

# Medical Assistance

SFY

# 2022

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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

## Table of Contents

Medical Assistance Overview .....3

Medical Assistance Clients by Program Type, SFY 2022.....4

Total Medical Assistance Caseload, SFY 2013 – 2022 .....5

Alien Emergency Medical Clients, SFY 2013 – 2022 .....6

Healthcare for Workers with Disabilities Clients, SFY 2013 – 2022 .....7

Long-Term Care Medical Clients, SFY 2013 – 2022 .....8

Medicare Savings Program Caseload, SFY 2013 – 2022 .....9

Refugee Medical Assistance Caseload, SFY 2013 – 2022 ..... 10

SSI Medicaid Clients, SFY 2013 – 2022 ..... 11

SSI Related Medicaid Caseload, SFY 2013 – 2022 ..... 12

Medical Care Services Caseload, SFY 2013 – 2022 ..... 13

Medical Assistance Clients by County, June 2022 Snapshot ..... 14

Medical Assistance Clients by Density of Residential Zip Code, June 2022 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).<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 2022.

#### 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).

<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 report.

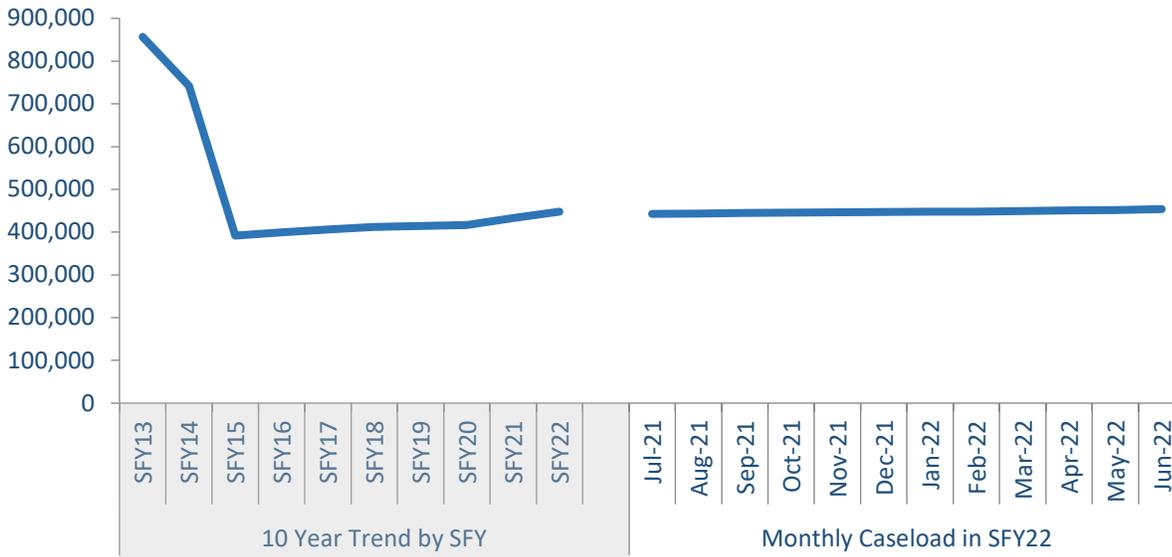
## Medical Assistance Clients by Program Type, SFY 2022

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.	209
<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).	1,777
<b>Long Term Care</b>	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	98,296
<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.	199,333
<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.	7
<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.	106,512
<b>SSI Related Medicaid</b>	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	33,759
<b>Medical Care Services (MCS)<sup>5</sup></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.	1,192

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

<sup>5</sup> Effective July 1, 2021, certain state-funded benefits, including MCS, to survivors of certain crimes (SCC).

