

**OREGON HEALTH PLAN
MEDICAID DEMONSTRATION**

Capitation Rate Development

January 2010 – December 2010

**Addendum
(Effective July 2010 – December 2010)**

Prepared by:

Actuarial Service Unit
Budget Planning and Analysis
Department of Human Services
State of Oregon

April 20, 2010

DATE: April 20, 2010

TO: Kevin Hamler-Dupras
Administrator
Actuarial Services Unit
Oregon Department of Human Services
500 Summer Street N.E.
Salem, Oregon 97301

FROM: X. Dennis Tang, ASA, MAAA
Lead Actuary
Actuarial Services Unit
Oregon Department of Human Services
827 Oregon Street N.E., Suite 220
Portland, Oregon 97232

**RE: Addendum to the Capitation Rates for the Oregon Health Plan
Medicaid Demonstration Effective July 1, 2010 through
December 31, 2010**

Dear Kevin,

The Portland office of the DHS Actuarial Services Unit has prepared the addendum to the report of Capitation Rate Development, January 2010 through December 2010 dated October 15, 2009. This addendum is for capitation rates effective July 1st, 2010 through December 31st, 2010 and it contains the following:

1. Mental Health Organization (MHO) capitation rates for the added services of Children's Wrap-around Services. The following three MHOs are providing these services under contract with Department of Human Services of Oregon effective July 1st, 2010:
 - Jefferson Behavioral Health
 - Mid-Valley Behavioral Care Network
 - Washington County by and through its Department of Health and Human Services

2. Revised capitation rates of maternity management services for Grants Pass Management Services, Inc., abn Oregon Health Management Services (OHMS) from July 1st, 2010 through December 31st, 2010. The revision of maternity management service rates applies to OHMS only and it increases the maternity management service rates to compensate for the non-payment of capitation rates from January 1st, 2009 to September 30th, 2009.

Estimated Costs

The Children's Wrap-around Services Initiative was established by the Oregon Legislative body and codified in Oregon Law in 2009. Services will begin with three pilot programs with contracted MHOs. Utilization level for each of the pilot program was estimated according to the targeted population, i.e., Children, Adults and Family (CAF) children and targeted goals of the programs. Total cost for all three pilot programs is estimated at \$903,700 for the six-month period from July 1st, 2010 through December 31st, 2010.

The revised capitation rates of maternity management services for OHMS will cost an estimated additional \$83,000 for the six-month period from July 1st, 2010 through December 31st, 2010.

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Please contact me by phone at 503-731-3217 or via email at dennis.tang@state.or.us if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "X. Dennis Tang", is positioned above a horizontal line.

X. Dennis Tang, ASA, MAAA
Lead Actuary

Cc: David Rohrer
Project Manager, Actuarial Service Unit

**Actuarial Certification of
Proposed Oregon Health Plan Capitation Rates
January 1, 2010 through December 31, 2010
and Revised Capitation Rates July 1, 2010 through December 31, 2010**

I, X. Dennis Tang, am the Lead Actuary in Actuarial Service Unit, Oregon Department of Human Services. I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries and meet its qualification standards to certify as to the actuarial soundness of proposed capitation rates for the period January 1, 2010 through December 31, 2010 developed for contracting managed care plans under the Oregon Medicaid program.

It is my opinion that all requirements of 42 CFR 438.6(c), with respect to the development of Medicaid managed care capitation rates, were satisfied in the development of the proposed capitation rates for contracting Medicaid managed care plans in Oregon. I believe that the capitation rates are appropriate for the populations to be covered and the services to be furnished under the contract. Detailed descriptions of the methodology and assumptions used in the development of the capitation rates are contained in the report to which this certification is attached and in the December 2008 report titled "Analysis of Calendar Years 2010 – 2011 Average Costs" prepared by PriceWaterhouseCoopers under contract with Oregon Department of Human Services at the time.

In development of the proposed capitation rates, I relied on enrollment, encounter, and other data provided by the data management staff located in the Salem office of Actuarial Service Unit in the Oregon Department of Human Services. I reviewed the data for reasonableness, however, I did not perform independent verification and take no responsibility as to the accuracy of these data.

The actuarially sound rates shown in the accompanying report are a projection of future events. It may be expected that actual experience will vary from the values shown here. Actuarial methods, considerations, and analyses used in developing the proposed capitation rates conform to the appropriate Standards of Practice promulgated from time to time by the Actuarial Standards Board.

The capitation rates may not be appropriate for any specific managed care plan. Any managed care plan will need to review the rates in relation to the benefits provided. The managed care plan should compare the rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The managed care plan may require rates above, equal to, or below the actuarially sound capitation rates to which this certification is attached.



