
**OREGON HEALTH PLAN
MEDICAID DEMONSTRATION**

**Analysis of Calendar Years 2010 – 2011
Average Costs**

Report Addendum

December 12, 2008



December 12, 2008

Mr. Kevin Hamler-Dupras
OHP Actuarial Services Unit Manager
Oregon Department of Human Services
500 Summer Street N.E.
Salem, Oregon 97301-1014

Dear Kevin:

Re: Revised Per Capita Costs for Calendar Years 2010 & 2011

At your request we have prepared this addendum to the report titled "Analysis of Calendar Year 2010 & 2011 Average Costs for the Oregon Health Plan: Medicaid Demonstration." This addendum incorporates changes in the caseload forecasts prepared by Division of Medical Assistance Programs (DMAP) staff, as well as Mental Health Intensive Treatment Service data inadvertently excluded in submissions provided to PricewaterhouseCoopers.

Please call Sandi Hunt at 415/498-5365 or Pete Davidson at 415/498-5636 if you have any questions regarding the contents of this report addendum.

Very Truly Yours,

PricewaterhouseCoopers LLP

A handwritten signature in cursive script that reads "Sandra S. Hunt".

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

A handwritten signature in cursive script that reads "Peter B. Davidson".

Peter B. Davidson, F.S.A., M.A.A.A.
Director

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Oregon Health Plan Medicaid Demonstration

Analysis of Calendar Years 2010 & 2011 Average Costs

Report Addendum

Executive Summary

The following report addendum provides a calculation of estimated average per capita costs for providing healthcare services under the Oregon Health Plan Medicaid Demonstration (OHP) for Calendar Years (CY) 2010 and 2011.

These estimates represent our best estimate of costs based on our understanding of Department of Human Services (DHS) policy, the validity and accuracy of underlying data, and the assumptions described in our September 2008 report describing the development of the 2010-2011 Per Capita Costs and in this addendum to that report. To the extent that any of these change or the assumptions are found to be incorrect, expected costs should be re-examined.

This report addendum reflects the following changes:

- Division of Medical Assistance Programs (DMAP) revised its caseload forecast resulting in changes in the projected distribution of Oregon Health Plan eligibles between the various eligibility categories and delivery systems. These changes affect per capita costs aggregated

across populations and/or delivery systems, but do not affect the detailed per capita cost estimates;

- Incorporation of additional Mental Health Intensive Treatment Services (ITS) data that had been excluded from the data provided to PricewaterhouseCoopers for the September 2008 report; and
- A slight reduction to the per capita value of funding for Mental Health Evidence Based Practices -- total funding remains unchanged at \$4 million over the 2010-2011 biennium, but the revisions to the projected number of eligibles reduces the per capita value.

In aggregate, as shown in Exhibit 13-F, the revisions reduced the average per capita cost from \$415.44 per member per month (PMPM) to \$397.53 PMPM, a reduction of 4.3%. The changes in the projected eligibility distribution are the primary driver of the reduction in the estimated aggregate per capita cost.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Description of Eligibility Categories

EXHIBIT 1-A

	Definition
Temporary Assistance to Needy Families	Recipients of Temporary Assistance to Needy Families under current eligibility rules (including former recipients with extended Medicaid eligibility)
PLM Adults	Pregnant women with family income under 185% of FPL and not eligible for cash assistance
PLM Children under 1 year	Children under one year of age with family income under 133% FPL or born to mothers who were eligible as PLM Adults at the time of the child's birth; and not eligible for cash assistance
PLM Children 1 through 5 years	Children aged at least one but less than six years with family income under 133% FPL and not eligible for cash assistance
PLM Children 6 through 18 years	Children aged at least six but less than nineteen years with family income under 100% FPL and not eligible for cash assistance
AB/AD with Medicare	Recipients of Aid to Blind or Aid to Disabled with concurrent Medicare eligibility
AB/AD without Medicare	Recipients of Aid to Blind or Aid to Disabled without concurrent Medicare eligibility
OAA with Medicare	Recipients of Old Age Assistance with concurrent eligibility for Medicare Part A and/or B
OAA without Medicare	Recipients of Old Age Assistance without concurrent Medicare eligibility
SCF Children	Certain children covered by the Children, Adults and Families Division
CHIP Children under 1 year	Children under one year of age with family income under 185% FPL who do not meet one of the other eligibility classifications
CHIP Children 1 through 5 years	Children aged at least one but less than six years with family income under 185% FPL who do not meet one of the other eligibility classifications
CHIP Children 6 through 18 years	Children aged at least six but less than nineteen years with family income under 185% FPL who do not meet one of the other eligibility classifications
CAWEM (Citizen-Alien Waived Emergency Medical)	Individuals who meet criteria for one of the above eligibility categories except for US citizenship or residency requirements
OHP Adults & Couples	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and do not have an unborn child or a child under age 19 in the household
OHP Families	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and have an unborn child or a child under age 19 in the household

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Description of Units Associated with Service Categories

EXHIBIT 1-B

CATEGORY OF SERVICE	Type of Units
PHYSICAL HEALTH	
ADMINISTRATIVE EXAMS	Services
ANESTHESIA	Services
EXCEPT NEEDS CARE COORDINATION	N/A
FP - IP HOSP	Admits
FP - OP HOSP	Claims
FP - PHYS	Services
HYSTERECTOMY - ANESTHESIA	Services
HYSTERECTOMY - IP HOSP	Admits
HYSTERECTOMY - OP HOSP	Claims
HYSTERECTOMY - PHYS	Services
IP HOSP - ACUTE DETOX	Admits
IP HOSP - MATERNITY	Admits
IP HOSP - MATERNITY / STERILIZATION	Admits
IP HOSP - MEDICAL/SURGICAL	Admits
IP HOSP - NEWBORN	Admits
IP HOSP - POST HOSP EXTENDED CARE	Days
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units
LAB & RAD - LAB	Services
LAB & RAD - THERAPEUTIC X-RAY	Coded Units
OP ER - SOMATIC MH	Claims
OP HOSP - BASIC	Claims
OP HOSP - EMERGENCY ROOM	Claims
OP HOSP - LAB & RAD	Claims
OP HOSP - MATERNITY	Claims
OP HOSP - POST HOSP EXTENDED CARE	Claims
OP HOSP - PRES DRUGS BASIC	Claims
OP HOSP - PRES DRUGS MH/CD	Claims
OP HOSP - SOMATIC MH	Claims
OTH MED - DME	Services
OTH MED - HHC/PDN	Claims
OTH MED - HOSPICE	Claims
OTH MED - MATERNITY MGT	Claims
OTH MED - SUPPLIES	Coded Units
PHYS CONSULTATION, IP & ER VISITS	Services
PHYS HOME OR LONG-TERM CARE VISITS	Services
PHYS MATERNITY	Services
PHYS NEWBORN	Services
PHYS OFFICE VISITS	Coded Units
PHYS OTHER	Services
PHYS SOMATIC MH	Services
PRES DRUGS - BASIC	Scripts Filled
PRES DRUGS - FP	Scripts Filled
PRES DRUGS - MH/CD	Scripts Filled
SCHOOL-BASED HEALTH SERVICES	Services
STERILIZATION - ANESTHESIA FEMALE	Services
STERILIZATION - ANESTHESIA MALE	Services
STERILIZATION - IP HOSP FEMALE	Admits
STERILIZATION - IP HOSP MALE	Admits
STERILIZATION - OP HOSP FEMALE	Claims
STERILIZATION - OP HOSP MALE	Claims

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Description of Units Associated with Service Categories

EXHIBIT 1-B

CATEGORY OF SERVICE	Type of Units
STERILIZATION - PHY FEMALE	Services
STERILIZATION - PHY MALE	Services
SURGERY	Claims
TARGETED CASE MAN - BABIES FIRST	Claims
TARGETED CASE MAN - HIV	Claims
TARGETED CASE MAN - SUBS ABUSE MOMS	Claims
THERAPEUTIC ABORTION - IP HOSP	Admits
THERAPEUTIC ABORTION - OP HOSP	Claims
THERAPEUTIC ABORTION - PHYS	Services
TRANSPORTATION - AMBULANCE	Services
TRANSPORTATION - OTHER	Services
VISION CARE - EXAMS & THERAPY	Coded Units
VISION CARE - MATERIALS & FITTING	Coded Units
CHEMICAL DEPENDENCY	
CD SERVICES - ALTERNATIVE TO DETOX	Services
CD SERVICES - METHADONE	Services
CD SERVICES - OP	Services
DENTAL	
DENTAL - ADJUNCTIVE GENERAL	Services
DENTAL - ANESTHESIA SURGICAL	Services
DENTAL - DIAGNOSTIC	Services
DENTAL - ENDODONTICS	Services
DENTAL - I/P FIXED	Services
DENTAL - ORAL SURGERY	Services
DENTAL - ORTHODONTICS	Services
DENTAL - PERIODONTICS	Services
DENTAL - PREVENTIVE	Services
DENTAL - PROS REMOVABLE	Services
DENTAL - RESTORATIVE	Services
MENTAL HEALTH	
MH SERVICES ACUTE INPATIENT	Days
MH SERVICES ALTERNATIVE TO IP	Services
MH SERVICES ANCILLARY SERVICES	Services
MH SERVICES ASSESS & EVAL	Services
MH SERVICES CASE MANAGEMENT	Services
MH SERVICES CONS ASSESS	Services
MH SERVICES CONSULTATION	Services
MH SERVICES EVIDENCE BASED PRACTICE	N/A
MH SERVICES FAMILY SUPPORT	Services
MH SERVICES INTENSIVE TREATMENT SVCS	Services
MH SERVICES MED MANAGEMENT	Services
MH SERVICES OP THERAPY	Services
MH SERVICES OTHER OP	Claims
MH SERVICES PEO	N/A
MH SERVICES PHYS IP	Services
MH SERVICES PHYS OP	Services
MH SERVICES SUPPORT DAY PROGRAM	Services

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Expected Distribution of Population to be Covered by the Demonstration Project
For Calendar Years 2010-2011

EXHIBIT 2

	Expected Average Population Distribution ¹
Temporary Assistance to Needy Families (Adults Only)	8.5%
Poverty Level Medical Adults	2.5%
PLM, TANF, and CHIP Children < 1	6.7%
PLM, TANF, and CHIP Children 1 - 5	18.2%
PLM, TANF, and CHIP Children 6 - 18	29.3%
Aid to the Blind/Aid to the Disabled with Medicare	5.7%
Aid to the Blind/Aid to the Disabled without Medicare	9.4%
Old Age Assistance with Medicare	6.3%
Old Age Assistance without Medicare	0.2%
SCF Children	3.8%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.9%
OHP PLUS Total	94.4%
OHP Families	2.4%
OHP Adults & Couples	3.2%
OHP STANDARD Total	5.6%
TOTAL	100.0%

¹ Enrollment and eligibility projections provided by DMAP staff as of August 2008. Future projections may be applied, and an addendum of the weighted per capita costs will be provided.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-A

Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2010-2011

Managed Care Annualized Utilization Rates per 1,000 Members

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYSICAL HEALTH												
ADMINISTRATIVE EXAMS												
ANESTHESIA	156.5	893.6	57.7	68.1	37.1	156.1	168.3	172.7	155.4	62.8	66.0	100.1
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	5.0	13.1	0.0	0.0	0.8	1.4	2.2			2.7	4.7	1.2
FP - PHYS	147.2	375.7	0.1	0.0	22.5	26.8	38.1	0.0		25.4	111.7	26.2
HYSTERECTOMY - ANESTHESIA	2.6	0.5				0.7	0.6	0.5			2.6	0.8
HYSTERECTOMY - IP HOSP	4.8	0.6				1.8	1.8	0.8		0.1	2.3	1.8
HYSTERECTOMY - OP HOSP	0.1						0.1					
HYSTERECTOMY - PHYS	10.4	1.1			0.0	2.8	3.7	1.4		0.1	8.8	4.7
IP HOSP - ACUTE DETOX	1.7	0.3			0.2	2.2	3.5	1.2	1.5	0.2	1.0	5.9
IP HOSP - MATERNITY	99.5	1,224.6	0.3		5.2	3.1	8.1			2.4	2.3	0.6
IP HOSP - MATERNITY / STERILIZATION	5.1	36.9			0.0	0.1	0.3					0.1
IP HOSP - MEDICAL/SURGICAL	57.9	16.6	76.6	20.5	13.8	230.2	218.9	394.3	185.1	20.0	35.9	100.7
IP HOSP - NEWBORN	0.0	0.1	633.3	0.0		0.0	0.0			1.2		
IP HOSP - POST HOSP EXTENDED CARE	0.0				0.0			0.0				
LAB & RAD - DIAGNOSTIC X-RAY	2,398.3	4,215.3	1,086.2	365.2	550.7	3,529.9	3,875.8	4,308.7	5,224.9	540.5	2,054.7	3,279.5
LAB & RAD - LAB	4,107.7	12,436.0	880.2	696.9	907.3	3,248.9	4,639.5	3,009.8	4,653.6	1,210.8	3,504.8	4,630.2
LAB & RAD - THERAPEUTIC X-RAY	35.6	4.1	1.2	2.4	1.9	102.3	157.2	173.6	130.2	2.3	34.0	116.5
OP ER - SOMATIC MH	25.5	8.6	0.3	0.4	6.6	70.0	65.0	13.6	6.9	15.5	14.5	41.0
OP HOSP - BASIC	1,198.9	891.9	911.9	488.3	339.7	2,151.3	1,969.7	2,110.9	1,609.4	459.9	828.7	1,355.7
OP HOSP - EMERGENCY ROOM	1,019.0	421.3	858.4	536.6	338.9	892.9	973.1	573.2	325.2	287.8	540.9	799.6
OP HOSP - LAB & RAD	1,518.3	1,629.9	686.0	362.2	410.6	2,053.1	2,183.4	2,332.3	1,902.6	457.7	1,260.9	1,832.1
OP HOSP - MATERNITY	415.8	4,630.0	1.3	0.2	28.5	16.0	48.5	0.1		20.7	65.0	19.9
OP HOSP - POST HOSP EXTENDED CARE	0.6	1.0	1.3	0.1	0.1	8.8	12.2	15.2	15.2	0.1		0.4
OP HOSP - PRES DRUGS BASIC	727.8	908.5	342.8	282.5	179.7	667.3	768.8	494.9	400.6	170.6	390.5	576.4
OP HOSP - PRES DRUGS MH/CD	12.9	3.7	0.3	0.4	1.7	33.4	35.2	6.3	6.1	4.6	8.0	20.3
OP HOSP - SOMATIC MH	37.2	10.6	1.5	9.7	12.5	125.0	125.3	38.5	16.8	66.8	25.8	52.5
OTH MED - DME	164.0	78.6	165.2	64.5	40.8	1,707.5	1,245.2	2,257.4	917.8	93.2	112.4	285.4
OTH MED - HHC/PDN	32.1	27.1	31.0	11.6	6.3	201.5	285.1	191.5	194.2	41.4	9.6	19.8
OTH MED - HOSPICE	0.8	0.1	1.4	0.1	0.0	0.5	20.4	15.6	39.6	0.3	0.4	3.9
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	1,134.9	1,062.7	867.7	375.3	490.5	123,239.4	86,538.3	207,279.6	124,325.2	5,921.0	1,159.0	2,017.8
PHYS CONSULTATION, IP & ER VISITS	1,164.3	642.6	2,207.4	494.6	334.3	2,144.0	2,310.8	2,601.9	1,775.4	394.2	804.2	1,507.9
PHYS HOME OR LONG-TERM CARE VISITS	2.3	0.7	7.8	0.2	0.6	107.1	72.4	413.5	111.2	7.1	0.2	2.7
PHYS MATERNITY	491.9	5,355.5	4.8	0.3	29.9	22.1	58.8	0.4	0.8	13.7	61.3	16.7
PHYS NEWBORN	3.8	21.0	832.4	3.3	3.4	10.8	11.6	11.7	12.9	11.4	4.2	5.6
PHYS OFFICE VISITS	4,851.0	2,659.5	13,544.6	4,409.3	2,161.3	6,788.5	6,823.5	6,036.6	7,209.7	3,591.0	4,681.4	6,548.4
PHYS OTHER	679.6	563.0	5,651.7	1,252.4	371.2	2,033.8	1,842.8	2,242.3	1,601.0	1,160.0	659.3	1,157.3

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-A

Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2010-2011

Managed Care Annualized Utilization Rates per 1,000 Members

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	514.7	140.4	12.5	85.6	205.0	1,276.9	1,069.8	586.4	285.6	671.0	375.5	667.8
PRES DRUGS - BASIC	13,119.0	9,850.1	3,458.6	2,846.0	2,740.1	4,134.6	35,316.1	4,170.2	31,139.9	5,402.8	13,837.0	29,242.2
PRES DRUGS - FP	514.9	571.3	0.2	0.1	116.5	0.5	183.8		3.1	152.2	596.5	264.1
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	12.1	60.4			0.0	0.6	1.2				3.4	0.6
STERILIZATION - ANESTHESIA MALE	0.0					0.0	0.0					
STERILIZATION - IP HOSP FEMALE	3.9	29.4			0.0	0.3	0.4				0.2	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	3.5	9.7			0.0	0.2	0.4				1.3	0.2
STERILIZATION - OP HOSP MALE	0.1					0.1	0.0				0.1	
STERILIZATION - PHY FEMALE	21.8	126.5			0.0	0.7	1.9				3.7	0.5
STERILIZATION - PHY MALE	1.4					0.3	0.2				1.6	0.0
SURGERY	1,091.2	2,200.9	719.8	230.3	260.5	1,748.9	1,852.6	1,857.5	1,655.0	350.5	1,027.3	1,641.6
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	133.0	172.7	96.6	34.4	31.3	571.3	475.6	771.7	301.6	42.4	83.2	238.1
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	318.3	302.7	49.6	106.5	315.7	481.6	465.4	641.0	649.7	378.7	74.3	160.0
VISION CARE - MATERIALS & FITTING	728.7	773.1	7.5	108.6	677.1	797.3	864.4	683.8	876.7	752.7	11.3	8.7
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	2.2	1.2			0.0	3.1	3.7	0.1			0.7	9.0
CD SERVICES - METHADONE	773.5	256.5	0.1	0.0	2.5	664.6	806.6	52.4	52.7	4.3	430.0	3,321.5
CD SERVICES - OP	2,412.0	1,292.9	0.1	0.5	193.2	1,304.8	1,957.2	77.1	64.9	1,015.6	875.8	5,187.4

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-A

Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2010-2011

Managed Care Annualized Utilization Rates per 1,000 Members

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
DENTAL												
DENTAL - ADJUNCTIVE GENERAL	171.5	112.3	1.2	46.5	28.8	171.8	130.3	98.8	86.6	27.7	59.5	67.7
DENTAL - ANESTHESIA SURGICAL	42.2	23.1	0.3	114.3	82.5	39.7	41.7	5.8	4.1	89.0	8.6	7.1
DENTAL - DIAGNOSTIC	1,863.8	1,919.0	29.1	1,156.6	1,752.4	1,552.3	1,431.9	867.6	1,347.7	1,661.1	650.1	634.8
DENTAL - ENDODONTICS	93.5	93.2	0.3	106.9	67.7	45.8	48.7	16.0	36.8	59.2	16.6	10.3
DENTAL - I/P FIXED	0.5	0.4			0.0	1.1	0.6	1.4	2.0	0.1	0.5	0.2
DENTAL - ORAL SURGERY	413.1	218.3	0.8	87.7	161.8	321.2	313.6	188.2	343.1	117.9	133.2	177.4
DENTAL - ORTHODONTICS	0.0	0.1			0.3	0.0	0.1			0.6		
DENTAL - PERIODONTICS	200.4	172.5	0.1	0.4	14.6	231.7	159.6	91.8	180.7	15.0	7.2	3.1
DENTAL - PREVENTIVE	596.7	861.7	36.8	854.0	1,444.1	620.3	599.3	286.8	317.8	1,317.4	41.8	18.9
DENTAL - PROS REMOVABLE	82.0	12.4	0.1	0.1	1.1	165.2	134.8	229.0	341.7	0.6	8.5	4.3
DENTAL - RESTORATIVE	826.1	887.8	2.1	677.6	824.3	647.9	592.3	286.7	388.8	824.4	97.5	62.3
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	43.0	12.7	0.2	0.9	19.5	237.2	318.3	43.9	61.4	68.4	24.6	102.1
MH SERVICES ALTERNATIVE TO IP	4.6	1.7	0.8	0.0	3.0	110.8	101.8	4.9		45.1	0.6	27.5
MH SERVICES ANCILLARY SERVICES	10.4	0.3		0.4	1.5	9.9	40.2	14.0	143.8	2.7	8.6	8.6
MH SERVICES ASSESS & EVAL	118.8	60.0	0.6	23.4	91.7	137.5	196.1	30.3	63.8	391.3	50.9	106.8
MH SERVICES CASE MANAGEMENT	310.7	83.1	3.2	65.8	387.4	3,102.8	2,648.2	259.9	481.6	3,089.8	127.3	639.0
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	1.0	0.3		1.1	4.7	238.5	188.1	10.6		26.9	0.2	59.0
MH SERVICES INTENSIVE TREATMENT SVCS			0.0	1.3	17.9	0.0	33.4			240.1		
MH SERVICES MED MANAGEMENT	40.6	5.9		0.7	7.7	1,016.4	675.9	61.2	77.5	32.4	22.8	98.6
MH SERVICES OP THERAPY	414.8	119.0	0.4	43.9	229.6	976.4	909.1	100.8	53.9	1,361.3	247.8	502.9
MH SERVICES OTHER OP	3.1	1.2		0.2	3.0	2.6	9.9	1.3		7.2	1.4	3.0
MH SERVICES PEO												
MH SERVICES PHYS IP	196.6	40.7	0.4	18.3	140.0	938.3	1,019.1	121.2	144.4	944.6	121.4	379.0
MH SERVICES PHYS OP	855.0	301.9	22.3	207.4	704.8	1,676.4	1,898.5	186.9	602.5	4,142.6	528.3	1,199.0
MH SERVICES SUPPORT DAY PROGRAM	42.0	16.5	0.4	17.4	63.0	2,134.3	1,588.3	210.6	228.7	494.8	20.5	317.7

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Annualized Utilization Rates per 1,000 Members

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYSICAL HEALTH													
ADMINISTRATIVE EXAMS	101.5	40.0	3.8	4.8	8.2	23.0	182.6	2.4	7.1	360.5	0.2	20.4	134.9
ANESTHESIA	143.5	483.8	65.4	55.5	33.0	172.7	225.3	110.6	179.2	44.2	139.0	69.0	108.9
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	19.0	23.9	0.1	0.0	2.3	0.9	5.2	0.1		2.6		13.9	3.1
FP - PHYS	1,751.7	1,605.5	3,012.7	385.6	731.7	146.0	317.7	26.4	108.8	506.4	0.4	1,094.6	714.9
HYSTERECTOMY - ANESTHESIA	1.9	0.6				0.3	0.9	0.3			0.1	2.4	1.0
HYSTERECTOMY - IP HOSP	4.1	0.4				1.3	2.1	1.1			0.2	3.5	1.9
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	4.9	1.3				0.4	2.5	0.3			0.2	7.1	3.3
IP HOSP - ACUTE DETOX	1.1		0.1		0.2	2.2	4.4	1.6		0.0		0.9	5.2
IP HOSP - MATERNITY	98.3	859.9			6.2	2.3	4.7	0.3		2.1	297.5	5.9	0.5
IP HOSP - MATERNITY / STERILIZATION	4.4	24.0			0.1	0.0	0.1	0.0			2.0	0.5	
IP HOSP - MEDICAL/SURGICAL	69.0	16.0	80.8	25.2	18.3	228.5	332.7	227.1	310.0	24.7	11.6	52.5	123.0
IP HOSP - NEWBORN	0.1	0.2	1,976.2	0.1			0.9			26.9	0.1		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	2,114.5	3,604.6	1,644.5	293.8	464.8	730.2	4,040.5	715.2	3,411.3	439.6	92.9	1,565.2	2,845.0
LAB & RAD - LAB	3,191.4	9,636.1	730.7	348.5	629.2	206.6	3,436.1	72.2	2,944.1	687.1	32.5	2,482.7	3,579.2
LAB & RAD - THERAPEUTIC X-RAY	42.1	2.0	2.0	1.0	1.1	26.3	309.8	13.5	398.9	0.4	0.6	18.7	82.2
OP ER - SOMATIC MH	31.0	5.9	0.2	0.4	8.0	26.0	65.2	9.4	6.4	13.5		18.3	43.9
OP HOSP - BASIC	2,538.4	1,208.0	1,883.3	774.3	592.2	1,054.4	3,332.5	585.0	1,945.7	607.3	19.3	1,818.7	3,490.9
OP HOSP - EMERGENCY ROOM	1,148.9	366.3	934.7	572.0	384.7	277.5	1,005.0	154.4	475.7	240.0	20.1	750.8	983.7
OP HOSP - LAB & RAD	2,443.8	1,954.7	965.8	385.2	489.7	389.8	3,049.9	270.2	2,314.7	523.1	16.7	1,858.6	3,536.5
OP HOSP - MATERNITY	483.9	4,713.4	1.2	0.2	32.6	4.7	32.5	0.7		14.2	30.4	66.0	28.5
OP HOSP - POST HOSP EXTENDED CARE						0.0							
OP HOSP - PRES DRUGS BASIC	914.2	907.2	403.3	327.9	219.8	94.4	1,063.9	23.4	505.6	160.2	28.8	521.8	683.6
OP HOSP - PRES DRUGS MH/CD	25.6	7.2	0.2	0.3	3.3	9.1	78.4	1.2	130.1	6.1		12.1	45.3
OP HOSP - SOMATIC MH	74.5	15.9	1.0	7.3	25.4	21.9	156.6	10.3	25.6	75.0		69.7	113.0
OTH MED - DME	131.4	31.9	241.0	91.2	39.2	1,765.4	1,431.1	1,457.8	669.9	132.5	0.7	111.6	299.4
OTH MED - HHC/PDN	35.8	11.3	55.9	19.8	9.8	162.9	600.7	107.6	247.5	118.8	0.1	17.2	9.0
OTH MED - HOSPICE	0.4		1.0		0.0	0.4	47.6	6.5	57.6			0.2	3.9
OTH MED - MATERNITY MGT	320.9	2,191.6	12.3	20.8	40.9	10.1	357.1	0.0		60.0	0.5	32.9	6.8
OTH MED - SUPPLIES	1,983.6	1,249.5	701.4	403.7	990.6	142,612.5	139,627.3	154,272.7	51,700.7	12,112.6	0.2	1,164.5	2,610.0
PHYS CONSULTATION, IP & ER VISITS	817.2	386.8	4,096.5	308.0	230.1	288.5	3,380.1	192.0	2,508.9	361.2	78.1	631.4	1,312.4
PHYS HOME OR LONG-TERM CARE VISITS	5.6	26.6	116.5	1.9	0.6	302.5	275.4	358.6	518.4	3.0		0.7	2.7
PHYS MATERNITY	539.8	4,692.0	10.1	0.2	33.6	6.7	30.4	0.6	2.1	14.5	407.7	49.0	20.4
PHYS NEWBORN	10.8	22.7	2,585.1	4.5	4.1	11.3	67.3	2.4	14.9	40.2	0.3	6.0	28.4
PHYS OFFICE VISITS	6,726.6	3,270.2	9,205.3	3,021.5	2,043.5	2,360.8	6,751.1	1,151.0	3,596.9	6,065.5	7.9	5,228.5	9,606.9
PHYS OTHER	1,251.1	867.9	3,073.3	719.0	362.1	2,030.7	3,649.6	1,555.5	3,931.8	1,584.7	6.5	825.6	2,144.8

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Annualized Utilization Rates per 1,000 Members

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	410.0	106.5	31.9	1,468.8	1,632.1	600.5	3,331.9	495.1	362.7	2,404.2	0.8	290.3	586.9
PRES DRUGS - BASIC	11,956.0	6,634.6	3,185.7	2,534.8	2,731.0	10,452.6	33,659.6	7,927.1	36,545.0	5,611.5	0.6	14,875.4	32,946.9
PRES DRUGS - FP	803.5	598.8	0.2	0.2	218.8	3.5	313.4	0.0	10.7	214.4		1,143.5	501.6
PRES DRUGS - MH/CD	4,016.4	913.5	1.3	26.4	523.2	1,677.4	12,292.9	674.7	4,190.3	3,231.7	0.2	4,440.3	8,985.1
SCHOOL-BASED HEALTH SERVICES			13.3	43.8	17.9	7.6	1,158.3	0.0		170.4			
STERILIZATION - ANESTHESIA FEMALE	9.3	25.6				0.9	0.3				0.1	3.5	0.5
STERILIZATION - ANESTHESIA MALE							0.0						
STERILIZATION - IP HOSP FEMALE	4.6	30.0			0.0	0.1	0.1	0.0			1.8	0.4	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	2.4	5.9				0.1	0.1					1.3	0.2
STERILIZATION - OP HOSP MALE	0.0					0.1							
STERILIZATION - PHY FEMALE	14.3	49.7			0.0	0.9	0.6	0.0			0.6	3.8	0.8
STERILIZATION - PHY MALE	1.0					0.3	0.1	0.0				1.6	
SURGERY	707.7	1,585.3	858.2	113.2	150.9	334.6	1,440.6	230.0	1,162.7	173.7	23.7	722.4	1,205.4
TARGETED CASE MAN - BABIES FIRST			1,031.8	147.1	0.0	0.2	42.2			13.4			
TARGETED CASE MAN - HIV	0.1				0.0	0.7	0.9	0.1				0.1	0.6
TARGETED CASE MAN - SUBS ABUSE MOMS	7.3	43.1	0.2		0.3	0.1	0.7	0.0		0.0		3.2	1.0
THERAPEUTIC ABORTION - IP HOSP	0.1	0.8			0.0		0.0				0.1	0.1	0.0
THERAPEUTIC ABORTION - OP HOSP	17.3	70.0			1.1	0.2	0.8			0.5	0.1	5.2	1.8
THERAPEUTIC ABORTION - PHYS	89.2	383.4	0.0	0.0	6.6	0.9	3.3	0.0		3.0	0.5	28.2	12.3
TRANSPORTATION - AMBULANCE	112.4	116.6	122.0	28.0	29.3	149.7	451.8	122.5	366.9	39.9	29.6	61.1	190.5
TRANSPORTATION - OTHER	2,482.2	911.3	292.1	139.2	351.9	18,518.0	12,206.5	7,900.7	6,250.9	1,485.5			
VISION CARE - EXAMS & THERAPY	184.2	113.4	49.4	73.8	169.6	126.3	267.5	84.4	290.1	178.1	0.0	71.5	149.2
VISION CARE - MATERIALS & FITTING	600.8	440.8	10.8	99.8	533.2	605.5	671.3	212.3	441.6	472.3		2.7	0.1
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	679.4	142.1			8.0	656.2	1,046.4	25.3	36.3	2.7		554.9	2,162.9
CD SERVICES - OP	265.2	128.7		0.2	63.5	55.1	80.4	0.7	6.4	199.6		90.5	241.9

