

Medical Assistance

SFY

2021

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

Table of Contents

Medical Assistance Overview3

Medical Assistance Clients by Program Type, SFY 2021.....4

Total Medical Assistance Caseload, SFY 2012 – 20215

Alien Emergency Medical Clients, SFY 2012 – 20216

Healthcare for Workers with Disabilities Clients, SFY 2012 – 20217

Long-Term Care Medical Clients, SFY 2012 – 20218

Medicare Savings Program Caseload, SFY 2012 – 20219

Refugee Medical Assistance Caseload, SFY 2012 – 2021 10

SSI Medicaid Clients, SFY 2012 – 2021 11

SSI Related Medicaid Caseload, SFY 2012 – 2021 12

Medical Care Services Caseload, SFY 2012 – 2021 13

Medical Assistance Clients by County, June 2021 Snapshot 14

Medical Assistance Clients by Density of Residential Zip Code, June 2021 Snapshot 15

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-related² medical assistance. Beginning with SFY 2015, reporting is limited to programs administered by ESA or AL TSA³ 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 2021.

DATA NOTE:

- If counts of clients and cases served by a medical program are nearly identical, only clients are reported for that program.
- All reports of 10-year client trends reflect the monthly average for each state fiscal year (SFY).

¹Rules 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.

²Medical 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).

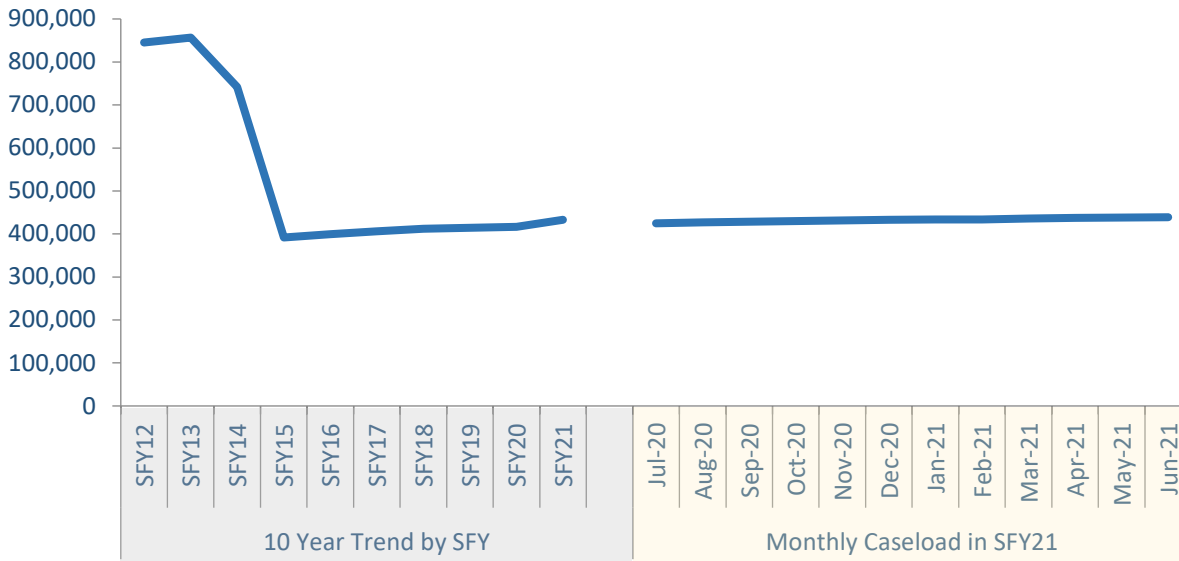
³ Aging and Long-Term Support Administration (AL TSA) is an ESA partner; therefore, AL TSA clients are included in this report.

