
**OREGON HEALTH PLAN
MEDICAID DEMONSTRATION**

**Analysis of Calendar Years 2008 – 2009
Average Costs**

September 22, 2006



September 22, 2006

Ms. Wendy Edwards
OHP Actuarial Services Unit Manager
Oregon Department of Human Services
500 Summer Street N.E.
Salem, Oregon 97301-1014

Dear Wendy:

Re: Per Capita Costs for Calendar Years 2008 & 2009

At your request we have prepared this Analysis of Calendar Year 2008 & 2009 Average Costs for the Oregon Health Plan: Medicaid Demonstration.

This report describes our analysis and approach in detail. 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.

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, A.S.A., M.A.A.A.
Director

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Oregon Health Plan Medicaid Demonstration Analysis of Calendar Years 2008 & 2009 Average Costs

Executive Summary

The following report 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) 2008 and 2009. These estimates represent our best estimate of costs based on our understanding of Department of Human Services policy, the validity and accuracy of underlying data, and the assumptions described in the body of this report. To the extent that any of these change or the assumptions are found to be incorrect, expected costs should be re-examined.

It is our understanding that these estimates will be used to inform State health policy decisions, to determine Medicaid budget appropriations, and to form the basis for the determination of payment rates to participating managed care plans in CY 2008 and 2009.

Methods and Assumptions

The methods and assumptions used to develop these estimates were designed to comply with the requirements of Oregon Senate Bill 27 (1989 legislature), which extended Medicaid coverage to nearly all Oregonians with incomes below the federal poverty level and stipulated guidelines for determining Medicaid provider reimbursement amounts. Per capita costs for services provided on a fee for service basis were estimated based on historical service

payment levels, expected changes in Office of Medical Assistance Programs (OMAP) reimbursement to providers, expected program changes, and other considerations. In general, the per capita costs for managed care services were developed under the expectations of Senate Bill 27, that “rates cover the cost of providing services.” Oregon House Bills 2511 and 3624 overturned this provision of SB27; however, for the rates presented in this report, Department of Human Services (DHS) staff instructed us to use the same basis for rate development as had been used in prior work.

Since the managed care per capita costs included in this report are expected to form the basis for the capitation rates to be paid to managed care plans in CY 2008 and 2009, the methods used here are structured to comply with Centers for Medicare & Medicaid Services (CMS) regulations governing the development of Medicaid capitation payments. These regulations require that rates be “actuarially sound.” While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has provided guidance, and the per capita costs included here provide an appropriate basis for developing actuarially sound capitation rates. The per capita costs are developed on a statewide basis, and their conversion to plan-specific capitation rates will be described in future reports. It should be noted that to the extent that the program or OMAP policy changes, policy application is different than expected, or new data becomes available that indicates costs may be significantly different than expected, adjustments to the per capita costs will be necessary for resultant capitation rates to remain actuarially sound.

Covered Services and Populations

The per capita costs presented in this report encompass physical health, behavioral health, and dental services. Institutional and long term care services and populations are not included in the per capita costs, other than those long-term care services covered by managed care plan contracts.

In 2003, the State made a significant change in the structure of the OHP by extending OHP coverage to additional individuals if funds were available in the State’s budget. The OHP population was divided into OHP Plus and OHP Standard categories, each with different benefit packages.

The OHP Plus population receives a comprehensive benefit package, and includes:

- The elderly and disabled at the current eligibility levels;
- The Temporary Assistance to Needy Families (TANF) population at the current eligibility levels;
- All Medicaid and SCHIP children in the OHP program up to 185 percent Federal Poverty Level (FPL);
- Pregnant women up to 185 percent FPL.

The OHP Standard population receives a reduced benefit package, which features a hospital benefit limited to coverage of emergent and urgent conditions, and also excludes or limits certain optional Medicaid benefits, as defined by OMAP. A portion of the OHP Standard population is also subject to premium contributions.

The groups covered under OHP Standard include those optional and expansion populations not included in OHP Plus that do not have qualified employer-sponsored insurance (ESI) available. These groups include Parents and Adults/Couples below 100 percent FPL made eligible through the OHP waiver.

Significant Program Changes Affecting Per Capita Costs

Medicare Part D

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) established Medicare “Part D” coverage that provides most Medicare-eligible individuals access to private Medicare prescription drug plans effective January 1, 2006. The MMA terminates most of the existing drug coverage for individuals who are eligible for both Medicare and Medicaid (Dual Eligibles) and dictates that they must obtain drug coverage by enrolling in one of the new Medicare drug plans. Consequently, we have developed per capita costs for individuals who are dually eligible for Medicare and Medicaid excluding the costs of drugs covered under the Part D benefit. Note that these estimates do not consider "clawback" payments that the State must make to the Federal government.

Mental Health Evidence-Based Practices

It is our understanding that Oregon has a statutory requirement to increase the resources spent on evidence-based mental health and addiction practices. Office of Mental Health and Addiction Services (OMHAS) staff have identified two evidence-based practices (EBPs) for adults with Severe and Persistent Mental Illness (SPMI) to be implemented during CY 2008-2009. These EBPs are Assertive Community Treatment and Supported Employment.

OMHAS staff estimates that the cost of implementing these EBPs will be approximately \$4 million during CY 2008-2009. We have not made any determinations regarding the validity or reasonableness of the assumptions or methods used to develop these estimates.

Prioritized List of Health Care Services

The Oregon Health Services Commission (HSC) has developed a “prioritized list” of health care services, which ranks medical conditions and treatments in terms of their importance to the OHP population. The services covered and the configuration of the prioritized list have changed over time (see table below). The per capita costs shown in this report reflect estimated costs of coverage through Line 503 of the prioritized list as configured for CY 2008-2009. In late June 2006, the HSC finalized this new list, which contains significant changes in the prioritization of medical services.

The table below summarizes changes in prioritized list coverage levels since implementation of the OHP:

Effective Dates	Prioritized List Version	Coverage Through Line	Reason for Change
2/1/94 – 12/31/94	Physical Health List FFY 1994-1995	565	
1/1/95 – 9/30/95	Integrated List FFY 1994-1995	606	Mental Health lines added to list (no change in physical health benefits)
10/1/95 – 1/31/97	FFY 1996-1997	581	Benefits reduced
2/1/97 – 4/30/98	FFY 1996-1997	578	Benefits reduced
5/1/98 – 9/30/99	FFY 1998-1999	574	List reconfigured (no reduction in benefits)

Effective Dates	Prioritized List Version	Coverage Through Line	Reason for Change
10/1/99 – 9/30/01	FFY 2000–2001	574	List reconfigured (no reduction in benefits)
10/1/01 – 12/31/02	FFY 2002–2003	566	List reconfigured (no reduction in benefits)
1/1/03 – 9/30/03	FFY 2002–2003	558	Benefits reduced
10/1/03 – 7/31/04	FFY 2004–2005	549	List reconfigured (no reduction in benefits)
8/1/04 – 9/30/05	FFY 2004–2005	546	Benefits reduced
10/1/05 –12/31/07	FFY 2006–2007	530	List reconfigured (no reduction in benefits)
1/1/08* - 12/31/09	CY 2008-2009	503	List reconfigured (no reduction in benefits)

* Pending CMS approval

While the prioritized list forms the basis for the determination of covered services under the OHP, services below the Legislatively-specified threshold may be covered for a number of reasons, including co-morbidities with covered conditions, appeals decisions, and managed care plan payment policies. Should funding become available to expand coverage beyond the level of coverage available during the data period, additional data sources and analysis will be required to calculate the added coverage costs.

Estimated Per Capita Costs

In developing the per capita costs shown in this report, a variety of assumptions have been used, including assumptions relating to the following:

- The relationship between managed care plan billed charge amounts and the “cost” of providing services as provider payment amounts by managed care plans are unknown;
- The distribution of the population among the different groups of people who will be participating in the program;
- Enrollment in managed care plans;
- OMAP policy application; and
- Payment policy under the demonstration project.

Table 1 shows the average expected per capita cost by eligibility category for physical health services only and for all services. Per capita costs for the entire program are also shown.

Table 1
Estimated Per Capita Cost through Line 503 of the CY 2008–2009
Prioritized List

Eligibility Category	Physical Health Services^a	All Services^b
OHP PLUS		
Temporary Assistance to Needy Families	\$437.98	\$465.11
PLM Adults	\$1,218.37	\$1,227.45
PLM, TANF, and SCHIP Children 0 < 1	\$624.81	\$625.96
PLM, TANF, and SCHIP Children 1 - 5	\$122.79	\$127.76
PLM, TANF, and SCHIP Children 6 - 18	\$124.31	\$148.72
Aid to the Blind/Aid to the Disabled with Medicare	\$220.60	\$318.15
Aid to the Blind/Aid to the Disabled without Medicare	\$1,176.72	\$1,304.85
Old Age Assistance with Medicare	\$186.16	\$195.68
Old Age Assistance without Medicare	\$832.99	\$857.96
SCF Children	\$247.68	\$419.85
CAWEM (Citizen-Alien/Waived Emergency Medical)	\$84.17	\$84.92
OHP Plus Composite	\$342.56	\$381.82
OHP STANDARD		
OHP Families	\$277.03	\$296.60
OHP Adults & Couples	\$630.84	\$670.60
OHP Standard Composite	\$518.23	\$551.55
TOTAL OHP	\$349.59	\$388.61
^a Includes Physical Medicine, Dental Services, Chemical Dependency and administrative costs. ^b Includes Physical Medicine, Dental Services, Chemical Dependency, Mental Health and administrative costs.		

We have also estimated the per capita cost associated with coverage at several threshold levels on the prioritized list of services. These estimates are calculated based on the assumption that all services up to and including the threshold ranking are covered by the demonstration project and that all

services below the threshold are not covered. These estimates were developed by assigning patient claim records into prioritized list lines based on HSC definitions, along with assumptions about the allocation of services not explicitly governed by the prioritized list. While these estimates can be used to inform stakeholders about the potential cost impact of reductions in covered prioritized list level, actual cost impacts may differ due to the effect of co-morbidities, individual managed care plan and OMAP claim payment decisions, or other reasons.

The estimated per capita cost associated with ten threshold levels are shown in Table 2 for physical health services (including dental and chemical dependency services) and for all services combined.

Table 2
Per Capita Cost at Various Prioritized List Coverage Thresholds

Threshold ^a	Physical Health Services ^b	All Services ^c
263	\$268.47	\$297.20
293	\$273.67	\$302.47
323	\$288.66	\$318.63
353	\$291.97	\$322.00
383	\$315.52	\$345.72
413	\$326.01	\$356.38
443	\$333.24	\$365.67
473	\$340.07	\$377.83
503	\$349.59	\$388.61

^a Threshold ranking on prioritized list below which services would not be covered.
^b Includes Physical Medicine, Dental Services, Chemical Dependency, and administrative costs.
^c Includes Physical Medicine, Dental Services, Chemical Dependency, Mental Health and administrative costs.