### Total Medical Assistance Caseload, SFY 2013 – 2022



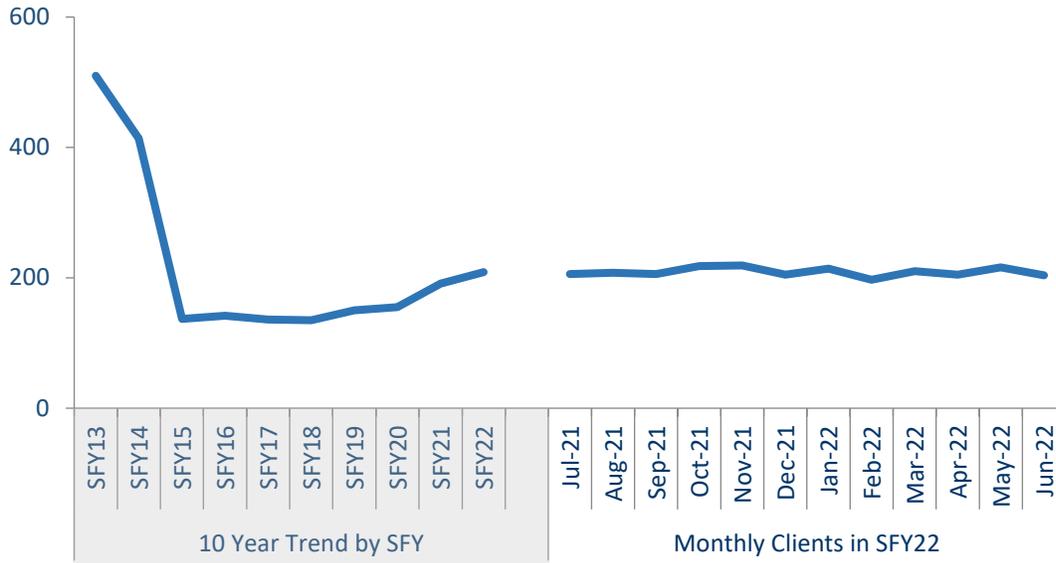
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY13	856,672	SFY18	412,042
SFY14	741,457	SFY19	414,320
SFY15	391,828	SFY20	416,950
SFY16	399,159	SFY21	432,653
SFY17	406,260	SFY22	447,487

SFY 2022	# of Cases <sup>6</sup>	# of Clients
July	442,365	311,502
August	443,578	312,215
September	444,550	312,999
October	445,486	313,599
November	446,045	314,089
December	446,813	314,469
January	447,527	315,036
February	448,118	315,348
March	449,325	316,110
April	450,789	317,093
May	451,647	317,502
June	453,598	318,126
<b>Mo. Avg.</b>	<b>447,487</b>	<b>314,841</b>

<sup>6</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>7</sup>, SFY 2013 – 2022



Note: The 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
SFY13	510	SFY18	135
SFY14	414	SFY19	150
SFY15	137	SFY20	155
SFY16	142	SFY21	191
SFY17	136	SFY22	209

SFY 2022	# of Clients
July	206
August	208
September	206
October	218
November	219
December	205
January	214
February	197
March	210
April	205
May	216
June	204
<b>Mo. Avg.</b>	<b>209</b>

<sup>7</sup> Counts are restricted to clients 65 and older who are served by DSHS (ESA and ALTSA only).

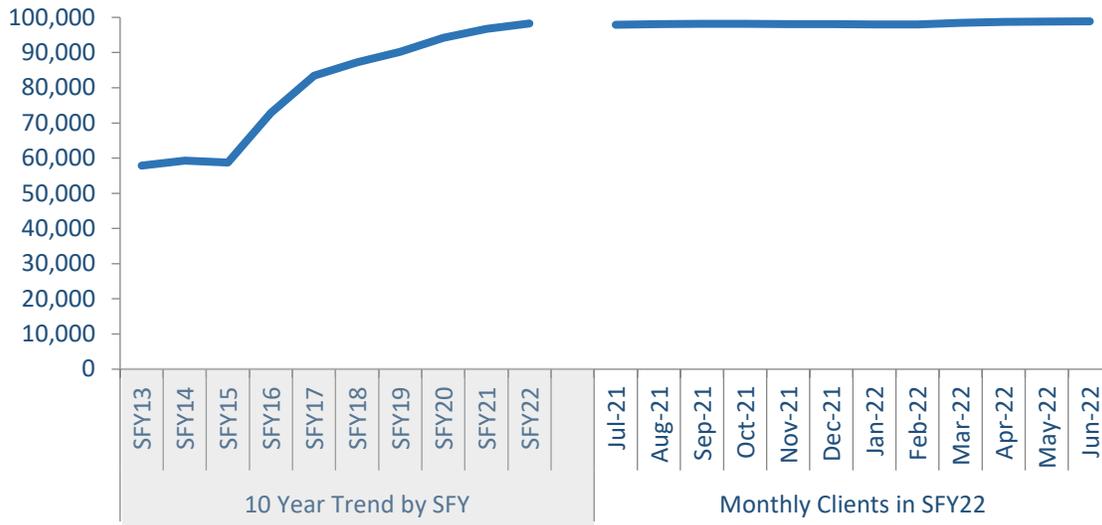
### Healthcare for Workers with Disabilities Clients, SFY 2013 – 2022