Medical Assistance Clients by Program Type, SFY 2021

Program Type	Description	Avg. Monthly Clients
Alien Emergency Medicaid (AEM)⁴	Federally funded program for immigrants who would qualify for full-scope Medicaid except for their alien status. Coverage is limited to emergency medical conditions.	191
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).	1,621
Long Term Care	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	96,734
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.	197,098
Refugee Medical	Medical assistance for refugees who are ineligible for Medicaid. Eligibility ends after the first eight months of residency in the U.S.	2
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.	108,752
SSI Related Medicaid	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	32,678
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.	1,751

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

Total Medical Assistance Caseload, SFY 2012 – 2021



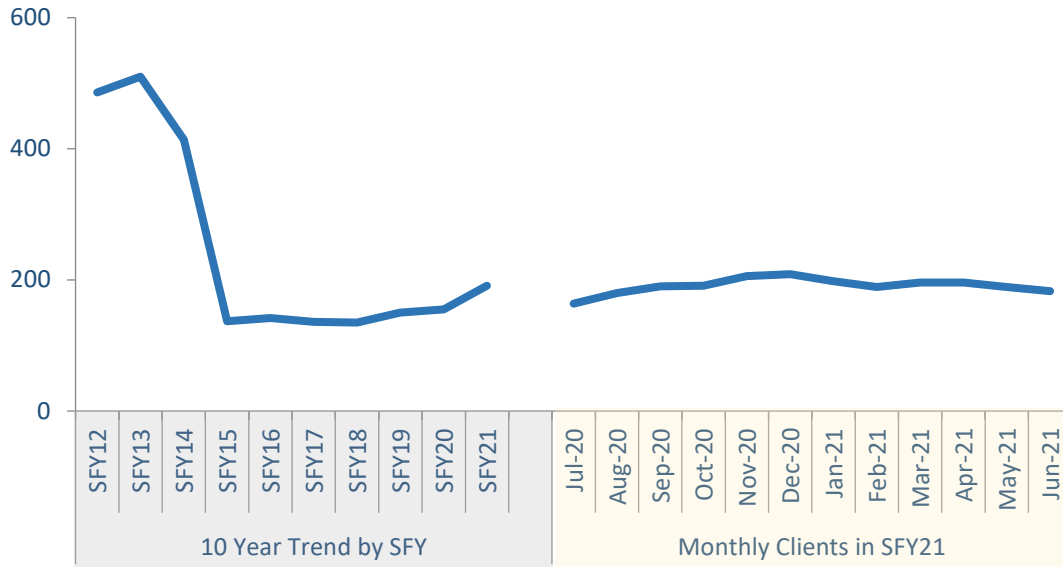
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY12	845,207	SFY17	406,260
SFY13	856,672	SFY18	412,042
SFY14	741,457	SFY19	414,320
SFY15	391,828	SFY20	416,950
SFY16	399,159	SFY21	432,653

SFY 2021	# of Cases ⁵	# of Clients
July	425,065	300,314
August	426,756	301,486
September	428,158	302,506
October	429,934	303,737
November	431,147	304,617
December	432,664	305,503
January	433,547	306,166
February	433,858	306,265
March	435,733	307,343
April	437,476	308,445
May	438,324	308,880
June	439,174	309,483
Mo. Avg.	432,653	305,395

⁵ 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 Clients⁶, SFY 2012 – 2021