Changes resulting from increasing or decreasing covered services per the prioritized list require federal approval. Following the Legislature's review of this report and a determination of the funding level and the services to be covered by the OHP we will refine the calculation of the per capita cost. Managed care plan capitation rates will be developed based on the final legislatively-approved funding level.

Disclaimer

In performing this analysis, we relied in part on data and other information provided by the State. We understand the State in turn receives this data and other information from health plans and providers who are given an opportunity to confirm that it is complete. We have not audited or verified this data or other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be affected. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and believe the data appear to be reasonable for the per capita cost development. It is possible that a detailed, systematic review and comparison search for data values that are questionable or for relationships that are materially inconsistent may uncover material errors or omissions in the data. Such a review was beyond the scope of our assignment.

Differences between our projections and actual results depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis.

The estimates contained in this report are intended to be used solely for the purposes stated above. They may not be appropriate for other uses. PricewaterhouseCoopers does not intend to benefit and assumes no duty or liability to other parties who receive this work. This report should only be reviewed in its entirety and assumes the reader is familiar with the Oregon Medicaid programs, their benefits, and rate setting principles.

The results presented in this report are technical in nature and are dependent upon specific assumptions and methods, which we have described here. No party should rely upon these results without a thorough understanding of

those assumptions and methods. Such an understanding may require consultation with qualified professionals.

We are furnishing this disclaimer consistent with actuarial standards and practices and with the disclaimers that are included in rate development for other states' Medicaid programs.

* * *

We appreciate the invaluable assistance provided by Oregon Department of Human Services staff, including members of the Office of Medical Assistance Programs, the Office of Mental Health and Addiction Services, the Actuarial Services Unit, and members of the Rates and Actuarial Workgroup in developing and reviewing the methods used in calculating the per capita costs for this program.

SECTION I: Overview

The Oregon Health Plan Medicaid Demonstration was devised as a means of expanding the Medicaid program to additional people while constraining total health care costs. The Medicaid Demonstration is one element in the Oregon Health Plan that is intended to provide health insurance coverage to all Oregonians. Per the 1989 legislation authorizing the demonstration, the Oregon Health Plan has operated under the following guidelines:

1. Medicaid services are to be delivered largely through managed care entities;
2. Health plans are to be paid at “levels necessary to cover the costs of providing services”;
3. A Health Services Commission (HSC) is to develop a list of “Prioritized Health Services” that will serve as the decision making tool for determining the level of covered services;
4. Should budget shortfalls develop, adjustments to the Medicaid budget are to be made by means of changing the level of covered services rather than by changing provider reimbursement levels or by changing the eligibility rules.

The managed care per capita costs presented in this report are based on an assumption that services will be funded at levels necessary to cover the cost of care, as defined in subsequent sections of the report. During FFY 2004-2005, Oregon House Bills 2511 and 3624 overturned the provision of SB27 (1989 Legislative Assembly) requiring that capitation rates be funded at levels necessary to cover the cost of services. One of the outcomes was that during FFY 2004-2005 and FFY 2006-2007 funding for Diagnostic Related Group (DRG) hospitals was reduced by 28%. The per capita costs contained in this report assume funding for these services will be returned to the levels

estimated to represent the cost for these services. As such, we have not included any specific reductions to funding for any services, and the per capita costs represent an estimate of costs if cost-based funding for DRG hospital services was restored.

Program History

The original OHP legislation applied to the Temporary Assistance to Needy Families (TANF), Poverty Level Medical adults and children, General Assistance, and uninsured Oregonians under 100% of the federal poverty level. These groups are known collectively as the “Phase 1” population.

The “Phase 2” populations include Aid to the Blind and Aid to the Disabled (AB/AD), Old Age Assistance (OAA) and children served by the State Office for Child Welfare (SCF Children), primarily Foster Care. Because of differences in the mix of health services used and the cost to the state of providing services to individuals covered by Medicare, separate calculations are made for the AB/AD and OAA populations for those with and without Medicare coverage. These Phase 2 members became covered under the OHP in January 1995.

Under the original legislation, the OHP did not apply to Mental Health and Chemical Dependency services. Effective January 1, 1995, Chemical Dependency services were added to the Oregon Health Plan, and a phase-in of mental health services was begun on a pilot basis for 25% of the OHP population. Mental Health services were expanded statewide in July 1997.

In 1998, eligibility was expanded to include pregnant women and children in families with income up to 170% of the federal poverty level. In addition, individuals who qualify as Citizen/Alien-Waived Emergency Medical (CAWEM) are explicitly identified; these individuals are eligible only for emergency medical services. This population does not enroll in managed care plans.

In 2003, the State made a significant change in the structure of the OHP. That waiver extended coverage to additional individuals if funds were available in the State’s budget. The OHP population was divided into two categories, each with different benefit packages:

- OHP Plus, and
- OHP Standard.

The OHP Plus population receives a comprehensive benefit package. The groups covered by OHP Plus include:

- The elderly and disabled at the current eligibility levels;
- The TANF population at the current eligibility levels;
- All Medicaid and SCHIP children in the program up to 185 percent FPL;
- Pregnant women up to 185 percent FPL.

The OHP Standard population receives a more limited benefit package, which excludes or limits certain optional Medicaid benefits, and which also features a hospital benefit limited to coverage of emergent and urgent conditions, as defined by OMAP. The benefit package also includes premium contributions by or on behalf of certain covered participants, specifically, those with an income above 10% of the FPL.

The groups covered under OHP Standard include those optional and expansion populations not included in OHP Plus that do not have qualified employer-sponsored insurance (ESI) available. These groups include Parents and Adults/Couples below 100 percent FPL made eligible through the OHP waiver.

Description of Eligibility Categories

Common Medicaid eligibility rules limit enrollment in Medicaid based on income and asset restrictions and demographic characteristics. Income limits are set at varying levels depending on the category of eligibility and are often associated with eligibility to receive a cash grant.

Eligibility groups covered under OHP Plus are as follows:

- The **Temporary Assistance to Needy Families (TANF)** program covers single parent families with children and two-

parent families when the primary wage-earner is unemployed. For the TANF program, income limits are set dollar levels that currently reflect approximately 42% to 48% of the Federal Poverty Level (FPL), depending on family size. Under current eligibility rules, this category includes some former recipients with extended Medicaid eligibility.

- **The Poverty Level Medical Program (PLM) for adults** covers pregnant women up to 185% of FPL. Those with an income below 100% of poverty are covered by the OHP eligibility rules providing reassessment of eligibility every six months, while those with an income between 100% and 185% of poverty are eligible through 60 days following the birth of their child.
- **Poverty Level Medical Children** have varying eligibility requirements depending on age:
 - Children age 0 < 1 are covered with family income up to 133% FPL, or if they were born to a mother who was eligible as PLM Adult at the time of the child's birth;
 - Children age 1 – 5 are covered up to 133% FPL; and
 - Children age 6 – 18 are covered up to 100% FPL.
- Title XXI eligibles, known as **SCHIP (State Children's Health Insurance Program)**, include uninsured children through age 18 with family incomes up to 185% FPL who are not covered by any other eligibility category. The Oregon-specific SCHIP program is called the Children's Health Insurance Program (CHIP), and therefore the references are synonymous.
- The **Aid to Blind/Aid to Disabled (AB/AD)** and **Old Age Assistance (OAA)** programs apply to people who are blind, disabled, or over age 65 with an income generally below the Supplemental Security Income (SSI) threshold. Many of these individuals also have Medicare coverage, offsetting a large portion of their medical costs to the State. Individuals

participating in the long term care program are eligible with incomes up to 300% of the SSI threshold.

- **Services for Children and Families (SCF) Children** covers children age 18 and younger (a few clients are served until age 21) who are in the legal custody of the Department of Human Services and placed outside the parental home. Custody is obtained either by a voluntary agreement with the child's legal guardian or through a county juvenile court.
- **Citizen/Alien-Waived Emergency Medical (CAWEM)** provides emergency medical coverage to individuals who do not qualify for Medicaid coverage due to their alien status. These individuals receive a restricted set of services, limited to emergency situations, including labor and delivery.

Eligibility groups covered under OHP Standard are as follows:

- The Oregon Health Plan provides coverage for two eligibility groups that are not otherwise Medicaid eligible due to demographic characteristics such as single adults, childless couples and two-parent households with an employed parent. Eligibility requirements for both groups include: aged 19 and over, not eligible for Medicare, uninsured, and family income under 100% FPL.
 - **Oregon Health Plan (OHP) Families** also have a child under age 19 in the household.
 - **Oregon Health Plan (OHP) Adults & Couples** do not have a child under age 19 in the household.

Under the Demonstration Project, the TANF, AB/AD, OAA and SCF Children programs are covered by the traditional eligibility rules. Under traditional eligibility rules for those people who qualify for a cash grant, eligibility is generally reassessed monthly for those cases where the wage earner is or has been employed in the last 12 months. The PLM program for

individuals with an income between 100% and 185% of FPL is also governed by the traditional eligibility rules with certain exceptions.¹

Eligibility for the “demonstration only” eligibles (OHP Adults & Couples and OHP Families), as well as those who qualify for PLM with an income under 100% of the FPL, is re-determined once every six months. Income eligibility for PLM Children in families income above 100% FPL is redetermined every 12 months. Children eligible for coverage through the Children’s Health Insurance Program are covered by these same eligibility rules and, with some exceptions, must have been uninsured for the preceding six months; their eligibility is redetermined annually. The CAWEM population receives eligibility for a six month period for the restricted range of services provided to that group.

Exhibit 1 provides a matrix of the eligibility categories covered under the Oregon Health Plan Medicaid Demonstration.

Expected Population Distribution by Eligibility Category

The per capita cost of the demonstration program is based in part on assumptions regarding the distribution of eligibles by eligibility category. For this distribution we rely upon estimates made by DHS staff in their analysis of expected eligibility for the demonstration project. Exhibit 1-B shows the expected distribution of eligibles among the eligibility categories in CY 2008-2009. These percentages, together with expected managed care enrollment percentages provided by OHP Actuarial Services Unit (ASU) staff, are used to calculate weighted average per capita costs across all eligibility categories in later portions of this report.

Delivery Systems

To accommodate the contracting arrangements used by the OHP, it is necessary to calculate the expected per capita cost for discrete services for several different population groups and delivery systems.

¹ The eligibility rules for the PLM pregnant women population with incomes from 100% to 185% of FPL are somewhat different than the rules for other categories of eligibility.

During CY 2008 and 2009 the State expects to use five different delivery systems under the Oregon Health Plan. Some managed care plans contract with the State to provide nearly all physical health and chemical dependency services on a prepaid, capitated basis. These plans are referred to as Fully Capitated Health Plans or FCHPs. Chemical Dependency services are integrated with the physical health contract with the exception of one stand-alone Chemical Dependency Organization (CDO). Additionally, Physician Care Organizations (PCOs) contract for all services covered by FCHPs with the exception of inpatient hospital services. Dental services are all contracted on a stand-alone basis through Dental Care Organizations (DCOs), and Mental health services are contracted on a stand-alone basis through Mental Health Organizations (MHOs). In this report, we collectively refer to these entities as Managed Care Organizations (MCOs).