X. Dennis Tang, ASA, MAAA
Member, American Academy of Actuaries

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Jefferson Behavioral Health
Region: Jackson/Josephine/Douglas
Rate Group: **CAF Children**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Mental Health						
Acute Inpatient	\$5.24	\$1.31	\$6.55	0.901	0.984	\$5.80
Alternative to IP	\$2.78	\$0.00	\$2.78	0.901	1.000	\$2.50
Ancillary Services	\$0.02	\$0.00	\$0.02	0.901	1.000	\$0.01
Assess & Eval	\$4.33	\$0.00	\$4.33	0.901	1.000	\$3.90
Case Management	\$10.08	\$0.00	\$10.08	0.901	1.000	\$9.08
Consultation	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Family Support	\$0.11	\$0.00	\$0.11	0.901	1.000	\$0.10
Med Management	\$0.13	\$0.00	\$0.13	0.901	1.000	\$0.12
OP Therapy	\$13.32	\$0.00	\$13.32	0.901	1.000	\$12.00
Other OP	\$0.31	\$0.00	\$0.31	0.901	1.000	\$0.28
PEO	\$0.29	\$0.00	\$0.29	1.000	1.000	\$0.29
Phys IP	\$8.33	\$0.00	\$8.33	0.901	1.000	\$7.50
Phys OP	\$44.67	\$0.00	\$44.67	0.901	1.000	\$40.25
Support Day Program	\$4.40	\$0.00	\$4.40	0.901	1.000	\$3.96
Intensive Treatment Services	\$106.39	\$0.00	\$106.39	0.970	1.000	\$103.17
CONS Assessments	\$0.26	\$0.00	\$0.26	1.000	1.000	\$0.26
Children Wrap-around Services						\$23.44
HRA %			0.65%			
Total Services	\$200.64	\$1.31	\$201.95			\$212.65
					Adjusted Base	\$211.43
					Adjusted HRA	\$1.23
					Admin	\$20.52
Total Services with Admin						\$233.17
Admin %						8.80%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Jefferson Behavioral Health
Region: Other
Rate Group: **CAF Children**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Mental Health						
Acute Inpatient	\$5.24	\$1.31	\$6.55	0.927	1.036	\$6.29
Alternative to IP	\$2.78	\$0.00	\$2.78	0.927	1.000	\$2.57
Ancillary Services	\$0.02	\$0.00	\$0.02	0.927	1.000	\$0.01
Assess & Eval	\$4.33	\$0.00	\$4.33	0.927	1.000	\$4.01
Case Management	\$10.08	\$0.00	\$10.08	0.927	1.000	\$9.34
Consultation	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Family Support	\$0.11	\$0.00	\$0.11	0.927	1.000	\$0.10
Med Management	\$0.13	\$0.00	\$0.13	0.927	1.000	\$0.12
OP Therapy	\$13.32	\$0.00	\$13.32	0.927	1.000	\$12.35
Other OP	\$0.31	\$0.00	\$0.31	0.927	1.000	\$0.28
PEO	\$0.29	\$0.00	\$0.29	1.000	1.000	\$0.29
Phys IP	\$8.33	\$0.00	\$8.33	0.927	1.000	\$7.72
Phys OP	\$44.67	\$0.00	\$44.67	0.927	1.000	\$41.41
Support Day Program	\$4.40	\$0.00	\$4.40	0.927	1.000	\$4.07
Intensive Treatment Services	\$106.39	\$0.00	\$106.39	0.927	1.000	\$98.59
CONS Assessments	\$0.26	\$0.00	\$0.26	1.000	1.000	\$0.26
Children Wrap-around Services						\$23.44
HRA %			0.65%			
Total Services	\$200.64	\$1.31	\$201.95			\$210.87
					Adjusted Base	\$209.65
					Adjusted HRA	\$1.21
					Admin	\$20.35
Total Services with Admin						\$231.22
Admin %						8.80%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Mid-Valley Behavioral Care Network
Region: Linn/Benton/Marion/Polk/Yamhill
Rate Group: **CAF Children**

	Base Capitation Rate	Hospital Reimburse ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Mental Health						
Acute Inpatient	\$5.24	\$1.31	\$6.55	0.976	0.998	\$6.38
Alternative to IP	\$2.78	\$0.00	\$2.78	0.976	1.000	\$2.71
Ancillary Services	\$0.02	\$0.00	\$0.02	0.976	1.000	\$0.01
Assess & Eval	\$4.33	\$0.00	\$4.33	0.976	1.000	\$4.22
Case Management	\$10.08	\$0.00	\$10.08	0.976	1.000	\$9.83
Consultation	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Family Support	\$0.11	\$0.00	\$0.11	0.976	1.000	\$0.11
Med Management	\$0.13	\$0.00	\$0.13	0.976	1.000	\$0.13
OP Therapy	\$13.32	\$0.00	\$13.32	0.976	1.000	\$13.00
Other OP	\$0.31	\$0.00	\$0.31	0.976	1.000	\$0.30
PEO	\$0.29	\$0.00	\$0.29	1.000	1.000	\$0.29
Phys IP	\$8.33	\$0.00	\$8.33	0.976	1.000	\$8.13
Phys OP	\$44.67	\$0.00	\$44.67	0.976	1.000	\$43.60
Support Day Program	\$4.40	\$0.00	\$4.40	0.976	1.000	\$4.29
Intensive Treatment Services	\$106.39	\$0.00	\$106.39	0.822	1.000	\$87.45
CONS Assessments	\$0.26	\$0.00	\$0.26	1.000	1.000	\$0.26
Children Wrap-around Services						\$24.32
HRA %			0.65%			
Total Services	\$200.64	\$1.31	\$201.95			\$205.04
					Adjusted Base	\$203.87
					Adjusted HRA	\$1.17
					Admin	\$19.78
Total Services with Admin						\$224.82
Admin %						8.80%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Mid-Valley Behavioral Care Network
Region: Other
Rate Group: CAF Children