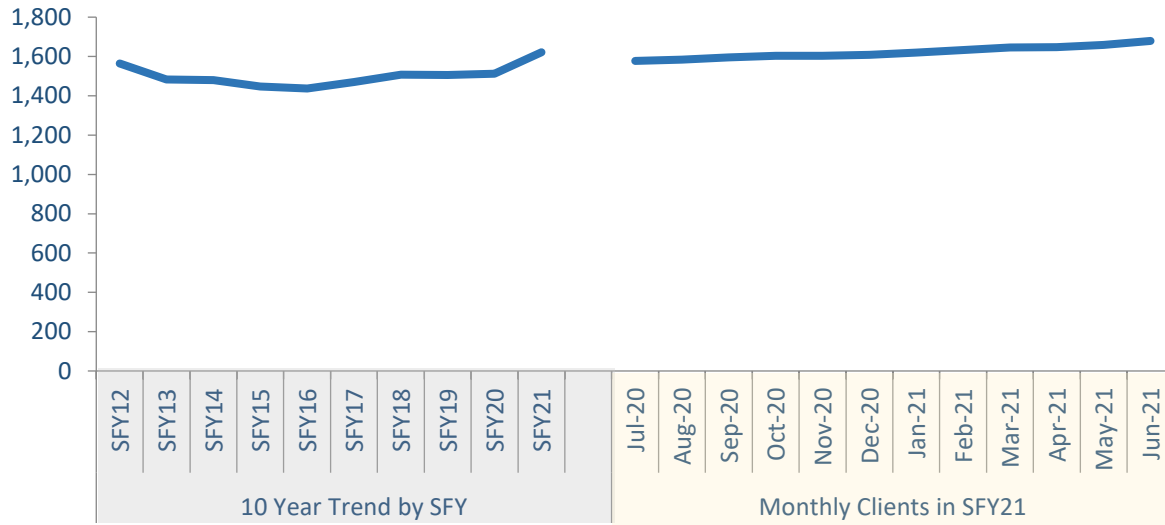
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY12	486	SFY17	136
SFY13	510	SFY18	135
SFY14	414	SFY19	150
SFY15	137	SFY20	155
SFY16	142	SFY21	191

SFY 2021	# of Clients
July	164
August	180
September	190
October	191
November	206
December	209
January	198
February	189
March	196
April	196
May	189
June	183
Mo. Avg.	191

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

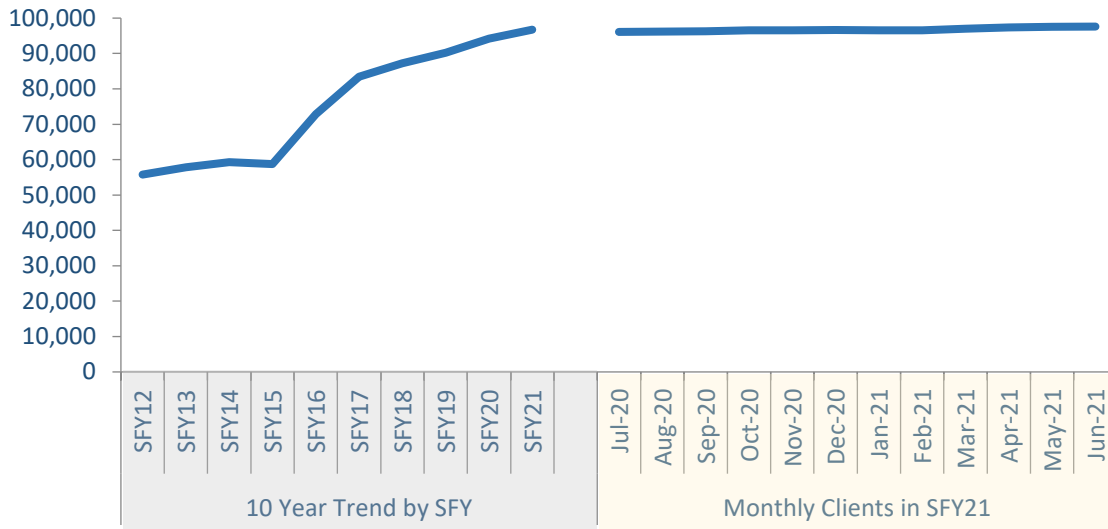
Healthcare for Workers with Disabilities Clients, SFY 2012 – 2021



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY12	1,565	SFY17	1,470
SFY13	1,483	SFY18	1,508
SFY14	1,480	SFY19	1,506
SFY15	1,447	SFY20	1,513
SFY16	1,437	SFY21	1,621