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Annualized Utilization Rates per 1,000 Members

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
DENTAL													
DENTAL - ADJUNCTIVE GENERAL	14.5	7.9		9.1	2.9	14.7	16.1	1.2	8.6	10.5		7.3	9.3
DENTAL - ANESTHESIA SURGICAL	3.5	0.7		13.9	9.2	3.4	7.7	0.1		53.6			1.7
DENTAL - DIAGNOSTIC	165.5	81.8	2.1	148.5	192.4	153.9	172.4	11.5	34.5	397.0		57.9	47.5
DENTAL - ENDODONTICS	6.7	3.1		17.8	4.9	4.7	6.9	0.5		34.3			0.7
DENTAL - I/P FIXED							0.1						
DENTAL - ORAL SURGERY	27.9	11.0		19.0	25.6	29.1	52.9	2.8	23.0	43.8		32.1	24.9
DENTAL - ORTHODONTICS							0.1						
DENTAL - PERIODONTICS	16.2	5.5			1.1	14.2	9.9	0.9	17.3	0.7		0.5	0.3
DENTAL - PREVENTIVE	25.9	18.9	0.2	106.8	176.4	47.3	76.4	2.3	2.9	281.6		2.4	1.0
DENTAL - PROS REMOVABLE	3.8	1.3			0.1	9.8	8.7	2.6	5.8			0.5	
DENTAL - RESTORATIVE	80.5	40.8		131.1	119.6	83.8	77.2	3.8	5.8	265.2		4.4	3.0
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	63.1	49.0	6.4	3.0	36.1	735.2	746.2	144.5	851.9	271.0	0.7	18.9	251.6
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	2.3			0.1	0.4	1.1	12.9			1.0		1.5	6.3
MH SERVICES ASSESS & EVAL	57.1	11.5	0.5	10.2	42.0	212.4	193.9	3.3	16.4	296.7		29.9	73.3
MH SERVICES CASE MANAGEMENT	124.4	24.8	0.5	20.8	139.7	1,379.8	1,306.8	16.9	43.7	1,330.9		121.0	556.8
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	14.2	2.0		0.1	3.4	5,195.0	2,289.5	13.9	256.7	26.0		10.0	99.2
MH SERVICES OP THERAPY	169.9	31.4		23.4	98.4	15,095.5	6,464.1	85.2	1,277.8	572.1		142.5	458.4
MH SERVICES OTHER OP				2.7	1.7	14.7	9.4	1.7		27.5			5.2
MH SERVICES PEO													
MH SERVICES PHYS IP	96.3	25.9		10.0	79.5	1,106.2	951.7	129.2	180.2	618.2	0.3	125.0	435.5
MH SERVICES PHYS OP	222.7	48.3	2.5	82.1	282.0	1,557.9	1,420.5	124.9	404.1	1,829.5	0.0	191.3	570.5
MH SERVICES SUPPORT DAY PROGRAM	27.1	3.9	1.1	24.6	47.4	13,893.3	6,327.8	98.0	1,064.8	300.4		33.9	405.5

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011
Managed Care Average Billed Charge per Unit of Service
Unadjusted

EXHIBIT 4-A

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYSICAL HEALTH												
ADMINISTRATIVE EXAMS												
ANESTHESIA	\$912.32	\$972.74	\$1,001.41	\$792.16	\$783.87	\$905.24	\$975.53	\$843.48	\$975.16	\$800.04	\$909.38	\$970.71
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	\$320.65	\$337.63	\$255.00	\$524.37	\$270.98	\$209.15	\$198.98			\$176.68	\$373.46	\$261.18
FP - PHYS	\$184.13	\$291.85	\$36.67	\$66.50	\$85.61	\$89.38	\$90.41	\$240.05		\$73.57	\$164.99	\$105.09
HYSTERECTOMY - ANESTHESIA	\$1,087.36	\$815.00				\$1,045.67	\$1,226.91	\$1,154.32			\$1,101.98	\$1,264.12
HYSTERECTOMY - IP HOSP	\$15,288.73	\$26,077.81				\$15,631.32	\$16,555.90	\$22,426.35		\$11,040.98	\$12,161.41	\$14,084.59
HYSTERECTOMY - OP HOSP	\$10,538.09						\$8,836.49					
HYSTERECTOMY - PHYS	\$1,478.12	\$1,488.44			\$422.00	\$1,546.62	\$1,548.15	\$1,814.48		\$2,106.50	\$1,474.89	\$1,661.85
IP HOSP - ACUTE DETOX	\$5,657.67	\$3,654.16			\$6,223.06	\$8,663.90	\$8,800.30	\$13,745.69	\$10,707.00	\$8,931.63	\$6,846.49	\$7,727.18
IP HOSP - MATERNITY	\$7,552.11	\$7,674.27	\$7,741.67		\$7,871.63	\$9,739.69	\$9,673.14			\$8,500.89	\$8,311.20	\$10,010.79
IP HOSP - MATERNITY / STERILIZATION	\$10,676.31	\$10,821.54			\$16,315.10	\$8,410.59	\$12,054.51					\$9,693.29
IP HOSP - MEDICAL/SURGICAL	\$18,606.17	\$14,410.67	\$18,247.99	\$11,471.75	\$18,089.63	\$21,799.63	\$22,423.31	\$18,209.84	\$28,369.27	\$13,509.71	\$20,551.67	\$21,319.46
IP HOSP - NEWBORN	\$1,684.51	\$1,882.20	\$6,086.11	\$1,069.99		\$20,239.25	\$3,564.82			\$11,488.78		
IP HOSP - POST HOSP EXTENDED CARE	\$152.00				\$152.00			\$315.00				
LAB & RAD - DIAGNOSTIC X-RAY	\$116.15	\$187.43	\$71.13	\$72.77	\$83.28	\$97.59	\$94.23	\$88.35	\$70.42	\$92.10	\$105.79	\$103.72
LAB & RAD - LAB	\$42.90	\$41.40	\$28.84	\$27.27	\$33.93	\$45.39	\$41.95	\$43.78	\$40.94	\$34.86	\$43.63	\$43.21
LAB & RAD - THERAPEUTIC X-RAY	\$403.05	\$152.40	\$311.83	\$329.57	\$282.50	\$374.13	\$377.45	\$382.39	\$359.03	\$210.61	\$345.62	\$351.59
OP ER - SOMATIC MH	\$494.36	\$474.33	\$322.05	\$383.57	\$601.73	\$626.72	\$612.91	\$590.79	\$783.34	\$625.50	\$573.75	\$591.76
OP HOSP - BASIC	\$619.18	\$499.19	\$343.83	\$608.52	\$549.65	\$1,275.81	\$790.51	\$1,129.74	\$918.22	\$641.48	\$692.35	\$667.68
OP HOSP - EMERGENCY ROOM	\$441.56	\$415.34	\$319.69	\$330.63	\$376.12	\$521.96	\$495.41	\$590.07	\$681.51	\$386.27	\$481.30	\$487.98
OP HOSP - LAB & RAD	\$421.67	\$243.41	\$266.89	\$266.05	\$329.35	\$471.03	\$461.28	\$444.86	\$446.87	\$362.37	\$404.12	\$460.10
OP HOSP - MATERNITY	\$525.09	\$422.20	\$323.94	\$283.36	\$513.69	\$684.01	\$578.03	\$706.63		\$472.04	\$680.16	\$776.19
OP HOSP - POST HOSP EXTENDED CARE	\$767.22	\$651.38	\$461.57	\$752.35	\$629.25	\$663.80	\$792.83	\$741.24	\$912.41	\$223.03	\$680.16	\$515.25
OP HOSP - PRES DRUGS BASIC	\$121.91	\$114.83	\$55.09	\$69.14	\$95.64	\$161.43	\$185.63	\$195.83	\$186.53	\$85.14	\$136.79	\$143.83
OP HOSP - PRES DRUGS MH/CD	\$55.02	\$58.32	\$95.52	\$109.67	\$49.57	\$94.35	\$83.94	\$75.77	\$65.62	\$64.10	\$69.02	\$78.92
OP HOSP - SOMATIC MH	\$367.26	\$391.38	\$569.34	\$467.16	\$343.47	\$392.78	\$382.08	\$530.71	\$478.73	\$300.02	\$360.59	\$480.50
OTH MED - DME	\$161.12	\$111.22	\$133.26	\$85.20	\$113.26	\$274.71	\$278.84	\$215.58	\$202.13	\$209.25	\$194.83	\$191.87
OTH MED - HHC/PDN	\$356.20	\$268.88	\$355.83	\$342.11	\$243.91	\$446.58	\$454.48	\$589.15	\$593.57	\$332.28	\$283.13	\$324.59
OTH MED - HOSPICE	\$2,510.80	\$727.50	\$4,212.51	\$4,006.79	\$1,856.67	\$3,266.74	\$3,238.73	\$3,531.68	\$4,565.41	\$3,968.68	\$2,085.83	\$2,538.88
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$16.20	\$16.15	\$12.38	\$9.23	\$9.44	\$1.90	\$2.21	\$1.27	\$0.95	\$3.40	\$15.77	\$20.74
PHYS CONSULTATION, IP & ER VISITS	\$240.01	\$228.98	\$327.13	\$217.06	\$224.32	\$233.82	\$237.21	\$223.55	\$234.09	\$245.79	\$245.29	\$247.57
PHYS HOME OR LONG-TERM CARE VISITS	\$95.69	\$64.26	\$112.96	\$84.09	\$115.03	\$136.20	\$136.71	\$123.99	\$161.86	\$107.54	\$128.50	\$132.97
PHYS MATERNITY	\$774.82	\$849.27	\$449.22	\$462.39	\$612.90	\$493.14	\$535.98	\$129.42	\$599.02	\$294.55	\$281.14	\$281.14
PHYS NEWBORN	\$150.37	\$128.52	\$120.78	\$213.08	\$238.49	\$153.70	\$174.50	\$156.73	\$211.50	\$221.18	\$156.91	\$142.82
PHYS OFFICE VISITS	\$105.46	\$97.83	\$86.18	\$86.07	\$98.56	\$109.36	\$107.84	\$109.69	\$94.65	\$97.60	\$107.49	\$107.61
PHYS OTHER	\$132.28	\$86.56	\$31.61	\$32.92	\$56.66	\$223.87	\$275.32	\$241.47	\$294.52	\$103.54	\$142.23	\$225.09

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011
Managed Care Average Billed Charge per Unit of Service
Unadjusted

EXHIBIT 4-A

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	\$103.02	\$116.37	\$157.78	\$134.35	\$111.29	\$101.98	\$98.37	\$107.87	\$101.55	\$113.17	\$103.36	\$109.63
PRES DRUGS - BASIC	\$43.77	\$35.61	\$43.01	\$35.33	\$53.56	\$19.41	\$64.69	\$13.77	\$47.87	\$66.17	\$53.40	\$57.23
PRES DRUGS - FP	\$43.52	\$43.61	\$43.78	\$47.48	\$45.34	\$27.46	\$43.22		\$40.50	\$44.83	\$44.48	\$41.16
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$763.85	\$756.22			\$600.00	\$731.25	\$817.37				\$821.16	\$807.57
STERILIZATION - ANESTHESIA MALE	\$531.50					\$432.00	\$56.00					
STERILIZATION - IP HOSP FEMALE	\$12,402.05	\$11,834.51			\$10,285.04	\$13,127.80	\$12,111.03				\$11,846.45	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$3,948.64	\$3,450.13			\$2,727.00	\$1,917.00	\$3,535.03				\$4,772.63	\$3,385.26
STERILIZATION - OP HOSP MALE	\$683.80					\$1,428.00	\$531.00				\$531.00	
STERILIZATION - PHY FEMALE	\$646.78	\$571.45			\$638.00	\$562.05	\$671.03				\$943.57	\$1,094.08
STERILIZATION - PHY MALE	\$897.31					\$1,017.13	\$837.00				\$749.02	\$977.00
SURGERY	\$324.14	\$85.09	\$238.11	\$405.50	\$346.85	\$353.30	\$353.65	\$397.25	\$382.85	\$348.68	\$269.06	\$309.59
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	\$560.51	\$678.80	\$1,101.85	\$615.03	\$612.42	\$460.59	\$548.45	\$460.30	\$518.10	\$632.95	\$514.01	\$515.51
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$92.28	\$90.08	\$125.45	\$86.14	\$83.48	\$100.54	\$98.98	\$109.14	\$105.81	\$83.76	\$109.49	\$116.14
VISION CARE - MATERIALS & FITTING	\$27.37	\$25.94	\$62.68	\$27.97	\$26.49	\$30.44	\$28.76	\$32.11	\$33.41	\$26.44	\$39.71	\$53.99
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	\$1,576.04	\$449.20			\$2,134.33	\$1,037.94	\$1,431.61	\$1,257.00			\$2,297.57	\$1,307.21
CD SERVICES - METHADONE	\$21.49	\$20.53	\$24.50	\$74.25	\$9.81	\$29.40	\$32.54	\$42.84	\$32.98	\$19.37	\$20.93	\$25.20
CD SERVICES - OP	\$51.73	\$54.39	\$41.50	\$55.17	\$69.88	\$44.96	\$42.49	\$48.83	\$39.75	\$60.64	\$45.87	\$44.59

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011
Managed Care Average Billed Charge per Unit of Service
Unadjusted

EXHIBIT 4-A

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
DENTAL												
DENTAL - ADJUNCTIVE GENERAL	\$138.70	\$139.08	\$99.42	\$152.20	\$124.32	\$127.64	\$134.41	\$101.54	\$114.59	\$141.49	\$153.62	\$160.20
DENTAL - ANESTHESIA SURGICAL	\$79.56	\$61.94	\$45.72	\$60.95	\$45.03	\$94.06	\$78.84	\$87.20	\$64.42	\$52.94	\$76.64	\$74.33
DENTAL - DIAGNOSTIC	\$38.21	\$38.87	\$43.52	\$31.01	\$31.55	\$34.47	\$34.42	\$32.79	\$32.18	\$30.87	\$33.36	\$33.67
DENTAL - ENDODONTICS	\$312.40	\$297.03	\$115.64	\$107.13	\$196.88	\$348.78	\$292.95	\$329.55	\$301.48	\$182.35	\$174.51	\$182.36
DENTAL - I/P FIXED	\$161.13	\$301.57			\$331.00	\$257.61	\$242.47	\$114.22	\$96.67	\$138.00	\$75.88	\$201.42
DENTAL - ORAL SURGERY	\$109.05	\$113.03	\$101.78	\$84.54	\$93.99	\$105.77	\$105.58	\$99.00	\$94.92	\$104.56	\$115.45	\$109.17
DENTAL - ORTHODONTICS	\$80.00	\$250.00			\$638.98	\$250.00	\$2,612.20			\$1,036.88		
DENTAL - PERIODONTICS	\$112.93	\$109.22	\$98.83	\$109.37	\$86.55	\$108.28	\$111.48	\$93.93	\$110.12	\$75.41	\$123.77	\$129.26
DENTAL - PREVENTIVE	\$37.50	\$38.23	\$19.84	\$35.20	\$38.54	\$43.94	\$40.02	\$44.91	\$31.99	\$39.15	\$38.14	\$34.98
DENTAL - PROS REMOVABLE	\$465.79	\$498.11	\$656.00	\$679.00	\$342.09	\$395.25	\$425.92	\$340.03	\$352.67	\$296.03	\$291.75	\$348.77
DENTAL - RESTORATIVE	\$94.89	\$86.14	\$95.47	\$107.88	\$89.61	\$103.95	\$100.21	\$99.55	\$89.46	\$87.88	\$99.87	\$94.13
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	\$1,753.66	\$1,624.32	\$1,424.45	\$1,687.25	\$1,627.51	\$1,673.78	\$1,629.32	\$1,649.88	\$2,460.71	\$1,609.54	\$1,828.36	\$1,699.20
MH SERVICES ALTERNATIVE TO IP	\$236.65	\$246.34	\$399.50	\$1,014.00	\$1,294.36	\$244.90	\$316.59	\$250.84		\$961.32	\$240.31	\$226.25
MH SERVICES ANCILLARY SERVICES	\$54.49	\$30.00		\$56.71	\$58.99	\$48.33	\$48.62	\$47.55	\$49.53	\$57.07	\$61.48	\$51.70
MH SERVICES ASSESS & EVAL	\$117.73	\$114.69	\$121.61	\$124.83	\$138.03	\$107.97	\$126.69	\$131.10	\$121.55	\$141.81	\$112.46	\$117.10
MH SERVICES CASE MANAGEMENT	\$52.41	\$61.06	\$164.63	\$108.25	\$123.17	\$65.14	\$81.45	\$67.36	\$66.01	\$118.98	\$53.55	\$63.19
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$131.17	\$50.00		\$71.59	\$105.21	\$33.26	\$33.68	\$34.59		\$113.67	\$234.60	\$20.84
MH SERVICES INTENSIVE TREATMENT SVCS			\$5,185.00	\$240.22	\$496.63	\$109.59	\$1,418.04			\$1,586.94		
MH SERVICES MED MANAGEMENT	\$45.79	\$38.97		\$57.96	\$47.99	\$40.07	\$39.46	\$44.74	\$44.62	\$41.93	\$58.49	\$42.48
MH SERVICES OP THERAPY	\$99.84	\$105.87	\$111.32	\$90.73	\$101.02	\$87.36	\$90.52	\$93.86	\$85.42	\$97.90	\$103.22	\$99.73
MH SERVICES OTHER OP	\$311.53	\$377.08		\$279.39	\$437.11	\$197.20	\$255.25	\$235.00		\$385.70	\$318.79	\$306.22
MH SERVICES PEO												
MH SERVICES PHYS IP	\$98.64	\$109.36	\$125.23	\$90.38	\$96.13	\$96.32	\$103.93	\$98.12	\$104.33	\$91.43	\$102.91	\$102.22
MH SERVICES PHYS OP	\$115.07	\$120.98	\$74.15	\$98.87	\$117.99	\$91.84	\$116.92	\$115.35	\$136.03	\$122.86	\$124.63	\$109.85
MH SERVICES SUPPORT DAY PROGRAM	\$67.78	\$75.17	\$72.78	\$102.13	\$105.17	\$84.94	\$85.22	\$109.44	\$99.75	\$114.90	\$57.52	\$76.12

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 4-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Average Payment per Unit of Service

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYSICAL HEALTH													
ADMINISTRATIVE EXAMS	\$98.61	\$149.42	\$17.98	\$69.30	\$128.86	\$156.72	\$108.37	\$127.18	\$77.63	\$115.19	\$221.30	\$118.29	\$123.84
ANESTHESIA	\$290.00	\$285.99	\$381.34	\$275.63	\$264.99	\$62.67	\$338.85	\$42.40	\$315.92	\$266.15	\$294.37	\$281.36	\$310.15
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$153.59	\$211.41	\$13.18	\$114.75	\$100.60	\$97.67	\$102.28	\$29.61		\$67.74		\$98.76	\$118.24
FP - PHYS	\$59.62	\$77.88	\$94.30	\$98.56	\$62.34	\$79.13	\$82.76	\$83.69	\$135.25	\$75.62	\$111.40	\$65.10	\$64.89
HYSTERECTOMY - ANESTHESIA	\$345.39	\$406.29				\$54.24	\$414.30	\$48.16			\$332.74	\$339.03	\$443.65
HYSTERECTOMY - IP HOSP	\$6,360.48	\$4,721.26				\$78.27	\$8,523.62	\$369.55			\$19,182.86	\$4,435.54	\$6,618.05
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	\$424.62	\$392.18				\$26.61	\$462.15	\$18.42			\$480.26	\$382.91	\$447.44
IP HOSP - ACUTE DETOX	\$4,252.92		\$3,636.04		\$2,743.92	\$130.28	\$5,088.21	\$120.57		\$3,528.48		\$4,752.69	\$5,659.18
IP HOSP - MATERNITY	\$3,479.70	\$3,059.02			\$3,216.70	\$145.43	\$3,671.26	\$128.19		\$2,853.89	\$3,107.31	\$3,735.87	\$4,248.33
IP HOSP - MATERNITY / STERILIZATION	\$5,222.01	\$4,442.53			\$2,691.23		\$7,031.50				\$3,363.23	\$2,952.74	
IP HOSP - MEDICAL/SURGICAL	\$8,696.86	\$7,653.17	\$7,586.72	\$4,925.73	\$7,239.59	\$192.49	\$12,086.47	\$475.63	\$9,418.97	\$7,185.80	\$11,278.70	\$6,980.00	\$8,032.11
IP HOSP - NEWBORN	\$7,342.50	\$1,005.87	\$3,331.26	\$2,843.64			\$31,876.64			\$7,198.32	\$1,483.32		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$40.07	\$54.96	\$16.74	\$20.77	\$26.84	\$13.19	\$29.20	\$8.59	\$26.56	\$26.39	\$24.03	\$44.36	\$40.22
LAB & RAD - LAB	\$15.25	\$14.89	\$8.09	\$9.62	\$12.15	\$12.00	\$14.99	\$11.73	\$13.56	\$16.19	\$41.33	\$15.37	\$15.09
LAB & RAD - THERAPEUTIC X-RAY	\$66.57	\$38.70	\$45.65	\$52.01	\$48.08	\$25.34	\$71.37	\$22.52	\$59.66	\$34.16	\$45.30	\$55.47	\$93.88
OP ER - SOMATIC MH	\$223.74	\$215.65	\$235.73	\$194.71	\$239.39	\$60.81	\$241.91	\$63.45	\$154.23	\$239.79		\$230.04	\$239.54
OP HOSP - BASIC	\$168.22	\$118.14	\$132.68	\$189.01	\$184.47	\$165.81	\$368.32	\$129.89	\$464.71	\$206.36	\$483.21	\$146.73	\$139.10
OP HOSP - EMERGENCY ROOM	\$160.35	\$153.51	\$114.45	\$122.02	\$137.82	\$65.39	\$190.70	\$73.46	\$202.97	\$147.41	\$249.24	\$165.86	\$182.47
OP HOSP - LAB & RAD	\$124.00	\$89.05	\$62.94	\$86.29	\$117.43	\$107.39	\$155.11	\$99.31	\$160.41	\$97.18	\$199.83	\$137.45	\$118.57
OP HOSP - MATERNITY	\$201.99	\$192.09	\$39.84	\$77.07	\$202.25	\$87.60	\$190.86	\$84.76		\$185.75	\$593.59	\$218.73	\$304.64
OP HOSP - POST HOSP EXTENDED CARE						\$49.90							
OP HOSP - PRES DRUGS BASIC	\$56.54	\$56.98	\$40.55	\$34.02	\$56.65	\$140.53	\$130.62	\$82.68	\$62.69	\$61.99	\$82.26	\$47.82	\$72.11
OP HOSP - PRES DRUGS MH/CD	\$37.30	\$46.16	\$14.97	\$26.04	\$31.17	\$88.46	\$59.91	\$80.85	\$61.74	\$30.82		\$20.05	\$43.36
OP HOSP - SOMATIC MH	\$97.32	\$84.11	\$276.47	\$187.87	\$105.70	\$47.96	\$101.64	\$52.03	\$61.16	\$110.60		\$79.14	\$98.88
OTH MED - DME	\$131.69	\$126.48	\$77.19	\$42.42	\$96.82	\$52.54	\$193.63	\$36.50	\$96.32	\$156.42	\$31.33	\$140.56	\$127.53
OTH MED - HHC/PDN	\$149.08	\$118.82	\$180.43	\$194.94	\$191.73	\$128.17	\$214.52	\$78.69	\$186.72	\$416.99	\$84.35	\$613.67	\$338.95
OTH MED - HOSPICE	\$2,108.22		\$967.79		\$1,301.50	\$3,121.83	\$2,801.90	\$3,128.71	\$2,387.65			\$421.50	\$2,663.42
OTH MED - MATERNITY MGT	\$161.86	\$140.22	\$41.52	\$35.44	\$149.01	\$144.00	\$69.39	\$266.41		\$81.27	\$118.79	\$145.19	\$144.40
OTH MED - SUPPLIES	\$8.43	\$20.40	\$11.15	\$4.72	\$3.84	\$1.20	\$1.71	\$0.98	\$1.76	\$1.77	\$69.97	\$14.36	\$16.33
PHYS CONSULTATION, IP & ER VISITS	\$71.68	\$72.25	\$113.00	\$65.26	\$67.20	\$39.46	\$70.58	\$35.01	\$69.11	\$90.43	\$67.80	\$76.80	\$77.11
PHYS HOME OR LONG-TERM CARE VISITS	\$76.28	\$55.87	\$163.30	\$144.41	\$67.40	\$47.68	\$55.74	\$45.88	\$54.64	\$64.52		\$43.99	\$68.69
PHYS MATERNITY	\$301.65	\$281.40	\$78.84	\$104.73	\$262.55	\$127.98	\$228.29	\$91.74	\$59.94	\$180.21	\$625.95	\$207.70	\$120.09
PHYS NEWBORN	\$93.07	\$64.75	\$58.49	\$73.65	\$76.35	\$52.36	\$120.83	\$21.00	\$78.26	\$56.50	\$64.84	\$81.79	\$104.10
PHYS OFFICE VISITS	\$66.14	\$61.52	\$54.86	\$60.83	\$82.27	\$46.94	\$62.49	\$35.99	\$91.93	\$47.20	\$41.95	\$60.36	\$65.35
PHYS OTHER	\$74.77	\$59.16	\$23.41	\$20.77	\$71.47	\$52.68	\$103.33	\$53.56	\$104.02	\$265.73	\$30.71	\$65.68	\$81.62

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 4-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Average Payment per Unit of Service

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$112.11	\$119.01	\$59.64	\$44.42	\$40.74	\$57.34	\$48.57	\$54.62	\$67.78	\$43.25	\$183.86	\$85.30	\$124.74
PRES DRUGS - BASIC	\$39.26	\$22.86	\$39.73	\$28.40	\$39.85	\$15.44	\$74.07	\$10.50	\$43.33	\$76.86	\$25.77	\$49.24	\$51.59
PRES DRUGS - FP	\$41.82	\$40.37	\$32.29	\$43.33	\$40.00	\$36.42	\$38.87	\$27.66	\$34.25	\$38.17		\$40.96	\$40.77
PRES DRUGS - MH/CD	\$70.00	\$58.04	\$37.14	\$109.37	\$97.04	\$21.72	\$124.77	\$16.56	\$88.74	\$109.01	\$35.01	\$71.97	\$80.19
SCHOOL-BASED HEALTH SERVICES			\$68.41	\$49.22	\$38.96	\$170.37	\$89.57	\$62.14		\$76.70			
STERILIZATION - ANESTHESIA FEMALE	\$248.59	\$248.83				\$237.94	\$236.31				\$130.74	\$328.30	\$275.53
STERILIZATION - ANESTHESIA MALE							\$186.80						
STERILIZATION - IP HOSP FEMALE	\$5,077.30	\$3,996.97			\$3,845.03		\$8,271.89				\$3,659.02	\$1,750.58	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$533.12	\$508.00				\$513.00	\$513.00					\$476.36	\$513.00
STERILIZATION - OP HOSP MALE	\$363.00					\$363.00							
STERILIZATION - PHY FEMALE	\$181.91	\$154.53			\$141.79	\$203.77	\$245.57	\$247.56			\$58.04	\$221.87	\$379.57
STERILIZATION - PHY MALE	\$387.00					\$380.84	\$389.90	\$26.30				\$361.51	
SURGERY	\$109.10	\$20.18	\$64.05	\$139.00	\$127.12	\$45.74	\$145.51	\$43.81	\$139.87	\$101.23	\$272.27	\$90.08	\$106.91
TARGETED CASE MAN - BABIES FIRST			\$244.32	\$242.39	\$241.00	\$237.09	\$245.10			\$240.99			
TARGETED CASE MAN - HIV	\$256.00				\$256.00	\$256.00	\$256.00	\$256.00				\$256.00	\$256.00
TARGETED CASE MAN - SUBS ABUSE MOMS	\$101.80	\$97.65	\$110.00		\$87.18	\$125.71	\$95.44	\$160.00		\$80.00		\$101.96	\$95.00
THERAPEUTIC ABORTION - IP HOSP	\$4,022.17	\$2,781.42			\$1,969.17		\$4,589.44				\$2,902.54	\$7,209.83	\$3,161.82
THERAPEUTIC ABORTION - OP HOSP	\$426.94	\$399.17			\$388.75	\$417.27	\$503.91			\$407.08	\$2,377.42	\$392.44	\$379.66
THERAPEUTIC ABORTION - PHYS	\$164.31	\$163.04	\$210.15	\$140.10	\$160.37	\$174.75	\$177.67	\$96.87		\$164.53	\$154.96	\$163.51	\$162.74
TRANSPORTATION - AMBULANCE	\$327.05	\$395.32	\$540.41	\$351.51	\$352.27	\$71.11	\$328.00	\$64.31	\$251.51	\$395.04	\$307.81	\$308.28	\$324.49
TRANSPORTATION - OTHER	\$29.12	\$29.15	\$29.63	\$31.60	\$30.73	\$27.81	\$27.52	\$29.57	\$27.44	\$26.04			
VISION CARE - EXAMS & THERAPY	\$74.49	\$80.45	\$47.75	\$59.49	\$72.84	\$58.96	\$62.69	\$46.30	\$58.23	\$64.35	\$88.49	\$59.46	\$56.48
VISION CARE - MATERIALS & FITTING	\$13.82	\$13.07	\$23.26	\$14.26	\$13.45	\$13.92	\$14.54	\$14.44	\$14.32	\$13.38		\$46.34	\$47.31
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$13.97	\$14.51			\$7.84	\$14.22	\$13.29	\$11.88	\$29.67	\$7.31		\$16.58	\$15.07
CD SERVICES - OP	\$19.09	\$21.37		\$37.51	\$29.82	\$16.33	\$23.88	\$36.24	\$11.21	\$31.05		\$20.42	\$21.30

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 4-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Average Payment per Unit of Service