A portion of OHP members receive all services on a fee-for-service (FFS) basis, and the State contracts with a Primary Care Manager (PCM) to direct physical health services for some of these members. In addition, some services are provided on a FFS basis during the time before an OHP member is enrolled in a managed care plan. Other services are not covered under managed care contracts and are provided on a FFS basis for all members, such as non-emergent transportation and mental health prescription drugs. Maternity case management services are provided on a FFS basis for all members except the limited number covered by plans that have opted to be capitated for these services. These services are referred to in this report as “FFS Wraparound” services, because they are provided on a FFS basis to members enrolled in MCOs.

Calculation of Per Capita Cost by Delivery System

Under the Oregon Health Plan Medicaid Demonstration, payment levels and methods vary based on whether the service is capitated or paid on a FFS basis. Services that are provided through capitation contracts with MCOs are priced based on “rates necessary to cover the costs of providing services,” while services that are provided on a FFS basis are priced based on the Medicaid fee schedule with adjustments for expected legislative changes and payment levels.

In this analysis, we calculate per capita costs separately for capitated services, for non-capitated services provided to managed care enrollees, and for individuals covered by the FFS and PCM systems. A weighted average value is then calculated based on the assumed distribution of enrollees among the delivery systems. Separate assumptions are made regarding the percentage of the population in managed care for physical health, chemical dependency, dental, and mental health services.

The actual per capita cost of the program will vary based on the contracting arrangements entered into between the State and capitated plans, the demographic characteristics of the enrolled population, and the services that the Legislature determines it will fund.

In the following section, Section II, we describe the data sources used in this analysis. In Section III we describe the methods and assumptions used in developing the per capita cost estimates and report on the estimated per capita costs for the program. Section IV describes the methods used to allocate costs to the diagnosis/treatment pairs on the prioritized list and the resulting estimated per capita costs.

SECTION II: Data Sources

Primary Data Sources

Four primary claims data sources were used for the analysis: encounter data reported by participating MCOs to OMAP, encounter drug data reported by FCHPs to OMAP, FFS data from the Oregon Medicaid Management Information System (MMIS), and information on behavioral health services from the Office of Mental Health and Addiction Services (OMHAS). In addition, detailed Medicaid eligibility, managed care enrollment, and Medicare coverage data are used. Each of the data sources is described below.

- **Encounter data** reported to OMAP are used as the basis for the calculation of FCHP, PCO, CDO, DCO and MHO per capita costs. For the OHP Plus populations, claims incurred between July 1, 2003 and June 30, 2005 served as the primary data source for this portion of the analysis. For OHP Standard, significant changes in covered benefits and managed care plan enrollment occurred during the early part of the data period. As a result, this earlier data is not reflective of the utilization of the current population. Therefore, for OHP Standard the data were restricted to claims incurred during Calendar Year 2005.
- For the July 1, 2003 through June 30, 2005 period, a single data set was provided with inpatient hospital, outpatient hospital, physician, mental health, and dental claims. Each claim contained the managed care plan's reported billed charge amount; paid amounts are not reported by the MCOs. Each claim also included detailed information about procedure performed, diagnoses, and some patient

demographic information such as age, gender, and eligibility category.

- An additional data set was provided for OHP Standard claims for the dates of service between July 1, 2005 and December 31, 2005. This data set was provided with inpatient hospital, outpatient hospital, physician, prescription drugs, mental health, and dental claims. Each claim contained the managed care plan's reported billed charge amount; paid amounts are not reported by the MCOs. Each claim also included detailed information about procedure performed, diagnoses, and some patient demographic information such as age, gender, and eligibility category.
- Managed care plan data were summarized by plan, eligibility category and service category. ASU staff prescreened the data, including procedures to remove duplicate claims and confirmed with managed care plans the validity of their data. Data for all plans was used in the managed care per capita cost development.
- **Prescription drug encounter data** were provided by the FCHPs. Billed charge amounts were provided, but no payment information was reported by the plans. ASU staff applied OMAP's current pharmacy pricing arrangements to the pharmacy encounters to derive meaningful cost estimates for each prescription.
- **Fee for Service claims data** were extracted from the Oregon Medicaid Management Information System (MMIS) by ASU staff. These data are used to estimate FFS system utilization rates and costs by eligibility category and service type. Data for July 1, 2003 through June 30, 2005 were provided, including data for hospital, physician, dental, mental health, and prescription drug data. All of the data included actual billed and paid amounts for all services. Diagnosis and procedure codes

were also provided, as well as patient information such as date of birth, sex, and category of eligibility.

- **OMHAS** staff provided or facilitated the provision of information about utilization and cost of services not reported through the submitted encounters or the MMIS. Additionally, they prepared estimates of costs for certain programmatic changes not sufficiently defined for actuarial analysis or for which appropriate data were unavailable.
- **Eligibility information from the MMIS** is used to identify the specific eligibility and enrollment for each individual and to determine the correct exposure level associated with each service. The "Capitation Claims" file was used to determine historical managed care enrollment, and a DHS Decision Support Surveillance and Utilization Review System (DSSURS) extract was used to determine FFS exposure.

As described above, different data sources are used for various components of the per capita cost calculation. However, the data are generally used in a mutually exclusive manner. For example, encounter and managed care enrollment data are used for calculating utilization rates for capitated services, while FFS claims and exposure data are used for calculating utilization rates for services paid on a FFS basis. The calculation of per capita costs for discrete populations and services ensure there is no double counting when total costs are determined.

A portion of services for managed care enrollees is paid on a FFS basis. These services relate primarily to mental health drugs, case management, non-emergency transportation services and special services, such as school-based health services. No comparable service categories exist in the encounter database, since the services are not included in the managed care contracts. For these services, per capita costs are generally calculated using the entire OHP population as the exposure base.

Other Data Sources

Other data sources considered in the development of the per capita costs include the following, which are described in more detail in Section III:

- **Data on cost-to-charge ratios for hospital services in Oregon were obtained from ASU.** These data were used to adjust the billed charges submitted by managed care plans to a measure of cost for these services.
- **Information on Medicare payment levels** was used for estimating costs for professional and other services provided by managed care plans.
- **Data from the federal CMS Office of the Actuary and Express Scripts, Inc.** were used for estimating prospective trend rates.
- **Managed care plan financial reports** were used to analyze the appropriateness of administration allowances incorporated in managed care plan capitation rates, and to determine overall reasonableness and adequacy of past capitation rates.
- **Cost allocation analyses performed by MHOs to estimate the actual cost of providing mental health services** were used to determine cost-to-charge ratios for mental health services. These analyses were performed by several MHOs for the FFY 2006-2007 per capita cost development, and they produced estimates of the relationship between the reimbursement amounts included in the Medicaid FFS fee schedule and average costs of their providers for each type of service.

SECTION III: Methods and Assumptions

Per Capita Costs Defined

Per capita costs represent the costs incurred during a specified time period per measured unit of population. Per capita costs may be presented on a historical basis, which may be directly measurable based on available data, or on a projected basis representing expectations of future events. For the purposes of this report, per capita costs are generally on a projected basis and represent expected average monthly costs per eligible or enrolled person.

Per capita costs can be calculated by dividing the total cost of services over a period of time by the exposure base during that same period. Since total costs are generated by the number of services provided and the cost of each of those services, a more informative calculation of per capita costs is to multiply the rate of utilization of services by the average cost per unit of service. This method can be applied to either current or projected utilization and unit costs depending on the purpose.

The utilization rate is often expressed in terms of the annual number of services provided per 1,000 eligibles or enrollees. The expression in terms of "per 1,000 eligibles or enrollees" is made for convenience since utilization rates per person can be very small.

The exposure base, or the number of individuals covered over a period of time, is typically expressed in terms of member-months of eligibility or enrollment. Thus, a person eligible for the entire year would have twelve member-months of eligibility, while a person eligible for only half of the year would be counted as having six member-months of eligibility. In our calculation of per capita costs, partial months of eligibility or enrollment were considered.

An example of a calculation of the monthly per capita cost for covered inpatient services is as follows: multiply the number of bed days or admissions per 1,000 members per year by the average cost per day or admission. The result of this calculation is the annual cost per 1,000 members, which is then converted into a monthly per capita cost by dividing by 12,000. Similar calculations are made for all other categories of service, and appropriate adjustments are applied to reflect changes in covered services, eligibility, or the change in the cost per unit of service over time.

The sum of the projected per capita costs for all contracted services is the total per capita cost. In addition to the per capita cost for health care services, managed care plans are paid an administration allowance. Our analysis shows separate per capita costs for 13 different eligibility categories and many detailed service categories.

Regulatory Requirements for Medicaid Managed Care Rate Setting

Provisions of the Balanced Budget Act of 1997 (BBA) require that capitation rates paid to Medicaid managed care plans subsequent to August 13, 2003 be actuarially sound. The statewide per capita costs for managed care developed in this report are expected to form the basis for the plan-specific capitation rates to be paid in CY 2008 and 2009. Therefore, the methods used to develop the managed care per capita costs must be in compliance with the CMS regulations on actuarial soundness. While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has issued a checklist that provides guidance.

The general guidelines for developing actuarially sound payment rates encompass the following concepts:

- The rates were developed in accordance with generally accepted actuarial principles and practices;
- Data appropriate for the population to be covered by the managed care program should be used for the analysis;

- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, and health status;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;
- Medicaid FFS payment rates per unit of service may be an appropriate benchmark for developing capitation rates;
- When FFS data are used for the calculations, differences in expected utilization rates between FFS and managed care programs should be accounted for;
- Appropriate levels of MCO administrative costs should be included in the rates;
- Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and
- A range of appropriate rates could emerge from the rate-setting process, and an upper and lower bound may be developed.

The per capita costs described in this report reflect our understanding of OMAP policy, in addition to historical experience and expected changes over time. Statewide capitation rates developed for CY 2008 and 2009 will take into account programmatic changes occurring between the development of the per capita costs contained in this report and the effective date of the rates. Additionally, to the extent that OMAP policy changes or is applied differently than represented to us, or new data becomes available that indicates costs may be significantly different than expected, then adjustments will be necessary for resultant capitation rates to be actuarially sound.

OMAP policy over the past several years has been to develop plan-specific capitation rates based on the statewide managed care per capita costs with adjustments for differences in geographic input costs and differences in population health status among plans. Final rates are established through signed contracts with the participating managed care plans, which ensures that each plan concurs that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care,

and that they expect to remain financially sound throughout the contract period.

Methodology Used in Calculating Per Capita Costs

The projected per capita cost amounts are calculated through a multi-step process, which is briefly described below. Each of the steps is then described in greater detail.

