

Managed Care Operations Memorandum
PROMISe™ Managed Care Payment System Update
MCOPS Memo # 12/2018-022

Date: December 14, 2018

Subject: PROMISe™ Managed Care Payment System Table

To: Physical Health HealthChoices Managed Care Organizations (PH-MCOs) –
Statewide

From: Maranatha Perez, Director, Bureau of Fiscal Management

Purpose:

To provide an updated PROMISe™ Managed Care Payment System Table that reflects the PH-MCO changes to the managed care payment system.

Background:

- Federal General Assistance (FedGA): Historically, FedGA individuals with Category/Program Status Code (Cat/PSC) D02 and D05 have been assigned the Disabled-BCC Ages 1+ rate cell. Since their health care costs now align better with the TANF/MAGI rating group, PH-HC FedGA capitation rates will be paid with the rate cells "TANF/MAGI 1-20" and "TANF/MAGI 21+."
- Newly Eligible Rate Cells: As the Department of Human Services (Department) has gained experience with the Newly Eligible population, it has been determined that dividing the Newly Eligible population rating groups by gender is no longer necessary. Effective January 1, 2019, there will only be two PH-HC Newly Eligible age- defined rate cells: Newly Eligible 19-44, and Newly Eligible 45-64.
- PSC 92: The Department began phasing out Cat/PSC MG92 in 2016. The phase out is now complete and PSC 92 has now been removed from the Newly Eligible section of the PROMISe™ Managed Care Payment System Table.

Discussion:

FedGA

- Effective January 1, 2019, DHS will begin paying PH-HC FedGA payment cells 51 and 58 with capitation rate cells "TANF-MAGI Ages 1-20" and "TANF-MAGI Ages 21+," respectively.
- Effective January 1, 2019, PH-HC reported costs for payment cell 51 should be reported on Financial Reporting Requirements (FRR) "Report 5B, TANF/MAGI Age 1-20." PH-HC reported costs for payment cell 58 should be reported on FRR "Report 5A, TANF/MAGI Age 21+."

Newly Eligible

- Effective January 1, 2019, the PH-HC Newly Eligible rate cells will no longer be defined by gender, resulting in only two, age-defined Newly Eligible rate cells: Newly Eligible 19-44; and Newly Eligible 45-64.
- Costs for the "Newly Eligible 19-44" rate cell should be reported on "FRR Report 5G, Newly Eligible Age 19- 44," and costs for the "Newly Eligible 45-64" rate cell should be reported on FRR "Report 5F, Newly Eligible Age 45+."

MG92

- Newly Eligible PSC 92 has been completely phased out and removed from the PROMISE™ Managed Care Payment System Table

Next Steps:

Please review the new [Managed Care Payment System Table](#) and distribute to appropriate staff. Please direct questions to Martha Sadler-Stine, Office of Medical Assistance Programs, at (717) 772-6300.

Obsolete:

N/A

Attachment:

N/A