SFY 2021	# of Clients
July	1,578
August	1,584
September	1,595
October	1,603
November	1,604
December	1,609
January	1,620
February	1,633
March	1,646
April	1,648
May	1,658
June	1,679
Mo. Avg.	1,621

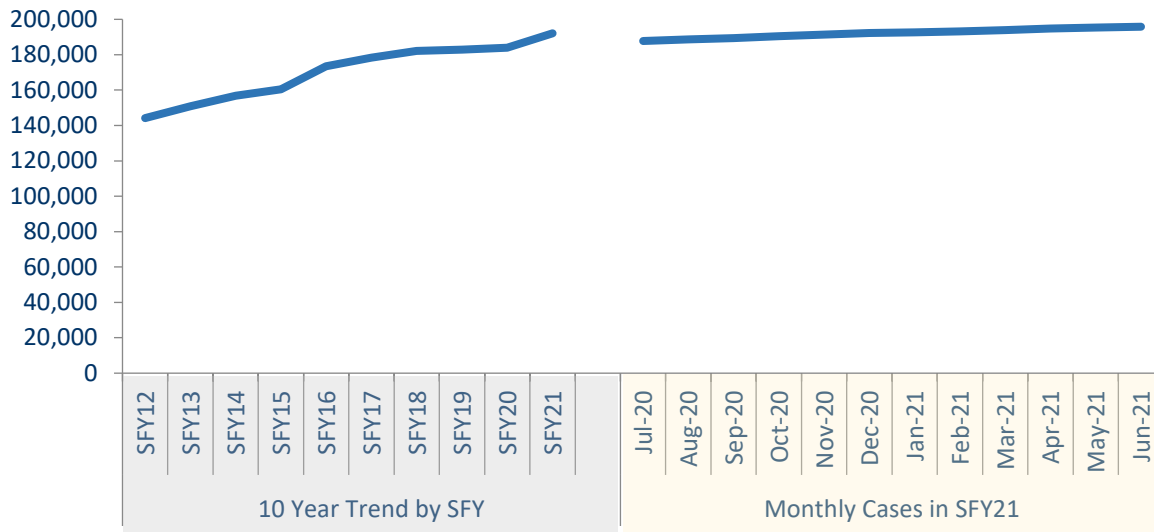
Long-Term Care Medical Clients, SFY 2012 – 2021



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY12	55,775	SFY17	83,409
SFY13	57,873	SFY18	87,219
SFY14	59,328	SFY19	90,257
SFY15	58,724	SFY20	94,185
SFY16	72,875	SFY21	96,734

SFY 2021	# of Clients
July	96,091
August	96,178
September	96,299
October	96,510
November	96,530
December	96,654
January	96,512
February	96,519
March	97,013
April	97,369
May	97,524
June	97,605
Mo. Avg.	96,734

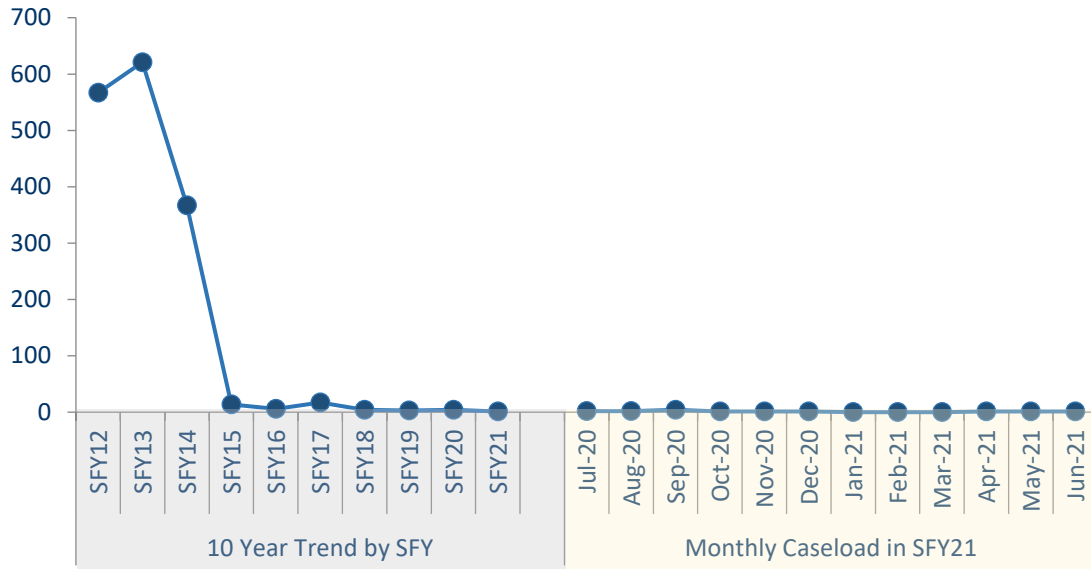
Medicare Savings Program Caseload, SFY 2012 – 2021



SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY12	144,172	SFY17	178,338
SFY13	150,839	SFY18	182,238
SFY14	156,855	SFY19	182,956
SFY15	160,438	SFY20	183,978
SFY16	173,520	SFY21	192,165

SFY 2021	# of Cases	# of Clients
July	187,802	192,537
August	188,696	193,467
September	189,440	194,258
October	190,548	195,384
November	191,384	196,282
December	192,271	197,197
January	192,719	197,684
February	193,241	198,236
March	193,933	198,921
April	194,794	199,831
May	195,319	200,415
June	195,827	200,960
Mo. Avg.	192,165	197,098

Refugee Medical Assistance Caseload, SFY 2012 – 2021

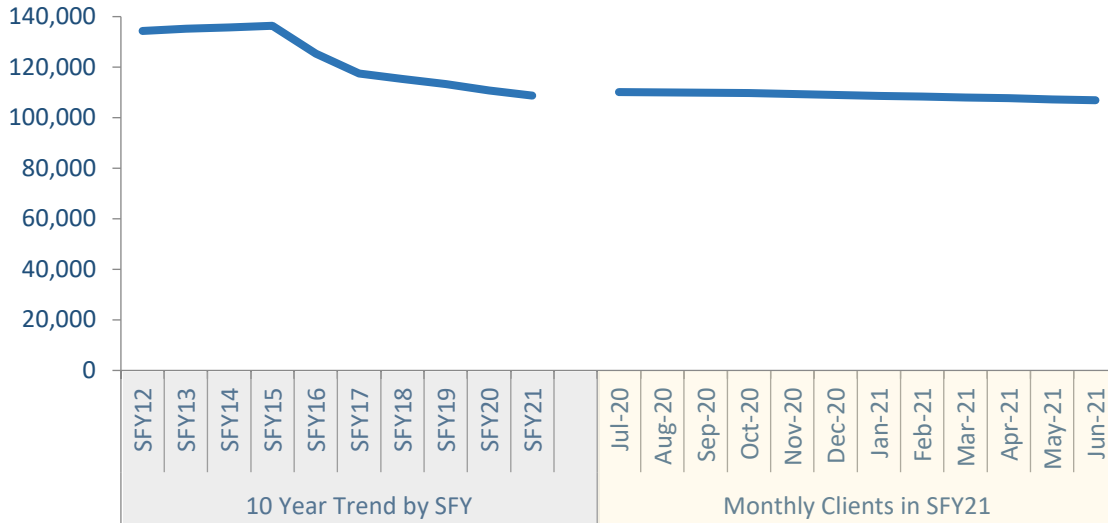


Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY12	567	SFY17	17
SFY13	621	SFY18	4
SFY14	367	SFY19	3
SFY15	14	SFY20	4
SFY16	6	SFY21	1

SFY 2021	# of Cases	# of Clients
July	2	3
August	2	3
September	4	6
October	1	1
November	1	1
December	1	1
January	0	0
February	0	0
March	0	0
April	1	1
May	1	1
June	1	1
Mo. Avg.	1	2

