

An Overview of Washington's Publicly Funded Health Insurance Programs

This summary is intended to assist professionals who work in systems serving children, such as juvenile justice and child welfare. For more information about Medicaid and its key concepts as they relate to the juvenile justice system, see *A Medicaid Primer for Juvenile Justice Officials*.¹

As of November 2007, 998,584 adults and children were covered under Washington's Medicaid program and State Children's Health Insurance Program (SCHIP).² Washington operates its SCHIP program separately from Medicaid. The state also uses state-only funding to provide a low-cost health insurance option to adult residents. In federal fiscal year 2005, approximately \$5.7 billion was spent for Medicaid services in Washington, and an additional \$51 million was spent for SCHIP services.³ (These figures include spending for both adults and children.) The federal government supplied 51 percent of the funding for Medicaid and 65 percent of the funding for SCHIP.⁴

FOUR COMMON PATHWAYS TO ELIGIBILITY

Children – ages 0-19

- *Program Name: Children's Medical or Basic Health Plus (both Medicaid).*
 - : Income limit: up to 200 percent of the federal poverty level (FPL).
 - : No premium required.
 - : State-funded coverage is available for non-citizen children.
- *Program Name: CHIP Medical (SCHIP).*
 - : Income limit: 200-250 percent FPL.
 - : Premium required (see Cost Sharing below).
 - : State-funded coverage is available for non-citizen children.
- *No asset limits.*
- *Programs offer the same benefit packages.*
- *Individuals with income below a state-established limit, or those above the state income limit who have incurred large health care expenses may "spend down" to the limit to qualify for services through the Medically Needy pathway.*
- *Includes recipients of federal adoption assistance and foster care assistance under Title IV-E.*

Supplemental Security Income (SSI) Related Recipients – no age limit

- : Income limit: up to 74 percent FPL and must meet federal definition of disability.
- : Some may qualify through the Medically Needy pathway (see Medically Needy above).
- : Asset limit of \$2,000.
- : Some children with disabilities may qualify for assistance with Medicare premiums and cost-sharing.

Parents of children under age 19 who qualify for Medicaid or SCHIP

- *Program Name: Family Medical (Medicaid).*
 - : Receiving Temporary Assistance for Needy Families (TANF) cash assistance or eligible to receive TANF cash assistance.
 - : Income limit: varies between 35-41 percent FPL depending upon household size.
 - : Asset limit of \$1,000 (does not include motor vehicle with up to \$5,000 in equity).
- *Program Name: Transitional Medicaid Assistance.*
 - : For recipients of TANF who lose eligibility because of an increase in earned income.
 - : Extends Medicaid eligibility for up to 12 months.

Pregnant Women – no age limit

- *Program Name: Pregnancy Medical Program or Basic Health Maternity Benefits Program (both Medicaid).*
 - : Income limit: up to 185 percent FPL.
 - : Some may qualify through the medically needy pathway (see Medically Needy above).
 - : No asset limits.
 - : Coverage extends throughout the duration of the pregnancy regardless of income changes through 60 days postpartum.
 - : If mother was enrolled in program at the time of birth, the baby will receive services for one year.
- *Family Planning Extension: provides family planning services beyond the 60 day postpartum period for an additional 10 months (this extension is separate from the Take Charge family planning program and utilizes only state funds).*

