506
SFY15	1,447	SFY20	1,513

SFY 2020	# of Clients
July	1,493
August	1,490
September	1,489
October	1,484
November	1,481
December	1,467
January	1,511
February	1,527
March	1,534
April	1,558
May	1,558
June	1,561
Mo. Avg.	1,513

### Long-Term Care Medical Clients, SFY 2011 – SFY 2020

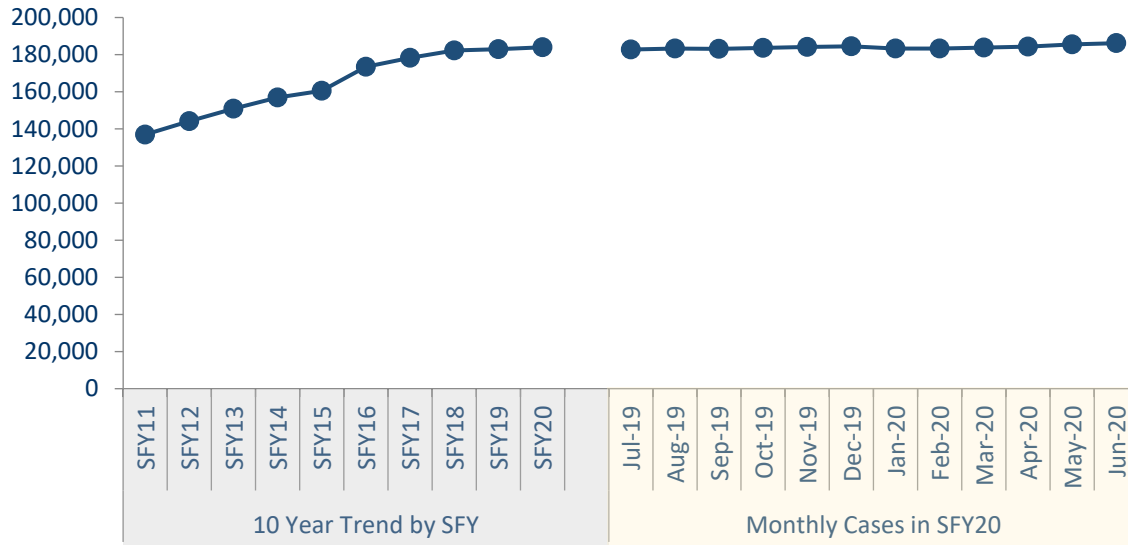


SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY11	57,599	SFY16	72,875
SFY12	55,775	SFY17	83,409
SFY13	57,873	SFY18	87,219
SFY14	59,328	SFY19	90,257
SFY15	58,724	SFY20	94,185

SFY 2020	# of Clients
July	92,228
August	92,620
September	92,793
October	93,500
November	93,794
December	94,082
January	94,527
February	94,821
March	95,371
April	95,506
May	95,494
June	95,484
<b>Mo. Avg.</b>	<b>94,185</b>



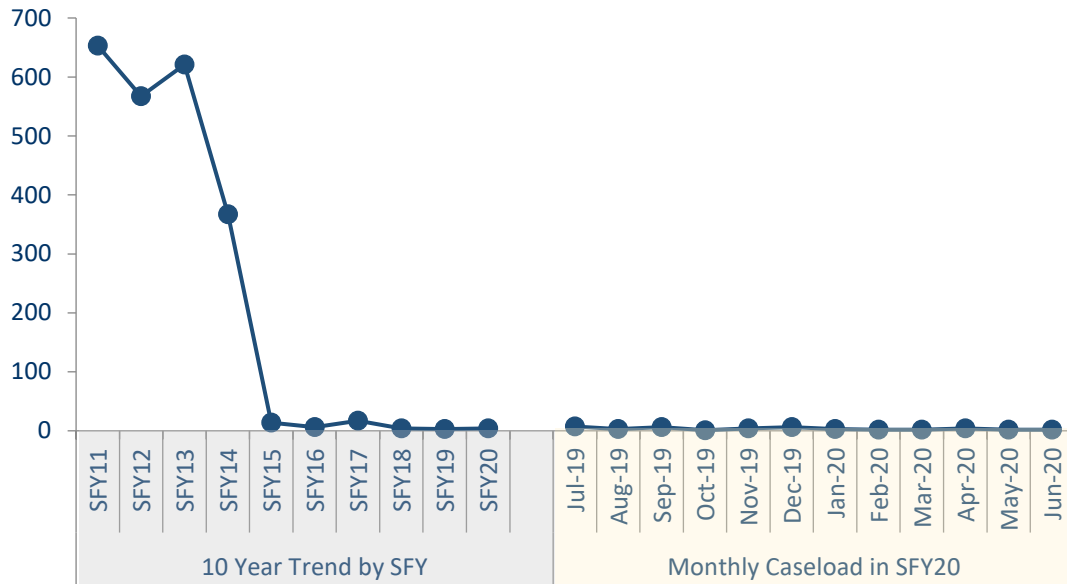
### Medicare Savings Program Caseload, SFY 2011 – SFY 2020



SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY11	136,935	SFY16	173,520
SFY12	144,172	SFY17	178,338
SFY13	150,839	SFY18	182,238
SFY14	156,855	SFY19	182,956
SFY15	160,438	SFY20	183,978

SFY 2020	# of Cases	# of Clients
July	182,788	187,290
August	183,256	187,773
September	183,130	187,653
October	183,683	188,256
November	184,053	188,638
December	184,476	189,105
January	183,214	187,770
February	183,292	187,894
March	183,765	188,395
April	184,394	189,053
May	185,513	190,222
June	186,168	190,939
Mo. Avg.	183,978	188,582

### Refugee Medical Assistance Caseload, SFY 2011 – SFY 2020

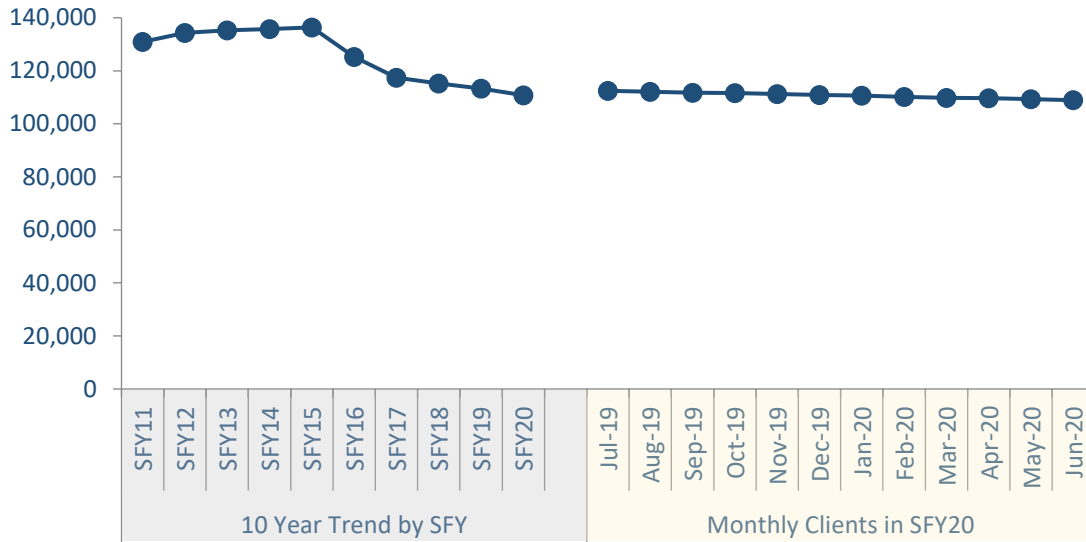


Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY11	653	SFY16	6
SFY12	567	SFY17	17
SFY13	621	SFY18	4
SFY14	367	SFY19	3
SFY15	14	SFY20	4

SFY 2020	# of Cases	# of Clients
July	7	8
August	3	4
September	6	8
October	1	1
November	4	5
December	6	11
January	3	5
February	2	4
March	2	4
April	4	6
May	2	4
June	2	3
Mo. Avg.	4	5

