



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Economic Services Administration

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TO: Steve Kozak, Project Manager
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Eligibility and Service Delivery Division
Health and Recovery Services Administration

FROM: Janice Shineman, MEQC Coordinator
Medicaid Eligibility Quality Control Unit
Office of Quality Assurance
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SUBJECT: MEQC Survey P50, Healthcare for Workers with Disabilities (HWD)

MEQC has completed an audit of HWD clients active on HWD in November 2006 and of clients denied or terminated from HWD in October and November 2006. The audit consisted of a review of HWD eligibility as well as telephone interviews to determine:

- Whether clients were still employed, and if not, when their job ended and why;
- Whether clients had health insurance available through their employment;
- How clients heard about HWD;
- Why clients needed HWD and what types of Medicaid-related services they use;
- Whether clients had Medicare Part D coverage, and any problems associated with getting prescription drugs; and
- Client satisfaction with the HWD program.

MEQC audited the eligibility of 221 clients and completed telephone interviews with 204 of the 221 clients between January 5, 2007 and March 7, 2007.

MEQC reviewed ACES, the HWD website, the Office of Financial Recovery (OFR) online database, Electronic Case Records (ECRs) and other available databases to review Medicaid eligibility. Information about MEQC Project #42, completed in 2005, is in parenthesis for comparison.

Employment

- 88% (89% in P42 2005) of 204 interviewed clients were still employed.
 - 83% (82%) had the same employer and 5% (7%) had a different one.
 - 71% (72%) were working under 21 hours per week.
 - 16% (13%) said their employer offered health insurance.

- Clients reported a median premium of \$29 (\$42.50), with a low of \$1 (\$17) and a high of \$272 (\$150).

Client Satisfaction with HWD

- Clients predominantly heard about HWD through CSO staff, their mental health provider, and community agencies. (Most clients heard about HWD through their mental health provider, CSO staff, and family or friends.)
- Most clients need HWD because they can't get health insurance through their employer, and they need prescription medicine coverage. (Most clients needed prescription health coverage, and couldn't get coverage through their employer.)
- 76% (77% in P42 2005) found HWD much easier to live with than spenddown.
- 51% (48%) felt the amount of the premium was about right, 17% (23%) too high, 13% (10%) somewhat high but better than spenddown, and 11% (12%) a bargain.
- 72% (68%) had no problems keeping their premiums current, while 28% (31%) did have problems.
- 75% (42%) think HWD made it possible for them to get a job and increase their earnings.
- Most clients use Medicaid for prescriptions, for Medicaid personal care services, and for mental health services. (Most clients used Medicaid for prescriptions, mental health services, and Medicaid personal care.)

Medicare Part D (No P42 comparison; these questions were new to P50.)

- 62% (126 cases) have Medicare Part D coverage.
 - 92% (116) were able to get medications they were taking before Part D.
 - 78% (91) did not have to get additional paperwork from doctors for Part D plan to approve medications.
 - 97% (113) did not have to change their Part D plan in order to get a particular medication they were taking before.
 - 6% (7) were not able to get medications they were taking before Part D.
 - 71% (5) said switching to a generic or different medication did not impact their health enough to affect their ability to work.

MEQC has no recommendations regarding these findings.

If you have any questions, please feel free to contact me at (360) 725-4625 or by e-mail at shinej@dshs.wa.gov.

Thank you for your cooperation during this audit.

cc: Barbara Bucsko
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