

Medical Assistance

SFY

2017

Provides state and federally funded medical assistance to low-income persons 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 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 new 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 because the ACA-related transition of medical programs was completed before SFY 2015.

TECHNICAL NOTES

DATA SOURCES: Data for this chapter is based on the September 2017 ESA Automated Client Eligibility System (ACES) database.

DATA NOTES: If counts of clients and cases served by a medical program are nearly identical, only one number is reported (clients or cases) for that program.

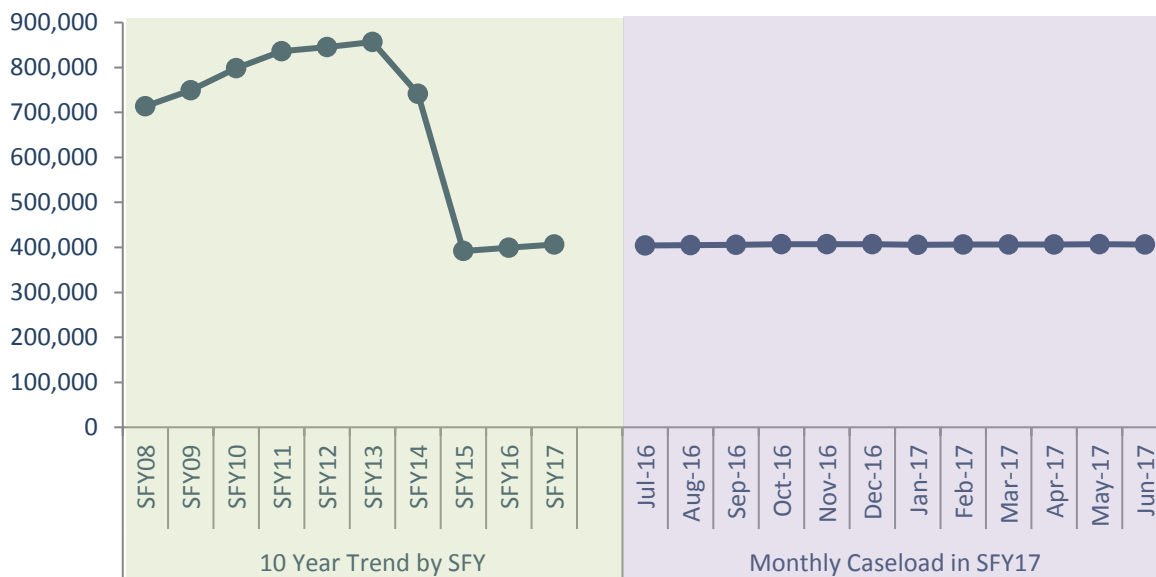
¹Rules and eligibility processes for determining Medicaid changed significantly effective October 1, 2013 due to implementation of the Affordable Care Act (ACA). Under a federal option, Washington State created a state-run Health Benefit Exchange (HBE) portal called the Washington Healthplanfinder (HPF). 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).

Medical Assistance Clients by Program Type, SFY 2017

Program Type	Description	Avg. Monthly Clients
Alien Emergency Medicaid (AEM)	Federally funded program for immigrants who would qualify for full-scope Medicaid except for their alien status. Coverage is limited to emergency medical conditions.	136
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).	1,470
Long Term Care	Coverage for people residing in a medical institution, receiving home and community based waiver services, or receiving hospice services.	83,409
Medicare Savings Program	Programs that pay Medicare premiums, coinsurance, and deductibles for low-income Medicare beneficiaries. Income limits vary by program, from 100% of FPL to 200% of FPL.	182,311
Refugee Medical	Medical assistance for refugees who are ineligible for Medicaid. Eligibility ends after the first eight months of residency in the U.S.	22
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.	117,461
SSI Related Medicaid	Medical assistance for low-income aged, blind, or disabled persons who do not receive SSI cash benefits.	24,337
Medical Care Services	Medical assistance for adults who are found 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.	2,039