1. Data from each of the data sources is summarized by eligibility category and service category. From this process we obtain information on total charges (encounter data), total paid amounts (FFS data), and total units of service for the data period (encounter and FFS data).
2. Adjustments are made for missing or problematic data or data that is included in the database but not relevant to the per capita costs. These adjustments are referred to as “data issues”; in this analysis data adjustments were nominal, and were largely related to the OHP Standard population. We found that data were missing for certain plans for discrete time periods. In those instances, the value of the missing data was imputed.
3. Adjustments are made for changes in covered services, payment levels, or other changes that occurred during or after the data period or that are expected to occur during the projection period. These adjustments are referred to as “budget issues”.
4. Common measures of estimated cost or charges are calculated including the charges per person per month for managed care, the paid amount per person per month for FFS, and the annual number of units of service per 1,000 people. For the units per 1,000 people per year, a person is assumed to represent 12 member months. Thus, it is not possible to derive the number of unique people accounted for in the calculation, and for

eligibility categories with relatively short lengths of eligibility and episodic cases, such as maternities for the PLM adult population, it is possible to have more than one calculated average case per person per year.

5. Trend rates are estimated for several major service categories, population groups, and delivery systems.
6. For the managed care data, the amounts reported as billed charges serve as the basis of the cost calculations since actual payment amounts are not provided by the MCOs. Therefore, cost-to-charge ratios by service category are calculated and applied to the encounter data. (For services provided on a FFS basis, the average Medicaid paid amount is used in the per capita cost calculation.)
7. Total expected per capita costs (costs per person per month) are calculated for each eligibility category and service delivery arrangement.
8. The population distribution estimated for the contract period is arrayed by eligibility category and contract arrangement based on projections made by DHS.
9. The overall per capita cost for the Oregon Health Plan is calculated based on the expected population and contracting mix.
10. Costs are allocated to the various prioritized list lines based on assignment criteria described in detail in Section IV. Separate allocations are made by eligibility category and broad service category (physical health, dental, chemical dependency, and mental health).

Measuring Utilization Rates and Average Charges or Payments

The first step in this analysis is the categorization of claims into the approximately 100 detailed service categories shown in the attached exhibits.

Claims are assigned to these categories based on the detailed criteria described in the ASU “bucket book” for encounter and FFS data.

The next step involves calculating utilization rates and the charge or payment amount per unit of service for each category of service, with the data subset for each eligibility category. The encounter data serves as the primary data source for the analysis of capitated services, with Medicaid FFS data forming the basis of non-capitated services and periods of eligibility.

Utilization rates are measured by summarizing the utilization counts for each category of service and dividing by the number of member months of eligibility or enrollment for the appropriate population group. For purposes of this report, reported inpatient hospital claims are grouped into admissions, whereas the utilization counts for other claims represents the number of claims submitted, services provided, or units of service recorded on the claim. For example, a series of office visits for a single condition are counted separately for each visit rather than as one episode of illness. Each prescription for outpatient drugs is also counted separately. Exhibit 2 describes the type of units measured for each service category.

Since amounts paid by managed care plans to providers are not reported in the encounter data, average charges per unit of service are calculated. For the FFS delivery system, actual payment amounts are provided, and average payment amounts per unit of service are calculated. These averages are calculated on the same unit basis as the utilization rates. For example, the average charge for inpatient hospital claims is calculated on a "per admission" basis, since the utilization measure is "admissions per 1,000 persons."

Estimating the Cost of Managed Care Plan Services

The per capita costs shown here are calculated to represent “rates necessary to cover the costs of services.” However, to date the managed care plans have not been required by OMAP to provide data representing their costs of providing services. OMAP does not prescribe the methods or levels by which MCOs will contract with providers, and there is little information

available to determine how MCOs pay for services. Therefore, proxy and benchmark measures of costs have been used, which may not reflect actual MCO payment amounts. In previous reports on per capita costs² we described the determination of benchmark managed care cost levels. We have largely retained those same methods for this analysis, with some exceptions for specific services. To apply the benchmark costs, the charges per unit of service developed from the encounter data are adjusted based on a cost-to-charge ratio for each general category of service.

Hospital Services

For hospital services, data on hospital costs and charges are reported to state agencies, from which average cost-to-charge ratios are calculated. These ratios are used to convert the reported billed charge amounts for inpatient and outpatient hospital services to an estimate of costs for those services.

The cost reports that serve as the basis for the hospital cost-to-charge ratios are generally 3 to 4 years old due to the length of time required to complete audits on the reported cost data. Based on our observations of values reported in the hospital cost reports, analysis of encounter data, and changes in hospital cost benchmarks, in recent years annual trends in billed charges per unit of service have generally outpaced trends in costs per unit of service. Thus, hospital cost-to-charge ratios have generally been declining over time. Since the hospital cost reports represent cost-to-charge ratios at a point that may average 5 to 7 years before the midpoint of the CY 2008/2009 projection period, the compounding effect of differences in charge and cost trends can be significant, and future hospital cost-to-charge ratios may be substantially different than those reported in the currently available hospital reports. For this report, we have used the cost to charge ratios as reported, consistent with OMAP policy direction.

It should be noted that in the most recent available hospital cost reports, we observed the expected decrease in the average cost-to-charge ratio for outpatient services, but essentially no change for inpatient services. Upon further analysis, we found that several hospitals reported large increases in

² Coopers & Lybrand and PricewaterhouseCoopers reports dated May 1, 1991, April 19, 1993, February 10, 1995, December 16, 1996, December 8, 1998, September 21, 2000, November 11, 2002, and March 7, 2005.

costs inconsistent with changes in prior years. The reason for these cost increases is not clear, though the affected hospitals primarily appear to be those with teaching programs. Following OMAP policy direction, the hospital cost-to-charge ratios used to estimate managed care inpatient hospital costs have not been adjusted from those shown in the cost reports.

We understand that an OMAP policy directive to eliminate funding for Graduate Medical Education (GME) was put in effect for FFS services on July 1, 2006 and will be effective January 1, 2007 for managed care services. For teaching hospitals, GME costs are included in the cost reports. ASU staff worked with OMAP staff to quantify the amount of GME reported by the hospitals in order to develop adjusted cost-to-charge ratios for these hospitals. GME costs include both Direct and Indirect Medical Education (DME and IME, respectively) costs, though only DME is explicitly identified in the hospital cost reports. Based on the relative amount of DME and IME payments made to GME hospitals in the FFS delivery system, the total cost of GME was estimated and the cost to charge ratios were reduced accordingly. Since GME payments in the FFS delivery system were not reported in the FFS claims data and are separately budgeted by OMAP, the GME adjustments only apply to managed care costs.

Physician Services

We used the Medicare fee schedule as a benchmark for the costs for physician and certain other services, consistent with the rate setting methods developed in prior biennia. For the CY 2008-2009 per capita cost development, we used the 2006 Medicare fee schedule to derive imputed costs. In August 2006, CMS announced that it would reduce 2007 payments to physician by 5.1%. This reduction is a result of CMS' physician payment formula that requires reductions in payments if cost increases exceed the sustainable growth rate (SGR) in physician payments. We do not believe that this reduction reflects changes in actual costs and have been directed by DHS not to apply this reduction. Future increases in physician costs have been applied in the form of unit cost trend adjustments to project managed care per capita costs for physician services to the CY 2008-2009 biennium and depart from estimated Medicare payment rates.

We used the relationship between 2006 Medicare allowable amounts and billed charges for specific services to develop cost-to-charge ratios for each professional service category. Exceptions were made for Newborn services, as those services are not well represented in Medicare's data and relatively low implied cost-to-charge ratios resulted from our application of the Medicare payment methodology for those services. As a substitute, we assigned the ratio calculated for Physician Office Visits for that service category.

For Maternity services, we also considered the difference in FFS payments for maternity services. For most professional services, FFS reimbursement is determined by multiplying a "conversion factor" by the relative resource value assigned to each service. The relative resource value provides a means of comparing each service based on the relative amount and intensity of the resources required to perform the service. The relative values are multiplied by conversion factors to produce the payment amounts. This method of determining physician reimbursement is also used by Medicare and most private insurers. Under the OHP, the current FFS conversion factor for most professional services is \$25.95, and the factor for maternity services is \$38.80, which is approximately 49.5% higher. For consistency with FFS payment policy, we increased the base cost-to-charge ratio calculated for Maternity services by 49.5%. The conversion factor used for these calculations is \$37.90.

For Anesthesia, we were unable to determine Medicare allowable amounts based on the encounter data. As a proxy, we used the cost-to-charge ratio calculated for Surgery.

Dental Services

Consistent with our observations during the development of the 2005-2007 per capita costs, it appears that the reported billed charges represent different values among the dental plans. Some dental plans reported per-unit charges that ranged from 1.5 to more than 2 times the average charges of the other plans, and as much as 3 to 5 times the FFS fee schedule. In general, the plans with the highest reported charges per unit of service were those that serve only Medicaid beneficiaries in Oregon, and we believe that they are significantly higher than the actual cost of providing services. Based on an

examination of the data, we also believe that the billed amounts reported by those plans that serve non-Medicaid members in addition to Medicaid beneficiaries are a reasonable representation of the costs of those services. In our analysis of dental charges, we also identified one Medicaid-only plan as having average charges similar to those that cover both Medicaid and commercially insured members.

To develop an adjustment for the high level of billed charges for some plans, we calculated the ratios of the average billed charges for the three dental plans that also serve non-Medicaid members and the one plan with similar charges, to the average billed charges for all dental plans. This adjustment was applied as a cost-to-charge ratio applied to all plans, and ranged from approximately 77% to 100% of reported average billed charges, varying by dental service category.

Mental Health Services

For mental health, we relied on work completed for the 2005-2007 per capita cost report as our starting point for determining cost to charge ratios. For that analysis, we reviewed cost reports that were developed for several of the MHOs. That analysis showed that in the aggregate MHO costs were approximately 113% to 134% of amounts reimbursed under the FFS fee schedule. We analyzed the reported billed charges per unit of service from the MHOs and compared them to the FFS payment amounts for the same services. Our analysis indicated that for the categories of service that we analyzed, which represented the majority of the per capita costs, the billed charges ranged from 122% to 130% of the FFS fee schedule amounts, in the aggregate. Since these results appear to indicate that the billed charges used for the 2005-2007 analysis were a reasonable representation of the mental health providers' costs, we used a cost-to-charge ratio of 100% for mental health services (except acute inpatient hospital days). We then assessed changes in professional services costs and the growth in billed charges for mental health services.

We observed an annualized increase in charges per unit of service of approximately 7% and an annualized increase in costs, as calculated by the CMS Office of the Actuary of approximately 3%. Taking the difference between those values for the two year period between the 2005-2007

biennium and this biennium, we calculated an adjusted cost-to-charge ratio of 92.7%. The mental health cost-to-charge ratio was also adjusted to remove the portion of costs attributed to Prevention, Education, and Outreach (PEO) services included in the MHO cost allocation study, which resulted in an applied cost-to-charge ratio of 91.9%. PEO services are budgeted through a separate per capita amount, which is described in more detail in the section regarding data issues.