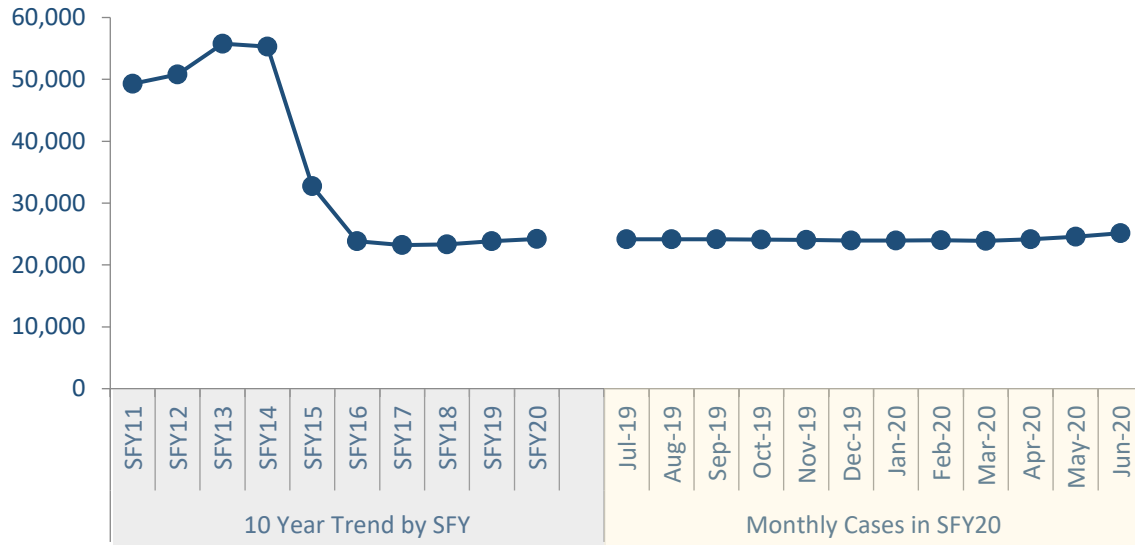
### SSI Medicaid Clients, SFY 2011 – SFY 2020



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY11	130,897	SFY16	125,278
SFY12	134,322	SFY17	117,461
SFY13	135,224	SFY18	115,279
SFY14	135,730	SFY19	113,251
SFY15	136,374	SFY20	110,739

SFY 2020	# of Clients
July	112,503
August	112,155
September	111,733
October	111,664
November	111,294
December	110,863
January	110,649
February	110,212
March	109,865
April	109,722
May	109,294
June	108,917
Mo. Avg.	110,739

### SSI Related Medicaid Caseload, SFY 2011 – SFY 2020

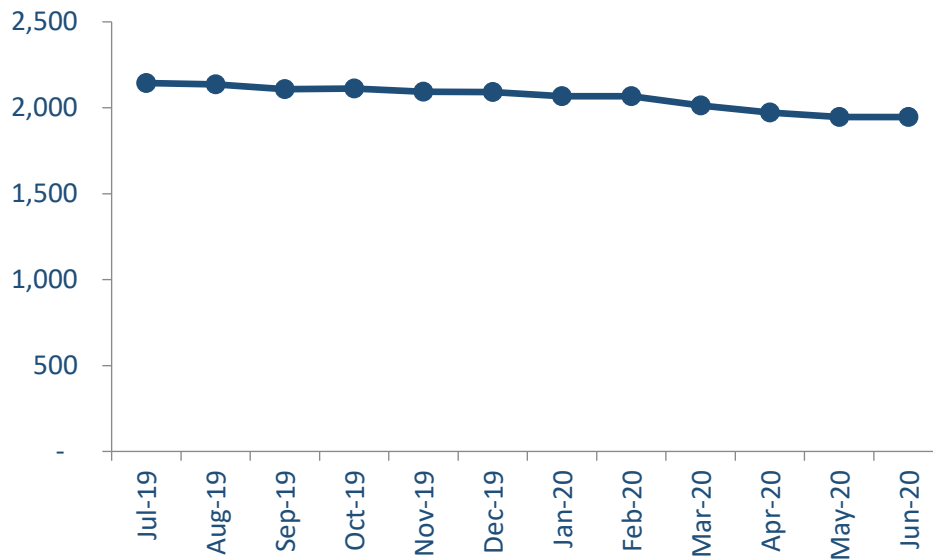


Note: The sharp caseload decline beginning in SFY 2015 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY11	49,318	SFY16	23,832
SFY12	50,812	SFY17	23,211
SFY13	55,778	SFY18	23,319
SFY14	55,314	SFY19	23,859
SFY15	32,758	SFY20	24,184

