

HEALTHCHOICES LEHIGH/CAPITAL ZONE PHYSICAL HEALTH DATABOOK COMMONWEALTH OF PENNSYLVANIA

FEBRUARY 21, 2014

GOVERNMENT HUMAN SERVICES CONSULTING



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A

Introduction

The purpose of this databook is to provide physical health managed care organizations (PH-MCOs) summarized financial data on HealthChoices members in Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York counties. These 13 counties compose the Lehigh/Capital zone of the Commonwealth of Pennsylvania's (Commonwealth) mandatory Medicaid managed care program, HealthChoices. The data presented represents the physical health (PH) services (including maternity services) covered under HealthChoices for calendar year (CY) 2012 that were the responsibility of the participating PH-MCOs. Additionally, this databook provides information on the methodology that Mercer Government Human Services Consulting (Mercer), a part of Mercer Health & Benefits LLC, will use to develop the prospective capitation rate ranges for the HealthChoices Lehigh/Capital program. Mercer produced this databook with input from the Commonwealth's Department of Public Welfare (Department).

The HealthChoices Lehigh/Capital program is composed of one rating region encompassing all of the following 13 counties:

RATING REGION/COUNTIES CHART

Rating Region	Counties Included
Lehigh/Capital	Adams, Berks, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Lancaster, Lebanon, Lehigh, Northampton, Perry, and York

In addition to separate rating regions, the HealthChoices program considers the different risk characteristics of the enrolled population by establishing nine rating groups (i.e., categories of aid). The following table illustrates the nine rating groups:

RATING GROUP/CATEGORY OF AID CHART

Rating Group	Category of Aid
1	TANF-HB-MAGI < 2 Months
2	TANF-HB-MAGI 2–11.999 Months
3	TANF-HB-MAGI Ages 1–20
4	TANF-HB-MAGI Ages 21+
5	SSI-HH-Other Disabled
6	Categorically Needy State-Only GA
7	Medically Needy State-Only GA

RATING GROUP/CATEGORY OF AID CHART

Rating Group	Category of Aid
8	Breast and Cervical Cancer
9	Maternity Care Payment

It is important to note that the CY 2012 PH-MCO experience contained in this databook is representative of the financial rating group structure in place during that reporting year. Due to a change in the HealthChoices program effective January 1, 2006, nearly all of the dual eligibles have been removed from HealthChoices. Only dual eligibles less than age 21 remain in the HealthChoices program, along with the months associated with a person's retroactive Medicare coverage (i.e., disenrollment from HealthChoices occurs prospectively). For prospective rate-setting purposes, the few remaining dual eligibles are combined with the rating group SSI-HH-Other Disabled.

There is a possibility that a few dual-eligible recipients in other categories may exist, but the impact on the rate ranges and eligibility member months (MM) is immaterial. Similarly, this databook and the resulting rate ranges will not reflect any expenses related to spend-down as a result of established procedures at the county assistance offices.

Effective July 1, 2012, the Commonwealth re-mapped recipients from the Federal GA rating group into other rating groups, primarily the SSI-HH-Other Disabled rating group, and the Federal GA rating group was eliminated. All dollars and members formerly associated with the Federal GA rating group will be shifted to other federal rating groups.

Effective March 1, 2013, the Commonwealth introduced the Breast and Cervical Cancer rating group. Previous to this date, the Breast and Cervical Cancer population was part of the fee-for-service (FFS) program, therefore, the financial report experience does not contain data for this population. Please refer to the FFS databook for additional information.

Effective July 1, 2013, a change to the HealthChoices rating group structure involved transitioning the TANF and Healthy Beginnings (HB) rating groups to the following rating groups: TANF-HB-MAGI < 2 Months, TANF-HB-MAGI 2–11.999 Months, TANF-HB-MAGI Ages 1–18 and TANF-HB-MAGI Ages 19+.

Effective January 1, 2015, the Commonwealth has further refined the TANF-HB-MAGI rating group structure to reflect the following age groupings: TANF-HB-MAGI < 2 Months, TANF-HB-MAGI 2–11.999 Months, TANF-HB-MAGI Ages 1–20, and TANF-HB-MAGI Ages 21+.

The maternity care payment is made for women delivering in all categories of aid. Beginning in 2002, one payment is made per live birth delivery (C-section or vaginal), regardless of the number of births. The payment amount is a lump-sum payment intended to reflect the risk of only the mother's PH claims five months prior to the delivery, during the delivery event, and two months after the delivery. Effective July 1, 2011, the maternity care payment was changed to

reflect the risk of the mother's PH claims 90 days prior to the birth event and the birth event. Behavioral health (BH) services provided to pregnant women will be paid for by the BH managed care organizations (BH-MCOs), as provided by the respective contracts.