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
DENTAL													
DENTAL - ADJUNCTIVE GENERAL	\$79.17	\$80.91		\$89.53	\$71.75	\$80.53	\$83.91	\$82.15	\$85.70	\$91.73		\$79.96	\$81.59
DENTAL - ANESTHESIA SURGICAL	\$27.73	\$8.57		\$21.55	\$15.22	\$21.92	\$23.78	\$8.40		\$18.99			\$31.96
DENTAL - DIAGNOSTIC	\$22.17	\$21.41	\$33.63	\$20.37	\$19.97	\$19.65	\$21.24	\$21.59	\$20.27	\$18.29		\$18.64	\$17.68
DENTAL - ENDODONTICS	\$116.39	\$170.32		\$48.00	\$88.77	\$117.33	\$97.73	\$120.01		\$56.99			\$47.20
DENTAL - I/P FIXED							\$44.99						
DENTAL - ORAL SURGERY	\$69.12	\$76.80		\$70.75	\$72.09	\$72.39	\$77.21	\$74.39	\$70.91	\$73.16		\$71.22	\$74.35
DENTAL - ORTHODONTICS							\$1,800.00						
DENTAL - PERIODONTICS	\$55.04	\$54.65			\$53.99	\$50.68	\$52.86	\$51.30	\$51.86	\$53.48		\$62.01	\$48.20
DENTAL - PREVENTIVE	\$75.46	\$89.81	\$256.00	\$36.68	\$43.06	\$39.93	\$36.61	\$38.48	\$36.50	\$33.52		\$22.24	\$28.58
DENTAL - PROS REMOVABLE	\$203.83	\$262.78			\$155.04	\$190.29	\$213.25	\$216.12	\$187.14			\$152.00	
DENTAL - RESTORATIVE	\$45.33	\$46.47		\$50.79	\$44.08	\$50.61	\$49.00	\$53.22	\$44.24	\$48.30		\$43.57	\$47.16
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$761.55	\$836.64	\$1,084.06	\$210.04	\$453.89	\$5.11	\$354.59	\$10.03	\$282.69	\$334.30	\$1,099.56	\$742.95	\$503.74
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	\$23.35			\$30.60	\$24.97	\$20.40	\$29.10			\$34.43		\$15.30	\$15.30
MH SERVICES ASSESS & EVAL	\$81.87	\$88.65	\$79.15	\$91.60	\$88.39	\$87.41	\$85.39	\$78.11	\$74.31	\$91.22		\$90.55	\$84.25
MH SERVICES CASE MANAGEMENT	\$45.43	\$41.75	\$34.88	\$38.60	\$46.28	\$55.02	\$59.33	\$50.29	\$30.07	\$54.87		\$42.95	\$49.37
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	\$24.48	\$25.79		\$29.67	\$30.72	\$39.52	\$41.08	\$23.33	\$50.84	\$21.77		\$28.23	\$24.90
MH SERVICES OP THERAPY	\$75.96	\$75.67		\$62.91	\$74.34	\$44.43	\$37.14	\$51.29	\$32.57	\$75.86		\$79.21	\$75.65
MH SERVICES OTHER OP				\$396.43	\$465.35	\$82.11	\$340.80	\$59.21		\$410.96			\$127.50
MH SERVICES PEO													
MH SERVICES PHYS IP	\$58.00	\$53.15		\$66.84	\$57.97	\$56.05	\$59.68	\$19.97	\$52.12	\$58.64	\$45.29	\$57.31	\$59.21
MH SERVICES PHYS OP	\$81.61	\$85.29	\$65.59	\$89.40	\$90.36	\$69.72	\$82.51	\$26.69	\$45.62	\$84.38	\$131.44	\$88.77	\$83.89
MH SERVICES SUPPORT DAY PROGRAM	\$53.27	\$43.48	\$43.10	\$46.17	\$73.73	\$55.89	\$64.56	\$89.40	\$29.57	\$71.35		\$60.44	\$57.31

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011

EXHIBIT 5-A

Managed Care Billed Charges Per Member Per Month, Excluding services provided on a Fee-For-Service basis to Managed Care Enrollees
Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYSICAL HEALTH												
ADMINISTRATIVE EXAMS												
ANESTHESIA	\$11.90	\$72.43	\$4.81	\$4.49	\$2.42	\$11.78	\$13.68	\$12.14	\$12.63	\$4.19	\$5.00	\$8.10
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	\$0.13	\$0.37	\$0.00	\$0.00	\$0.02	\$0.02	\$0.04			\$0.04	\$0.15	\$0.03
FP - PHYS	\$2.26	\$9.14	\$0.00	\$0.00	\$0.16	\$0.20	\$0.29	\$0.00		\$0.16	\$1.54	\$0.23
HYSTERECTOMY - ANESTHESIA	\$0.24	\$0.04				\$0.06	\$0.07	\$0.04			\$0.24	\$0.08
HYSTERECTOMY - IP HOSP	\$6.14	\$1.30				\$2.36	\$2.55	\$1.47		\$0.05	\$2.34	\$2.13
HYSTERECTOMY - OP HOSP	\$0.08						\$0.04					
HYSTERECTOMY - PHYS	\$1.28	\$0.14			\$0.00	\$0.36	\$0.48	\$0.22		\$0.02	\$1.08	\$0.65
IP HOSP - ACUTE DETOX	\$0.79	\$0.09			\$0.09	\$1.57	\$2.54	\$1.35	\$1.36	\$0.12	\$0.55	\$3.83
IP HOSP - MATERNITY	\$62.64	\$783.16	\$0.18		\$3.43	\$2.53	\$6.53			\$1.70	\$1.60	\$0.49
IP HOSP - MATERNITY / STERILIZATION	\$4.56	\$33.29			\$0.02	\$0.08	\$0.26					\$0.07
IP HOSP - MEDICAL/SURGICAL	\$89.71	\$19.96	\$116.43	\$19.55	\$20.79	\$418.23	\$409.03	\$598.39	\$437.55	\$22.55	\$61.55	\$178.93
IP HOSP - NEWBORN	\$0.00	\$0.01	\$321.20	\$0.00		\$0.06	\$0.01			\$1.20		
IP HOSP - POST HOSP EXTENDED CARE	\$0.00				\$0.00			\$0.00				
LAB & RAD - DIAGNOSTIC X-RAY	\$23.21	\$65.84	\$6.44	\$2.21	\$3.82	\$28.71	\$30.43	\$31.72	\$30.66	\$4.15	\$18.11	\$28.34
LAB & RAD - LAB	\$14.68	\$42.90	\$2.12	\$1.58	\$2.57	\$12.29	\$16.22	\$10.98	\$15.88	\$3.52	\$12.74	\$16.67
LAB & RAD - THERAPEUTIC X-RAY	\$1.20	\$0.05	\$0.03	\$0.06	\$0.05	\$3.19	\$4.94	\$5.53	\$3.90	\$0.04	\$0.98	\$3.41
OP ER - SOMATIC MH	\$1.05	\$0.34	\$0.01	\$0.01	\$0.33	\$3.65	\$3.32	\$0.67	\$0.45	\$0.81	\$0.70	\$2.02
OP HOSP - BASIC	\$61.86	\$37.10	\$26.13	\$24.76	\$15.56	\$228.72	\$129.75	\$198.73	\$123.14	\$24.59	\$47.81	\$75.43
OP HOSP - EMERGENCY ROOM	\$37.50	\$14.58	\$22.87	\$14.78	\$10.62	\$38.84	\$40.17	\$28.19	\$18.47	\$9.27	\$21.70	\$32.51
OP HOSP - LAB & RAD	\$53.35	\$33.06	\$15.26	\$8.03	\$11.27	\$80.59	\$83.93	\$86.46	\$70.85	\$13.82	\$42.46	\$70.25
OP HOSP - MATERNITY	\$18.19	\$162.90	\$0.03	\$0.00	\$1.22	\$0.91	\$2.33	\$0.00		\$0.81	\$3.69	\$1.29
OP HOSP - POST HOSP EXTENDED CARE	\$0.04	\$0.05	\$0.05	\$0.01	\$0.01	\$0.49	\$0.81	\$0.94	\$1.16	\$0.00		\$0.02
OP HOSP - PRES DRUGS BASIC	\$7.39	\$8.69	\$1.57	\$1.63	\$1.43	\$8.98	\$11.89	\$8.08	\$6.23	\$1.21	\$4.45	\$6.91
OP HOSP - PRES DRUGS MH/CD	\$0.06	\$0.02	\$0.00	\$0.00	\$0.01	\$0.26	\$0.25	\$0.04	\$0.03	\$0.02	\$0.05	\$0.13
OP HOSP - SOMATIC MH	\$1.14	\$0.35	\$0.07	\$0.38	\$0.36	\$4.09	\$3.99	\$1.70	\$0.67	\$1.67	\$0.78	\$2.10
OTH MED - DME	\$2.20	\$0.73	\$1.83	\$0.46	\$0.38	\$39.09	\$28.93	\$40.55	\$15.46	\$1.63	\$1.83	\$4.56
OTH MED - HHC/PDN	\$0.95	\$0.61	\$0.92	\$0.33	\$0.13	\$7.50	\$10.80	\$9.40	\$9.61	\$1.15	\$0.23	\$0.54
OTH MED - HOSPICE	\$0.17	\$0.01	\$0.48	\$0.03	\$0.01	\$0.14	\$5.49	\$4.58	\$15.07	\$0.10	\$0.07	\$0.82
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$1.53	\$1.43	\$0.90	\$0.29	\$0.39	\$19.54	\$15.90	\$21.99	\$9.87	\$1.68	\$1.52	\$3.49
PHYS CONSULTATION, IP & ER VISITS	\$23.29	\$12.26	\$60.17	\$8.95	\$6.25	\$41.78	\$45.68	\$48.47	\$34.63	\$8.07	\$16.44	\$31.11
PHYS HOME OR LONG-TERM CARE VISITS	\$0.02	\$0.00	\$0.07	\$0.00	\$0.01	\$1.22	\$0.82	\$4.27	\$1.50	\$0.06	\$0.00	\$0.03
PHYS MATERNITY	\$31.76	\$379.02	\$0.18	\$0.01	\$1.53	\$0.91	\$2.63	\$0.00	\$0.00	\$0.68	\$1.50	\$0.39
PHYS NEWBORN	\$0.05	\$0.22	\$8.38	\$0.06	\$0.07	\$0.14	\$0.17	\$0.15	\$0.23	\$0.21	\$0.06	\$0.07
PHYS OFFICE VISITS	\$42.63	\$21.68	\$97.27	\$31.63	\$17.75	\$61.87	\$61.32	\$55.18	\$56.87	\$29.21	\$41.93	\$58.72
PHYS OTHER	\$7.49	\$4.06	\$14.89	\$3.44	\$1.75	\$37.94	\$42.28	\$45.12	\$39.29	\$10.01	\$7.81	\$21.71

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011

Managed Care Billed Charges Per Member Per Month, Excluding services provided on a Fee-For-Service basis to Managed Care Enrollees

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	\$4.42	\$1.36	\$0.16	\$0.96	\$1.90	\$10.85	\$8.77	\$5.27	\$2.42	\$6.33	\$3.23	\$6.10
PRES DRUGS - BASIC	\$47.85	\$29.23	\$12.40	\$8.38	\$12.23	\$6.69	\$190.38	\$4.78	\$124.23	\$29.79	\$61.58	\$139.45
PRES DRUGS - FP	\$1.87	\$2.08	\$0.00	\$0.00	\$0.44	\$0.00	\$0.66		\$0.01	\$0.57	\$2.21	\$0.91
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$0.77	\$3.80			\$0.00	\$0.04	\$0.08				\$0.23	\$0.04
STERILIZATION - ANESTHESIA MALE	\$0.00					\$0.00	\$0.00					
STERILIZATION - IP HOSP FEMALE	\$4.05	\$29.02			\$0.01	\$0.36	\$0.40				\$0.19	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$1.15	\$2.80			\$0.00	\$0.03	\$0.10				\$0.50	\$0.05
STERILIZATION - OP HOSP MALE	\$0.00					\$0.01	\$0.00				\$0.00	
STERILIZATION - PHY FEMALE	\$1.17	\$6.02			\$0.00	\$0.03	\$0.11				\$0.29	\$0.05
STERILIZATION - PHY MALE	\$0.10					\$0.02	\$0.01				\$0.10	\$0.00
SURGERY	\$29.47	\$15.61	\$14.28	\$7.78	\$7.53	\$51.49	\$54.60	\$61.49	\$52.80	\$10.18	\$23.03	\$42.35
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	\$6.21	\$9.77	\$8.87	\$1.76	\$1.60	\$21.93	\$21.74	\$29.60	\$13.02	\$2.24	\$3.57	\$10.23
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$2.45	\$2.27	\$0.52	\$0.76	\$2.20	\$4.03	\$3.84	\$5.83	\$5.73	\$2.64	\$0.68	\$1.55
VISION CARE - MATERIALS & FITTING	\$1.66	\$1.67	\$0.04	\$0.25	\$1.49	\$2.02	\$2.07	\$1.83	\$2.44	\$1.66	\$0.04	\$0.04
PART A DEDUCTIBLE												
PART B DEDUCTIBLE												
PART B COINSURANCE ADJUSTMENT												
Total	\$610.69	\$1,809.49	\$738.57	\$142.62	\$129.82	\$1,155.58	\$1,260.32	\$1,325.19	\$1,106.15	\$196.13	\$394.55	\$755.82
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	\$0.30	\$0.04			\$0.00	\$0.26	\$0.44	\$0.02			\$0.13	\$0.98
CD SERVICES - METHADONE	\$1.39	\$0.44	\$0.00	\$0.00	\$0.00	\$1.63	\$2.19	\$0.19	\$0.14	\$0.01	\$0.75	\$6.97
CD SERVICES - OP	\$10.40	\$5.86	\$0.00	\$0.00	\$1.13	\$4.89	\$6.93	\$0.31	\$0.21	\$5.13	\$3.35	\$19.28
Total	\$12.08	\$6.34	\$0.00	\$0.00	\$1.13	\$6.78	\$9.56	\$0.52	\$0.36	\$5.14	\$4.23	\$27.23

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011

Managed Care Billed Charges Per Member Per Month, Excluding services provided on a Fee-For-Service basis to Managed Care Enrollees

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
DENTAL												
DENTAL - ADJUNCTIVE GENERAL	\$1.98	\$1.30	\$0.01	\$0.59	\$0.30	\$1.83	\$1.46	\$0.84	\$0.83	\$0.33	\$0.76	\$0.90
DENTAL - ANESTHESIA SURGICAL	\$0.28	\$0.12	\$0.00	\$0.58	\$0.31	\$0.31	\$0.27	\$0.04	\$0.02	\$0.39	\$0.06	\$0.04
DENTAL - DIAGNOSTIC	\$5.93	\$6.22	\$0.11	\$2.99	\$4.61	\$4.46	\$4.11	\$2.37	\$3.61	\$4.27	\$1.81	\$1.78
DENTAL - ENDODONTICS	\$2.43	\$2.31	\$0.00	\$0.95	\$1.11	\$1.33	\$1.19	\$0.44	\$0.93	\$0.90	\$0.24	\$0.16
DENTAL - I/P FIXED	\$0.01	\$0.01			\$0.00	\$0.02	\$0.01	\$0.01	\$0.02	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	\$3.75	\$2.06	\$0.01	\$0.62	\$1.27	\$2.83	\$2.76	\$1.55	\$2.71	\$1.03	\$1.28	\$1.61
DENTAL - ORTHODONTICS	\$0.00	\$0.00			\$0.02	\$0.00	\$0.03			\$0.05		
DENTAL - PERIODONTICS	\$1.89	\$1.57	\$0.00	\$0.00	\$0.11	\$2.09	\$1.48	\$0.72	\$1.66	\$0.09	\$0.07	\$0.03
DENTAL - PREVENTIVE	\$1.86	\$2.75	\$0.06	\$2.50	\$4.64	\$2.27	\$2.00	\$1.07	\$0.85	\$4.30	\$0.13	\$0.06
DENTAL - PROS REMOVABLE	\$3.18	\$0.51	\$0.00	\$0.00	\$0.03	\$5.44	\$4.78	\$6.49	\$10.04	\$0.02	\$0.21	\$0.13
DENTAL - RESTORATIVE	\$6.53	\$6.37	\$0.02	\$6.09	\$6.16	\$5.61	\$4.95	\$2.38	\$2.90	\$6.04	\$0.81	\$0.49
Total	\$27.86	\$23.21	\$0.21	\$14.34	\$18.54	\$26.20	\$23.04	\$15.91	\$23.57	\$17.41	\$5.38	\$5.21
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	\$6.28	\$1.72	\$0.02	\$0.13	\$2.64	\$33.09	\$43.22	\$6.03	\$12.58	\$9.17	\$3.75	\$14.45
MH SERVICES ALTERNATIVE TO IP	\$0.09	\$0.04	\$0.03	\$0.00	\$0.32	\$2.26	\$2.69	\$0.10		\$3.61	\$0.01	\$0.52
MH SERVICES ANCILLARY SERVICES	\$0.05	\$0.00		\$0.00	\$0.01	\$0.04	\$0.16	\$0.06	\$0.59	\$0.01	\$0.04	\$0.04
MH SERVICES ASSESS & EVAL	\$1.17	\$0.57	\$0.01	\$0.24	\$1.05	\$1.24	\$2.07	\$0.33	\$0.65	\$4.62	\$0.48	\$1.04
MH SERVICES CASE MANAGEMENT	\$1.36	\$0.42	\$0.04	\$0.59	\$3.98	\$16.84	\$17.98	\$1.46	\$2.65	\$30.63	\$0.57	\$3.37
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$0.01	\$0.00		\$0.01	\$0.04	\$0.66	\$0.53	\$0.03		\$0.26	\$0.00	\$0.10
MH SERVICES INTENSIVE TREATMENT SVCS			\$0.01	\$0.03	\$0.74	\$0.00	\$3.94			\$31.75		
MH SERVICES MED MANAGEMENT	\$0.15	\$0.02		\$0.00	\$0.03	\$3.39	\$2.22	\$0.23	\$0.29	\$0.11	\$0.11	\$0.35
MH SERVICES OP THERAPY	\$3.45	\$1.05	\$0.00	\$0.33	\$1.93	\$7.11	\$6.86	\$0.79	\$0.38	\$11.11	\$2.13	\$4.18
MH SERVICES OTHER OP	\$0.08	\$0.04		\$0.00	\$0.11	\$0.04	\$0.21	\$0.03		\$0.23	\$0.04	\$0.08
MH SERVICES PEO												
MH SERVICES PHYS IP	\$1.62	\$0.37	\$0.00	\$0.14	\$1.12	\$7.53	\$8.83	\$0.99	\$1.26	\$7.20	\$1.04	\$3.23
MH SERVICES PHYS OP	\$8.20	\$3.04	\$0.14	\$1.71	\$6.93	\$12.83	\$18.50	\$1.80	\$6.83	\$42.42	\$5.49	\$10.98
MH SERVICES SUPPORT DAY PROGRAM	\$0.24	\$0.10	\$0.00	\$0.15	\$0.55	\$15.11	\$11.28	\$1.92	\$1.90	\$4.74	\$0.10	\$2.02
Total	\$22.69	\$7.38	\$0.26	\$3.34	\$19.46	\$100.14	\$118.48	\$13.76	\$27.13	\$145.86	\$13.76	\$40.34
TOTAL ALL	\$673.31	\$1,846.43	\$739.03	\$160.29	\$168.95	\$1,288.70	\$1,411.40	\$1,355.38	\$1,157.20	\$364.54	\$417.92	\$828.60

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Payment Per Member Per Month

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYSICAL HEALTH													
ADMINISTRATIVE EXAMS	\$0.83	\$0.50	\$0.01	\$0.03	\$0.09	\$0.30	\$1.65	\$0.03	\$0.05	\$3.46	\$0.00	\$0.20	\$1.39
ANESTHESIA	\$3.47	\$11.53	\$2.08	\$1.27	\$0.73	\$0.90	\$6.36	\$0.39	\$4.72	\$0.98	\$3.41	\$1.62	\$2.82
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$0.24	\$0.42	\$0.00	\$0.00	\$0.02	\$0.01	\$0.04	\$0.00		\$0.01		\$0.11	\$0.03
FP - PHYS	\$8.70	\$10.42	\$23.67	\$3.17	\$3.80	\$0.96	\$2.19	\$0.18	\$1.23	\$3.19	\$0.00	\$5.94	\$3.87
HYSTERECTOMY - ANESTHESIA	\$0.05	\$0.02				\$0.00	\$0.03	\$0.00			\$0.00	\$0.07	\$0.04
HYSTERECTOMY - IP HOSP	\$2.19	\$0.17				\$0.01	\$1.47	\$0.03			\$0.35	\$1.28	\$1.03
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	\$0.17	\$0.04				\$0.00	\$0.09	\$0.00			\$0.01	\$0.23	\$0.12
IP HOSP - ACUTE DETOX	\$0.40		\$0.02		\$0.05	\$0.02	\$1.88	\$0.02		\$0.01		\$0.36	\$2.45
IP HOSP - MATERNITY	\$28.49	\$219.21			\$1.65	\$0.03	\$1.42	\$0.00		\$0.51	\$77.03	\$1.82	\$0.18
IP HOSP - MATERNITY / STERILIZATION	\$1.91	\$8.89			\$0.01		\$0.03				\$0.57	\$0.14	
IP HOSP - MEDICAL/SURGICAL	\$50.03	\$10.19	\$51.06	\$10.36	\$11.04	\$3.67	\$335.09	\$9.00	\$243.35	\$14.80	\$10.92	\$30.53	\$82.31
IP HOSP - NEWBORN	\$0.07	\$0.02	\$548.61	\$0.03			\$2.44			\$16.11	\$0.02		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$7.06	\$16.51	\$2.29	\$0.51	\$1.04	\$0.80	\$9.83	\$0.51	\$7.55	\$0.97	\$0.19	\$5.79	\$9.53
LAB & RAD - LAB	\$4.05	\$11.96	\$0.49	\$0.28	\$0.64	\$0.21	\$4.29	\$0.07	\$3.33	\$0.93	\$0.11	\$3.18	\$4.50
LAB & RAD - THERAPEUTIC X-RAY	\$0.23	\$0.01	\$0.01	\$0.00	\$0.00	\$0.06	\$1.84	\$0.03	\$1.98	\$0.00	\$0.00	\$0.09	\$0.64
OP ER - SOMATIC MH	\$0.58	\$0.11	\$0.00	\$0.01	\$0.16	\$0.13	\$1.32	\$0.05	\$0.08	\$0.27		\$0.35	\$0.88
OP HOSP - BASIC	\$35.58	\$11.89	\$20.82	\$12.20	\$9.10	\$14.57	\$102.29	\$6.33	\$75.35	\$10.44	\$0.78	\$22.24	\$40.47
OP HOSP - EMERGENCY ROOM	\$15.35	\$4.69	\$8.91	\$5.82	\$4.42	\$1.51	\$15.97	\$0.95	\$8.05	\$2.95	\$0.42	\$10.38	\$14.96
OP HOSP - LAB & RAD	\$25.25	\$14.51	\$5.07	\$2.77	\$4.79	\$3.49	\$39.42	\$2.24	\$30.94	\$4.24	\$0.28	\$21.29	\$34.94
OP HOSP - MATERNITY	\$8.15	\$75.45	\$0.00	\$0.00	\$0.55	\$0.03	\$0.52	\$0.00		\$0.22	\$1.51	\$1.20	\$0.72
OP HOSP - POST HOSP EXTENDED CARE							\$0.00						
OP HOSP - PRES DRUGS BASIC	\$4.31	\$4.31	\$1.36	\$0.93	\$1.04	\$1.11	\$11.58	\$0.16	\$2.64	\$0.83	\$0.20	\$2.08	\$4.11
OP HOSP - PRES DRUGS MH/CD	\$0.08	\$0.03	\$0.00	\$0.00	\$0.01	\$0.07	\$0.39	\$0.01	\$0.67	\$0.02		\$0.02	\$0.16
OP HOSP - SOMATIC MH	\$0.60	\$0.11	\$0.02	\$0.11	\$0.22	\$0.09	\$1.33	\$0.04	\$0.13	\$0.69		\$0.46	\$0.93
OTH MED - DME	\$1.44	\$0.34	\$1.55	\$0.32	\$0.22	\$0.73	\$23.09	\$4.43	\$5.38	\$1.73	\$0.00	\$1.31	\$3.18
OTH MED - HHC/PDN	\$0.45	\$0.11	\$0.84	\$0.32	\$0.16	\$1.74	\$10.74	\$0.71	\$3.85	\$4.13	\$0.00	\$0.88	\$0.26
OTH MED - HOSPICE	\$0.07		\$0.08	\$0.00	\$0.00	\$0.11	\$11.11	\$1.70	\$11.46			\$0.01	\$0.88
OTH MED - MATERNITY MGT	\$4.33	\$25.61	\$0.04	\$0.06	\$0.51	\$0.12	\$2.07	\$0.00		\$0.41	\$0.00	\$0.40	\$0.08
OTH MED - SUPPLIES	\$1.39	\$2.12	\$0.65	\$0.16	\$0.32	\$14.22	\$19.93	\$12.61	\$7.60	\$1.79	\$0.00	\$1.39	\$3.55
PHYS CONSULTATION, IP & ER VISITS	\$4.88	\$2.33	\$38.58	\$1.67	\$1.29	\$0.95	\$19.88	\$0.56	\$14.45	\$2.72	\$0.44	\$4.04	\$8.43
PHYS HOME OR LONG-TERM CARE VISITS	\$0.04	\$0.12	\$1.59	\$0.02	\$0.00	\$1.20	\$1.28	\$1.37	\$2.36	\$0.02	\$0.00	\$0.00	\$0.02
PHYS MATERNITY	\$13.57	\$110.03	\$0.07	\$0.00	\$0.74	\$0.07	\$0.58	\$0.00	\$0.01	\$0.22	\$21.27	\$0.85	\$0.20
PHYS NEWBORN	\$0.08	\$0.12	\$12.60	\$0.03	\$0.03	\$0.05	\$0.68	\$0.00	\$0.10	\$0.19	\$0.00	\$0.04	\$0.25
PHYS OFFICE VISITS	\$37.07	\$16.76	\$42.08	\$15.32	\$14.01	\$9.23	\$35.16	\$3.45	\$27.56	\$23.86	\$0.03	\$26.30	\$52.32
PHYS OTHER	\$7.79	\$4.28	\$6.00	\$1.24	\$2.16	\$8.91	\$31.43	\$6.94	\$34.08	\$35.09	\$0.02	\$4.52	\$14.59

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Payment Per Member Per Month

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$3.83	\$1.06	\$0.16	\$5.44	\$5.54	\$2.87	\$13.48	\$2.25	\$2.05	\$8.67	\$0.01	\$2.06	\$6.10
PRES DRUGS - BASIC	\$39.11	\$12.64	\$10.55	\$6.00	\$9.07	\$13.45	\$207.76	\$6.93	\$131.97	\$35.94	\$0.00	\$61.03	\$141.65
PRES DRUGS - FP	\$2.80	\$2.01	\$0.00	\$0.00	\$0.73	\$0.01	\$1.02	\$0.00	\$0.03	\$0.68		\$3.90	\$1.70
PRES DRUGS - MH/CD	\$23.43	\$4.42	\$0.00	\$0.24	\$4.23	\$3.04	\$127.82	\$0.93	\$30.99	\$29.36	\$0.00	\$26.63	\$60.04
SCHOOL-BASED HEALTH SERVICES			\$0.08	\$0.18	\$0.06	\$0.11	\$8.65	\$0.00		\$1.09			
STERILIZATION - ANESTHESIA FEMALE	\$0.19	\$0.53				\$0.02	\$0.01				\$0.00	\$0.10	\$0.01
STERILIZATION - ANESTHESIA MALE							\$0.00						
STERILIZATION - IP HOSP FEMALE	\$1.96	\$10.00			\$0.00		\$0.10				\$0.55	\$0.05	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$0.11	\$0.25				\$0.00	\$0.01					\$0.05	\$0.01
STERILIZATION - OP HOSP MALE	\$0.00					\$0.00							
STERILIZATION - PHY FEMALE	\$0.22	\$0.64			\$0.00	\$0.02	\$0.01	\$0.00			\$0.00	\$0.07	\$0.03
STERILIZATION - PHY MALE	\$0.03					\$0.01	\$0.00	\$0.00				\$0.05	
SURGERY	\$6.43	\$2.67	\$4.58	\$1.31	\$1.60	\$1.28	\$17.47	\$0.84	\$13.55	\$1.46	\$0.54	\$5.42	\$10.74
TARGETED CASE MAN - BABIES FIRST			\$21.01	\$2.97	\$0.00	\$0.00	\$0.86			\$0.27			
TARGETED CASE MAN - HIV	\$0.00				\$0.00	\$0.01	\$0.02	\$0.00				\$0.00	\$0.01
TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.06	\$0.35	\$0.00		\$0.00	\$0.00	\$0.01	\$0.00		\$0.00		\$0.03	\$0.01
THERAPEUTIC ABORTION - IP HOSP	\$0.02	\$0.19			\$0.00		\$0.01				\$0.02	\$0.04	\$0.01
THERAPEUTIC ABORTION - OP HOSP	\$0.62	\$2.33			\$0.04	\$0.01	\$0.03			\$0.02	\$0.02	\$0.17	\$0.06
THERAPEUTIC ABORTION - PHYS	\$1.22	\$5.21	\$0.00	\$0.00	\$0.09	\$0.01	\$0.05	\$0.00		\$0.04	\$0.01	\$0.38	\$0.17
TRANSPORTATION - AMBULANCE	\$3.06	\$3.84	\$5.49	\$0.82	\$0.86	\$0.89	\$12.35	\$0.66	\$7.69	\$1.31	\$0.76	\$1.57	\$5.15
TRANSPORTATION - OTHER	\$6.02	\$2.21	\$0.72	\$0.37	\$0.90	\$42.91	\$27.99	\$19.47	\$14.29	\$3.22			
VISION CARE - EXAMS & THERAPY	\$1.14	\$0.76	\$0.20	\$0.37	\$1.03	\$0.62	\$1.40	\$0.33	\$1.41	\$0.95	\$0.00	\$0.35	\$0.70
VISION CARE - MATERIALS & FITTING	\$0.69	\$0.48	\$0.02	\$0.12	\$0.60	\$0.70	\$0.81	\$0.26	\$0.53	\$0.53		\$0.01	\$0.00
PART A DEDUCTIBLE													
PART B DEDUCTIBLE													
PART B COINSURANCE ADJUSTMENT													
Total	\$359.89	\$612.40	\$811.32	\$74.45	\$83.65	\$138.26	\$1,117.25	\$83.50	\$689.41	\$214.31	\$119.46	\$251.04	\$516.23
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$0.79	\$0.17			\$0.01	\$0.78	\$1.16	\$0.03	\$0.09	\$0.00		\$0.77	\$2.72
CD SERVICES - OP	\$0.42	\$0.23		\$0.00	\$0.16	\$0.08	\$0.16	\$0.00	\$0.01	\$0.52		\$0.15	\$0.43
Total	\$1.21	\$0.40		\$0.00	\$0.16	\$0.85	\$1.32	\$0.03	\$0.10	\$0.52		\$0.92	\$3.14