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Mental Health						
Acute Inpatient	\$5.24	\$1.31	\$6.55	0.907	0.996	\$5.92
Alternative to IP	\$2.78	\$0.00	\$2.78	0.907	1.000	\$2.52
Ancillary Services	\$0.02	\$0.00	\$0.02	0.907	1.000	\$0.01
Assess & Eval	\$4.33	\$0.00	\$4.33	0.907	1.000	\$3.92
Case Management	\$10.08	\$0.00	\$10.08	0.907	1.000	\$9.14
Consultation	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Family Support	\$0.11	\$0.00	\$0.11	0.907	1.000	\$0.10
Med Management	\$0.13	\$0.00	\$0.13	0.907	1.000	\$0.12
OP Therapy	\$13.32	\$0.00	\$13.32	0.907	1.000	\$12.09
Other OP	\$0.31	\$0.00	\$0.31	0.907	1.000	\$0.28
PEO	\$0.29	\$0.00	\$0.29	1.000	1.000	\$0.29
Phys IP	\$8.33	\$0.00	\$8.33	0.907	1.000	\$7.55
Phys OP	\$44.67	\$0.00	\$44.67	0.907	1.000	\$40.53
Support Day Program	\$4.40	\$0.00	\$4.40	0.907	1.000	\$3.99
Intensive Treatment Services	\$106.39	\$0.00	\$106.39	0.678	1.000	\$72.15
CONS Assessments	\$0.26	\$0.00	\$0.26	1.000	1.000	\$0.26
Children Wrap-around Services						\$24.32
HRA %			0.65%			
Total Services	\$200.64	\$1.31	\$201.95			\$183.19
					Adjusted Base	\$182.16
					Adjusted HRA	\$1.03
					Admin	\$17.68
Total Services with Admin						\$200.87
Admin %						8.80%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Washington County by and through its Department of Health and Human Services
Region: Tri-County (Clackamas, Multnomah, Washington)
Rate Group: **CAF Children**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Mental Health						
Acute Inpatient	\$5.24	\$1.31	\$6.55	0.943	0.999	\$6.17
Alternative to IP	\$2.78	\$0.00	\$2.78	0.943	1.000	\$2.62
Ancillary Services	\$0.02	\$0.00	\$0.02	0.943	1.000	\$0.01
Assess & Eval	\$4.33	\$0.00	\$4.33	0.943	1.000	\$4.08
Case Management	\$10.08	\$0.00	\$10.08	0.943	1.000	\$9.50
Consultation	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Family Support	\$0.11	\$0.00	\$0.11	0.943	1.000	\$0.10
Med Management	\$0.13	\$0.00	\$0.13	0.943	1.000	\$0.13
OP Therapy	\$13.32	\$0.00	\$13.32	0.943	1.000	\$12.56
Other OP	\$0.31	\$0.00	\$0.31	0.943	1.000	\$0.29
PEO	\$0.29	\$0.00	\$0.29	1.000	1.000	\$0.29
Phys IP	\$8.33	\$0.00	\$8.33	0.943	1.000	\$7.85
Phys OP	\$44.67	\$0.00	\$44.67	0.943	1.000	\$42.13
Support Day Program	\$4.40	\$0.00	\$4.40	0.943	1.000	\$4.14
Intensive Treatment Services	\$106.39	\$0.00	\$106.39	1.119	1.000	\$119.00
CONS Assessments	\$0.26	\$0.00	\$0.26	1.000	1.000	\$0.26
Children Wrap-around Services						\$25.26
HRA %			0.65%			
Total Services	\$200.64	\$1.31	\$201.95			\$234.39
					Adjusted Base	\$233.04
					Adjusted HRA	\$1.36
					Admin	\$22.62
Total Services with Admin						\$257.01
Admin %						8.80%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **Temporary Assistance to Needy Families (Adults Only)**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$88.31	\$0.00	\$88.31	1.001	1.000	\$88.44
Family Planning	\$1.16	\$0.00	\$1.16	1.001	1.000	\$1.17
Hysterectomy	\$0.70	\$0.00	\$0.70	1.001	1.000	\$0.70
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.03	\$0.00	\$0.03	1.001	1.000	\$0.03
Sterilization	\$0.94	\$0.00	\$0.94	1.001	1.000	\$0.95
Subtotal	\$91.15	\$0.00	\$91.15			\$91.28
Outpatient						
Basic	\$54.44	\$10.91	\$65.35	1.001	0.971	\$63.53
Emergency Room	\$16.18	\$3.30	\$19.48	1.001	0.971	\$18.94
Family Planning	\$0.06	\$0.01	\$0.08	1.001	0.971	\$0.07
Hysterectomy	\$0.04	\$0.01	\$0.04	1.001	0.971	\$0.04
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.50	\$0.11	\$0.61	1.001	0.971	\$0.59
Subtotal	\$71.23	\$14.33	\$85.56			\$83.18
HRA %			16.75%			
Prescription Drugs						
Basic	\$40.85	\$0.00	\$40.85	1.001	1.000	\$40.91
Family Planning	\$1.59	\$0.00	\$1.59	1.001	1.000	\$1.60
Subtotal	\$42.44	\$0.00	\$42.44			\$42.51
Inpatient						
Basic	\$49.22	\$11.22	\$60.44	1.001	0.978	\$59.18
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$3.44	\$0.78	\$4.22	1.001	0.978	\$4.14
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	1.001	0.978	\$0.00
Sterilization	\$3.20	\$0.70	\$3.90	1.001	0.978	\$3.82
Subtotal	\$55.86	\$12.71	\$68.57			\$67.14
HRA %			18.54%			
Miscellaneous						
Chemical Dependency	\$13.58	\$0.00	\$13.58	1.001	1.000	\$13.60
DME/Supplies	\$3.12	\$0.00	\$3.12	1.001	1.000	\$3.13
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Home Health/PDN/Hospice	\$0.49	\$0.10	\$0.59	1.001	1.000	\$0.59
Transportation - Ambulance	\$4.16	\$0.00	\$4.16	1.001	1.000	\$4.16
Vision	\$0.27	\$0.00	\$0.27	1.001	1.000	\$0.27
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$21.62	\$0.10	\$21.71			\$21.75
HRA %			0.44%			
Total Basic Services	\$282.30	\$27.14	\$309.44			\$305.86
Optional Services						
Maternity Management						\$10.41
Total Services	\$287.25	\$27.14	\$314.39			\$316.27
				Adjusted Base		\$289.79
				Adjusted HRA		\$26.48
				GME		\$0.64
				Admin		\$29.10
Total Services with Admin						\$346.01
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **Poverty Level Medical Adults**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$122.35	\$0.00	\$122.35	1.000	1.000	\$122.35
Family Planning	\$4.86	\$0.00	\$4.86	1.000	1.000	\$4.86
Hysterectomy	\$0.08	\$0.00	\$0.08	1.000	1.000	\$0.08
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.16	\$0.00	\$0.16	1.000	1.000	\$0.16
Sterilization	\$4.57	\$0.00	\$4.57	1.000	1.000	\$4.57
Subtotal	\$132.02	\$0.00	\$132.02			\$132.02
Outpatient						
Basic	\$35.89	\$7.16	\$43.04	1.000	0.971	\$41.79
Emergency Room	\$6.44	\$1.31	\$7.76	1.000	0.971	\$7.53
Family Planning	\$0.18	\$0.04	\$0.21	1.000	0.971	\$0.21
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$1.25	\$0.27	\$1.52	1.000	0.971	\$1.47