Services that were the responsibility of the PH-MCOs in the CY 2012 time period include, but are not limited to, the following:

Covered Services	
Hospital Inpatient	Laboratory/Radiology
Renal Dialysis Center	EPSDT Screens
Hospice/Home Health Care	EPSDT Services
Ambulatory Surgical Centers	DME/Medical Supplies
ER (including BH-related visits)	Family Planning
Physician (including Specialty Physicians)	Therapy
Chiropractor, Podiatrist	Ambulance
Pharmacy (including BH drugs)	Nursing Home/PDA Waiver (First 30 days)
FQHC/RHC (not including supplemental state payments to these entities)	Dental

There are separate contracts between the Commonwealth and BH-MCOs for the provision of BH services.

The reimbursement provided under the HealthChoices contract is intended for the coverage of medically-necessary services covered under the Commonwealth's State Plan. The PH-MCOs have the ability to utilize this reimbursement to provide medically necessary services in place of or in addition to the services covered under the State Plan, as well as those services, if any, identified under section 1915(b)(3) of the Centers for Medicare and Medicaid Services (CMS) approved HealthChoices waiver, in order to meet the needs of the individual enrollee in the most efficient manner. However, since the capitation rates cannot include these additional services, an adjustment may be required in the rate development process to incorporate the cost of State Plan services, which would have been provided in the absence of alternative or additional services.

This databook focuses on the historical, summarized financial data from the PH-MCOs that have been participating in HealthChoices Lehigh/Capital. Since this is actual data from the HealthChoices program, no data is included related to graduate medical education (GME) or disproportionate share hospital (DSH) payments. Furthermore, to the extent that any of the PH-MCOs implemented copayments or benefit limitations based on the Commonwealth's policies, a portion of the CY 2012 data may include the effects of these programmatic changes (see Exhibit D on page 9).

The summarized financial data for CY 2012 was based on:

- 2012 year-end audited financial reports as submitted by AmeriHealth Mercy Health Plan (AmeriHealth).
- 2012 year-end audited financial reports as submitted by Gateway Health Plan, Inc. (Gateway).
- 2012 year-end audited financial reports as submitted by UnitedHealthcare of Pennsylvania, Inc. (United).*
- 2012 year-end audited financial reports as submitted by Aetna Better Health, Inc. (Aetna).
- 2012 year-end audited financial reports as submitted by UPMC for You, Inc. (UPMC).

To create this databook, Mercer aggregated the PH-MCOs' reported financial data, by category of aid and category of service. Thus, this databook can be described as a current review of the cumulative experience of the PH-MCOs that served the Lehigh/Capital zone in CY 2012.

The user of this databook is cautioned against relying solely on the data contained herein. The Commonwealth and Mercer provide no guarantee, neither written nor implied, that this databook is 100% accurate or error-free. The CY 2012 data presented in this databook was downloaded from the Commonwealth's electronic Financial Reporting and Monitoring (e-FRM) web-based system on December 31, 2013. Any resubmissions to e-FRM by the PH-MCOs after this date are not reflected in this databook unless otherwise noted.

*United resubmitted unaudited financial data for Reports 26 and 27, which have been incorporated in this databook.

B

Rate Range Development Methodology

This section provides a description of the rate-setting methodology that Mercer will use for the development of the prospective capitation rate ranges for the HealthChoices Lehigh/Capital program. These rate ranges will be developed following an actuarially sound process, as described within the federal regulations [i.e., section 438.6(c)] issued by CMS.

Background

In the past, Mercer has developed capitation rate ranges using the Commonwealth's historical FFS data. As the HealthChoices program has matured, the rate-setting process has transitioned from a methodology relying upon FFS data to a methodology based upon health plan financial, operational, and encounter data. The financial, operational, and encounter data from the Lehigh/Capital PH-MCOs offer the most recent source of data from the Lehigh/Capital zone.

Methodology

To develop prospective rate ranges, Mercer will consider the financial reports that each of the current PH-MCOs submit to the Commonwealth as part of their current contractual requirements. These financial reports include data on enrollment, expenditures, unit cost, and utilization. Supplementary data may also be incorporated into the rate-setting process. The sources of this supplementary data may be the Commonwealth, the current PH-MCOs, and/or other sources deemed appropriate by Mercer and the Commonwealth.