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Payment Per Member Per Month

Unadjusted

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
DENTAL													
DENTAL - ADJUNCTIVE GENERAL	\$0.10	\$0.05		\$0.07	\$0.02	\$0.10	\$0.11	\$0.01	\$0.06	\$0.08		\$0.05	\$0.06
DENTAL - ANESTHESIA SURGICAL	\$0.01	\$0.00		\$0.02	\$0.01	\$0.01	\$0.02	\$0.00		\$0.08			\$0.00
DENTAL - DIAGNOSTIC	\$0.31	\$0.15	\$0.01	\$0.25	\$0.32	\$0.25	\$0.31	\$0.02	\$0.06	\$0.61		\$0.09	\$0.07
DENTAL - ENDODONTICS	\$0.07	\$0.04		\$0.07	\$0.04	\$0.05	\$0.06	\$0.00		\$0.16			\$0.00
DENTAL - I/P FIXED							\$0.00						
DENTAL - ORAL SURGERY	\$0.16	\$0.07		\$0.11	\$0.15	\$0.18	\$0.34	\$0.02	\$0.14	\$0.27		\$0.19	\$0.15
DENTAL - ORTHODONTICS							\$0.01						
DENTAL - PERIODONTICS	\$0.07	\$0.02			\$0.00	\$0.06	\$0.04	\$0.00	\$0.07	\$0.00		\$0.00	\$0.00
DENTAL - PREVENTIVE	\$0.16	\$0.14	\$0.00	\$0.33	\$0.63	\$0.16	\$0.23	\$0.01	\$0.01	\$0.79		\$0.00	\$0.00
DENTAL - PROS REMOVABLE	\$0.06	\$0.03			\$0.00	\$0.15	\$0.15	\$0.05	\$0.09			\$0.01	
DENTAL - RESTORATIVE	\$0.30	\$0.16		\$0.55	\$0.44	\$0.35	\$0.32	\$0.02	\$0.02	\$1.07		\$0.02	\$0.01
Total	\$1.24	\$0.67	\$0.01	\$1.41	\$1.62	\$1.30	\$1.59	\$0.12	\$0.45	\$3.06		\$0.36	\$0.31
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$4.01	\$3.41	\$0.58	\$0.05	\$1.36	\$0.31	\$22.05	\$0.12	\$20.07	\$7.55	\$0.06	\$1.17	\$10.56
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	\$0.00			\$0.00	\$0.00	\$0.00	\$0.03			\$0.00		\$0.00	\$0.01
MH SERVICES ASSESS & EVAL	\$0.39	\$0.09	\$0.00	\$0.08	\$0.31	\$1.55	\$1.38	\$0.02	\$0.10	\$2.26		\$0.23	\$0.51
MH SERVICES CASE MANAGEMENT	\$0.47	\$0.09	\$0.00	\$0.07	\$0.54	\$6.33	\$6.46	\$0.07	\$0.11	\$6.09		\$0.43	\$2.29
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	\$0.03	\$0.00		\$0.00	\$0.01	\$17.11	\$7.84	\$0.03	\$1.09	\$0.05		\$0.02	\$0.21
MH SERVICES OP THERAPY	\$1.08	\$0.20		\$0.12	\$0.61	\$55.89	\$20.01	\$0.36	\$3.47	\$3.62		\$0.94	\$2.89
MH SERVICES OTHER OP				\$0.09	\$0.07	\$0.10	\$0.27	\$0.01		\$0.94			\$0.06
MH SERVICES PEO													
MH SERVICES PHYS IP	\$0.47	\$0.11		\$0.06	\$0.38	\$5.17	\$4.73	\$0.22	\$0.78	\$3.02	\$0.00	\$0.60	\$2.15
MH SERVICES PHYS OP	\$1.51	\$0.34	\$0.01	\$0.61	\$2.12	\$9.05	\$9.77	\$0.28	\$1.54	\$12.86	\$0.00	\$1.42	\$3.99
MH SERVICES SUPPORT DAY PROGRAM	\$0.12	\$0.01	\$0.00	\$0.09	\$0.29	\$64.71	\$34.05	\$0.73	\$2.62	\$1.79		\$0.17	\$1.94
Total	\$8.08	\$4.26	\$0.60	\$1.17	\$5.70	\$160.22	\$106.58	\$1.84	\$29.78	\$38.17	\$0.06	\$4.98	\$24.60
TOTAL ALL	\$370.42	\$617.72	\$811.93	\$77.04	\$91.12	\$300.63	\$1,226.74	\$85.48	\$719.74	\$256.06	\$119.52	\$257.29	\$544.28

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-A

Per Capita Cost Development for Calendar Years 2010-2011

Adjustments to Convert Reported Billed Charges to Estimated Managed Care Costs

CATEGORY OF SERVICE	COST-TO-CHARGE RATIO
PHYSICAL HEALTH	
ADMINISTRATIVE EXAMS	N/A
ANESTHESIA	0.356
EXCEPT NEEDS CARE COORDINATION	N/A
FP - IP HOSP	0.554
FP - OP HOSP	0.439
FP - PHYS	0.423
HYSTERECTOMY - ANESTHESIA	0.356
HYSTERECTOMY - IP HOSP	0.569
HYSTERECTOMY - OP HOSP	0.416
HYSTERECTOMY - PHYS	0.380
IP HOSP - ACUTE DETOX	0.573
IP HOSP - MATERNITY	0.576
IP HOSP - MATERNITY / STERILIZATION	0.548
IP HOSP - MEDICAL/SURGICAL	0.551
IP HOSP - NEWBORN	0.552
IP HOSP - POST HOSP EXTENDED CARE	0.775
LAB & RAD - DIAGNOSTIC X-RAY	0.379
LAB & RAD - LAB	0.466
LAB & RAD - THERAPEUTIC X-RAY	0.324
OP ER - SOMATIC MH	0.392
OP HOSP - BASIC	0.420
OP HOSP - EMERGENCY ROOM	0.396
OP HOSP - LAB & RAD	0.405
OP HOSP - MATERNITY	0.411
OP HOSP - POST HOSP EXTENDED CARE	0.403
OP HOSP - PRES DRUGS BASIC	0.420
OP HOSP - PRES DRUGS MH/CD	0.395
OP HOSP - SOMATIC MH	0.406
OTH MED - DME	0.628
OTH MED - HHC/PDN	0.421
OTH MED - HOSPICE	0.373
OTH MED - MATERNITY MGT	N/A
OTH MED - SUPPLIES	0.715
PHYS CONSULTATION, IP & ER VISITS	0.452
PHYS HOME OR LONG-TERM CARE VISITS	0.640
PHYS MATERNITY	0.710
PHYS NEWBORN	0.585
PHYS OFFICE VISITS	0.585
PHYS OTHER	0.471
PHYS SOMATIC MH	0.576
PRES DRUGS - BASIC	0.658
PRES DRUGS - FP	0.658
PRES DRUGS - MH/CD	N/A
SCHOOL-BASED HEALTH SERVICES	N/A
STERILIZATION - ANESTHESIA FEMALE	0.356
STERILIZATION - ANESTHESIA MALE	0.356
STERILIZATION - IP HOSP FEMALE	0.550
STERILIZATION - IP HOSP MALE	0.554
STERILIZATION - OP HOSP FEMALE	0.414
STERILIZATION - OP HOSP MALE	0.411

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-A

Per Capita Cost Development for Calendar Years 2010-2011

Adjustments to Convert Reported Billed Charges to Estimated Managed Care Costs

CATEGORY OF SERVICE	COST-TO-CHARGE RATIO
STERILIZATION - PHY FEMALE	0.379
STERILIZATION - PHY MALE	0.548
SURGERY	0.356
TARGETED CASE MAN - BABIES FIRST	N/A
TARGETED CASE MAN - HIV	N/A
TARGETED CASE MAN - SUBS ABUSE MOMS	N/A
THERAPEUTIC ABORTION - IP HOSP	N/A
THERAPEUTIC ABORTION - OP HOSP	N/A
THERAPEUTIC ABORTION - PHYS	N/A
TRANSPORTATION - AMBULANCE	0.531
TRANSPORTATION - OTHER	N/A
VISION CARE - EXAMS & THERAPY	0.787
VISION CARE - MATERIALS & FITTING	0.893
CHEMICAL DEPENDENCY	
CD SERVICES - ALTERNATIVE TO DETOX	1.000
CD SERVICES - METHADONE	1.000
CD SERVICES - OP	1.000
DENTAL	
DENTAL - ADJUNCTIVE GENERAL	0.855
DENTAL - ANESTHESIA SURGICAL	0.997
DENTAL - DIAGNOSTIC	0.878
DENTAL - ENDODONTICS	0.885
DENTAL - I/P FIXED	1.000
DENTAL - ORAL SURGERY	0.910
DENTAL - ORTHODONTICS	0.998
DENTAL - PERIODONTICS	0.891
DENTAL - PREVENTIVE	0.859
DENTAL - PROS REMOVABLE	0.911
DENTAL - RESTORATIVE	0.960
MENTAL HEALTH	
MH SERVICES ACUTE INPATIENT	0.535
MH SERVICES ALTERNATIVE TO IP	1.000
MH SERVICES ANCILLARY SERVICES	1.000
MH SERVICES ASSESS & EVAL	1.000
MH SERVICES CASE MANAGEMENT	1.000
MH SERVICES CONS ASSESS	1.000
MH SERVICES CONSULTATION	1.000
MH SERVICES EVIDENCE BASED PRACTICE	N/A
MH SERVICES FAMILY SUPPORT	1.000
MH SERVICES INTENSIVE TREATMENT SVCS	1.000
MH SERVICES MED MANAGEMENT	1.000
MH SERVICES OP THERAPY	1.000
MH SERVICES OTHER OP	1.000
MH SERVICES PEO	1.000
MH SERVICES PHYS IP	1.000
MH SERVICES PHYS OP	1.000
MH SERVICES SUPPORT DAY PROGRAM	1.000

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Assumed Average Managed Care Organization Liability for Dual Eligibles

EXHIBIT 6-B

Assumes all Part B Costs Valued at Medicare Allowable

CATEGORY OF SERVICE	Part A, B, Not Covered (NC)	Approximate Managed Care Liability
PHYSICAL HEALTH		
ADMINISTRATIVE EXAMS	NC	N/A
ANESTHESIA	B	20%
EXCEPT NEEDS CARE COORDINATION	NC	100%
FP - IP HOSP	A	0%
FP - OP HOSP	B	20%
FP - PHYS	B	20%
HYSTERECTOMY - ANESTHESIA	B	20%
HYSTERECTOMY - IP HOSP	A	0%
HYSTERECTOMY - OP HOSP	B	20%
HYSTERECTOMY - PHYS	B	20%
IP HOSP - ACUTE DETOX	A	0%
IP HOSP - MATERNITY	A	0%
IP HOSP - MATERNITY / STERILIZATION	A	0%
IP HOSP - MEDICAL/SURGICAL	A	0%
IP HOSP - NEWBORN	A	0%
IP HOSP - POST HOSP EXTENDED CARE	A	0%
LAB & RAD - DIAGNOSTIC X-RAY	B	20%
LAB & RAD - LAB	B	0%
LAB & RAD - THERAPEUTIC X-RAY	B	20%
OP ER - SOMATIC MH	B	20%
OP HOSP - BASIC	B	20%
OP HOSP - EMERGENCY ROOM	B	20%
OP HOSP - LAB & RAD	B	20%
OP HOSP - MATERNITY	B	20%
OP HOSP - POST HOSP EXTENDED CARE	B	20%
OP HOSP - PRES DRUGS BASIC	NC	100%
OP HOSP - PRES DRUGS MH/CD	NC	N/A
OP HOSP - SOMATIC MH	B	20%
OTH MED - DME	B	20%
OTH MED - HHC/PDN	A	0%
OTH MED - HOSPICE	A	0%
OTH MED - MATERNITY MGT	B	20%
OTH MED - SUPPLIES	NC	100%
PHYS CONSULTATION, IP & ER VISITS	B	20%
PHYS HOME OR LONG-TERM CARE VISITS	B	20%
PHYS MATERNITY	B	20%
PHYS NEWBORN	B	20%
PHYS OFFICE VISITS	B	20%
PHYS OTHER	B	20%
PHYS SOMATIC MH	B	20%
PRES DRUGS - BASIC	NC	100%
PRES DRUGS - FP	NC	100%
PRES DRUGS - MH/CD	NC	N/A
SCHOOL-BASED HEALTH SERVICES	NC	N/A
STERILIZATION - ANESTHESIA FEMALE	B	20%
STERILIZATION - ANESTHESIA MALE	B	20%
STERILIZATION - IP HOSP FEMALE	A	0%
STERILIZATION - IP HOSP MALE	A	0%
STERILIZATION - OP HOSP FEMALE	B	20%
STERILIZATION - OP HOSP MALE	B	20%

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Assumed Average Managed Care Organization Liability for Dual Eligibles

EXHIBIT 6-B

Assumes all Part B Costs Valued at Medicare Allowable

CATEGORY OF SERVICE	Part A, B, Not Covered (NC)	Approximate Managed Care Liability
STERILIZATION - PHY FEMALE	B	20%
STERILIZATION - PHY MALE	B	20%
SURGERY	B	20%
TARGETED CASE MAN - BABIES FIRST	NC	N/A
TARGETED CASE MAN - HIV	NC	N/A
TARGETED CASE MAN - SUBS ABUSE MOMS	NC	N/A
THERAPEUTIC ABORTION - IP HOSP	NC	N/A
THERAPEUTIC ABORTION - OP HOSP	NC	N/A
THERAPEUTIC ABORTION - PHYS	NC	N/A
TRANSPORTATION - AMBULANCE	B	20%
TRANSPORTATION - OTHER	NC	N/A
VISION CARE - EXAMS & THERAPY	NC	100%
VISION CARE - MATERIALS & FITTING	NC	100%
CHEMICAL DEPENDENCY		
CD SERVICES - ALTERNATIVE TO DETOX	B	100%
CD SERVICES - METHADONE	B	100%
CD SERVICES - OP	B	50%
DENTAL		
DENTAL - ADJUNCTIVE GENERAL	NC	100%
DENTAL - ANESTHESIA SURGICAL	NC	100%
DENTAL - DIAGNOSTIC	NC	100%
DENTAL - ENDODONTICS	NC	100%
DENTAL - I/P FIXED	NC	100%
DENTAL - ORAL SURGERY	NC	100%
DENTAL - ORTHODONTICS	NC	100%
DENTAL - PERIODONTICS	NC	100%
DENTAL - PREVENTIVE	NC	100%
DENTAL - PROS REMOVABLE	NC	100%
DENTAL - RESTORATIVE	NC	100%
MENTAL HEALTH		
MH SERVICES ACUTE INPATIENT	A	0%
MH SERVICES ALTERNATIVE TO IP	B	100%
MH SERVICES ANCILLARY SERVICES	B	100%
MH SERVICES ASSESS & EVAL	B	80%
MH SERVICES CASE MANAGEMENT	B	100%
MH SERVICES CONS ASSESS	NC	100%
MH SERVICES CONSULTATION	B	80%
MH SERVICES EVIDENCE BASED PRACTICE	NC	100%
MH SERVICES FAMILY SUPPORT	B	100%
MH SERVICES INTENSIVE TREATMENT SVCS	B	100%
MH SERVICES MED MANAGEMENT	B	80%
MH SERVICES OP THERAPY	B	80%
MH SERVICES OTHER OP	B	100%
MH SERVICES PEO	NC	100%
MH SERVICES PHYS IP	B	80%
MH SERVICES PHYS OP	B	80%
MH SERVICES SUPPORT DAY PROGRAM	B	100%

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustments for Incurred But Not Reported (IBNR) Claims

EXHIBIT 6-C

MANAGED CARE IBNR ADJUSTMENTS			
Service Category	DUAL-MED	OHP STANDARD	ALL OTHER
Inpatient Hospital	1.012	1.006	1.005
Outpatient Hospital	1.014	1.003	1.003
Physician & Other	1.012	1.003	1.004
Prescription Drug	1.000	1.000	1.000
Dental	1.014	1.016	1.016
Mental Health	1.015	1.004	1.003

FEE-FOR-SERVICE IBNR ADJUSTMENTS			
Service Category	DUAL-MED	OHP STANDARD	ALL OTHER
Inpatient Hospital	1.081	1.004	1.021
Outpatient Hospital	1.056	1.011	1.015
Physician & Other	1.012	1.016	1.026
Prescription Drug	1.002	1.000	1.000
Dental	1.054	1.013	1.025
Mental Health	1.036	1.014	1.042

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustment for Changes in DRG Hospital Payment Rates - Fee-for-Service

EXHIBIT 6-D

Service Category	Eligibility Category		
	OHP PLUS [NON DUALS]	DUAL-MED	OHP STANDARD
Inpatient Hospital	1.008	1.000	1.008
Mental Health (Inpatient only)	1.008	1.000	1.008

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustment for Sunset of Hospital Provider Tax - Fee-for-Service

EXHIBIT 6-E

Service Category	Eligibility Category	
	CHILD	ADULT
Inpatient Hospital	0.700	0.790
Outpatient Hospital	0.864	0.864
Mental Health (Inpatient only)	0.691	0.691

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustment for Mental Health Intensive Treatment Services

EXHIBIT 6-F

MH-ITS Treatment Setting	(1) Unadjusted Monthly User Cost ¹	(2) Cost Trend Adjustment ²	(3) Projected Monthly Cost per User
			(3) = (1) x (2)
Community Based Treatment	\$946	1.108	\$1,048
Day Treatment	\$3,282	1.108	\$3,636
Residential Treatment	\$7,381	1.108	\$8,175

ABAD	CHILD 01-05	CHILD 06-18	SCF	Total
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(4) Historical Average Monthly ITS Users for the Period March 2007 through June 2007

Community Based Treatment	200.6	16.7	321.2	346.9	885.4
Day Treatment	55.8	10.7	108.9	132.0	307.4
Residential Treatment	30.1	0.0	16.7	93.0	139.8
Total	286.6	27.3	446.8	571.9	1,332.6

(5) Projected Average Monthly ITS Users³

Community Based Treatment	195.8	16.4	318.3	321.3	851.9
Day Treatment	54.5	10.5	107.9	122.3	295.2
Residential Treatment	29.4	0.0	16.6	86.2	132.1
Total	279.7	26.9	442.8	529.8	1,279.1

(6) Projected Costs and Calculation of Adjustments

(a) Projected 2010-2011 MH-ITS Costs	\$15,440,199	\$1,329,708	\$20,668,368	\$35,656,189	\$73,094,464	(a) = sumproduct[(3) x (5)] x 24months
(b) Historical MH-ITS Costs July 2005-June 2007	\$14,391,051	\$1,249,087	\$16,878,190	\$37,209,235	\$69,727,562	Reported from encounter data
(c) Projected MH-ITS Costs in Excess of Historical Costs	\$1,049,149	\$80,620	\$3,790,179	(\$1,553,046)	\$3,366,902	(c) = (a) - (b)
(d) Total Historical Costs Reported in MH-ITS Bucket	\$4,353,006	\$51,847	\$2,390,341	\$16,390,556	\$23,185,749	Reported from encounter data

(7) Adjustment Applied to MH-ITS Bucket⁴

1.241	2.555	2.586	0.905	1.145	(7) = 1 + (c) / (d)
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¹ Unadjusted Monthly User Cost is based on 100% of billed charges over the period March 2007 through June 2007.

² As directed by DHS staff, the cost trend adjustment is based on the following FFS COLAs: 3.6% effective January 1, 2008, 3.5% effective January 1, 2009, 2.2% effective January 1, 2010, and 2.15% effective January 1, 2011.

³ Projected Average Monthly Users assumed to equal historical user counts for the March 2007 through June 2007 period. This period was chosen because the number of users appeared to plateau during this period after several months of steep increases.

⁴ Though MH-ITS related services occur in many buckets, for simplicity the adjustment is only applied to the MH-ITS bucket.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustment for Mental Health Certificate of Need Assessment (CONS)

EXHIBIT 6-G

Eligibility Category	Applied to Managed Care
	PMPM ADJUSTMENT TO "MH SERVICES CONS ASSESS" SERVICE CATEGORY
PLM, TANF, and CHIP Children 1 - 5	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.03
Aid to the Blind/Aid to the Disabled without Medicare	\$0.06
SCF Children	\$0.27

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustment for Mental Health Evidence Based Practices

EXHIBIT 6-H

Eligibility Category	Applied to Fee-for-Service Wrap-around
	PMPM ADJUSTMENT TO "MH SERVICES EVIDENCE BASED PRACTICE" SERVICE CATEGORY
Aid to the Blind/Aid to the Disabled with Medicare	\$2.28
Aid to the Blind/Aid to the Disabled without Medicare	\$2.28

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustment for Mental Health Long Term Care Case Management - Managed Care

EXHIBIT 6-I

Service Category	All Eligibility Categories
MH SERVICES CASE MANAGEMENT	1.019

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustment for Nutritional Counseling Services for Morbid Obesity

EXHIBIT 6-J

Eligibility Category	Applied to Managed Care and Fee-for-Service
	PMPM ADJUSTMENT TO "PHYS OTHER" SERVICE CATEGORY
Temporary Assistance to Needy Families (Adults Only)	\$0.28
Poverty Level Medical Adults	\$0.28
PLM, TANF, and CHIP Children < 1	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.14
Aid to the Blind/Aid to the Disabled with Medicare	\$0.28
Aid to the Blind/Aid to the Disabled without Medicare	\$0.28
Old Age Assistance with Medicare	\$0.28
Old Age Assistance without Medicare	\$0.28
SCF Children	\$0.14
OHP Families	\$0.28
OHP Adults & Couples	\$0.28

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustment For Bariatric Surgery Coverage

EXHIBIT 6-K

Eligibility Category	Managed Care PMPM Adjustment	
	IP HOSP - MEDICAL/SURGICAL	PHYS OTHER
Temporary Assistance to Needy Families (Adults Only)	\$0.14	\$0.01
Poverty Level Medical Adults	\$0.04	\$0.00
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.00	\$0.00
Aid to the Blind/Aid to the Disabled with Medicare	\$0.05	\$0.01
Aid to the Blind/Aid to the Disabled without Medicare	\$0.50	\$0.05
Old Age Assistance with Medicare	\$0.02	\$0.00
Old Age Assistance without Medicare	\$0.21	\$0.02
SCF Children	\$0.00	\$0.00
OHP Families	Ineligible for bariatric surgery	Ineligible for bariatric surgery
OHP Adults & Couples	Ineligible for bariatric surgery	Ineligible for bariatric surgery

Eligibility Category	Fee-for-Service PMPM Adjustment	
	IP HOSP - MEDICAL/SURGICAL	PHYS OTHER
Temporary Assistance to Needy Families (Adults Only)	\$0.16	\$0.01
Poverty Level Medical Adults	\$0.06	\$0.00
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.00	\$0.00
Aid to the Blind/Aid to the Disabled with Medicare	\$0.06	\$0.01
Aid to the Blind/Aid to the Disabled without Medicare	\$0.55	\$0.04
Old Age Assistance with Medicare	\$0.04	\$0.01
Old Age Assistance without Medicare	\$0.10	\$0.01
SCF Children	\$0.00	\$0.00
CAWEM (Citizen-Alien Waived Emergency Medical)	Ineligible for bariatric surgery	Ineligible for bariatric surgery
OHP Families	Ineligible for bariatric surgery	Ineligible for bariatric surgery
OHP Adults & Couples	Ineligible for bariatric surgery	Ineligible for bariatric surgery

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustments for Dental Benefit Change for Children

EXHIBIT 6-L

Delivery System	Applied to All Dental Service Categories	
	Managed Care	Fee-for-Service
PLM, TANF, and CHIP Children 1 - 5	1.009	1.021
PLM, TANF, and CHIP Children 6 - 18	1.024	1.027
SCF Children	1.027	1.025

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2010-2011
Adjustments for Non-COLA Fee Schedule Changes for Durable Medical Equipment
and J-Codes - Fee-for-Service

EXHIBIT 6-M

Service Category	All Eligibility Categories
FP - OP HOSP	0.957
OP HOSP - BASIC	0.963
OP HOSP - PRES DRUGS BASIC	0.973
OTH MED - DME	0.989
OTH MED - SUPPLIES	0.985
PHYS OTHER	0.905

Note: Changes in reimbursement for certain durable medical equipment and J-codes were implemented via changes to the Fee-for-Service fee schedule rather than cost of living adjustments (COLAs). The affected HCPCS codes are within service categories also affected by the COLAs. The adjustments in the table above, combined with the COLA adjustments, produce adjustments reflecting the net impact of the fee schedule changes and the COLAs to the relevant service categories

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Managed Care Data to Calendar Years 2010-2011

EXHIBIT 7-A

TANF RELATED ADULTS¹

Data Period Trend: From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	14.9%	3.8%	19.3%
Outpatient Hospital	7.2%	3.8%	11.3%
Physician & Other	9.5%	0.0%	9.5%
Prescription Drug	10.1%	0.0%	10.1%
Chemical Dependency	9.5%	1.9%	11.6%
Dental	8.8%	1.9%	10.9%
Mental Health	18.5%	1.9%	20.8%

Projection Period Trend: From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	3.0%	3.1%	6.2%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	3.0%	2.6%	5.7%
Chemical Dependency	3.0%	1.7%	4.7%
Dental	2.0%	1.7%	3.7%
Mental Health	3.0%	1.7%	4.7%

¹ These factors apply to the TANF and PLM Adults eligibility categories

² For PLM Adults, a data period utilization trend of 0.0% was applied to IP-Maternity and IP-Maternity/Sterilization.

CHILDREN³

Data Period Trend: From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.3%	3.8%	6.2%
Outpatient Hospital	-3.1%	3.8%	0.6%
Physician & Other	6.5%	0.0%	6.5%
Prescription Drug	2.4%	0.0%	2.4%
Chemical Dependency	6.5%	1.9%	8.5%
Dental	15.1%	1.9%	17.3%
Mental Health	19.7%	1.9%	22.0%

Projection Period Trend: From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	3.1%	5.2%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	3.0%	2.6%	5.7%
Chemical Dependency	4.0%	1.7%	5.8%
Dental	3.0%	1.7%	4.7%
Mental Health	3.0%	1.7%	4.7%

³ These factors apply to the CHILDREN and SCF eligibility categories

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Managed Care Data to Calendar Years 2010-2011

EXHIBIT 7-A

DISABLED RELATED⁴

Data Period Trend: From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	1.5%	3.8%	5.4%
Outpatient Hospital	3.8%	3.8%	7.7%
Physician & Other	0.9%	0.0%	0.9%
Prescription Drug	2.3%	0.0%	2.3%
Chemical Dependency	0.9%	1.9%	2.8%
Dental	3.3%	1.9%	5.3%
Mental Health	12.2%	1.9%	14.3%

Projection Period Trend: From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	3.1%	5.2%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	3.0%	2.6%	5.7%
Chemical Dependency	3.0%	1.7%	4.7%
Dental	2.0%	1.7%	3.7%
Mental Health	3.0%	1.7%	4.7%

⁴ These factors apply to the AB/AD without Medicare and OAA without Medicare eligibility categories

DISABLED RELATED - DUAL MEDICAID/MEDICARE⁵

Data Period Trend: From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	0.0%	0.0%	0.0%
Outpatient Hospital	4.1%	3.8%	8.1%
Physician & Other	6.4%	0.0%	6.4%
Prescription Drug ⁶	55.6%	0.0%	55.6%
Chemical Dependency	6.4%	1.9%	8.4%
Dental	3.5%	1.9%	5.5%
Mental Health	3.4%	1.9%	5.4%

Projection Period Trend: From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	0.0%	0.0%	0.0%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	0.0%	2.6%	2.6%
Chemical Dependency	3.0%	1.7%	4.7%
Dental	2.0%	1.7%	3.7%
Mental Health	2.0%	1.7%	3.7%

⁵ These factors apply to the AB/AD with Medicare and OAA with Medicare eligibility categories.

⁶ The data period for Dual Eligible prescription drugs is 7/1/2006 to 6/30/2007. Therefore, the data period trend is applied from 1/1/2007 to 6/30/2007.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Managed Care Data to Calendar Years 2010-2011

EXHIBIT 7-A

OHP STANDARD⁷

Data Period Trend: From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	-8.0%	3.8%	-4.5%
Outpatient Hospital	2.4%	3.8%	6.3%
Physician & Other	1.0%	0.0%	1.0%
Prescription Drug	2.1%	0.0%	2.1%
Chemical Dependency	1.0%	1.9%	2.9%
Dental	8.1%	1.9%	10.2%
Mental Health	3.7%	1.9%	5.7%

Projection Period Trend: From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	0.0%	3.1%	3.1%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	3.0%	2.6%	5.7%
Chemical Dependency	3.0%	1.7%	4.7%
Dental	2.0%	1.7%	3.7%
Mental Health	3.0%	1.7%	4.7%

⁷ These factors apply to the OHP Families and OHP Adults and Couples eligibility categories.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Fee-for-Service Data to Calendar Years 2010-2011

EXHIBIT 7-B

TANF RELATED ADULTS¹

Data Period Trend: From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	7.6%	5.9%	13.9%
Outpatient Hospital	1.8%	5.0%	6.9%
Physician & Other	-0.1%	5.7%	5.6%
Prescription Drug	-1.2%	3.1%	1.9%
Chemical Dependency	-0.1%	5.7%	5.6%
Dental	2.1%	1.9%	4.0%
Mental Health	-14.8%	3.0%	-12.2%

Projection Period Trend: From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	3.0%	3.0%	6.0%
Outpatient Hospital	4.0%	2.5%	6.6%
Physician & Other	3.0%	2.7%	5.8%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	2.7%	5.8%
Dental	2.0%	2.7%	4.8%
Mental Health	3.0%	2.7%	5.8%

¹ These factors apply to the TANF and PLM Adults eligibility categories

CHILDREN²

Data Period Trend: From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	6.4%	0.7%	7.1%
Outpatient Hospital	1.7%	2.2%	3.9%
Physician & Other	-0.3%	3.5%	3.2%
Prescription Drug	1.4%	6.7%	8.2%
Chemical Dependency	-0.3%	3.5%	3.2%
Dental	-3.9%	7.4%	3.2%
Mental Health	-20.0%	4.7%	-16.2%

Projection Period Trend: From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	0.7%	2.7%
Outpatient Hospital	4.0%	2.2%	6.3%
Physician & Other	3.0%	2.7%	5.8%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	2.7%	5.8%
Dental	3.0%	2.7%	5.8%
Mental Health	3.0%	2.7%	5.8%

² These factors apply to the CHILD and SCF eligibility categories

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Fee-for-Service Data to Calendar Years 2010-2011

EXHIBIT 7-B

DISABLED RELATED³

Data Period Trend: From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	4.6%	2.5%	7.2%
Outpatient Hospital	2.5%	0.4%	2.9%
Physician & Other	-1.2%	5.0%	3.7%
Prescription Drug	0.1%	6.8%	6.9%
Chemical Dependency	-1.2%	5.0%	3.7%
Dental	9.6%	5.7%	15.8%
Mental Health	-3.9%	-1.1%	-5.0%

Projection Period Trend: From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	2.5%	4.6%
Outpatient Hospital	2.0%	0.4%	2.4%
Physician & Other	3.0%	2.7%	5.8%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	2.7%	5.8%
Dental	2.0%	2.7%	4.8%
Mental Health	3.0%	2.7%	5.8%

³ These factors apply to the AB/AD without Medicare and OAA without Medicare eligibility categories

DISABLED RELATED - DUAL MEDICAID/MEDICARE⁴

Data Period Trend: From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	18.1%	-20.6%	-6.2%
Outpatient Hospital	-23.4%	7.0%	-18.0%
Physician & Other	0.1%	0.1%	0.2%
Prescription Drug	-14.8%	5.3%	-10.3%
Chemical Dependency	0.1%	0.1%	0.2%
Dental	7.9%	-1.9%	5.8%
Mental Health	2.2%	-4.0%	-1.9%

Projection Period Trend: From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	3.0%	3.4%	6.5%
Outpatient Hospital	4.0%	3.5%	7.7%
Physician & Other	3.0%	0.1%	3.1%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	0.1%	3.1%
Dental	2.0%	2.7%	4.8%
Mental Health	0.0%	2.7%	2.7%

⁵ These factors apply to the AB/AD with Medicare and OAA with Medicare eligibility categories.