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY13	1,483	SFY18	1,508
SFY14	1,480	SFY19	1,506
SFY15	1,447	SFY20	1,513
SFY16	1,437	SFY21	1,621
SFY17	1,470	SFY22	1,777

SFY 2022	# of Clients
July	1,708
August	1,719
September	1,730
October	1,746
November	1,755
December	1,770
January	1,789
February	1,802
March	1,810
April	1,818
May	1,831
June	1,840
<b>Mo. Avg.</b>	<b>1,777</b>

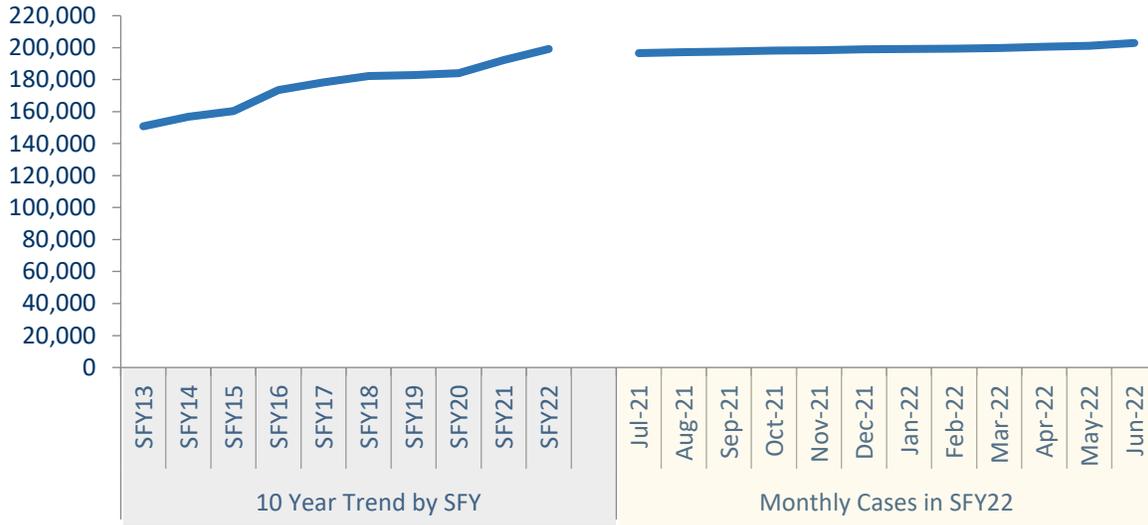
### Long-Term Care Medical Clients, SFY 2013 – 2022



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY13	57,873	SFY18	87,219
SFY14	59,328	SFY19	90,257
SFY15	58,724	SFY20	94,185
SFY16	72,875	SFY21	96,734
SFY17	83,409	SFY22	98,296

SFY 2022	# of Clients
July	97,930
August	98,087
September	98,207
October	98,219
November	98,119
December	98,093
January	97,997
February	98,021
March	98,437
April	98,730
May	98,836
June	98,877
<b>Mo. Avg.</b>	<b>98,296</b>