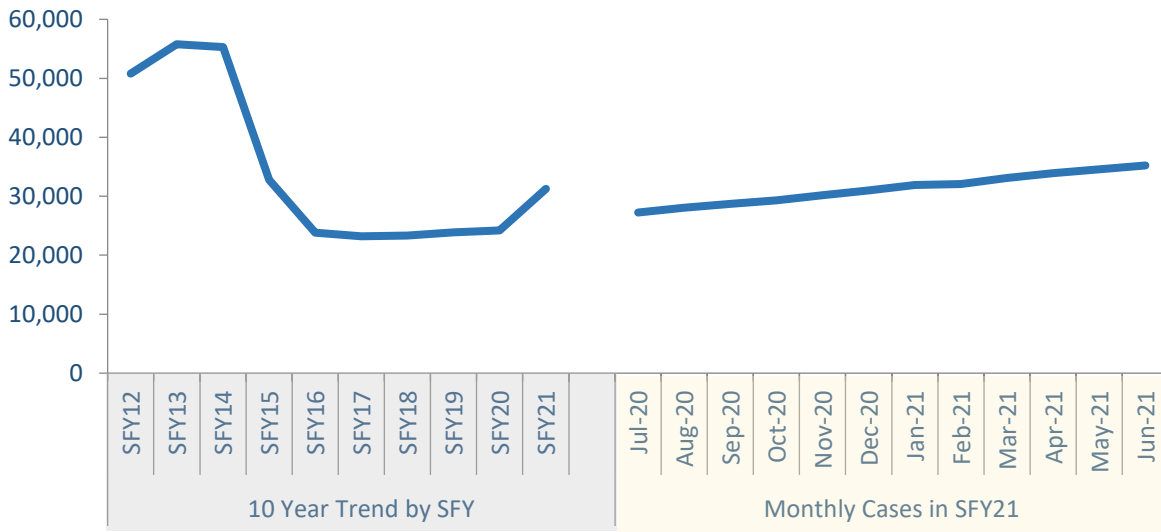
SSI Medicaid Clients, SFY 2012 – 2021



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY12	134,322	SFY17	117,461
SFY13	135,224	SFY18	115,279
SFY14	135,730	SFY19	113,251
SFY15	136,374	SFY20	110,739
SFY16	125,278	SFY21	108,752

SFY 2021	# of Clients
July	110,142
August	110,029
September	109,935
October	109,771
November	109,339
December	108,985
January	108,676
February	108,322
March	107,965
April	107,701
May	107,240
June	106,915
Mo. Avg.	108,752