Prescription Drugs

As described in Section II, the FCHPs provided prescription drug data that included billed charge amounts, but not payment amounts. ASU staff applied OMAP's current pharmacy payment arrangements to develop a relevant measure of cost for managed care prescription drugs. To convert these costs from OMAP cost levels to managed care plan cost levels, we applied summary information provided by the plans on the discount arrangements, dispensing fees, and administrative fees negotiated by the plans with their PBMs, as well as rebate amounts. We applied this detailed pricing information to the encounter data for each plan, and developed an aggregate adjustment to convert the OMAP-based costs to FCHP-based costs. Based on our analysis, FCHP average drug unit costs net of rebates are approximately 1.4% less than OMAP drug unit costs prior to application of OMAP rebates. This adjustment was applied as a 98.6% cost-to-charge ratio as compared to the OMAP cost.

Other Services

For three service categories: Transportation – Ambulance, Durable Medical Equipment and Supplies, and Home Health, we conducted research on the methods used by Medicare to determine payment. For each of these services we estimated the 2006 Medicare payment amounts, with limited exceptions where the data elements needed to calculate the Medicare reimbursement amount were not available in the encounter data. These data elements would have allowed finer differentiation in the calculation, but were determined to have only a nominal impact on the resulting calculations.

Dual Eligibles

For individuals who are eligible for both Medicare and Medicaid (Dual Eligibles), managed care plans are responsible only for that portion of costs

that are not covered by Medicare.³ The billed amounts included in the encounter data reflect 100% of charges for the encounter and do not include an offset for payments made by Medicare. To adjust the unit costs for Dual Eligibles, we estimated the average Medicare liability percentage for each category of service and reduced the unit costs by these amounts. Exhibit 6-A contains the estimated managed care plan liability for Dual Eligibles by category of service. We also estimated the per capita value of the Medicare Part A and Part B deductibles for which the managed care plans are responsible based on the estimated future deductibles contained in the most recent Medicare Trustees report.

For mental health services, the percentage of gross per capita costs that Medicare would pay on behalf of Dual Eligibles is difficult to directly estimate due to the prevalence of non-licensed providers, whom Medicare does not reimburse. To estimate the percentage that Medicare would pay, we calculated the ratio of FFS unit costs for individuals with Medicare coverage to the FFS unit costs for individuals without Medicare coverage. By examining these ratios in the OMAP FFS payment amount, we estimated the average Medicare payment percentages.⁴ Medicare does not cover certain Mental Health services, including Case Management, Alternatives to Inpatient, Family Support, Ancillary Services, and Other Outpatient. In these calculations we have assumed the MHOs will be responsible for all costs for these services. We also incorporated an estimate of the per capita value of the Medicare Part A deductible for mental health inpatient admissions.

The adjustment factors used to convert the reported billed charges into estimated managed care plan costs are shown in Exhibit 6-B.

³ OHP plans with Medicare Risk contracts are responsible for all costs, but the services that are covered under the Medicare scope of services are assigned to their Medicare line of business.

⁴ Under both the FFS and managed care delivery systems, many providers choose not to submit claims for services when no payment is anticipated. For example, if Medicare payment is higher than the Medicaid allowed amount, providers often do not submit a separate bill to Medicaid, since the payment amount would be \$0. We confirmed with managed care plans that similar practices occur in that setting, and that the encounter data can be expected to show similar patterns in costs per unit of service. Where the cost-to-charge ratio for services provided to Medicare recipients is equal to the cost-to-charge ratio for non-Medicare recipients, this circumstance is prevalent.

Data Issues

Several adjustments were made for services not reported in the encounter or claims data, changes in policy during the data period, or services that are reported in the data but are not the responsibility of the OHP. These adjustments are described below.

OHP Standard

OHP Standard underwent a period of significant instability in covered benefits and numbers of beneficiaries enrolled in managed care plans during 2003 and 2004. As a result, the base data for OHP Standard is restricted to claims and encounter data incurred during Calendar Year 2005. The OHP Standard population has gradually declined in size since enrollment was frozen due to limitations in funding for this population; however, recent months have shown a slowing of that trend. Though the projected per capita costs reflect the average anticipated morbidity for this population during the biennium, follow up analyses will need to be performed to ensure that capitation rates reasonably reflect the average costs for the population.

Incurred But Not Reported (IBNR) Services

The claim and encounter data represents services incurred July 1, 2003 through June 30, 2005 for OHP Plus, and January 1, 2005 through December 31, 2005 for OHP Standard. For non-pharmacy services, the OHP Plus data includes FFS claims adjudicated by OMAP through January 27, 2006, and managed care encounters submitted by managed care plans and processed by OMAP through December 31, 2005. The OHP Standard data includes FFS claims adjudicated through July 28, 2006, and managed care encounters processed through July 28, 2006. For pharmacy services, the OHP Plus FFS claims data includes payments through May 26, 2006, and the managed care encounter data includes process dates through January 6, 2006. The OHP Standard pharmacy data includes FFS claims paid through June 30, 2006, and managed care encounters processed through July 7, 2006.

Claims and encounters paid or submitted after the dates specified above are not included in the dataset we received. Therefore, an adjustment for incurred but not reported (IBNR) claims and encounters is necessary to fully reflect the services provided during the data period.

For the FFS claims, the data included both dates of service and dates of payments. We used this data and generally accepted actuarial methods to estimate the value of the IBNR claims by analyzing the historical claim payment patterns.

For the encounter data, dates of payment were not available. For OHP Plus, OMAP provided us with the value of encounters, incurred during the July 2003 through June 2005 data period, that were submitted and processed subsequent to the latest process dates in the base data. Using this information, we developed IBNR adjustments to the encounter data. While some additional encounters related to the data period may ultimately be processed, we believe the magnitude of these encounters is immaterial and no further adjustment is necessary. For OHP Standard, no additional encounter data was available with which to directly calculate an IBNR adjustment. Therefore, we analyzed incurred claim levels and past submission patterns, and applied actuarial judgment to develop an estimated IBNR adjustment.

Exhibit 6-C summarizes the applied managed care and FFS IBNR adjustment factors.

Mental Health Prevention, Education and Outreach

Mental health plans provide PEO services, both to OHP enrollees, and to the broader community. These services are recorded by MHOs, but are not reflected in encounter data. MHOs provided reports of their PEO expenditures during the data period, which amounted to \$1.15 per member per month (PMPM). We reviewed the types of services provided and identified the following PEO services as appropriate for inclusion in the per capita costs -- Parent/Family Education, Life Skills Development, Prevention Support Activities, and Services Integration. These services comprise approximately 60% of total reported PEO expenditures, or approximately \$0.69 PMPM. This amount was added to all eligibility categories.

Duplicate Claims and Encounters

OMAP employs a variety of data “cleanup” processes to the claim and encounter data. These processes include the identification and removal of duplicate claims and encounters, including encounters that duplicate FFS payments.

Encounters for Individuals Not Enrolled in Managed Care Plans

In preparing the data, ASU performed date sensitive matching of encounters and managed care plan enrollment data to exclude services provided to individuals who appear not to be enrolled in the plan. As there is no accompanying membership for these individuals, it is inappropriate to include these encounters, and they were excluded from the analysis.

Exceptional Needs Care Coordination

State regulations require FCHPs and PCOs to employ Exceptional Needs Care Coordinators (ENCCs) to provide specialized case management services for aged and disabled enrollees. These services include identifying enrollees with disabilities or complex medical needs, ensuring timely access to services, coordinating with providers in treatment planning, and assistance in coordinating linkages between community support and social service systems and medical care systems. Little data is currently available regarding the actual costs of ENCC services as these services are not reported through the encounter data or other sources. Cost estimates for ENCC services were developed by OMAP staff several years ago, and these estimates have been used for past per capita costs. OMAP has directed us to continue to use these estimates (\$8.01 PMPM for AB/AD and \$6.26 PMPM for OAA), and the per capita value is included in the AB/AD and OAA eligibility categories.

Budget Issues

Certain adjustments are made for changes in covered services or other changes that occurred during or subsequent to the data period or are expected to occur during CY 2008-2009; these adjustments are referred to as “budget issues”. The most significant of these changes are described in some detail below.

OHP Standard Benefit Redesign

As directed by the 2003 Legislature under House Bill 2511, the OHP Standard benefit package was redefined. The new package became effective August 2004, and the primary features are the following:

- A limited hospital benefit covering only emergent and urgent conditions, certain conditions if prior authorized, and certain diagnostic services;
- Reductions to certain optional Medicaid services, such as EPIV and medical supplies;
- Exclusion of certain optional Medicaid services. These services include:
 - Speech/language therapy;
 - Physical/occupational therapy;
 - Acupuncture;
 - Chiropractic/osteopathic services;
 - Certain vision services;
 - Home health care;
 - Non-emergency transportation (not covered previously); and
 - Private duty nursing (not covered previously).
- Restoration of comprehensive mental health and substance abuse benefits; and
- Restoration of a limited dental benefit.

Since we limited the base data period for OHP Standard to services incurred after the implementation of these changes, no adjustments for changes in benefits were necessary.

Managed Care Funding for DRG Hospitals

During the previous two biennia, the Legislature directed DHS to reduce funding in the capitation rates for DRG hospitals by 28% subsequent to the release of our report documenting the development of the per capita costs. At this time, we have been directed not to apply such a reduction in the CY 2008–2009 per capita costs. Therefore, the per capita costs contained in this

report assume that managed care plans will be funded at the full expected cost for DRG hospital services.

Changes in FFS DRG Hospital Reimbursement

Several changes occurred in FFS reimbursement to DRG hospitals during the data period. Thus, the FFS data represents a composite of these reimbursement levels. In addition, changes in the reimbursement level were implemented following the data period. In order to accurately project the per capita costs for CY 2008–2009, the hospital data must reflect anticipated hospital payment amounts during the period. Based on our understanding of the timing and magnitude of the changes in reimbursement, as well as analysis of changes in average payment levels over time observed in the FFS data, we developed adjustments to the FFS hospital payment data to reflect anticipated reimbursement during CY 2008-2009. These adjustments are shown in Exhibit 6-D.

Frozen Drugs

Effective October 1, 2003, certain prescription drugs that had been covered on a FFS basis became the responsibility of the FCHPs and PCOs. The change relates to the status of certain drugs that were incorrectly classified under therapeutic classes 7 or 11, and therefore not considered a FCHP responsibility. These drugs were placed on a “frozen drug list” until the opportunity to make the correction was available. Since the first three months of the data period do not reflect the current responsibility for these services, adjustments to the per capita costs were developed to reflect the additional managed care cost and the reduction in FFS costs for these drugs. These adjustments are shown in Exhibit 6-E.