⁶ The data period for Dual Eligible prescription drugs is 1/1/2006 to 4/30/2008. Therefore, the data period trend is applied from 3/1/2007 to 3/30/2008.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Fee-for-Service Data to Calendar Years 2010-2011

EXHIBIT 7-B

OHP STANDARD⁶

Data Period Trend: From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	-6.4%	1.4%	-5.1%
Outpatient Hospital	11.6%	0.1%	11.7%
Physician & Other	3.8%	-3.1%	0.6%
Prescription Drug	6.8%	5.2%	12.4%
Chemical Dependency	3.8%	-3.1%	0.6%
Dental	0.0%	0.0%	0.0%
Mental Health	-21.7%	4.5%	-18.2%

Projection Period Trend: From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	1.4%	3.4%
Outpatient Hospital	4.0%	0.1%	4.1%
Physician & Other	3.0%	2.7%	5.8%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	2.7%	5.8%
Dental	2.0%	2.7%	4.8%
Mental Health	3.0%	2.7%	5.8%

⁶ These factors apply to the OHP Families and OHP Adults and Couples eligibility categories.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011

Managed Care Annualized Utilization Rates per 1,000 Members

With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYSICAL HEALTH												
ADMINISTRATIVE EXAMS												
ANESTHESIA	197.5	1,127.6	70.8	83.5	45.6	192.9	195.7	213.3	180.7	77.1	76.7	116.4
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	6.2	16.2	0.0	0.0	0.9	1.7	2.6			3.0	5.6	1.4
FP - PHYS	185.7	474.1	0.1	0.0	27.6	33.1	44.3	0.0		31.2	129.8	30.4
HYSTERECTOMY - ANESTHESIA	3.3	0.7				0.9	0.8	0.6			3.0	0.9
HYSTERECTOMY - IP HOSP	6.2	0.8				1.8	2.0	0.8		0.1	2.1	1.7
HYSTERECTOMY - OP HOSP	0.1						0.1					
HYSTERECTOMY - PHYS	13.1	1.4			0.0	3.4	4.3	1.8		0.1	10.2	5.4
IP HOSP - ACUTE DETOX	2.2	0.4			0.2	2.2	3.8	1.2	1.7	0.2	0.9	5.5
IP HOSP - MATERNITY	127.4	1,230.2	0.3		5.8	3.2	8.8			2.6	2.1	0.5
IP HOSP - MATERNITY / STERILIZATION	6.6	37.1			0.0	0.1	0.3					0.1
IP HOSP - MEDICAL/SURGICAL	74.1	21.3	84.3	22.5	15.2	232.9	239.2	398.9	202.3	22.1	33.3	93.2
IP HOSP - NEWBORN	0.0	0.1	697.6	0.0		0.0	0.0			1.4		
IP HOSP - POST HOSP EXTENDED CARE	0.0				0.0			0.0				
LAB & RAD - DIAGNOSTIC X-RAY	3,026.6	5,319.6	1,333.2	448.3	676.0	4,360.4	4,506.9	5,322.3	6,075.7	663.4	2,388.8	3,812.7
LAB & RAD - LAB	5,183.7	15,693.6	1,080.3	855.3	1,113.7	4,013.2	5,395.0	3,717.8	5,411.4	1,486.1	4,074.6	5,383.0
LAB & RAD - THERAPEUTIC X-RAY	44.9	5.2	1.4	2.9	2.4	126.4	182.8	214.5	151.4	2.8	39.5	135.4
OP ER - SOMATIC MH	31.5	10.6	0.3	0.4	7.3	84.8	77.7	16.4	8.2	17.3	17.1	48.3
OP HOSP - BASIC	1,479.1	1,100.3	1,016.9	544.5	378.8	2,605.4	2,352.9	2,556.5	1,922.4	512.9	976.6	1,597.7
OP HOSP - EMERGENCY ROOM	1,257.1	519.7	957.2	598.3	378.0	1,081.3	1,162.4	694.2	388.5	321.0	637.5	942.3
OP HOSP - LAB & RAD	1,873.0	2,010.7	765.0	403.9	457.9	2,486.4	2,608.2	2,824.6	2,272.7	510.4	1,485.9	2,159.1
OP HOSP - MATERNITY	512.9	5,711.9	1.4	0.2	31.7	19.3	57.9	0.1		23.0	76.6	23.4
OP HOSP - POST HOSP EXTENDED CARE	0.7	1.2	1.5	0.1	0.1	10.7	14.6	18.4	18.2	0.1		0.4
OP HOSP - PRES DRUGS BASIC	897.9	1,120.8	382.2	315.0	200.4	808.2	918.4	599.3	478.6	190.2	460.2	679.2
OP HOSP - PRES DRUGS MH/CD	16.0	4.5	0.3	0.4	1.9	40.5	42.0	7.6	7.3	5.1	9.4	23.9
OP HOSP - SOMATIC MH	45.9	13.1	1.7	10.8	13.9	151.4	149.7	46.7	20.0	74.5	30.4	61.9
OTH MED - DME	206.9	99.2	202.8	79.2	50.0	2,109.2	1,447.9	2,788.5	1,067.2	114.4	130.7	331.8
OTH MED - HHC/PDN	40.5	34.2	38.1	14.3	7.8	248.8	331.5	236.6	225.8	50.8	11.2	23.0
OTH MED - HOSPICE	1.1	0.2	1.7	0.1	0.0	0.6	23.7	19.2	46.1	0.4	0.4	4.5
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	1,432.2	1,341.1	1,065.0	460.7	602.0	152,231.7	100,630.4	256,042.6	144,570.6	7,267.3	1,347.5	2,345.8
PHYS CONSULTATION, IP & ER VISITS	1,469.3	811.0	2,709.3	607.1	410.3	2,648.4	2,687.1	3,214.0	2,064.5	483.9	934.9	1,753.1
PHYS HOME OR LONG-TERM CARE VISITS	2.9	0.9	9.6	0.3	0.8	132.2	84.2	510.7	129.3	8.7	0.2	3.1
PHYS MATERNITY	620.7	6,758.5	5.8	0.4	36.7	27.2	68.4	0.4	0.9	16.8	71.2	19.4
PHYS NEWBORN	4.8	26.5	1,021.7	4.1	4.1	13.4	13.5	14.5	15.1	14.0	4.9	6.5
PHYS OFFICE VISITS	6,121.7	3,356.1	16,624.4	5,411.8	2,652.8	8,385.6	7,934.6	7,456.7	8,383.8	4,407.5	5,442.5	7,613.0
PHYS OTHER	908.6	788.4	6,936.8	1,537.2	515.2	2,662.9	2,167.3	2,909.4	1,884.6	1,456.3	813.9	1,375.4

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011

Managed Care Annualized Utilization Rates per 1,000 Members

With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	649.5	177.2	15.3	105.0	251.6	1,577.3	1,244.1	724.3	332.1	823.6	436.5	776.4
PRES DRUGS - BASIC	16,022.2	12,030.0	3,928.6	3,232.7	3,112.4	5,158.9	40,076.0	5,203.2	35,337.0	6,137.0	15,674.7	33,125.7
PRES DRUGS - FP	628.9	697.7	0.2	0.2	132.3	0.6	208.6		3.5	172.9	675.8	299.2
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	15.3	76.2			0.0	0.8	1.4				3.9	0.7
STERILIZATION - ANESTHESIA MALE	0.0					0.0	0.0					
STERILIZATION - IP HOSP FEMALE	5.0	37.7			0.0	0.3	0.4				0.2	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	4.3	12.0			0.0	0.3	0.4				1.5	0.2
STERILIZATION - OP HOSP MALE	0.1					0.1	0.0				0.1	
STERILIZATION - PHY FEMALE	27.5	159.6			0.0	0.9	2.2				4.3	0.6
STERILIZATION - PHY MALE	1.7					0.4	0.2				1.9	0.1
SURGERY	1,377.0	2,777.4	883.4	282.6	319.8	2,160.3	2,154.2	2,294.5	1,924.6	430.2	1,194.3	1,908.5
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	167.9	217.9	118.5	42.2	38.4	705.7	553.0	953.3	350.7	52.0	96.8	276.8
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	401.6	382.0	60.8	130.7	387.4	594.9	541.1	791.7	755.5	464.8	86.4	186.0
VISION CARE - MATERIALS & FITTING	919.6	975.7	9.3	133.3	831.0	984.8	1,005.2	844.7	1,019.4	923.8	13.1	10.1
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	2.7	1.4			0.0	3.7	4.2	0.2			0.8	10.1
CD SERVICES - METHADONE	943.5	312.9	0.1	0.0	3.1	793.6	906.7	62.5	59.2	5.2	483.3	3,732.8
CD SERVICES - OP	2,942.4	1,577.2	0.1	0.6	237.2	1,558.0	2,200.1	92.0	72.9	1,246.6	984.2	5,829.7

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011

Managed Care Annualized Utilization Rates per 1,000 Members

With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
DENTAL												
DENTAL - ADJUNCTIVE GENERAL	203.3	133.1	1.5	60.4	37.4	193.3	146.6	111.1	97.5	35.9	70.0	79.7
DENTAL - ANESTHESIA SURGICAL	50.0	27.3	0.4	148.3	107.0	44.6	46.9	6.5	4.6	115.5	10.1	8.4
DENTAL - DIAGNOSTIC	2,209.0	2,274.5	37.8	1,500.6	2,273.6	1,745.7	1,611.3	975.7	1,516.6	2,155.3	764.9	746.9
DENTAL - ENDODONTICS	110.8	110.5	0.4	138.7	87.8	51.5	54.8	18.0	41.4	76.8	19.5	12.1
DENTAL - I/P FIXED	0.6	0.5			0.0	1.3	0.7	1.5	2.3	0.1	0.6	0.3
DENTAL - ORAL SURGERY	489.6	258.7	1.1	113.8	209.9	361.2	352.8	211.6	386.1	152.9	156.7	208.7
DENTAL - ORTHODONTICS	0.0	0.1			0.4	0.0	0.2			0.7		
DENTAL - PERIODONTICS	237.5	204.4	0.2	0.6	19.0	260.6	179.6	103.3	203.4	19.4	8.4	3.6
DENTAL - PREVENTIVE	707.2	1,021.3	47.7	1,108.0	1,873.6	697.6	674.4	322.6	357.7	1,709.3	49.2	22.3
DENTAL - PROS REMOVABLE	97.2	14.7	0.1	0.1	1.4	185.8	151.7	257.5	384.5	0.8	10.1	5.1
DENTAL - RESTORATIVE	979.1	1,052.3	2.7	879.2	1,069.5	728.6	666.5	322.4	437.5	1,069.6	114.7	73.3
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	56.6	16.8	0.3	1.2	25.9	266.7	397.4	49.3	76.6	91.0	28.4	117.9
MH SERVICES ALTERNATIVE TO IP	6.1	2.3	1.1	0.1	4.0	124.5	127.1	5.5		60.1	0.7	31.8
MH SERVICES ANCILLARY SERVICES	13.7	0.4		0.6	2.0	11.2	50.1	15.8	179.5	3.6	9.9	10.0
MH SERVICES ASSESS & EVAL	156.6	79.0	0.8	31.2	122.1	154.6	244.8	34.0	79.7	521.1	58.8	123.4
MH SERVICES CASE MANAGEMENT	417.3	111.6	4.3	89.3	525.7	3,554.6	3,368.4	297.7	612.6	4,192.8	149.8	751.9
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	1.3	0.4		1.4	6.3	268.2	234.8	11.9		35.9	0.2	68.1
MH SERVICES INTENSIVE TREATMENT SVCS			0.0	4.4	61.6	0.0	51.7			289.4		
MH SERVICES MED MANAGEMENT	53.5	7.8		0.9	10.3	1,142.7	843.7	68.8	96.7	43.2	26.3	113.9
MH SERVICES OP THERAPY	546.8	156.9	0.5	58.5	305.8	1,097.8	1,134.9	113.4	67.3	1,813.0	286.1	580.8
MH SERVICES OTHER OP	4.0	1.6		0.2	4.0	2.9	12.4	1.5		9.5	1.6	3.5
MH SERVICES PEO												
MH SERVICES PHYS IP	259.2	53.6	0.5	24.3	186.5	1,055.0	1,272.2	136.2	180.3	1,258.1	140.2	437.6
MH SERVICES PHYS OP	1,127.3	398.1	29.7	276.3	938.6	1,884.9	2,370.1	210.1	752.1	5,517.2	610.1	1,384.6
MH SERVICES SUPPORT DAY PROGRAM	55.4	21.7	0.6	23.2	84.0	2,399.7	1,982.7	236.7	285.5	658.9	23.7	366.9

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Annualized Utilization Rates per 1,000 Members

With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYSICAL HEALTH													
ADMINISTRATIVE EXAMS	112.6	44.3	4.2	5.3	9.1	25.2	199.3	2.7	7.8	398.6	0.2	23.7	156.3
ANESTHESIA	159.1	536.4	72.4	61.4	36.5	189.4	245.9	121.3	195.6	48.8	154.1	79.9	126.3
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	22.0	27.7	0.1	0.0	2.7	0.7	5.7	0.1		3.0		18.2	4.1
FP - PHYS	1,942.1	1,780.1	3,330.7	426.3	808.9	160.1	346.8	28.9	118.8	559.9	0.4	1,268.8	828.7
HYSTERECTOMY - ANESTHESIA	2.1	0.6				0.3	1.0	0.4			0.1	2.8	1.2
HYSTERECTOMY - IP HOSP	5.1	0.5				1.9	2.4	1.6			0.3	3.3	1.8
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	5.4	1.5				0.5	2.7	0.4			0.2	8.3	3.9
IP HOSP - ACUTE DETOX	1.4		0.1		0.3	3.2	5.1	2.3		0.1		0.9	5.0
IP HOSP - MATERNITY	120.4	878.0			7.2	3.4	5.3	0.5		2.5	364.6	5.6	0.5
IP HOSP - MATERNITY / STERILIZATION	5.4	24.5			0.1	0.1	0.1	0.0			2.5	0.5	
IP HOSP - MEDICAL/SURGICAL	84.6	19.6	94.9	29.7	21.5	338.4	381.7	336.3	355.7	29.0	14.2	50.6	118.5
IP HOSP - NEWBORN	0.1	0.3	2,322.7	0.2			1.1			31.6	0.2		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	2,344.4	3,996.4	1,818.1	324.8	513.8	800.8	4,409.9	784.4	3,723.3	486.0	103.0	1,814.3	3,297.6
LAB & RAD - LAB	3,538.3	10,683.6	807.8	385.3	695.6	226.5	3,750.3	79.2	3,213.3	759.6	36.0	2,877.7	4,148.7
LAB & RAD - THERAPEUTIC X-RAY	46.6	2.2	2.2	1.1	1.2	28.8	338.1	14.8	435.4	0.4	0.6	21.6	95.3
OP ER - SOMATIC MH	35.8	6.8	0.2	0.5	9.2	20.9	72.3	7.5	7.1	15.6		24.0	57.5
OP HOSP - BASIC	2,934.4	1,396.5	2,174.1	893.8	683.6	847.6	3,693.0	470.2	2,156.2	701.1	22.3	2,385.4	4,578.5
OP HOSP - EMERGENCY ROOM	1,328.1	423.5	1,079.0	660.3	444.0	223.1	1,113.7	124.1	527.2	277.1	23.3	984.7	1,290.2
OP HOSP - LAB & RAD	2,825.0	2,259.6	1,114.9	444.7	565.4	313.3	3,379.9	217.2	2,565.2	603.9	19.3	2,437.7	4,638.3
OP HOSP - MATERNITY	559.4	5,448.6	1.4	0.2	37.6	3.8	36.0	0.5		16.4	35.2	86.6	37.4
OP HOSP - POST HOSP EXTENDED CARE						0.0							
OP HOSP - PRES DRUGS BASIC	1,056.8	1,048.7	465.6	378.6	253.8	75.9	1,179.1	18.8	560.3	184.9	33.3	684.4	896.6
OP HOSP - PRES DRUGS MH/CD	29.6	8.3	0.2	0.3	3.8	7.4	86.9	1.0	144.2	7.0		15.8	59.4
OP HOSP - SOMATIC MH	86.1	18.4	1.2	8.4	29.3	17.6	173.6	8.2	28.4	86.6		91.4	148.2
OTH MED - DME	145.6	35.3	266.4	100.8	43.4	1,936.1	1,562.0	1,598.7	731.1	146.4	0.7	129.3	347.0
OTH MED - HHC/PDN	39.7	12.5	61.8	21.9	10.8	178.7	655.6	118.0	270.1	131.3	0.1	19.9	10.5
OTH MED - HOSPICE	0.4		1.1		0.0	0.5	51.9	7.1	62.9			0.2	4.6
OTH MED - MATERNITY MGT	355.8	2,429.8	13.6	22.9	45.2	11.0	389.8	0.0		66.4	0.5	38.2	7.8
OTH MED - SUPPLIES	2,199.3	1,385.3	775.4	446.3	1,095.2	156,399.9	152,395.9	169,187.3	56,428.6	13,391.2	0.3	1,349.8	3,025.3
PHYS CONSULTATION, IP & ER VISITS	906.0	428.8	4,528.9	340.5	254.4	316.4	3,689.2	210.6	2,738.3	399.4	86.6	731.8	1,521.2
PHYS HOME OR LONG-TERM CARE VISITS	6.2	29.5	128.8	2.1	0.6	331.7	300.5	393.3	565.8	3.3		0.8	3.1
PHYS MATERNITY	598.5	5,202.0	11.2	0.2	37.2	7.4	33.1	0.7	2.3	16.0	452.0	56.8	23.6
PHYS NEWBORN	12.0	25.2	2,858.0	5.0	4.6	12.4	73.5	2.6	16.3	44.4	0.4	7.0	32.9
PHYS OFFICE VISITS	7,457.8	3,625.7	10,177.1	3,340.5	2,259.3	2,589.0	7,368.5	1,262.2	3,925.8	6,705.7	8.8	6,060.4	11,135.4
PHYS OTHER	1,429.1	1,015.5	3,397.7	794.9	423.0	2,296.1	4,014.1	1,773.8	4,321.9	1,758.1	7.2	1,011.1	2,529.6

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Annualized Utilization Rates per 1,000 Members

With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	454.5	118.1	35.2	1,623.9	1,804.4	658.6	3,636.6	543.0	395.8	2,658.0	0.9	336.4	680.2
PRES DRUGS - BASIC	12,765.9	7,084.1	3,529.0	2,807.9	3,025.3	9,437.0	36,611.6	7,156.8	39,750.1	6,216.3	0.6	17,735.4	39,281.2
PRES DRUGS - FP	858.0	639.3	0.2	0.2	242.4	3.2	340.9	0.0	11.6	237.5		1,363.3	598.1
PRES DRUGS - MH/CD	4,288.5	975.4	1.5	29.2	579.6	1,514.5	13,371.0	609.1	4,557.8	3,580.0	0.3	5,293.9	10,712.6
SCHOOL-BASED HEALTH SERVICES			14.7	48.4	19.7	8.4	1,264.2	0.0		188.4			
STERILIZATION - ANESTHESIA FEMALE	10.3	28.4				1.0	0.4				0.1	4.0	0.6
STERILIZATION - ANESTHESIA MALE							0.0						
STERILIZATION - IP HOSP FEMALE	5.7	36.8			0.0	0.2	0.2	0.0			2.2	0.4	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	2.8	6.8				0.1	0.1					1.7	0.3
STERILIZATION - OP HOSP MALE	0.0					0.1							
STERILIZATION - PHY FEMALE	15.9	55.2			0.0	1.0	0.6	0.0			0.7	4.5	1.0
STERILIZATION - PHY MALE	1.1					0.3	0.1	0.0				1.9	
SURGERY	784.6	1,757.6	948.8	125.2	166.8	366.9	1,572.3	252.3	1,269.0	192.0	26.3	837.4	1,397.2
TARGETED CASE MAN - BABIES FIRST			1,140.8	162.6	0.0	0.2	46.0			14.8			
TARGETED CASE MAN - HIV	0.1				0.0	0.8	1.0	0.1				0.1	0.7
TARGETED CASE MAN - SUBS ABUSE MOMS	8.1	47.8	0.2		0.4	0.1	0.7	0.0		0.1		3.7	1.2
THERAPEUTIC ABORTION - IP HOSP	0.1	1.0			0.0		0.0				0.1	0.1	0.0
THERAPEUTIC ABORTION - OP HOSP	20.0	80.9			1.3	0.2	0.9			0.6	0.1	6.9	2.4
THERAPEUTIC ABORTION - PHYS	98.9	425.0	0.0	0.0	7.3	1.0	3.7	0.0		3.3	0.5	32.7	14.3
TRANSPORTATION - AMBULANCE	124.6	129.3	134.9	30.9	32.4	164.2	493.1	134.3	400.5	44.1	32.8	70.8	220.8
TRANSPORTATION - OTHER	2,752.0	1,010.4	323.0	153.9	389.0	20,308.2	13,322.8	8,664.5	6,822.6	1,642.3			
VISION CARE - EXAMS & THERAPY	204.2	125.7	54.7	81.6	187.5	138.5	291.9	92.6	316.7	196.9	0.0	82.9	172.9
VISION CARE - MATERIALS & FITTING	666.1	488.7	12.0	110.3	589.5	664.1	732.7	232.8	482.0	522.1		3.2	0.1
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	753.2	157.5			8.9	719.7	1,142.1	27.7	39.6	3.0		643.2	2,507.0
CD SERVICES - OP	294.0	142.7		0.2	70.2	60.5	87.8	0.7	7.0	220.6		104.9	280.4

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Annualized Utilization Rates per 1,000 Members

With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
DENTAL													
DENTAL - ADJUNCTIVE GENERAL	16.2	8.8		9.5	3.0	18.2	19.8	1.4	10.6	11.0		7.8	9.9
DENTAL - ANESTHESIA SURGICAL	3.9	0.7		14.5	9.6	4.3	9.5	0.1		56.2			1.8
DENTAL - DIAGNOSTIC	184.2	91.1	2.2	155.6	201.7	190.5	212.1	14.2	42.5	416.2		61.9	50.7
DENTAL - ENDODONTICS	7.5	3.4		18.7	5.2	5.8	8.5	0.6		36.0			0.7
DENTAL - I/P FIXED							0.1						
DENTAL - ORAL SURGERY	31.0	12.2		20.0	26.9	36.1	65.1	3.4	28.3	45.9		34.3	26.6
DENTAL - ORTHODONTICS							0.1						
DENTAL - PERIODONTICS	18.0	6.1			1.1	17.5	12.2	1.1	21.2	0.8		0.5	0.4
DENTAL - PREVENTIVE	28.8	21.0	0.2	111.9	185.0	58.5	94.1	2.8	3.5	295.3		2.6	1.1
DENTAL - PROS REMOVABLE	4.2	1.5			0.1	12.1	10.7	3.2	7.1			0.5	
DENTAL - RESTORATIVE	89.6	45.4		137.5	125.4	103.8	95.0	4.7	7.1	278.0		4.7	3.2
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	56.7	44.0	5.3	2.5	29.7	785.5	795.3	154.3	907.9	222.7	0.6	14.7	195.2
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	2.0			0.1	0.3	1.2	13.8			0.8		1.2	4.9
MH SERVICES ASSESS & EVAL	51.3	10.4	0.4	8.4	34.5	226.9	206.6	3.6	17.5	243.8		23.2	56.8
MH SERVICES CASE MANAGEMENT	111.8	22.3	0.4	17.1	114.8	1,474.2	1,392.8	18.1	46.6	1,093.9		93.9	432.1
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	12.8	1.8		0.1	2.8	5,550.5	2,440.2	14.8	273.5	21.4		7.7	76.9
MH SERVICES OP THERAPY	152.7	28.2		19.3	80.8	16,128.6	6,889.5	91.0	1,361.9	470.2		110.5	355.7
MH SERVICES OTHER OP				2.2	1.4	15.7	10.0	1.8		22.6			4.0
MH SERVICES PEO													
MH SERVICES PHYS IP	86.5	23.3		8.3	65.4	1,181.9	1,014.3	138.0	192.1	508.1	0.2	97.0	337.9
MH SERVICES PHYS OP	200.1	43.4	2.1	67.5	231.8	1,664.5	1,513.9	133.5	430.7	1,503.8	0.0	148.4	442.7
MH SERVICES SUPPORT DAY PROGRAM	24.3	3.5	0.9	20.2	39.0	14,844.1	6,744.1	104.7	1,134.9	246.9		26.3	314.6

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011
Managed Care Projected Average Cost per Unit of Service
With Adjustments for Cost Trend, Cost-to-Charge, and Budget Issues

EXHIBIT 9-A

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYSICAL HEALTH												
ADMINISTRATIVE EXAMS												
ANESTHESIA	\$338.19	\$360.59	\$371.22	\$293.65	\$290.57	\$67.11	\$361.62	\$62.53	\$361.49	\$296.57	\$337.10	\$359.83
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	\$162.71	\$171.32	\$129.39	\$266.08	\$137.51	\$21.23	\$100.97			\$89.65	\$189.50	\$132.53
FP - PHYS	\$81.18	\$128.67	\$16.16	\$29.32	\$37.74	\$7.88	\$39.86	\$21.17		\$32.43	\$72.74	\$46.33
HYSTERECTOMY - ANESTHESIA	\$403.08	\$302.11				\$77.52	\$454.81	\$85.58			\$408.50	\$468.60
HYSTERECTOMY - IP HOSP	\$10,050.33	\$17,142.73					\$10,883.33			\$7,257.99	\$7,994.53	\$9,258.77
HYSTERECTOMY - OP HOSP	\$5,059.93						\$4,242.89					
HYSTERECTOMY - PHYS	\$585.03	\$589.11			\$167.02	\$122.43	\$612.74	\$143.63		\$833.73	\$583.75	\$657.75
IP HOSP - ACUTE DETOX	\$3,742.04	\$2,416.89			\$4,115.99		\$5,820.61		\$7,081.72	\$5,907.47	\$4,528.34	\$5,110.84
IP HOSP - MATERNITY	\$5,024.47	\$5,105.75	\$5,150.59		\$5,237.05		\$6,435.62			\$5,655.71	\$5,529.51	\$6,660.26
IP HOSP - MATERNITY / STERILIZATION	\$6,759.65	\$6,851.60			\$10,329.82		\$7,632.25					\$6,137.26
IP HOSP - MEDICAL/SURGICAL	\$11,841.25	\$9,171.17	\$11,613.30	\$7,300.80	\$11,512.52		\$14,270.54		\$18,054.64	\$8,597.79	\$13,079.40	\$13,568.03
IP HOSP - NEWBORN	\$1,074.89	\$1,201.03	\$3,883.55	\$682.76			\$2,274.71			\$7,331.00		
IP HOSP - POST HOSP EXTENDED CARE	\$136.10				\$136.10							
LAB & RAD - DIAGNOSTIC X-RAY	\$45.86	\$74.01	\$28.08	\$28.73	\$32.88	\$7.71	\$37.21	\$6.98	\$27.81	\$36.37	\$41.77	\$40.95
LAB & RAD - LAB	\$20.80	\$20.07	\$13.98	\$13.22	\$16.45		\$20.34		\$19.85	\$16.90	\$21.15	\$20.95
LAB & RAD - THERAPEUTIC X-RAY	\$135.81	\$51.35	\$105.07	\$111.05	\$95.19	\$25.21	\$127.18	\$25.77	\$120.97	\$70.97	\$116.46	\$118.47
OP ER - SOMATIC MH	\$223.71	\$214.65	\$145.74	\$173.57	\$272.30	\$56.72	\$277.36	\$53.47	\$354.48	\$283.05	\$259.64	\$267.78
OP HOSP - BASIC	\$300.24	\$242.06	\$166.72	\$295.07	\$266.53	\$123.73	\$383.32	\$109.56	\$445.24	\$311.05	\$335.72	\$323.76
OP HOSP - EMERGENCY ROOM	\$202.07	\$190.07	\$146.30	\$151.31	\$172.12	\$47.77	\$226.71	\$54.01	\$311.88	\$176.77	\$220.26	\$223.32
OP HOSP - LAB & RAD	\$197.47	\$113.99	\$124.99	\$124.60	\$154.24	\$44.12	\$216.02	\$41.67	\$209.27	\$169.70	\$189.26	\$215.47
OP HOSP - MATERNITY	\$249.18	\$200.35	\$153.72	\$134.47	\$243.77	\$64.92	\$274.30	\$67.06		\$224.00	\$322.77	\$368.33
OP HOSP - POST HOSP EXTENDED CARE	\$357.24	\$303.30	\$214.92	\$350.31	\$292.99	\$61.82	\$369.16	\$69.03	\$424.84	\$103.85		\$239.91
OP HOSP - PRES DRUGS BASIC	\$59.19	\$55.75	\$26.75	\$33.57	\$46.44	\$78.38	\$90.13	\$95.08	\$90.56	\$41.34	\$66.41	\$69.83
OP HOSP - PRES DRUGS MH/CD	\$25.08	\$26.59	\$43.54	\$49.99	\$22.59	\$43.01	\$38.26	\$34.54	\$29.91	\$29.22	\$31.46	\$35.97
OP HOSP - SOMATIC MH	\$172.35	\$183.67	\$267.19	\$219.23	\$161.19	\$36.87	\$179.31	\$49.81	\$224.66	\$140.80	\$169.22	\$225.50
OTH MED - DME	\$105.45	\$72.79	\$87.22	\$55.77	\$74.13	\$35.96	\$182.50	\$28.22	\$132.29	\$136.95	\$127.51	\$125.58
OTH MED - HHC/PDN	\$156.16	\$117.88	\$156.00	\$149.99	\$106.93		\$199.25		\$260.22	\$145.67	\$124.13	\$142.31
OTH MED - HOSPICE	\$974.93	\$282.49	\$1,635.70	\$1,555.82	\$720.94		\$1,257.59		\$1,772.73	\$1,541.02	\$809.92	\$985.84
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$12.07	\$12.03	\$9.23	\$6.88	\$7.03	\$1.42	\$1.64	\$0.95	\$0.71	\$2.54	\$11.75	\$15.45
PHYS CONSULTATION, IP & ER VISITS	\$113.00	\$107.80	\$154.01	\$102.19	\$105.61	\$22.02	\$111.68	\$21.05	\$110.21	\$115.72	\$115.48	\$116.56
PHYS HOME OR LONG-TERM CARE VISITS	\$63.78	\$42.83	\$75.30	\$56.05	\$76.67	\$18.16	\$91.13	\$16.53	\$107.89	\$71.68	\$85.65	\$88.63
PHYS MATERNITY	\$572.72	\$627.75	\$332.05	\$341.78	\$453.03	\$72.90	\$396.18	\$19.13	\$50.26	\$442.78	\$217.72	\$207.81
PHYS NEWBORN	\$91.60	\$78.29	\$73.57	\$129.80	\$145.28	\$18.73	\$106.30	\$19.10	\$128.84	\$134.73	\$95.58	\$87.00
PHYS OFFICE VISITS	\$64.24	\$59.59	\$52.50	\$52.43	\$60.04	\$13.32	\$65.69	\$13.36	\$57.66	\$59.45	\$65.48	\$65.55
PHYS OTHER	\$64.90	\$42.47	\$15.51	\$16.15	\$27.80	\$21.97	\$135.09	\$23.70	\$144.51	\$50.80	\$69.79	\$110.45

