Washington

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

 Table 1. Structure of CHIP program, April 23, 2010

 Separate State
 Medicaid

Program	Expansion	Program
X		
Source: Center	s for Medicare and Me	dicaid Services

http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
National Data Sources			
June 2009	966,425	23,875	The Kaiser Family Foundation, http://www.statehealthfacts.org
FY 2007 (Medicaid) FY 2008 (CHIP)	1,163,300	16,831	The Kaiser Family Foundation, http://www.statehealthfacts.org
State Data Sources			
FY 2009	1,241,331	N/A	Washington State Department of Social and Health Services, <u>http://www.dshs.wa.gov/</u>
nethods and time periods can	result in slightly diff between states. Wh	erent counts. Count	ed in Medicaid or CHIP; different s from national data sources are ts are available on state websites,

Table 3. Medicaid and CHIP income eligibility limitsas a percent of Federal Poverty Level,December 2009		
	% FPL	
Medicaid		
Infants age 0 – 1	200%	
Children ages 1 – 5	200%	
Children ages 6 – 19	200%	
Parents*	74%	
Childless Adults [*]	N/A	
Pregnant Women	185%	
Aged, Blind and Disabled ⁺	75%	
Separate CHIP program	300%	
Source: The Kaiser Family Foundation, http://www.statehealthfacts.org		

*Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Medicaid CHIP Estimated actual rate **Baseline** after ARRA adjustments 50.12% 62.94% 65.08% Source: Kaiser Family Foundation, http://www.statehealthfacts.org Note: More information on ARRA and the Medicaid matching rate is available at http://www.statehealthfacts.org under the Temporary Federal Medicaid Relief section.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive	Any managed care
managed care plans	plan
53.7%	89.3%

Source: Kaiser Family Foundation, http://www.statehealthfacts.org Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Washington

- → Washington's Medicaid website: http://www.dshs.wa.gov/
- → Kaiser Family Foundation's State Health Facts website: http://www.statehealthfacts.org

Medicaid in Rural Areas

The information below defines "Rural" as residing in a non-metropolitan county and "Urban" as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

able 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-20 (based on survey data)		
Age	Urban % on Medicaid	Rural % on Medicaid
0-18	25.4	32.2
19-64	8.4	10.9
65 and Over	6.1	6.7

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality (based on administrative data from the state's Medicaid website)		
	Urban	Rural
I. Total Medicaid Enrollees (FY 2009)	1,059,073	182,258
II. Enrollees as Percent of Population (FY 2009)	18.1%	22.4%
III. Dollars Spent (FY 2007)	\$2,684,677,950	\$480,283,150
IV. Dollars Spent per Enrollee (FY 2007)	\$2,535	\$2,517
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Washington State Department of Social and Health Services. Prepared 4/8/2010 by Linda Weaver. II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data. III: Washington State Department of Social and Health Services. Prepared 4/8/2010 by Linda Weaver. IV: Washington State Department of Social and Health Services. Prepared 4/8/2010 by Linda Weaver.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Cost-based
Outpatient	Cost-based

Source: Mike Lee, Washington Flex Coordinator For more information see: http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf