

**OREGON HEALTH PLAN  
MEDICAID DEMONSTRATION**

**Capitation Rate Development  
Federal Fiscal Year 2002**

**Submitted by:**

**PricewaterhouseCoopers LLP  
199 Fremont Street  
San Francisco, CA 94105**

**August 2001**

August 1, 2001

Ms. Lynn Read  
Manager, Oregon Health Plan Medicaid Demonstration  
Office of Medical Assistance Programs  
500 Summer Street NE  
Salem, Oregon 97310-1014

Dear Lynn:

**Re: Capitation Rates for the Oregon Health Plan Medicaid  
Demonstration**

We have calculated the capitation rates to be paid to contracting physical health, mental health, dental and chemical dependency plans under the Oregon Health Plan Medicaid Demonstration for October 1, 2001 through September 30, 2002. These capitation payments are based on our previous work described in detail in our report to you entitled Analysis of Federal Fiscal years 2002-2003 Average Costs and dated September 21, 2000 and reflect coverage of services through line 566 of the prioritized list.

The following report describes the methods used for calculating the capitation payments.

\* \* \*

Please call me if you have any questions regarding these capitation rates or the methods that were used in the calculation.

Very Truly Yours,

PricewaterhouseCoopers LLP

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By: Sandra S. Hunt, M.P.A.  
Principal

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## Oregon Health Plan

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**Oregon Health Plan**  
**Summary Calculation of Capitation Rates for**  
**October 2000 – September 2001**

**PricewaterhouseCoopers LLP**

**August, 2001**

The following report presents the methods used to develop the capitation rates to be paid to fully capitated health plans, mental health organizations, dental care organizations and chemical dependency organizations participating in the Oregon Health Plan Medicaid Demonstration for the year beginning October 1, 2001. These methods are designed to comply with the requirements of Oregon 1989 Senate Bill 27, which established guidelines for determining payment levels while expanding coverage to nearly all Oregonians below the federal poverty level. The rates shown here also include payments for children covered under Title XXI. This report is a follow-up to our detailed report on total per capita costs for the program dated September 21, 2000, and provides a description of the specific methods used to adjust the per capita costs to capitation payments.

## **I. Contracting Arrangements**

The Oregon Health Plan contracts with a number of different types of organizations for portions of the health care service package. Fully Capitated Health Plans, or FCHPs, contract for nearly the full range of physical health care services, including inpatient, outpatient, physician, prescription drug, and miscellaneous medical services. FCHPs may also contract for maternity management, an optional service. Mental Health Organizations, or MHOs, contract to provide inpatient and outpatient therapy services on a capitated basis. Dental Care Organizations contract to provide dental services, and Chemical Dependency Organizations contract to provide substance abuse services. Within each general category of service (e.g., mental health) an organization is contracted for the full range of capitated services.

The capitation rates calculated in this report show the amounts to be paid to contracting plans. For FCHPs, MHOs, and CDOs separate capitation rates have been calculated for each plan, region and eligibility category. Capitation rates for DCOs vary by region and eligibility category only.

The fifteen eligibility categories and five geographic regions for which capitation rates are calculated are as follows:

<b>OHP Eligibility Categories</b>	
Temporary Assistance to Needy Families	OHP Families
General Assistance	OHP Adults & Couples
PLM Adults Under 100% FPL	AB/AD with Medicare
PLM Adults Over 100% FPL	AB/AD without Medicare
CHIP Children Aged 0 < 1	OAA with Medicare
PLM Child Aged 0 < 1	OAA without Medicare
PLM and CHIP Child Aged 1 – 5	SOSCF Children
PLM and CHIP Child Aged 6 – 18	

<b>OHP Geographic Regions</b>
Jackson, Josephine and Douglas Counties
Lane County
Linn, Benton, Marion, Polk and Yamhill Counties
Other
Tri-County (Clackamas, Multnomah and Washington Counties)

## **II. Statewide Average Capitation Rates**

Capitation rates for each plan are based on statewide average capitation rates with adjustments for geographic areas and risk adjustment results, where appropriate. To calculate the capitation rates for the program, we begin with the per capita costs calculated for FCHP enrollees shown in Exhibit 7-A of our September 2000 report. Starting with the categories of service in this exhibit, we identify the categories that are needed for FCHP, DCO, MHO and CDO capitation contracts, as shown in Exhibit 1.

### **Prioritized List of Services**

The per capita costs calculated in our September 2000 report are based on health plan encounter data covering services through line 566 of the prioritized list. No adjustment for funding level is required to translate the per capita costs into capitation rates, as funding will continue at line 566 pending HCFA approval of legislatively-mandated movement of the funding line.

We have worked with the Health Services Commission to understand and evaluate the effect of changes in the Prioritized List, and have determined that the changes to be implemented do not indicate a change in costs of more than 1%.

### **Trend Adjustment**

The per capita cost calculation was made to cover the two year time period of October 2001 through September 2003. The capitation rates developed in this report cover a one year period of October 2001 through September 2002.

Trend rates for FCHPs and MHOs are calculated using the trending methodology that has been used in prior capitation rate developments. Specifically, the trend rates that were applied in the per capita cost development for the biennium are adjusted to move the midpoint of the contract period from October 1, 2001 to April 1, 2002.

For dental services, the capitation rates are paid for the entire biennium, without separate trend adjustments for the first and second years. Therefore, the biennial trend adjustment is applied; the capitation rates in the second year of the biennium will remain the same.

## **Optional Services**

Maternity Management is an optional service for FCHPs; those choosing to do so receive an additional capitation amount that varies by eligibility category. No plans elected to provide the optional maternity management service for FFY2002.

## **Changes in FCHP Covered Services**

No changes were made to the scope of covered services for health plans from the date of our September 2000 report. Consequently, no changes are required in the capitation rate calculation.

## **Hysterectomy/Sterilization Recoupments**

FCHPs will have a fixed dollar amount recouped by OMAP for hysterectomies and sterilizations that do not meet the required consent and documentation criteria. For procedures performed between October 1, 2001 and September 30, 2002, the following amounts will be recouped for each non-compliant procedure:

<b>Service</b>	<b>Recoupment</b>
Hysterectomy	\$3,769
Sterilization – Female	\$681
Sterilization – Male	\$363

## **Administrative Costs**

An administrative cost allowance of 8% is added to all of the capitation rates.

Exhibit 2 shows the statewide average capitation rates that result from the above calculations, and which form the basis of the plan-specific rates.

### **III. FCHP Capitation Rates by Plan**

Capitation rates for FCHPs are based on the statewide average capitation rates for each eligibility category, modified for certain plan-specific features, including geographic location, maternity/newborn prevalence, Chronic Illness and Disability Payment System (CDPS) score, and Methadone prevalence. The statewide capitation rate for each service is multiplied by the plan-specific geographic factor and then multiplied by the applicable risk adjustment factor to arrive at the capitation rate to be paid to that plan for the given service. The resulting costs are summed across all services included in the contract and then increased for administrative cost to arrive at the final capitation rate. Exhibit 2 indicates, for each eligibility group, the risk adjustment factors that are applied to each service category.

In the development of each of the adjustment factors described in this draft, plan configurations and service areas known as of July 31, 2001 are used. In situations where members of a health plan were or will be assumed by a new plan, these calculations have transferred data for all affected members to the new plan. In situations where a plan has exited all or part of a service area and members are in fee-for-service or members have been given the option of enrolling into one of several plans, those members have been excluded from these calculations.

The methodology described here generates capitation rates for each combination of FCHP, region and eligibility category; due to this large volume of rates, this report includes statewide average capitation rates as well as the plan-specific factors that are used to develop the rates for each plan. The detailed calculation of final rates for each plan will be distributed to each FCHP individually; a summary of these rates and a comparison to Federal Fiscal Year 2001 (FFY2001) levels is shown in the Appendix.

#### **Geographic Adjustments**

The starting average capitation rate is based on data for the entire state. Geographic adjustment factors are used to reflect known differences in input costs for different geographic locations.

Physician geographic factors are uniform for all plans throughout the state. FFY2002 is the final year of a three year phase out of the physician geographic factors that began in October 1999.

Geographic factors for hospital inpatient and outpatient services are calculated on a plan-specific basis due to the requirement that in Oregon Type A and B hospitals be paid at their individual facility cost unless otherwise negotiated between the plan and hospital. It is OMAP policy to assure that capitation rates are adequate to allow this payment level.

To develop geographic factors for inpatient hospital services taking into account the Type A/B hospital requirement, the following calculations were performed:

1. The average cost per day at each hospital is calculated based on 1997 Medicare hospital cost reports. Each hospital is identified as being a Type A, a Type B, a Type C, or a DRG hospital.
2. For each hospital, we assign a cost per day. For Type A, Type B, and Type C hospitals, this is done by using the individual hospital information. For DRG hospitals this is done by using the statewide average cost per day for all DRG hospitals and multiplying by a geographic factor calculated using HCFA Diagnosis Related Group payment factors. The specific cost-to-charge ratios for each Type A, Type B, and Type C hospital used for these calculations are shown in Exhibit 3b. For all hospitals, the cost-to-charge ratio is limited to 100%, consistent with OMAP's Hospital payment guidelines. The HCFA DRG factors have been updated using Oregon specific factors to be in effect for FFY 2002
3. For residents of each zip code in the state we map "patient flow" using health plan encounter data. (Hospital admissions for mental health diagnoses are excluded and are addressed in Section IV for MHOs.) The patient flow identifies the facilities where zip code residents receive their services. In this step each hospital is also assigned the cost/day calculated in step 2.
4. The patient flow information is summarized to calculate the weighted average cost per day for members residing in each zip code. The weights used in the calculation of each zip code average are the number of days spent in each hospital by residents of each zip code.

5. Separately, the OMAP FCHP enrollment for May 2001 (modified for plan service area changes) is analyzed to determine, for each 4-digit health plan, the number of members residing in each zip code who are enrolled in that plan.
6. The results of steps 4 and 5 are then combined to produce the average cost per day for each plan based on the combination of enrollee zip codes and the average cost per day for plan members living in each zip code.
7. Geographic factors are calculated by aggregating the above results by plan and region, and then comparing each plan's average cost/day to the statewide average cost/day.

The process of calculating geographic factors for outpatient hospital services follows the same general procedure as described above for inpatient services, with one important difference. While inpatient services use the average cost per day from the Medicare hospital cost reports, a corresponding meaningful measure is not available from this source for outpatient services. Consequently, alternate sources are required to calculate these values; health plan encounter data are instead used to calculate the average outpatient charges per claim for each hospital. These charges are then applied against the cost-to-charge ratio developed in the Medicare cost reports to arrive at the average cost/claim for each hospital, analogous to the cost/day described in step 1 above.

As was done for October 2000 capitation rates, the calculation of the outpatient cost/claim includes a corridor of  $\pm 25\%$  around the statewide average cost/claim for DRG hospitals. If the cost for a given DRG hospital is outside that allowable corridor, the cost/claim for that hospital is reset to the  $\pm 25\%$  limit. This methodology does not affect the cost/claim at Type A and B hospitals. This adjustment is included to reduce volatility in the Outpatient geographic factors and to mitigate the difference in the types of outpatient services delivered at hospitals in various areas of the state.

The professional, inpatient and outpatient geographic factors resulting from the above process are shown for each plan and region in Exhibit 3a.

## Maternity and Newborn Risk Adjustment

Because there has historically been a large amount of variation in the percentage of enrollees in each plan requiring maternity services and because maternity services represent a substantial cost to plans, the State has implemented a prospective risk adjustment mechanism to adjust the maternity and newborn components of the TANF capitation rate for the relative prevalence of these services experienced by each plan.

Newborn and maternity rates per 1,000 members are calculated by health plan. Relative prevalence factors are then calculated in Exhibits 4 and 5a for each eligibility group as follows:

$$\text{Maternity Relative Prevalence} = \frac{\text{Health Plan's Maternity Rate per 1,000}}{\text{Maternity Rate per 1,000 for all Plans}}$$

$$\text{Newborn Relative Prevalence} = \frac{\text{Health Plan's Newborn Rate per 1,000}}{\text{Newborn Rate per 1,000 for all Plans}}$$

OMAP has chosen to implement a minimum “floor” of 50% on all plan maternity and newborn risk adjustment factors.

## Newborn Counts

Newborns in managed care plans are counted by finding members whose first date of eligibility in a plan equals their date of birth. The data period used to count newborns is the 12-month period from October 1, 1999 through September 30, 2000. Newborn counts and the resulting risk adjustment factors are shown in Exhibit 4.

Newborns are counted using eligibility data instead of claims or encounter data because it is believed to be more accurate; this method does not rely on the accuracy of claims coding by individual health plans or whether the claims satisfy OMAP edits.

## Maternity Counts

Maternity deliveries are counted using health plan encounter data, examining historical claims for ICD9 codes that indicate the termination (live birth,

stillbirth or late-term miscarriage) of a pregnancy. The list of possible diagnosis codes used in this process was provided by OMAP. All diagnosis codes reported on each claim are checked for the presence of qualifying ICD9 codes. The vast majority of mothers counted have a qualifying diagnosis in either the primary or secondary diagnosis position. Mothers with duplicate claims or with multiple qualifying claims within a five-month time period are counted only once. The resulting maternity counts and risk adjustment factors are shown in Exhibit 5a.

For information purposes, a comparison by plan of TANF maternity and newborn counts and rates/1,000 is shown in Exhibit 5b.

### **Chronic Illness and Disability Payment System Risk Adjustment**

The Chronic Illness and Disability Payment System risk adjustment methodology is used to calculate risk adjustment scores for the OHP Adults & Couples, General Assistance and AB/AD without Medicare groups. This system uses an array of 66 disease categories, shown in Exhibit 6b, along with projected costs for each to evaluate the relative risk experienced among health plans.

To avoid double-counting certain conditions covered under the Chemical Dependency risk adjustment, the following diagnoses were removed from the Substance Abuse – High category for members receiving Methadone treatment:

<b>Substance Abuse Diagnoses Removed</b>	
304.0 – 304.03	Period type drug dependence
304.7 – 304.73	Combinations of period type drug with any other drug dependence
305.5 – 305.53	Nondependent period drug abuse

Data used for this analysis include encounter data and fee-for-service (FFS) data provided by OMAP covering October 1999 through September 2000

dates of service. The FFS and encounter data are combined and classified into the disease categories specified in the CDPS, using the primary and secondary ICD9 codes recorded on each claim. Information is then summarized by person to establish a “risk profile” for each member. This risk profile shows the complete health information for each person, regardless of aid category, health plan, or whether claims were incurred in the fee-for-service system or under managed care.

However, since some members move between health plans and between eligibility categories, the next step in our analysis is to allocate each person’s expected cost, as defined by their disease history, to the various plans and aid groups in which he or she was enrolled. This allocation is done by calculating the percentage of the individual’s total enrollment period spent under each aid group and health plan combination.

Using these enrollment fractions, a person’s risk profile is allocated to each health plan/aid category by multiplying the disease frequencies by the fraction of time spent in that subgroup. These resulting frequencies, each expressed as a rate/1,000, are shown in Exhibits 6c through 6d.

The CDPS scores that result from this process show variation between plans that may not be solely due to health status of enrolled members, but may also be attributable to data under-reporting. For this reason, OMAP has chosen to continue the  $\pm 15\%$  corridor on calculated risk adjustment scores. To implement this corridor, we first truncate the lower range of scores at a minimum of 85%, and then apply an iterative process to adjust all other scores so the entire process is budget neutral and no plan is below 85% (when measured to 3 decimal places). The next step places a cap on the upper limit of scores at a maximum of 115% and then applies a second iterative process to adjust all scores to be budget neutral, while still maintaining the 85% – 115% corridor. Because of the small number of GA eligibles and the fact that capitation rates for AB/AD without Medicare and GA are similar, these two groups were combined for this calculation. OHP Adults & Couples continues to be calculated separately. Exhibit 6a shows both the unadjusted CDPS scores for each plan as well as the final scores after application of the 15% corridor.

## Chemical Dependency Risk Adjustment

The distribution of chemical dependency services throughout the state of Oregon is not uniform; Methadone clinics are primarily found in urban settings and members requiring treatment have a tendency to move to the area in which services are available. Within a geographic area, chemical dependency usage has also been shown to be non-uniform across plans. Beginning with October 1999 capitation rates, risk adjustment factors have been calculated for each plan, region and eligibility category individually. These factors are calculated as follows:

1. Methadone months of treatment are summarized by plan, region and eligibility category using encounter data for the period October 1, 1999 – September 30, 2000.
2. These treatment months are divided by corresponding member months of eligibility to determine a Methadone rate per 1,000 members, as shown in Exhibit 7a.
3. Using TANF as an example, Methadone relative factors are developed for each plan by dividing each plan/region's TANF rate/1,000 by the overall average TANF rate/1,000. Similar calculations are done for each eligibility category.
4. Step 3 results in plans that have historically not had any Methadone patients receiving a relative factor of 0.00. To accommodate the chance that a small number of Methadone patients will occur in these plans during FFY2002, a floor of 2% is applied to each plan's score and then normalized so that the average score across all plans is 1.0. The result of these intermediate calculations is shown for information purposes in Exhibit 7b.
5. Since Methadone use is only one component of chemical dependency services, this Methadone factor is blended with the appropriate risk adjustment factor for the remaining chemical dependency services.
  - For AB/AD without Medicare, General Assistance, and OHP Adults & Couples categories, the factor for the remaining chemical dependency services is the CDPS factor calculated for that plan.

- For the remaining eligibility groups, the Methadone factor is blended with the value of 1.0, as these groups are not risk-adjusted for the remaining chemical dependency services.

These Methadone/Non-Methadone factors are blended according to the percentages shown in Exhibit 7c. These percentages represent the portion of Chemical Dependency costs related to each service category as developed in our September 2000 per capita cost report.

The final chemical dependency risk adjustment factors for each plan, region and eligibility group are shown in Exhibit 7d.

#### **IV. MHO Capitation Rates by Plan**

Similar to the process described above for FCHPs, MHO capitation rates are based on statewide average rates, adjusted for geographic differences. Additionally, the SOSCF Child group receives an additional adjustment for the enrollment of above average cost children living in residential medical facilities.

Final capitation rates for FFY2002 and a comparison to FFY2001 rates are shown in the Appendix; detailed rate calculations will be distributed to each MHO individually.

#### **Geographic Adjustments**

MHOs receive geographic adjustments to the Acute Inpatient category only; all other services are paid based on the statewide average cost of services. The adjustment factors for MHO inpatient services are calculated in a similar method to that described in Section III for FCHP inpatient services. MHO encounter data are used for the analysis of hospital use.

MHO enrollment as of May 2001 is examined in place of FCHP enrollment to determine enrollment by plan and zip code. MHO members' zip codes of residence are matched to the encounter patient flow information to calculate the average cost per day for members enrolled in each MHO. Relative cost factors, shown in Exhibit 8, are then calculated by comparing each plan's cost/day to the average cost/day for all MHOs.

## **SOSCF Residential Medical Adjustment**

The SOSCF category includes some children who reside in Residential Medical facilities and have costs in excess of the average SOSCF Child rate. The statewide average capitation rate has been calculated to include the cost of these children. To appropriately distribute the capitation amount for this category to each plan, risk adjustment factors are calculated that reflect the relative prevalence of these children and their additional expected cost in each plan. Adjustment factors for each plan and region are shown in Exhibit 9. Plans with a large number of these children enrolled have adjustment factors that are greater than 1.0; plans with a below-average number of Residential Medical children have factors less than 1.0.

## **V. DCO Capitation Rates**

### **Geographic Adjustments**

DCO capitation rates vary by geographic region of the state, but do not vary by plan. The geographic factors are updated for each biennium and are constant for the biennium. The geographic factor calculation is based upon the Medicare RBRVS geographic adjustment factors for Oregon that take into account the component costs of professional services. The adjustment uses the FY 2001 Oregon RBRVS factors weighted by the population distribution. These DCO geographic factors are as follows:

<b>Geographic Area</b>	<b>Geographic Factor</b>
Jackson, Josephine and Douglas Counties	0.9696
Lane County	0.9696
Linn, Benton, Marion, Polk and Yamhill Counties	0.9696
Other	0.9696
Tri-County (Clackamas, Multnomah and Washington Counties)	1.0455

The above factors are applied to the statewide average dental capitation rates to arrive at the rates shown in Exhibit 10 by area and eligibility category. A comparison of FFY2002 and FFY2001 dental rates is shown in the Appendix.

## **VI. CDO Capitation Rates by Plan**

There is one CDO in operation, in Deschutes county. This plan serves as a chemical dependency “carve out” plan, covering all CD services in that county for FCHP members. The FCHP in that county is not capitated for these costs.

CDO capitation rates are calculated as the statewide average CD cost, by eligibility category, multiplied by that area’s chemical dependency risk adjustment factor, calculated according to the methodology described above in Section III. A comparison of these rates for FY2002 and FY2001 for Deschutes county is shown in Exhibit A-4.