Subtotal	\$43.75	\$8.77	\$52.53			\$51.00
HRA %			16.70%			
Prescription Drugs						
Basic	\$25.56	\$0.00	\$25.56	1.000	1.000	\$25.56
Family Planning	\$1.82	\$0.00	\$1.82	1.000	1.000	\$1.82
Subtotal	\$27.38	\$0.00	\$27.38			\$27.38
Inpatient						
Basic	\$12.91	\$2.94	\$15.85	1.000	0.978	\$15.50
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.86	\$0.20	\$1.06	1.000	0.978	\$1.04
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.01	\$0.00	\$0.01	1.000	0.978	\$0.01
Sterilization	\$25.41	\$5.62	\$31.03	1.000	0.978	\$30.33
Subtotal	\$39.19	\$8.76	\$47.95			\$46.88
HRA %			18.27%			
Miscellaneous						
Chemical Dependency	\$7.31	\$0.00	\$7.31	1.000	1.000	\$7.31
DME/Supplies	\$1.89	\$0.00	\$1.89	1.000	1.000	\$1.89
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Home Health/PDN/Hospice	\$0.28	\$0.05	\$0.33	1.000	1.000	\$0.33
Transportation - Ambulance	\$6.63	\$0.00	\$6.63	1.000	1.000	\$6.63
Vision	\$4.19	\$0.00	\$4.19	1.000	1.000	\$4.19
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$20.30	\$0.05	\$20.36			\$20.36
HRA %			0.27%			
Total Basic Services	\$262.64	\$17.59	\$280.23			\$277.63
Optional Services						
Maternity Management						\$76.02
Total Services	\$296.31	\$17.59	\$313.90			\$353.65
				Adjusted Base		\$336.51
				Adjusted HRA		\$17.14
				GME		\$3.18
				Admin		\$32.76
Total Services with Admin						\$389.59
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **PLM, TANF, and CHIP Children < 1**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$122.66	\$0.00	\$122.66	1.131	1.000	\$138.73
Family Planning	\$0.00	\$0.00	\$0.00	1.131	1.000	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.15	\$0.00	\$0.15	1.131	1.000	\$0.17
Newborn	\$5.92	\$0.00	\$5.92	1.131	1.000	\$6.70
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$128.74	\$0.00	\$128.74			\$145.60
Outpatient						
Basic	\$20.07	\$4.04	\$24.11	1.131	0.971	\$26.47
Emergency Room	\$10.16	\$2.07	\$12.23	1.131	0.971	\$13.43
Family Planning	\$0.00	\$0.00	\$0.00	1.131	0.971	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.02	\$0.00	\$0.02	1.131	0.971	\$0.02
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$30.25	\$6.11	\$36.36			\$39.92
HRA %			16.81%			
Prescription Drugs						
Basic	\$10.45	\$0.00	\$10.45	1.131	1.000	\$11.82
Family Planning	\$0.00	\$0.00	\$0.00	1.131	1.000	\$0.00
Subtotal	\$10.45	\$0.00	\$10.45			\$11.82
Inpatient						
Basic	\$60.59	\$13.85	\$74.44	1.131	0.978	\$82.32
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.10	\$0.02	\$0.12	1.131	0.978	\$0.13
Newborn	\$167.26	\$38.65	\$205.91	1.131	0.978	\$227.70
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$227.95	\$52.52	\$280.48			\$310.15
HRA %			18.73%			
Miscellaneous						
Chemical Dependency	\$0.00	\$0.00	\$0.00	1.131	1.000	\$0.00
DME/Supplies	\$2.17	\$0.00	\$2.17	1.131	1.000	\$2.45
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Home Health/PDN/Hospice	\$0.58	\$0.11	\$0.69	1.131	1.000	\$0.78
Transportation - Ambulance	\$5.70	\$0.00	\$5.70	1.131	1.000	\$6.45
Vision	\$0.53	\$0.00	\$0.53	1.131	1.000	\$0.60
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$8.98	\$0.11	\$9.09			\$10.28
HRA %			1.22%			
Total Basic Services	\$406.37	\$58.74	\$465.11			\$517.78
Optional Services						
Maternity Management						\$0.09
Total Services	\$406.41	\$58.74	\$465.16			\$517.87
				Adjusted Base		\$452.95
				Adjusted HRA		\$64.91
				GME		\$1.57
				Admin		\$47.70
Total Services with Admin						\$567.13
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **PLM, TANF, and CHIP Children 1 - 5**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$37.18	\$0.00	\$37.18	1.054	1.000	\$39.19
Family Planning	\$0.00	\$0.00	\$0.00	1.054	1.000	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.01	\$0.00	\$0.01	1.054	1.000	\$0.01
Newborn	\$0.04	\$0.00	\$0.04	1.054	1.000	\$0.04
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$37.23	\$0.00	\$37.23			\$39.25
Outpatient						
Basic	\$16.02	\$3.24	\$19.26	1.054	0.971	\$19.71
Emergency Room	\$6.47	\$1.32	\$7.79	1.054	0.971	\$7.97
Family Planning	\$0.00	\$0.00	\$0.00	1.054	0.971	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	1.054	0.971	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$22.50	\$4.56	\$27.06			\$27.69
HRA %			16.84%			
Prescription Drugs						
Basic	\$6.94	\$0.00	\$6.94	1.054	1.000	\$7.31
Family Planning	\$0.00	\$0.00	\$0.00	1.054	1.000	\$0.00
Subtotal	\$6.94	\$0.00	\$6.94			\$7.31
Inpatient						
Basic	\$10.51	\$2.40	\$12.91	1.054	0.978	\$13.31
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	1.054	0.978	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$10.51	\$2.40	\$12.91			\$13.31
HRA %			18.61%			
Miscellaneous						
Chemical Dependency	\$0.00	\$0.00	\$0.00	1.054	1.000	\$0.00
DME/Supplies	\$0.60	\$0.00	\$0.60	1.054	1.000	\$0.63
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Home Health/PDN/Hospice	\$0.15	\$0.03	\$0.18	1.054	1.000	\$0.19
Transportation - Ambulance	\$1.13	\$0.00	\$1.13	1.054	1.000	\$1.19
Vision	\$1.00	\$0.00	\$1.00	1.054	1.000	\$1.06
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$2.89	\$0.03	\$2.92			\$3.08
HRA %			1.03%			
Total Basic Services	\$80.06	\$6.99	\$87.05			\$90.64
Optional Services						
Maternity Management						\$0.10
Total Services	\$80.11	\$6.99	\$87.10			\$90.74
				Adjusted Base		\$83.57
				Adjusted HRA		\$7.17
				GME		\$0.07
				Admin		\$8.34
Total Services with Admin						\$99.14
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **PLM, TANF, and CHIP Children 6 - 18**