SSI Related Medicaid Caseload, SFY 2012 – 2021

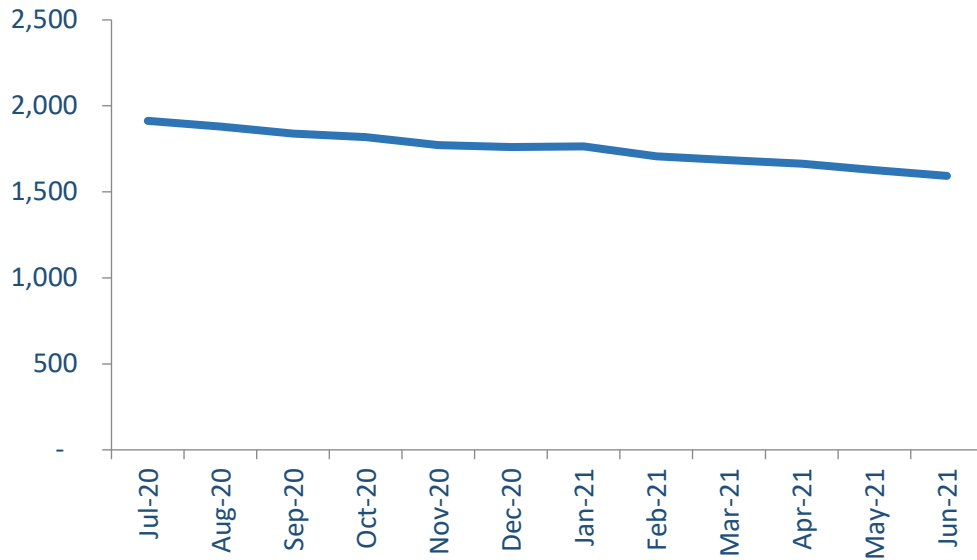


Note: The sharp caseload decline beginning in SFY 2015 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY12	50,812	SFY17	23,211
SFY13	55,778	SFY18	23,319
SFY14	55,314	SFY19	23,859
SFY15	32,758	SFY20	24,184
SFY16	23,832	SFY21	31,274

SFY 2021	# of Cases	# of Clients
July	27,224	28,501
August	28,064	29,302
September	28,707	29,967
October	29,331	30,662
November	30,155	31,517
December	31,000	32,403
January	31,908	33,328
February	32,097	33,548
March	33,117	34,569
April	33,919	35,451
May	34,557	36,098
June	35,214	36,793
Mo. Avg.	31,274	32,678

Medical Care Services Caseload,⁷ SFY 2012 – 2021



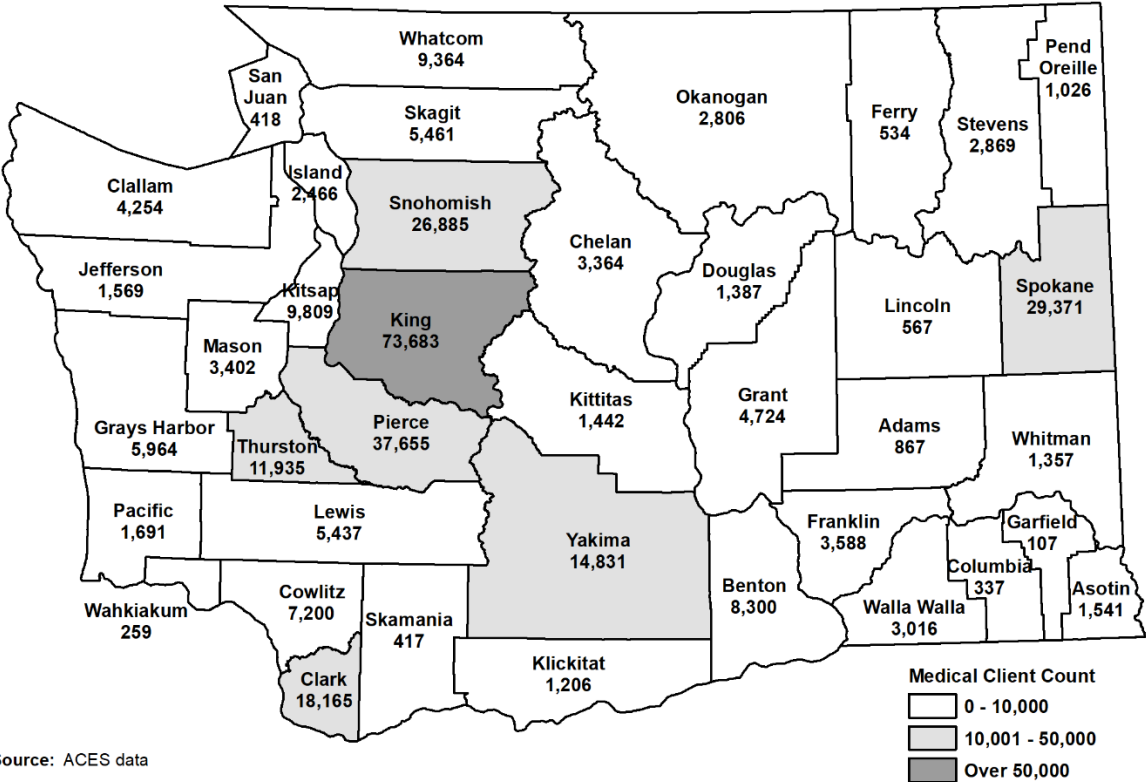
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY12	16,175	SFY17	2,038
SFY13	12,637	SFY18	2,171
SFY14	7,292	SFY19	2,182
SFY15	1,778	SFY20	2,058
SFY16	1,897	SFY21	1,752