**Oregon Health Plan Medicaid Demonstration  
FCHP, DCO, MHO and CDO Contracting Categories**

**Exhibit 1**

<b>Detail Service Category</b>	<b>Rate Setting Category</b>	<b>FCHP Capitation</b>	<b>DCO Capitation</b>	<b>MHO Capitation</b>	<b>CDO Capitation</b>
<b>PHYSICAL HEALTH</b>					
ANESTHESIA	Physician Basic	Mandatory			
EXCEPT NEEDS CARE COORDINATION	Exceptional Needs Care Coordination	Mandatory			
FP - IP HOSP	Inpatient Family Planning	Mandatory			
FP - OP HOSP	Outpatient Family Planning	Mandatory			
FP - PHYS	Physician Family Planning	Mandatory			
HYSTERECTOMY - ANESTHESIA	Physician Hysterectomy	Mandatory			
HYSTERECTOMY - IP HOSP	Inpatient Hysterectomy	Mandatory			
HYSTERECTOMY - OP HOSP	Outpatient Hysterectomy	Mandatory			
HYSTERECTOMY - PHYS	Physician Hysterectomy	Mandatory			
IP HOSP - MATERNITY	Inpatient Maternity	Mandatory			
IP HOSP - MEDICAL/SURGICAL	Inpatient Basic	Mandatory			
IP HOSP - NEWBORN	Inpatient Newborn	Mandatory			
LAB & RAD - DIAGNOSTIC X-RAY	Physician Basic	Mandatory			
LAB & RAD - LAB	Physician Basic	Mandatory			
LAB & RAD - THERAPEUTIC X-RAY	Physician Basic	Mandatory			
OP HOSP - BASIC	Outpatient Basic	Mandatory			
OP HOSP - MATERNITY	Outpatient Maternity	Mandatory			
OTH MED - DURABLE MEDICAL EQUIP	DME & Supplies	Mandatory			
OTH MED - HHC/HOSPICE/PDN	HHC/Hospice/PDN	Mandatory			
OTH MED - MATERNITY MGT	Maternity Management	Optional			
OTH MED - MEDICAL SUPPLIES	DME & Supplies	Mandatory			
PHYS CONSULTATION, IP & ER VISITS	Physician Basic	Mandatory			
PHYS HOME OR LONG-TERM CARE VISITS	Physician Basic	Mandatory			
PHYS MATERNITY	Physician Maternity	Mandatory			
PHYS NEWBORN	Physician Newborn	Mandatory			
PHYS OFFICE VISITS	Physician Basic	Mandatory			
PHYS OTHER	Physician Basic	Mandatory			
PRES DRUGS - BASIC	Prescription Drugs Basic	Mandatory			
PRES DRUGS - FP	Prescription Drugs Family Planning	Mandatory			
PRES DRUGS - MH/CD	N/A	None			
PRES DRUGS - OP HOSP BASIC	Prescription Drugs Basic	Mandatory			
PRES DRUGS - OP HOSP FP	Prescription Drugs Family Planning	Mandatory			
PRES DRUGS - OP HOSP MH/CD	N/A	None			
SCHOOL-BASED HEALTH SERVICES	N/A	None			

**Oregon Health Plan Medicaid Demonstration  
FCHP, DCO, MHO and CDO Contracting Categories**

**Exhibit 1**

<b>Detail Service Category</b>	<b>Rate Setting Category</b>	<b>FCHP Capitation</b>	<b>DCO Capitation</b>	<b>MHO Capitation</b>	<b>CDO Capitation</b>
STERILIZATION - ANESTHESIA	Physician Sterilization	Mandatory			
STERILIZATION - IP HOSP	Inpatient Sterilization	Mandatory			
STERILIZATION - OP HOSP	Outpatient Sterilization	Mandatory			
STERILIZATION - PHY	Physician Sterilization	Mandatory			
SURGERY	Physician Basic	Mandatory			
TARGETED CASE MAN - BABIES FIRST	N/A	None			
TARGETED CASE MAN - HIV	N/A	None			
THERAPEUTIC ABORTION - IP HOSP	N/A	None			
THERAPEUTIC ABORTION - OP HOSP	N/A	None			
THERAPEUTIC ABORTION - PHYS	N/A	None			
TOBACCO CES-DENT	Dental		Mandatory		
TOBACCO CES-IP HSP	Inpatient Basic	Mandatory			
TOBACCO CES-OP HSP	Outpatient Basic	Mandatory			
TOBACCO CES-PHYS	Physician Basic	Mandatory			
TOBACCO CES-PRES DRUGS	Prescription Drugs Basic	Mandatory			
TRANSPORTATION - AMBULANCE	Transportation Ambulance	Mandatory			
TRANSPORTATION - OTHER	N/A	None			
VISION CARE - EXAMS & THERAPY	Vision	Mandatory			
VISION CARE - MATERIALS & FITTING	Vision	Mandatory			
<b>DENTAL</b>					
DENTAL - ADJUNCTIVE GENERAL	Dental		Mandatory		
DENTAL - ANESTHESIA SURGICAL	Dental		Mandatory		
DENTAL - DIAGNOSTIC	Dental		Mandatory		
DENTAL - ENDODONTICS	Dental		Mandatory		
DENTAL - I/P FIXED	Dental		Mandatory		
DENTAL - MAXILLOFACIAL PROS	Dental		Mandatory		
DENTAL - ORAL SURGERY	Dental		Mandatory		
DENTAL - ORTHODONTICS	Dental		Mandatory		
DENTAL - OTHER	Dental		Mandatory		
DENTAL - PERIODONTICS	Dental		Mandatory		
DENTAL - PREVENTIVE	Dental		Mandatory		
DENTAL - PROS REMOVABLE	Dental		Mandatory		
DENTAL - RESTORATIVE	Dental		Mandatory		

**Oregon Health Plan Medicaid Demonstration  
FCHP, DCO, MHO and CDO Contracting Categories**

**Exhibit 1**

<b>Detail Service Category</b>	<b>Rate Setting Category</b>	<b>FCHP Capitation</b>	<b>DCO Capitation</b>	<b>MHO Capitation</b>	<b>CDO Capitation</b>
<b>CHEMICAL DEPENDENCY</b>					
CD SERVICES - METHADONE	Chemical Dependency	Mandatory			Mandatory
CD SERVICES - OP	Chemical Dependency	Mandatory			Mandatory
CD SERVICES - RESIDENTIAL	Chemical Dependency	Mandatory			Mandatory
<b>MENTAL HEALTH</b>					
MH SERVICES ACUTE INPATIENT	MH Acute Inpatient			Mandatory	
MH SERVICES ASSESS & EVAL	MH Assessment & Evaluation			Mandatory	
MH SERVICES CASE MANAGEMENT	MH Case Management			Mandatory	
MH SERVICES CONSULTATION	MH Consultation			Mandatory	
MH SERVICES INTERPRETIVE SERVICES	MH Interpretive Services			Mandatory	
MH SERVICES MED MANAGEMENT	MH Medication Management			Mandatory	
MH SERVICES MHDDSD FAMILY SUPPORT	MH MHDDSD Family Support			Mandatory	
MH SERVICES MHDDSD JOBS	MH MHDDSD Jobs			Mandatory	
MH SERVICES MHDDSD SUBACUTE CARE	MH MHDDSD Subacute Care			Mandatory	
MH SERVICES OP THERAPY	MH OP Therapy			Mandatory	
MH SERVICES OTHER OP	MH Other OP			Mandatory	
MH SERVICES PHYS IP	MH Physician IP			Mandatory	
MH SERVICES PHYS OP	MH Physician OP			Mandatory	
MH SERVICES SUPPORT DAY PROGRAM	MH Supportive Day Program			Mandatory	
MH SERVICES - CATP	N/A			None	
MH SERVICES - DARTS	N/A			None	
MH SERVICES - JCAHO	N/A			None	

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>TANF</b>

**Physician**

Basic	\$35.36
Family Planning	\$0.36
Hysterectomy	\$0.36
Maternity	\$7.63 M
Newborn	\$1.23 N
Sterilization	\$0.32
<b>Subtotal</b>	<b>\$45.25</b>

**Outpatient**

Basic	\$14.88
Family Planning	\$0.02
Hysterectomy	\$0.02
Maternity	\$0.52 M
Sterilization	\$1.36
<b>Subtotal</b>	<b>\$16.78</b>

**Prescription Drugs**

Basic	\$19.58
Family Planning	\$0.76
<b>Subtotal</b>	<b>\$20.34</b>

**Inpatient**

Basic	\$16.02
Family Planning	\$0.00
Hysterectomy	\$0.54
Maternity	\$8.17 M
Newborn	\$6.74 N
Sterilization	\$0.70
<b>Subtotal</b>	<b>\$32.16</b>

**Miscellaneous**

Chemical Dependency	\$4.57 C
DME/Supplies	\$0.94
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.11
Transportation - Ambulance	\$1.49
Vision	\$1.61
<b>Subtotal</b>	<b>\$8.71</b>

<b>Total Basic Services</b>	<b>\$123.25</b>
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**Optional Services**

Maternity Management	\$0.57
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<b>Total Services</b>	<b>\$123.82</b>
<b>Total Services with 8% Admin</b>	<b>\$134.58</b>

**Mental Health**

Acute Inpatient	\$1.75
Assess & Eval	\$1.88
Case Management	\$0.67
Consultation	\$0.33
Ancillary Services	\$0.00
Med Management	\$0.71
MHDDSD Alternative to IP	\$0.14
MHDDSD Family Support	\$0.12
OP Therapy	\$7.66
Other OP	\$0.06
Phys IP	\$0.05
Phys OP	\$0.07
Support Day Program	\$1.36

<b>Total MH Services</b>	<b>\$14.81</b>
<b>Total MH Services with 8% Admin</b>	<b>\$16.10</b>

<b>Dental</b>	<b>\$17.04</b>
<b>Dental Services with 8% Admin</b>	<b>\$18.52</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>General Assistance</b>

**Physician**

Basic	\$127.15
Family Planning	\$0.10
Hysterectomy	\$0.72
Maternity	\$1.08 M
Newborn	\$0.00 N
Sterilization	\$0.04
<b>Subtotal</b>	<b>\$129.10</b>

**Outpatient**

Basic	\$70.06
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.13 M
Sterilization	\$0.27
<b>Subtotal</b>	<b>\$70.49</b>

**Prescription Drugs**

Basic	\$170.90
Family Planning	\$0.42
<b>Subtotal</b>	<b>\$171.33</b>

**Inpatient**

Basic	\$173.43
Family Planning	\$0.00
Hysterectomy	\$0.98
Maternity	\$0.77 M
Newborn	\$0.00 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$175.18</b>

**Miscellaneous**

Chemical Dependency	\$31.42 C
DME/Supplies	\$9.39
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$4.93
Transportation - Ambulance	\$11.53
Vision	\$3.32
<b>Subtotal</b>	<b>\$60.59</b>

<b>Total Basic Services</b>	<b>\$606.69</b>
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**Optional Services**

Maternity Management	\$0.05
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<b>Total Services</b>	<b>\$606.74</b>
<b>Total Services with 8% Admin</b>	<b>\$659.49</b>

**Mental Health**

Acute Inpatient	\$37.85
Assess & Eval	\$8.97
Case Management	\$15.71
Consultation	\$2.05
Ancillary Services	\$0.00
Med Management	\$15.13
MHDDSD Alternative to IP	\$13.08
MHDDSD Family Support	\$0.01
OP Therapy	\$43.72
Other OP	\$6.27
Phys IP	\$1.49
Phys OP	\$0.49
Support Day Program	\$33.83

<b>Total MH Services</b>	<b>\$178.61</b>
<b>Total MH Services with 8% Admin</b>	<b>\$194.14</b>

<b>Dental</b>	<b>\$31.00</b>
<b>Dental Services with 8% Admin</b>	<b>\$33.69</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>PLM Adults under 100% FPL</b>

**Physician**

Basic	\$77.52
Family Planning	\$1.52
Hysterectomy	\$0.17
Maternity	\$184.72 M
Newborn	\$0.97 N
Sterilization	\$3.80
<b>Subtotal</b>	<b>\$268.69</b>

**Outpatient**

Basic	\$15.35
Family Planning	\$0.04
Hysterectomy	\$0.00
Maternity	\$13.01 M
Sterilization	\$20.91
<b>Subtotal</b>	<b>\$49.31</b>

**Prescription Drugs**

Basic	\$22.40
Family Planning	\$2.57
<b>Subtotal</b>	<b>\$24.97</b>

**Inpatient**

Basic	\$10.50
Family Planning	\$0.00
Hysterectomy	\$0.24
Maternity	\$211.45 M
Newborn	\$0.08 N
Sterilization	\$11.15
<b>Subtotal</b>	<b>\$233.41</b>

**Miscellaneous**

Chemical Dependency	\$2.50 C
DME/Supplies	\$0.89
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.09
Transportation - Ambulance	\$3.16
Vision	\$2.42
<b>Subtotal</b>	<b>\$9.06</b>

<b>Total Basic Services</b>	<b>\$585.45</b>
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**Optional Services**

Maternity Management	\$12.66
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<b>Total Services</b>	<b>\$598.12</b>
<b>Total Services with 8% Admin</b>	<b>\$650.13</b>

**Mental Health**

Acute Inpatient	\$0.68
Assess & Eval	\$1.09
Case Management	\$0.09
Consultation	\$0.08
Ancillary Services	\$0.00
Med Management	\$0.23
MHDDSD Alternative to IP	\$0.03
MHDDSD Family Support	\$0.00
OP Therapy	\$2.52
Other OP	\$0.01
Phys IP	\$0.03
Phys OP	\$0.02
Support Day Program	\$0.12

<b>Total MH Services</b>	<b>\$4.91</b>
<b>Total MH Services with 8% Admin</b>	<b>\$5.34</b>

<b>Dental</b>	<b>\$16.25</b>
<b>Dental Services with 8% Admin</b>	<b>\$17.67</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>PLM Adults over 100% FPL</b>

**Physician**

Basic	\$77.52	
Family Planning	\$1.52	
Hysterectomy	\$0.17	
Maternity	\$184.72	M
Newborn	\$0.97	N
Sterilization	\$3.80	
<b>Subtotal</b>	<b>\$268.69</b>	

**Outpatient**

Basic	\$15.35	
Family Planning	\$0.04	
Hysterectomy	\$0.00	
Maternity	\$13.01	M
Sterilization	\$20.91	
<b>Subtotal</b>	<b>\$49.31</b>	

**Prescription Drugs**

Basic	\$22.40
Family Planning	\$2.57
<b>Subtotal</b>	<b>\$24.97</b>

**Inpatient**

Basic	\$10.50	
Family Planning	\$0.00	
Hysterectomy	\$0.24	
Maternity	\$211.45	M
Newborn	\$0.08	N
Sterilization	\$11.15	
<b>Subtotal</b>	<b>\$233.41</b>	

**Miscellaneous**

Chemical Dependency	\$2.50	C
DME/Supplies	\$0.89	
Exceptional Needs Care Coordination	\$0.00	
Home Health/PDN/Hospice	\$0.09	
Transportation - Ambulance	\$3.16	
Vision	\$2.42	
<b>Subtotal</b>	<b>\$9.06</b>	

<b>Total Basic Services</b>	<b>\$585.45</b>
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**Optional Services**

Maternity Management	\$12.66
----------------------	---------

<b>Total Services</b>	<b>\$598.12</b>
<b>Total Services with 8% Admin</b>	<b>\$650.13</b>

**Mental Health**

Acute Inpatient	\$0.68
Assess & Eval	\$1.09
Case Management	\$0.09
Consultation	\$0.08
Ancillary Services	\$0.00
Med Management	\$0.23
MHDDSD Alternative to IP	\$0.03
MHDDSD Family Support	\$0.00
OP Therapy	\$2.52
Other OP	\$0.01
Phys IP	\$0.03
Phys OP	\$0.02
Support Day Program	\$0.12

<b>Total MH Services</b>	<b>\$4.91</b>
<b>Total MH Services with 8% Admin</b>	<b>\$5.34</b>

<b>Dental</b>	<b>\$16.25</b>
<b>Dental Services with 8% Admin</b>	<b>\$17.67</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b> Rate Group: <b>CHIP Children Aged 0-1</b>
---

**Physician**

Basic	\$67.87
Family Planning	\$0.00
Hysterectomy	\$0.01
Maternity	\$0.29 M
Newborn	\$15.45 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$83.63</b>

**Outpatient**

Basic	\$11.36
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Sterilization	\$0.01
<b>Subtotal</b>	<b>\$11.38</b>

**Prescription Drugs**

Basic	\$10.46
Family Planning	\$0.01
<b>Subtotal</b>	<b>\$10.48</b>

**Inpatient**

Basic	\$35.97
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Newborn	\$102.67 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$138.64</b>

**Miscellaneous**

Chemical Dependency	\$0.00 C
DME/Supplies	\$2.57
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.15
Transportation - Ambulance	\$2.74
Vision	\$0.09
<b>Subtotal</b>	<b>\$5.55</b>

<b>Total Basic Services</b>	<b>\$249.67</b>
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**Optional Services**

Maternity Management	\$0.20
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<b>Total Services</b>	<b>\$249.86</b>
<b>Total Services with 8% Admin</b>	<b>\$271.59</b>

**Mental Health**

Acute Inpatient	\$0.00
Assess & Eval	\$0.01
Case Management	\$0.00
Consultation	\$0.00
Ancillary Services	\$0.00
Med Management	\$0.00
MHDDSD Alternative to IP	\$0.00
MHDDSD Family Support	\$0.00
OP Therapy	\$0.01
Other OP	\$0.00
Phys IP	\$0.00
Phys OP	\$0.00
Support Day Program	\$0.00

<b>Total MH Services</b>	<b>\$0.02</b>
<b>Total MH Services with 8% Admin</b>	<b>\$0.02</b>

<b>Dental</b>	<b>\$0.08</b>
<b>Dental Services with 8% Admin</b>	<b>\$0.09</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>PLM Children Aged 0-1</b>

**Physician**

Basic	\$67.87
Family Planning	\$0.00
Hysterectomy	\$0.01
Maternity	\$0.29 M
Newborn	\$15.45 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$83.63</b>

**Outpatient**

Basic	\$11.36
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Sterilization	\$0.01
<b>Subtotal</b>	<b>\$11.38</b>

**Prescription Drugs**

Basic	\$10.46
Family Planning	\$0.01
<b>Subtotal</b>	<b>\$10.48</b>

**Inpatient**

Basic	\$35.97
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Newborn	\$102.67 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$138.64</b>

**Miscellaneous**

Chemical Dependency	\$0.00 C
DME/Supplies	\$2.57
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.15
Transportation - Ambulance	\$2.74
Vision	\$0.09
<b>Subtotal</b>	<b>\$5.55</b>

<b>Total Basic Services</b>	<b>\$249.67</b>
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**Optional Services**

Maternity Management	\$0.20
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<b>Total Services</b>	<b>\$249.86</b>
<b>Total Services with 8% Admin</b>	<b>\$271.59</b>

**Mental Health**

Acute Inpatient	\$0.00
Assess & Eval	\$0.01
Case Management	\$0.00
Consultation	\$0.00
Ancillary Services	\$0.00
Med Management	\$0.00
MHDDSD Alternative to IP	\$0.00
MHDDSD Family Support	\$0.00
OP Therapy	\$0.01
Other OP	\$0.00
Phys IP	\$0.00
Phys OP	\$0.00
Support Day Program	\$0.00

<b>Total MH Services</b>	<b>\$0.02</b>
<b>Total MH Services with 8% Admin</b>	<b>\$0.02</b>

<b>Dental</b>	<b>\$0.08</b>
<b>Dental Services with 8% Admin</b>	<b>\$0.09</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>PLM or CHIP Children Aged 1-5</b>

**Physician**

Basic	\$25.05
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.06 M
Newborn	\$0.02 N
Sterilization	\$0.00
Subtotal	\$25.13

**Outpatient**

Basic	\$8.72
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Sterilization	\$0.00
Subtotal	\$8.72

**Prescription Drugs**

Basic	\$8.57
Family Planning	\$0.01
Subtotal	\$8.58

**Inpatient**

Basic	\$5.18
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Newborn	\$0.08 N
Sterilization	\$0.00
Subtotal	\$5.26

**Miscellaneous**

Chemical Dependency	\$0.01 C
DME/Supplies	\$0.42
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.02
Transportation - Ambulance	\$0.53
Vision	\$0.39
Subtotal	\$1.36

<b>Total Basic Services</b>	<b>\$49.05</b>
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**Optional Services**

Maternity Management	\$0.00
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<b>Total Services</b>	<b>\$49.05</b>
<b>Total Services with 8% Admin</b>	<b>\$53.32</b>

**Mental Health**

Acute Inpatient	\$0.16
Assess & Eval	\$0.41
Case Management	\$0.08
Consultation	\$0.07
Ancillary Services	\$0.00
Med Management	\$0.05
MHDDSD Alternative to IP	\$8.35
MHDDSD Family Support	\$0.03
OP Therapy	\$1.34
Other OP	\$0.00
Phys IP	\$0.00
Phys OP	\$0.01
Support Day Program	\$0.38

<b>Total MH Services</b>	<b>\$10.88</b>
<b>Total MH Services with 8% Admin</b>	<b>\$11.83</b>

<b>Dental</b>	<b>\$15.13</b>
<b>Dental Services with 8% Admin</b>	<b>\$16.44</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b> Rate Group: <b>PLM or CHIP Children Aged 6-18</b>
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**Physician**

Basic	\$18.06
Family Planning	\$0.12
Hysterectomy	\$0.00
Maternity	\$0.57 M
Newborn	\$0.01 N
Sterilization	\$0.00
Subtotal	\$18.76

**Outpatient**

Basic	\$7.10
Family Planning	\$0.01
Hysterectomy	\$0.00
Maternity	\$0.09 M
Sterilization	\$0.14
Subtotal	\$7.34

**Prescription Drugs**

Basic	\$10.31
Family Planning	\$0.36
Subtotal	\$10.67

**Inpatient**

Basic	\$6.39
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.60 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$6.99

**Miscellaneous**

Chemical Dependency	\$0.88 C
DME/Supplies	\$0.40
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.02
Transportation - Ambulance	\$0.51
Vision	\$2.26
Subtotal	\$4.08

<b>Total Basic Services</b>	<b>\$47.84</b>
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**Optional Services**

Maternity Management	\$0.09
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<b>Total Services</b>	<b>\$47.93</b>
<b>Total Services with 8% Admin</b>	<b>\$52.10</b>

**Mental Health**

Acute Inpatient	\$1.15
Assess & Eval	\$1.48
Case Management	\$0.48
Consultation	\$0.26
Ancillary Services	\$0.00
Med Management	\$0.39
MHDDSD Alternative to IP	\$0.13
MHDDSD Family Support	\$0.10
OP Therapy	\$5.59
Other OP	\$0.03
Phys IP	\$0.03
Phys OP	\$0.04
Support Day Program	\$1.13

<b>Total MH Services</b>	<b>\$10.82</b>
<b>Total MH Services with 8% Admin</b>	<b>\$11.76</b>

<b>Dental</b>	<b>\$18.61</b>
<b>Dental Services with 8% Admin</b>	<b>\$20.23</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>OHP Families</b>

**Physician**

Basic	\$42.34
Family Planning	\$0.67
Hysterectomy	\$1.06
Maternity	\$2.82 M
Newborn	\$0.02 N
Sterilization	\$0.46
<b>Subtotal</b>	<b>\$47.37</b>

**Outpatient**

Basic	\$19.32
Family Planning	\$0.03
Hysterectomy	\$0.01
Maternity	\$0.34 M
Sterilization	\$1.64
<b>Subtotal</b>	<b>\$21.34</b>