	Base Capitation Rate	Hospital Reimburse ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$26.18	\$0.00	\$26.18	1.151	1.000	\$30.14
Family Planning	\$0.08	\$0.00	\$0.08	1.151	1.000	\$0.10
Hysterectomy	\$0.00	\$0.00	\$0.00	1.151	1.000	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.05	\$0.00	\$0.05	1.151	1.000	\$0.05
Sterilization	\$0.00	\$0.00	\$0.00	1.151	1.000	\$0.00
Subtotal	\$26.31	\$0.00	\$26.31			\$30.29
Outpatient						
Basic	\$12.94	\$2.60	\$15.54	1.151	0.971	\$17.37
Emergency Room	\$4.72	\$0.96	\$5.69	1.151	0.971	\$6.36
Family Planning	\$0.01	\$0.00	\$0.01	1.151	0.971	\$0.01
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	1.151	0.971	\$0.00
Subtotal	\$17.68	\$3.56	\$21.24			\$23.74
HRA %			16.78%			
Prescription Drugs						
Basic	\$10.17	\$0.00	\$10.17	1.151	1.000	\$11.71
Family Planning	\$0.37	\$0.00	\$0.37	1.151	1.000	\$0.42
Subtotal	\$10.53	\$0.00	\$10.53			\$12.13
Inpatient						
Basic	\$10.74	\$2.45	\$13.20	1.151	0.978	\$14.86
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.01	\$0.00	\$0.01	1.151	0.978	\$0.01
Subtotal	\$10.75	\$2.46	\$13.20			\$14.86
HRA %			18.60%			
Miscellaneous						
Chemical Dependency	\$1.30	\$0.00	\$1.30	1.151	1.000	\$1.49
DME/Supplies	\$0.63	\$0.00	\$0.63	1.151	1.000	\$0.72
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Home Health/PDN/Hospice	\$0.06	\$0.01	\$0.07	1.151	1.000	\$0.08
Transportation - Ambulance	\$1.03	\$0.00	\$1.03	1.151	1.000	\$1.18
Vision	\$3.71	\$0.00	\$3.71	1.151	1.000	\$4.27
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$6.72	\$0.01	\$6.73			\$7.75
HRA %			0.17%			
Total Basic Services	\$71.98	\$6.03	\$78.01			\$88.78
Optional Services						
Maternity Management						\$2.30
Total Services	\$72.92	\$6.03	\$78.95			\$91.08
				Adjusted Base		\$84.31
				Adjusted HRA		\$6.76
				GME		\$0.09
				Admin		\$8.37
Total Services with Admin						\$99.54
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **Aid to the Blind/Aid to the Disabled with Medicare**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$27.71	\$0.00	\$27.71	0.926	1.000	\$25.66
Family Planning	\$0.02	\$0.00	\$0.02	0.926	1.000	\$0.02
Hysterectomy	\$0.04	\$0.00	\$0.04	0.926	1.000	\$0.03
Maternity	\$0.15	\$0.00	\$0.15	0.926	1.000	\$0.14
Newborn	\$0.02	\$0.00	\$0.02	0.926	1.000	\$0.02
Sterilization	\$0.01	\$0.00	\$0.01	0.926	1.000	\$0.01
Subtotal	\$27.95	\$0.00	\$27.95			\$25.88
Outpatient						
Basic	\$33.38	\$6.70	\$40.08	0.926	0.971	\$36.04
Emergency Room	\$3.73	\$0.76	\$4.50	0.926	0.971	\$4.04
Family Planning	\$0.00	\$0.00	\$0.00	0.926	0.971	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.08	\$0.02	\$0.10	0.926	0.971	\$0.09
Sterilization	\$0.00	\$0.00	\$0.00	0.926	0.971	\$0.00
Subtotal	\$37.21	\$7.48	\$44.69			\$40.18
HRA %			16.74%			
Prescription Drugs						
Basic	\$7.04	\$0.00	\$7.04	0.926	1.000	\$6.52
Family Planning	\$0.00	\$0.00	\$0.00	0.926	1.000	\$0.00
Subtotal	\$7.04	\$0.00	\$7.04			\$6.52
Inpatient						
Basic	\$0.04	\$0.00	\$0.04	0.926	0.978	\$0.04
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$0.04	\$0.00	\$0.04			\$0.04
HRA %			0.00%			
Miscellaneous						
Chemical Dependency	\$5.12	\$0.00	\$5.12	0.926	1.000	\$4.74
DME/Supplies	\$23.51	\$0.00	\$23.51	0.926	1.000	\$21.78
Exceptional Needs Care Coordination	\$5.96	\$0.00	\$5.96	0.926	1.000	\$5.52
Home Health/PDN/Hospice	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Transportation - Ambulance	\$2.90	\$0.00	\$2.90	0.926	1.000	\$2.69
Vision	\$0.04	\$0.00	\$0.04	0.926	1.000	\$0.03
Medicare Part A Deductible	\$14.71	\$0.00	\$14.71	1.000	1.000	\$14.71
Medicare Part B Deductible	\$11.55	\$0.00	\$11.55	1.000	1.000	\$11.55
Medicare Part B Coinsurance Adjustment	(\$4.39)	\$0.00	(\$4.39)	1.000	1.000	(\$4.39)
Subtotal	\$59.39	\$0.00	\$59.39			\$56.62
HRA %			0.00%			
Total Basic Services	\$131.64	\$7.48	\$139.12			\$129.24
Optional Services						
Maternity Management						\$0.37
Total Services	\$131.79	\$7.48	\$139.27			\$129.61
				Adjusted Base		\$122.88
				Adjusted HRA		\$6.73
				GME		\$0.00
				Admin		\$11.90
Total Services with Admin						\$141.51
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **Aid to the Blind/Aid to the Disabled without Medicare**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$150.29	\$0.00	\$150.29	0.959	1.000	\$144.05
Family Planning	\$0.14	\$0.00	\$0.14	0.959	1.000	\$0.14
Hysterectomy	\$0.24	\$0.00	\$0.24	0.959	1.000	\$0.23
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.12	\$0.00	\$0.12	0.959	1.000	\$0.11
Sterilization	\$0.09	\$0.00	\$0.09	0.959	1.000	\$0.09
Subtotal	\$150.88	\$0.00	\$150.88			\$144.62
Outpatient						
Basic	\$108.18	\$21.75	\$129.92	0.959	0.971	\$120.90
Emergency Room	\$19.44	\$3.98	\$23.41	0.959	0.971	\$21.79
Family Planning	\$0.02	\$0.00	\$0.02	0.959	0.971	\$0.02
Hysterectomy	\$0.02	\$0.00	\$0.02	0.959	0.971	\$0.02
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.05	\$0.01	\$0.06	0.959	0.971	\$0.05
Subtotal	\$127.70	\$25.74	\$153.44			\$142.79
HRA %			16.78%			
Prescription Drugs						
Basic	\$159.83	\$0.00	\$159.83	0.959	1.000	\$153.20
Family Planning	\$0.56	\$0.00	\$0.56	0.959	1.000	\$0.53
Subtotal	\$160.39	\$0.00	\$160.39			\$153.74
Inpatient						
Basic	\$231.33	\$52.76	\$284.08	0.959	0.978	\$266.24
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$1.48	\$0.34	\$1.81	0.959	0.978	\$1.70
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	0.959	0.978	\$0.00
Sterilization	\$0.28	\$0.06	\$0.34	0.959	0.978	\$0.32
Subtotal	\$233.09	\$53.16	\$286.24			\$268.26
HRA %			18.57%			
Miscellaneous						
Chemical Dependency	\$9.98	\$0.00	\$9.98	0.959	1.000	\$9.57
DME/Supplies	\$34.31	\$0.00	\$34.31	0.959	1.000	\$32.88
Exceptional Needs Care Coordination	\$5.87	\$0.00	\$5.87	0.959	1.000	\$5.63
Home Health/PDN/Hospice	\$6.42	\$1.24	\$7.65	0.959	1.000	\$7.34
Transportation - Ambulance	\$13.40	\$0.00	\$13.40	0.959	1.000	\$12.84
Vision	\$1.15	\$0.00	\$1.15	0.959	1.000	\$1.10
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$71.12	\$1.24	\$72.36			\$69.36
HRA %			1.71%			
Total Basic Services	\$743.17	\$80.14	\$823.31			\$778.76
Optional Services						
Maternity Management						\$4.78