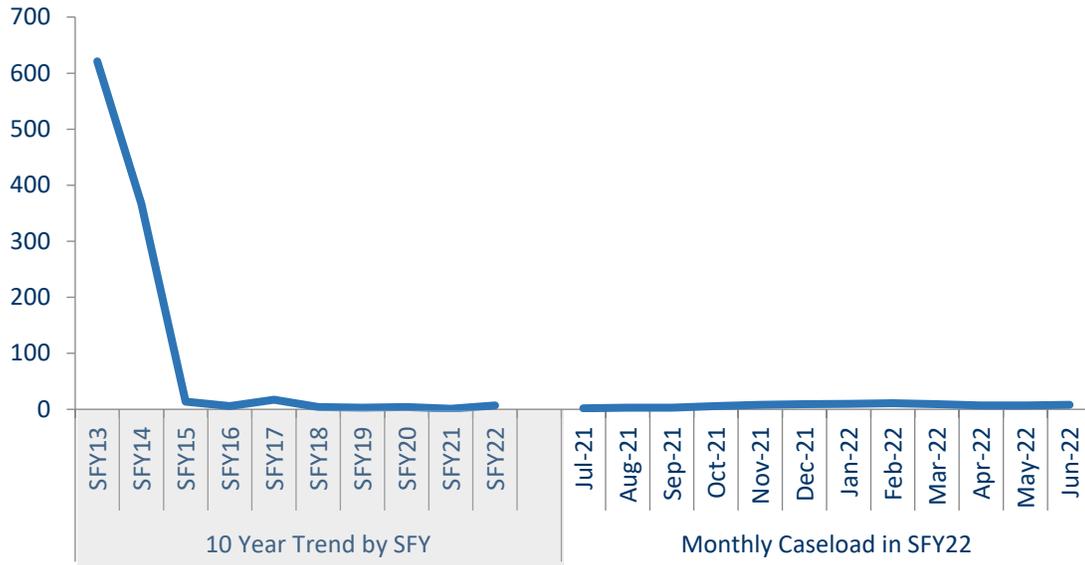
### Medicare Savings Program Caseload, SFY 2013 – 2022



SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY13	150,839	SFY18	182,238
SFY14	156,855	SFY19	182,956
SFY15	160,438	SFY20	183,978
SFY16	173,520	SFY21	192,165
SFY17	178,338	SFY22	199,133

SFY 2022	# of Cases	# of Clients
July	196,552	201,708
August	197,157	202,306
September	197,576	202,742
October	198,104	203,305
November	198,356	203,557
December	198,900	204,103
January	199,216	204,435
February	199,340	204,580
March	199,751	204,983
April	200,525	205,782
May	201,195	206,451
June	202,919	208,255
Mo. Avg.	199,133	204,351

## Refugee Medical Assistance Caseload, SFY 2013 – 2022

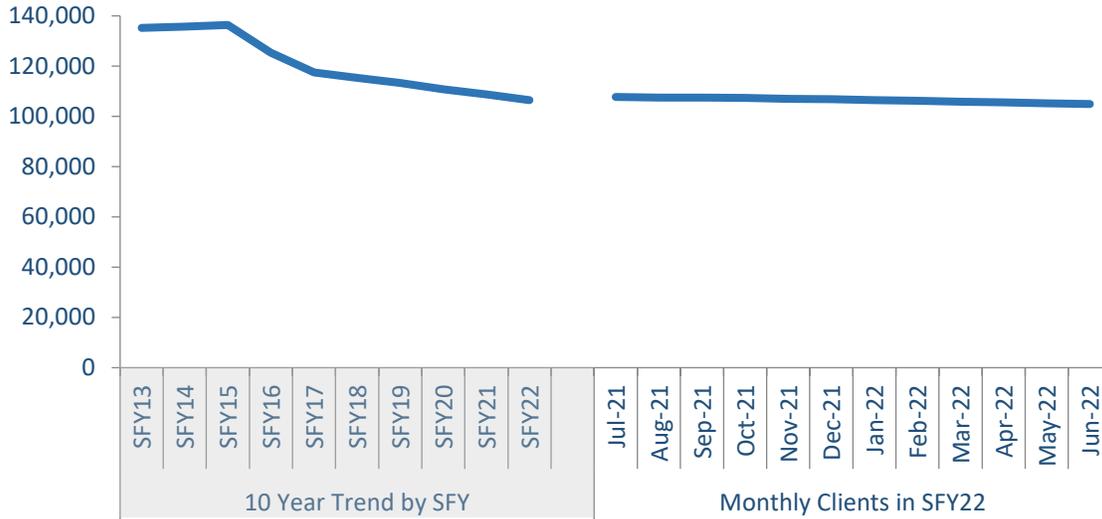


Note: The caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY13	621	SFY18	4
SFY14	367	SFY19	3
SFY15	14	SFY20	4
SFY16	6	SFY21	1
SFY17	17	SFY22	7