**Prescription Drugs**

Basic	\$34.20
Family Planning	\$2.09
<b>Subtotal</b>	<b>\$36.29</b>

**Inpatient**

Basic	\$22.27
Family Planning	\$0.00
Hysterectomy	\$1.61
Maternity	\$2.52 M
Newborn	\$0.00 N
Sterilization	\$0.15
<b>Subtotal</b>	<b>\$26.54</b>

**Miscellaneous**

Chemical Dependency	\$5.14 C
DME/Supplies	\$1.10
Exceptional Needs Care Coordination	\$0.00
Home Health/PD/N/Hospice	\$0.17
Transportation - Ambulance	\$1.17
Vision	\$3.02
<b>Subtotal</b>	<b>\$10.61</b>

<b>Total Basic Services</b>	<b>\$142.15</b>
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**Optional Services**

Maternity Management	\$0.13
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<b>Total Services</b>	<b>\$142.28</b>
<b>Total Services with 8% Admin</b>	<b>\$154.66</b>

**Mental Health**

Acute Inpatient	\$2.18
Assess & Eval	\$1.25
Case Management	\$0.20
Consultation	\$0.07
Ancillary Services	\$0.00
Med Management	\$0.65
MHDDSD Alternative to IP	\$0.17
MHDDSD Family Support	\$0.00
OP Therapy	\$3.80
Other OP	\$0.01
Phys IP	\$0.12
Phys OP	\$0.05
Support Day Program	\$0.25

<b>Total MH Services</b>	<b>\$8.76</b>
<b>Total MH Services with 8% Admin</b>	<b>\$9.52</b>

<b>Dental</b>	<b>\$27.38</b>
<b>Dental Services with 8% Admin</b>	<b>\$29.77</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>OHP Adults and Couples</b>

**Physician**

Basic	\$63.02
Family Planning	\$0.18
Hysterectomy	\$0.61
Maternity	\$0.53 M
Newborn	\$0.01 N
Sterilization	\$0.06
<b>Subtotal</b>	<b>\$64.40</b>

**Outpatient**

Basic	\$30.25
Family Planning	\$0.01
Hysterectomy	\$0.02
Maternity	\$0.15 M
Sterilization	\$0.38
<b>Subtotal</b>	<b>\$30.81</b>

**Prescription Drugs**

Basic	\$66.64
Family Planning	\$0.83
<b>Subtotal</b>	<b>\$67.47</b>

**Inpatient**

Basic	\$49.16
Family Planning	\$0.00
Hysterectomy	\$0.85
Maternity	\$0.51 M
Newborn	\$0.00 N
Sterilization	\$0.01
<b>Subtotal</b>	<b>\$50.54</b>

**Miscellaneous**

Chemical Dependency	\$18.97 C
DME/Supplies	\$2.40
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.59
Transportation - Ambulance	\$2.93
Vision	\$3.60
<b>Subtotal</b>	<b>\$28.48</b>

<b>Total Basic Services</b>	<b>\$241.71</b>
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**Optional Services**

Maternity Management	\$0.05
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<b>Total Services</b>	<b>\$241.76</b>
<b>Total Services with 8% Admin</b>	<b>\$262.78</b>

**Mental Health**

Acute Inpatient	\$7.22
Assess & Eval	\$2.30
Case Management	\$0.97
Consultation	\$0.22
Ancillary Services	\$0.00
Med Management	\$1.78
MHDDSD Alternative to IP	\$1.14
MHDDSD Family Support	\$0.00
OP Therapy	\$7.32
Other OP	\$0.19
Phys IP	\$0.27
Phys OP	\$0.20
Support Day Program	\$1.65

<b>Total MH Services</b>	<b>\$23.26</b>
<b>Total MH Services with 8% Admin</b>	<b>\$25.28</b>

<b>Dental</b>	<b>\$32.39</b>
<b>Dental Services with 8% Admin</b>	<b>\$35.21</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b> Rate Group: <b>AB/AD with Medicare</b>
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**Physician**

Basic	\$39.71
Family Planning	\$0.07
Hysterectomy	\$0.01
Maternity	\$0.25 M
Newborn	\$0.00 N
Sterilization	\$0.07
Subtotal	\$40.10

**Outpatient**

Basic	\$37.99
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.03 M
Sterilization	\$0.12
Subtotal	\$38.14

**Prescription Drugs**

Basic	\$185.98
Family Planning	\$0.63
Subtotal	\$186.62

**Inpatient**

Basic	\$4.10
Family Planning	\$0.00
Hysterectomy	\$0.02
Maternity	\$0.10 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$4.22

**Miscellaneous**

Chemical Dependency	\$2.89 C
DME/Supplies	\$10.57
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$1.26
Transportation - Ambulance	\$4.22
Vision	\$1.96
Subtotal	\$28.92

<b>Total Basic Services</b>	<b>\$298.01</b>
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**Optional Services**

Maternity Management	\$0.02
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<b>Total Services</b>	<b>\$298.03</b>
<b>Total Services with 8% Admin</b>	<b>\$323.94</b>

**Mental Health**

Acute Inpatient	\$15.40
Assess & Eval	\$3.01
Case Management	\$10.32
Consultation	\$1.32
Ancillary Services	\$0.02
Med Management	\$7.27
MHDDSD Alternative to IP	\$7.34
MHDDSD Family Support	\$6.80
OP Therapy	\$13.05
Other OP	\$0.33
Phys IP	\$0.51
Phys OP	\$0.12
Support Day Program	\$48.84

<b>Total MH Services</b>	<b>\$114.33</b>
<b>Total MH Services with 8% Admin</b>	<b>\$124.27</b>

<b>Dental</b>	<b>\$19.88</b>
<b>Dental Services with 8% Admin</b>	<b>\$21.61</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>AB/AD without Medicare</b>

**Physician**

Basic	\$89.70
Family Planning	\$0.19
Hysterectomy	\$0.49
Maternity	\$1.38 M
Newborn	\$0.02 N
Sterilization	\$0.08
<b>Subtotal</b>	<b>\$91.87</b>

**Outpatient**

Basic	\$46.44
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.12 M
Sterilization	\$0.38
<b>Subtotal</b>	<b>\$46.97</b>

**Prescription Drugs**

Basic	\$155.78
Family Planning	\$0.64
<b>Subtotal</b>	<b>\$156.42</b>

**Inpatient**

Basic	\$101.97
Family Planning	\$0.00
Hysterectomy	\$0.87
Maternity	\$1.22 M
Newborn	\$0.02 N
Sterilization	\$0.08
<b>Subtotal</b>	<b>\$104.16</b>

**Miscellaneous**

Chemical Dependency	\$5.57 C
DME/Supplies	\$23.09
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$4.43
Transportation - Ambulance	\$7.17
Vision	\$2.85
<b>Subtotal</b>	<b>\$51.12</b>

<b>Total Basic Services</b>	<b>\$450.54</b>
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**Optional Services**

Maternity Management	\$0.15
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<b>Total Services</b>	<b>\$450.69</b>
<b>Total Services with 8% Admin</b>	<b>\$489.88</b>

**Mental Health**

Acute Inpatient	\$23.39
Assess & Eval	\$3.24
Case Management	\$8.47
Consultation	\$1.23
Ancillary Services	\$0.01
Med Management	\$8.31
MHDDSD Alternative to IP	\$2.31
MHDDSD Family Support	\$0.70
OP Therapy	\$15.86
Other OP	\$0.23
Phys IP	\$1.27
Phys OP	\$0.54
Support Day Program	\$35.92

<b>Total MH Services</b>	<b>\$101.47</b>
<b>Total MH Services with 8% Admin</b>	<b>\$110.30</b>

<b>Dental</b>	<b>\$19.31</b>
<b>Dental Services with 8% Admin</b>	<b>\$20.99</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>OAA with Medicare</b>

**Physician**

Basic	\$39.85
Family Planning	\$0.00
Hysterectomy	\$0.09
Maternity	\$0.03 M
Newborn	\$0.00 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$39.98</b>

**Outpatient**

Basic	\$32.48
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$32.48</b>

**Prescription Drugs**

Basic	\$166.52
Family Planning	\$0.19
<b>Subtotal</b>	<b>\$166.71</b>

**Inpatient**

Basic	\$6.87
Family Planning	\$0.00
Hysterectomy	\$0.16
Maternity	\$0.00 M
Newborn	\$0.00 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$7.03</b>

**Miscellaneous**

Chemical Dependency	\$0.05 C
DME/Supplies	\$17.61
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$0.65
Transportation - Ambulance	\$6.73
Vision	\$2.17
<b>Subtotal</b>	<b>\$33.47</b>

<b>Total Basic Services</b>	<b>\$279.67</b>
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**Optional Services**

Maternity Management	\$0.00
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<b>Total Services</b>	<b>\$279.67</b>
<b>Total Services with 8% Admin</b>	<b>\$303.99</b>

**Mental Health**

Acute Inpatient	\$0.78
Assess & Eval	\$0.35
Case Management	\$0.69
Consultation	\$0.24
Ancillary Services	\$0.00
Med Management	\$0.64
MHDDSD Alternative to IP	\$0.07
MHDDSD Family Support	\$0.00
OP Therapy	\$1.24
Other OP	\$0.34
Phys IP	\$0.10
Phys OP	\$0.02
Support Day Program	\$4.14

<b>Total MH Services</b>	<b>\$8.62</b>
<b>Total MH Services with 8% Admin</b>	<b>\$9.37</b>

<b>Dental</b>	<b>\$12.63</b>
<b>Dental Services with 8% Admin</b>	<b>\$13.73</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>OAA without Medicare</b>

**Physician**

Basic	\$177.19
Family Planning	\$0.00
Hysterectomy	\$4.04
Maternity	\$0.14 M
Newborn	\$0.00 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$181.37</b>

**Outpatient**

Basic	\$96.79
Family Planning	\$0.01
Hysterectomy	\$0.00
Maternity	\$0.02 M
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$96.82</b>

**Prescription Drugs**

Basic	\$100.70
Family Planning	\$0.01
<b>Subtotal</b>	<b>\$100.71</b>

**Inpatient**

Basic	\$78.28
Family Planning	\$0.00
Hysterectomy	\$1.88
Maternity	\$0.00 M
Newborn	\$0.00 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$80.16</b>

**Miscellaneous**

Chemical Dependency	\$0.01 C
DME/Supplies	\$32.66
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$8.31
Transportation - Ambulance	\$12.76
Vision	\$9.10
<b>Subtotal</b>	<b>\$69.09</b>

<b>Total Basic Services</b>	<b>\$528.15</b>
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**Optional Services**

Maternity Management	\$0.00
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<b>Total Services</b>	<b>\$528.15</b>
<b>Total Services with 8% Admin</b>	<b>\$574.08</b>

**Mental Health**

Acute Inpatient	\$1.70
Assess & Eval	\$1.03
Case Management	\$2.41
Consultation	\$0.77
Ancillary Services	\$0.00
Med Management	\$4.37
MHDDSD Alternative to IP	\$0.04
MHDDSD Family Support	\$0.00
OP Therapy	\$4.82
Other OP	\$3.08
Phys IP	\$0.41
Phys OP	\$0.23
Support Day Program	\$20.07

<b>Total MH Services</b>	<b>\$38.92</b>
<b>Total MH Services with 8% Admin</b>	<b>\$42.31</b>

<b>Dental</b>	<b>\$52.14</b>
<b>Dental Services with 8% Admin</b>	<b>\$56.68</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration**  
**Statewide Capitation Rates for Fiscal Year 2002**  
 With Adjustments for Funding Through Line 566 of the Prioritized List

**Exhibit 2**

Region: <b>Statewide</b>
Rate Group: <b>SOSCF Children</b>

**Physician**

Basic	\$29.74
Family Planning	\$0.09
Hysterectomy	\$0.00
Maternity	\$0.65 M
Newborn	\$0.05 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$30.53</b>

**Outpatient**

Basic	\$11.55
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.10 M
Sterilization	\$0.05
<b>Subtotal</b>	<b>\$11.72</b>

**Prescription Drugs**

Basic	\$26.41
Family Planning	\$0.23
<b>Subtotal</b>	<b>\$26.64</b>

**Inpatient**

Basic	\$10.84
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.58 M
Newborn	\$0.40 N
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$11.81</b>

**Miscellaneous**

Chemical Dependency	\$6.23 C
DME/Supplies	\$3.02
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.08
Transportation - Ambulance	\$0.87
Vision	\$2.15
<b>Subtotal</b>	<b>\$12.35</b>

<b>Total Basic Services</b>	<b>\$93.06</b>
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**Optional Services**

Maternity Management	\$0.06
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<b>Total Services</b>	<b>\$93.12</b>
<b>Total Services with 8% Admin</b>	<b>\$101.22</b>

**Mental Health**

Acute Inpatient	\$11.02
Assess & Eval	\$6.18
Case Management	\$5.64
Consultation	\$3.89
Ancillary Services	\$0.00
Med Management	\$2.60
MHDDSD Alternative to IP	\$26.78
MHDDSD Family Support	\$1.73
OP Therapy	\$46.66
Other OP	\$0.19
Phys IP	\$0.30
Phys OP	\$1.20
Support Day Program	\$9.02

<b>Total MH Services</b>	<b>\$115.22</b>
<b>Total MH Services with 8% Admin</b>	<b>\$125.23</b>

<b>Dental</b>	<b>\$14.90</b>
<b>Dental Services with 8% Admin</b>	<b>\$16.20</b>

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration  
 FY2001 Capitation Rates  
 FCHP Geographic Factors**

**Exhibit 3a**

Plan Name	Region	Inpatient	Outpatient	Professional
CareOregon, Inc.	Jackson/Josephine/Douglas	0.8654	0.9344	1.0000
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	0.9318	0.9566	1.0000
CareOregon, Inc.	Other	0.9665	0.9598	1.0000
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.0186	1.0282	1.0000
Cascade Comprehensive Care, Inc.	Other	1.2380	1.0013	1.0000
Central Oregon Independent Health Services, Inc.	Other	1.0252	0.9236	1.0000
Douglas County Individual Practice Association	Jackson/Josephine/Douglas	1.0369	1.0465	1.0000
Doctors of the Oregon Coast South	Other	1.0756	1.0603	1.0000
FamilyCare, Inc.	Jackson/Josephine/Douglas	0.9730	0.9775	1.0000
FamilyCare, Inc.	Other	0.9221	1.0557	1.0000
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.0187	1.0281	1.0000
InterCommunity Health Plans, Inc.	Linn/Benton/Marion/Polk/Yamhill	0.9499	0.9330	1.0000
Kaiser Foundation Health Plan of the Northwest	Linn/Benton/Marion/Polk/Yamhill	0.9393	0.9613	1.0000
Kaiser Foundation Health Plan of the Northwest	Tri-County (Clackamas, Multnomah, Washington)	1.0192	1.0283	1.0000
Lane Individual Practice Association, Inc.	Lane	1.0398	1.0438	1.0000
Marion-Polk Community Health Plan	Linn/Benton/Marion/Polk/Yamhill	0.9330	0.9554	1.0000
Mid-Rogue Independent Practice Association	Jackson/Josephine/Douglas	0.9734	0.9786	1.0000
ODS Health Plan	Linn/Benton/Marion/Polk/Yamhill	0.9307	0.9554	1.0000
Oregon Health Management Services	Jackson/Josephine/Douglas	0.9731	0.9788	1.0000
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	1.0188	1.0285	1.0000

**Oregon Health Plan Medicaid Demonstration**

**Exhibit 3b**

**FY2002 Capitation Rates**

**Type A/B/C Hospital Cost-to-Charge Ratios used for Geographic Factors**

Hospital Name	Hospital Type	Inpatient Ratio	Outpatient Ratio
Ashland Community	B	0.6833	0.5419
Blue Mountain	A	0.8954	0.6955
Central Oregon	B	0.7224	0.5803
Columbia Memorial	B	0.5648	0.4609
Coquille Valley	B	0.7810	1.0361
Cottage Grove	B	0.6031	0.4979
Curry General	A	0.9913	0.8583
Good Shepherd	A	0.7508	0.6288
Grand Ronde	A	0.6673	0.5501
Harney District	A	1.1362	0.6011
Lake District	A	1.1230	0.7533
Lower Umpqua	B	0.7499	0.6865
Merle West	C	0.5221	0.8985
Mid-Columbia	B	0.6462	0.4844
Mid-Valley Healthcare (Lebanon)	B	0.7418	0.5692
Mountain View	B	0.7068	0.5333
North Lincoln	B	0.7242	0.5755
Pacific Communities	B	0.7174	6.3391
Peace Harbor	B	0.5680	0.8356
Pioneer - Heppner	A	0.9104	0.6670
Providence Hood River	B	0.8521	0.6485
Providence Newberg	B	0.7487	0.6565
Pioneer - Prineville	B	0.7228	0.6840
Providence Seaside	B	0.5725	0.5727
Santiam Memorial	B	0.7401	2.7596
Silverton	B	0.6916	0.5206
Southern Coos	B	1.2889	0.8089
St. Anthony	A	0.6400	0.5628
St. Elizabeth	A	0.5813	0.5184
Tillamook	A	0.5726	0.5095
Valley Community	B	0.8427	0.6349
Wallowa Memorial	A	0.8256	0.7114

**Oregon Health Plan Medicaid Demonstration  
 Newborn Risk Adjustment for October 2002 Capitation Rates  
 Based on Enrollment Data  
 Data Period: 10/1/99 - 9/30/00**

**Exhibit 4**

Plan Name	TANF				
	Newborn Count	Member Months	Rate/1000	Factor	Credibility Adjusted Factor
CareOregon	1,043	188,077	66.55	1.07	1.07
Cascade	66	9,851	80.40	1.29	1.29
COIHS	194	41,625	55.93	0.90	0.90
DCIPA	118	25,492	55.55	0.89	0.89
DOCS	73	19,616	44.66	0.72	0.72
FamilyCare	102	23,828	51.37	0.82	0.82
Intercommunity	175	37,774	55.59	0.89	0.89
Kaiser	259	56,190	55.31	0.89	0.89
LIPA	400	68,546	70.03	1.12	1.12
MPCHP	285	48,991	69.81	1.12	1.12
MRIPA	54	11,590	55.91	0.90	0.90
ODS	37	8,238	53.89	0.86	0.86
OHMS	69	15,426	53.68	0.86	0.86
Tuality	57	8,759	78.09	1.25	1.25
<b>TOTAL</b>	<b>2,932</b>	<b>564,002</b>	<b>62.38</b>	<b>1.00</b>	<b>1.00</b>

**Oregon Health Plan Medicaid Demonstration  
 Maternity Risk Adjustment for October 2002 Capitation Rates  
 Data Period: 10/1/99 - 9/30/00**

**Exhibit 5a**

Plan Name	TANF				
	Maternity Count	Member Months	Rate/1000	Factor	Credibility Adjusted Factor
CareOregon	818	188,077	52.19	1.04	1.04
Cascade	60	9,851	73.09	1.46	1.46
COIHS	181	41,625	52.18	1.04	1.04
DCIPA	101	25,492	47.54	0.95	0.95
DOCS	60	19,616	36.71	0.73	0.73
FamilyCare	84	23,828	42.30	0.85	0.85
Intercommunity	143	37,774	45.43	0.91	0.91
Kaiser	215	56,190	45.92	0.92	0.92
LIPA	308	68,546	53.92	1.08	1.08
MPCHP	206	48,991	50.46	1.01	1.01
MRIPA	45	11,590	46.59	0.93	0.93
ODS	25	8,238	36.41	0.73	0.73
OHMS	62	15,426	48.23	0.97	0.97
Tuality	41	8,759	56.17	1.12	1.12
<b>TOTAL</b>	<b>2,349</b>	<b>564,002</b>	<b>49.98</b>	<b>1.00</b>	<b>1.00</b>

**Oregon Health Plan Medicaid Demonstration  
 Comparison of TANF Maternity and Newborn Counts  
 Data Period: 10/1/99 - 9/30/00**

**Exhibit 5b**

Plan Name	TANF				
	Maternity Count	Newborn Count	Member Months	Maternity Rate/1000	Newborn Rate/1000
CareOregon	818	1,043	188,077	52.19	66.55
Cascade	60	66	9,851	73.09	80.40
COIHS	181	194	41,625	52.18	55.93
DCIPA	101	118	25,492	47.54	55.55
DOCS	60	73	19,616	36.71	44.66
FamilyCare	84	102	23,828	42.30	51.37
Intercommunity	143	175	37,774	45.43	55.59
Kaiser	215	259	56,190	45.92	55.31
LIPA	308	400	68,546	53.92	70.03
MPCHP	206	285	48,991	50.46	69.81
MRIPA	45	54	11,590	46.59	55.91
ODS	25	37	8,238	36.41	53.89
OHMS	62	69	15,426	48.23	53.68
Tuality	41	57	8,759	56.17	78.09
<b>TOTAL</b>	<b>2,349</b>	<b>2,932</b>	<b>564,002</b>	<b>49.98</b>	<b>62.38</b>

**Oregon Health Plan Medicaid Demonstration**  
**Chronic Illness and Disability Payment System Risk Adjustment Scores**  
**October 2002 Capitation Rates**  
**Data Period: 10/1/1999 - 9/30/2000**

**Exhibit 6a**

Plan Name	Blind/Disabled without Medicare & General Assistance		OHP Adults & Couples	
	Unadjusted	Final	Unadjusted	Final
CareOregon, Inc.	1.043	1.033	1.059	1.040
Cascade Comprehensive Care, Inc.	1.181	1.150	1.168	1.147
Central Oregon Independent Health Services, Inc.	1.092	1.081	1.121	1.101
Douglas County Individual Practice Association	1.042	1.032	1.072	1.053
Doctors of the Oregon Coast South	0.976	0.967	1.040	1.022
FamilyCare, Inc.	0.784	0.850	0.826	0.850
InterCommunity Health Plans, Inc.	1.015	1.005	1.035	1.017
Kaiser Foundation Health Plan of the Northwest	0.750	0.850	0.700	0.850
Lane Individual Practice Association, Inc.	0.886	0.877	0.905	0.889
Marion-Polk Community Health Plan	1.075	1.065	1.117	1.097
Mid-Rogue Independent Practice Association	1.046	1.035	1.032	1.014
ODS Health Plan	1.051	1.041	1.160	1.140
Oregon Health Management Services	0.968	0.959	0.959	0.942
Tuality Health Alliance	1.057	1.046	1.224	1.150