SFY 2020	# of Cases	# of Clients
July	24,142	25,404
August	24,140	25,405
September	24,132	25,389
October	24,104	25,379
November	24,049	25,314
December	23,931	25,205
January	23,927	25,193
February	23,987	25,244
March	23,910	25,169
April	24,151	25,402
May	24,586	25,824
June	25,147	26,426
<b>Mo. Avg.</b>	<b>24,184</b>	<b>25,446</b>

### Medical Care Services Caseload,<sup>7</sup> SFY 2011 – 2020



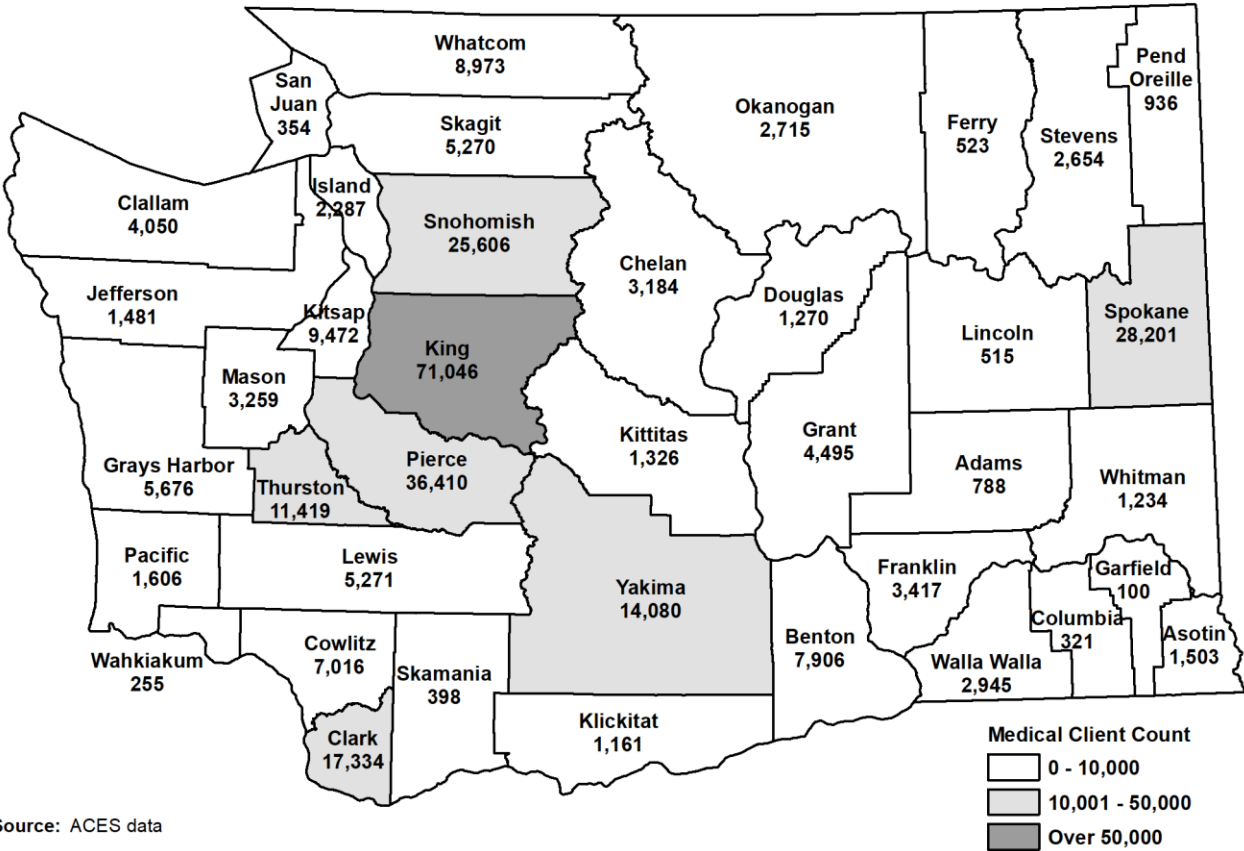
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY11	22,082	SFY16	1,897
SFY12	16,175	SFY17	2,038
SFY13	12,637	SFY18	2,171
SFY14	7,292	SFY19	2,182
SFY15	1,778	SFY20	2,058