Total Medical Assistance Caseload, SFY 2008 – SFY 2017



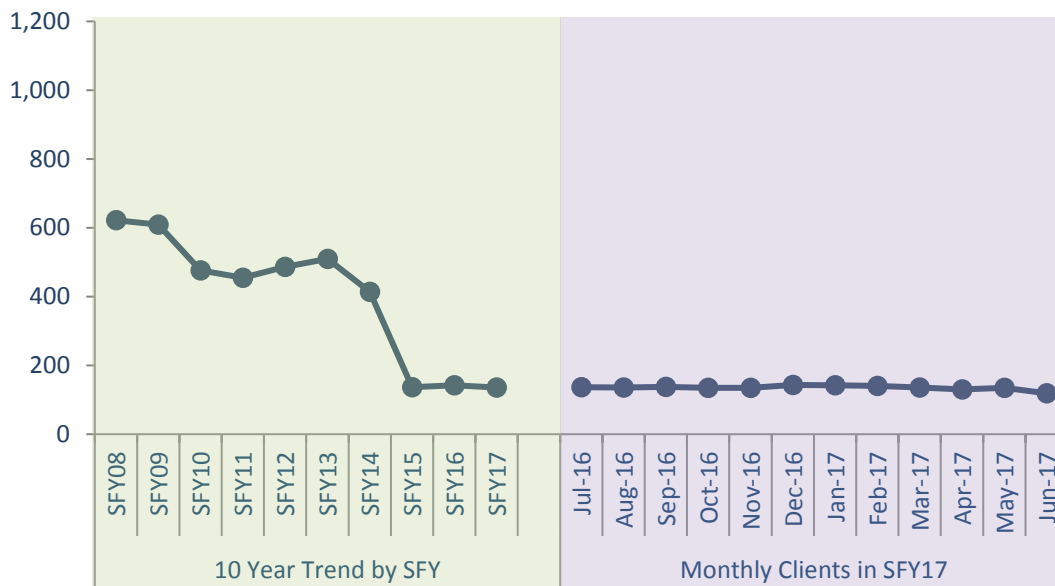
Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Caseload	SFY	Mo. Avg. Caseload
SFY08	713,787	SFY13	856,672
SFY09	749,373	SFY14	741,457
SFY10	798,775	SFY15	391,828
SFY11	836,067	SFY16	399,159
SFY12	845,207	SFY17	406,260

SFY 2017	# of Cases ³	# of Clients
July	404,421	287,162
August	405,186	287,781
September	406,014	288,336
October	407,069	288,891
November	407,014	289,039
December	407,234	289,151
January	405,834	287,872
February	406,017	288,190
March	406,361	288,486
April	406,519	288,645
May	406,742	288,939
June	406,703	289,144
Mo. Avg.	406,260	288,470

³ These counts are of unique case numbers. Each client is assigned a case number for each medical program in which s/he is 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 may be greater than the number of medical clients.