**Oregon Health Plan Medicaid Demonstration  
Chronic Illness and Disability Payment System Cost Factors**

**Exhibit 6b**

<b>Diagnostic Categories</b>	<b>CDPS Regression Factor</b>	<b>Disabled Children Cost</b>
<b>Central Nervous System</b>		
High	\$11,484	
Medium	\$3,744	\$960
Low	\$1,692	
<b>Skeletal and Connective</b>		
Medium	\$7,920	
Low	\$2,616	
Very Low	\$1,500	
Extra Low	\$720	
<b>Gastronintestinal</b>		
High	\$10,596	\$7,740
Medium	\$3,732	\$6,012
Low	\$1,896	\$1,044
<b>Metabolic</b>		
High	\$5,088	\$7,116
Medium	\$5,016	
Very Low	\$1,548	
<b>Cancer</b>		
High	\$6,156	
Medium	\$1,944	
Low	\$996	
<b>Eye and Ear</b>		
Low	\$1,776	
Extra Low	\$852	
<b>Skin</b>		
High	\$8,652	
Low	\$2,556	
Very Low	\$1,056	
<b>Genital</b>		
Extra Low	\$780	
<b>Psychiatric</b>		
High	\$5,232	
Medium	\$3,996	
Low	\$2,004	

**Oregon Health Plan Medicaid Demonstration  
Chronic Illness and Disability Payment System Cost Factors**

**Exhibit 6b**

<b>Diagnostic Categories</b>	<b>CDPS Regression Factor</b>	<b>Disabled Children Cost</b>
<b><i>Pulmonary</i></b>		
Very High	\$15,900	\$2,556
High	\$9,852	\$8,448
Medium	\$5,076	
Low	\$1,740	
<b><i>Pregnancy</i></b>		
Ectopic	\$2,220	
Miscarriage/Abortion	\$1,392	
High cost - completed	\$3,732	
Moderate cost - completed	\$2,724	
Normal delivery	\$1,296	
Higher cost w/o complications	\$1,200	
Lower cost w/o complications	\$432	
<b><i>Baby</i></b>		
Extremely low birthweight	\$23,124	
Very low birthweight	\$8,772	
Serious perinatal problem	\$5,808	
Other perinatal problems	\$1,896	
Normal, single birth	\$1,668	
<b><i>Infectious</i></b>		
High	\$8,676	\$8,460
Medium	\$6,084	\$5,364
Low	\$1,212	
<b><i>Cardiovascular</i></b>		
Very High	\$20,448	(\$4,296)
High	\$9,900	
Medium	\$4,728	
Low	\$2,244	
Extra Low	\$660	
<b><i>Diabetes</i></b>		
High	\$7,824	
Medium	\$3,156	
Low	\$840	\$1,536
<b><i>Hematological</i></b>		
Extremely High	\$48,792	
Very High	\$12,684	(\$3,216)
Medium	\$4,176	
Low	\$2,688	\$1,236

**Oregon Health Plan Medicaid Demonstration  
Chronic Illness and Disability Payment System Cost Factors**

**Exhibit 6b**

<b>Diagnostic Categories</b>	<b>CDPS Regression Factor</b>	<b>Disabled Children Cost</b>
<b>Substance Abuse</b>		
Low	\$3,996	
Very Low	\$1,752	
<b>Developmental Disability</b>		
Medium	\$4,308	
Low	\$1,836	
<b>Renal</b>		
Very High	\$11,352	
Medium	\$2,772	
Low	\$1,392	
<b>Cerebrovascular</b>		
Low	\$3,000	
<b>HIV/AIDS</b>		
High	\$8,676	
Medium	\$6,084	
<b>Base Cost</b>		
	\$192	
<b>Age Factors</b>		
Age <1	\$111	
Age 1 - 4	(\$68)	
Age 5-14 M	(\$24)	
Age 5-14 F	(\$36)	
Age 15-24 M	\$13	
Age 15-24 F	\$22	
Age 25-44 M	\$0	
Age 25-44 F	\$11	
Age 45+ M	(\$19)	
Age 45+ F	\$2	

**Oregon Health Plan Medicaid Demonstration  
 FY 2001 CDPS Risk Adjustment - by Plan and Region  
 ABAD-GA Frequency/1000**

Exhibit 6c

Diagnostic Categories	CareOregon				Cascade	COIHS	DCIPA
	JJD	LBMPY	Other	Tri-County	Other	Other	JJD
<b>Cardiovascular</b>							
Very High	8.77	4.65	2.22	5.93	5.73	5.59	0.48
High	-	-	4.45	4.82	8.97	4.89	9.95
Medium	15.94	36.24	38.40	33.19	59.01	36.54	37.31
Low	94.21	89.91	107.55	73.78	79.59	89.45	77.54
Extra Low	137.08	111.13	127.10	102.78	99.67	101.74	108.92
<b>Psychiatric</b>							
High	63.75	72.85	35.74	80.05	70.26	44.52	53.25
Medium	15.94	24.76	28.75	31.95	44.55	24.60	35.63
Low	309.92	232.27	210.21	197.84	244.77	213.31	171.18
<b>Skeletal and Connective</b>							
Medium	-	4.65	2.22	5.67	2.87	4.74	2.76
Low	41.32	64.45	52.51	41.99	66.37	60.13	45.01
Very Low	118.13	54.17	78.72	62.94	69.79	90.16	69.35
Extra Low	129.92	83.24	86.63	57.62	80.38	72.17	85.41
<b>Central Nervous System</b>							
High	15.94	4.65	3.65	7.63	7.17	3.00	9.15
Medium	31.87	27.91	36.74	31.92	49.28	48.86	36.51
Low	255.22	238.69	244.06	199.74	237.25	265.73	200.91
<b>Pulmonary</b>							
Very High	-	-	10.73	3.54	12.90	4.55	2.83
High	63.75	23.76	27.69	26.12	17.20	40.25	35.98
Medium	14.55	22.26	27.83	21.04	42.32	20.50	14.58
Low	223.35	145.73	171.42	131.72	166.87	136.79	161.31
<b>Gastronintestinal</b>							
High	8.77	12.87	16.93	8.88	7.17	7.07	8.10
Medium	58.88	35.96	35.85	31.29	50.14	36.22	33.64
Low	124.71	142.80	144.36	114.76	161.09	145.41	132.67
<b>Diabetes</b>							
High	-	9.30	2.22	3.73	1.43	1.80	2.44
Medium	58.52	66.76	51.20	45.10	45.25	45.10	63.40
Low	24.71	96.90	73.96	61.52	69.06	55.06	55.42
<b>Skin</b>							
High	-	2.10	9.83	12.62	11.68	6.22	18.43
Low	11.07	18.60	3.77	10.12	15.29	9.43	14.25
Very Low	133.51	155.54	101.38	87.84	85.74	105.82	98.59
<b>Renal</b>							
Very High	-	12.87	5.93	8.56	4.30	5.26	10.82
Medium	46.42	56.44	56.60	52.87	63.73	52.65	65.96
Low	15.94	39.30	57.05	52.11	41.57	60.94	49.66
<b>Substance Abuse</b>							
Low	47.81	53.35	39.43	77.90	32.28	32.78	28.48
Very Low	99.53	37.69	40.09	45.63	39.88	33.29	32.33
<b>Cancer</b>							
High	15.94	31.58	22.57	19.57	19.90	22.37	18.31
Medium	-	23.26	22.19	15.40	27.17	13.74	13.62
Low	15.94	5.90	6.54	8.15	1.43	8.61	5.74

**Oregon Health Plan Medicaid Demonstration  
 FY 2001 CDPS Risk Adjustment - by Plan and Region  
 ABAD-GA Frequency/1000**

Exhibit 6c

Diagnostic Categories	CareOregon				Cascade	COIHS	DCIPA
	JJD	LBMPY	Other	Tri-County	Other	Other	JJD
<b>Developmental Disability</b>							
Medium	-	-	0.74	8.18	5.73	10.21	8.50
Low	15.94	23.26	40.56	36.14	60.21	36.56	15.82
<b>Genital</b>							
Extra Low	14.55	13.28	33.70	27.34	50.16	41.84	42.53
<b>Metabolic</b>							
High	-	16.28	11.27	16.24	17.20	13.93	17.86
Medium	15.94	15.20	22.75	18.49	30.71	27.03	16.76
Very Low	42.95	46.51	46.97	39.36	51.68	42.99	32.11
<b>Pregnancy</b>							
Ectopic	-	-	-	0.12	1.43	-	-
Miscarriage/Abortion	-	4.65	0.24	3.32	5.60	1.20	2.83
High cost - completed	14.57	-	0.74	1.65	-	1.80	-
Moderate cost - completed	-	-	0.74	2.93	2.51	3.21	0.94
Normal delivery	-	-	1.48	2.29	2.24	1.25	2.83
Higher cost w/o complications	-	-	3.70	1.78	2.87	0.97	1.89
Lower cost w/o complications	-	11.87	3.64	3.95	7.80	8.56	3.78
<b>Baby</b>							
Extremely low birthweight	-	4.65	-	0.84	0.80	2.40	-
Very low birthweight	-	-	-	0.24	-	0.60	0.94
Serious perinatal problem	-	-	2.96	5.28	5.73	3.60	5.67
Other perinatal problems	-	-	3.70	2.98	1.43	2.84	1.89
Normal, single birth	-	-	-	0.24	-	0.60	-
<b>Eye and Ear</b>							
Low	15.94	-	13.29	6.54	4.30	5.41	5.91
Extra Low	-	11.40	32.49	21.45	21.61	26.68	21.70
<b>Cerebrovascular</b>							
Low	46.42	18.60	32.65	31.23	35.07	33.30	37.77
<b>Infectious</b>							
High	-	-	2.96	3.20	4.30	1.46	7.24
Medium	-	21.32	9.30	13.37	28.40	16.81	17.00
Low	15.94	4.65	11.76	8.43	9.80	9.47	6.69
<b>HIV/AIDS</b>							
High	-	5.82	8.02	22.14	3.71	7.99	6.90
Medium	-	-	-	0.56	-	0.60	-
<b>Hematological</b>							
Extremely High	-	-	0.74	0.92	-	-	-
Very High	-	-	0.74	2.04	-	1.80	-
Medium	-	13.15	10.61	10.24	11.12	9.83	14.08
Low	55.19	13.95	17.78	13.38	19.44	14.81	18.19
<b>No CDPS Diagnosis</b>	177.95	202.70	217.33	246.28	195.73	214.39	262.35
<b>Total Eligibles</b>	62.75	215.00	1,349.82	8,314.72	697.55	1,664.99	1,058.70

**Oregon Health Plan Medicaid Demonstration  
 FY 2001 CDPS Risk Adjustment - by Plan and Region  
 ABAD-GA Frequency/1000**

**Exhibit 6c**

Diagnostic Categories	DOCS	FamilyCare			FFS				
	Other	JJD	Other	Tri-County	JJD	Lane	LBMPY	Other	Tri-County
<b>Cardiovascular</b>									
Very High	3.05	-	-	2.69	3.09	15.40	10.11	2.89	7.47
High	5.58	-	3.45	2.81	4.12	9.71	4.92	-	7.44
Medium	47.84	30.08	33.34	28.43	36.06	21.71	36.79	37.48	34.22
Low	97.92	61.78	98.78	67.08	95.30	58.58	91.14	82.47	71.71
Extra Low	120.27	57.42	121.15	95.31	89.84	95.40	99.22	92.37	101.28
<b>Psychiatric</b>									
High	42.41	10.03	55.89	92.28	64.05	83.20	63.06	59.85	88.22
Medium	17.22	20.05	52.41	26.85	30.19	35.21	47.67	78.66	34.15
Low	179.45	126.43	186.49	194.99	229.35	210.55	290.73	216.85	223.59
<b>Skeletal and Connective</b>									
Medium	2.79	-	6.90	5.62	2.06	7.28	4.39	4.18	4.38
Low	59.54	30.08	38.69	32.29	42.19	43.69	47.17	40.49	43.89
Very Low	70.69	20.05	69.02	70.62	78.67	76.26	89.21	78.89	76.91
Extra Low	84.28	39.96	61.15	81.07	114.05	53.89	47.58	58.89	74.01
<b>Central Nervous System</b>									
High	3.72	20.05	6.90	2.81	8.24	5.43	8.37	5.78	11.94
Medium	27.69	50.14	44.84	29.14	44.98	45.35	50.70	37.95	41.86
Low	234.81	242.12	199.12	176.58	233.07	204.94	288.44	299.26	233.02
<b>Pulmonary</b>									
Very High	4.65	10.03	-	2.81	6.18	2.43	2.09	7.86	12.22
High	16.74	10.03	3.45	18.53	23.48	24.85	19.99	54.42	24.22
Medium	32.47	30.08	11.98	14.11	21.42	24.24	16.64	24.61	21.58
Low	167.36	80.25	129.98	123.69	178.52	114.68	159.86	170.75	147.09
<b>Gastronintestinal</b>									
High	7.12	-	3.45	3.79	13.27	10.75	17.79	7.93	6.28
Medium	32.34	20.05	13.10	15.88	35.62	39.77	41.07	44.31	43.46
Low	144.24	50.14	105.23	150.80	138.35	127.52	146.95	147.22	135.44
<b>Diabetes</b>									
High	0.93	-	1.63	-	4.08	7.28	2.09	7.71	7.10
Medium	45.97	-	24.14	34.89	71.78	55.59	36.51	41.47	43.79
Low	89.50	37.36	64.02	61.78	37.28	55.98	63.97	63.75	63.48
<b>Skin</b>									
High	7.44	-	3.45	2.81	26.47	21.84	11.85	7.95	13.21
Low	9.03	-	11.98	7.68	8.24	19.42	9.15	2.89	16.08
Very Low	92.80	40.11	99.69	90.21	113.35	103.78	105.03	114.30	109.73
<b>Renal</b>									
Very High	7.62	-	6.90	-	6.18	11.46	21.03	10.60	10.64
Medium	68.10	10.03	61.13	52.13	82.52	48.77	49.98	44.38	82.64
Low	43.85	21.67	56.64	27.33	54.67	63.15	88.52	68.97	48.33
<b>Substance Abuse</b>									
Low	17.62	42.71	21.34	51.92	45.21	71.90	45.72	56.77	94.09
Very Low	33.12	10.06	30.47	45.74	56.69	59.37	49.45	39.25	51.02
<b>Cancer</b>									
High	17.77	20.05	20.34	17.32	10.43	27.98	34.35	17.35	15.34
Medium	26.54	10.03	23.44	9.55	17.69	22.56	17.91	14.13	18.17
Low	5.58	10.03	6.62	5.62	4.12	7.66	11.93	12.54	9.96

**Oregon Health Plan Medicaid Demonstration  
 FY 2001 CDPS Risk Adjustment - by Plan and Region  
 ABAD-GA Frequency/1000**

Exhibit 6c

Diagnostic Categories	DOCS	FamilyCare			FFS				
	Other	JJD	Other	Tri-County	JJD	Lane	LBMPY	Other	Tri-County
<b>Developmental Disability</b>									
Medium	2.79	-	6.90	8.43	10.31	-	16.73	5.78	13.39
Low	30.68	30.08	70.98	28.11	18.55	21.44	45.11	36.63	45.54
<b>Genital</b>									
Extra Low	53.17	10.03	31.00	34.03	45.21	38.90	30.27	36.78	36.88
<b>Metabolic</b>									
High	7.14	10.03	10.35	12.64	15.24	10.09	18.82	19.91	16.04
Medium	16.73	-	3.45	10.81	18.55	22.88	9.78	26.03	24.65
Very Low	28.82	20.05	30.46	30.33	38.30	45.65	69.75	63.14	47.21
<b>Pregnancy</b>									
Ectopic	-	-	-	2.81	-	-	-	-	-
Miscarriage/Abortion	2.25	-	-	5.62	4.12	9.71	2.09	0.14	6.05
High cost - completed	0.85	-	3.38	-	4.12	2.43	2.09	8.68	0.67
Moderate cost - completed	0.93	-	6.90	8.43	10.62	14.56	2.09	5.78	2.76
Normal delivery	0.93	-	3.45	2.81	2.06	-	4.18	-	2.72
Higher cost w/o complications	1.49	-	-	-	-	-	0.99	-	0.67
Lower cost w/o complications	2.70	-	3.45	-	4.72	5.32	4.18	14.46	5.68
<b>Baby</b>									
Extremely low birthweight	0.93	-	-	2.81	2.06	2.43	-	5.78	3.35
Very low birthweight	-	-	-	-	-	2.43	-	-	2.01
Serious perinatal problem	5.58	-	6.90	2.81	5.49	2.43	6.27	11.57	9.68
Other perinatal problems	1.86	-	3.45	-	-	7.28	2.09	5.78	1.17
Normal, single birth	0.85	10.03	-	2.81	-	-	-	-	-
<b>Eye and Ear</b>									
Low	10.23	-	8.53	-	13.27	5.65	5.57	22.17	13.53
Extra Low	45.02	10.03	27.59	12.89	19.97	34.20	21.58	18.37	21.43
<b>Cerebrovascular</b>									
Low	36.95	10.03	25.78	26.53	35.40	41.49	45.17	14.46	39.76
<b>Infectious</b>									
High	-	-	-	2.81	1.03	16.45	1.63	2.89	4.53
Medium	11.41	-	10.35	9.54	22.20	27.54	21.66	11.57	10.94
Low	10.10	12.63	6.32	6.96	4.12	15.84	10.46	22.65	7.42
<b>HIV/AIDS</b>									
High	8.81	-	3.45	2.81	4.12	24.27	8.37	10.87	22.07
Medium	-	-	-	-	2.06	-	-	-	0.40
<b>Hematological</b>									
Extremely High	-	-	-	-	-	2.43	-	-	-
Very High	0.93	-	-	-	-	4.85	4.18	-	-
Medium	8.25	-	8.53	8.43	8.24	11.60	6.27	5.78	9.47
Low	12.93	-	13.21	9.79	21.38	7.85	22.56	11.57	15.10
<b>No CDPS Diagnosis</b>	208.90	375.01	237.16	285.41	199.02	213.39	179.20	199.90	204.76
<b>Total Eligibles</b>	1,075.55	99.73	289.95	355.72	485.19	412.01	478.14	345.77	1,493.27

**Oregon Health Plan Medicaid Demonstration  
 FY 2001 CDPS Risk Adjustment - by Plan and Region  
 ABAD-GA Frequency/1000**

Exhibit 6c

Diagnostic Categories	FFS Plan Terminated			Intercommuni		Kaiser	
	JJD	LBMPY	Other	Tri-County	LBMPY	LBMPY	Tri-County
<b>Cardiovascular</b>							
Very High	5.30	-	5.32	2.06	5.12	2.36	2.06
High	5.31	-	4.15	5.29	2.66	2.81	4.13
Medium	41.52	15.71	40.86	30.93	41.62	28.15	25.07
Low	78.17	53.74	113.22	51.69	85.99	57.05	61.66
Extra Low	124.36	43.20	98.10	68.16	108.65	69.08	72.23
<b>Psychiatric</b>							
High	56.70	52.81	39.57	55.89	47.97	35.60	20.58
Medium	25.30	9.77	39.95	25.42	55.00	19.29	12.65
Low	214.74	195.14	204.30	156.12	231.72	179.72	159.42
<b>Skeletal and Connective</b>							
Medium	-	-	4.05	2.96	5.11	-	2.75
Low	63.82	47.14	57.15	30.35	38.83	27.23	32.09
Very Low	71.56	54.66	82.69	39.28	84.27	58.66	41.79
Extra Low	91.97	35.20	102.22	46.17	67.62	43.72	56.13
<b>Central Nervous System</b>							
High	4.25	-	12.76	3.95	8.30	4.73	2.06
Medium	54.61	21.62	32.86	23.96	39.14	26.00	25.61
Low	240.67	159.35	212.25	157.51	237.39	163.26	197.11
<b>Pulmonary</b>							
Very High	2.13	-	4.25	6.91	4.63	-	3.78
High	28.54	6.88	35.92	16.87	13.49	4.73	17.69
Medium	16.52	6.91	23.30	8.69	18.76	9.83	9.23
Low	161.16	144.55	123.09	137.56	169.04	164.67	130.81
<b>Gastronintestinal</b>							
High	12.66	9.43	12.96	6.15	6.77	0.21	4.53
Medium	43.83	41.49	29.76	40.43	42.04	18.12	22.71
Low	153.98	53.40	136.00	128.37	131.69	126.47	105.67
<b>Diabetes</b>							
High	2.13	-	1.11	1.07	2.77	2.36	2.34
Medium	62.88	28.92	63.82	37.99	56.29	30.73	27.74
Low	60.91	66.95	69.01	48.64	65.13	56.85	68.44
<b>Skin</b>							
High	13.11	12.19	11.94	7.90	7.60	2.36	4.82
Low	9.57	6.29	13.64	6.74	11.33	7.09	5.78
Very Low	97.57	42.42	82.98	74.71	100.97	113.86	84.25
<b>Renal</b>							
Very High	9.57	-	7.43	6.71	8.27	7.09	6.47
Medium	74.73	49.90	50.70	36.92	71.86	24.61	23.28
Low	51.19	31.24	51.69	41.78	43.10	31.54	34.61
<b>Substance Abuse</b>							
Low	32.78	24.75	39.06	57.55	46.39	49.00	48.09
Very Low	31.96	28.28	37.68	40.74	36.54	32.52	30.71
<b>Cancer</b>							
High	14.79	5.98	15.04	17.03	16.36	12.30	15.83
Medium	22.31	-	19.38	8.40	14.55	4.73	11.17
Low	8.50	-	12.01	5.79	12.44	11.82	4.64

**Oregon Health Plan Medicaid Demonstration  
 FY 2001 CDPS Risk Adjustment - by Plan and Region  
 ABAD-GA Frequency/1000**