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
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EXHIBIT 9-A

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	\$61.83	\$69.85	\$94.70	\$80.63	\$66.80	\$12.24	\$59.04	\$12.95	\$60.95	\$67.93	\$62.04	\$65.80
PRES DRUGS - BASIC	\$31.51	\$25.64	\$30.97	\$25.44	\$38.56	\$13.98	\$46.58	\$9.91	\$34.47	\$47.65	\$38.45	\$41.20
PRES DRUGS - FP	\$31.34	\$31.40	\$31.52	\$34.19	\$32.64	\$19.77	\$31.12		\$29.16	\$32.28	\$32.02	\$29.64
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$283.15	\$280.33			\$222.42	\$54.21	\$302.99				\$304.40	\$299.36
STERILIZATION - ANESTHESIA MALE	\$197.02					\$32.03	\$20.76					
STERILIZATION - IP HOSP FEMALE	\$7,884.98	\$7,524.15			\$6,539.03		\$7,699.96				\$7,531.74	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$1,886.25	\$1,648.12			\$1,302.68	\$183.15	\$1,688.68				\$2,279.88	\$1,617.13
STERILIZATION - OP HOSP MALE	\$324.38					\$135.48	\$251.90				\$251.90	
STERILIZATION - PHY FEMALE	\$255.24	\$225.51			\$251.77	\$44.36	\$264.81				\$372.36	\$431.75
STERILIZATION - PHY MALE	\$512.44					\$116.17	\$478.00				\$427.75	\$557.95
SURGERY	\$120.16	\$31.54	\$88.26	\$150.32	\$128.57	\$26.19	\$131.10	\$29.45	\$141.92	\$129.25	\$99.74	\$114.76
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	\$309.99	\$375.41	\$609.38	\$340.14	\$338.70	\$50.95	\$303.32	\$50.91	\$286.53	\$350.06	\$284.27	\$285.10
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$75.64	\$73.84	\$102.83	\$70.61	\$68.43	\$82.41	\$81.13	\$89.46	\$86.73	\$68.66	\$89.75	\$95.20
VISION CARE - MATERIALS & FITTING	\$25.45	\$24.12	\$58.29	\$26.01	\$24.63	\$28.31	\$26.75	\$29.86	\$31.07	\$24.59	\$36.93	\$50.21
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	\$1,702.76	\$485.32			\$2,305.94	\$1,121.39	\$1,546.72	\$1,358.07			\$2,482.31	\$1,412.31
CD SERVICES - METHADONE	\$23.22	\$22.19	\$26.47	\$80.22	\$10.60	\$31.76	\$35.16	\$46.28	\$35.64	\$20.93	\$22.61	\$27.22
CD SERVICES - OP	\$55.89	\$58.76	\$44.84	\$59.60	\$75.50	\$24.29	\$45.90	\$26.38	\$42.95	\$65.51	\$49.55	\$48.18

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
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EXHIBIT 9-A

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
DENTAL												
DENTAL - ADJUNCTIVE GENERAL	\$128.14	\$128.49	\$91.86	\$141.91	\$117.56	\$117.93	\$124.18	\$93.82	\$105.87	\$134.25	\$141.93	\$148.01
DENTAL - ANESTHESIA SURGICAL	\$85.69	\$66.72	\$49.25	\$66.25	\$49.65	\$101.31	\$84.92	\$93.92	\$69.38	\$58.56	\$82.55	\$80.06
DENTAL - DIAGNOSTIC	\$36.24	\$36.87	\$41.29	\$29.69	\$30.63	\$32.70	\$32.66	\$31.10	\$30.53	\$30.07	\$31.65	\$31.94
DENTAL - ENDODONTICS	\$298.64	\$283.95	\$110.55	\$103.35	\$192.64	\$333.41	\$280.04	\$315.03	\$288.20	\$179.02	\$166.82	\$174.32
DENTAL - I/P FIXED	\$174.08	\$325.82			\$366.03	\$278.32	\$261.97	\$123.40	\$104.44	\$153.11	\$81.98	\$217.61
DENTAL - ORAL SURGERY	\$107.22	\$111.14	\$100.07	\$83.89	\$94.58	\$104.00	\$103.80	\$97.34	\$93.33	\$105.57	\$113.51	\$107.34
DENTAL - ORTHODONTICS	\$86.25	\$269.54			\$705.12	\$269.54	\$2,816.33			\$1,148.03		
DENTAL - PERIODONTICS	\$108.65	\$105.08	\$95.09	\$106.19	\$85.23	\$104.17	\$107.25	\$90.37	\$105.94	\$74.51	\$119.08	\$124.36
DENTAL - PREVENTIVE	\$34.78	\$35.46	\$18.40	\$32.95	\$36.59	\$40.76	\$37.12	\$41.65	\$29.67	\$37.29	\$35.37	\$32.45
DENTAL - PROS REMOVABLE	\$458.61	\$490.43	\$645.88	\$674.70	\$344.74	\$389.15	\$419.35	\$334.79	\$347.23	\$299.32	\$287.25	\$343.39
DENTAL - RESTORATIVE	\$98.46	\$89.38	\$99.06	\$112.97	\$95.16	\$107.86	\$103.97	\$103.29	\$92.82	\$93.64	\$103.62	\$97.67
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	\$1,013.21	\$938.48	\$823.00	\$974.84	\$940.33		\$941.37		\$1,421.73	\$929.95	\$1,056.37	\$981.75
MH SERVICES ALTERNATIVE TO IP	\$255.68	\$266.15	\$431.62	\$1,095.53	\$1,398.43	\$264.59	\$342.05	\$271.01		\$1,038.61	\$259.63	\$244.45
MH SERVICES ANCILLARY SERVICES	\$58.87	\$32.41		\$61.27	\$63.73	\$52.22	\$52.53	\$51.37	\$53.52	\$61.66	\$66.42	\$55.86
MH SERVICES ASSESS & EVAL	\$127.20	\$123.92	\$131.39	\$134.87	\$149.13	\$93.32	\$136.87	\$113.31	\$131.32	\$153.21	\$121.50	\$126.51
MH SERVICES CASE MANAGEMENT	\$56.63	\$65.96	\$177.87	\$116.95	\$133.07	\$70.37	\$88.00	\$72.77	\$71.32	\$128.54	\$57.85	\$68.27
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$141.72	\$54.02		\$77.35	\$113.67	\$35.94	\$36.39	\$37.37		\$122.81	\$253.46	\$22.52
MH SERVICES INTENSIVE TREATMENT SVCS			\$5,601.89	\$259.53	\$536.56	\$118.40	\$1,532.06			\$1,714.54		
MH SERVICES MED MANAGEMENT	\$49.47	\$42.11		\$62.62	\$51.85	\$34.63	\$42.63	\$38.67	\$48.20	\$45.30	\$63.19	\$45.90
MH SERVICES OP THERAPY	\$107.87	\$114.38	\$120.27	\$98.03	\$109.14	\$75.50	\$97.79	\$81.13	\$92.28	\$105.77	\$111.52	\$107.75
MH SERVICES OTHER OP	\$336.58	\$407.40		\$301.85	\$472.26	\$213.06	\$275.77	\$253.89		\$416.71	\$344.43	\$330.84
MH SERVICES PEO												
MH SERVICES PHYS IP	\$106.57	\$118.16	\$135.30	\$97.65	\$103.86	\$83.25	\$112.28	\$84.81	\$112.71	\$98.78	\$111.18	\$110.44
MH SERVICES PHYS OP	\$124.32	\$130.71	\$80.11	\$106.82	\$127.48	\$79.38	\$126.32	\$99.70	\$146.97	\$132.74	\$134.65	\$118.69
MH SERVICES SUPPORT DAY PROGRAM	\$73.23	\$81.21	\$78.63	\$110.34	\$113.63	\$91.77	\$92.07	\$118.23	\$107.77	\$124.14	\$62.15	\$82.24

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 9-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Projected Payments per Unit of Service

With Adjustments for Cost Trend and Budget Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYSICAL HEALTH													
ADMINISTRATIVE EXAMS	\$114.55	\$173.57	\$20.27	\$78.14	\$145.30	\$157.36	\$124.71	\$127.70	\$89.34	\$129.89	\$257.07	\$121.49	\$127.19
ANESTHESIA	\$336.87	\$332.22	\$429.98	\$310.79	\$298.78	\$62.93	\$389.94	\$42.57	\$363.55	\$300.10	\$341.96	\$288.97	\$318.54
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$145.36	\$200.08	\$11.91	\$103.71	\$90.92	\$112.78	\$85.96	\$34.19		\$61.22		\$81.99	\$98.17
FP - PHYS	\$69.26	\$90.47	\$106.32	\$111.13	\$70.30	\$79.45	\$95.23	\$84.03	\$155.64	\$85.27	\$129.41	\$66.86	\$66.65
HYSTERECTOMY - ANESTHESIA	\$401.22	\$471.97				\$54.46	\$476.76	\$48.36			\$386.53	\$348.21	\$455.66
HYSTERECTOMY - IP HOSP	\$5,940.05	\$4,409.18				\$61.76	\$7,512.07	\$291.59			\$17,914.85	\$3,740.45	\$5,580.94
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	\$493.27	\$455.58				\$26.72	\$531.83	\$18.49			\$557.90	\$393.27	\$459.55
IP HOSP - ACUTE DETOX	\$3,971.80		\$2,639.56		\$1,991.93	\$102.80	\$4,484.36	\$95.14		\$2,561.48		\$4,007.90	\$4,772.34
IP HOSP - MATERNITY	\$3,249.69	\$2,856.82			\$2,335.14	\$114.75	\$3,235.57	\$101.15		\$2,071.77	\$2,901.91	\$3,150.43	\$3,582.58
IP HOSP - MATERNITY / STERILIZATION	\$4,876.83	\$4,148.87			\$1,953.69		\$6,197.03				\$3,140.92	\$2,490.02	
IP HOSP - MEDICAL/SURGICAL	\$8,121.99	\$7,147.29	\$5,507.54	\$3,575.81	\$5,255.54	\$151.89	\$10,652.10	\$375.29	\$8,301.17	\$5,216.49	\$10,533.16	\$5,886.17	\$6,773.41
IP HOSP - NEWBORN	\$6,857.15	\$939.38	\$2,418.31	\$2,064.33			\$28,093.66			\$5,225.58	\$1,385.27		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$46.55	\$63.85	\$18.87	\$23.42	\$30.26	\$13.24	\$33.61	\$8.63	\$30.57	\$29.76	\$27.92	\$45.56	\$41.31
LAB & RAD - LAB	\$17.71	\$17.30	\$9.12	\$10.84	\$13.70	\$12.05	\$17.25	\$11.78	\$15.60	\$18.25	\$48.01	\$15.78	\$15.50
LAB & RAD - THERAPEUTIC X-RAY	\$77.33	\$44.95	\$51.47	\$58.64	\$54.21	\$25.45	\$82.13	\$22.61	\$68.65	\$38.52	\$52.62	\$56.97	\$96.42
OP ER - SOMATIC MH	\$221.26	\$213.25	\$222.60	\$183.87	\$226.06	\$73.37	\$212.44	\$76.55	\$135.44	\$226.43		\$199.57	\$207.80
OP HOSP - BASIC	\$160.23	\$112.53	\$120.68	\$171.92	\$167.79	\$192.70	\$311.55	\$150.95	\$393.08	\$187.70	\$460.26	\$122.61	\$116.23
OP HOSP - EMERGENCY ROOM	\$158.57	\$151.80	\$108.08	\$115.23	\$130.15	\$78.89	\$167.47	\$88.63	\$178.24	\$139.20	\$246.47	\$143.88	\$158.29
OP HOSP - LAB & RAD	\$122.62	\$88.06	\$59.44	\$81.48	\$110.90	\$129.57	\$136.21	\$119.82	\$140.87	\$91.77	\$197.61	\$119.24	\$102.86
OP HOSP - MATERNITY	\$199.75	\$189.96	\$37.63	\$72.78	\$190.99	\$105.70	\$167.61	\$102.26		\$175.40	\$587.00	\$189.75	\$264.28
OP HOSP - POST HOSP EXTENDED CARE						\$60.21							
OP HOSP - PRES DRUGS BASIC	\$54.41	\$54.83	\$37.26	\$31.26	\$52.05	\$164.99	\$111.62	\$97.08	\$53.57	\$56.96	\$79.16	\$40.37	\$60.88
OP HOSP - PRES DRUGS MH/CD	\$36.89	\$45.65	\$14.13	\$24.59	\$29.43	\$106.73	\$52.61	\$97.55	\$54.22	\$29.11		\$17.39	\$37.61
OP HOSP - SOMATIC MH	\$96.24	\$83.18	\$261.08	\$177.41	\$99.82	\$57.86	\$89.26	\$62.77	\$53.71	\$104.44		\$68.65	\$85.78
OTH MED - DME	\$151.34	\$145.35	\$86.10	\$47.32	\$108.00	\$45.19	\$220.43	\$36.26	\$109.65	\$174.48	\$36.00	\$142.82	\$129.58
OTH MED - HHC/PDN	\$173.18	\$138.03	\$203.44	\$219.80	\$216.18	\$128.70	\$246.86	\$79.01	\$214.87	\$470.17	\$97.98	\$630.28	\$348.12
OTH MED - HOSPICE	\$2,449.02		\$1,091.24		\$1,467.51	\$3,134.60	\$3,224.34	\$3,141.51	\$2,747.63			\$432.91	\$2,735.50
OTH MED - MATERNITY MGT	\$188.03	\$162.89	\$46.81	\$39.96	\$168.01	\$144.59	\$79.85	\$267.50		\$91.64	\$137.99	\$149.12	\$148.31
OTH MED - SUPPLIES	\$9.65	\$23.35	\$12.38	\$5.25	\$4.27	\$1.18	\$1.94	\$0.97	\$2.00	\$1.97	\$80.10	\$14.53	\$16.52
PHYS CONSULTATION, IP & ER VISITS	\$83.26	\$83.93	\$127.42	\$73.58	\$75.77	\$39.62	\$81.22	\$35.15	\$79.54	\$101.96	\$78.76	\$78.88	\$79.19
PHYS HOME OR LONG-TERM CARE VISITS	\$88.62	\$64.90	\$184.13	\$162.83	\$76.00	\$47.88	\$64.14	\$46.07	\$62.88	\$72.75		\$45.18	\$70.55
PHYS MATERNITY	\$350.41	\$326.89	\$88.89	\$118.09	\$296.04	\$128.51	\$262.71	\$92.11	\$68.98	\$203.19	\$727.13	\$213.32	\$123.34
PHYS NEWBORN	\$108.11	\$75.22	\$65.95	\$83.04	\$86.08	\$52.57	\$139.05	\$21.09	\$90.06	\$63.70	\$75.32	\$84.00	\$106.92
PHYS OFFICE VISITS	\$76.83	\$71.46	\$61.86	\$68.59	\$92.76	\$47.13	\$71.91	\$36.14	\$105.80	\$53.22	\$48.73	\$62.00	\$67.12
PHYS OTHER	\$78.64	\$62.23	\$23.91	\$21.20	\$72.97	\$47.89	\$107.67	\$48.70	\$108.39	\$271.31	\$32.30	\$61.09	\$75.91

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 9-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Projected Payments per Unit of Service

With Adjustments for Cost Trend and Budget Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$130.23	\$138.25	\$67.25	\$50.09	\$45.94	\$57.57	\$55.89	\$54.84	\$78.00	\$48.77	\$213.58	\$87.61	\$128.12
PRES DRUGS - BASIC	\$45.12	\$26.28	\$47.94	\$34.27	\$48.08	\$18.05	\$89.49	\$12.27	\$52.36	\$92.74	\$29.62	\$58.23	\$61.02
PRES DRUGS - FP	\$48.07	\$46.39	\$38.96	\$52.28	\$48.26	\$42.58	\$46.96	\$32.34	\$41.38	\$46.06		\$48.44	\$48.21
PRES DRUGS - MH/CD	\$80.46	\$66.71	\$44.82	\$131.97	\$117.09	\$25.39	\$150.75	\$19.35	\$107.21	\$131.53	\$40.24	\$85.11	\$94.83
SCHOOL-BASED HEALTH SERVICES			\$77.14	\$55.50	\$43.93	\$171.07	\$103.08	\$62.39		\$86.48			
STERILIZATION - ANESTHESIA FEMALE	\$288.78	\$289.06				\$238.91	\$271.94				\$151.87	\$337.19	\$282.99
STERILIZATION - ANESTHESIA MALE							\$214.96						
STERILIZATION - IP HOSP FEMALE	\$4,741.69	\$3,732.77			\$2,791.28		\$7,290.22				\$3,417.15	\$1,476.25	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$527.20	\$502.36				\$618.95	\$450.50					\$413.24	\$445.03
STERILIZATION - OP HOSP MALE	\$358.97					\$437.97							
STERILIZATION - PHY FEMALE	\$211.32	\$179.51			\$159.87	\$204.60	\$282.60	\$248.57			\$67.42	\$227.87	\$389.85
STERILIZATION - PHY MALE	\$449.57					\$382.39	\$448.69	\$26.41				\$371.29	
SURGERY	\$126.73	\$23.44	\$72.22	\$156.73	\$143.33	\$45.93	\$167.44	\$43.99	\$160.95	\$114.14	\$316.29	\$92.51	\$109.80
TARGETED CASE MAN - BABIES FIRST			\$275.48	\$273.31	\$271.74	\$238.06	\$282.05			\$271.73			
TARGETED CASE MAN - HIV	\$297.38				\$288.65	\$257.05	\$294.60	\$257.05				\$262.93	\$262.93
TARGETED CASE MAN - SUBS ABUSE MOMS	\$118.25	\$113.43	\$124.03		\$98.30	\$126.23	\$109.83	\$160.65		\$90.20		\$104.72	\$97.57
THERAPEUTIC ABORTION - IP HOSP	\$3,756.30	\$2,597.56			\$1,429.51		\$4,044.79				\$2,710.68	\$6,079.99	\$2,666.34
THERAPEUTIC ABORTION - OP HOSP	\$422.20	\$394.74			\$367.10	\$503.45	\$442.52			\$384.41	\$2,351.03	\$340.44	\$329.36
THERAPEUTIC ABORTION - PHYS	\$190.88	\$189.40	\$236.95	\$157.97	\$180.83	\$175.46	\$204.46	\$97.27		\$185.52	\$180.01	\$167.93	\$167.15
TRANSPORTATION - AMBULANCE	\$379.92	\$459.22	\$609.34	\$396.34	\$397.20	\$71.40	\$377.45	\$64.58	\$289.43	\$445.43	\$357.57	\$316.62	\$333.27
TRANSPORTATION - OTHER	\$33.82	\$33.86	\$33.41	\$35.63	\$34.65	\$27.92	\$31.66	\$29.70	\$31.58	\$29.36			
VISION CARE - EXAMS & THERAPY	\$86.54	\$93.46	\$53.84	\$67.08	\$82.13	\$59.20	\$72.15	\$46.49	\$67.01	\$72.55	\$102.79	\$61.06	\$58.01
VISION CARE - MATERIALS & FITTING	\$16.05	\$15.19	\$26.22	\$16.07	\$15.17	\$13.98	\$16.73	\$14.50	\$16.47	\$15.09		\$47.59	\$48.59
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$16.22	\$16.86			\$8.84	\$14.28	\$15.30	\$11.93	\$34.15	\$8.25		\$17.03	\$15.47
CD SERVICES - OP	\$22.18	\$24.82		\$42.29	\$33.62	\$16.40	\$27.48	\$36.39	\$12.90	\$35.01		\$20.97	\$21.88

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 9-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

Fee-for-Service Projected Payments per Unit of Service

With Adjustments for Cost Trend and Budget Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
DENTAL													
DENTAL - ADJUNCTIVE GENERAL	\$87.32	\$89.24			\$108.66	\$87.57	\$84.16	\$97.47	\$85.86	\$99.55	\$111.68	\$85.87	\$87.63
DENTAL - ANESTHESIA SURGICAL	\$30.59	\$9.45			\$26.15	\$18.57	\$22.91	\$27.63	\$8.78		\$23.12		\$34.32
DENTAL - DIAGNOSTIC	\$24.45	\$23.61	\$39.96		\$24.73	\$24.37	\$20.53	\$24.67	\$22.57	\$23.54	\$22.27	\$20.02	\$18.98
DENTAL - ENDODONTICS	\$128.37	\$187.85			\$58.25	\$108.33	\$122.63	\$113.53	\$125.43		\$69.39		\$50.68
DENTAL - I/P FIXED								\$52.26					
DENTAL - ORAL SURGERY	\$76.24	\$84.70		\$85.87	\$87.98	\$75.66	\$89.69	\$77.74	\$82.38	\$89.07		\$76.48	\$79.85
DENTAL - ORTHODONTICS							\$2,090.98						
DENTAL - PERIODONTICS	\$60.71	\$60.27			\$65.88	\$52.97	\$61.40	\$53.62	\$60.25	\$65.11		\$66.59	\$51.76
DENTAL - PREVENTIVE	\$83.23	\$99.05	\$304.18	\$44.51	\$52.56	\$41.73	\$42.53	\$40.22	\$42.40	\$40.81		\$23.88	\$30.69
DENTAL - PROS REMOVABLE	\$224.81	\$289.83			\$189.21	\$198.88	\$247.72	\$225.87	\$217.39			\$163.24	
DENTAL - RESTORATIVE	\$50.00	\$51.25		\$61.64	\$53.79	\$52.90	\$56.92	\$55.62	\$51.39	\$58.80		\$46.79	\$50.65
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$594.13	\$652.71	\$865.58	\$167.71	\$362.42	\$5.18	\$261.17	\$10.17	\$208.21	\$266.92	\$857.83	\$591.61	\$401.13
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	\$26.14			\$35.07	\$28.62	\$20.68	\$30.76			\$39.46		\$17.49	\$17.49
MH SERVICES ASSESS & EVAL	\$91.68	\$99.27	\$90.72	\$104.99	\$101.31	\$88.60	\$90.28	\$79.17	\$78.57	\$104.55		\$103.50	\$96.29
MH SERVICES CASE MANAGEMENT	\$50.88	\$46.75	\$39.98	\$44.24	\$53.04	\$55.76	\$62.72	\$50.98	\$31.79	\$62.88		\$49.10	\$56.43
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	\$27.42	\$28.88		\$34.00	\$35.21	\$40.05	\$43.43	\$23.64	\$53.75	\$24.95		\$32.27	\$28.46
MH SERVICES OP THERAPY	\$85.06	\$84.73		\$72.10	\$85.20	\$45.03	\$39.27	\$51.98	\$34.43	\$86.95		\$90.54	\$86.47
MH SERVICES OTHER OP				\$454.36	\$533.34	\$83.23	\$360.30	\$60.01		\$471.00			\$145.74
MH SERVICES PEO													
MH SERVICES PHYS IP	\$64.95	\$59.52		\$76.60	\$66.43	\$56.81	\$63.09	\$20.24	\$55.10	\$67.21	\$50.71	\$65.50	\$67.68
MH SERVICES PHYS OP	\$91.39	\$95.51	\$75.17	\$102.46	\$103.56	\$70.66	\$87.23	\$27.06	\$48.23	\$96.71	\$147.19	\$101.47	\$95.89
MH SERVICES SUPPORT DAY PROGRAM	\$59.65	\$48.69	\$49.40	\$52.92	\$84.50	\$56.65	\$68.26	\$90.61	\$31.26	\$81.77		\$69.08	\$65.50

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-A

MCO Monthly Per Capita Cost for Calendar Years 2010-2011

Through Line 502 of the Prioritized List

Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYSICAL HEALTH												
ADMINISTRATIVE EXAMS												
ANESTHESIA	\$5.57	\$33.88	\$2.19	\$2.04	\$1.10	\$1.08	\$5.90	\$1.11	\$5.44	\$1.91	\$2.16	\$3.49
EXCEPT NEEDS CARE COORDINATION						\$8.01	\$8.01	\$6.26	\$6.26			
FP - IP HOSP												
FP - OP HOSP	\$0.08	\$0.23	\$0.00	\$0.00	\$0.01	\$0.00	\$0.02			\$0.02	\$0.09	\$0.02
FP - PHYS	\$1.26	\$5.08	\$0.00	\$0.00	\$0.09	\$0.02	\$0.15	\$0.00		\$0.08	\$0.79	\$0.12
HYSTERECTOMY - ANESTHESIA	\$0.11	\$0.02				\$0.01	\$0.03	\$0.00			\$0.10	\$0.04
HYSTERECTOMY - IP HOSP	\$5.16	\$1.10					\$1.83			\$0.03	\$1.43	\$1.30
HYSTERECTOMY - OP HOSP	\$0.05						\$0.02					
HYSTERECTOMY - PHYS	\$0.64	\$0.07			\$0.00	\$0.03	\$0.22	\$0.02		\$0.01	\$0.50	\$0.30
IP HOSP - ACUTE DETOX	\$0.67	\$0.08			\$0.07		\$1.83		\$0.98	\$0.08	\$0.34	\$2.34
IP HOSP - MATERNITY	\$53.35	\$523.40	\$0.13		\$2.52		\$4.74			\$1.24	\$0.99	\$0.30
IP HOSP - MATERNITY / STERILIZATION	\$3.69	\$21.17			\$0.01		\$0.18					\$0.04
IP HOSP - MEDICAL/SURGICAL	\$73.23	\$16.31	\$81.61	\$13.71	\$14.57	\$0.05	\$284.98	\$0.02	\$304.52	\$15.81	\$36.25	\$105.39
IP HOSP - NEWBORN	\$0.00	\$0.01	\$225.75	\$0.00			\$0.00			\$0.84		
IP HOSP - POST HOSP EXTENDED CARE	\$0.00				\$0.00							
LAB & RAD - DIAGNOSTIC X-RAY	\$11.57	\$32.81	\$3.12	\$1.07	\$1.85	\$2.80	\$13.97	\$3.09	\$14.08	\$2.01	\$8.32	\$13.01
LAB & RAD - LAB	\$8.99	\$26.25	\$1.26	\$0.94	\$1.53		\$9.15		\$8.95	\$2.09	\$7.18	\$9.40
LAB & RAD - THERAPEUTIC X-RAY	\$0.51	\$0.02	\$0.01	\$0.03	\$0.02	\$0.27	\$1.94	\$0.46	\$1.53	\$0.02	\$0.38	\$1.34
OP ER - SOMATIC MH	\$0.59	\$0.19	\$0.00	\$0.01	\$0.17	\$0.40	\$1.80	\$0.07	\$0.24	\$0.41	\$0.37	\$1.08
OP HOSP - BASIC	\$37.01	\$22.19	\$14.13	\$13.39	\$8.41	\$26.86	\$75.16	\$23.34	\$71.33	\$13.29	\$27.32	\$43.11
OP HOSP - EMERGENCY ROOM	\$21.17	\$8.23	\$11.67	\$7.54	\$5.42	\$4.30	\$21.96	\$3.12	\$10.10	\$4.73	\$11.70	\$17.54
OP HOSP - LAB & RAD	\$30.82	\$19.10	\$7.97	\$4.19	\$5.89	\$9.14	\$46.95	\$9.81	\$39.64	\$7.22	\$23.43	\$38.77
OP HOSP - MATERNITY	\$10.65	\$95.37	\$0.02	\$0.00	\$0.64	\$0.10	\$1.32	\$0.00		\$0.43	\$2.06	\$0.72
OP HOSP - POST HOSP EXTENDED CARE	\$0.02	\$0.03	\$0.03	\$0.00	\$0.00	\$0.05	\$0.45	\$0.11	\$0.64	\$0.00		\$0.01
OP HOSP - PRES DRUGS BASIC	\$4.43	\$5.21	\$0.85	\$0.88	\$0.78	\$5.28	\$6.90	\$4.75	\$3.61	\$0.66	\$2.55	\$3.95
OP HOSP - PRES DRUGS MH/CD	\$0.03	\$0.01	\$0.00	\$0.00	\$0.00	\$0.15	\$0.13	\$0.02	\$0.02	\$0.01	\$0.02	\$0.07
OP HOSP - SOMATIC MH	\$0.66	\$0.20	\$0.04	\$0.20	\$0.19	\$0.46	\$2.24	\$0.19	\$0.37	\$0.87	\$0.43	\$1.16
OTH MED - DME	\$1.82	\$0.60	\$1.47	\$0.37	\$0.31	\$6.32	\$22.02	\$6.56	\$11.77	\$1.31	\$1.39	\$3.47
OTH MED - HHC/PDN	\$0.53	\$0.34	\$0.50	\$0.18	\$0.07		\$5.50		\$4.90	\$0.62	\$0.12	\$0.27
OTH MED - HOSPICE	\$0.09	\$0.00	\$0.23	\$0.02	\$0.00		\$2.48		\$6.80	\$0.05	\$0.03	\$0.37
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$1.44	\$1.34	\$0.82	\$0.26	\$0.35	\$17.98	\$13.78	\$20.23	\$8.55	\$1.54	\$1.32	\$3.02
PHYS CONSULTATION, IP & ER VISITS	\$13.84	\$7.29	\$34.77	\$5.17	\$3.61	\$4.86	\$25.01	\$5.64	\$18.96	\$4.67	\$9.00	\$17.03
PHYS HOME OR LONG-TERM CARE VISITS	\$0.02	\$0.00	\$0.06	\$0.00	\$0.00	\$0.20	\$0.64	\$0.70	\$1.16	\$0.05	\$0.00	\$0.02
PHYS MATERNITY	\$29.63	\$353.55	\$0.16	\$0.01	\$1.39	\$0.17	\$2.26	\$0.00	\$0.00	\$0.62	\$1.29	\$0.34
PHYS NEWBORN	\$0.04	\$0.17	\$6.26	\$0.04	\$0.05	\$0.02	\$0.12	\$0.02	\$0.16	\$0.16	\$0.04	\$0.05
PHYS OFFICE VISITS	\$32.77	\$16.67	\$72.73	\$23.65	\$13.27	\$9.31	\$43.44	\$8.30	\$40.28	\$21.84	\$29.70	\$41.59
PHYS OTHER	\$4.93	\$2.79	\$8.96	\$2.07	\$1.19	\$4.88	\$24.45	\$5.75	\$22.72	\$6.17	\$4.73	\$12.66

