

Washington

Total Medicaid Enrollment: 1,221,963¹ (SFY 2006)

Source: Washington State Department of Social and Health Services. Research and Data Analysis Division. DSHS Clients Counts and Service Costs, State Fiscal Year 2006.

<http://www1.dshs.wa.gov/rda/research/clientdata/default.shtm>

Total Population: 6,468,424 (July 2007)

Source: Source: Population Division, U.S. Census Bureau

<http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>

For Washington specific information, visit Washington's Medicaid Website:

<http://www1.dshs.wa.gov/>.

Medicaid Eligibility

Maximum Income Limits for Populations Applying for Medicaid as a Percentage of Federal Poverty Guidelines 2008	
Population Segment	%
Infants (Ages 0 – 1)	200
Children (Ages 1 – 5)	200
Children (Ages 6 – 19)	200
Working Parents ²	200
Non-Working Parents ¹	200
Pregnant Women	185
Aged and Disabled (OBRA '86), 2001 ³	NA
Supplemental Security Income, 2000	74
Medicaid expansion group (1115 waiver):	
Adults ⁴	200

Source: www.statehealthfacts.org

State Children's Health Insurance Program (SCHIP)

SCHIP coverage applies to uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum SCHIP income limits.

Total SCHIP Enrollment: 18,975 ("point-in-time" monthly enrollment counts, June 2007)

Source: <http://www.statehealthfacts.org>

Structure of SCHIP As of August 21, 2007		
Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/SCHIPStatePlanActivityMap.pdf>

Maximum Income Limits for Children's Separate SCHIP Program as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Income Eligibility – Separate SCHIP Program	250

Source: www.statehealthfacts.org

Services Covered

For information about the services covered by Medicaid, visit the Kaiser Family Foundation's Medicaid Benefits Online Database: www.kff.org/medicaid/benefits.

Delivery System Description

Medicaid Enrollment by Delivery System Type, as of June 30, 2006		
Delivery System	#	%
Fee-for-Service	132,269	15
Managed Care	858,052	85
Total	990,321	100

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Medicaid Enrollment by Managed Care Program Type, as of June 30, 2006	
Managed Care Program	#
Commercial MCO ⁵	465,874
Medicaid-only MCO ⁶	19,464
Health Insuring Organization ⁷	0
Primary Care Case Management ⁸	3,794
Prepaid Inpatient Health Plan ⁹	858,052
Prepaid Ambulatory Health Plan ¹⁰	63,320
PACE ¹¹	226
Other ¹²	0

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Notes: Individuals can fall within more than one type of managed care program type.

Federal Matching Rate (FMAP)

FMAP¹³ for Medicaid and Multiplier¹⁴ FY 2008
51.52%

Source: www.statehealthfacts.org

Rural Information

The information below defines “Urban” as residing in a metropolitan county and “Rural” as residing in a non-metropolitan county.

Age	Urban % on Medicaid	Rural % on Medicaid
0 – 18	25.3	14.6
19 – 64	7.0	4.3
65 and Over	6.8	0.0

Source: Current Population Survey, 2005 - 2006

	Urban	Rural
I. Total Recipients (SFY 2006) ^{1,15}	1,036,426	178,483
II. Recipients per Population	18.50%	22.40%
III. Dollars Spent	NA	NA
IV. Dollars Spent per Recipient	NA	NA

For county level data on the above information, visit:

I & III: Source: Washington State Department of Social and Health Services. Research and Data Analysis Division. DSHS Clients Counts and Service Costs, State Fiscal Year 2006. <http://www1.dshs.wa.gov/rda/research/clientdata/default.shtm>

II: Calculation based on Total Recipients/Total Population. Total Population based upon Bureau of the Census data updated by information from the Office of Management and Budget.

Bureau of the Census, (US). Metropolitan And Micropolitan Statistical Areas And Components, December 2006, With Codes: Department of Commerce; 2007. Available from: http://www.census.gov/population/estimates/metro_general/List1.txt.