Since data accuracy and validity are essential components in developing capitation rate ranges that are appropriate for HealthChoices Lehigh/Capital and useable by the Commonwealth for rate discussions, the Commonwealth and Mercer will analyze the submitted data for reasonableness and reliability. The areas that may be reviewed include, but are not limited to, the following:

- The magnitude of reserve estimates relative to incurred claims.
- The consistency of data among the reports.
- Side-by-side comparisons of each plan's reports.

To reflect the risk of and the Commonwealth's expectations for the HealthChoices program in a prospective rating period, Mercer will adjust the reported data as necessary. These adjustments may be positive or negative, specific to a health plan, or more "global" in nature.

In addition to the aforementioned, adjustments may be made to reflect any programmatic/policy changes to the design of the HealthChoices program that are not reflected in the base data.

These adjustments also may be positive or negative. Please refer to the programmatic changes chart in Section D for a review of some of these contemplated programmatic/policy changes.

Mercer will trend the data to the applicable prospective rating period since the reported financial data represents historical time periods (e.g., CY 2012). No single source will be used to develop the prospective managed care trend rates. The trend sources that will be considered include, but are not limited to:

- PH-MCOs financial reports.
- Lehigh/Capital market changes.
- Indices (such as CPI).
- Neighboring states (FFS trends, managed care trends).
- Pennsylvania-specific FFS trends.

An additional component of the prospective rate ranges will be an amount that is reasonable for administration and profit. Mercer will develop this rate component, with input from the Department, by analyzing actual administrative expense reports from each of the current health plans and/or other data sources.

As stated in the introduction, the Commonwealth removed most dual eligibles from the HealthChoices program, effective January 1, 2006. Given the small number of dual eligibles remaining in HealthChoices, the SSI & HH with Medicare and SSI & HH without Medicare groups will be consolidated into a single SSI-HH-Other Disabled rate cell.

As stated previously, the population formerly known as Federal GA was discontinued and the associated dollars and members will be remapped to the appropriate rating groups on a budget-neutral basis.

For the TANF-HB-MAGI < 2 Months, TANF-HB-MAGI 2–11.999 Months, TANF-HB-MAGI Ages 1–20 and TANF-HB-MAGI Ages 21+ rate cells, age relativity factors will be used to separate the TANF and HB financial data into these four rating groups.

The rate-setting methodology described above will result in capitation rate ranges for each of the rating groups. These rate ranges provide the Commonwealth with flexibility for the rate discussion process. However, the Commonwealth does recommend that each PH-MCO independently analyze its own projected medical and administrative expense, and other premium needs, for comparison to the Commonwealth's rate offers in the aggregate.

The Commonwealth also utilizes risk-adjusted rates in the HealthChoices program using the combined Chronic Illness and Disability Payment System and Medicaid Rx risk-adjustment model (CDPS+Rx) developed at the University of California at San Diego. CDPS+Rx quantifies differences in risk between PH-MCOs using age/gender demographics, along with diagnostic and pharmacy usage history. The CDPS+Rx process determines PH-MCO plan factors that adjust the rates that the Department pays to each PH-MCO. The development of PH-MCO plan

factors includes a budget-neutrality step that causes the risk-adjustment process to be budget neutral for the Commonwealth.

Additionally, the Commonwealth provides risk sharing for home nursing (HN) services provided to children. The PH-MCOs are responsible for claims up to a threshold of \$25,000, at which point the Commonwealth will then reimburse each PH-MCO for 75% of paid claims that are eligible for coverage in excess of this threshold. There is no limit to the risk sharing. Since the HN risk-sharing program is based on a CY accumulation period, Mercer will calculate a premium (i.e., rate withhold) that represents the Commonwealth's risk for the next risk-sharing program year. The terms of the risk-sharing program are subject to change and may vary based on the Department's procurement schedule. Given the risk-sharing program's narrow specificity of risk and high per recipient cost, risk-sharing costs may fluctuate substantially from year to year. However, over a period of several years, the amount withheld from the rates is expected to be equivalent to the amount paid by the Commonwealth in risk-sharing claims (i.e., budget neutral).