Alien Emergency Medical Clients, SFY 2008 – SFY 2017

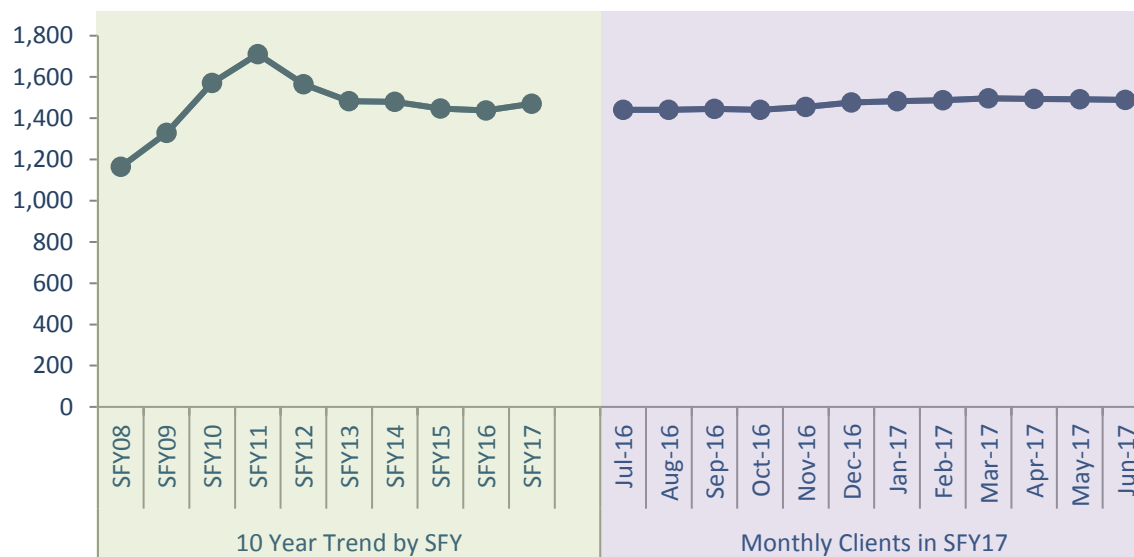


Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY08	622	SFY13	510
SFY09	609	SFY14	414
SFY10	476	SFY15	137
SFY11	455	SFY16	142
SFY12	486	SFY17	136

SFY 2017	# of Clients
July	137
August	136
September	138
October	135
November	135
December	143
January	142
February	140
March	136
April	130
May	135
June	119
Mo. Avg.	136

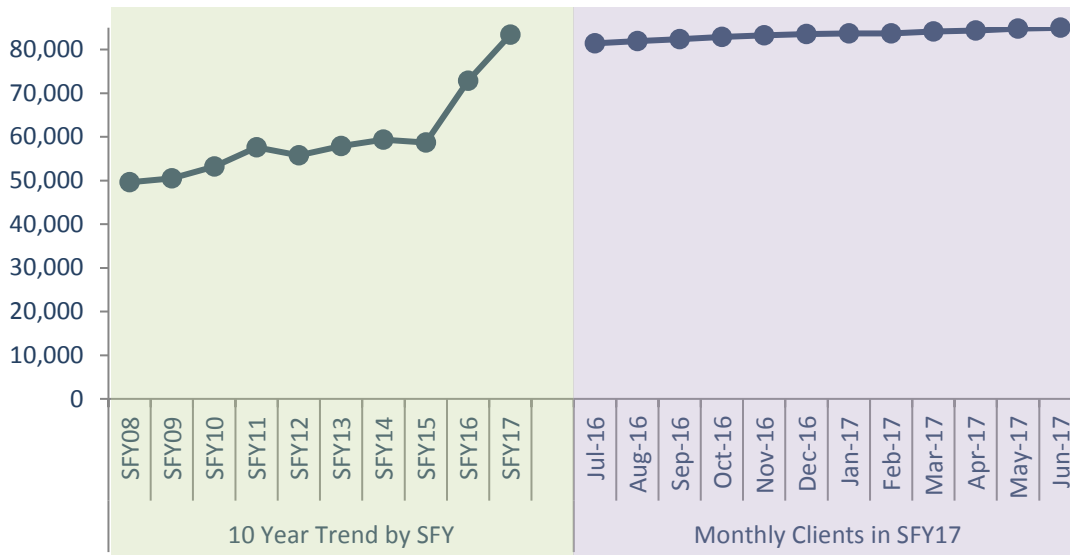
Healthcare for Workers with Disabilities Clients, SFY 2008 – SFY 2017



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY08	1,164	SFY13	1,483
SFY09	1,329	SFY14	1,480
SFY10	1,571	SFY15	1,447
SFY11	1,711	SFY16	1,437
SFY12	1,565	SFY17	1,470

SFY 2017	# of Clients
July	1,441
August	1,440
September	1,445
October	1,441
November	1,455
December	1,476
January	1,482
February	1,487
March	1,496
April	1,493
May	1,492
June	1,488
Mo. Avg.	1,470

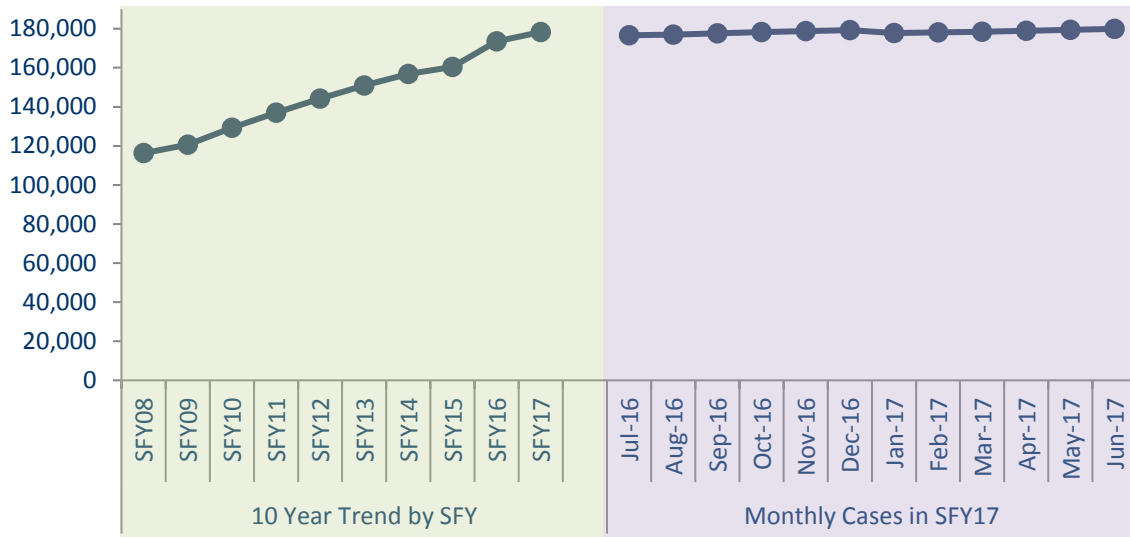
Long-Term Care Medical Clients, SFY 2008 – SFY 2017



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY08	49,599	SFY13	57,873
SFY09	50,455	SFY14	59,328
SFY10	53,183	SFY15	58,724
SFY11	57,599	SFY16	72,875
SFY12	55,775	SFY17	83,409

SFY 2017	# of Clients
July	81,397
August	81,899
September	82,388
October	82,906
November	83,217
December	83,515
January	83,688
February	83,692
March	84,106
April	84,353
May	84,775
June	84,970
Mo. Avg.	83,409

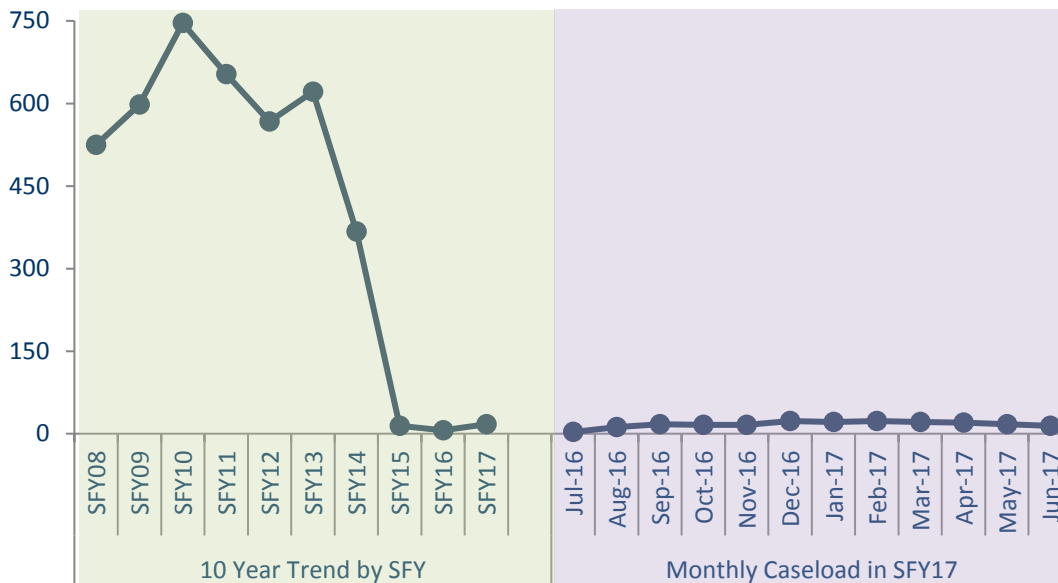
Medicare Savings Program Caseload, SFY 2008 – SFY 2017



SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY08	116,286	SFY13	150,839
SFY09	120,620	SFY14	156,855
SFY10	129,207	SFY15	160,438
SFY11	136,935	SFY16	173,520
SFY12	144,172	SFY17	178,338

SFY 2017	# of Cases	# of Clients
July	176,551	180,458
August	177,015	180,936
September	177,682	181,606
October	178,316	182,246
November	178,687	182,653
December	179,264	183,253
January	177,763	181,705
February	178,083	182,051
March	178,418	182,407
April	178,942	182,962
May	179,437	183,499
June	179,892	183,960
Mo. Avg.	178,338	182,311

Refugee Medical Assistance Caseload, SFY 2008 – SFY 2017

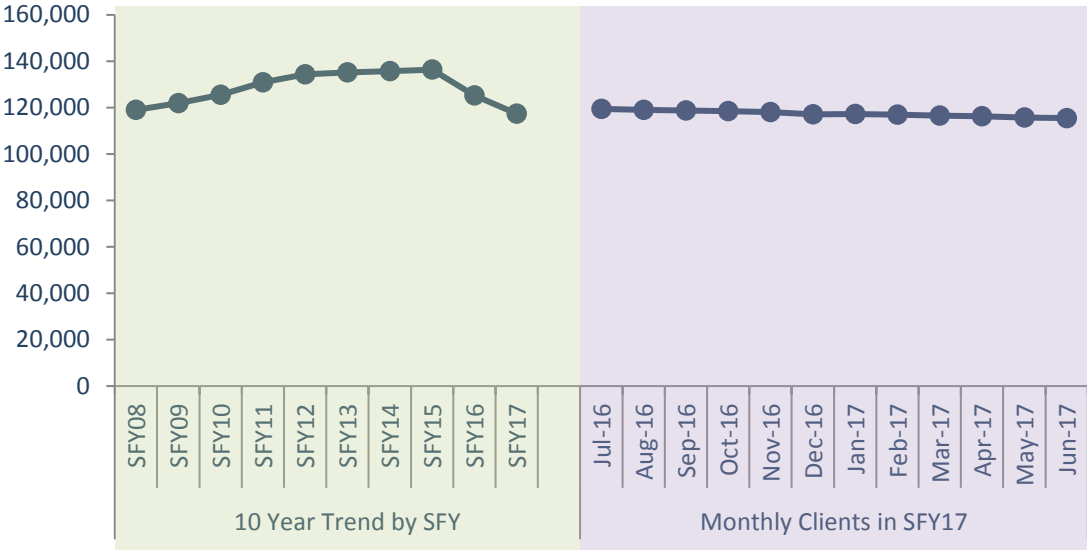


Note: The sharp caseload decline beginning in SFY 2014 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY08	525	SFY13	621
SFY09	598	SFY14	367
SFY10	746	SFY15	14
SFY11	653	SFY16	6
SFY12	567	SFY17	17

SFY 2017	# of Cases	# of Clients
July	3	4
August	12	19
September	17	30
October	16	28
November	16	19
December	23	31
January	21	24
February	23	26
March	21	23
April	20	22
May	17	19
June	14	18
Mo. Avg.	17	22