Executive Office of the President; Office of Management and Budget; OMB BULLETIN NO. 08-01: Update of Statistical Area Definitions and Guidance on Their Uses. Available from: <http://www.whitehouse.gov/omb/bulletins/fy2008/b08-01.pdf>.

IV: Calculation: dollars spent by county of recipient/total eligibles.

Critical Access Hospitals (CAH)

	Yes	No
CAH Cost Base for Medicaid Patients?	X	

Source: Washington State Office of Community and Rural Health, <http://www.doh.wa.gov/hsqa/ocrh/CAH/cah399.html>, 2008.

State Plan Amendment under the Deficit Reduction Act of 2005 (DRA)

The DRA allows states to introduce “benchmark” benefit plans that cover different Medicaid services for different eligibility groups or geographic areas of the state. The following information is based upon the state’s response in their Benchmark Benefit Package State Plan Amendment under the DRA and identifies if the state’s amendment varies Medicaid services geographically. Additional information is available in the state’s approval package at http://www.cms.hhs.gov/DeficitReductionAct/03_SPA.asp.

Do the services vary geographically?*	Additional detail
No	Services under this alternative benefit package are available statewide. “The state intends to contract with one Statewide Care Management contractor, who will identify eligible clients using predictive modeling and will provide nurse care management and medical home assistance to high-risk clients. Additionally, the State will contract with Local Care Management program(s) that will provide nurse care management services on a local level, and will provide medical home support services to providers who serve eligible individuals, as well as assisting all eligible individuals who do not have a medical home to find one.” Aside from these differences, there are no geographical limitations in the state’s benchmark plan.

Source: State Plan Amendment submitted under transmittal number 07-002.

http://www.cms.hhs.gov/MedicaidGenInfo/08_DRASection.asp

*Response to question A.c. (Geographical Classification) of the State Plan Amendment.

¹ These figures only reflect Medicaid Title XIX recipients: clients who are eligible to receive medical services for which the state receives federal Title XIX matching funds. Title XIX of the Social Security Act funds: 1. Medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and 2. Rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

² Parents' eligibility levels are based upon the income threshold applied to a working parent in a family of three. State stopped enrolling eligible parents at any time between July 2005 and July 2006. Washington's state-funded program relies on a system of "managed enrollment" through which persons who are determined eligible may have to wait for space to open in the program before being enrolled.

³ This Section 209b states exercise an option that allows states to use their 1972 financial and non-financial standards instead of the federal SSI standards to determine eligibility for the disabled. If a state uses its more restrictive 1972 financial eligibility standards, it must also allow disabled individuals to "spend down" into Medicaid eligibility by deducting incurred medical expenses from income.

⁴ Washington Basic Health provides health insurance coverage to qualified Washington state residents who are not eligible for Medicare programs. Premiums are based on the covered individual's income and plan chosen. For more information: <http://www.basichealth.hca.wa.gov/understanding.shtml>.

⁵ A commercial managed care organization (MCO) provides comprehensive services to Medicaid and commercial and/or Medicare populations.

⁶ A Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations.

⁷ CMS defines a Health Insuring Organization (HIO) as "a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs."

⁸ CMS defines a Primary Care Case Management (PCCM) provider as: "a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as "primary care case managers."

⁹ CMS defines a Prepaid Inpatient Health Plan (PIHP) as a plan that "provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services." States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services.

¹⁰ CMS defines a Prepaid Ambulatory Health Plans (PAHP) as a plan that "provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide, arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services." States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management.

¹¹ CMS defines the Program for All-inclusive Care for the Elderly (PACE) as a "program that provides prepaid, capitated comprehensive, health care services to the frail elderly."

¹² CMS categories managed care organizations as "other" if it is "not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO or PACE."

¹³ The Federal Medical Assistance Percentage (FMAP) is computed from a formula that takes into account the average per capita income for each State relative to the national average. By law, the FMAP cannot be less than 50%.

¹⁴ The multiplier is based on the FMAP. For every dollar the state spends on Medicaid, the federal government matches at a rate that varies year to year.

¹⁵ Rural and Urban totals do not add to the "Total Medicaid Enrollment" on page 1, because 7,054 enrollees are identified as "Unknown Counties".