Total Services	\$745.12	\$80.14	\$825.26			\$783.54
				Adjusted Base		\$708.58
				Adjusted HRA		\$74.96
				GME		\$1.63
				Admin		\$72.10
Total Services with Admin						\$857.27
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **Old Age Assistance with Medicare**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$29.25	\$0.00	\$29.25	1.000	1.000	\$29.25
Family Planning	\$0.00	\$0.00	\$0.00	1.000	1.000	\$0.00
Hysterectomy	\$0.02	\$0.00	\$0.02	1.000	1.000	\$0.02
Maternity	\$0.00	\$0.00	\$0.00	1.000	1.000	\$0.00
Newborn	\$0.02	\$0.00	\$0.02	1.000	1.000	\$0.02
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$29.30	\$0.00	\$29.30			\$29.30
Outpatient						
Basic	\$30.00	\$6.01	\$36.01	1.000	0.971	\$34.96
Emergency Room	\$2.50	\$0.51	\$3.01	1.000	0.971	\$2.93
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	1.000	0.971	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$32.51	\$6.52	\$39.03			\$37.89
HRA %			16.71%			
Prescription Drugs						
Basic	\$5.50	\$0.00	\$5.50	1.000	1.000	\$5.50
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$5.50	\$0.00	\$5.50			\$5.50
Inpatient						
Basic	\$0.02	\$0.00	\$0.02	1.000	0.978	\$0.02
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$0.02	\$0.00	\$0.02			\$0.02
HRA %			0.00%			
Miscellaneous						
Chemical Dependency	\$0.42	\$0.00	\$0.42	1.000	1.000	\$0.42
DME/Supplies	\$25.93	\$0.00	\$25.93	1.000	1.000	\$25.93
Exceptional Needs Care Coordination	\$4.65	\$0.00	\$4.65	1.000	1.000	\$4.65
Home Health/PDN/Hospice	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Transportation - Ambulance	\$3.91	\$0.00	\$3.91	1.000	1.000	\$3.91
Vision	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part A Deductible	\$26.74	\$0.00	\$26.74	1.000	1.000	\$26.74
Medicare Part B Deductible	\$11.55	\$0.00	\$11.55	1.000	1.000	\$11.55
Medicare Part B Coinsurance Adjustment	(\$2.56)	\$0.00	(\$2.56)	1.000	1.000	(\$2.56)
Subtotal	\$70.64	\$0.00	\$70.64			\$70.64
HRA %			0.00%			
Total Basic Services	\$137.96	\$6.52	\$144.48			\$143.34
Optional Services						
Maternity Management						\$0.00
Total Services	\$137.96	\$6.52	\$144.48			\$143.34
				Adjusted Base		\$137.01
				Adjusted HRA		\$6.33
				GME		\$0.00
				Admin		\$13.16
Total Services with Admin						\$156.50
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **Old Age Assistance without Medicare**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$141.46	\$0.00	\$141.46	1.000	1.000	\$141.46
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	1.000	1.000	\$0.00
Newborn	\$0.17	\$0.00	\$0.17	1.000	1.000	\$0.17
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$141.63	\$0.00	\$141.63			\$141.63
Outpatient						
Basic	\$99.69	\$20.09	\$119.78	1.000	0.971	\$116.28
Emergency Room	\$8.90	\$1.81	\$10.71	1.000	0.971	\$10.40
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$108.59	\$21.90	\$130.49			\$126.68
HRA %			16.78%			
Prescription Drugs						
Basic	\$97.45	\$0.00	\$97.45	1.000	1.000	\$97.45
Family Planning	\$0.01	\$0.00	\$0.01	1.000	1.000	\$0.01
Subtotal	\$97.46	\$0.00	\$97.46			\$97.46
Inpatient						
Basic	\$236.36	\$53.99	\$290.35	1.000	0.978	\$283.88
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$236.36	\$53.99	\$290.35			\$283.88
HRA %			18.59%			
Miscellaneous						
Chemical Dependency	\$0.16	\$0.00	\$0.16	1.000	1.000	\$0.16
DME/Supplies	\$19.47	\$0.00	\$19.47	1.000	1.000	\$19.47
Exceptional Needs Care Coordination	\$4.58	\$0.00	\$4.58	1.000	1.000	\$4.58
Home Health/PDN/Hospice	\$9.43	\$1.79	\$11.21	1.000	1.000	\$11.21
Transportation - Ambulance	\$8.03	\$0.00	\$8.03	1.000	1.000	\$8.03
Vision	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$41.67	\$1.79	\$43.46			\$43.46
HRA %			4.11%			
Total Basic Services	\$625.71	\$77.67	\$703.39			\$693.11
Optional Services						
Maternity Management						\$0.00
Total Services	\$625.71	\$77.67	\$703.39			\$693.11
				Adjusted Base		\$617.28
				Adjusted HRA		\$75.83
				GME		\$1.63
				Admin		\$63.79
Total Services with Admin						\$758.54
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **CAF Children**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$46.43	\$0.00	\$46.43	1.000	1.000	\$46.43
Family Planning	\$0.08	\$0.00	\$0.08	1.000	1.000	\$0.08
Hysterectomy	\$0.01	\$0.00	\$0.01	1.000	1.000	\$0.01
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.15	\$0.00	\$0.15	1.000	1.000	\$0.15
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$46.68	\$0.00	\$46.68			\$46.68
Outpatient						
Basic	\$18.57	\$3.75	\$22.32	1.000	0.971	\$21.67
Emergency Room	\$4.31	\$0.88	\$5.20	1.000	0.971	\$5.05
Family Planning	\$0.02	\$0.00	\$0.02	1.000	0.971	\$0.02
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$22.90	\$4.63	\$27.54			\$26.73
HRA %			16.83%			
Prescription Drugs						
Basic	\$26.31	\$0.00	\$26.31	1.000	1.000	\$26.31
Family Planning	\$0.50	\$0.00	\$0.50	1.000	1.000	\$0.50
Subtotal	\$26.81	\$0.00	\$26.81			\$26.81
Inpatient						
Basic	\$12.03	\$2.75	\$14.78	1.000	0.978	\$14.45
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$0.03	\$0.01	\$0.03	1.000	0.978	\$0.03
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.63	\$0.15	\$0.78	1.000	0.978	\$0.76
Sterilization	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$12.69	\$2.90	\$15.60			\$15.25
HRA %			18.61%			
Miscellaneous						
Chemical Dependency	\$6.20	\$0.00	\$6.20	1.000	1.000	\$6.20
DME/Supplies	\$2.69	\$0.00	\$2.69	1.000	1.000	\$2.69
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Home Health/PDN/Hospice	\$0.53	\$0.10	\$0.63	1.000	1.000	\$0.63
Transportation - Ambulance	\$1.44	\$0.00	\$1.44	1.000	1.000	\$1.44
Vision	\$4.31	\$0.00	\$4.31	1.000	1.000	\$4.31
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$15.16	\$0.10	\$15.27			\$15.27
HRA %			0.68%			
Total Basic Services	\$124.25	\$7.64	\$131.89			\$130.74
Optional Services						
Maternity Management						\$14.56
Total Services	\$130.14	\$7.64	\$137.78			\$145.30
				Adjusted Base		\$137.86
				Adjusted HRA		\$7.44
				GME		\$0.09
				Admin		\$13.35
Total Services with Admin						\$158.74
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **OHP Families**