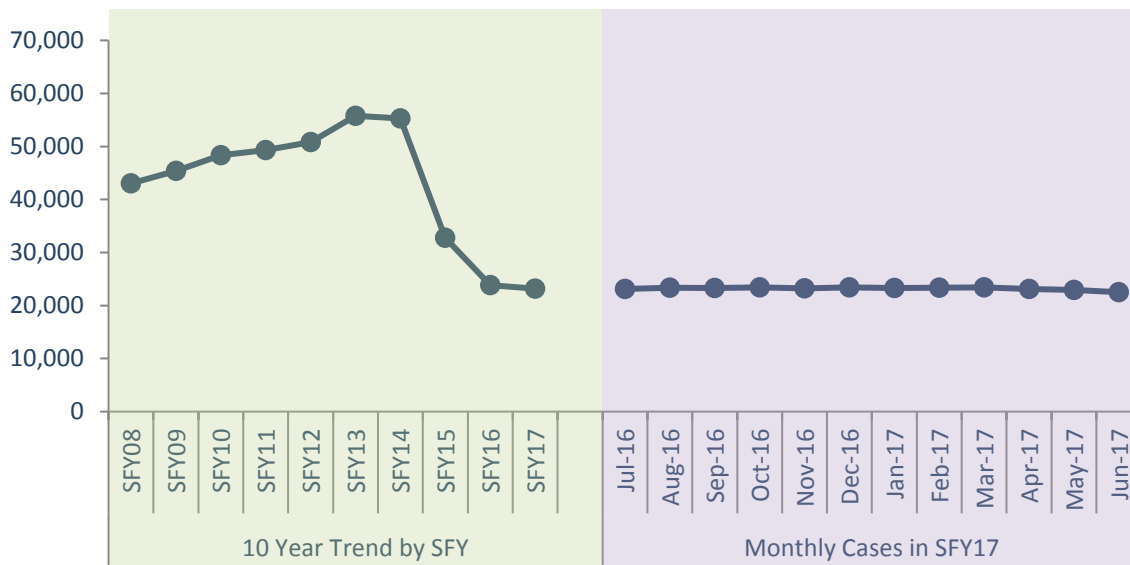
SSI Medicaid Clients, SFY 2008 – SFY 2017



SFY	Mo. Avg. Clients	SFY	Mo. Avg. Clients
SFY08	119,084	SFY13	135,224
SFY09	121,916	SFY14	135,730
SFY10	125,523	SFY15	136,374
SFY11	130,897	SFY16	125,278
SFY12	134,322	SFY17	117,461

SFY 2017	# of Clients
July	119,499
August	119,107
September	118,808
October	118,562
November	118,033
December	117,127
January	117,235
February	117,005
March	116,549
April	116,292
May	115,794
June	115,518
Mo. Avg.	117,461