Exhibit 6c

Diagnostic Categories	FFS Plan Terminated				Intercommuni		Kaiser	
	JJD	LBMPY	Other	Tri-County	LBMPY	LBMPY	Tri-County	
<b>Developmental Disability</b>								
Medium	8.50	-	7.44	5.93	9.62	4.73	4.82	
Low	30.46	75.42	37.21	39.28	36.64	26.00	48.55	
<b>Genital</b>								
Extra Low	29.76	18.86	36.47	24.92	36.81	31.10	28.26	
<b>Metabolic</b>								
High	14.88	6.88	6.12	13.33	12.05	14.86	13.07	
Medium	24.45	-	24.39	20.67	13.53	2.74	9.00	
Very Low	52.69	37.71	47.59	39.97	37.94	21.94	22.39	
<b>Pregnancy</b>								
Ectopic	1.06	-	-	0.99	-	-	1.38	
Miscarriage/Abortion	-	-	4.25	6.91	0.99	-	7.56	
High cost - completed	1.06	-	-	2.96	0.49	-	3.72	
Moderate cost - completed	4.25	9.43	5.85	1.05	3.46	9.45	5.82	
Normal delivery	5.76	2.30	1.06	-	2.77	-	2.75	
Higher cost w/o complications	2.13	-	2.13	-	0.69	-	0.69	
Lower cost w/o complications	3.19	9.43	5.86	2.96	8.66	7.09	7.57	
<b>Baby</b>								
Extremely low birthweight	2.13	-	-	-	-	-	1.38	
Very low birthweight	-	-	1.06	-	-	-	0.69	
Serious perinatal problem	2.13	-	6.38	3.95	2.07	2.36	4.82	
Other perinatal problems	3.19	18.86	6.38	3.76	1.45	2.36	2.06	
Normal, single birth	-	-	-	-	-	-	-	
<b>Eye and Ear</b>								
Low	10.95	20.43	12.47	3.95	6.84	9.45	5.91	
Extra Low	24.57	9.43	23.77	9.71	15.83	23.46	11.32	
<b>Cerebrovascular</b>								
Low	44.14	18.86	27.25	20.88	29.51	11.74	18.90	
<b>Infectious</b>								
High	5.31	-	2.13	0.56	3.34	-	2.81	
Medium	26.53	-	10.14	10.85	8.99	0.67	14.25	
Low	5.51	18.03	10.21	3.95	12.85	6.14	7.47	
<b>HIV/AIDS</b>								
High	10.18	-	2.35	13.44	4.42	4.28	11.03	
Medium	2.45	-	-	-	-	-	-	
<b>Hematological</b>								
Extremely High	-	-	1.06	-	1.24	-	0.69	
Very High	-	-	1.06	0.99	1.38	-	1.78	
Medium	17.91	-	9.78	8.89	4.66	5.39	4.13	
Low	10.63	18.86	13.82	10.60	22.41	12.20	16.75	
<b>No CDPS Diagnosis</b>	193.35	321.67	228.76	375.39	220.18	308.54	308.86	
<b>Total Eligibles</b>	940.86	106.07	940.60	1,012.62	1,446.47	423.06	1,453.25	

**Oregon Health Plan Medicaid Demonstration  
 FY 2001 CDPS Risk Adjustment - by Plan and Region  
 ABAD-GA Frequency/1000**

Exhibit 6c

Diagnostic Categories	LIPA	MPCHP	MRIPA	ODS	OHMS	Tuality
	Lane	LBMPY	JJD	LBMPY	JJD	Tri-County
<b>Cardiovascular</b>						
Very High	3.26	3.61	6.89	10.56	-	6.51
High	5.48	1.93	6.89	10.49	8.48	3.26
Medium	27.87	43.46	63.13	35.06	44.08	35.09
Low	69.42	73.11	93.07	86.84	74.30	48.48
Extra Low	83.25	101.87	123.56	111.61	84.19	98.51
<b>Psychiatric</b>						
High	64.89	75.35	40.82	123.66	44.16	55.27
Medium	29.95	27.50	25.29	46.95	19.10	16.29
Low	191.87	221.15	184.88	173.88	239.00	211.40
<b>Skeletal and Connective</b>						
Medium	3.83	3.48	9.60	2.04	-	1.11
Low	40.33	39.23	54.22	52.81	69.81	52.12
Very Low	51.76	83.44	80.18	72.85	74.29	99.56
Extra Low	56.96	56.94	88.70	87.47	72.53	45.39
<b>Central Nervous System</b>						
High	10.71	8.71	6.89	3.24	2.39	16.29
Medium	33.96	33.49	27.34	31.52	50.33	55.79
Low	231.47	253.84	220.16	261.21	219.91	234.61
<b>Pulmonary</b>						
Very High	2.23	7.08	1.72	6.13	2.39	3.26
High	24.44	20.08	34.19	21.40	27.63	17.40
Medium	20.32	28.34	14.73	14.83	22.83	26.06
Low	135.44	134.18	160.06	168.56	144.15	109.38
<b>Gastronintestinal</b>						
High	6.50	4.65	4.14	12.78	13.54	13.03
Medium	30.98	37.38	25.83	31.11	32.94	40.49
Low	96.03	129.94	126.90	119.91	139.37	107.49
<b>Diabetes</b>						
High	1.49	5.23	2.94	2.04	2.39	4.89
Medium	30.83	43.29	42.66	43.41	47.94	40.91
Low	52.84	71.74	73.61	66.49	48.56	66.92
<b>Skin</b>						
High	11.04	9.54	25.60	3.40	4.77	16.29
Low	7.30	13.07	5.17	12.78	9.55	19.54
Very Low	102.03	112.80	101.31	119.35	119.14	76.03
<b>Renal</b>						
Very High	5.63	13.00	8.22	19.26	4.57	3.26
Medium	44.37	74.51	46.86	41.68	24.52	85.81
Low	40.30	64.27	43.04	45.50	51.35	73.01
<b>Substance Abuse</b>						
Low	53.00	32.19	25.00	32.61	44.67	13.11
Very Low	41.26	24.71	42.93	29.27	67.59	34.90
<b>Cancer</b>						
High	10.81	15.00	13.67	21.44	8.54	11.60
Medium	8.19	12.57	26.18	8.01	7.60	3.26
Low	3.23	6.52	22.39	4.09	14.32	6.51

**Oregon Health Plan Medicaid Demonstration  
 FY 2001 CDPS Risk Adjustment - by Plan and Region  
 ABAD-GA Frequency/1000**

Exhibit 6c

Diagnostic Categories	LIPA	MPCHP	MRIPA	ODS	OHMS	Tuality
	Lane	LBMPY	JJD	LBMPY	JJD	Tri-County
<b>Developmental Disability</b>						
Medium	8.56	13.36	6.89	4.09	4.77	29.32
Low	30.80	51.55	18.94	44.43	20.09	84.42
<b>Genital</b>						
Extra Low	23.32	31.17	27.29	30.67	27.70	11.60
<b>Metabolic</b>						
High	11.02	13.70	8.61	10.22	6.19	9.77
Medium	15.72	13.48	15.87	24.37	17.33	3.26
Very Low	28.88	45.79	26.58	40.21	47.34	48.86
<b>Pregnancy</b>						
Ectopic	0.68	-	-	-	-	-
Miscarriage/Abortion	4.68	2.90	0.95	7.82	7.16	3.26
High cost - completed	1.59	-	-	2.04	2.39	-
Moderate cost - completed	4.09	4.44	-	2.04	4.77	3.26
Normal delivery	1.71	4.65	1.72	2.04	7.16	3.26
Higher cost w/o complications	1.34	1.16	1.72	1.70	7.16	-
Lower cost w/o complications	2.87	11.24	1.72	2.04	9.55	3.26
<b>Baby</b>						
Extremely low birthweight	1.12	2.32	1.72	2.04	-	-
Very low birthweight	0.37	-	-	-	2.39	-
Serious perinatal problem	3.93	5.81	5.17	4.09	-	13.03
Other perinatal problems	2.45	8.42	1.72	4.09	4.77	6.51
Normal, single birth	0.37	-	-	-	-	6.51
<b>Eye and Ear</b>						
Low	5.87	11.23	1.72	6.13	8.11	13.03
Extra Low	20.51	20.11	12.72	20.45	24.96	17.92
<b>Cerebrovascular</b>						
Low	26.89	26.85	31.87	28.76	25.69	38.40
<b>Infectious</b>						
High	4.53	2.90	3.44	-	-	3.26
Medium	13.10	22.24	23.54	16.53	20.61	9.77
Low	6.29	11.62	8.61	11.93	4.77	6.51
<b>HIV/AIDS</b>						
High	4.88	7.83	8.46	4.86	4.77	-
Medium	0.37	0.58	-	-	11.93	-
<b>Hematological</b>						
Extremely High	-	0.58	-	-	-	-
Very High	-	0.58	1.72	2.04	-	3.26
Medium	7.01	8.05	5.02	7.16	12.38	6.51
Low	11.22	17.81	17.64	11.08	30.15	13.03
<b>No CDPS Diagnosis</b>	258.76	232.35	246.77	220.48	228.97	231.03
<b>Total Eligibles</b>	2,686.61	1,721.73	580.66	489.03	418.94	307.00

**Oregon Health Plan Medicaid Demonstration  
 FY2002 CDPS Risk Adjustment - by Plan and Region  
 OHPAC Frequency/1000**

Exhibit 6d

Diagnostic Categories	CareOregon				Cascade	COIHS	DCIPA
	JJD	LBMPY	Other	Tri-County	Other	Other	JJD
<b>Cardiovascular</b>							
Very High	2.79	-	0.98	0.78	0.64	1.16	1.31
High	-	-	1.47	1.64	1.91	1.40	1.67
Medium	-	12.70	10.56	8.72	13.25	11.23	9.54
Low	31.56	26.43	41.04	34.09	46.55	46.04	32.88
Extra Low	52.08	76.05	78.61	61.65	84.88	78.74	84.42
<b>Psychiatric</b>							
High	-	9.46	3.81	10.09	9.43	3.45	3.60
Medium	-	12.25	12.03	12.85	15.88	11.58	9.08
Low	170.88	137.78	112.84	124.13	154.06	134.56	119.43
<b>Skeletal and Connective</b>							
Medium	6.20	0.83	0.24	1.44	0.64	1.45	0.40
Low	32.50	21.82	17.88	12.70	15.71	15.05	16.96
Very Low	68.76	28.67	42.73	32.34	48.53	44.99	37.94
Extra Low	85.88	30.97	53.18	38.05	59.74	52.51	58.95
<b>Central Nervous System</b>							
High	6.20	-	0.51	0.41	-	0.61	-
Medium	-	6.68	5.48	3.83	6.12	5.63	3.61
Low	77.43	53.16	64.94	57.37	79.63	77.70	59.96
<b>Pulmonary</b>							
Very High	-	0.83	0.62	0.73	1.91	1.11	-
High	6.20	5.75	6.75	6.22	2.54	13.24	11.93
Medium	12.94	11.03	10.38	6.23	10.48	7.30	10.57
Low	96.04	85.70	83.54	67.49	83.69	75.93	88.69
<b>Gastronintestinal</b>							
High	2.79	2.70	4.44	3.60	3.82	2.49	3.90
Medium	8.09	11.91	14.58	16.29	18.17	21.93	13.24
Low	87.91	71.20	92.72	64.01	104.35	81.85	87.93
<b>Diabetes</b>							
High	-	0.83	0.98	0.70	1.91	1.43	0.53
Medium	8.23	27.25	22.47	18.04	21.90	21.77	19.41
Low	46.20	40.21	30.61	28.18	36.14	32.86	24.06
<b>Skin</b>							
High	-	1.67	0.42	0.73	0.54	1.35	0.93
Low	1.89	4.17	2.91	2.98	4.03	4.13	3.33
Very Low	47.27	53.89	48.21	50.00	39.55	44.99	47.27
<b>Renal</b>							
Very High	-	6.04	1.47	1.34	1.27	1.47	1.32
Medium	6.74	10.36	11.15	8.65	15.61	12.52	9.67
Low	12.40	20.87	24.70	20.94	25.44	26.01	13.74
<b>Substance Abuse</b>							
Low	86.83	130.66	57.17	115.84	66.45	36.54	67.28
Very Low	48.09	64.19	60.87	53.01	56.72	53.27	52.28
<b>Cancer</b>							
High	12.40	6.02	5.76	4.60	2.62	5.65	6.59
Medium	18.61	11.69	6.61	8.92	8.93	10.41	13.31
Low	6.20	3.11	5.91	4.31	3.18	7.06	5.58

**Oregon Health Plan Medicaid Demonstration  
 FY2002 CDPS Risk Adjustment - by Plan and Region  
 OHPAC Frequency/1000**

Exhibit 6d

Diagnostic Categories	CareOregon				Cascade	COIHS	DCIPA
	JJD	LBMPY	Other	Tri-County	Other	Other	JJD
<b>Developmental Disability</b>							
Medium	-	-	-	-	-	-	-
Low	-	0.83	0.73	0.71	-	0.84	0.47
<b>Genital</b>							
Extra Low	31.55	19.32	34.36	24.66	39.44	31.26	26.14
<b>Metabolic</b>							
High	-	1.25	4.60	4.20	8.90	5.12	6.39
Medium	6.20	3.95	3.50	6.74	1.64	4.89	4.21
Very Low	1.89	9.18	12.37	8.76	12.53	12.92	7.86
<b>Pregnancy</b>							
Ectopic	-	1.67	1.22	0.85	0.64	0.61	0.75
Miscarriage/Abortion	6.20	16.69	8.97	15.77	13.42	9.98	5.99
High cost - completed	6.73	1.67	2.20	1.86	3.18	1.22	-
Moderate cost - completed	6.20	6.68	4.40	4.60	5.88	2.99	2.62
Normal delivery	-	2.50	2.56	2.94	5.09	2.65	2.99
Higher cost w/o complications	-	1.67	2.82	2.15	3.18	2.52	2.99
Lower cost w/o complications	12.40	11.23	10.78	7.55	11.45	9.10	5.24
<b>Baby</b>							
Extremely low birthweight	-	-	0.24	-	-	-	-
Very low birthweight	-	-	-	-	-	-	-
Serious perinatal problem	-	-	1.22	0.60	-	0.41	0.37
Other perinatal problems	-	2.50	0.98	1.21	-	1.07	0.37
Normal, single birth	-	-	-	0.15	-	-	-
<b>Eye and Ear</b>							
Low	-	2.50	2.71	1.82	3.18	4.28	3.27
Extra Low	12.40	9.64	11.04	8.60	13.31	12.95	9.36
<b>Cerebrovascular</b>							
Low	0.54	5.84	6.58	7.24	12.42	8.46	8.23
<b>Infectious</b>							
High	-	0.83	0.73	0.87	0.64	0.32	0.87
Medium	-	7.02	3.29	4.38	3.94	5.09	2.99
Low	18.61	5.84	2.48	4.22	6.47	5.14	6.70
<b>HIV/AIDS</b>							
High	-	2.29	2.24	7.92	2.81	2.18	1.76
Medium	-	0.83	0.24	1.56	-	0.61	0.75
<b>Hematological</b>							
Extremely High	-	-	-	0.32	-	-	-
Very High	-	-	-	-	-	-	-
Medium	6.20	1.81	3.10	3.08	3.34	2.98	7.14
Low	3.33	5.84	8.80	4.80	10.46	8.42	5.89
<b>No CDPS Diagnosis</b>	421.73	456.10	487.50	484.89	446.84	486.37	500.60
<b>Total Eligibles</b>	161.24	1,198.02	4,089.18	20,064.31	1,572.45	4,910.00	2,673.30

**Oregon Health Plan Medicaid Demonstration  
 FY2002 CDPS Risk Adjustment - by Plan and Region  
 OHPAC Frequency/1000**

Exhibit 6d

Diagnostic Categories	DOCS	FamilyCare			FFS				
	Other	JJD	Other	Tri-County	JJD	Lane	LBMPY	Other	Tri-County
<b>Cardiovascular</b>									
Very High	1.36	-	1.75	0.02	1.72	2.71	4.87	4.79	2.01
High	-	-	1.75	1.39	0.77	3.07	0.61	-	2.66
Medium	10.28	3.87	4.09	8.72	11.31	19.48	22.69	28.82	16.55
Low	47.88	28.74	32.21	18.07	44.74	61.21	48.47	68.91	43.76
Extra Low	89.89	70.26	73.45	51.77	76.03	69.22	101.39	93.57	77.23
<b>Psychiatric</b>									
High	5.19	1.94	8.71	8.39	5.72	13.01	18.71	14.25	19.08
Medium	4.74	1.94	16.91	11.75	9.33	22.53	17.99	22.54	20.54
Low	114.55	107.29	68.43	96.82	131.57	179.20	190.53	159.45	153.81
<b>Skeletal and Connective</b>									
Medium	-	3.87	1.75	0.46	-	2.05	0.85	1.86	0.84
Low	16.00	5.81	22.42	8.55	16.30	19.43	19.27	17.98	14.50
Very Low	39.01	25.18	45.44	31.81	45.53	41.96	34.26	53.61	42.94
Extra Low	50.71	38.77	44.33	32.86	57.73	64.21	59.62	52.31	46.90
<b>Central Nervous System</b>									
High	0.50	-	-	-	0.38	0.78	-	-	0.53
Medium	5.61	-	10.53	2.60	5.82	11.57	9.92	13.83	7.62
Low	54.97	44.27	54.41	48.58	78.13	94.65	100.00	94.34	79.47
<b>Pulmonary</b>									
Very High	1.00	-	-	-	-	2.05	0.94	1.54	0.67
High	4.00	1.94	-	6.19	7.51	11.00	12.67	21.80	8.25
Medium	11.55	1.94	7.94	5.53	6.75	7.00	10.41	10.18	9.45
Low	92.07	77.47	61.65	54.96	76.40	93.82	110.82	115.81	84.20
<b>Gastronintestinal</b>									
High	5.18	-	-	1.23	1.75	4.67	5.18	5.10	4.54
Medium	18.62	21.31	17.90	13.09	19.43	18.01	27.68	31.98	23.67
Low	79.49	65.86	79.50	64.82	74.67	60.80	107.22	104.41	83.38
<b>Diabetes</b>									
High	0.50	-	2.68	-	0.39	2.05	0.94	4.00	1.07
Medium	13.29	9.69	14.03	13.20	24.59	41.00	34.13	46.34	21.60
Low	43.40	25.71	44.62	16.64	22.57	35.72	48.46	39.51	34.43
<b>Skin</b>									
High	1.00	3.87	-	1.39	1.98	-	3.77	1.50	1.04
Low	3.15	-	2.68	1.05	4.98	2.05	5.18	4.79	1.70
Very Low	41.62	27.12	28.24	44.29	44.07	82.05	70.49	60.51	70.89
<b>Renal</b>									
Very High	1.90	1.94	-	0.92	1.92	4.37	6.55	8.79	3.44
Medium	9.84	1.94	4.43	6.68	10.33	10.13	26.06	16.78	13.81
Low	21.69	11.31	21.62	20.45	25.85	20.26	26.09	33.33	24.64
<b>Substance Abuse</b>									
Low	44.56	73.10	52.30	74.14	75.51	106.73	102.88	60.38	145.89
Very Low	36.22	60.04	40.35	47.44	51.54	79.28	56.90	76.04	58.47
<b>Cancer</b>									
High	6.45	1.94	8.95	2.23	4.57	5.60	8.37	8.39	7.82
Medium	14.74	11.62	10.88	3.51	10.12	14.01	15.49	13.32	9.72
Low	4.00	3.87	5.41	3.69	4.98	7.00	6.88	7.99	7.59

**Oregon Health Plan Medicaid Demonstration  
 FY2002 CDPS Risk Adjustment - by Plan and Region  
 OHPAC Frequency/1000**

**Exhibit 6d**

Diagnostic Categories	DOCS	FamilyCare			FFS				
	Other	JJD	Other	Tri-County	JJD	Lane	LBMPY	Other	Tri-County
<b>Developmental Disability</b>									
Medium	-	-	-	-	-	-	-	-	-
Low	0.50	-	0.73	1.39	0.77	-	1.35	0.40	0.98
<b>Genital</b>									
Extra Low	45.91	11.62	35.10	28.12	28.76	28.43	36.32	33.90	29.24
<b>Metabolic</b>									
High	3.67	1.94	3.51	2.54	5.21	7.00	11.31	6.13	6.11
Medium	3.51	-	1.75	5.15	6.51	5.70	5.02	7.19	9.80
Very Low	8.51	17.43	9.07	2.41	12.04	8.21	11.92	20.58	9.39
<b>Pregnancy</b>									
Ectopic	-	-	1.75	0.46	0.38	-	-	-	1.22
Miscarriage/Abortion	6.00	5.81	10.53	18.94	14.18	12.27	10.37	11.93	16.57
High cost - completed	1.04	-	3.54	0.46	1.53	4.09	0.94	5.99	4.14
Moderate cost - completed	6.00	-	7.02	3.69	6.07	12.27	11.72	11.99	6.00
Normal delivery	2.50	-	1.75	3.69	1.53	1.02	6.60	9.59	5.24
Higher cost w/o complications	3.20	-	-	2.31	1.92	1.02	6.15	4.79	3.17
Lower cost w/o complications	7.05	5.81	5.26	3.23	9.20	12.07	19.38	21.58	8.16
<b>Baby</b>									
Extremely low birthweight	-	-	-	-	-	-	-	-	-
Very low birthweight	-	-	-	-	-	-	-	-	-
Serious perinatal problem	-	-	1.75	0.46	0.51	2.05	0.94	4.79	0.62
Other perinatal problems	1.00	-	1.75	0.46	2.68	1.02	1.89	4.79	2.26
Normal, single birth	0.04	-	1.75	-	-	-	-	-	0.24
<b>Eye and Ear</b>									
Low	2.00	-	0.92	0.46	2.90	2.73	0.94	5.19	4.58
Extra Low	22.31	1.94	12.28	5.27	14.68	15.25	12.90	23.55	9.75
<b>Cerebrovascular</b>									
Low	7.64	3.87	4.43	2.57	6.83	15.24	13.26	16.78	9.66
<b>Infectious</b>									
High	0.50	-	1.75	-	0.96	0.23	1.15	1.20	2.01
Medium	6.37	1.94	1.75	2.59	3.92	6.80	8.15	10.79	7.72
Low	6.57	1.44	7.02	5.32	6.13	2.53	2.83	4.99	2.84
<b>HIV/AIDS</b>									
High	2.26	3.87	1.75	1.85	2.30	9.20	4.71	1.49	8.54
Medium	1.00	9.69	-	2.31	0.38	-	-	-	1.80
<b>Hematological</b>									
Extremely High	-	-	-	-	-	-	-	-	-
Very High	-	-	-	-	-	-	-	-	-
Medium	6.07	3.87	0.92	2.77	4.21	2.27	1.89	2.40	5.33
Low	4.55	1.94	5.56	4.40	3.31	6.92	5.86	9.59	8.15
<b>No CDPS Diagnosis</b>	482.35	547.40	523.17	571.50	477.62	366.14	373.59	356.58	403.95
<b>Total Eligibles</b>	1,998.47	516.26	570.05	2,165.29	2,609.80	977.98	1,060.84	834.22	4,101.71