SFY 2022	# of Cases	# of Clients
July	2	2
August	3	3
September	3	3
October	6	6
November	8	14
December	9	15
January	10	17
February	11	19
March	9	17
April	7	9
May	7	7
June	8	10
Mo. Avg.	7	10

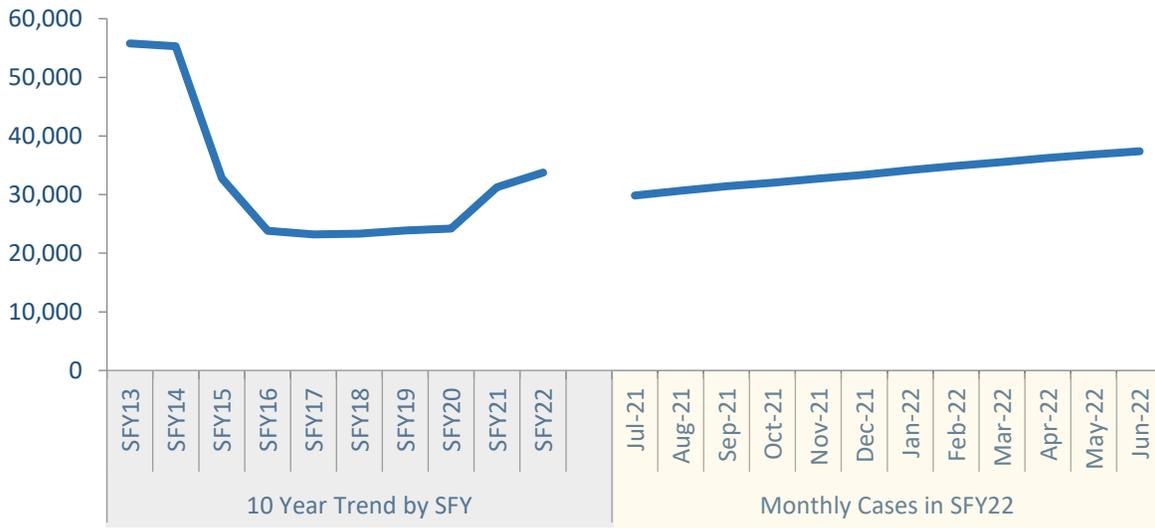
### SSI Medicaid Clients, SFY 2013 – 2022



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
<b>SFY13</b>	135,224	<b>SFY18</b>	115,279
<b>SFY14</b>	135,730	<b>SFY19</b>	113,251
<b>SFY15</b>	136,374	<b>SFY20</b>	110,739
<b>SFY16</b>	125,278	<b>SFY21</b>	108,752
<b>SFY17</b>	117,461	<b>SFY22</b>	106,512

SFY 2022	# of Clients
<b>July</b>	107,793
<b>August</b>	107,545
<b>September</b>	107,457
<b>October</b>	107,297
<b>November</b>	107,033
<b>December</b>	106,813
<b>January</b>	106,478
<b>February</b>	106,159
<b>March</b>	105,892
<b>April</b>	105,593
<b>May</b>	105,157
<b>June</b>	104,927
<b>Mo. Avg.</b>	<b>106,512</b>