The Commonwealth introduced a high cost risk pool (HCRP) in the Lehigh/Capital zone, effective July 1, 2008. For these high cost recipients, the current terms of the HCRP require the PH-MCOs to be responsible for the first \$80,000 in incurred medical costs. The HCRP is intended to improve the distribution of available funds among the participating PH-MCOs for high cost recipients. The objective of the HCRP is to withhold from the capitation rates 80% of the estimated expenses that exceed \$80,000 for high cost recipients and then redistribute this pool of funds among the participating PH-MCOs, based on each PH-MCO's proportion of reported medical expense associated with high cost recipients. To help assure that the distribution process is not skewed by provider network pricing differences, the Commonwealth intends to re-price PH-MCO reported inpatient hospital expenses using the Commonwealth's Medicaid FFS fee schedule to determine the percentage each PH-MCO receives of the risk pool. The HCRP is not a risk-sharing arrangement. Recognizing that risk for high cost recipients can shift between PH-MCOs and the related cash flow concerns of the PH-MCOs, the HCRP is designed to distribute the risk pool funds based on recent experience patterns of the PH-MCOs, thereby helping to improve the matching of payment to risk for high cost recipients.

Accordingly, Mercer will calculate withhold values for the prospective rating period. The terms of the HCRP are subject to change and may vary based on the Department's procurement schedule. The HCRP is not intended to represent specific risk valuation and the funding level may not match ultimate medical expense in any single time period.

C

Summarized Calendar Year 2012 Financial Data

This section presents the year-end financial experience from the HealthChoices Lehigh/Capital PH-MCOs for CY 2012. Exhibit C-1 presents the PH-MCOs' CY 2012 medical expense data on each category of aid. Please note that because maternity-related expense data is reported/included in the respective category of aid of the mother, there is no separate column for "maternity." Exhibit C-2 presents the PH-MCOs' C-section and vaginal maternity expense data on each category of aid for state fiscal year (SFY) 2011–2012. Since the maternity care payment is made for live births only, the maternity expense data reflects information for only live outcomes. As a result, non-live expense data will not be included in the development of the maternity care payment, but instead will remain in the monthly capitation rates for the applicable rating group. Please note that costs per delivery are based on the respective live births only.

In addition to the number of MMs and the actual number of deliveries in each category of aid, Mercer summarized the PH-MCOs' expense data for each of the categories of service that are delineated in the financial reports. The per member per month (PMPM) values represent the combined experience for the Lehigh/Capital PH-MCOs for a particular category of service and category of aid combination. Totals have been provided for each category of service and category of aid.

Please note that no adjustments have been made to the data contained in exhibits C-1 and C-2; the information included is as reported by the PH-MCOs. The PH-MCOs may find the exhibits and additional information on the internet at the following address:

<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/managedcareinformation/index.htm>

The data exhibits are Microsoft Excel spreadsheets, and can be found under the following labels:

- Exhibit C-1: Lehigh/Capital Zone – Category of Service/PMPMs
- Exhibit C-2: Lehigh/Capital Zone – Maternity Category of Service/Costs per Delivery

D

Programmatic Changes Chart

Exhibit D describes the programmatic changes that have previously been considered in the capitation rate development process. This Programmatic Changes Chart is subject to change as additional information becomes available.

EXHIBIT D: PROGRAMMATIC CHANGES CHART

HealthChoices Physical Health Programmatic Changes Chart for Prospective Rates			
Issue	Effective Date	Category of Aid	Category of Service
Copayments – Implementation of copayments for certain services and increases to the copayment fees, effective May 15, 2012.	10/01/05 and 05/15/12	All Non-Maternity Categories	All Non-Pharmacy Services
5.90% Gross Receipts Tax.	10/1/2009	TANF, Healthy Beginnings, All SSI & HH, and Maternity	Total Capitation Rate
APR Adjustment – Adjustment to payment levels for inpatient services to reflect the Commonwealth's policy change of moving to an APR-DRG methodology for hospital inpatient payments.	7/1/2010	TANF, Healthy Beginnings, and All SSI & HH	Inpatient, excluding Rehab and Nursing Home
APR Funding for State-Only Populations – Adjustment to payment levels for inpatient services to reflect the Commonwealth's policy change of moving to an APR-DRG methodology for hospital inpatient payments.	7/1/2013	GA-CNO and GA-MNO	Inpatient, excluding Rehab and Nursing Home
Dental – Reduction of dental services for adults.	9/30/2011	All Non-Maternity Categories	Dental and Dental / Oral Surgery
Pharmacy – Six prescription limit per month for adults. Specific exceptions apply.	1/3/2012	All Non-Maternity Categories	Pharmaceutical, Pharmaceutical LTC, Family Planning Pharmaceutical

EXHIBIT D: PROGRAMMATIC CHANGES CHART**HealthChoices Physical Health Programmatic Changes Chart for Prospective Rates**