SFY 2021	# of Cases	# of Clients
July	1,913	1,912
August	1,879	1,877
September	1,838	1,838
October	1,818	1,817
November	1,772	1,772
December	1,760	1,758
January	1,765	1,764
February	1,706	1,705
March	1,684	1,682
April	1,664	1,664
May	1,627	1,627
June	1,593	1,593
Mo. Avg.	1,752	1,751

⁷ 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 2021 Snapshot

Number of Medical Clients by Residential County in Washington State: June 2021

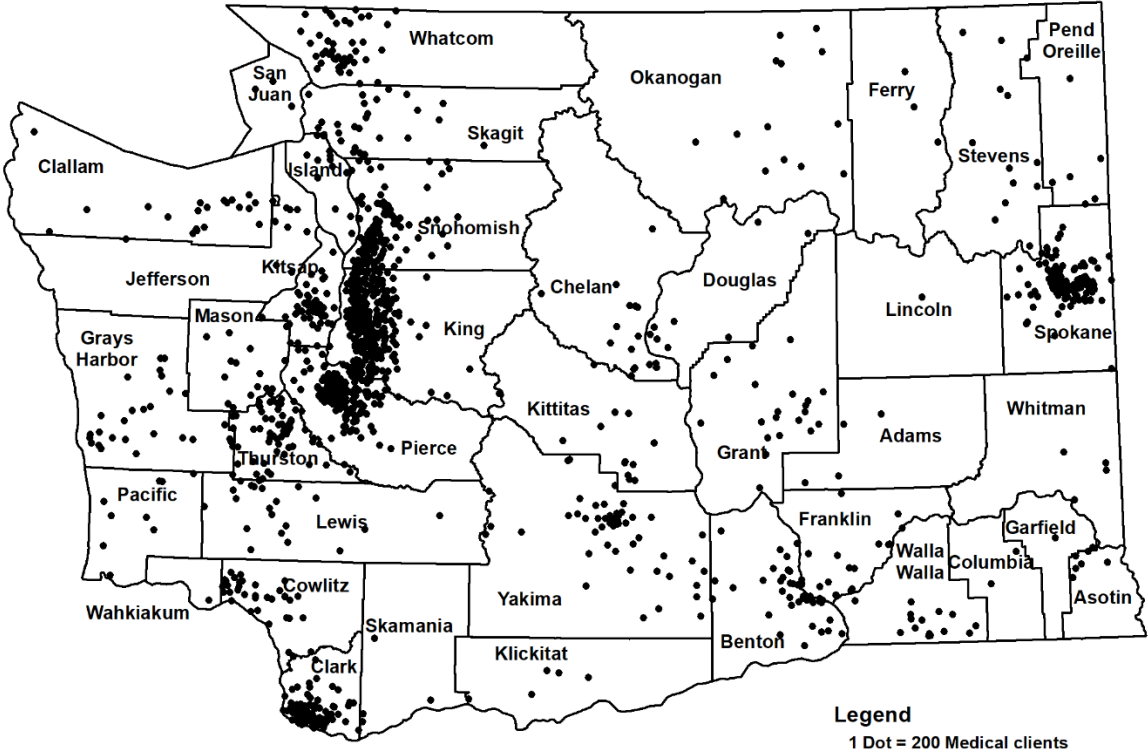


Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2021

Medical Assistance Clients by Density of Residential Zip Code, June 2021 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2021



Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2021