SSI Related Medicaid Caseload, SFY 2008 – SFY 2017

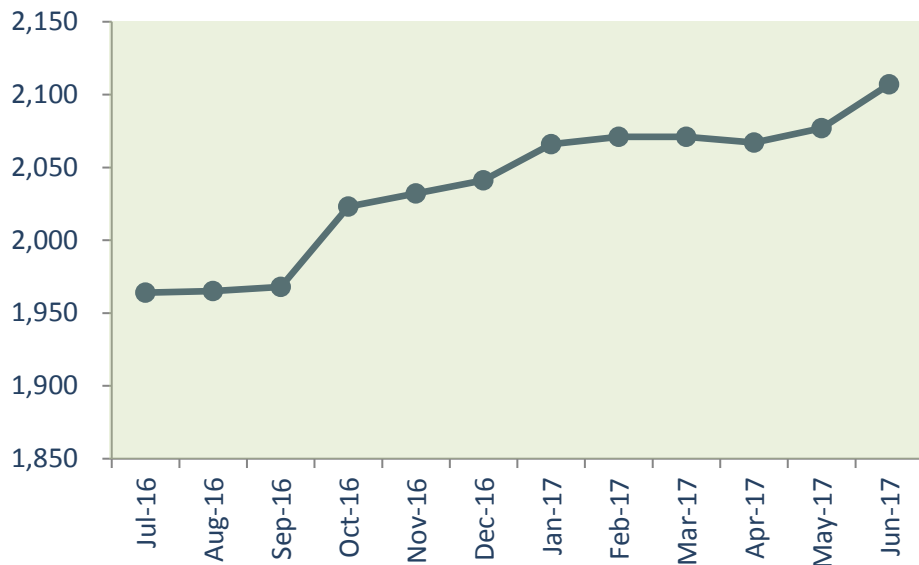


Note: The sharp caseload decline beginning in SFY 2015 is related to implementation of the Affordable Care Act and the associated transition of the administration of most Medicaid programs (including eligibility determination) to the Health Benefit Exchange and the Health Care Authority.

SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY08	43,047	SFY13	55,778
SFY09	45,408	SFY14	55,314
SFY10	48,337	SFY15	32,758
SFY11	49,318	SFY16	23,832
SFY12	50,812	SFY17	23,211

SFY 2017	# of Cases	# of Clients
July	23,138	24,186
August	23,345	24,452
September	23,329	24,455
October	23,428	24,539
November	23,216	24,347
December	23,410	24,530
January	23,293	24,434
February	23,374	24,506
March	23,441	24,594
April	23,119	24,279
May	22,919	24,061
June	22,519	23,658
Mo. Avg.	23,211	24,337

Medical Care Services Caseload,⁴ SFY 2017



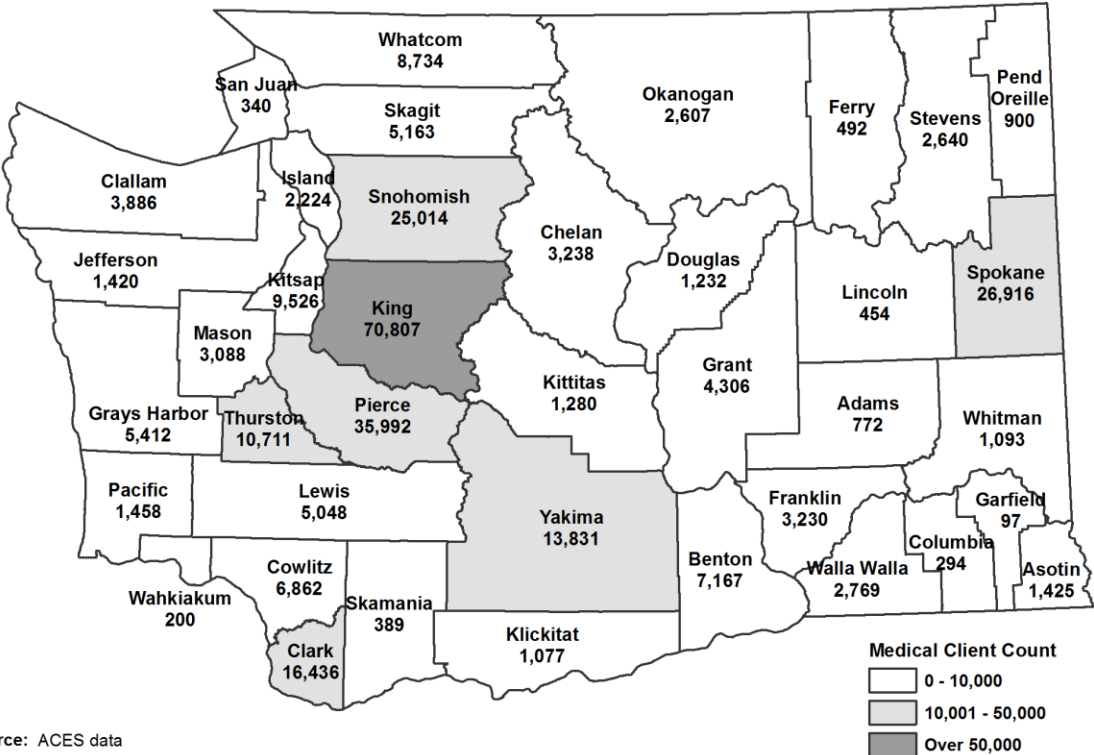
SFY	Mo. Avg. Cases	SFY	Mo. Avg. Cases
SFY08	17,533	SFY13	12,637
SFY09	19,731	SFY14	7,292
SFY10	21,523	SFY15	1,778
SFY11	22,082	SFY16	1,897
SFY12	16,175	SFY17	2,038