Change in Responsibility For Neurontin

Neurontin was removed from FCHP responsibility effective October 1, 2000 and was subsequently returned to FCHP and PCO responsibility effective October 1, 2003. Since the first three months of the data period do not reflect the current responsibility for these services, adjustments to the per capita costs were developed to reflect the additional managed care cost and the reduction in FFS costs for these drugs. These adjustments are shown in Exhibit 6-F.

Change in Responsibility For Lamictal

Lamictal was removed from FCHP and PCO responsibility effective October 1, 2005. We developed adjustments to reflect the reduction in managed care cost and increase in FFS costs for this drug. These adjustments are shown in Exhibit 6-G.

Medicare Part D

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) established Medicare "Part D" coverage that provides most Medicare-eligible individuals access to private Medicare prescription drug plans effective January 1, 2006. The MMA terminates the existing drug coverage for Dual Eligibles and dictates that they must obtain drug coverage by enrolling in one of the new Medicare drug plans. Consequently, we developed adjustments to the prescription drug per capita costs for Dual Eligibles to reflect the proportion of costs that will be retained by the managed care plans and OMAP. These adjustments are shown in Exhibit 6-H. Note that the resultant per capita cost estimates do not consider "clawback" payments that the State must make to the Federal government.

Mental Health Intensive Treatment Services

Effective October 1, 2005, MHOs assumed financial responsibility for certain intensive treatment services (ITS) for children, which were previously paid on a FFS basis or via enhanced capitation rates for MHOs participating in pilot programs. Beginning October 1, 2005, all MHOs received enhanced capitation rates reflecting this additional responsibility, though the level of enhancement varied considerably from plan to plan, based on anticipated enrollment of ITS-eligible children.

The ITS capitation enhancements were calculated based on representations of MHO enrollment policy for ITS-eligible children made by OMHAS staff. Subsequent to the implementation of the capitation rates DHS discovered that ITS-eligible children were being systematically disenrolled from MHOs, and their costs borne by the FFS system while the MHOs were still receiving enhanced capitation payments. To date, enrollment practice for these children is in a state of flux, and it is not possible to estimate with any degree of confidence the distribution of ITS-eligible children between the FFS and managed care delivery systems during CY 2008-2009, nor the distribution of

children among the MHOs necessary for capitation development. The per capita costs for ITS-related services included in this report reflect the reported managed care encounters and FFS claims during the data period without any special adjustments.

Mental Health Evidence Based Practices

It is our understanding that Oregon has a statutory requirement to increase the resources spent on evidence-based mental health and addiction practices. OMHAS staff have identified two evidence-based practices (EBPs) for adults with Severe and Persistent Mental Illness (SPMI) to be implemented during CY 2008-2009. These EBPs are Assertive Community Treatment and Supported Employment.

As limited data is available on the actual cost of EBPs, OMHAS has proposed that they be paid on a FFS basis until sufficient data becomes available to accurately determine costs and provide funding directly to the mental health plans through capitation payments. OMHAS staff developed cost estimates for CY 2008-2009 based on assumptions regarding numbers of individuals needing services, the number of services to be provided, and the cost of these services. The EBPs would be implemented beginning January 1, 2008 and the number of people served would increase over time as the programs mature; the estimated cost during CY 2008-2009 is approximately \$4 million. These estimates were developed by OMHAS staff, and we have not made any determinations regarding the validity or reasonableness of the assumptions or methods used to develop the estimates. We have developed FFS per capita costs for the EBPs, and added them to the AB/AD and AB/AD with Medicare eligibility categories since the majority of individuals expected to utilize these services are in those groups.

Mental Health Long Term Care Case Management

Effective January 1, 2008, new case management requirements will be put in place for long term care clients enrolled in MHOs. Based on estimates developed by OMHAS staff, we calculated the impact on costs and applied adjustments. These adjustments are shown in Exhibit 6-I.

Mental Health Alcohol and Drug Case Management

Effective January 1, 2008, case management services will be made available for clients receiving alcohol and drug treatment, but not enrolled in an FCHP. Based on estimates developed by OMHAS staff, we calculated the impact on costs and applied adjustments. These adjustments are shown in Exhibit 6-J.

Emergency Department Triage

Contingent upon federal approval, effective October 1, 2006, DHS will implement an Emergency Department triage fee for FFS to encourage the use of appropriate care settings for non-emergent conditions. In lieu of normal reimbursement, DRG hospitals will receive \$42 for the visit if the triage diagnosis meets the DHS definition of non-emergent. Based on savings estimates developed by DHS, we calculated an adjustment to FFS costs. This adjustment is shown in Exhibit 6-K.

Reduction in Prioritized List Coverage Level During Data Period

Effective August 1, 2004, coverage under the prioritized list was reduced 3 lines. Therefore, claims and encounters incurred before this date reflect a higher level of benefit coverage. We have applied adjustments to reflect the coverage reduction based on the analysis performed to adjust capitation rates when this change was implemented. These adjustments are shown in Exhibit 6-L.

Changes in Prioritized List Configuration

In late June 2006, the HSC finalized a new prioritized list, which contains significant changes in the prioritization of medical services. In addition to the re-prioritization of services, the HSC determined that coverage through line 503 of the revised list would result in approximately the same level of benefits as coverage through line 530 of the prioritized list currently in effect.

To determine the expected impact on per capita costs due to the implementation of the new prioritized list, we analyzed the managed care encounter and FFS claims data under the current and new prioritized lists. The results of our analysis indicate that implementation of the new prioritized list, with coverage through line 503, should not materially change the overall per capita costs, with one exception, increases in nutritional counseling for morbid obesity. Therefore, a specific adjustment was applied for the expected increase in nutritional counseling services. This adjustment is

shown in Exhibit 6-M. No other adjustments were applied as a result of the change in prioritized lists and coverage thresholds.

Method for Trending Data Forward to CY 2008-2009

The data underlying the CY 2008-2009 per capita costs was generally incurred during the period July 1, 2003 through June 30, 2005 (for OHP Standard, data incurred January 1, 2005 through December 31, 2005 were used). In addition to the adjustments described in the previous sections, trend adjustments must be applied to adjust the per capita costs forward to the CY 2008-2009 period. Total trend rates are made up of two components:

- the increase in cost per unit of service (cost trend), and
- the increase in the number of units of service provided, in the relative intensity of services provided, and in the level of new technology used to provide medical services (utilization trend).

It is important to understand that the length of time between the data period and the projection period is relatively long. From the midpoint of the data period (July 1, 2004 for OHP Plus) to the midpoint of CY 2008-2009 (January 1, 2009) is 4.5 years. Accurately projecting changes in costs and utilization for specific populations and benefits over such a long period is very difficult due to changes in eligibility rules and coding, changes in policy, changes in provider service patterns, changes in access to care, and numerous other factors. Over the long term, we expect the Oregon Medicaid program costs to change at a rate comparable to the broader health care market. As a result, we believe it is reasonable and appropriate to incorporate outside benchmarks for trends in the projections. However, we believe it is also reasonable and appropriate to give some weight to observed changes over time, particularly those that are sustained over long periods, recognizing that there are natural limits to both increases and decreases that need to be considered.

The trend rates in this analysis are calculated using two different approaches to reflect the differences in contracting arrangements, the availability of relevant data, and payment rates under the OHP. Separate trend rates are

developed for discrete eligibility groups that may experience variation in the rate of change in costs and utilization, including TANF and related adults, OHP Standard, Children, and Disabled/OAA eligibles with and without Medicare coverage. The trend rates used in this analysis can be found in Exhibits 7-A and 7-B for managed care and FFS, respectively.

The trend rates for managed care calculations are based on a combination of data including the following three key data sources:

1. Regression models based on managed care plan encounter data that measure rates of change in utilization of services, costs per unit of service, and costs per member per month, subset by major eligibility category and service type;
2. Information reported by CMS Office of the Actuary in their research on the change in cost of health care services,⁵
3. Information reported by CMS on actual Medicare reimbursement changes, and
4. Published reports on expected rates of change in per capita costs and unit costs for prescription drugs.

Where CMS data are used, we have generally applied the measure of expected change in the “commercial” portion of the CMS report. For managed care dental services, the “total” (all payer) CMS expenditure information is used, as dental services have a higher level of patient copay requirement in commercial plans than would be experienced in the OHP. The utilization trends are adjusted to reflect observed trends for inpatient, outpatient, and physician services varying to the extent they are believed to be credible and/or sustained over time. In some cases, due to the methods used to establish unit costs for managed care services, cost trends are adjusted. For example, for professional services that are set equal to 2006

⁵ The forecast of Market Basket Index Levels and 4-Quarter Moving Average Percent Changes were obtained from <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2005.pdf> and http://www.cms.hhs.gov/MedicareProgramRatesStats/04_MarketBasketData.asp#TopOfPage in July 2006.

Medicare allowable amounts, we do not apply cost trend during the data period and the first year of the projection period, which is 2006.

Trend rates for the FFS delivery system are developed based on expected cost increases provided by OMAP and estimates of utilization trend based on analysis of OHP experience during the data period, as well as benchmark trend estimates for the projection period. Based on direction provided by DHS staff, no changes in prospective FFS reimbursement levels have been included in the development of the per capita costs contained in this report, with the exception of increases to DME and Emergency Transportation in the amount of 3.2% and 3.5% effective October 1, 2005 and October 1, 2006, respectively. These increases are applied as a separate adjustment, as shown in Exhibit 6-N.

Administrative Cost Allowance

The total program cost for the MCO portion of the calculation includes a 13.34% allowance to cover administrative expenses. This amount is intended to cover the costs of administering a mature managed care program that already has information systems in place. Additional costs associated with plan start-up or with marketing individual plans are not intended to be covered by the administrative cost allowance. The administrative cost allowance is typically applied as a percentage of the capitation payment, not as a percentage of health care costs, and the amount allocated for administrative costs shown in this report for the MCO portion of the program is expressed in those terms. We reviewed plan financial reports and determined that, on average, reported administrative costs ranged around 8% of capitation revenue net of the MCO provider tax, which is 5.8% of gross capitation revenue.

The total administration allowance is 13.34% of the managed care per capita costs, with the exception of FCHP and PCO Dual Eligible costs. For Dual Eligibles, prescription drug costs have been significantly reduced due to the implementation of Medicare Part D. Higher administration allowances have been developed and applied to the FCHP and PCO per capita costs for Dual Eligibles to recognize that though prescription drugs, which previously

comprised the majority of plan service costs for Dual Eligibles, have been largely eliminated plan administration costs are not expected to decrease proportionately. The administrative cost allowances for the AB/AD and OAA with Medicare eligibles are 21.15% and 19.74%, respectively. This cost allowance includes 5.8% for the MCO provider tax.

For the FFS portion of the program we included a case management fee to be paid to the Primary Care Managers for the portion of the population enrolled with PCMs.