Issue	Effective Date	Category of Aid	Category of Service
Pharmacy Rebates – Change in achievable rebates due to federal policy change. Changes reflect appropriate rebate levels to apply to base data, which is gross of rebates.	3/23/2010	All Categories	Pharmaceutical, Pharmaceutical LTC, Family Planning Pharmaceutical
GA-MNO Work Requirements – The work requirement of 100 hours per month that had applied to GA-MNO without children in the household now applies to all GA-MNO recipients. Therefore, a population decrease and acuity adjustment was assumed.	7/1/2012	GA-MNO	Total Capitation Rate
Eligible but not Enrolled/Latent Demand – Adjustment made to account for new enrollees and impact on acuity.	10/1/2013	TANF-HB-MAGI Ages 1–18, TANF-HB-MAGI 19+, SSI-HH-Other Disabled	Total Capitation Rate
ACA 1202 Physician Fee Increase Adjustment.	1/1/2013	TANF-HB <2 Months, TANF-HB 2–11.999 Months, TANF-HB-MAGI Ages 1–18, TANF-HB-MAGI 19+, SSI-HH-Other Disabled	Total Capitation Rate

Note: Due to the current budgetary climate within the Commonwealth of Pennsylvania, other programmatic changes may be considered in developing the rate ranges.

E

Recipient/Program Coverage Chart

Managed Care Categories

MANAGED CARE FEDERAL CATEGORIES/PROGRAM STATUS CODES

Category	Program Status Code	Description	Recipient Group
A	00	SSI Aged	SSI-HH-Other Disabled
A	44	SSI Aged State Supplement for SSI recipients (Known as the sandwich Group)	SSI-HH-Other Disabled
A	45	SSI Aged Nursing Home State Supplement for SSI recipients	SSI-HH-Other Disabled
A	46	SSI Aged Recipients who receive a Mandatory SSP will be SSA	SSI-HH-Other Disabled
A	60	SSI Aged Individual Receiving Dom Care Supplement	SSI-HH-Other Disabled
A	62	SSI Aged Individual Receiving PCBH Supplement	SSI-HH-Other Disabled
A	64	SSI Aged State Supplement for SSI recipients w/FLAC Code B	SSI-HH-Other Disabled
C	00	TANF	TANF-HB-MAGI
C	04	TANF alien (Subject to 5 year bar)	TANF-HB-MAGI
C	06	TANF Timeout	TANF-HB-MAGI
C	07	Extended TANF - Contingency	TANF-HB-MAGI
C	08	Extended TANF	TANF-HB-MAGI
C	09	Extended TANF - DV	TANF-HB-MAGI
C	53	TANF Work Support (Disabled)	TANF-HB-MAGI
C	57	TANF Work Support (Extended TANF)	TANF-HB-MAGI
C	58	TANF Work Support (Extended TANF)	TANF-HB-MAGI
C	59	TANF Work Support (Domestic Violence)	TANF-HB-MAGI
C	71	TANF Transitional Cash Assistance - EMC	TANF-HB-MAGI
C	72	TANF Transitional Cash Assistance - Non-EMC	TANF-HB-MAGI
D	02	GA RRP/RCA (Refugee Cash Assist)	SSI-HH-Other Disabled
D	05	Repatriated National	SSI-HH-Other Disabled
J	00	SSI Disabled	SSI-HH-Other Disabled
J	31	SSI Disabled Federal Foster Care	SSI-HH-Other Disabled
J	32	SSI Disabled Federal Adoption Assist	SSI-HH-Other Disabled
J	33	SSI Disabled State Foster Care	SSI-HH-Other Disabled
J	35	SSI Adoption Foster Care Other State	SSI-HH-Other Disabled
J	36	Out of State Adoption Assistance	SSI-HH-Other Disabled
J	37	SSI SPLC	SSI-HH-Other Disabled
J	44	SSI Disabled State Supplement for SSI Recipients	SSI-HH-Other Disabled

