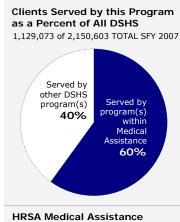
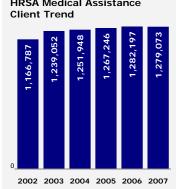
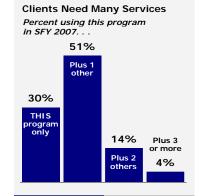
DSHS | Medical Assistance Clients (HRSA)

Number 11.136.080 A look at client participation using DSHS' Client Services Database











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2007 Client Participation

MEDICAL ASSISTANCE (MA) falls within the Health and Recovery Services Administration and assures necessary medical care is available to income assistance and other eligible low-income persons. In State Fiscal Year (SFY) 2007, 1,279,073 clients received the services described below from Medical Assistance. The average cost per client was \$2,413.

Medical Programs: HRSA administers three major health programs— Medicaid, Children's Medical Program, and Medical Care Services. Medicaid accounts for about 92 percent of HRSA medical program expenditures and 94 percent of enrollees. Medicaid coverage is available to those with "categorical" requirements based on income, age and/or health status.

Categorically Needy (CN) Medicaid: This is a mandatory coverage provided to individuals who meet specific income criteria set by federal and state rules. The CN program provides coverage to low-income families with dependent children, seniors, persons with disabilities, and pregnant women with incomes up to 185 percent of the Federal Poverty Level (FPL).

Medically Needy (MN) Medicaid: MN clients are mostly elderly and disabled and meet set income guidelines. In cases where income exceeds limits, they can share their health care cost by spending enough on services to bring their income within the guidelines ("spend-down").

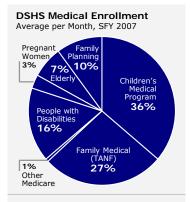
Family Planning: DSHS has a Medicaid waiver to provide family planning services to females and males with incomes up to 200 percent of FPL.

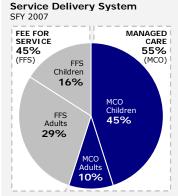
Children's Medical Program: Historically, DSHS provided coverage to low and moderate income children through the Medicaid, State Children's Health Insurance Program and Children's Health Program for children ineligible for federal programs due to citizenship status. 2007 Legislation combined these funding sources and consolidated the program. Medicaid coverage is offered to all children and provides coverage to children in families with incomes up to 250 percent FPL. In 2009, coverage will be available to children in families up to 300 percent FPL. Non-subsidized coverage will be offered to children in families above 300 percent FPL.

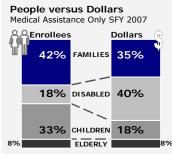
Medical Care Services (MCS): This program is totally state funded and covers incapacitated individuals not eligible for Medicaid. Most are classified as General Assistance-Unemployable. GAU clients are physically and/or mentally incapacitated and unemployable for more than 90 days. ADATSA clients are also eligible due to incapacity from drug or alcohol abuse. Coverage compares to Medicaid, with some limitations.

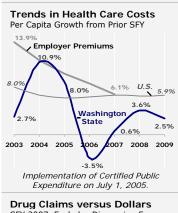


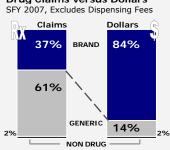
NOTE: CSDB identifies service use information and expenditures specific to each DSHS client. Costs that cannot be assigned to individual clients are not included—such as facilities, licensing, admin, outreach, prevention, fraud investigation, community block grants, and cost recoveries.











Refugee Assistance: While federal Medicaid funds are generally only available to U.S. citizens, certified refugees are exempted and covered. The federal government also pays for services provided to refugees in their first eight months in the U.S.

Service Delivery System: MA clients receive health-care services either through enrollment in the Healthy Options (HO) managed care program, managed care pilot projects for adults, or on a fee-for-service basis. 55 percent of DSHS medical program clients receive medical care through HO. Medicaid families, children and pregnant women, and SCHIP children are required to enroll in HO in counties with two or more plans. Coverage is available in 38 of the state's 39 counties and enrollment is voluntary in 9 counties. HRSA has several small managed care projects that serve elderly and disabled adults and primary care case management available through a number of Tribes. Fee-for-service care is delivered by licensed or certified health care providers under contract with DSHS, and covers services to elderly and disabled Supplemental Security Income (SSI) clients, clients exempted from Healthy Options or in state-administered programs, and wrap-around Medicaid services not covered by managed care plans.

DENTAL SERVICES

Dental Services include diagnostic, preventive, or corrective services provided by or under the supervision of an individual licensed to practice dentistry or dental surgery. 407,282 clients, average client cost = \$277

HOSPITAL INPATIENT CARE

These services include care and treatment to clients admitted to stay at a facility under the direction of a physician or dentist. A licensed or formally approved hospital furnishes the services, which include emergency room services to clients admitted through the emergency room to an inpatient stay. Hospital Inpatient Care includes room and board and other ancillary services such as drugs, laboratory, and radiology. 57,193 clients, average client cost = \$10,151

HOSPITAL OUTPATIENT CARE

A licensed or approved hospital provides Hospital Outpatient Care to clients treated, but not admitted to stay, at the facility. 260,347 clients, average client cost = \$929

MANAGED HEALTH CARE PAYMENTS

Managed Health Care Payments are fixed monthly premiums paid on a per client basis to managed health care providers. In return for the payment, a managed health care provider makes a range of services available to the client. The one-time payment is independent of the client's use of those services and replaces the traditional fee-for-service arrangement. Health maintenance organizations (HMOs), which provide services through staff physicians, or health insuring organizations, which contract with primary care physicians to provide services, administer managed health care plans. 764,871 clients, average client cost = \$1,371

OTHER MEDICAL SERVICES

Other Medical Services include laboratory tests, radiology, durable medical equipment, home health care, vision care, chiropractic care, Indian Health, rural health facilities, and a variety of other services that represent a small proportion of MAA expenditures. 758,507 clients, average client cost = \$628

PHYSICIAN SERVICES

A provider of Physician Services is, or is under the personal supervision of, an individual licensed to practice medicine or osteopathy. Providers furnish Physician Services in the physician's office, the client's home, a hospital, a nursing facility, or a clinic. Physician Services include primary care case management. 430,234 clients, average client cost = \$541

PRESCRIPTION DRUGS

These include simple or compound substances or mixtures prescribed by a physician or other licensed practitioner and dispensed by licensed pharmacists or other authorized practitioners, with no adjustment for drug rebate. 418,155 clients, average client cost = \$940

Not in this report: Audit Settlements, Family Planning, HIV Insurance, Kidney Disease Programs, Medicare Premium Payments, Transportation, Disproportionate Share, Drug Rebates.