Adults

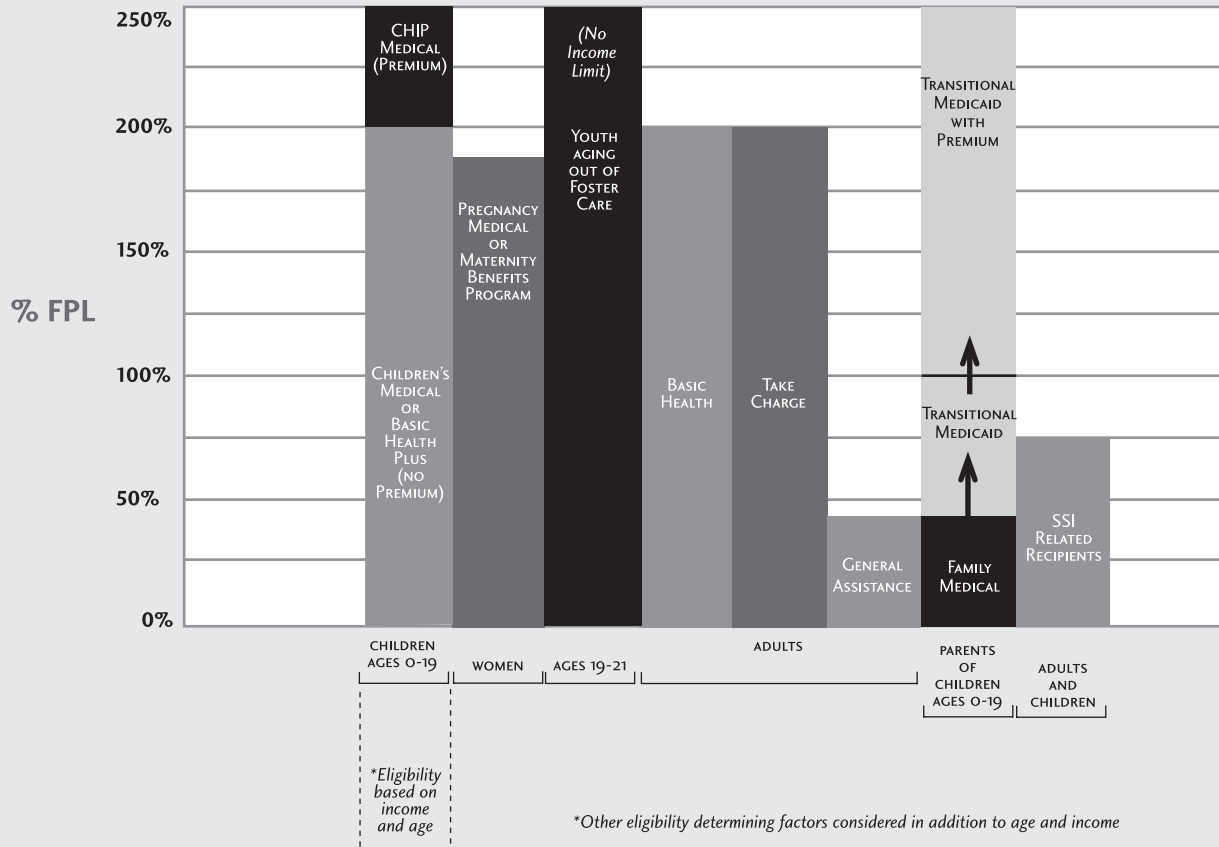
- *Program Name: Basic Health (NOT a Medicaid program).*
 - : Ages 19+ without health care coverage.
 - : More limited benefits than Medicaid or SCHIP.
 - : Income limit: approximately 60-200 percent FPL.
- *Program Name: General Assistance (NOT a Medicaid program).*
 - : Ages 19-64.
 - : Determined incapacitated (unable to work) for at least 90 days.
 - : More limited benefits than Medicaid.
 - : Income limit: approximately 40 percent FPL.
 - : Asset limit of \$1,000.
- *Youth Aging Out of Foster Care.*
 - : Children who have aged out of foster care are automatically eligible for Medicaid up to age 21.
 - : No income or asset limits.

SPECIAL POPULATIONS

Take Charge – family planning services

- : Women and men of child bearing age who are not otherwise eligible for Medicaid.
- : Income limit: up to 200 percent FPL.
- : No asset limit.
- : Women and men with health insurance may also participate if their private coverage does not include family planning services.

Washington Coverage Groups and Eligibility Income Requirements



KEY

- Basic Health:** NOT a Medicaid program
- CHIP Medical:** State Children's Health Insurance Program
- Children's Medical:** Medicaid
- TANF:** Temporary Assistance for Needy Families
- Basic Health Plus:** Medicaid for Children
- General Assistance:** NOT a Medicaid program
- Take Charge:** Family Planning Waiver
- SSI:** Supplemental Security Income
- Pregnancy Medical:** Medicaid
- Maternity Benefits Program:** Medicaid

SERVICE DELIVERY

Washington offers publicly funded health insurance programs through two state offices, both within the Department of Social and Health Services: the Health Care Authority (HCA) and the Health and Recovery Services Administration (HRSA).