MANAGED CARE FEDERAL CATEGORIES/PROGRAM STATUS CODES

Category	Program Status Code	Description	Recipient Group
J	45	SSI Disabled Nursing Home State Supplement for SSI Recipients	SSI-HH-Other Disabled
J	46	SSI Disabled Recipients who Received a Mandatory SSP will be SSA	SSI-HH-Other Disabled
J	60	SSI Disabled individual Receiving Dom Care Sup	SSI-HH-Other Disabled
J	62	SSI Disabled Individual Receiving PCBH Sup	SSI-HH-Other Disabled
J	64	SSI Disabled State Supplement for SSI Recipients w/FLAC Code B	SSI-HH-Other Disabled
M	00	SSI Blind	SSI-HH-Other Disabled
M	44	SSI Blind State Supplement for SSI Recipients (Known as the sandwich group)	SSI-HH-Other Disabled
M	45	SSI Blind Nursing Home State Supplement for SSI Recipients	SSI-HH-Other Disabled
M	46	SSI Blind Recipients who receive a Mandatory SSP will be SSA	SSI-HH-Other Disabled
M	60	SSI Blind Indv Receiving Dom Care Sup	SSI-HH-Other Disabled
M	62	SSI Blind Indv Receiving PCBH Sup	SSI-HH-Other Disabled
M	64	SSI Blind State Supplement for SSI Recipients w/FLAC Code B	SSI-HH-Other Disabled
MG	00	MAGI Pregnant Woman/Infant/Child/Youth	TANF-HB-MAGI
MG	18	MAGI NMP SMA/Income Ineligible Pregnant Woman/Newborn	TANF-HB-MAGI
MG	19	MAGI Youth (Newly Eligible)	TANF-HB-MAGI
MG	27	MAGI Infant/Child/Youth/Caretaker (Below TANF/NMP Limit)	TANF-HB-MAGI
MG	71	MAGI TMA Infant/Child/Youth/Caretaker	TANF-HB-MAGI
PA	00	NMP Aged	SSI-HH-Other Disabled
PA	22	NMP Aged Spend Down (Ongoing Auth)	SSI-HH-Other Disabled
PA	81	Aged Disabled Adult Child	SSI-HH-Other Disabled
PA	84	"Pickle" Aged	SSI-HH-Other Disabled
PA	85	Disabled Employment Aged	SSI-HH-Other Disabled
PAN	00	Aged Long Term Care (NMP)	SSI-HH-Other Disabled
PAN	66	Aged Long Term Care W/Buy-In (NMP)	SSI-HH-Other Disabled
PAN	80	Aged Long Term Care W/Buy-In (NMP)	SSI-HH-Other Disabled
PAW	00	Aged Waiver Program (NMP)	SSI-HH-Other Disabled
PAW	66	Aged Waiver Program W/Buy-In (NMP)	SSI-HH-Other Disabled
PAW	80	Aged Waiver Program W/Buy-In (NMP)	SSI-HH-Other Disabled
PAW	81	Special SSI Waiver-Aged-DAC	SSI-HH-Other Disabled
PAW	84	Special SSI Waiver-Aged-Pickle	SSI-HH-Other Disabled
PAW	85	Special SSI Waiver-Aged-Dis-Emp	SSI-HH-Other Disabled
PC	00	NMP TANF	TANF-HB-MAGI
PC	02	NMP TANF Refugee (RMA)	TANF-HB-MAGI
PC	03	NMP TANF Rep Unaccompanied Minor	TANF-HB-MAGI
PC	22	NMP AFDC Spend-Down (Ongoing Auth)	TANF-HB-MAGI