### SSI Related Medicaid Caseload, SFY 2013 – 2022

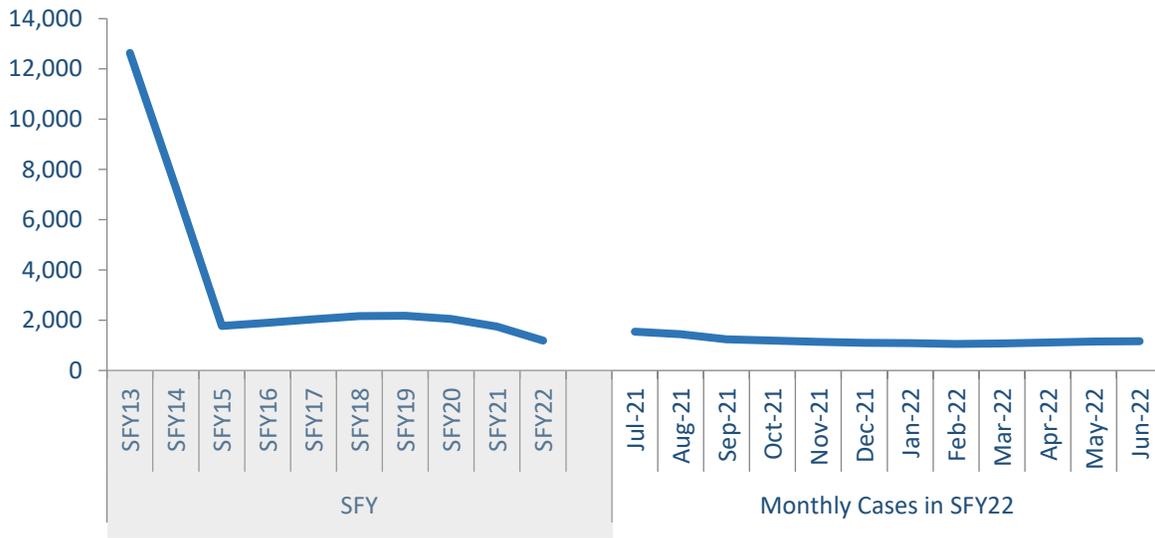


Note: The sharp caseload decline beginning in SFY 2015 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY13	55,778	SFY18	23,319
SFY14	55,314	SFY19	23,859
SFY15	32,758	SFY20	24,184
SFY16	23,832	SFY21	31,274
SFY17	23,211	SFY22	33,759

SFY 2022	# of Cases	# of Clients
July	29,846	31,425
August	30,652	32,268
September	31,407	33,041
October	32,026	33,681
November	32,726	34,413
December	33,363	35,053
January	34,177	35,898
February	34,912	36,642
March	35,524	37,271
April	36,259	38,035
May	36,843	38,638
June	37,378	39,236
Mo. Avg.	33,759	35,467

### Medical Care Services Caseload,<sup>8</sup> SFY 2013 – 2022



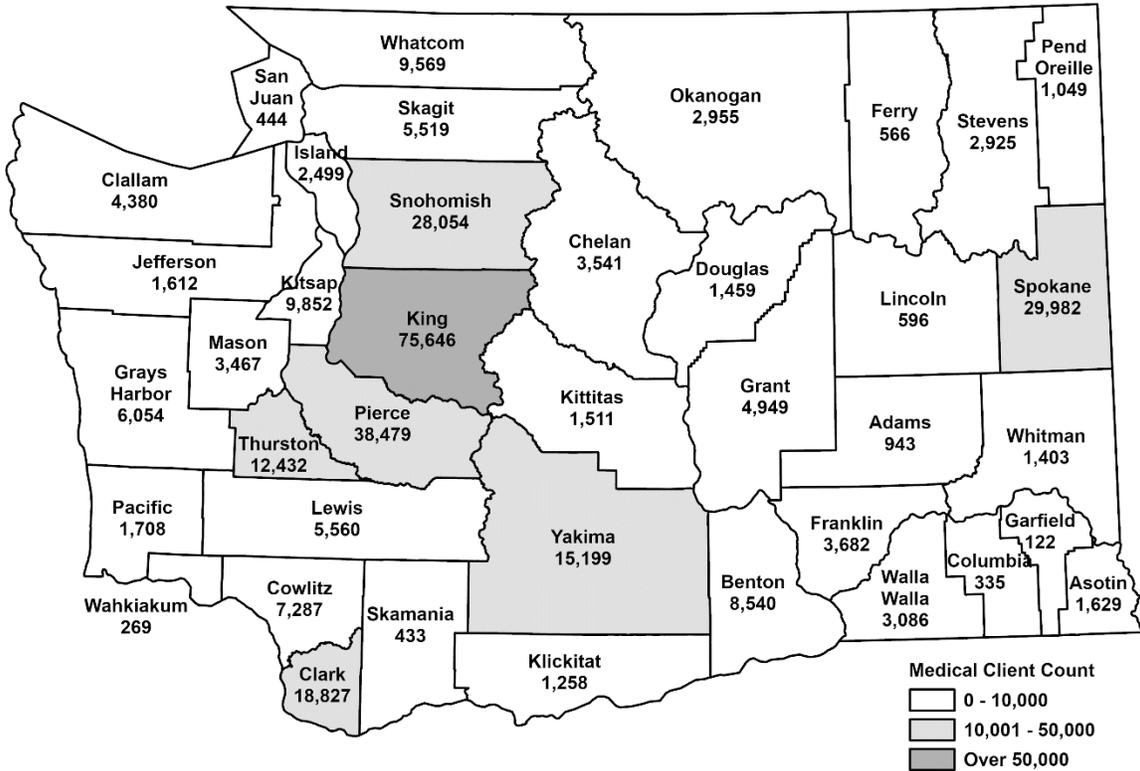
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY13	12,637	SFY18	2,171
SFY14	7,292	SFY19	2,182
SFY15	1,778	SFY20	2,058
SFY16	1,897	SFY21	1,752
SFY17	2,038	SFY22	1,192