Review of Managed Care Plan Financial Reports

Our review of plan financial reports also included review of the net income resulting from the combination of the capitation payments and expenditures. This is important to understand the adequacy and reasonableness of capitation rates developed from the per capita costs. For the 2004 and first three quarters of 2005 we noted that FCHPs showed average net income of 7.7% and 7.1%, respectively. Capitation rate decreases implemented in January 2006 are expected to reduce these net income levels. The plan financial reports provide insufficient information to determine the extent to which capitation funding for each type of service (for example, inpatient hospital, physician services, prescriptions drugs) match the plans' historical costs. To measure this, the plan financial reports would need to provide additional detail or claim payment data would need to be provided by the plans.

DCOs showed an average break-even position, with one plan that reported extraordinarily high administrative expenses showing losses of 13%. MHO earnings are more difficult to determine because their financial results are generally reported in combination with the financial results of other county-based operations.

Adjustments for Non-Covered Services

Under the OHP, only those diagnoses and treatments on the prioritized list through the approved funding line are considered to be covered by the program. Our examination of the data showed some services in both the FFS

and encounter data that, under strict application of the prioritized list, would not be eligible for coverage. Based on discussions with managed care plans, OMAP, and the HSC, it is our understanding that these services most likely represent treatment of conditions which are co-morbid with conditions on a covered prioritized list line, and for which treatment would be covered under OHP coverage rules. As a result, we included 100% of both the FFS and encounter data in the calculation of expected costs, with the exception that actual changes in the coverage threshold are reflected in the projections.

Line 503 of the CY 2008-2009 Prioritized List

The per capita costs contained in this report assume services are covered to a level corresponding to Line 503 of the prioritized list as configured for CY 2008-2009. Given the relatively low likelihood that the legislature will decide to fund additional services beyond Line 503, these calculations have not been expanded to cover services below this line. If additional services are funded, additional calculations will be performed at that time to determine the added cost.

Projected Utilization Rates and Costs per Unit of Service

Exhibits 8-A (managed care) and 8-B (FFS) show the utilization rates by category of service for each of the Medicaid eligibility categories after adjustments for budget issues, data issues, and trends. Similarly, Exhibits 9-A (managed care) and 9-B (FFS) show the projected costs per unit of service. The figures contained in these exhibits underlie the projected CY 2008-2009 per capita costs.

Adjustments Related to the PCO

Under the PCO contract type, plans are not responsible for inpatient hospital services; these services are covered under the FFS delivery system. Since PCO encounter data does not currently exist, we developed estimates of PCO per capita costs by applying adjustments to FCHP per capita costs. Specifically, we assumed that outpatient hospital costs would be reduced by

approximately 5% due to incentives to PCO plans to shift the site of service to an inpatient hospital setting since they are not responsible for those costs.

To recognize the expected increase in FFS per capita costs due to the PCO, we estimated the per capita cost of inpatient hospital services provided to PCO enrollees. These costs are considered to be "FFS Wraparound" services for PCO enrollees.

The overall per capita costs shown in Exhibit 11, 13A, 13B, 13E, 13F, 15A, and 15C reflect the weighted average of the FCHP and PCO per capita costs based on the relative expected enrollment provided by DHS.

Final Per Capita Costs through Line 503 of the Prioritized List

Exhibits 10-A (managed care) and 10-B (FFS) show the detailed calculation of per capita costs through Line 503 of the prioritized list for each of the population groups with the expenditures trended to CY 2008-2009. These per capita costs reflect the expected claims costs per person per month under each delivery system. FFS costs for managed care enrollees are shown in Exhibit 11. Administrative costs for managed care plans or for Primary Care Managers are reflected in the appropriate sections of Exhibit 11 and in Exhibits 13-A through 13-F.

The per capita cost for the demonstration period is based on the distribution of eligibles by eligibility category and delivery system. Exhibits 12-A through 12-C show the expected population distribution during CY 2008-2009; these estimates were provided by DHS staff.

Exhibits 13-A through 13-F show the expected per capita cost for the Oregon Health Plan through Line 503 of the prioritized list, based on the per capita costs developed in Exhibits 10-A and 10-B and the expected population distribution from Exhibits 12-A through 12-C.

SECTION IV: Pricing the Prioritized List of Services

Introduction

The per capita cost for the program will be based on the specific services that the Legislature determines will be covered and the population distribution by eligibility category and delivery system. The rates calculated in this report assume coverage through Line 503 of the prioritized list, as configured for CY 2008-2009. However, the Legislature may decide that funds are not available to fully cover all health care services through that level. Alternatively, the legislature may fund services below Line 503. Should additional funding become available to expand services, additional data and analysis would be required to calculate the added costs above this threshold.

Process for Identifying Expenditures by Condition/Treatment Pair

To determine the per capita costs associated with covering a portion of health care services, we used the condition/treatment pairs developed by the HSC. All of the non-pharmacy expenditures in our databases were allocated to the line items in the prioritized list of services. The specific process used for allocating expenditures to line items is described below.⁶ Separate analyses were performed for the managed care encounter and FFS claims databases.

Types of Condition/Treatment Pairs

The HSC developed condition/treatment pairs based on combinations of ICD-9 diagnosis codes and CPT-4 procedure codes. For mental health services,

⁶ The term “line item” is used to describe the condition/treatment pairs developed by the HSC for the prioritized list.

ICD-9-CM diagnosis codes, CPT-4 codes, and Medicaid HCPCS are used, and for dental services HCPCS procedure codes are used. In the prioritized list, the same diagnosis code is often associated with different types of treatments. The primary distinction is among treatments that include a surgery and treatments that are primarily medical in nature. Surgery claims are generally defined by CPT-4 codes in the range of 10000-69999. Medical Therapies are generally defined by CPT-4 codes in the range of 90000-99999. The remaining CPT-4 codes describe Dental (HCPCS codes D0100-D9999), Anesthesia (codes 00100-01999), Radiology (codes 70000-79999) and Pathology and Laboratory (codes 80000-89399) services.

In addition to the services that can be identified based on specific combinations of condition/treatment pairs, there are a large proportion of services that are coded based on a system other than CPT-4 or HCPCS. These include ancillary services as well as hospital inpatient, some hospital outpatient services, and all prescription drugs. In addition, the HSC did not specifically identify the laboratory tests, x-rays, anesthesia, or other ancillary services that are associated with each of the condition/treatment pairs because of the large amount of overlap that occurs (i.e., the same codes would be used for nearly all of the line items).

Initial Diagnosis

Expenditures associated with initial diagnosis are always covered and thus included at the beginning of the list. These expenditures are identified as those with ICD9 codes in the range of 780 through 799, or several other ICD9 codes that are primarily diagnostic in nature, or with CPT-4 codes identified by the HSC as being associated with initial diagnosis. These treatments include biopsies and other diagnostic procedures as well as most lab and x-ray services. A few services, such as Targeted Case Management, Exceptional Needs Care Coordination, and Transportation – Other are allocated to the beginning of the list because diagnostic information is not available and they are assumed to be always covered.

Medical and Surgical Therapies

In some cases the range of diagnoses on the prioritized list provided for a given condition/treatment pair includes some diagnoses that occur for another line item with the same treatment. In other cases, the patient's age or stage of disease is used to differentiate between condition/treatment pairs. Inpatient claims, which lack procedure codes, have a high probability of matching to more than one of the line items on the prioritized list. In any of these cases the same services could theoretically be allocated to more than one condition/treatment pair. As a result, we developed decision rules for allocating the expenditures to each condition/treatment pair.

Medical treatments are those services that do not include a surgery. These services are generally coded with CPT-4 codes in the range 90000-99999. Many of the diagnoses have a primary treatment that is medical only and a companion treatment that is primarily surgical. For example, for most cancer diagnoses patients can receive either medical therapy or surgical therapy, individuals with heart failure can be treated with a heart transplant (surgical treatment) or can be treated by non-invasive medical therapy, and patients with stomach ulcers may receive either surgical or non-invasive treatment. Those individuals who receive a surgical therapy will also generally have some expenditures that may be associated with medical therapy. A prior analysis of members with ulcers and heart failure indicated that approximately 25% of the expenditures associated with medical therapy (services with CPT-4 codes in the range of 90000-99999) are for members who received surgical treatment. The remaining 75% of medical therapy CPT codes are associated with members who did not receive a surgical treatment.

To allocate the physical health expenditures to each of the line items we used the following logic:

1. We identified all claims as fitting into one of several general categories:
 - i. Claims with CPT-4 or ICD9 codes that were identified as “always covered” by the HSC or were otherwise deemed to

- be always covered. These claims were placed on “line zero”.
- ii. Claims with codes in a range that we expected to match exactly with at least one of the condition/treatment pairs.
 - iii. Claims with codes in a range that we did not expect to match exactly with one condition/treatment pair.
 - iv. Claims associated with services that were deemed by the HSC to be “never covered”.
2. Claims with service codes that we expected to exactly match a line item on the prioritized list were further divided into two groups: those that represented evaluation and management (E&M) services, and those that did not. E&M claims were identified as those with CPT-4 codes in the range of 99200-99599. Claims with all other procedure codes were categorized as non-E&M in nature.
 3. Non-E&M claims were matched against the prioritized list and allocated to a specific line item when possible.
 4. E&M claims and claims without procedure codes were matched to determine the first five line items with which the expenditure could be associated based on primary ICD9 code alone.
 5. For the claims matched in step 4, we then determined whether any of the line items represented only “Medical Therapy”. Medical Therapy lines are identified by the HSC.
 6. In cases where the claim’s ICD9 code matched exactly two line items, one of which represented “Medical Therapy” and the other of which represented a form of surgery, 75% of the medical therapy expenditures were allocated to the “Medical Therapy” line item and 25% of the medical therapy expenditures were allocated to the surgical therapy line item

based on our analysis of the “Medical Therapy” expenditures for individuals with Heart Failure and Ulcers.

7. In cases where the ICD9 code matched several line items, all of which represented “Medical Therapy”, the expenditures were distributed equally based on the number of line items.
8. In cases where the ICD9 code matched several line items, all of which represented various surgical therapies, the expenditures were distributed equally based on the number of line items.
9. In cases with multiple medical therapies and one or more surgical therapies, 75% of the medical expenditures were allocated to the medical therapy line items, with the expenditures allocated to each line based on the number of medical therapy lines. The remaining 25% of the medical therapy expenditures were allocated to the surgical therapies, with the expenditures allocated equally to each line based on the number of surgical therapy lines.
10. For the claims matched in step 4 that did not have medical CPT-4 codes, including inpatient hospital, outpatient hospital coded without HCPCS, the expenditures were proportionally distributed across all matched lines to the total dollars by line of claims matched in steps 4 through 9.
11. All allocated services were then summarized to obtain total amounts by line item. Separate totals were calculated for each of Chemical Dependency, Mental Health, Dental, and Physical Health claim types.
12. The total dollars for prescription drug expenditures by line item were calculated separately based on the results of the global per capita cost calculation. From that analysis we identified the percentage of physical health costs associated with prescription drugs for each eligibility category. The prescription drug dollar amount on each line was calculated by multiplying this percentage by the physical health costs that were allocated to

the line through the process described above. (Prescription drug claims do not include diagnosis codes so it is not possible to directly match the expenditures to specific condition/treatment pairs.) A separate calculation is made for mental health drugs and the costs are assigned to the appropriate mental health and chemical dependency lines on the prioritized list.