**Oregon Health Plan Medicaid Demonstration  
 FY2002 CDPS Risk Adjustment - by Plan and Region  
 OHPAC Frequency/1000**

Exhibit 6d

Diagnostic Categories	FFS Plan Terminated				Intercommur		Kaiser	
	JJD	LBMPY	Other	Tri-County	LBMPY	LBMPY	Tri-County	
<b>Cardiovascular</b>								
Very High	1.32	-	0.97	2.34	1.16	0.63	0.38	
High	-	-	0.53	1.73	0.80	0.51	0.94	
Medium	11.76	8.63	14.85	11.25	7.80	3.21	2.73	
Low	37.67	44.18	47.28	35.95	39.43	25.19	17.32	
Extra Low	93.10	37.90	97.03	47.51	70.66	42.18	46.55	
<b>Psychiatric</b>								
High	5.02	8.74	5.24	7.03	4.18	4.38	5.27	
Medium	10.29	11.27	14.08	11.05	17.04	7.48	4.81	
Low	133.08	97.59	110.68	110.12	142.32	115.59	92.65	
<b>Skeletal and Connective</b>								
Medium	3.28	1.62	1.06	1.43	1.17	-	0.19	
Low	24.23	8.09	22.30	17.24	12.88	10.41	6.82	
Very Low	54.17	29.46	47.72	31.00	30.37	24.12	20.32	
Extra Low	88.17	39.27	69.88	32.91	49.46	26.85	24.48	
<b>Central Nervous System</b>								
High	-	-	-	0.48	0.25	-	-	
Medium	5.65	6.00	6.36	5.58	6.92	3.79	4.46	
Low	90.03	53.56	76.93	61.22	70.85	41.02	41.18	
<b>Pulmonary</b>								
Very High	-	-	0.97	1.90	0.33	-	0.28	
High	4.69	8.53	8.85	6.61	2.66	1.26	1.93	
Medium	8.82	5.29	10.24	4.37	6.09	2.43	1.99	
Low	86.79	65.81	85.61	62.45	88.30	75.39	58.16	
<b>Gastronintestinal</b>								
High	2.02	1.62	2.34	2.74	2.58	1.21	1.58	
Medium	18.20	13.92	25.27	19.79	19.81	7.16	9.76	
Low	120.07	58.80	98.17	59.72	82.48	67.28	55.82	
<b>Diabetes</b>								
High	1.97	-	1.92	1.39	-	0.63	0.67	
Medium	30.06	16.07	27.19	13.56	21.18	11.37	9.89	
Low	41.11	37.06	43.28	21.26	31.62	29.03	24.31	
<b>Skin</b>								
High	2.40	2.76	0.38	0.48	0.25	-	0.56	
Low	3.28	2.16	3.00	6.26	2.69	3.16	2.18	
Very Low	66.68	36.41	53.25	45.31	50.92	28.95	36.70	
<b>Renal</b>								
Very High	1.97	1.62	4.38	2.48	1.02	0.63	0.67	
Medium	16.19	9.24	12.30	7.66	11.12	3.53	6.23	
Low	31.37	12.44	23.99	14.25	22.25	11.15	15.71	
<b>Substance Abuse</b>								
Low	63.05	57.25	53.57	86.68	83.08	55.13	49.94	
Very Low	43.23	35.60	67.31	45.03	52.99	29.21	34.60	
<b>Cancer</b>								
High	9.24	3.83	5.27	4.64	4.65	3.66	1.31	
Medium	15.74	3.24	11.06	9.27	7.34	5.05	5.02	
Low	9.18	1.62	7.63	5.29	3.80	5.05	4.74	

**Oregon Health Plan Medicaid Demonstration  
 FY2002 CDPS Risk Adjustment - by Plan and Region  
 OHPAC Frequency/1000**

Exhibit 6d

Diagnostic Categories	FFS Plan Terminated				Intercommur		Kaiser	
	JJD	LBMPY	Other	Tri-County	LBMPY	LBMPY	Tri-County	
<b>Developmental Disability</b>								
Medium	-	-	-	-	-	-	-	
Low	0.88	-	0.49	0.02	0.25	-	0.82	
<b>Genital</b>								
Extra Low	39.34	16.18	34.18	20.32	28.32	20.11	18.19	
<b>Metabolic</b>								
High	7.21	2.06	5.30	2.61	3.69	3.61	3.19	
Medium	5.25	1.62	7.31	7.16	2.14	1.79	2.61	
Very Low	15.07	8.09	10.32	11.18	10.15	5.51	6.09	
<b>Pregnancy</b>								
Ectopic	1.97	-	0.49	1.43	1.52	-	0.38	
Miscarriage/Abortion	5.90	16.18	6.80	11.41	10.79	6.95	15.20	
High cost - completed	2.62	1.62	0.97	0.48	2.10	-	1.80	
Moderate cost - completed	4.59	3.24	2.19	4.25	5.07	5.69	4.98	
Normal delivery	3.61	1.22	1.46	2.38	1.52	3.79	1.88	
Higher cost w/o complications	0.66	3.24	1.46	0.48	1.27	-	1.13	
Lower cost w/o complications	8.52	12.95	7.29	3.80	9.24	3.79	6.76	
<b>Baby</b>								
Extremely low birthweight	-	-	-	-	-	-	-	
Very low birthweight	-	-	-	-	-	-	-	
Serious perinatal problem	1.31	-	0.49	0.48	0.25	-	0.38	
Other perinatal problems	1.97	-	1.46	0.95	1.24	1.26	0.94	
Normal, single birth	-	-	-	-	-	-	0.56	
<b>Eye and Ear</b>								
Low	1.77	6.20	5.47	2.38	2.56	1.90	2.71	
Extra Low	25.49	4.85	15.86	11.01	10.42	7.00	7.24	
<b>Cerebrovascular</b>								
Low	7.52	3.24	6.01	9.91	7.43	5.71	4.42	
<b>Infectious</b>								
High	0.66	1.62	0.49	1.63	0.51	-	0.17	
Medium	8.55	3.24	7.51	4.76	4.81	2.35	4.37	
Low	5.13	1.76	6.99	4.28	5.93	4.04	3.97	
<b>HIV/AIDS</b>								
High	4.21	3.24	4.76	3.51	1.93	1.38	2.81	
Medium	2.42	-	-	1.43	0.76	-	0.19	
<b>Hematological</b>								
Extremely High	-	-	-	-	0.05	-	-	
Very High	-	-	-	-	-	-	0.08	
Medium	6.66	-	4.28	0.95	2.09	2.98	1.88	
Low	7.21	4.85	7.77	4.40	7.99	3.06	5.38	
<b>No CDPS Diagnosis</b>	436.63	530.61	454.36	546.22	481.42	585.28	620.17	
<b>Total Eligibles</b>	1,525.14	617.93	2,058.43	2,104.33	3,946.54	1,582.94	5,328.74	

**Oregon Health Plan Medicaid Demonstration  
 FY2002 CDPS Risk Adjustment - by Plan and Region  
 OHPAC Frequency/1000**

Exhibit 6d

Diagnostic Categories	LIPA	MPCHP	MRIPA	ODS	OHMS	Tuality
	Lane	LBMPY	JJD	LBMPY	JJD	Tri-County
<b>Cardiovascular</b>						
Very High	0.79	0.84	-	0.63	-	1.56
High	1.02	2.02	0.60	1.42	1.64	-
Medium	7.23	11.02	10.96	12.78	11.10	19.02
Low	32.22	41.67	44.77	48.17	39.09	48.40
Extra Low	53.54	90.70	89.14	88.27	71.01	77.39
<b>Psychiatric</b>						
High	7.09	6.74	7.35	16.73	1.68	7.83
Medium	10.85	9.55	5.56	6.09	8.73	9.33
Low	125.97	147.20	120.16	131.14	130.87	129.24
<b>Skeletal and Connective</b>						
Medium	0.40	0.91	0.25	0.76	0.67	1.02
Low	12.76	11.60	16.44	13.78	12.59	14.00
Very Low	31.39	35.95	45.66	36.68	37.53	55.11
Extra Low	41.00	47.45	46.61	50.65	38.02	59.20
<b>Central Nervous System</b>						
High	0.35	-	-	0.31	-	1.56
Medium	4.79	5.61	4.85	8.03	6.66	6.02
Low	56.43	82.99	71.77	87.38	65.06	78.50
<b>Pulmonary</b>						
Very High	0.22	0.85	-	1.52	0.67	-
High	4.41	6.77	6.06	7.23	2.97	15.02
Medium	5.95	7.00	5.64	8.91	6.34	10.89
Low	66.31	83.30	83.05	78.51	64.88	105.50
<b>Gastronintestinal</b>						
High	2.47	2.41	3.94	4.36	2.91	-
Medium	14.74	19.81	14.93	18.79	20.28	31.99
Low	55.58	87.44	105.90	95.80	86.37	65.32
<b>Diabetes</b>						
High	0.33	1.21	1.37	1.52	-	2.33
Medium	13.04	24.08	22.83	16.51	14.05	33.34
Low	25.61	46.31	31.21	43.58	19.25	47.37
<b>Skin</b>						
High	0.15	0.28	1.27	0.25	0.67	-
Low	1.79	2.87	2.39	2.08	3.36	1.56
Very Low	52.05	58.17	41.31	48.25	43.49	44.57
<b>Renal</b>						
Very High	0.75	2.90	1.93	1.96	2.07	3.11
Medium	7.34	8.77	12.42	12.60	7.20	9.70
Low	18.43	24.84	24.49	22.56	32.56	32.66
<b>Substance Abuse</b>						
Low	86.29	66.30	37.92	93.30	53.92	54.40
Very Low	53.58	42.38	32.89	44.49	59.56	36.22
<b>Cancer</b>						
High	3.93	6.30	4.22	6.46	4.99	8.46
Medium	7.88	7.35	11.82	13.71	5.25	14.00
Low	3.32	5.06	7.76	6.07	9.40	4.67

**Oregon Health Plan Medicaid Demonstration  
 FY2002 CDPS Risk Adjustment - by Plan and Region  
 OHPAC Frequency/1000**

Exhibit 6d

Diagnostic Categories	LIPA	MPCHP	MRIPA	ODS	OHMS	Tuality
	Lane	LBMPY	JJD	LBMPY	JJD	Tri-County
<b>Developmental Disability</b>						
Medium	-	-	-	-	-	-
Low	0.44	0.79	-	1.72	-	-
<b>Genital</b>						
Extra Low	24.22	23.64	21.59	21.23	21.08	24.01
<b>Metabolic</b>						
High	2.12	5.86	2.99	2.27	3.63	6.22
Medium	3.58	5.06	5.25	6.13	5.87	7.78
Very Low	7.05	10.56	8.10	12.39	10.86	14.00
<b>Pregnancy</b>						
Ectopic	0.24	1.21	0.60	-	0.67	-
Miscarriage/Abortion	14.71	6.03	5.97	6.96	4.03	15.55
High cost - completed	2.19	2.72	-	1.52	-	3.11
Moderate cost - completed	5.03	8.45	5.38	3.79	3.36	3.11
Normal delivery	0.92	2.41	2.99	2.27	3.36	10.89
Higher cost w/o complications	1.68	4.53	2.99	1.64	0.67	1.56
Lower cost w/o complications	6.89	15.69	5.97	8.34	7.39	10.89
<b>Baby</b>						
Extremely low birthweight	-	-	-	-	-	-
Very low birthweight	-	-	-	-	-	-
Serious perinatal problem	0.19	-	0.60	2.27	-	-
Other perinatal problems	0.70	1.06	2.39	2.27	-	-
Normal, single birth	0.11	-	0.60	-	-	3.11
<b>Eye and Ear</b>						
Low	2.10	1.51	1.79	2.27	1.75	3.11
Extra Low	8.41	9.77	10.52	8.34	9.77	11.66
<b>Cerebrovascular</b>						
Low	6.76	6.97	5.67	6.77	2.85	14.33
<b>Infectious</b>						
High	1.29	0.91	0.60	1.52	1.34	3.11
Medium	4.79	4.44	4.97	8.28	4.27	-
Low	4.83	6.64	4.18	5.43	3.36	6.22
<b>HIV/AIDS</b>						
High	2.50	4.08	3.04	4.26	2.01	-
Medium	0.55	0.30	1.79	-	3.36	-
<b>Hematological</b>						
Extremely High	-	-	0.60	-	-	-
Very High	-	-	-	-	-	-
Medium	1.77	2.46	1.25	1.14	3.23	1.56
Low	3.70	4.33	7.62	3.47	4.95	3.11
<b>No CDPS Diagnosis</b>	512.65	454.30	502.98	453.88	523.20	460.72
<b>Total Eligibles</b>	9,140.40	3,314.31	1,674.34	1,318.96	1,489.05	642.99

**Oregon Health Plan Medicaid Demonstration  
FY2002 Capitation Rates  
Methadone Utilization Months/1000**

**Exhibit 7a**

Plan Name	Region	AB/AD with Medicare	AB/AD without Medicare	General Assistance	OHP Adults and Couples	OHP Families	TANF
CareOregon, Inc.	Jackson/Josephine/Douglas	-	-	-	-	-	-
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	23.6671	36.5701	158.0910	60.8313	22.5448	4.7075
CareOregon, Inc.	Other	-	0.3481	10.8615	1.7080	4.1689	1.1608
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	11.9738	25.0581	93.3467	57.7634	18.2752	5.6209
Cascade Comprehensive Care, Inc.	Other	-	0.6590	-	0.2369	-	-
Central Oregon Independent Health Services, Inc.	Other	-	-	-	0.5247	0.3762	-
Douglas County Individual Practice Association	Jackson/Josephine/Douglas	-	-	-	0.3911	-	-
Deschutes County Human Services	Other	-	-	-	0.6864	-	-
Doctors of the Oregon Coast South	Other	-	1.2406	-	2.3930	0.6465	0.9176
FamilyCare, Inc.	Jackson/Josephine/Douglas	-	-	-	10.6246	8.2724	2.1778
FamilyCare, Inc.	Other	-	-	-	-	-	-
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	-	8.1666	47.7547	16.6722	6.6715	3.0138
InterCommunity Health Plans, Inc.	Linn/Benton/Marion/Polk/Yamhill	0.6988	7.6216	11.3176	6.8212	2.2618	2.2502
Kaiser Foundation Health Plan of the Northwest	Linn/Benton/Marion/Polk/Yamhill	-	9.7604	36.8436	6.5726	3.5863	-
Kaiser Foundation Health Plan of the Northwest	Tri-County (Clackamas, Multnomah, Washington)	14.4123	12.8200	11.4389	18.7431	8.4650	1.3741
Lane Individual Practice Association, Inc.	Lane	3.9117	11.4335	49.5236	28.7794	12.1001	4.8581
Marion-Polk Community Health Plan	Linn/Benton/Marion/Polk/Yamhill	2.4800	7.6291	-	19.2454	6.6684	2.6943
Mid-Rogue Independent Practice Association	Jackson/Josephine/Douglas	-	4.4968	-	13.5202	2.0893	0.6040
ODS Health Plan	Linn/Benton/Marion/Polk/Yamhill	-	1.7594	33.6707	14.0061	23.4862	2.6704
Oregon Health Management Services	Jackson/Josephine/Douglas	11.4941	19.6235	80.9019	14.0520	9.2528	4.2785
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	-	-	-	-	-	-
<b>Grand Total</b>		<b>5.2535</b>	<b>12.5909</b>	<b>52.2895</b>	<b>26.8991</b>	<b>9.1908</b>	<b>2.9691</b>

**Oregon Health Plan Medicaid Demonstration  
FY2002 Capitation Rates  
Methadone Risk Adjustment Scores**

**Exhibit 7b**

Plan Name	Region	AB/AD with Medicare	AB/AD without Medicare	General Assistance	OHP Adults and Couples	OHP Families	TANF
CareOregon, Inc.	Jackson/Josephine/Douglas	0.0200	0.0200	0.0201	0.0204	0.0201	0.0200
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	4.4659	2.8963	3.0088	2.2593	2.4464	1.5797
CareOregon, Inc.	Other	0.0200	0.0276	0.2067	0.0634	0.4524	0.3895
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	2.2594	1.9845	1.7766	2.1453	1.9831	1.8862
Cascade Comprehensive Care, Inc.	Other	0.0200	0.0522	0.0201	0.0204	0.0201	0.0200
Central Oregon Independent Health Services, Inc.	Other	0.0200	0.0200	0.0201	0.0204	0.0408	0.0200
Douglas County Individual Practice Association	Jackson/Josephine/Douglas	0.0200	0.0200	0.0201	0.0204	0.0201	0.0200
Deschutes County Human Services	Other	0.0200	0.0200	0.0201	0.0255	0.0201	0.0200
Doctors of the Oregon Coast South	Other	0.0200	0.0983	0.0201	0.0889	0.0702	0.3079
FamilyCare, Inc.	Jackson/Josephine/Douglas	0.0200	0.0200	0.0201	0.3946	0.8977	0.7308
FamilyCare, Inc.	Other	0.0200	0.0200	0.0201	0.0204	0.0201	0.0200
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.0200	0.6468	0.9089	0.6192	0.7239	1.0113
InterCommunity Health Plans, Inc.	Linn/Benton/Marion/Polk/Yamhill	0.1319	0.6036	0.2154	0.2533	0.2454	0.7551
Kaiser Foundation Health Plan of the Northwest	Linn/Benton/Marion/Polk/Yamhill	0.0200	0.7730	0.7012	0.2441	0.3892	0.0200
Kaiser Foundation Health Plan of the Northwest	Tri-County (Clackamas, Multnomah, Washington)	2.7195	1.0153	0.2177	0.6961	0.9186	0.4611
Lane Individual Practice Association, Inc.	Lane	0.7381	0.9055	0.9425	1.0689	1.3130	1.6302
Marion-Polk Community Health Plan	Linn/Benton/Marion/Polk/Yamhill	0.4680	0.6042	0.0201	0.7148	0.7236	0.9041
Mid-Rogue Independent Practice Association	Jackson/Josephine/Douglas	0.0200	0.3561	0.0201	0.5021	0.2267	0.2027
ODS Health Plan	Linn/Benton/Marion/Polk/Yamhill	0.0200	0.1393	0.6408	0.5202	2.5485	0.8961
Oregon Health Management Services	Jackson/Josephine/Douglas	2.1689	1.5541	1.5397	0.5219	1.0040	1.4357
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.0200	0.0200	0.0201	0.0204	0.0201	0.0200
<b>Grand Total</b>		<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>	<b>1.0000</b>

**Oregon Health Plan Medicaid Demonstration  
 FY2002 Capitation Rates  
 Methadone / Non-Methadone Percentages**

**Exhibit 7c**

Eligibility Category	Methadone	Non-Methadone
AB/AD with Medicare	39%	61%
AB/AD without Medicare	62%	38%
General Assistance	46%	54%
OHP Adults and Couples	35%	65%
OHP Families	37%	63%
TANF	22%	78%

**Oregon Health Plan Medicaid Demonstration  
FY2002 Capitation Rates  
Chemical Dependency Risk Adjustment Scores**

**Exhibit 7d**

Plan Name	Region	AB/AD with Medicare	AB/AD without Medicare	General Assistance	OHP Adults and Couples	OHP Families	TANF
CareOregon, Inc.	Jackson/Josephine/Douglas	0.6138	0.3953	0.5453	0.6533	0.6396	0.7879
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	2.3657	2.1702	1.9321	1.4457	1.5321	1.1254
CareOregon, Inc.	Other	0.6138	0.3999	0.6319	0.6685	0.7986	0.8679
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.4963	1.6076	1.3603	1.4054	1.3616	1.1918
Cascade Comprehensive Care, Inc.	Other	0.6138	0.4151	0.5453	0.6533	0.6396	0.7879
Central Oregon Independent Health Services, Inc.	Other	0.6138	0.3953	0.5453	0.6533	0.6472	0.7879
Douglas County Individual Practice Association	Jackson/Josephine/Douglas	0.6138	0.3953	0.5453	0.6533	0.6396	0.7879
Deschutes County Human Services	Other	0.6138	0.3953	0.5453	0.6551	0.6396	0.7879
Doctors of the Oregon Coast South	Other	0.6138	0.4435	0.5453	0.6775	0.6579	0.8502
FamilyCare, Inc.	Jackson/Josephine/Douglas	0.6138	0.3953	0.5453	0.7857	0.9624	0.9417
FamilyCare, Inc.	Other	0.6138	0.3953	0.5453	0.6533	0.6396	0.7879
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.6812	0.8686	1.0593	1.0593	1.0149	1.0251
InterCommunity Health Plans, Inc.	Linn/Benton/Marion/Polk/Yamhill	0.6579	0.7554	0.6360	0.7357	0.7224	0.9470
Kaiser Foundation Health Plan of the Northwest	Linn/Benton/Marion/Polk/Yamhill	0.6138	0.8599	0.8614	0.7325	0.7753	0.7879
Kaiser Foundation Health Plan of the Northwest	Tri-County (Clackamas, Multnomah, Washington)	1.6776	1.0095	0.6370	0.8924	0.9700	0.8834
Lane Individual Practice Association, Inc.	Lane	0.8968	0.9417	0.9733	1.0244	1.1151	1.1364
Marion-Polk Community Health Plan	Linn/Benton/Marion/Polk/Yamhill	0.7904	0.7557	0.5453	0.8990	0.8983	0.9793
Mid-Rogue Independent Practice Association	Jackson/Josephine/Douglas	0.6138	0.6027	0.5453	0.8238	0.7155	0.8274
ODS Health Plan	Linn/Benton/Marion/Polk/Yamhill	0.6138	0.4689	0.8333	0.8302	1.5696	0.9775
Oregon Health Management Services	Jackson/Josephine/Douglas	1.4606	1.3420	1.2504	0.8308	1.0015	1.0943
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.6138	0.3953	0.5453	0.6533	0.6396	0.7879