- Most families, children, and pregnant women enrolled in Medicaid or SCHIP programs (Healthy Options, Basic Health Plus, and Maternity Benefits Program) receive medical services through a managed care organization (MCO). Enrollees choose an MCO that services their geographic area, and then select a primary care provider from that MCO's network of providers. Enrollees living in an area without two MCOs to choose from may opt to receive their benefits through a fee-for-service system, where they seek care from any provider that will accept their coverage.
- Services such as vision, dental, and substance abuse services are not included in MCO contracts, and are provided through the fee-for-service system.
- American Indian and Alaska Natives can choose to instead enroll in a Primary Care Case Management (PCCM) program and receive services at local Indian or tribal clinics.
- Certain MCOs provide a limited package of mental health benefits to their enrollees. If an enrollee needs services beyond this package (or their MCO does not offer mental health coverage), the individual receives mental health services through the Prepaid Inpatient Health Plan (PIHP). PIHP mental health services are delivered through Regional Support Networks (RSN) that contract with community mental health agencies.

BENEFITS

All Medicaid and SCHIP recipients under the age of 21 receive the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) benefit, which includes periodic comprehensive screening visits (well-child visits) and services needed to diagnose and treat conditions. Under federal EPSDT law, all children are eligible to receive any medically necessary service that may be covered under federal Medicaid law (even if the state has decided not to cover the service for adults). Some EPSDT services include transportation, dental care, mental health services, substance abuse services, and prescription drug coverage.

Adults enrolled in Basic Health do not receive the EPSDT benefit. The Basic Health benefit structure includes doctor and hospital care, including preventive care, emergency services, and prescription drugs. A list of comprehensive Basic Health benefits can be found at: <http://www.basicehealth.hca.wa.gov/benefits.shtml>.

COST SHARING

Some Medicaid and SCHIP programs require recipients to pay a monthly premium and/or co-payments for specific services. These cost-sharing rules apply to Washington programs:

- *CHIP Medical*
 - : Premium: \$15 per child per month with a maximum premium of \$45 per family per month.
- *Transitional Medicaid Assistance*
 - : If countable earned income is more than 100 percent FPL during the 2nd six month period, a premium is charged for all non-pregnant adults (American Indian/Alaska Natives are exempt from paying premiums).
- *Basic Health*
 - : Premium is based on age, income, household size, and plan selected.
 - : Low co-payments for some services.
 - : \$150 annual deductible.
 - : 20 percent coinsurance rate on some services.
 - : \$1,500 annual out-of-pocket maximum.

ELIGIBILITY PROCESS

States have substantial flexibility in how they count income to determine eligibility. For 2008, the FPL for a family of four is \$21,200 in the 48 contiguous states and the District of Columbia.⁵

Except in limited circumstances, children receive 12 months of continuous eligibility in Washington.

Applications may be submitted online, or by downloading or calling to request a hard copy application to complete and return by mail, or at local Community Services Offices (CSO).

- To print an application to mail-in or drop-off at a local CSO, go to: http://www1.dshs.wa.gov/pdf/ms/forms/14_001.pdf.
- To submit an application online, go to: https://fortress.wa.gov/dshs/f2ws03esaapps/onlineapp/introduction_1.asp.
- Take Charge program applications can be made at a Take Charge provider office. Providers can make an initial determination of eligibility for the program.

For questions about Children's Medical or SCHIP programs, call 1-800-204-6429. For information on other Medicaid, SCHIP, or family planning programs, contact a local CSO representative.

CSO contact information is available at: <https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp>.

Eligibility determinations are typically made within 45 days. However, determinations for pregnant women are expedited and are made within 15 days.

NOTES

¹Dan Belnap, *A Medicaid Primer for Juvenile Justice Officials*, State Health Policy Briefing, Vol. 2, Issue 6 (Portland, ME: National Academy for State Health Policy, April 2008). Available at http://www.nashp.org/Files/shpbriefing_medicaidforjuvenilejustice.pdf.

²"People Enrolled in DSHS Medical Programs: 12 Months Summary." 2008. Washington State Department of Social & Health Services. Retrieved 24 June 2008. <http://fortress.wa.gov/dshs/maa/News/EnrollmentFigures/PeopleEnrolledinDSHSMedicalPrograms12MonthsSummary.xls>.

³Centers for Medicare & Medicaid Services. Medicaid Financial Management Report, Fiscal Year 2005. Retrieved 16 June 2008. http://www.cms.hhs.gov/MedicaidBudgetExpendSystem/02_CMS64.asp#TopOfPage.

⁴Ibid.

⁵Department of Health and Human Services, Office of the Secretary; Annual Update of the HHS Poverty Guidelines, 73 Fed. Reg. 3971 (January 23, 2008).

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Program information comes from Washington State Department of Social and Health Services, Health and Recovery Services Administration staff and Web site. See <http://fortress.wa.gov/dshs/maa/>.

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