MANAGED CARE FEDERAL CATEGORIES/PROGRAM STATUS CODES

Category	Program Status Code	Description	Recipient Group
PC	23	NMP Four Month Extended Benefit	TANF-HB-MAGI
PC	27	NMP TANF For the Family	TANF-HB-MAGI
PC	30	Release from YDC	TANF-HB-MAGI
PC	31	NMP TANF Federal Foster Care	TANF-HB-MAGI
PC	32	NMP TANF Fed Adoption Assistance	TANF-HB-MAGI
PC	33	NMP TANF State Foster Care	TANF-HB-MAGI
PC	34	NMP TANF State Adoption Assistance	TANF-HB-MAGI
PC	35	Adoption Asst Foster Care Other State	TANF-HB-MAGI
PC	36	Out of State Adoption Assistance	TANF-HB-MAGI
PC	37	NMP SPLC (Subsidized Permanent Legal Custodianship)	TANF-HB-MAGI
PC	40	MAGI Former Foster Care	TANF-HB-MAGI
PC	71	EMC Eligible	TANF-HB-MAGI
PCN	02	Refugee Nursing Home	TANF-HB-MAGI
PCN	31	LTC-NMP Fed Foster Care	TANF-HB-MAGI
PCN	32	LTC-Fed Adop Assistance	TANF-HB-MAGI
PCN	33	LTC - NMP State Foster Care	TANF-HB-MAGI
PCN	34	LTC-NMP Sta Adop Assis Recip in Fac	TANF-HB-MAGI
PCN	35	LTC - NMP Out of State Foster Care	TANF-HB-MAGI
PCN	36	LTC - NMP Out of State Adop Assistance	TANF-HB-MAGI
PCN	37	LTC - NMP SPLC Child	TANF-HB-MAGI
PCW	02	Special Groups Waiver Programs	TANF-HB-MAGI
PD	00	NMP GA Chronically Needy Age 0-20	SSI-HH-Other Disabled
PD	22	NMP GA Chron Need Spend-Down (Ongoing) Age 0-20	SSI-HH-Other Disabled
PH	00	Category Needy Healthy Horizon	SSI-HH-Other Disabled
PH	20	Breast & Cervical Cancer	BCC
PH	80	Category Needy Healthy Horizon W/Buy-In	SSI-HH-Other Disabled
PH	95	Category Needy Healthy Horizon Child Special Needs	SSI-HH-Other Disabled
PH	97	SSI Pending/Child W/Special Needs (1yr-18yrs)	SSI-HH-Other Disabled
PI	00	Medically Improved MAWD	SSI-HH-Other Disabled
PI	66	Med Improved MAWD Eligible for SLMB	SSI-HH-Other Disabled
PI	80	Med Improved MAWD Elig for Buy-In	SSI-HH-Other Disabled
PJ	00	NMP Disabled	SSI-HH-Other Disabled
PJ	22	NMP Disabled Spend-Down (Ongoing)	SSI-HH-Other Disabled
PJ	81	Disabled Adult Child	SSI-HH-Other Disabled
PJ	83	Disabled Special SSI Group Widows/Widowers Age 50-64	SSI-HH-Other Disabled
PJ	84	Disabled "Pickle" Aged Age 0-64	SSI-HH-Other Disabled
PJ	85	Disabled Employment Aged Age 18-64	SSI-HH-Other Disabled
PJ	98	MA Eligible BBA/SSI Inelig. PRWORA	SSI-HH-Other Disabled
PJN	00	Disabled Long Term Care (NMP)	SSI-HH-Other Disabled

MANAGED CARE FEDERAL CATEGORIES/PROGRAM STATUS CODES

Category	Program Status Code	Description	Recipient Group
PJN	66	Disabled Long Term Care w/Buy-In (NMP)	SSI-HH-Other Disabled
PJN	80	Disabled Long Term Care w/Buy-In (NMP)	SSI-HH-Other Disabled
PJW	00	Disabled Waiver Program (NMP)	SSI-HH-Other Disabled
PJW	66	Disabled Waiver Program W/Buy-In (NMP)	SSI-HH-Other Disabled
PJW	80	Disabled Waiver Program W/Buy-In (NMP)	SSI-HH-Other Disabled
PJW	81	Special SSI Waiver-Dis-DAC Age 18-64	SSI-HH-Other Disabled
PJW	83	Special SSI Waiver -Disabled widow(er) 50-64	SSI-HH-Other Disabled
PJW	84	Special SSI Waiver - Disabled Pickle Age 18-64	SSI-HH-Other Disabled
PJW	85	Special SSI Waiver Disabled Emp Age 18-64	SSI-HH-Other Disabled
PM	00	NMP Blind	SSI-HH-Other Disabled
PM	22	NMP Blind Spend-Down (Ongoing)	SSI-HH-Other Disabled
PM	81	Blind Disabled Adult Child	SSI-HH-Other Disabled
PM	84	Blind "Pickle" Individual	SSI-HH-Other Disabled
PM	85	Blind Disabled Employment Age 18+	SSI-HH-Other Disabled
PMN	00	Blind Long Term care (NMP)	SSI-HH-Other Disabled
PMN	66	Blind Long Term Care W/Buy-In (NMP)	SSI-HH-Other Disabled
PMN	80	Blind Long Term Care W/Buy-In (NMP)	SSI-HH-Other Disabled
PMW	00	Blind Waiver Program (NMP)	SSI-HH-Other Disabled
PMW	66	Blind Waiver Program w/Buy-In (NMP)	SSI-HH-Other Disabled
PMW	80	Blind Waiver Program W/Buy-In (NMP)	SSI-HH-Other Disabled
PMW	81	Special SSI Waiver-Blind DAC Age 18+	SSI-HH-Other Disabled
PMW	84	Special SSI Waiver-Blind Pickle Age 18+	SSI-HH-Other Disabled
PMW	85	Special SSI Waiver-Blind Employment Age18+	SSI-HH-Other Disabled
PS	16	NMP SMA Preg Woman and Children	TANF-HB-MAGI
PS	18	NMP SMA Inc Ineligible PregWoman/Newborns	TANF-HB-MAGI
PU	00	NMP TANF/CU	TANF-HB-MAGI
PU	22	NMP TANF/CU Spend-Down (Ongoing)	TANF-HB-MAGI
PU	23	NMP Four Month Extended Benefit	TANF-HB-MAGI
PU	27	NMP TANF/CU for the Family	TANF-HB-MAGI
PU	71	EMS Eligible	TANF-HB-MAGI
PW	00	MAWD	SSI-HH-Other Disabled
PW	66	MAWD Elig for SLMB	SSI-HH-Other Disabled
PW	80	MAWD Elig for Medicare Buy-In	SSI-HH-Other Disabled
TA	00	MNO Aged	SSI-HH-Other Disabled
TA	22	SSI MNO Aged Spend Down Age 65+	SSI-HH-Other Disabled
TA	66	Specif Low Inc Med Benef. Buy-In (MNO)	SSI-HH-Other Disabled
TA	80	With Buy-In	SSI-HH-Other Disabled
TAN	00	Aged Long Term Care (MNO)	SSI-HH-Other Disabled
TAN	66	Aged Long Term Care W/Buy-In (MNO)	SSI-HH-Other Disabled