**Oregon Health Plan Medicaid Demonstration  
 FY2002 Capitation Rates  
 MHO Geographic Factors**

**Exhibit 8**

<b>Plan Name</b>	<b>Region</b>	<b>MH Inpatient</b>
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	1.0288
Accountable Behavioral Health Alliance	Other	0.9908
CAAPCare	Tri-County (Clackamas, Multnomah, Washington)	1.0110
Clackamas County Mental Health	Other	1.0032
Clackamas County Mental Health	Tri-County (Clackamas, Multnomah, Washington)	1.0108
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.0110
Greater Oregon Behavioral Health, Inc.	Other	0.9593
Jefferson Behavioral Health	Jackson/Josephine/Douglas	0.9783
Jefferson Behavioral Health	Other	0.9961
LaneCare	Lane	1.0281
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	0.9954
Mid-Valley Behavioral Care Network	Other	0.9874
Providence Behavioral Health Connections	Tri-County (Clackamas, Multnomah, Washington)	1.0109
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	1.0108

**Oregon Health Plan Medicaid Demonstration  
 FY2002 Capitation Rates  
 MHO Residential Medical Adjustment for SOSCF Children**

**Exhibit 9**

<b>Plan Name</b>	<b>Region</b>	<b>ResMed Factor</b>
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	0.932
Accountable Behavioral Health Alliance	Other	0.932
Clackamas County Mental Health	Other	1.187
Clackamas County Mental Health	Tri-County (Clackamas, Multnomah, Washington)	0.932
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.932
Greater Oregon Behavioral Health, Inc.	Other	0.932
Jefferson Behavioral Health	Jackson/Josephine/Douglas	1.051
Jefferson Behavioral Health	Other	0.932
LaneCare	Lane	0.980
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	0.932
Mid-Valley Behavioral Care Network	Other	0.932
Multnomah CAAPCare	Tri-County (Clackamas, Multnomah, Washington)	1.042
Providence Behavioral Health Connections	Tri-County (Clackamas, Multnomah, Washington)	1.317
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.932

**Oregon Health Plan Medicaid Demonstration**  
**DCO Capitation Rates for Fiscal Year 2002**  
**With Adjustments for Funding Through Line 566 of the Prioritized List**

**Exhibit 10**

Eligibility Category	Statewide Average	Region				
		JJD	Lane	LBMPY	Other	Tri-County
TANF	\$18.52	\$17.95	\$17.95	\$17.95	\$17.95	\$19.36
General Assistance	\$33.69	\$32.67	\$32.67	\$32.67	\$32.67	\$35.23
PLM Adults under 100% FPL	\$17.67	\$17.13	\$17.13	\$17.13	\$17.13	\$18.47
PLM Adults over 100% FPL	\$17.67	\$17.13	\$17.13	\$17.13	\$17.13	\$18.47
CHIP Children Aged 0-1	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09
PLM Children Aged 0-1	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09
PLM or CHIP Children Aged 1-5	\$16.44	\$15.94	\$15.94	\$15.94	\$15.94	\$17.19
PLM or CHIP Children Aged 6-18	\$20.23	\$19.62	\$19.62	\$19.62	\$19.62	\$21.15
OHP Families	\$29.77	\$28.86	\$28.86	\$28.86	\$28.86	\$31.12
OHP Adults and Couples	\$35.21	\$34.14	\$34.14	\$34.14	\$34.14	\$36.81
AB/AD with Medicare	\$21.61	\$20.96	\$20.96	\$20.96	\$20.96	\$22.60
AB/AD without Medicare	\$20.99	\$20.35	\$20.35	\$20.35	\$20.35	\$21.95
OAA with Medicare	\$13.73	\$13.31	\$13.31	\$13.31	\$13.31	\$14.35
OAA without Medicare	\$56.68	\$54.95	\$54.95	\$54.95	\$54.95	\$59.26
SOSCF Children	\$16.20	\$15.71	\$15.71	\$15.71	\$15.71	\$16.93

## **APPENDIX**

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Physical Health Rates  
Including Administration**

**Exhibit A-1**

<b>Statewide FCHP Rates</b>			
<b>Eligibility Category</b>	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>
TANF	\$134.58	\$127.69	5.4%
General Assistance	\$659.49	\$595.31	10.8%
PLM Adults under 100% FPL	\$650.13	\$663.57	-2.0%
PLM Adults over 100% FPL	\$650.13	\$671.64	-3.2%
CHIP Children Aged 0-1	\$271.59	\$142.97	90.0%
PLM Children Aged 0-1	\$271.59	\$258.60	5.0%
PLM or CHIP Children Aged 1-5	\$53.32	\$58.02	-8.1%
PLM or CHIP Children Aged 6-18	\$52.10	\$53.53	-2.7%
OHP Families	\$154.66	\$148.38	4.2%
OHP Adults and Couples	\$262.78	\$247.04	6.4%
AB/AD with Medicare	\$323.94	\$248.69	30.3%
AB/AD without Medicare	\$489.88	\$377.30	29.8%
OAA with Medicare	\$303.99	\$270.63	12.3%
OAA without Medicare	\$574.08	\$282.04	103.5%
SOSCF Children	\$101.22	\$106.31	-4.8%
Average - July 2001 population	\$200.13	\$182.95	9.4%
Average - Sept 2000 population	\$203.23	\$185.17	9.8%

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

**Exhibit A-1**

CareOregon, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF	\$128.26	\$122.95	4.3%				\$132.71	\$131.26	1.1%	\$132.74	\$123.04	7.9%	\$137.47	\$130.11	5.7%
General Assistance	\$632.87	\$653.58	-3.2%				\$695.03	\$712.52	-2.5%	\$657.71	\$652.29	0.8%	\$698.27	\$706.81	-1.2%
PLM Adults under 100% FPL	\$598.70	\$655.81	-8.7%				\$616.72	\$643.60	-4.2%	\$625.70	\$642.03	-2.5%	\$642.60	\$671.33	-4.3%
PLM Adults over 100% FPL	\$598.70	\$665.52	-10.0%				\$616.72	\$652.72	-5.5%	\$625.70	\$650.87	-3.9%	\$642.60	\$680.18	-5.5%
CHIP Children Aged 0-1	\$250.29	\$141.57	76.8%				\$260.56	\$139.90	86.2%	\$265.83	\$139.76	90.2%	\$274.54	\$144.78	89.6%
PLM Children Aged 0-1	\$250.29	\$259.05	-3.4%				\$260.56	\$249.96	4.2%	\$265.83	\$248.13	7.1%	\$274.54	\$262.70	4.5%
PLM or CHIP Children Aged 1-5	\$51.93	\$56.35	-7.8%				\$52.52	\$57.00	-7.9%	\$52.75	\$57.37	-8.1%	\$53.69	\$58.65	-8.4%
PLM or CHIP Children Aged 6-18	\$50.45	\$52.09	-3.1%				\$51.13	\$52.62	-2.8%	\$51.42	\$52.94	-2.9%	\$52.37	\$54.05	-3.1%
OHP Families	\$147.10	\$143.48	2.5%				\$154.51	\$147.05	5.1%	\$151.49	\$145.18	4.3%	\$157.72	\$152.88	3.2%
OHP Adults and Couples	\$255.29	\$258.48	-1.2%				\$276.19	\$282.82	-2.3%	\$262.26	\$259.31	1.1%	\$282.82	\$286.02	-1.1%
AB/AD with Medicare	\$319.37	\$243.91	30.9%				\$326.10	\$265.98	22.6%	\$320.89	\$243.32	31.9%	\$326.74	\$257.59	26.8%
AB/AD without Medicare	\$482.80	\$403.33	19.7%				\$502.48	\$420.96	19.4%	\$495.99	\$401.89	23.4%	\$513.01	\$429.91	19.3%
OAA with Medicare	\$300.64	\$281.66	6.7%				\$301.93	\$264.90	14.0%	\$302.31	\$277.97	8.8%	\$305.13	\$255.23	19.5%
OAA without Medicare	\$555.45	\$277.06	100.5%				\$563.56	\$276.59	103.8%	\$566.93	\$277.27	104.5%	\$578.67	\$284.74	103.2%
SOSCF Children	\$98.59	\$103.99	-5.2%				\$99.73	\$104.61	-4.7%	\$100.21	\$105.08	-4.6%	\$101.75	\$107.25	-5.1%
Weighted Average	\$179.17	\$175.67	2.0%				\$172.92	\$170.16	1.6%	\$194.31	\$180.28	7.8%	\$225.09	\$204.97	9.8%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Base Rates  
Including Administration**

**Exhibit A-1**

<b>Cascade Comprehensive Care, Inc.</b>															
<b>Eligibility Category</b>	<b>JJD</b>			<b>Lane</b>			<b>LBMPY</b>			<b>Other</b>			<b>Tri-Counties</b>		
	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>									
TANF										\$153.44	\$126.95	20.9%			
General Assistance										\$789.94	\$511.48	54.4%			
PLM Adults under 100% FPL										\$696.82	\$642.45	8.5%			
PLM Adults over 100% FPL										\$696.82	\$651.59	6.9%			
CHIP Children Aged 0-1										\$307.26	\$139.72	119.9%			
PLM Children Aged 0-1										\$307.26	\$249.36	23.2%			
PLM or CHIP Children Aged 1-5										\$54.69	\$56.95	-4.0%			
PLM or CHIP Children Aged 6-18										\$53.82	\$52.58	2.4%			
OHP Families										\$159.40	\$143.91	10.8%			
OHP Adults and Couples										\$306.16	\$256.39	19.4%			
AB/AD with Medicare										\$323.85	\$242.84	33.4%			
AB/AD without Medicare										\$589.78	\$360.34	63.7%			
OAA with Medicare										\$305.85	\$278.24	9.9%			
OAA without Medicare										\$594.95	\$276.27	115.4%			
SOSCF Children										\$104.23	\$104.52	-0.3%			
Weighted Average										\$219.42	\$175.90	24.7%			

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Base Rates  
Including Administration**

**Exhibit A-1**

Central Oregon Independent Health Services, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF										\$132.28	\$129.62	2.0%			
General Assistance										\$693.37	\$623.56	11.2%			
PLM Adults under 100% FPL										\$638.66	\$676.23	-5.6%			
PLM Adults over 100% FPL										\$638.66	\$684.81	-6.7%			
CHIP Children Aged 0-1										\$274.23	\$145.12	89.0%			
PLM Children Aged 0-1										\$274.23	\$267.19	2.6%			
PLM or CHIP Children Aged 1-5										\$52.74	\$58.31	-9.5%			
PLM or CHIP Children Aged 6-18										\$51.58	\$53.84	-4.2%			
OHP Families										\$151.50	\$148.19	2.2%			
OHP Adults and Couples										\$278.77	\$259.10	7.6%			
AB/AD with Medicare										\$319.66	\$249.25	28.2%			
AB/AD without Medicare										\$524.06	\$429.02	22.2%			
OAA with Medicare										\$301.49	\$289.59	4.1%			
OAA without Medicare										\$568.24	\$285.64	98.9%			
SOSCF Children										\$100.51	\$107.08	-6.1%			
Weighted Average										\$192.64	\$180.77	6.6%			

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

Exhibit A-1

Douglas County Individual Practice Association															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF	\$133.19	\$125.71	6.0%												
General Assistance	\$674.87	\$583.13	15.7%												
PLM Adults under 100% FPL	\$648.22	\$667.07	-2.8%												
PLM Adults over 100% FPL	\$648.22	\$675.54	-4.0%												
CHIP Children Aged 0-1	\$277.51	\$143.75	93.1%												
PLM Children Aged 0-1	\$277.51	\$261.45	6.1%												
PLM or CHIP Children Aged 1-5	\$53.97	\$58.33	-7.5%												
PLM or CHIP Children Aged 6-18	\$52.65	\$53.84	-2.2%												
OHP Families	\$154.64	\$147.90	4.6%												
OHP Adults and Couples	\$272.19	\$255.02	6.7%												
AB/AD with Medicare	\$324.80	\$248.01	31.0%												
AB/AD without Medicare	\$508.30	\$403.48	26.0%												
OAA with Medicare	\$305.91	\$287.59	6.4%												
OAA without Medicare	\$582.18	\$284.10	104.9%												
SOSCF Children	\$102.22	\$106.92	-4.4%												
Weighted Average	\$204.21	\$184.56	10.7%												

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

**Exhibit A-1**

Doctors of the Oregon Coast South															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF										\$129.46	\$125.82	2.9%			
General Assistance										\$641.36	\$588.06	9.1%			
PLM Adults under 100% FPL										\$658.78	\$671.51	-1.9%			
PLM Adults over 100% FPL										\$658.78	\$679.69	-3.1%			
CHIP Children Aged 0-1										\$283.52	\$144.53	96.2%			
PLM Children Aged 0-1										\$283.52	\$263.09	7.8%			
PLM or CHIP Children Aged 1-5										\$54.32	\$58.81	-7.6%			
PLM or CHIP Children Aged 6-18										\$53.05	\$54.27	-2.2%			
OHP Families										\$156.18	\$148.89	4.9%			
OHP Adults and Couples										\$267.67	\$243.80	9.8%			
AB/AD with Medicare										\$325.55	\$249.24	30.6%			
AB/AD without Medicare										\$481.40	\$378.60	27.2%			
OAA with Medicare										\$306.70	\$289.21	6.0%			
OAA without Medicare										\$587.01	\$286.10	105.2%			
SOSCF Children										\$102.89	\$107.66	-4.4%			
Weighted Average										\$220.48	\$196.95	11.9%			

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Base Rates  
Including Administration**

**Exhibit A-1**

FamilyCare, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF	\$129.26	\$124.79	3.6%							\$128.25	\$129.22	-0.8%	\$132.11	\$129.85	1.7%
General Assistance	\$544.57	\$483.16	12.7%							\$541.42	\$503.91	7.4%	\$572.83	\$498.63	14.9%
PLM Adults under 100% FPL	\$628.30	\$644.40	-2.5%							\$619.58	\$672.86	-7.9%	\$642.62	\$671.39	-4.3%
PLM Adults over 100% FPL	\$628.30	\$653.49	-3.9%							\$619.58	\$680.74	-9.0%	\$642.62	\$680.23	-5.5%
CHIP Children Aged 0-1	\$267.03	\$140.04	90.7%							\$260.33	\$144.85	79.7%	\$274.55	\$144.78	89.6%
PLM Children Aged 0-1	\$267.03	\$250.31	6.7%							\$260.33	\$262.86	-1.0%	\$274.55	\$262.73	4.5%
PLM or CHIP Children Aged 1-5	\$52.95	\$57.07	-7.2%							\$53.40	\$59.27	-9.9%	\$53.69	\$58.65	-8.4%
PLM or CHIP Children Aged 6-18	\$51.61	\$52.68	-2.0%							\$51.85	\$54.68	-5.2%	\$52.37	\$54.05	-3.1%
OHP Families	\$153.00	\$144.21	6.1%							\$151.54	\$149.82	1.2%	\$155.79	\$149.34	4.3%
OHP Adults and Couples	\$229.02	\$203.60	12.5%							\$226.13	\$208.21	8.6%	\$238.39	\$208.49	14.3%
AB/AD with Medicare	\$321.65	\$243.25	32.2%							\$324.66	\$250.02	29.9%	\$324.17	\$248.42	30.5%
AB/AD without Medicare	\$410.15	\$309.15	32.7%							\$408.64	\$323.49	26.3%	\$419.62	\$319.92	31.2%
OAA with Medicare	\$302.99	\$274.43	10.4%							\$305.36	\$286.54	6.6%	\$305.12	\$258.80	17.9%
OAA without Medicare	\$569.36	\$276.89	105.6%							\$573.15	\$287.52	99.3%	\$578.67	\$284.75	103.2%
SOSCF Children	\$100.52	\$104.71	-4.0%							\$100.87	\$108.32	-6.9%	\$101.75	\$107.25	-5.1%
Weighted Average	\$163.33	\$150.05	8.8%							\$198.02	\$184.32	7.4%	\$183.41	\$168.32	9.0%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Base Rates  
Including Administration**

**Exhibit A-1**

<b>InterCommunity Health Plans, Inc.</b>															
<b>Eligibility Category</b>	<b>JJD</b>			<b>Lane</b>			<b>LBMPY</b>			<b>Other</b>			<b>Tri-Counties</b>		
	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>									
TANF							\$128.26	\$127.61	0.5%						
General Assistance							\$635.56	\$653.60	-2.8%						
PLM Adults under 100% FPL							\$620.05	\$651.06	-4.8%						
PLM Adults over 100% FPL							\$620.05	\$659.44	-6.0%						
CHIP Children Aged 0-1							\$262.99	\$140.77	86.8%						
PLM Children Aged 0-1							\$262.99	\$253.19	3.9%						
PLM or CHIP Children Aged 1-5							\$52.40	\$57.11	-8.2%						
PLM or CHIP Children Aged 6-18							\$51.08	\$52.73	-3.1%						
OHP Families							\$149.96	\$144.81	3.6%						
OHP Adults and Couples							\$256.30	\$253.86	1.0%						
AB/AD with Medicare							\$319.84	\$245.51	30.3%						
AB/AD without Medicare							\$481.65	\$374.49	28.6%						
OAA with Medicare							\$301.24	\$277.91	8.4%						
OAA without Medicare							\$562.66	\$277.84	102.5%						
SOSCF Children							\$99.66	\$104.87	-5.0%						
Weighted Average							\$198.85	\$184.52	7.8%						

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

**Exhibit A-1**

Kaiser Foundation Health Plan of the Northwest															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF							\$127.76	\$117.79	8.5%				\$132.12	\$122.29	8.0%
General Assistance							\$548.85	\$492.41	11.5%				\$558.49	\$498.60	12.0%
PLM Adults under 100% FPL							\$618.89	\$641.48	-3.5%				\$642.74	\$671.33	-4.3%
PLM Adults over 100% FPL							\$618.89	\$650.64	-4.9%				\$642.74	\$680.17	-5.5%
CHIP Children Aged 0-1							\$261.75	\$139.56	87.6%				\$274.62	\$144.77	89.7%
PLM Children Aged 0-1							\$261.75	\$248.87	5.2%				\$274.62	\$262.70	4.5%
PLM or CHIP Children Aged 1-5							\$52.61	\$56.91	-7.6%				\$53.70	\$58.65	-8.4%
PLM or CHIP Children Aged 6-18							\$51.23	\$52.53	-2.5%				\$52.37	\$54.05	-3.1%
OHP Families							\$150.61	\$144.10	4.5%				\$155.56	\$149.77	3.9%
OHP Adults and Couples							\$217.05	\$203.02	6.9%				\$225.99	\$208.26	8.5%
AB/AD with Medicare							\$320.82	\$242.64	32.2%				\$327.31	\$249.62	31.1%
AB/AD without Medicare							\$409.01	\$307.86	32.9%				\$420.52	\$323.02	30.2%
OAA with Medicare							\$302.16	\$255.78	18.1%				\$305.14	\$265.43	15.0%
OAA without Medicare							\$564.71	\$275.97	104.6%				\$578.73	\$284.74	103.3%
SOSCF Children							\$99.88	\$104.43	-4.4%				\$101.76	\$107.25	-5.1%
Weighted Average							\$167.64	\$149.00	12.5%				\$185.96	\$165.72	12.2%

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

Exhibit A-1

Lane Individual Practice Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF				\$139.36	\$130.58	6.7%									
General Assistance				\$591.41	\$587.41	0.7%									
PLM Adults under 100% FPL				\$648.81	\$666.69	-2.7%									
PLM Adults over 100% FPL				\$648.81	\$675.24	-3.9%									
CHIP Children Aged 0-1				\$277.92	\$143.66	93.5%									
PLM Children Aged 0-1				\$277.92	\$261.51	6.3%									
PLM or CHIP Children Aged 1-5				\$53.96	\$58.21	-7.3%									
PLM or CHIP Children Aged 6-18				\$52.65	\$53.73	-2.0%									
OHP Families				\$157.32	\$148.12	6.2%									
OHP Adults and Couples				\$239.55	\$242.87	-1.4%									
AB/AD with Medicare				\$325.60	\$248.38	31.1%									
AB/AD without Medicare				\$435.93	\$376.29	15.9%									
OAA with Medicare				\$305.84	\$284.26	7.6%									
OAA without Medicare				\$582.16	\$283.71	105.2%									
SOSCF Children				\$102.22	\$106.74	-4.2%									
Weighted Average				\$191.98	\$181.88	5.6%									

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

Exhibit A-1

Marion-Polk Community Health Plan															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF							\$131.84	\$125.81	4.8%						
General Assistance							\$667.14	\$597.41	11.7%						
PLM Adults under 100% FPL							\$616.97	\$640.10	-3.6%						
PLM Adults over 100% FPL							\$616.97	\$649.29	-5.0%						
CHIP Children Aged 0-1							\$260.73	\$139.34	87.1%						
PLM Children Aged 0-1							\$260.73	\$248.17	5.1%						
PLM or CHIP Children Aged 1-5							\$52.51	\$56.84	-7.6%						
PLM or CHIP Children Aged 6-18							\$51.13	\$52.47	-2.6%						
OHP Families							\$150.98	\$145.18	4.0%						
OHP Adults and Couples							\$278.38	\$274.45	1.4%						
AB/AD with Medicare							\$321.10	\$243.53	31.9%						
AB/AD without Medicare							\$509.02	\$390.92	30.2%						
OAA with Medicare							\$301.90	\$272.88	10.6%						
OAA without Medicare							\$563.54	\$275.56	104.5%						
SOSCF Children							\$99.73	\$104.31	-4.4%						

Weighted Average

\$185.67 \$169.45

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

**Exhibit A-1**

Mid-Rogue Independent Practice Association															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF	\$129.73	\$121.14	7.1%												
General Assistance	\$659.12	\$483.18	36.4%												
PLM Adults under 100% FPL	\$628.47	\$644.41	-2.5%												
PLM Adults over 100% FPL	\$628.47	\$653.49	-3.8%												
CHIP Children Aged 0-1	\$267.10	\$140.04	90.7%												
PLM Children Aged 0-1	\$267.10	\$250.31	6.7%												
PLM or CHIP Children Aged 1-5	\$52.97	\$57.07	-7.2%												
PLM or CHIP Children Aged 6-18	\$51.63	\$52.69	-2.0%												
OHP Families	\$151.66	\$144.45	5.0%												
OHP Adults and Couples	\$260.21	\$235.53	10.5%												
AB/AD with Medicare	\$321.70	\$244.80	31.4%												
AB/AD without Medicare	\$500.19	\$359.15	39.3%												
OAA with Medicare	\$303.03	\$279.93	8.3%												
OAA without Medicare	\$569.51	\$276.91	105.7%												
SOSCF Children	\$100.54	\$104.72	-4.0%												
Weighted Average	\$206.06	\$179.48	14.8%												