SFY 2022	# of Cases	# of Clients
July	1,543	1,543
August	1,442	1,442
September	1,238	1,237
October	1,185	1,185
November	1,134	1,134
December	1,103	1,103
January	1,089	1,088
February	1,056	1,055
March	1,075	1,074
April	1,118	1,118
May	1,152	1,151
June	1,169	1,169
<b>Mo. Avg.</b>	<b>1,192</b>	<b>1,192</b>

<sup>8</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 2022 Snapshot

Number of Medical Clients by Residential County in Washington State: June 2022

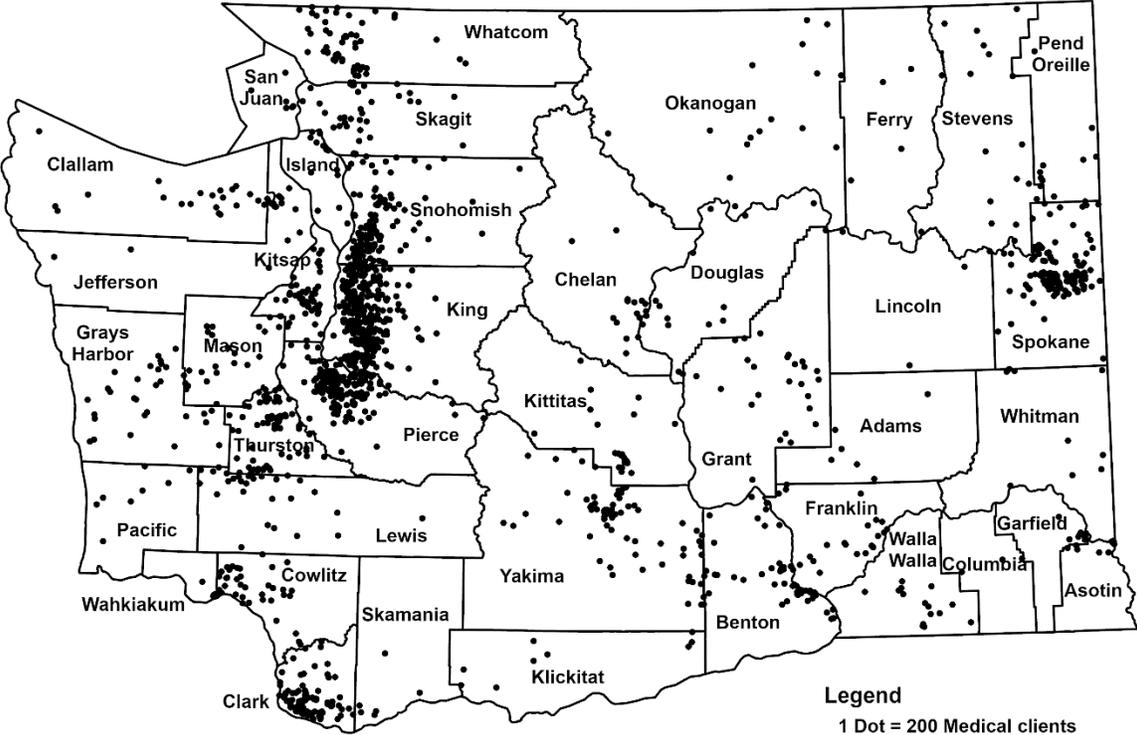


Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2022

# Medical Assistance Clients by Density of Residential Zip Code, June 2022 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2022



Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2022