MANAGED CARE FEDERAL CATEGORIES/PROGRAM STATUS CODES

Category	Program Status Code	Description	Recipient Group
TAN	80	Aged Long Term Care W/Buy-In (MNO)	SSI-HH-Other Disabled
TAW	00	Aged Waiver Program (MNO)	SSI-HH-Other Disabled
TAW	66	Aged Waiver Program W/Buy-In (MNO)	SSI-HH-Other Disabled
TAW	80	Aged Waiver Program W/Buy-In (MNO)	SSI-HH-Other Disabled
TC	00	MNO TANF	TANF-HB-MAGI
TC	22	TANF MNO Abs/Inc Spend down <65	TANF-HB-MAGI
TD	00	MNO GA Chronically Needy Age 0-20	SSI-HH-Other Disabled
TD	22	GA MNO Spend Down Age 0-20	SSI-HH-Other Disabled
TJ	00	MNO Disabled	SSI-HH-Other Disabled
TJ	22	SSI MNO Disabled Spend down	SSI-HH-Other Disabled
TJ	66	Specif Low Inc Med Benef. Buy-In (MNO)	SSI-HH-Other Disabled
TJ	80	With Buy-In	SSI-HH-Other Disabled
TJN	00	Disabled Long Term Care (MNO)	SSI-HH-Other Disabled
TJN	66	Disabled Long Term Care w/Buy-In (MNO)	SSI-HH-Other Disabled
TJN	80	Disabled Long Term Care W/Buy-In (MNO)	SSI-HH-Other Disabled
TJW	00	Disabled Waiver Program (MNO)	SSI-HH-Other Disabled
TJW	66	Disabled Waiver Program W/Buy-In (MNO)	SSI-HH-Other Disabled
TJW	80	Disabled Waiver Program W/Buy-In (MNO)	SSI-HH-Other Disabled
TU	00	MNO TANF/CU	TANF-HB-MAGI
TU	22	TANF MNO UPWE Spend down	TANF-HB-MAGI
U	00	TANF/CU	TANF-HB-MAGI
U	04	TANF/U Alien (Subject to 5 Years bar)	TANF-HB-MAGI
U	06	TANF Timeout	TANF-HB-MAGI
U	07	Extended TANF-Contingency	TANF-HB-MAGI
U	08	Extended TANF	TANF-HB-MAGI
U	09	Extended TANF-DV	TANF-HB-MAGI
U	53	TANF Work Support (Disabled)	TANF-HB-MAGI
U	57	TANF Work Support (Extended TANF)	TANF-HB-MAGI
U	58	TANF Work Support (Extended TANF)	TANF-HB-MAGI
U	59	TANF Work Support (Domestic Violence)	TANF-HB-MAGI
U	71	TANF Transitional Cash Assistance - EMC	TANF-HB-MAGI
U	72	TANF Transitional Cash Assistance - Non-EMC	TANF-HB-MAGI

MANAGED CARE STATE-ONLY CATEGORIES/PROGRAM STATUS CODES

Category	Program		Recipient Group
	Status Code	Description	
PD	00	NMP GA Chronically Needy; age 21+	GA-CNO
PD	22	NMP GA Chronically Needy Spend-Down (Ongoing); age 21+	GA-CNO
TD	00	MNO GA Chronically Needy; age 21+	GA-MNO
TD	22	GA MNO Spend-Down; age 21+	GA-MNO

NOTE: Recipients in the above categories are excluded if they are age 21 and over with Medicare D, or if they are in a facility or setting that precludes managed care enrollment.



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