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Base Rates  
Including Administration**

**Exhibit A-1**

ODS Health Plan															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF							\$124.87	\$121.15	3.1%	\$127.98	\$121.22	5.6%			
General Assistance							\$662.07	\$572.80	15.6%	\$685.06	\$558.09	22.7%			
PLM Adults under 100% FPL							\$616.38	\$639.19	-3.6%	\$636.36	\$641.73	-0.8%			
PLM Adults over 100% FPL							\$616.38	\$648.41	-4.9%	\$636.36	\$650.88	-2.2%			
CHIP Children Aged 0-1							\$260.38	\$139.19	87.1%	\$271.38	\$139.61	94.4%			
PLM Children Aged 0-1							\$260.38	\$247.71	5.1%	\$271.38	\$248.95	9.0%			
PLM or CHIP Children Aged 1-5							\$52.50	\$56.79	-7.6%	\$53.32	\$56.94	-6.4%			
PLM or CHIP Children Aged 6-18							\$51.12	\$52.43	-2.5%	\$52.00	\$52.56	-1.1%			
OHP Families							\$154.66	\$148.65	4.0%	\$154.51	\$143.84	7.4%			
OHP Adults and Couples							\$287.03	\$238.53	20.3%	\$296.57	\$236.62	25.3%			
AB/AD with Medicare							\$320.54	\$245.14	30.8%	\$323.92	\$242.72	33.5%			
AB/AD without Medicare							\$495.77	\$339.07	46.2%	\$509.53	\$334.34	52.4%			
OAA with Medicare							\$301.89	\$270.31	11.7%	\$303.99	\$280.44	8.4%			
OAA without Medicare							\$563.35	\$275.29	104.6%	\$574.08	\$276.10	107.9%			
SOSCF Children							\$99.70	\$104.23	-4.4%	\$101.16	\$104.48	-3.2%			
Weighted Average							\$210.87	\$180.21	17.0%	\$185.68	\$159.33	16.5%			

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

Exhibit A-1

Oregon Health Management Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF	\$131.32	\$125.00	5.0%												
General Assistance	\$635.71	\$652.47	-2.6%												
PLM Adults under 100% FPL	\$628.39	\$644.43	-2.5%												
PLM Adults over 100% FPL	\$628.39	\$653.51	-3.8%												
CHIP Children Aged 0-1	\$267.06	\$140.04	90.7%												
PLM Children Aged 0-1	\$267.06	\$250.32	6.7%												
PLM or CHIP Children Aged 1-5	\$52.97	\$57.07	-7.2%												
PLM or CHIP Children Aged 6-18	\$51.63	\$52.69	-2.0%												
OHP Families	\$153.25	\$145.99	5.0%												
OHP Adults and Couples	\$243.14	\$235.15	3.4%												
AB/AD with Medicare	\$324.37	\$246.04	31.8%												
AB/AD without Medicare	\$467.86	\$373.46	25.3%												
OAA with Medicare	\$303.03	\$278.85	8.7%												
OAA without Medicare	\$569.50	\$276.91	105.7%												
SOSCF Children	\$100.54	\$104.72	-4.0%												
Weighted Average	\$180.45	\$167.01	8.1%												

**Oregon Health Plan Medicaid Demonstration**  
**Comparison of 01/02 and 00/01 Base Rates**  
**Including Administration**

**Exhibit A-1**

Tuality Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	01/02	00/01	% Change	01/02	00/01	% Change									
TANF													\$138.53	\$129.52	7.0%
General Assistance													\$678.95	\$652.29	4.1%
PLM Adults under 100% FPL													\$642.65	\$671.34	-4.3%
PLM Adults over 100% FPL													\$642.65	\$680.19	-5.5%
CHIP Children Aged 0-1													\$274.56	\$144.78	89.6%
PLM Children Aged 0-1													\$274.56	\$262.70	4.5%
PLM or CHIP Children Aged 1-5													\$53.70	\$58.65	-8.4%
PLM or CHIP Children Aged 6-18													\$52.37	\$54.05	-3.1%
OHP Families													\$153.70	\$148.26	3.7%
OHP Adults and Couples													\$294.18	\$278.91	5.5%
AB/AD with Medicare													\$323.97	\$248.41	30.4%
AB/AD without Medicare													\$512.23	\$370.24	38.4%
OAA with Medicare													\$305.14	\$274.07	11.3%
OAA without Medicare													\$578.71	\$284.74	103.2%
SOSCF Children													\$101.76	\$107.25	-5.1%
Weighted Average													\$191.54	\$169.34	13.1%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

<b>Statewide MHO Rates</b>			
<b>Eligibility Category</b>	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>
TANF	\$16.10	\$15.76	2.2%
General Assistance	\$194.14	\$173.80	11.7%
PLM Adults under 100% FPL	\$5.34	\$3.34	60.1%
PLM Adults over 100% FPL	\$5.34	\$4.51	18.4%
CHIP Children Aged 0-1	\$0.02	\$0.06	-59.2%
PLM Children Aged 0-1	\$0.02	\$0.06	-57.0%
PLM or CHIP Children Aged 1-5	\$11.83	\$2.65	346.7%
PLM or CHIP Children Aged 6-18	\$11.76	\$12.17	-3.4%
OHP Families	\$9.52	\$6.43	48.0%
OHP Adults and Couples	\$25.28	\$22.16	14.1%
AB/AD with Medicare	\$124.27	\$135.05	-8.0%
AB/AD without Medicare	\$110.30	\$114.89	-4.0%
OAA with Medicare	\$9.37	\$11.96	-21.7%
OAA without Medicare	\$42.31	\$7.55	460.6%
SOSCF Children	\$125.23	\$157.59	-20.5%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

<b>Accountable Behavioral Health Alliance</b>															
<b>Eligibility Category</b>	<b>JJD</b>			<b>Lane</b>			<b>LBMPY</b>			<b>Other</b>			<b>Tri</b>		
	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>												
TANF							\$16.16	\$15.81	2.2%	\$16.09	\$15.83	1.6%			
General Assistance							\$195.32	\$175.63	11.2%	\$193.76	\$176.39	9.8%			
PLM Adults under 100% FPL							\$5.36	\$3.36	59.5%	\$5.33	\$3.37	58.2%			
PLM Adults over 100% FPL							\$5.36	\$4.58	17.0%	\$5.33	\$4.61	15.6%			
CHIP Children Aged 0-1							\$0.02	\$0.06	-59.2%	\$0.02	\$0.06	-59.2%			
PLM Children Aged 0-1							\$0.02	\$0.06	-57.0%	\$0.02	\$0.06	-57.0%			
PLM or CHIP Children Aged 1-5							\$11.84	\$2.65	346.7%	\$11.83	\$2.65	346.3%			
PLM or CHIP Children Aged 6-18							\$11.79	\$12.24	-3.6%	\$11.75	\$12.27	-4.2%			
OHP Families							\$9.59	\$6.51	47.3%	\$9.50	\$6.54	45.2%			
OHP Adults and Couples							\$25.51	\$22.50	13.4%	\$25.21	\$22.64	11.4%			
AB/AD with Medicare							\$124.75	\$135.56	-8.0%	\$124.12	\$135.76	-8.6%			
AB/AD without Medicare							\$111.03	\$115.80	-4.1%	\$110.06	\$116.18	-5.3%			
OAA with Medicare							\$9.39	\$13.77	-31.8%	\$9.36	\$12.47	-24.9%			
OAA without Medicare							\$42.36	\$7.58	459.1%	\$42.29	\$7.59	457.3%			
SOSCF Children							\$117.03	\$148.00	-20.9%	\$116.61	\$148.25	-21.3%			

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

Multnomah CAAPCare															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change									
TANF													\$16.12	\$15.78	2.2%
General Assistance													\$194.59	\$174.62	11.4%
PLM Adults under 100% FPL													\$5.35	\$3.35	59.8%
PLM Adults over 100% FPL													\$5.35	\$4.54	17.7%
CHIP Children Aged 0-1													\$0.02	\$0.06	-59.2%
PLM Children Aged 0-1													\$0.02	\$0.06	-57.0%
PLM or CHIP Children Aged 1-5													\$11.83	\$2.65	346.7%
PLM or CHIP Children Aged 6-18													\$11.77	\$12.20	-3.5%
OHP Families													\$9.55	\$6.47	47.6%
OHP Adults and Couples													\$25.37	\$22.31	13.7%
AB/AD with Medicare													\$124.45	\$135.28	-8.0%
AB/AD without Medicare													\$110.58	\$115.29	-4.1%
OAA with Medicare													\$9.38	\$16.04	-41.6%
OAA without Medicare													\$42.33	\$7.56	459.9%
SOSCF Children													\$130.65	\$169.16	-22.8%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

Clackamas County Mental Health															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF										\$16.11	\$15.83	1.8%	\$16.12	\$15.78	2.2%
General Assistance										\$194.27	\$176.31	10.2%	\$194.58	\$174.61	11.4%
PLM Adults under 100% FPL										\$5.34	\$3.37	58.5%	\$5.35	\$3.35	59.8%
PLM Adults over 100% FPL										\$5.34	\$4.61	15.9%	\$5.35	\$4.54	17.7%
CHIP Children Aged 0-1										\$0.02	\$0.06	-59.2%	\$0.02	\$0.06	-59.2%
PLM Children Aged 0-1										\$0.02	\$0.06	-57.0%	\$0.02	\$0.06	-57.0%
PLM or CHIP Children Aged 1-5										\$11.83	\$2.65	346.4%	\$11.83	\$2.65	346.7%
PLM or CHIP Children Aged 6-18										\$11.76	\$12.26	-4.1%	\$11.77	\$12.20	-3.5%
OHP Families										\$9.53	\$6.54	45.7%	\$9.55	\$6.47	47.6%
OHP Adults and Couples										\$25.31	\$22.62	11.9%	\$25.36	\$22.31	13.7%
AB/AD with Medicare										\$124.32	\$135.74	-8.4%	\$124.45	\$135.27	-8.0%
AB/AD without Medicare										\$110.38	\$116.14	-5.0%	\$110.57	\$115.29	-4.1%
OAA with Medicare										\$9.37	\$12.75	-26.5%	\$9.38	\$13.96	-32.8%
OAA without Medicare										\$42.32	\$7.59	457.7%	\$42.33	\$7.56	459.9%
SOSCF Children										\$148.68	\$182.53	-18.5%	\$116.83	\$147.66	-20.9%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

FamilyCare, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change									
TANF													\$16.12	\$15.78	2.2%
General Assistance													\$194.59	\$174.61	11.4%
PLM Adults under 100% FPL													\$5.35	\$3.35	59.8%
PLM Adults over 100% FPL													\$5.35	\$4.54	17.7%
CHIP Children Aged 0-1													\$0.02	\$0.06	-59.2%
PLM Children Aged 0-1													\$0.02	\$0.06	-57.0%
PLM or CHIP Children Aged 1-5													\$11.83	\$2.65	346.7%
PLM or CHIP Children Aged 6-18													\$11.77	\$12.20	-3.5%
OHP Families													\$9.55	\$6.47	47.6%
OHP Adults and Couples													\$25.37	\$22.31	13.7%
AB/AD with Medicare													\$124.45	\$135.28	-8.0%
AB/AD without Medicare													\$110.58	\$115.29	-4.1%
OAA with Medicare													\$9.38	\$16.69	-43.8%
OAA without Medicare													\$42.33	\$7.56	459.9%
SOSCF Children													\$116.83	\$147.67	-20.9%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

Greater Oregon Behavioral Health, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF										\$16.02	\$15.75	1.7%			
General Assistance										\$192.46	\$173.55	10.9%			
PLM Adults under 100% FPL										\$5.31	\$3.33	59.3%			
PLM Adults over 100% FPL										\$5.31	\$4.50	18.0%			
CHIP Children Aged 0-1										\$0.02	\$0.06	-59.2%			
PLM Children Aged 0-1										\$0.02	\$0.06	-57.0%			
PLM or CHIP Children Aged 1-5										\$11.82	\$2.65	346.5%			
PLM or CHIP Children Aged 6-18										\$11.71	\$12.16	-3.8%			
OHP Families										\$9.42	\$6.42	46.8%			
OHP Adults and Couples										\$24.96	\$22.12	12.9%			
AB/AD with Medicare										\$123.59	\$134.98	-8.4%			
AB/AD without Medicare										\$109.26	\$114.76	-4.8%			
OAA with Medicare										\$9.33	\$12.54	-25.6%			
OAA without Medicare										\$42.23	\$7.54	459.9%			
SOSCF Children										\$116.25	\$147.32	-21.1%			

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

Jefferson Behavioral Health															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF	\$16.06	\$15.68	2.4%							\$16.10	\$15.74	2.2%			
General Assistance	\$193.25	\$170.80	13.1%							\$193.98	\$173.05	12.1%			
PLM Adults under 100% FPL	\$5.32	\$3.30	61.5%							\$5.34	\$3.33	60.5%			
PLM Adults over 100% FPL	\$5.32	\$4.39	21.2%							\$5.34	\$4.48	19.1%			
CHIP Children Aged 0-1	\$0.02	\$0.06	-59.2%							\$0.02	\$0.06	-59.2%			
PLM Children Aged 0-1	\$0.02	\$0.06	-57.0%							\$0.02	\$0.06	-57.0%			
PLM or CHIP Children Aged 1-5	\$11.83	\$2.65	347.0%							\$11.83	\$2.65	346.8%			
PLM or CHIP Children Aged 6-18	\$11.73	\$12.07	-2.8%							\$11.75	\$12.15	-3.2%			
OHP Families	\$9.47	\$6.31	50.2%							\$9.51	\$6.40	48.6%			
OHP Adults and Couples	\$25.11	\$21.61	16.2%							\$25.25	\$22.03	14.6%			
AB/AD with Medicare	\$123.91	\$134.23	-7.7%							\$124.20	\$134.85	-7.9%			
AB/AD without Medicare	\$109.74	\$113.39	-3.2%							\$110.20	\$114.51	-3.8%			
OAA with Medicare	\$9.35	\$12.27	-23.8%							\$9.36	\$12.30	-23.9%			
OAA without Medicare	\$42.27	\$7.50	463.8%							\$42.30	\$7.53	461.5%			
SOSCF Children	\$131.40	\$163.29	-19.5%							\$116.66	\$147.15	-20.7%			

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

LaneCare															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF				\$16.16	\$15.78	2.4%									
General Assistance				\$195.29	\$174.67	11.8%									
PLM Adults under 100% FPL				\$5.36	\$3.35	60.1%									
PLM Adults over 100% FPL				\$5.36	\$4.55	17.9%									
CHIP Children Aged 0-1				\$0.02	\$0.06	-59.2%									
PLM Children Aged 0-1				\$0.02	\$0.06	-57.0%									
PLM or CHIP Children Aged 1-5				\$11.84	\$2.65	346.8%									
PLM or CHIP Children Aged 6-18				\$11.79	\$12.20	-3.4%									
OHP Families				\$9.59	\$6.47	48.2%									
OHP Adults and Couples				\$25.50	\$22.32	14.2%									
AB/AD with Medicare				\$124.74	\$135.29	-7.8%									
AB/AD without Medicare				\$111.01	\$115.32	-3.7%									
OAA with Medicare				\$9.39	\$12.78	-26.5%									
OAA without Medicare				\$42.36	\$7.56	460.3%									
SOSCF Children				\$123.11	\$156.05	-21.1%									

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

Mid-Valley Behavioral Care Network															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change	01/02	00/01	% Change
TANF							\$16.09	\$15.74	2.2%	\$16.08	\$15.74	2.1%			
General Assistance							\$193.95	\$173.03	12.1%	\$193.62	\$173.03	11.9%			
PLM Adults under 100% FPL							\$5.34	\$3.33	60.5%	\$5.33	\$3.33	60.3%			
PLM Adults over 100% FPL							\$5.34	\$4.48	19.1%	\$5.33	\$4.48	19.0%			
CHIP Children Aged 0-1							\$0.02	\$0.06	-59.2%	\$0.02	\$0.06	-59.2%			
PLM Children Aged 0-1							\$0.02	\$0.06	-57.0%	\$0.02	\$0.06	-57.0%			
PLM or CHIP Children Aged 1-5							\$11.83	\$2.65	346.8%	\$11.83	\$2.65	346.7%			
PLM or CHIP Children Aged 6-18							\$11.75	\$12.15	-3.2%	\$11.74	\$12.15	-3.3%			
OHP Families							\$9.51	\$6.40	48.6%	\$9.49	\$6.40	48.3%			
OHP Adults and Couples							\$25.24	\$22.02	14.6%	\$25.18	\$22.02	14.3%			
AB/AD with Medicare							\$124.19	\$134.84	-7.9%	\$124.06	\$134.84	-8.0%			
AB/AD without Medicare							\$110.18	\$114.50	-3.8%	\$109.98	\$114.50	-4.0%			
OAA with Medicare							\$9.36	\$13.10	-28.5%	\$9.36	\$12.43	-24.8%			
OAA without Medicare							\$42.30	\$7.53	461.5%	\$42.29	\$7.53	461.3%			
SOSCF Children							\$116.66	\$147.14	-20.7%	\$116.57	\$147.14	-20.8%			

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

Providence Behavioral Health Connections															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change									
TANF													\$16.12	\$15.78	2.2%
General Assistance													\$194.59	\$174.63	11.4%
PLM Adults under 100% FPL													\$5.35	\$3.35	59.8%
PLM Adults over 100% FPL													\$5.35	\$4.54	17.7%
CHIP Children Aged 0-1													\$0.02	\$0.06	-59.2%
PLM Children Aged 0-1													\$0.02	\$0.06	-57.0%
PLM or CHIP Children Aged 1-5													\$11.83	\$2.65	346.7%
PLM or CHIP Children Aged 6-18													\$11.77	\$12.20	-3.5%
OHP Families													\$9.55	\$6.47	47.6%
OHP Adults and Couples													\$25.37	\$22.31	13.7%
AB/AD with Medicare													\$124.45	\$135.28	-8.0%
AB/AD without Medicare													\$110.57	\$115.30	-4.1%
OAA with Medicare													\$9.38	\$16.75	-44.0%
OAA without Medicare													\$42.33	\$7.56	459.9%
SOSCF Children													\$165.09	\$221.00	-25.3%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Mental Health Base Rates  
Including Administration**

**Exhibit A-2**

Tuality Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri		
	01/02	00/01	% Change	01/02	00/01	% Change									
TANF													\$16.12	\$15.78	2.2%
General Assistance													\$194.58	\$174.63	11.4%
PLM Adults under 100% FPL													\$5.35	\$3.35	59.8%
PLM Adults over 100% FPL													\$5.35	\$4.54	17.7%
CHIP Children Aged 0-1													\$0.02	\$0.06	-59.2%
PLM Children Aged 0-1													\$0.02	\$0.06	-57.0%
PLM or CHIP Children Aged 1-5													\$11.83	\$2.65	346.7%
PLM or CHIP Children Aged 6-18													\$11.77	\$12.20	-3.5%
OHP Families													\$9.55	\$6.47	47.6%
OHP Adults and Couples													\$25.36	\$22.31	13.7%
AB/AD with Medicare													\$124.45	\$135.28	-8.0%
AB/AD without Medicare													\$110.57	\$115.30	-4.1%
OAA with Medicare													\$9.38	\$14.53	-35.5%
OAA without Medicare													\$42.33	\$7.56	459.9%
SOSCF Children													\$116.83	\$147.67	-20.9%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Dental Base Rates  
Including Administration**

**Exhibit A-3**

<b>Statewide DCO Rates</b>			
<b>Eligibility Category</b>	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>
TANF	\$18.52	\$18.96	-2.3%
General Assistance	\$33.69	\$37.08	-9.1%
PLM Adults under 100% FPL	\$17.67	\$15.24	15.9%
PLM Adults over 100% FPL	\$17.67	\$17.59	0.4%
CHIP Children Aged 0-1	\$0.09	\$0.04	130.0%
PLM Children Aged 0-1	\$0.09	\$0.04	130.0%
PLM or CHIP Children Aged 1-5	\$16.44	\$10.56	55.7%
PLM or CHIP Children Aged 6-18	\$20.23	\$18.96	6.7%
OHP Families	\$29.77	\$30.22	-1.5%
OHP Adults and Couples	\$35.21	\$37.98	-7.3%
AB/AD with Medicare	\$21.61	\$27.23	-20.6%
AB/AD without Medicare	\$20.99	\$27.67	-24.1%
OAA with Medicare	\$13.73	\$16.32	-15.9%
OAA without Medicare	\$56.68	\$38.64	46.7%
SOSCF Children	\$16.20	\$16.21	-0.1%

**Oregon Health Plan Medicaid Demonstration  
Comparison of 01/02 and 00/01 Chemical Dependency Base Rates  
Including Administration**

**Exhibit A-4**

<b>Chemical Dependency Organizations</b>			
<b>Eligibility Category</b>	<b>Descutes</b>		
	<b>01/02</b>	<b>00/01</b>	<b>% Change</b>
TANF	\$3.91	\$3.36	16.3%
General Assistance	\$18.62	\$15.76	18.2%
PLM Adults under 100% FPL	\$2.72	\$2.41	12.8%
PLM Adults over 100% FPL	\$2.72	\$1.16	134.6%
CHIP Children Aged 0-1	\$0.00	\$0.00	
PLM Children Aged 0-1	\$0.00	\$0.00	
PLM or CHIP Children Aged 1-5	\$0.01	\$0.01	-44.3%
PLM or CHIP Children Aged 6-18	\$0.96	\$0.84	14.0%
OHP Families	\$3.57	\$2.35	51.8%
OHP Adults and Couples	\$13.51	\$8.36	61.6%
AB/AD with Medicare	\$1.93	\$1.17	65.3%
AB/AD without Medicare	\$2.39	\$2.55	-6.2%
OAA with Medicare	\$0.05	\$0.09	-44.6%
OAA without Medicare	\$0.01	\$0.14	-95.7%
SOSCF Children	\$6.78	\$7.23	-6.3%