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-A

MCO Monthly Per Capita Cost for Calendar Years 2010-2011

Through Line 502 of the Prioritized List

Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	\$3.35	\$1.03	\$0.12	\$0.71	\$1.40	\$1.61	\$6.12	\$0.78	\$1.69	\$4.66	\$2.26	\$4.26
PRES DRUGS - BASIC	\$42.08	\$25.70	\$10.14	\$6.85	\$10.00	\$6.01	\$155.55	\$4.30	\$101.50	\$24.37	\$50.23	\$113.74
PRES DRUGS - FP	\$1.64	\$1.83	\$0.00	\$0.00	\$0.36	\$0.00	\$0.54		\$0.01	\$0.46	\$1.80	\$0.74
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$0.36	\$1.78			\$0.00	\$0.00	\$0.04				\$0.10	\$0.02
STERILIZATION - ANESTHESIA MALE	\$0.00					\$0.00	\$0.00					
STERILIZATION - IP HOSP FEMALE	\$3.30	\$23.62			\$0.00		\$0.28				\$0.11	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$0.68	\$1.65			\$0.00	\$0.00	\$0.06				\$0.28	\$0.03
STERILIZATION - OP HOSP MALE	\$0.00					\$0.00	\$0.00				\$0.00	
STERILIZATION - PHY FEMALE	\$0.58	\$3.00			\$0.00	\$0.00	\$0.05				\$0.13	\$0.02
STERILIZATION - PHY MALE	\$0.07					\$0.00	\$0.01				\$0.07	\$0.00
SURGERY	\$13.79	\$7.30	\$6.50	\$3.54	\$3.43	\$4.72	\$23.53	\$5.63	\$22.76	\$4.63	\$9.93	\$18.25
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	\$4.34	\$6.82	\$6.02	\$1.20	\$1.08	\$3.00	\$13.98	\$4.04	\$8.37	\$1.52	\$2.29	\$6.58
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$2.53	\$2.35	\$0.52	\$0.77	\$2.21	\$4.09	\$3.66	\$5.90	\$5.46	\$2.66	\$0.65	\$1.48
VISION CARE - MATERIALS & FITTING	\$1.95	\$1.96	\$0.04	\$0.29	\$1.71	\$2.32	\$2.24	\$2.10	\$2.64	\$1.89	\$0.04	\$0.04
PART A DEDUCTIBLE						\$22.33		\$37.22				
PART B DEDUCTIBLE						\$11.38		\$11.38				
PART B COINSURANCE ADJUSTMENT						(\$5.71)		(\$3.12)				
Total	\$430.01	\$1,270.76	\$498.10	\$89.14	\$83.71	\$152.52	\$835.63	\$167.83	\$725.44	\$128.97	\$241.90	\$467.44
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	\$0.39	\$0.06			\$0.00	\$0.34	\$0.54	\$0.02			\$0.16	\$1.19
CD SERVICES - METHADONE	\$1.83	\$0.58	\$0.00	\$0.00	\$0.00	\$2.10	\$2.66	\$0.24	\$0.18	\$0.01	\$0.91	\$8.47
CD SERVICES - OP	\$13.70	\$7.72	\$0.00	\$0.00	\$1.49	\$3.15	\$8.42	\$0.20	\$0.26	\$6.81	\$4.06	\$23.40
Total	\$15.92	\$8.36	\$0.00	\$0.00	\$1.50	\$5.60	\$11.61	\$0.46	\$0.44	\$6.81	\$5.13	\$33.07

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-A

MCO Monthly Per Capita Cost for Calendar Years 2010-2011

Through Line 502 of the Prioritized List

Excluding services provided on a Fee-For-Service basis to managed care enrollees

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
DENTAL												
DENTAL - ADJUNCTIVE GENERAL	\$2.17	\$1.43	\$0.01	\$0.71	\$0.37	\$1.90	\$1.52	\$0.87	\$0.86	\$0.40	\$0.83	\$0.98
DENTAL - ANESTHESIA SURGICAL	\$0.36	\$0.15	\$0.00	\$0.82	\$0.44	\$0.38	\$0.33	\$0.05	\$0.03	\$0.56	\$0.07	\$0.06
DENTAL - DIAGNOSTIC	\$6.67	\$6.99	\$0.13	\$3.71	\$5.80	\$4.76	\$4.39	\$2.53	\$3.86	\$5.40	\$2.02	\$1.99
DENTAL - ENDODONTICS	\$2.76	\$2.61	\$0.00	\$1.19	\$1.41	\$1.43	\$1.28	\$0.47	\$1.00	\$1.15	\$0.27	\$0.18
DENTAL - I/P FIXED	\$0.01	\$0.01			\$0.00	\$0.03	\$0.01	\$0.02	\$0.02	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	\$4.37	\$2.40	\$0.01	\$0.80	\$1.65	\$3.13	\$3.05	\$1.72	\$3.00	\$1.35	\$1.48	\$1.87
DENTAL - ORTHODONTICS	\$0.00	\$0.00			\$0.02	\$0.00	\$0.04			\$0.07		
DENTAL - PERIODONTICS	\$2.15	\$1.79	\$0.00	\$0.01	\$0.13	\$2.26	\$1.61	\$0.78	\$1.80	\$0.12	\$0.08	\$0.04
DENTAL - PREVENTIVE	\$2.05	\$3.02	\$0.07	\$3.04	\$5.71	\$2.37	\$2.09	\$1.12	\$0.88	\$5.31	\$0.15	\$0.06
DENTAL - PROS REMOVABLE	\$3.71	\$0.60	\$0.00	\$0.00	\$0.04	\$6.03	\$5.30	\$7.18	\$11.13	\$0.02	\$0.24	\$0.15
DENTAL - RESTORATIVE	\$8.03	\$7.84	\$0.02	\$8.28	\$8.48	\$6.55	\$5.77	\$2.78	\$3.38	\$8.35	\$0.99	\$0.60
Total	\$32.29	\$26.84	\$0.26	\$18.56	\$24.07	\$28.83	\$25.38	\$17.51	\$25.95	\$22.73	\$6.13	\$5.91
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	\$4.78	\$1.31	\$0.02	\$0.10	\$2.03	\$2.20	\$31.17	\$0.30	\$9.08	\$7.06	\$2.50	\$9.64
MH SERVICES ALTERNATIVE TO IP	\$0.13	\$0.05	\$0.04	\$0.01	\$0.46	\$2.75	\$3.62	\$0.12		\$5.20	\$0.02	\$0.65
MH SERVICES ANCILLARY SERVICES	\$0.07	\$0.00		\$0.00	\$0.01	\$0.05	\$0.22	\$0.07	\$0.80	\$0.02	\$0.06	\$0.05
MH SERVICES ASSESS & EVAL	\$1.66	\$0.82	\$0.01	\$0.35	\$1.52	\$1.20	\$2.79	\$0.32	\$0.87	\$6.65	\$0.60	\$1.30
MH SERVICES CASE MANAGEMENT	\$1.97	\$0.61	\$0.06	\$0.87	\$5.83	\$20.85	\$24.70	\$1.81	\$3.64	\$44.91	\$0.72	\$4.28
MH SERVICES CONS ASSESS					\$0.03		\$0.06			\$0.27		
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$0.02	\$0.00		\$0.01	\$0.06	\$0.80	\$0.71	\$0.04		\$0.37	\$0.00	\$0.13
MH SERVICES INTENSIVE TREATMENT SVCS			\$0.01	\$0.10	\$2.75	\$0.00	\$6.60			\$41.35		
MH SERVICES MED MANAGEMENT	\$0.22	\$0.03		\$0.00	\$0.04	\$3.30	\$3.00	\$0.22	\$0.39	\$0.16	\$0.14	\$0.44
MH SERVICES OP THERAPY	\$4.92	\$1.50	\$0.01	\$0.48	\$2.78	\$6.91	\$9.25	\$0.77	\$0.52	\$15.98	\$2.66	\$5.21
MH SERVICES OTHER OP	\$0.11	\$0.05		\$0.01	\$0.16	\$0.05	\$0.28	\$0.03		\$0.33	\$0.05	\$0.10
MH SERVICES PEO	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30
MH SERVICES PHYS IP	\$2.30	\$0.53	\$0.01	\$0.20	\$1.61	\$7.32	\$11.90	\$0.96	\$1.69	\$10.36	\$1.30	\$4.03
MH SERVICES PHYS OP	\$11.68	\$4.34	\$0.20	\$2.46	\$9.97	\$12.47	\$24.95	\$1.75	\$9.21	\$61.03	\$6.85	\$13.69
MH SERVICES SUPPORT DAY PROGRAM	\$0.34	\$0.15	\$0.00	\$0.21	\$0.80	\$18.35	\$15.21	\$2.33	\$2.56	\$6.82	\$0.12	\$2.51
Total	\$28.49	\$9.69	\$0.66	\$5.09	\$28.36	\$76.54	\$134.78	\$9.02	\$29.07	\$200.81	\$15.31	\$42.33
TOTAL ALL	\$506.71	\$1,315.65	\$499.01	\$112.80	\$137.64	\$263.49	\$1,007.40	\$194.82	\$780.90	\$359.33	\$268.48	\$548.75

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 10-B

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYSICAL HEALTH													
ADMINISTRATIVE EXAMS	\$1.07	\$0.64	\$0.01	\$0.03	\$0.11	\$0.33	\$2.07	\$0.03	\$0.06	\$4.31	\$0.00	\$0.24	\$1.66
ANESTHESIA	\$4.47	\$14.85	\$2.59	\$1.59	\$0.91	\$0.99	\$7.99	\$0.43	\$5.93	\$1.22	\$4.39	\$1.92	\$3.35
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$0.27	\$0.46	\$0.00	\$0.00	\$0.02	\$0.01	\$0.04	\$0.00		\$0.02		\$0.12	\$0.03
FP - PHYS	\$11.21	\$13.42	\$29.51	\$3.95	\$4.74	\$1.06	\$2.75	\$0.20	\$1.54	\$3.98	\$0.00	\$7.07	\$4.60
HYSTERECTOMY - ANESTHESIA	\$0.07	\$0.02				\$0.00	\$0.04	\$0.00			\$0.00	\$0.08	\$0.05
HYSTERECTOMY - IP HOSP	\$2.51	\$0.19				\$0.01	\$1.48	\$0.04			\$0.40	\$1.04	\$0.84
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	\$0.22	\$0.06				\$0.00	\$0.12	\$0.00			\$0.01	\$0.27	\$0.15
IP HOSP - ACUTE DETOX	\$0.45		\$0.02		\$0.05	\$0.03	\$1.90	\$0.02		\$0.01		\$0.29	\$1.99
IP HOSP - MATERNITY	\$32.61	\$209.02			\$1.41	\$0.03	\$1.44	\$0.00		\$0.43	\$88.18	\$1.48	\$0.15
IP HOSP - MATERNITY / STERILIZATION	\$2.19	\$8.48			\$0.01		\$0.03				\$0.65	\$0.11	
IP HOSP - MEDICAL/SURGICAL	\$57.43	\$11.73	\$43.56	\$8.84	\$9.43	\$4.34	\$339.35	\$10.56	\$246.15	\$12.63	\$12.50	\$24.82	\$66.90
IP HOSP - NEWBORN	\$0.08	\$0.02	\$468.08	\$0.03			\$2.47			\$13.74	\$0.02		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$9.09	\$21.26	\$2.86	\$0.63	\$1.30	\$0.88	\$12.35	\$0.56	\$9.48	\$1.21	\$0.24	\$6.89	\$11.35
LAB & RAD - LAB	\$5.22	\$15.40	\$0.61	\$0.35	\$0.79	\$0.23	\$5.39	\$0.08	\$4.18	\$1.16	\$0.14	\$3.78	\$5.36
LAB & RAD - THERAPEUTIC X-RAY	\$0.30	\$0.01	\$0.01	\$0.01	\$0.01	\$0.06	\$2.31	\$0.03	\$2.49	\$0.00	\$0.00	\$0.10	\$0.77
OP ER - SOMATIC MH	\$0.66	\$0.12	\$0.00	\$0.01	\$0.17	\$0.13	\$1.28	\$0.05	\$0.08	\$0.29		\$0.40	\$1.00
OP HOSP - BASIC	\$39.18	\$13.09	\$21.86	\$12.80	\$9.56	\$13.61	\$95.88	\$5.92	\$70.63	\$10.97	\$0.86	\$24.37	\$44.35
OP HOSP - EMERGENCY ROOM	\$17.55	\$5.36	\$9.72	\$6.34	\$4.82	\$1.47	\$15.54	\$0.92	\$7.83	\$3.21	\$0.48	\$11.81	\$17.02
OP HOSP - LAB & RAD	\$28.87	\$16.58	\$5.52	\$3.02	\$5.22	\$3.38	\$38.37	\$2.17	\$30.11	\$4.62	\$0.32	\$24.22	\$39.76
OP HOSP - MATERNITY	\$9.31	\$86.25	\$0.00	\$0.00	\$0.60	\$0.03	\$0.50	\$0.00		\$0.24	\$1.72	\$1.37	\$0.82
OP HOSP - POST HOSP EXTENDED CARE						\$0.00							
OP HOSP - PRES DRUGS BASIC	\$4.79	\$4.79	\$1.45	\$0.99	\$1.10	\$1.04	\$10.97	\$0.15	\$2.50	\$0.88	\$0.22	\$2.30	\$4.55
OP HOSP - PRES DRUGS MH/CD	\$0.09	\$0.03	\$0.00	\$0.00	\$0.01	\$0.07	\$0.38	\$0.01	\$0.65	\$0.02		\$0.02	\$0.19
OP HOSP - SOMATIC MH	\$0.69	\$0.13	\$0.03	\$0.12	\$0.24	\$0.08	\$1.29	\$0.04	\$0.13	\$0.75		\$0.52	\$1.06
OTH MED - DME	\$1.84	\$0.43	\$1.91	\$0.40	\$0.39	\$8.42	\$28.69	\$4.83	\$6.68	\$2.13	\$0.00	\$1.54	\$3.75
OTH MED - HHC/PDN	\$0.57	\$0.14	\$1.05	\$0.40	\$0.19	\$1.92	\$13.49	\$0.78	\$4.84	\$5.14	\$0.00	\$1.05	\$0.30
OTH MED - HOSPICE	\$0.09		\$0.10	\$0.00	\$0.00	\$0.12	\$13.95	\$1.87	\$14.40			\$0.01	\$1.04
OTH MED - MATERNITY MGT	\$5.58	\$32.98	\$0.05	\$0.08	\$0.63	\$0.13	\$2.59	\$0.00		\$0.51	\$0.01	\$0.47	\$0.10
OTH MED - SUPPLIES	\$1.77	\$2.70	\$0.80	\$0.20	\$0.39	\$15.43	\$24.67	\$13.68	\$9.41	\$2.20	\$0.00	\$1.63	\$4.17
PHYS CONSULTATION, IP & ER VISITS	\$6.29	\$3.00	\$48.09	\$2.09	\$1.61	\$1.04	\$24.97	\$0.62	\$18.15	\$3.39	\$0.57	\$4.81	\$10.04
PHYS HOME OR LONG-TERM CARE VISITS	\$0.05	\$0.16	\$1.98	\$0.03	\$0.00	\$1.32	\$1.61	\$1.51	\$2.97	\$0.02		\$0.00	\$0.02
PHYS MATERNITY	\$17.48	\$141.71	\$0.08	\$0.00	\$0.92	\$0.08	\$0.73	\$0.01	\$0.01	\$0.27	\$27.39	\$1.01	\$0.24
PHYS NEWBORN	\$0.11	\$0.16	\$15.71	\$0.03	\$0.03	\$0.05	\$0.85	\$0.00	\$0.12	\$0.24	\$0.00	\$0.05	\$0.29
PHYS OFFICE VISITS	\$47.75	\$21.59	\$52.46	\$19.09	\$17.46	\$10.17	\$44.16	\$3.80	\$34.61	\$29.74	\$0.04	\$31.31	\$62.28
PHYS OTHER	\$9.38	\$5.27	\$6.77	\$1.40	\$2.57	\$9.17	\$36.06	\$7.20	\$39.05	\$39.75	\$0.02	\$5.15	\$16.00

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 10-B

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$4.93	\$1.36	\$0.20	\$6.78	\$6.91	\$3.16	\$16.94	\$2.48	\$2.57	\$10.80	\$0.02	\$2.46	\$7.26
PRES DRUGS - BASIC	\$48.00	\$15.51	\$14.10	\$8.02	\$12.12	\$14.20	\$273.03	\$7.32	\$173.43	\$48.04	\$0.00	\$86.06	\$199.73
PRES DRUGS - FP	\$3.44	\$2.47	\$0.00	\$0.00	\$0.97	\$0.01	\$1.33	\$0.00	\$0.04	\$0.91		\$5.50	\$2.40
PRES DRUGS - MH/CD	\$28.75	\$5.42	\$0.01	\$0.32	\$5.66	\$3.20	\$167.98	\$0.98	\$40.72	\$39.24	\$0.00	\$37.55	\$84.66
SCHOOL-BASED HEALTH SERVICES			\$0.09	\$0.22	\$0.07	\$0.12	\$10.86	\$0.00		\$1.36			
STERILIZATION - ANESTHESIA FEMALE	\$0.25	\$0.68				\$0.02	\$0.01				\$0.00	\$0.11	\$0.01
STERILIZATION - ANESTHESIA MALE							\$0.00						
STERILIZATION - IP HOSP FEMALE	\$2.25	\$11.45			\$0.00		\$0.10				\$0.63	\$0.04	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$0.12	\$0.29				\$0.00	\$0.00					\$0.06	\$0.01
STERILIZATION - OP HOSP MALE	\$0.00					\$0.00							
STERILIZATION - PHY FEMALE	\$0.28	\$0.83			\$0.00	\$0.02	\$0.01	\$0.00			\$0.00	\$0.08	\$0.03
STERILIZATION - PHY MALE	\$0.04					\$0.01	\$0.00	\$0.00				\$0.06	
SURGERY	\$8.29	\$3.43	\$5.71	\$1.63	\$1.99	\$1.40	\$21.94	\$0.92	\$17.02	\$1.83	\$0.69	\$6.46	\$12.78
TARGETED CASE MAN - BABIES FIRST			\$26.19	\$3.70	\$0.00	\$0.00	\$1.08			\$0.34			
TARGETED CASE MAN - HIV	\$0.00				\$0.00	\$0.02	\$0.02	\$0.00				\$0.00	\$0.01
TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.08	\$0.45	\$0.00		\$0.00	\$0.00	\$0.01	\$0.00		\$0.00		\$0.03	\$0.01
THERAPEUTIC ABORTION - IP HOSP	\$0.03	\$0.21			\$0.00	\$0.01	\$0.01				\$0.03	\$0.03	\$0.01
THERAPEUTIC ABORTION - OP HOSP	\$0.70	\$2.66			\$0.04	\$0.01	\$0.03			\$0.02	\$0.02	\$0.19	\$0.06
THERAPEUTIC ABORTION - PHYS	\$1.57	\$6.71	\$0.00	\$0.00	\$0.11	\$0.01	\$0.06	\$0.00		\$0.05	\$0.01	\$0.46	\$0.20
TRANSPORTATION - AMBULANCE	\$3.94	\$4.95	\$6.85	\$1.02	\$1.07	\$0.98	\$15.51	\$0.72	\$9.66	\$1.64	\$0.98	\$1.87	\$6.13
TRANSPORTATION - OTHER	\$7.76	\$2.85	\$0.90	\$0.46	\$1.12	\$47.25	\$35.15	\$21.44	\$17.95	\$4.02			
VISION CARE - EXAMS & THERAPY	\$1.47	\$0.98	\$0.25	\$0.46	\$1.28	\$0.68	\$1.76	\$0.36	\$1.77	\$1.19	\$0.00	\$0.42	\$0.84
VISION CARE - MATERIALS & FITTING	\$0.89	\$0.62	\$0.03	\$0.15	\$0.75	\$0.77	\$1.02	\$0.28	\$0.66	\$0.66		\$0.01	\$0.00
PART A DEDUCTIBLE													
PART B DEDUCTIBLE													
PART B COINSURANCE ADJUSTMENT													
Total	\$432.02	\$690.94	\$769.15	\$85.20	\$96.81	\$147.53	\$1,282.58	\$90.02	\$775.81	\$253.16	\$140.53	\$301.68	\$618.32
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$1.02	\$0.22			\$0.01	\$0.86	\$1.46	\$0.03	\$0.11	\$0.00		\$0.91	\$3.23
CD SERVICES - OP	\$0.54	\$0.30		\$0.00	\$0.20	\$0.08	\$0.20	\$0.00	\$0.01	\$0.64		\$0.18	\$0.51
Total	\$1.56	\$0.52		\$0.00	\$0.20	\$0.94	\$1.66	\$0.03	\$0.12	\$0.65		\$1.10	\$3.74

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 10-B

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
DENTAL													
DENTAL - ADJUNCTIVE GENERAL	\$0.12	\$0.07		\$0.09	\$0.02	\$0.13	\$0.16	\$0.01	\$0.09	\$0.10		\$0.06	\$0.07
DENTAL - ANESTHESIA SURGICAL	\$0.01	\$0.00		\$0.03	\$0.01	\$0.01	\$0.02	\$0.00		\$0.11			\$0.01
DENTAL - DIAGNOSTIC	\$0.38	\$0.18	\$0.01	\$0.32	\$0.41	\$0.33	\$0.44	\$0.03	\$0.08	\$0.77		\$0.10	\$0.08
DENTAL - ENDODONTICS	\$0.08	\$0.05		\$0.09	\$0.05	\$0.06	\$0.08	\$0.01		\$0.21			\$0.00
DENTAL - I/P FIXED							\$0.00						
DENTAL - ORAL SURGERY	\$0.20	\$0.09		\$0.14	\$0.20	\$0.23	\$0.49	\$0.02	\$0.19	\$0.34		\$0.22	\$0.18
DENTAL - ORTHODONTICS							\$0.02						
DENTAL - PERIODONTICS	\$0.09	\$0.03			\$0.01	\$0.08	\$0.06	\$0.00	\$0.11	\$0.00		\$0.00	\$0.00
DENTAL - PREVENTIVE	\$0.20	\$0.17	\$0.01	\$0.42	\$0.81	\$0.20	\$0.33	\$0.01	\$0.01	\$1.00		\$0.01	\$0.00
DENTAL - PROS REMOVABLE	\$0.08	\$0.04			\$0.00	\$0.20	\$0.22	\$0.06	\$0.13			\$0.01	
DENTAL - RESTORATIVE	\$0.37	\$0.19		\$0.71	\$0.56	\$0.46	\$0.45	\$0.02	\$0.03	\$1.36		\$0.02	\$0.01
Total	\$1.52	\$0.82	\$0.01	\$1.79	\$2.07	\$1.69	\$2.27	\$0.16	\$0.64	\$3.90		\$0.41	\$0.36
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$2.81	\$2.39	\$0.38	\$0.03	\$0.90	\$0.34	\$17.31	\$0.13	\$15.75	\$4.95	\$0.04	\$0.72	\$6.53
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	\$0.00			\$0.00	\$0.00	\$0.00	\$0.04			\$0.00		\$0.00	\$0.01
MH SERVICES ASSESS & EVAL	\$0.39	\$0.09	\$0.00	\$0.07	\$0.29	\$1.68	\$1.55	\$0.02	\$0.11	\$2.12		\$0.20	\$0.46
MH SERVICES CASE MANAGEMENT	\$0.47	\$0.09	\$0.00	\$0.06	\$0.51	\$6.85	\$7.28	\$0.08	\$0.12	\$5.73		\$0.38	\$2.03
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE						\$2.28	\$2.28						
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	\$0.03	\$0.00		\$0.00	\$0.01	\$18.53	\$8.83	\$0.03	\$1.23	\$0.04		\$0.02	\$0.18
MH SERVICES OP THERAPY	\$1.08	\$0.20		\$0.12	\$0.57	\$60.53	\$22.55	\$0.39	\$3.91	\$3.41		\$0.83	\$2.56
MH SERVICES OTHER OP				\$0.08	\$0.06	\$0.11	\$0.30	\$0.01		\$0.89			\$0.05
MH SERVICES PEO													
MH SERVICES PHYS IP	\$0.47	\$0.12		\$0.05	\$0.36	\$5.60	\$5.33	\$0.23	\$0.88	\$2.85	\$0.00	\$0.53	\$1.91
MH SERVICES PHYS OP	\$1.52	\$0.35	\$0.01	\$0.58	\$2.00	\$9.80	\$11.00	\$0.30	\$1.73	\$12.12	\$0.00	\$1.25	\$3.54
MH SERVICES SUPPORT DAY PROGRAM	\$0.12	\$0.01	\$0.00	\$0.09	\$0.27	\$70.08	\$38.36	\$0.79	\$2.96	\$1.68		\$0.15	\$1.72
Total	\$6.90	\$3.24	\$0.40	\$1.09	\$4.98	\$175.79	\$114.84	\$1.99	\$26.69	\$33.80	\$0.05	\$4.10	\$18.98
TOTAL ALL	\$442.01	\$695.52	\$769.56	\$88.08	\$104.06	\$325.95	\$1,401.34	\$92.20	\$803.27	\$291.51	\$140.58	\$307.28	\$641.39

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Summary of Monthly Per Capita Cost for Calendar Years 2010-2011
By Delivery System Through Line 502 of the Prioritized List

EXHIBIT 11

PHYSICAL HEALTH - FCHP
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

MCO PER CAPITA COST
\$430.01
\$1,270.76
\$498.10
\$89.14
\$83.71
\$152.52
\$835.63
\$167.83
\$725.44
\$128.97
\$0.00
\$241.90
\$467.44

FFS WRAPAROUND PER CAPITA COST
\$39.97
\$18.95
\$27.20
\$4.74
\$7.11
\$50.95
\$217.28
\$22.46
\$58.73
\$49.34
\$0.06
\$38.50
\$86.61

FFS/PCM PER CAPITA COST²
\$432.20
\$690.95
\$769.47
\$85.47
\$97.02
\$147.75
\$1,282.87
\$90.58
\$776.06
\$253.60
\$140.53
\$301.97
\$618.42

PHYSICAL HEALTH - PCO
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

MCO PER CAPITA COST
\$285.29
\$677.45
\$188.86
\$74.12
\$65.46
\$127.80
\$533.93
\$128.52
\$413.65
\$109.58
\$0.00
\$199.38
\$352.75

FFS WRAPAROUND PER CAPITA COST
\$141.01
\$264.12
\$539.79
\$14.25
\$18.50
\$55.30
\$569.46
\$33.03
\$307.69
\$77.01
\$102.43
\$67.82
\$159.22

FFS/PCM PER CAPITA COST²
\$432.20
\$690.73
\$769.47
\$85.47
\$97.02
\$147.75
\$1,282.86
\$90.58
\$776.06
\$253.60
\$140.51
\$301.94
\$618.41

PHYSICAL HEALTH - FCHP/PCO Blend
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

MCO PER CAPITA COST¹
\$426.85
\$1,265.17
\$492.40
\$88.91
\$83.40
\$151.92
\$826.27
\$167.00
\$713.69
\$128.29
\$0.00
\$241.90
\$467.44

FFS WRAPAROUND PER CAPITA COST
\$42.18
\$21.26
\$36.63
\$4.89
\$7.31
\$51.06
\$228.19
\$22.68
\$68.11
\$50.32
\$0.03
\$38.50
\$86.61

FFS/PCM PER CAPITA COST²
\$432.20
\$690.95
\$769.47
\$85.47
\$97.02
\$147.75
\$1,282.87
\$90.58
\$776.06
\$253.60
\$140.53
\$301.97
\$618.42

¹ Reflects the weighted average of the FCHP and PCO per capita costs

² A PCM case management fee is applied to the portion of FFS population covered by case management.

³ Includes administrative allowance.