	Base Capitation Rate	Hospital Reimburse ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$71.78	\$0.00	\$71.78	1.020	1.000	\$73.22
Family Planning	\$0.77	\$0.00	\$0.77	1.020	1.000	\$0.78
Hysterectomy	\$0.58	\$0.00	\$0.58	1.020	1.000	\$0.60
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.04	\$0.00	\$0.04	1.020	1.000	\$0.04
Sterilization	\$0.29	\$0.00	\$0.29	1.020	1.000	\$0.30
Subtotal	\$73.46	\$0.00	\$73.46			\$74.93
Outpatient						
Basic	\$41.65	\$8.35	\$50.00	1.020	0.971	\$49.51
Emergency Room	\$9.33	\$1.90	\$11.23	1.020	0.971	\$11.12
Family Planning	\$0.07	\$0.01	\$0.08	1.020	0.971	\$0.08
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.22	\$0.05	\$0.26	1.020	0.971	\$0.26
Subtotal	\$51.26	\$10.31	\$61.57			\$60.97
HRA %			16.75%			
Prescription Drugs						
Basic	\$46.47	\$0.00	\$46.47	1.020	1.000	\$47.40
Family Planning	\$1.67	\$0.00	\$1.67	1.020	1.000	\$1.70
Subtotal	\$48.14	\$0.00	\$48.14			\$49.10
Inpatient						
Basic	\$27.65	\$6.32	\$33.97	1.020	0.978	\$33.87
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$1.08	\$0.25	\$1.32	1.020	0.978	\$1.32
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.08	\$0.02	\$0.10	1.020	0.978	\$0.10
Subtotal	\$28.81	\$6.58	\$35.39			\$35.30
HRA %			18.60%			
Miscellaneous						
Chemical Dependency	\$4.35	\$0.00	\$4.35	1.020	1.000	\$4.44
DME/Supplies	\$2.60	\$0.00	\$2.60	1.020	1.000	\$2.65
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Home Health/PDN/Hospice	\$0.12	\$0.02	\$0.14	1.020	1.000	\$0.14
Transportation - Ambulance	\$2.20	\$0.00	\$2.20	1.020	1.000	\$2.24
Vision	\$0.18	\$0.00	\$0.18	1.020	1.000	\$0.18
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$9.44	\$0.02	\$9.47			\$9.65
HRA %			0.24%			
Total Basic Services	\$211.12	\$16.92	\$228.04			\$229.96
Optional Services						
Maternity Management						\$0.96
Total Services	\$211.51	\$16.92	\$228.43			\$230.92
				Adjusted Base		\$214.12
				Adjusted HRA		\$16.80
				GME		\$0.20
				Admin		\$21.22
Total Services with Admin						\$252.34
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services
Region: Jackson/Josephine/Douglas
Rate Group: **OHP Adults & Couples**