SFY 2020	# of Cases	# of Clients
July	2,144	2,141
August	2,136	2,136
September	2,108	2,108
October	2,112	2,113
November	2,094	2,095
December	2,091	2,092
January	2,068	2,068
February	2,068	2,067
March	2,013	2,011
April	1,973	1,973
May	1,947	1,945
June	1,946	1,946
Mo. Avg.	2,058	2,058

<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 2020 Snapshot

Number of Medical Clients by Residential County in Washington State: June 2020

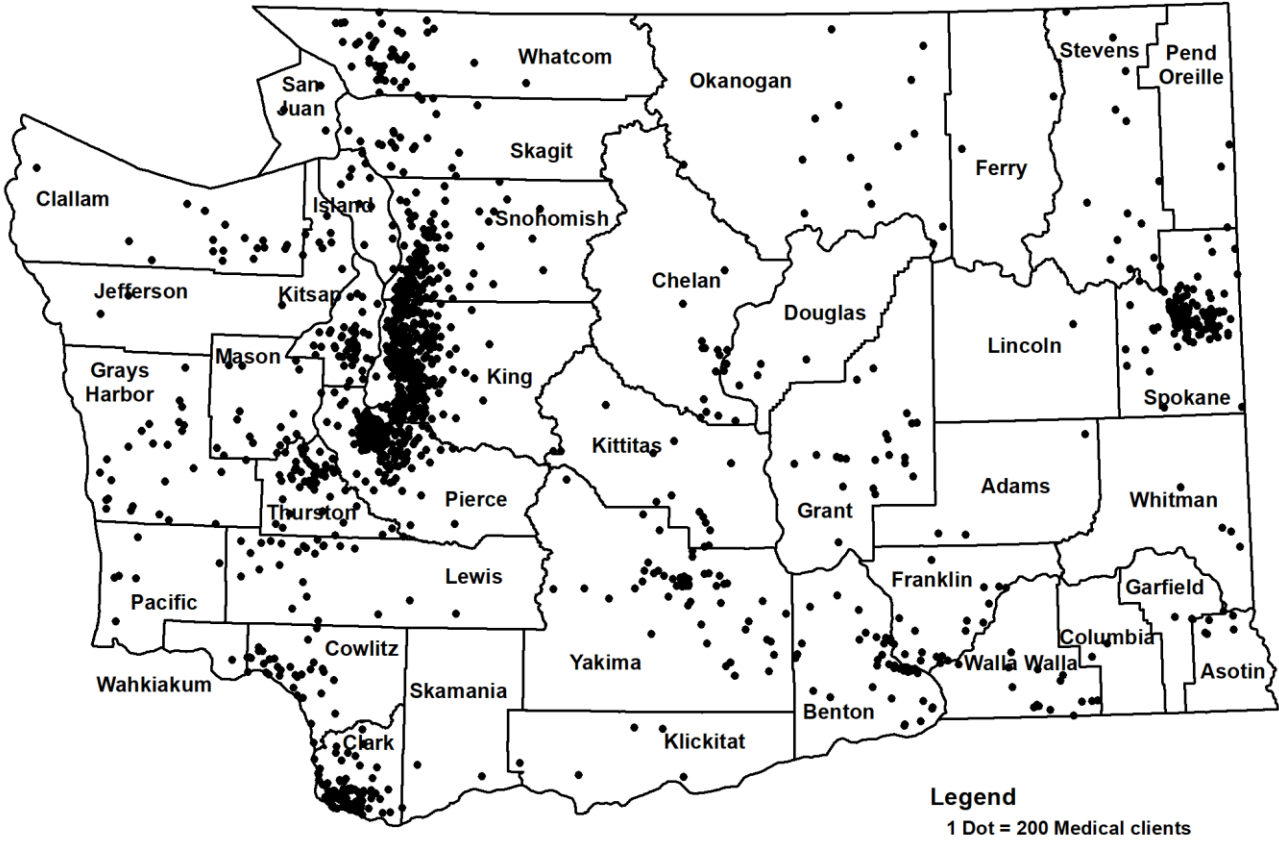


Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2020

# Medical Assistance Clients by Density of Residential Zip Code, June 2020 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2020



Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2020