Note: MCO refers to a Managed Care Organization, FFS refers to Fee-For-Service, and PCM refers to a Primary Care Manager.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Summary of Monthly Per Capita Cost for Calendar Years 2010-2011
By Delivery System Through Line 502 of the Prioritized List

EXHIBIT 11

CHEMICAL DEPENDENCY - FCHP & CDO	MCO PER CAPITA COST	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST
Temporary Assistance to Needy Families (Adults Only)	\$15.92	\$0.00	\$1.56
Poverty Level Medical Adults	\$8.36	\$0.00	\$0.52
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.50	\$0.00	\$0.20
Aid to the Blind/Aid to the Disabled with Medicare	\$5.60	\$0.00	\$0.94
Aid to the Blind/Aid to the Disabled without Medicare	\$11.61	\$0.00	\$1.66
Old Age Assistance with Medicare	\$0.46	\$0.00	\$0.03
Old Age Assistance without Medicare	\$0.44	\$0.00	\$0.12
SCF Children	\$6.81	\$0.00	\$0.65
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP Families	\$5.13	\$0.00	\$1.10
OHP Adults & Couples	\$33.07	\$0.00	\$3.74

CHEMICAL DEPENDENCY - PCO	MCO PER CAPITA COST	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST
Temporary Assistance to Needy Families (Adults Only)	\$15.53	\$0.00	\$1.56
Poverty Level Medical Adults	\$8.30	\$0.00	\$0.52
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.49	\$0.00	\$0.20
Aid to the Blind/Aid to the Disabled with Medicare	\$5.25	\$0.00	\$0.94
Aid to the Blind/Aid to the Disabled without Medicare	\$11.07	\$0.00	\$1.66
Old Age Assistance with Medicare	\$0.44	\$0.00	\$0.03
Old Age Assistance without Medicare	\$0.44	\$0.00	\$0.12
SCF Children	\$6.81	\$0.00	\$0.65
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP Families	\$4.98	\$0.00	\$1.10
OHP Adults & Couples	\$31.87	\$0.00	\$3.74

CHEMICAL DEPENDENCY - FCHP/PCO Blend	MCO PER CAPITA COST¹	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST
Temporary Assistance to Needy Families (Adults Only)	\$15.91	\$0.00	\$1.56
Poverty Level Medical Adults	\$8.36	\$0.00	\$0.52
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.50	\$0.00	\$0.20
Aid to the Blind/Aid to the Disabled with Medicare	\$5.59	\$0.00	\$0.94
Aid to the Blind/Aid to the Disabled without Medicare	\$11.59	\$0.00	\$1.66
Old Age Assistance with Medicare	\$0.46	\$0.00	\$0.03
Old Age Assistance without Medicare	\$0.44	\$0.00	\$0.12
SCF Children	\$6.81	\$0.00	\$0.65
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP Families	\$5.13	\$0.00	\$1.10
OHP Adults & Couples	\$33.07	\$0.00	\$3.74

¹ Reflects the weighted average of the FCHP and PCO per capita costs

² A PCM case management fee is applied to the portion of FFS population covered by case management.

³ Includes administrative allowance.

Note: MCO refers to a Managed Care Organization, FFS refers to Fee-For-Service, and PCM refers to a Primary Care Manager.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Summary of Monthly Per Capita Cost for Calendar Years 2010-2011
By Delivery System Through Line 502 of the Prioritized List

EXHIBIT 11

DENTAL	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

MCO PER CAPITA COST	
	\$32.29
	\$26.84
	\$0.26
	\$18.56
	\$24.07
	\$28.83
	\$25.38
	\$17.51
	\$25.95
	\$22.73
	\$0.00
	\$6.13
	\$5.91

FFS WRAPAROUND PER CAPITA COST	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

FFS/PCM PER CAPITA COST	
	\$1.52
	\$0.82
	\$0.01
	\$1.79
	\$2.07
	\$1.69
	\$2.27
	\$0.16
	\$0.64
	\$3.90
	\$0.00
	\$0.41
	\$0.36

MENTAL HEALTH	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

MCO PER CAPITA COST	
	\$28.49
	\$9.69
	\$0.66
	\$5.09
	\$28.36
	\$76.54
	\$134.78
	\$9.02
	\$29.07
	\$200.81
	\$0.00
	\$15.31
	\$42.33

FFS WRAPAROUND PER CAPITA COST	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$2.28
	\$2.28
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

FFS/PCM PER CAPITA COST	
	\$6.90
	\$3.24
	\$0.40
	\$1.09
	\$4.98
	\$175.79
	\$114.84
	\$1.99
	\$26.69
	\$33.80
	\$0.05
	\$4.10
	\$18.98

PHYSICAL HEALTH, DENTAL, & CHEMICAL DEPENDENCY	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

MCO PER CAPITA COST¹	
	\$475.04
	\$1,300.37
	\$492.66
	\$107.48
	\$108.96
	\$186.33
	\$863.25
	\$184.97
	\$740.08
	\$157.83
	\$0.00
	\$253.17
	\$506.42

FFS WRAPAROUND PER CAPITA COST	
	\$42.18
	\$21.26
	\$36.63
	\$4.89
	\$7.31
	\$51.06
	\$228.19
	\$22.68
	\$68.11
	\$50.32
	\$0.03
	\$38.50
	\$86.61

FFS/PCM PER CAPITA COST²	
	\$435.29
	\$692.28
	\$769.48
	\$87.26
	\$99.29
	\$150.38
	\$1,286.79
	\$90.77
	\$776.83
	\$258.15
	\$140.53
	\$303.48
	\$622.52

¹ Reflects the weighted average of the FCHP and PCO per capita costs

² A PCM case management fee is applied to the portion of FFS population covered by case management.

³ Includes administrative allowance.

Note: MCO refers to a Managed Care Organization, FFS refers to Fee-For-Service, and PCM refers to a Primary Care Manager.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Summary of Monthly Per Capita Cost for Calendar Years 2010-2011
By Delivery System Through Line 502 of the Prioritized List

EXHIBIT 11

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY + ADMIN
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

MCO PER CAPITA COST^{1,3}
\$514.57
\$1,408.32
\$533.52
\$116.46
\$118.10
\$219.56
\$934.94
\$215.42
\$801.56
\$171.01
\$0.00
\$274.19
\$548.44

FFS WRAPAROUND PER CAPITA COST
\$42.18
\$21.26
\$36.63
\$4.89
\$7.31
\$51.06
\$228.19
\$22.68
\$68.11
\$50.32
\$0.03
\$38.50
\$86.61

FFS/PCM PER CAPITA COST²
\$435.29
\$692.28
\$769.48
\$87.26
\$99.29
\$150.38
\$1,286.79
\$90.77
\$776.83
\$258.15
\$140.53
\$303.48
\$622.52

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY, & MENTAL HEALTH
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

MCO PER CAPITA COST¹
\$503.54
\$1,310.06
\$493.32
\$112.57
\$137.33
\$262.88
\$998.03
\$193.99
\$769.15
\$358.64
\$0.00
\$268.48
\$548.75

FFS WRAPAROUND PER CAPITA COST
\$42.18
\$21.26
\$36.63
\$4.89
\$7.31
\$53.34
\$230.48
\$22.68
\$68.11
\$50.32
\$0.03
\$38.50
\$86.61

FFS/PCM PER CAPITA COST²
\$442.19
\$695.53
\$769.88
\$88.35
\$104.27
\$326.17
\$1,401.63
\$92.76
\$803.52
\$291.95
\$140.58
\$307.58
\$641.49

HEALTH CARE EXPENSE PLUS ADMINISTRATION
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

MCO PER CAPITA COST^{1,3}
\$545.54
\$1,418.85
\$534.24
\$122.00
\$148.93
\$302.76
\$1,081.45
\$225.22
\$833.16
\$389.28
\$0.00
\$290.83
\$594.45

FFS WRAPAROUND PER CAPITA COST
\$42.18
\$21.26
\$36.63
\$4.89
\$7.31
\$53.34
\$230.48
\$22.68
\$68.11
\$50.32
\$0.03
\$38.50
\$86.61

FFS/PCM PER CAPITA COST²
\$442.19
\$695.53
\$769.88
\$88.35
\$104.27
\$326.17
\$1,401.63
\$92.76
\$803.52
\$291.95
\$140.58
\$307.58
\$641.49

¹ Reflects the weighted average of the FCHP and PCO per capita costs

² A PCM case management fee is applied to the portion of FFS population covered by case management.

³ Includes administrative allowance.

⁴ Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

Note: MCO refers to a Managed Care Organization, FFS refers to Fee-For-Service, and PCM refers to a Primary Care Manager.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Expected Distribution of Enrollees by Eligibility Category and Delivery System
Physical Health Services
For Calendar Years 2010-2011

EXHIBIT 12-A

Eligibility Category	Percentage	DELIVERY SYSTEM ¹		
		MCO ²	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	8.48%	84.41%	15.59%	100.00%
Poverty Level Medical Adults	2.48%	80.48%	19.52%	100.00%
PLM, TANF, and CHIP Children < 1	6.66%	86.03%	13.97%	100.00%
PLM, TANF, and CHIP Children 1 - 5	18.16%	85.24%	14.76%	100.00%
PLM, TANF, and CHIP Children 6 - 18	29.33%	84.48%	15.52%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.67%	64.43%	35.57%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.40%	73.47%	26.53%	100.00%
Old Age Assistance with Medicare	6.32%	53.38%	46.62%	100.00%
Old Age Assistance without Medicare	0.21%	72.69%	27.31%	100.00%
SCF Children	3.79%	59.75%	40.25%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.92%		100.00%	100.00%
OHP Families	2.36%	88.06%	11.94%	100.00%
OHP Adults & Couples	3.21%	87.58%	12.42%	100.00%
Total	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM
For Calendar Years 2010-2011

Eligibility Category	DELIVERY SYSTEM ¹		
	MCO ²	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	7.16%	1.32%	8.48%
Poverty Level Medical Adults	2.00%	0.48%	2.48%
PLM, TANF, and CHIP Children < 1	5.73%	0.93%	6.66%
PLM, TANF, and CHIP Children 1 - 5	15.48%	2.68%	18.16%
PLM, TANF, and CHIP Children 6 - 18	24.78%	4.55%	29.33%
Aid to the Blind/Aid to the Disabled with Medicare	3.65%	2.02%	5.67%
Aid to the Blind/Aid to the Disabled without Medicare	6.90%	2.49%	9.40%
Old Age Assistance with Medicare	3.37%	2.95%	6.32%
Old Age Assistance without Medicare	0.15%	0.06%	0.21%
SCF Children	2.26%	1.53%	3.79%
CAWEM (Citizen-Alien Waived Emergency Medical)		3.92%	3.92%
OHP Families	2.08%	0.28%	2.36%
OHP Adults & Couples	2.81%	0.40%	3.21%
Total	76.38%	23.62%	100.00%

¹ Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

² Reflects projected FCHP and PCO enrollees.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Expected Distribution of Enrollees by Eligibility Category and Delivery System
Dental Services
For Calendar Years 2010-2011

EXHIBIT 12-B

Eligibility Category	Percentage	DELIVERY SYSTEM ¹		
		MCO	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	8.48%	92.06%	7.94%	100.00%
Poverty Level Medical Adults	2.48%	87.73%	12.27%	100.00%
PLM, TANF, and CHIP Children < 1	6.66%	92.70%	7.30%	100.00%
PLM, TANF, and CHIP Children 1 - 5	18.16%	92.66%	7.34%	100.00%
PLM, TANF, and CHIP Children 6 - 18	29.33%	92.60%	7.40%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.67%	90.19%	9.81%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.40%	88.29%	11.71%	100.00%
Old Age Assistance with Medicare	6.32%	84.92%	15.08%	100.00%
Old Age Assistance without Medicare	0.21%	76.88%	23.12%	100.00%
SCF Children	3.79%	80.77%	19.23%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.92%		100.00%	100.00%
OHP Families	2.36%	97.79%	2.21%	100.00%
OHP Adults & Couples	3.21%	96.11%	3.89%	100.00%
Total	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM
For Calendar Years 2010-2011

Eligibility Category	DELIVERY SYSTEM ¹		
	MCO	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	7.81%	0.67%	8.48%
Poverty Level Medical Adults	2.18%	0.30%	2.48%
PLM, TANF, and CHIP Children < 1	6.17%	0.49%	6.66%
PLM, TANF, and CHIP Children 1 - 5	16.83%	1.33%	18.16%
PLM, TANF, and CHIP Children 6 - 18	27.16%	2.17%	29.33%
Aid to the Blind/Aid to the Disabled with Medicare	5.11%	0.56%	5.67%
Aid to the Blind/Aid to the Disabled without Medicare	8.30%	1.10%	9.40%
Old Age Assistance with Medicare	5.37%	0.95%	6.32%
Old Age Assistance without Medicare	0.16%	0.05%	0.21%
SCF Children	3.06%	0.73%	3.79%
CAWEM (Citizen-Alien Waived Emergency Medical)		3.92%	3.92%
OHP Families	2.31%	0.05%	2.36%
OHP Adults & Couples	3.08%	0.12%	3.21%
Total	87.54%	12.46%	100.00%

¹ Eligibility distribution by delivery system was calculated by PwC based on information provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Expected Distribution of Enrollees by Eligibility Category and Delivery System
Mental Health Services
For Calendar Years 2010-2011

EXHIBIT 12-C

Eligibility Category	Percentage	DELIVERY SYSTEM ¹		
		MCO	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	8.48%	90.30%	9.70%	100.00%
Poverty Level Medical Adults	2.48%	85.24%	14.76%	100.00%
PLM, TANF, and CHIP Children < 1	6.66%	92.19%	7.81%	100.00%
PLM, TANF, and CHIP Children 1 - 5	18.16%	91.11%	8.89%	100.00%
PLM, TANF, and CHIP Children 6 - 18	29.33%	90.08%	9.92%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.67%	93.23%	6.77%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.40%	90.96%	9.04%	100.00%
Old Age Assistance with Medicare	6.32%	87.52%	12.48%	100.00%
Old Age Assistance without Medicare	0.21%	87.85%	12.15%	100.00%
SCF Children	3.79%	93.32%	6.68%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.92%		100.00%	100.00%
OHP Families	2.36%	97.84%	2.16%	100.00%
OHP Adults & Couples	3.21%	97.13%	2.87%	100.00%
Total	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM
For Calendar Years 2010-2011

Eligibility Category	DELIVERY SYSTEM ¹		
	MCO	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	7.66%	0.82%	8.48%
Poverty Level Medical Adults	2.12%	0.37%	2.48%
PLM, TANF, and CHIP Children < 1	6.14%	0.52%	6.66%
PLM, TANF, and CHIP Children 1 - 5	16.55%	1.61%	18.16%
PLM, TANF, and CHIP Children 6 - 18	26.42%	2.91%	29.33%
Aid to the Blind/Aid to the Disabled with Medicare	5.29%	0.38%	5.67%
Aid to the Blind/Aid to the Disabled without Medicare	8.55%	0.85%	9.40%
Old Age Assistance with Medicare	5.53%	0.79%	6.32%
Old Age Assistance without Medicare	0.18%	0.03%	0.21%
SCF Children	3.54%	0.25%	3.79%
CAWEM (Citizen-Alien Waived Emergency Medical)		3.92%	3.92%
OHP Families	2.31%	0.05%	2.36%
OHP Adults & Couples	3.12%	0.09%	3.21%
Total	87.40%	12.60%	100.00%

¹ Eligibility distribution by delivery system was calculated by PwC based on information provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Average Per Capita Cost ¹ for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 13-A

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
Physical Health Services, Including Administrative Allowance

Eligibility Category	DELIVERY SYSTEM ⁴		
	MCO ^{2,3}	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$504.43	\$432.20	\$493.17
Poverty Level Medical Adults	\$1,391.36	\$690.95	\$1,254.62
PLM, TANF, and CHIP Children < 1	\$569.87	\$769.47	\$597.76
PLM, TANF, and CHIP Children 1 - 5	\$101.17	\$85.47	\$98.85
PLM, TANF, and CHIP Children 6 - 18	\$97.62	\$97.02	\$97.53
Aid to the Blind/Aid to the Disabled with Medicare	\$232.61	\$147.75	\$202.43
Aid to the Blind/Aid to the Disabled without Medicare	\$1,122.99	\$1,282.87	\$1,165.41
Old Age Assistance with Medicare	\$218.52	\$90.58	\$158.87
Old Age Assistance without Medicare	\$841.00	\$776.06	\$823.26
SCF Children	\$189.24	\$253.60	\$215.15
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.03	\$140.53	\$140.53
OHP Families	\$300.47	\$301.97	\$300.65
OHP Adults & Couples	\$592.82	\$618.42	\$596.00
OHP PLUS COMPOSITE	\$329.22	\$306.89	\$323.79
OHP STANDARD COMPOSITE	\$468.46	\$487.29	\$470.76
Total	\$338.13	\$312.09	\$331.98

¹ Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

² Reflects the weighted average of the FCHP and PCO per capita costs.

³ Includes administrative allowance on capitated services.

⁴ Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Average Per Capita Cost ¹ for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 13-B

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
Chemical Dependency Services, Including Administrative Allowance

Eligibility Category	DELIVERY SYSTEM ⁴		
	MCO ^{2,3}	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$17.23	\$1.56	\$14.79
Poverty Level Medical Adults	\$9.05	\$0.52	\$7.39
PLM, TANF, and CHIP Children < 1	\$0.00		\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.62	\$0.20	\$1.40
Aid to the Blind/Aid to the Disabled with Medicare	\$6.68	\$0.94	\$4.64
Aid to the Blind/Aid to the Disabled without Medicare	\$12.55	\$1.66	\$9.66
Old Age Assistance with Medicare	\$0.54	\$0.03	\$0.30
Old Age Assistance without Medicare	\$0.47	\$0.12	\$0.38
SCF Children	\$7.38	\$0.65	\$4.67
CAWEM (Citizen-Alien Waived Emergency Medical)			
OHP Families	\$5.56	\$1.10	\$5.03
OHP Adults & Couples	\$35.81	\$3.74	\$31.82
OHP PLUS COMPOSITE	\$4.36	\$0.45	\$3.41
OHP STANDARD COMPOSITE	\$22.94	\$2.65	\$20.46
Total	\$5.55	\$0.51	\$4.36

¹ Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

² Reflects the weighted average of the FCHP and PCO per capita costs.

³ Includes administrative allowance on capitated services.

⁴ Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Average Per Capita Cost ¹ for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 13-C

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
Dental Services, Including Administrative Allowance

Eligibility Category	DELIVERY SYSTEM ⁴		
	MCO ^{2,3}	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$35.09	\$1.52	\$32.43
Poverty Level Medical Adults	\$29.17	\$0.82	\$25.69
PLM, TANF, and CHIP Children < 1	\$0.28	\$0.01	\$0.26
PLM, TANF, and CHIP Children 1 - 5	\$20.18	\$1.79	\$18.83
PLM, TANF, and CHIP Children 6 - 18	\$26.16	\$2.07	\$24.38
Aid to the Blind/Aid to the Disabled with Medicare	\$31.34	\$1.69	\$28.43
Aid to the Blind/Aid to the Disabled without Medicare	\$27.59	\$2.27	\$24.63
Old Age Assistance with Medicare	\$19.03	\$0.16	\$16.19
Old Age Assistance without Medicare	\$28.21	\$0.64	\$21.84
SCF Children	\$24.71	\$3.90	\$20.71
CAWEM (Citizen-Alien Waived Emergency Medical)			
OHP Families	\$6.67	\$0.41	\$6.53
OHP Adults & Couples	\$6.43	\$0.36	\$6.19
OHP PLUS COMPOSITE	\$23.87	\$1.19	\$20.92
OHP STANDARD COMPOSITE	\$6.53	\$0.37	\$6.33
Total	\$22.80	\$1.18	\$20.11

¹ Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

² Reflects the weighted average of the FCHP and PCO per capita costs.

³ Includes administrative allowance on capitated services.

⁴ Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Average Per Capita Cost ¹ for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 13-D

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
Mental Health Services, Including Administrative Allowance

Eligibility Category	DELIVERY SYSTEM ⁴		
	MCO ^{2,3}	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$30.97	\$6.90	\$28.64
Poverty Level Medical Adults	\$10.53	\$3.24	\$9.45
PLM, TANF, and CHIP Children < 1	\$0.71	\$0.40	\$0.69
PLM, TANF, and CHIP Children 1 - 5	\$5.54	\$1.09	\$5.14
PLM, TANF, and CHIP Children 6 - 18	\$30.83	\$4.98	\$28.26
Aid to the Blind/Aid to the Disabled with Medicare	\$85.48	\$175.79	\$91.59
Aid to the Blind/Aid to the Disabled without Medicare	\$148.78	\$114.84	\$145.72
Old Age Assistance with Medicare	\$9.80	\$1.99	\$8.83
Old Age Assistance without Medicare	\$31.59	\$26.69	\$31.00
SCF Children	\$218.27	\$33.80	\$205.96
CAWEM (Citizen-Alien Waived Emergency Medical)		\$0.05	\$0.05
OHP Families	\$16.64	\$4.10	\$16.37
OHP Adults & Couples	\$46.01	\$18.98	\$45.23
OHP PLUS COMPOSITE	\$45.45	\$16.00	\$41.56
OHP STANDARD COMPOSITE	\$33.50	\$13.68	\$32.99
Total	\$44.71	\$15.97	\$41.08

¹ Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

² Reflects the weighted average of the FCHP and PCO per capita costs.

³ Includes administrative allowance on capitated services.

⁴ Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Average Per Capita Cost ¹ for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 13-E

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
All Services Except Mental Health, Including Administrative Allowance

Eligibility Category	DELIVERY SYSTEM ⁴		
	MCO ^{2,3}	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$556.75	\$435.29	\$540.38
Poverty Level Medical Adults	\$1,429.58	\$692.28	\$1,287.70
PLM, TANF, and CHIP Children < 1	\$570.15	\$769.48	\$598.02
PLM, TANF, and CHIP Children 1 - 5	\$121.35	\$87.26	\$117.68
PLM, TANF, and CHIP Children 6 - 18	\$125.41	\$99.29	\$123.31
Aid to the Blind/Aid to the Disabled with Medicare	\$270.62	\$150.38	\$235.49
Aid to the Blind/Aid to the Disabled without Medicare	\$1,163.14	\$1,286.79	\$1,199.70
Old Age Assistance with Medicare	\$238.10	\$90.77	\$175.36
Old Age Assistance without Medicare	\$869.68	\$776.83	\$845.48
SCF Children	\$221.33	\$258.15	\$240.53
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.03	\$140.53	\$140.53
OHP Families	\$312.70	\$303.48	\$312.20
OHP Adults & Couples	\$635.05	\$622.52	\$634.01
OHP PLUS COMPOSITE	\$357.44	\$308.53	\$348.12
OHP STANDARD COMPOSITE	\$497.93	\$490.31	\$497.56
Total	\$366.48	\$313.78	\$356.45

¹ Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

² Reflects the weighted average of the FCHP and PCO per capita costs.

³ Includes administrative allowance on capitated services.

⁴ Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Average Per Capita Cost ¹ for Calendar Years 2010-2011
Through Line 502 of the Prioritized List

EXHIBIT 13-F

Average Monthly Per Capita Cost by Eligibility Category and Delivery System
All Services, Including Administrative Allowance

Eligibility Category	DELIVERY SYSTEM ⁴		
	MCO ^{2,3}	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$587.72	\$442.19	\$569.02
Poverty Level Medical Adults	\$1,440.11	\$695.53	\$1,297.15
PLM, TANF, and CHIP Children < 1	\$570.87	\$769.88	\$598.71
PLM, TANF, and CHIP Children 1 - 5	\$126.89	\$88.35	\$122.82
PLM, TANF, and CHIP Children 6 - 18	\$156.23	\$104.27	\$151.57
Aid to the Blind/Aid to the Disabled with Medicare	\$356.10	\$326.17	\$327.08
Aid to the Blind/Aid to the Disabled without Medicare	\$1,311.92	\$1,401.63	\$1,345.42
Old Age Assistance with Medicare	\$247.90	\$92.76	\$184.19
Old Age Assistance without Medicare	\$901.27	\$803.52	\$876.48
SCF Children	\$439.60	\$291.95	\$446.48
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.03	\$140.58	\$140.58
OHP Families	\$329.33	\$307.58	\$328.57
OHP Adults & Couples	\$681.06	\$641.49	\$679.25
OHP PLUS COMPOSITE	\$402.89	\$324.53	\$389.68
OHP STANDARD COMPOSITE	\$531.43	\$503.99	\$530.55
Total	\$411.18	\$329.75	\$397.53

¹ Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

² Reflects the weighted average of the FCHP and PCO per capita costs.

³ Includes administrative allowance on capitated services.

⁴ Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

OREGON BASIC HEALTH SERVICES PROGRAM
Description of Allocation of Claims to Condition/Treatment Pairs

EXHIBIT 14

TREATMENT TYPE	ICD 9 CODES	CPT 4 CODES	EXPENDITURE ALLOCATION
Initial diagnosis	780-799, V65.5, V71, V72.5, V72.6, V72.7, V73-V78, V80-V82	Any	Beginning of the List
Diagnostic	Any	Biopsies, Other Diagnostic Tests Diagnostic lab and x-ray services	Beginning of the List
Vaccines	Any	90476-90749	Beginning of the List
Anesthesia, Ambulance, DME, Supplies, Orthotics, Vision, Audiology, Drugs coded with HCPCs, Non-emergency Transportation	Any	00100-01999, Alphanumeric HCPCs beginning with A, E, J, L, or V, non-emergency transportation DMAP codes	Beginning of the List
Surgical treatment, Dental and Mental Health, Psychotherapy	001-779, V01-V82, except those listed under initial diagnosis	02000-69999, CDT Codes, Mental Health DMAP Codes, Mental Health CPT Codes, Alphanumeric HCPCs beginning with H, T, G, or S	Based on the number of line items with matching diagnosis and treatment pairs. Generally, all claims go to a single line.
Medical treatment	001-779, V01-V82, except those listed under initial diagnosis	90000-99999, except mental health CPT codes	Based on whether there is a matching surgical treatment and the number of line items with the same range of ICD9 codes. Generally, if there is a single matching surgical line item, 75% of the medical claims are allocated to the medical line item and 25% are allocated to the surgical line item. When there are no matching surgical line items, claims are allocated to the medical treatment line items based on the number of lines with matching ICD9 codes. In most cases that have no matching surgical treatment, no additional allocation of claims is required.
Inpatient hospital, Outpatient hospital billed without HCPCs	001-779, V01-V82, except those listed under initial diagnosis	Any	Based on the number of line items with matching ICD9 codes. When more than one line item contains the same ICD9 codes, claims are allocated based on the percentage of total dollars for the ICD9 code represented by each line item. This allocation is done after all other claims have been allocated.
Prescription Drugs	Not Applicable	National Drug Codes	Allocated based on distribution of non-pharmacy costs by list line and eligibility category. Mental Health and Chemical Dependency drugs are allocated only to Mental Health and Chemical Dependency lines.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost at Various Thresholds for Calendar Years 2010-2011

EXHIBIT 15-A

Projected Per Capita Cost at Various Prioritized List Line Thresholds^{1, 4}
Managed Care Enrollees

Threshold	Physical Health ^{2, 3}		Dental		Mental Health		Total MCO	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
262	81.6%	\$280.41	39.5%	\$9.01	70.3%	\$31.42	78.0%	\$320.84
292	83.0%	\$285.25	39.5%	\$9.01	70.3%	\$31.42	79.2%	\$325.68
322	87.2%	\$299.74	39.5%	\$9.01	73.8%	\$33.01	83.1%	\$341.76
352	88.2%	\$302.98	39.7%	\$9.04	73.8%	\$33.01	83.9%	\$345.04
382	92.3%	\$317.27	79.1%	\$18.03	73.9%	\$33.06	89.6%	\$368.35
412	94.0%	\$323.21	79.1%	\$18.03	74.3%	\$33.20	91.1%	\$374.43
442	96.4%	\$331.20	79.1%	\$18.03	80.0%	\$35.75	93.6%	\$384.97
472	98.5%	\$338.63	79.1%	\$18.03	95.9%	\$42.87	97.2%	\$399.53
502	100.0%	\$343.67	100.0%	\$22.80	100.0%	\$44.71	100.0%	\$411.18

¹ Includes administrative allowance on capitated services and FFS services provided to managed care enrollees.

² Includes Chemical Dependency.

³ Reflects the weighted average of the FCHP and PCO per capita costs.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost at Various Thresholds for Calendar Years 2010-2011

EXHIBIT 15-B

Projected Per Capita Cost at Various Prioritized List Line Thresholds^{1,3}
FFS Eligibles

Threshold	Physical Health ^{1,2}		Dental		Mental Health		Total FFS/PCM	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
262	81.9%	\$255.87	44.8%	\$0.53	86.1%	\$13.75	81.9%	\$270.15
292	83.4%	\$260.81	44.8%	\$0.53	86.1%	\$13.75	83.4%	\$275.09
322	88.2%	\$275.68	44.8%	\$0.53	90.5%	\$14.46	88.1%	\$290.66
352	89.5%	\$279.74	50.4%	\$0.59	90.5%	\$14.46	89.4%	\$294.80
382	94.1%	\$294.09	85.9%	\$1.01	90.6%	\$14.47	93.9%	\$309.57
412	95.7%	\$299.06	85.9%	\$1.01	90.9%	\$14.51	95.4%	\$314.58
442	97.3%	\$304.30	85.9%	\$1.01	93.1%	\$14.87	97.1%	\$320.19
472	99.0%	\$309.50	85.9%	\$1.01	98.5%	\$15.72	98.9%	\$326.23
502	100.0%	\$312.60	100.0%	\$1.18	100.0%	\$15.97	100.0%	\$329.75

¹ A PCM case management fee is applied to the portion of FFS population covered by case management.

² Includes Chemical Dependency.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost at Various Thresholds for Calendar Years 2010-2011

EXHIBIT 15-C

Projected Per Capita Cost at Various Prioritized List Line Thresholds ^{1, 4}

All Eligibles

Threshold	Physical Health ^{2, 3}		Dental		Mental Health		Total	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
262	81.6%	\$274.62	39.6%	\$7.96	71.1%	\$29.19	78.4%	\$311.76
292	83.1%	\$279.48	39.6%	\$7.96	71.1%	\$29.20	79.7%	\$316.63
322	87.4%	\$294.07	39.6%	\$7.96	74.7%	\$30.67	83.7%	\$332.70
352	88.5%	\$297.51	39.7%	\$7.99	74.7%	\$30.67	84.6%	\$336.17
382	92.7%	\$311.81	79.1%	\$15.91	74.8%	\$30.72	90.2%	\$358.44
412	94.4%	\$317.52	79.1%	\$15.91	75.1%	\$30.84	91.6%	\$364.27
442	96.6%	\$324.86	79.1%	\$15.91	80.6%	\$33.12	94.1%	\$373.88
472	98.6%	\$331.75	79.1%	\$15.91	96.0%	\$39.45	97.4%	\$387.11
502	100.0%	\$336.34	100.0%	\$20.11	100.0%	\$41.08	100.0%	\$397.53

¹ Includes administrative allowance on capitated services.

² Includes Chemical Dependency.

³ Reflects the weighted average of the FCHP and PCO per capita costs.