	Base Capitation Rate	Hospital Reimburse- ment Adjustment	Statewide Capitation Rate	Risk Adjustment Factor	Geographic Factor	Adjusted Capitation Rate
Physician						
Basic	\$120.37	\$0.00	\$120.37	0.934	1.000	\$112.40
Family Planning	\$0.12	\$0.00	\$0.12	0.934	1.000	\$0.11
Hysterectomy	\$0.33	\$0.00	\$0.33	0.934	1.000	\$0.31
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.05	\$0.00	\$0.05	0.934	1.000	\$0.04
Sterilization	\$0.04	\$0.00	\$0.04	0.934	1.000	\$0.04
Subtotal	\$120.91	\$0.00	\$120.91			\$112.91
Outpatient						
Basic	\$72.86	\$14.60	\$87.46	0.934	0.971	\$79.29
Emergency Room	\$15.53	\$3.17	\$18.70	0.934	0.971	\$16.95
Family Planning	\$0.01	\$0.00	\$0.02	0.934	0.971	\$0.01
Hysterectomy	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.02	\$0.01	\$0.03	0.934	0.971	\$0.03
Subtotal	\$88.42	\$17.78	\$106.21			\$96.28
HRA %			16.74%			
Prescription Drugs						
Basic	\$105.32	\$0.00	\$105.32	0.934	1.000	\$98.35
Family Planning	\$0.68	\$0.00	\$0.68	0.934	1.000	\$0.64
Subtotal	\$106.00	\$0.00	\$106.00			\$98.99
Inpatient						
Basic	\$91.88	\$20.98	\$112.86	0.934	0.978	\$103.04
Family Planning	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Hysterectomy	\$1.11	\$0.25	\$1.36	0.934	0.978	\$1.24
Maternity	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Newborn	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Sterilization	\$0.01	\$0.00	\$0.02	0.934	0.978	\$0.02
Subtotal	\$93.00	\$21.24	\$114.23			\$104.30
HRA %			18.59%			
Miscellaneous						
Chemical Dependency	\$26.09	\$0.00	\$26.09	0.934	1.000	\$24.36
DME/Supplies	\$6.22	\$0.00	\$6.22	0.934	1.000	\$5.81
Exceptional Needs Care Coordination	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Home Health/PDN/Hospice	\$0.52	\$0.10	\$0.61	0.934	1.000	\$0.57
Transportation - Ambulance	\$6.30	\$0.00	\$6.30	0.934	1.000	\$5.89
Vision	\$0.18	\$0.00	\$0.18	0.934	1.000	\$0.17
Medicare Part A Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Deductible	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Medicare Part B Coinsurance Adjustment	\$0.00	\$0.00	\$0.00	N/A	N/A	\$0.00
Subtotal	\$39.31	\$0.10	\$39.41			\$36.80
HRA %			0.25%			
Total Basic Services	\$447.65	\$39.12	\$486.76			\$449.27
Optional Services						
Maternity Management						\$0.16
Total Services	\$447.72	\$39.12	\$486.84			\$449.43
				Adjusted Base		\$413.83
				Adjusted HRA		\$35.60
				GME		\$0.64
				Admin		\$41.33
Total Services with Admin						\$491.40
Admin %						8.41%

**Oregon Health Plan Medicaid Demonstration
 Capitation Rates for July 2010 through December 2010**

Plan: Grants Pass Management Services, Inc., abn Oregon Health Management Services Region: Jackson/Josephine/Douglas

Base Case Rate	Hospital Reimbursement Allowance	Admin Allowance	Case Rate
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Maternity Case Rate:

Case Rate w/o Admin	\$	8,327.41	\$	991.82	\$	855.71	\$	10,174.95
Admin %								8.41%

Bariatric Case Rate:

	Base Case Rate	Admin Allowance	Case Rate
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Medicaid Only	\$15,457.23	\$1,513.82	\$ 16,971.04
Admin %			8.92%
Dual Eligibles	\$1,604.40	\$157.13	\$ 1,761.52
Admin %			8.92%