SFY 2017	# of Cases	# of Clients
July	1,964	1,966
August	1,965	1,965
September	1,968	1,970
October	2,023	2,025
November	2,032	2,034
December	2,041	2,041
January	2,066	2,065
February	2,071	2,071
March	2,071	2,072
April	2,067	2,071
May	2,077	2,080
June	2,107	2,110
Mo. Avg.	2,038	2,039

⁴ 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 2017 Snapshot

Number of Medical Clients by Residential County in Washington State: June 2017

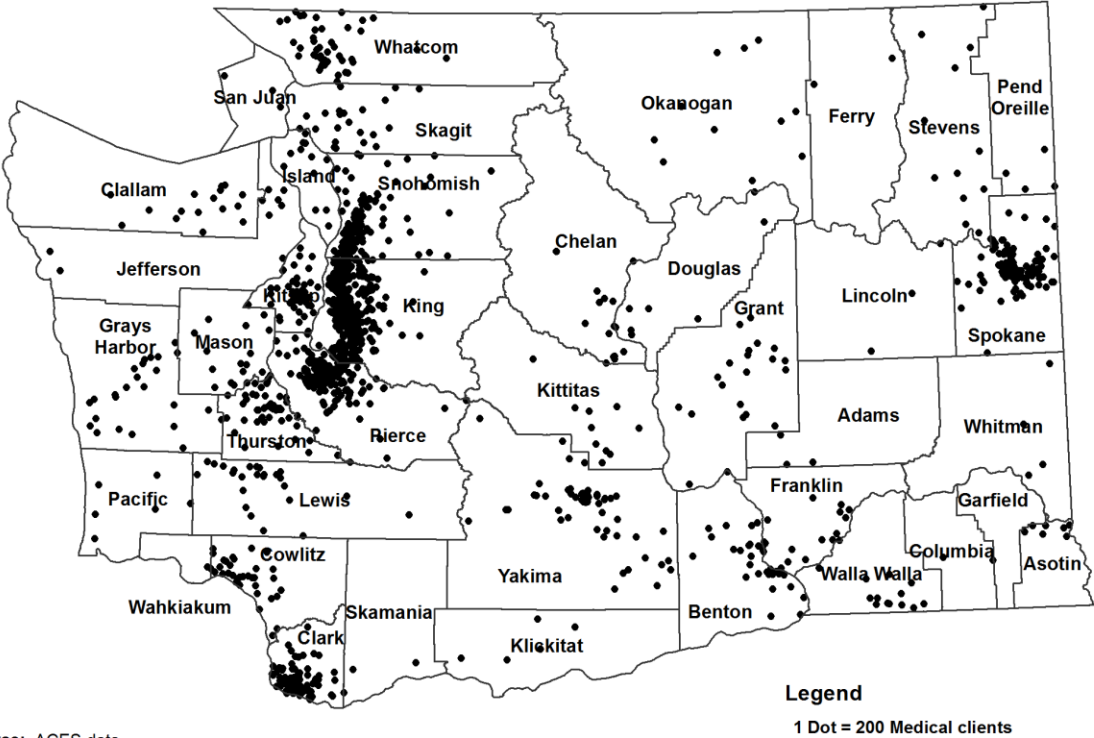


Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2017

Medical Assistance Clients by Density of Residential Zip Code, June 2017 Snapshot

Number of Medical Clients by Density of Residential Zip Code in Washington State: June 2017



Source: ACES data

Provided by DSHS/ESA/OAS/E-MAPS - Sep. 2017