13. For services matching to line items below the historical or prospective coverage level, we consulted with HSC staff to determine whether these services were likely to be covered due to co-morbidity with covered services or other circumstances. Based on their input, the costs for certain services were reallocated to other line items to more accurately reflect anticipated coverage during CY 2008-2009.
14. The percentage of total dollars represented by each line item was calculated by dividing the dollars for the line item by the total dollars for the entire database.
15. We then calculated the cost per person per month, by delivery system, by multiplying the percentage of the total represented by each line item by the total cost per person per month shown in Exhibits 10-A and 10-B.

The above methodology was used separately for costs under managed care plans (FCHPs, DCOs and MHOs), under the FFS/PCM system, and also for services provided to managed care enrollees on a FFS basis. Within each delivery system, separate percentages were calculated for each eligibility category for each line of the prioritized list. Weighted average percentages were then calculated by delivery system across all eligibility categories for physical medicine, Chemical Dependency, Dental and Mental Health services.

Exhibit 14 provides a summary of the criteria used for assigning claim dollars to each of the condition/treatment pairs.

The HSC introduced several new practice guidelines, which will be made available to the health plans for use as they feel appropriate. The effect of the new practice guidelines is unknown at this time, as studies of the efficacy of the guidelines have not been conducted. Further, the degree to which health plans will implement the guidelines is uncertain. Therefore, we made no adjustment to the per capita costs to reflect these new guidelines, with the exception of new treatment guidelines for Nutritional Therapy related to Morbid Obesity, as described above.

Calculating the Cost Per Person Per Month Based on Covered Services

The cost per person per month for several “threshold” levels of services was calculated by determining the services that would be above and below the line at each threshold. These thresholds were identified by their rank on the prioritized list.

The cost per person per month at each threshold was calculated by summing the cost per person per month for each line item through the threshold. In other words, for the threshold at Line 413, all Lines from 1 through 413 were summed. Exhibits 15-A and 15-B show the per capita cost at each of nine threshold levels based on the expected eligibility distribution for the OHP under each delivery system. Per capita cost estimates are shown separately for broad service categories. Exhibit 15-C shows total program costs at these threshold levels across all eligibility categories and delivery systems.

Should funding become available to expand coverage beyond the level of coverage available during the data period, additional data sources and analysis will be required to calculate the added coverage costs.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 1

Description of Eligibility Categories

	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	Children covered by the State Office for Services to Children and Families
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 ¹ 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 ¹ who do not meet one of the other eligibility classifications, and have an unborn child or a child under age 19 in the household

¹ The OHP waiver allows coverage up to 185% FPL, though current OHP Standard enrollment is limited to 100% FPL.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Expected Distribution of Population to be Covered by the Demonstration Project
For Calendar Years 2008-2009

EXHIBIT 1-B

	Expected Average Population Distribution ¹
Temporary Assistance to Needy Families (Adults Only)	11.1%
Poverty Level Medical Adults	2.3%
PLM, TANF, and CHIP Children < 1	6.3%
PLM, TANF, and CHIP Children 1 - 5	17.2%
PLM, TANF, and CHIP Children 6 - 18	27.0%
Aid to the Blind/Aid to the Disabled with Medicare	6.0%
Aid to the Blind/Aid to the Disabled without Medicare	9.7%
Old Age Assistance with Medicare	7.3%
Old Age Assistance without Medicare	0.2%
SCF Children	4.6%
CAWEM (Citizen-Alien Waived Emergency Medical)	4.3%
OHP PLUS Total	96.0%
OHP Families	1.3%
OHP Adults & Couples	2.7%
OHP STANDARD Total	4.0%
TOTAL	100.0%

¹ Projections provided by DHS staff

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 2

Description of Units Associated with Service Categories

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 - DENTAL ANESTHESIA	Claims
OP HOSP - DENTAL DIAGNOSTIC	Claims
OP HOSP - DENTAL PREVENTIVE	Claims
OP HOSP - DENTAL RESTORATIVE	Claims
OP HOSP - EMERGENCY ROOM	Claims
OP HOSP - LAB & RAD	Claims
OP HOSP - MATERNITY	Claims
OP HOSP - POST HOSP EXTENDED CARE	Claims
OP HOSP - SOMATIC MH	Claims
OP HOSP - PRES DRUGS BASIC	Claims
OP HOSP - PRES DRUGS MH/CD	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

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 2

Description of Units Associated with Service Categories

CATEGORY OF SERVICE	Type of Units
STERILIZATION - OP HOSP FEMALE	Claims
STERILIZATION - OP HOSP MALE	Claims
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 - MAXILLOFACIAL PROS	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 ASSESS & EVAL	Services
MH SERVICES CASE MANAGEMENT	Services
MH SERVICES CONSULTATION	Services
MH SERVICES EVIDENCE BASED PRACTICE	N/A
MH SERVICES FAMILY SUPPORT	Services
MH SERVICES ANCILLARY SERVICES	Services
MH SERVICES INTENSIVE THERAPY SVCS	Services
MH SERVICES MED MANAGEMENT	Services
MH SERVICES OP THERAPY	Services
MH SERVICES OTHER OP	Claims
MH SERVICES PHYS IP	Services
MH SERVICES PHYS OP	Services
MH SERVICES PEO	N/A
MH SERVICES SUPPORT DAY PROGRAM	Services

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-A

Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2008-2009

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	145.1	870.4	61.8	69.0	35.5	162.0	163.1	181.5	162.2	59.6	63.4	96.9
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	6.9	11.3			0.8	1.1	2.8			4.1	4.0	1.1
FP - PHYS	164.0	478.0	0.2	0.1	24.5	26.9	48.6	0.0		26.0	116.4	33.6
HYSTERECTOMY - ANESTHESIA	2.6	1.0				0.6	1.1	0.5			1.7	1.6
HYSTERECTOMY - IP HOSP	5.8	1.1				2.4	2.9	0.8	0.8		1.6	2.5
HYSTERECTOMY - OP HOSP	0.2					0.1	0.0					
HYSTERECTOMY - PHYS	10.5	2.4			0.0	3.8	5.1	1.7	1.6		6.6	6.1
IP HOSP - ACUTE DETOX	1.5	0.3			0.1	1.9	3.1	0.7	1.6	0.2	0.5	4.6
IP HOSP - MATERNITY	91.7	1,212.3	0.2	0.0	5.3	3.1	7.4	0.0		2.0	2.1	1.1
IP HOSP - MATERNITY / STERILIZATION	7.4	57.1	0.0		0.0	0.2	0.5			0.1		
IP HOSP - MEDICAL/SURGICAL	56.5	20.1	88.2	22.9	14.1	142.7	222.6	277.7	192.6	20.4	37.6	100.0
IP HOSP - NEWBORN	0.2	2.2	659.4	0.1	0.0		0.1			2.0		
IP HOSP - POST HOSP EXTENDED CARE							0.0					
LAB & RAD - DIAGNOSTIC X-RAY	1,801.3	3,677.3	1,114.0	352.6	496.0	2,312.7	2,968.1	3,073.2	3,241.6	506.3	1,676.2	2,650.1
LAB & RAD - LAB	3,746.7	11,795.9	911.8	714.3	867.3	1,041.9	4,415.6	1,027.5	4,179.6	1,172.1	3,290.9	4,438.8
LAB & RAD - THERAPEUTIC X-RAY	30.1	1.1	1.9	0.8	3.2	65.8	127.9	132.7	119.1	1.1	13.6	117.6
OP ER - SOMATIC MH	26.2	8.7	0.3	0.5	6.5	65.7	65.4	13.0	3.2	16.3	13.2	41.7
OP HOSP - BASIC	1,120.4	824.8	965.9	507.1	334.8	1,496.1	1,981.7	1,412.1	1,502.9	453.9	762.8	1,268.2
OP HOSP - DENTAL ANESTHESIA												
OP HOSP - DENTAL DIAGNOSTIC												
OP HOSP - DENTAL PREVENTIVE												
OP HOSP - DENTAL RESTORATIVE												
OP HOSP - EMERGENCY ROOM	961.2	413.3	860.8	537.8	323.7	752.8	916.5	506.9	303.6	271.3	487.9	790.8
OP HOSP - LAB & RAD	1,398.0	1,542.0	684.2	359.7	398.6	1,337.7	2,094.8	1,438.4	1,760.2	443.2	1,179.3	1,724.4
OP HOSP - MATERNITY	405.8	4,491.3	0.9	0.2	28.2	12.8	50.0			14.8	64.5	15.9
OP HOSP - POST HOSP EXTENDED CARE	0.2	0.2	0.1		0.0	0.2	3.1	0.1		0.1		0.2
OP HOSP - PRES DRUGS BASIC	652.5	844.4	343.4	289.3	170.6	614.5	745.5	484.1	430.7	160.4	343.8	525.2
OP HOSP - PRES DRUGS MH/CD	14.3	4.2	0.1	0.2	2.1	24.4	31.2	6.0	0.8	2.9	11.5	26.9
OP HOSP - SOMATIC MH	39.3	11.2	1.5	8.3	14.1	85.2	130.1	25.5	15.2	60.1	27.5	51.4
OTH MED - DME	128.7	77.3	175.3	48.5	34.7	1,368.0	1,146.3	2,147.0	779.8	101.7	86.6	221.2
OTH MED - HHC/PDN	26.3	23.0	28.6	8.2	5.4	71.6	200.9	61.3	144.6	25.8	5.1	10.3
OTH MED - HOSPICE	0.5		0.4	0.0	0.0	0.6	20.5	9.5	53.5	0.2	0.5	2.9
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	1,472.4	1,236.6	1,457.0	1,224.6	684.7	156,800.2	124,426.3	235,493.6	113,378.3	11,416.3	2,768.4	2,341.4
PHYS CONSULTATION, IP & ER VISITS	1,116.0	683.6	2,232.6	507.9	329.3	1,874.4	2,176.7	2,448.6	1,702.7	382.7	765.3	1,475.1
PHYS HOME OR LONG-TERM CARE VISITS	2.0	1.2	13.6	2.1	0.2	97.4	69.1	412.1	110.3	7.4	0.5	3.6
PHYS MATERNITY	463.0	5,274.2	4.9	0.4	29.9	14.9	50.5	0.3		13.4	55.1	15.4
PHYS NEWBORN	3.4	20.4	872.1	4.0	3.7	8.1	9.3	10.9	9.6	16.3	1.0	3.3
PHYS OFFICE VISITS	4,844.2	2,535.5	13,908.5	4,461.8	2,252.2	5,458.9	6,771.0	4,852.6	5,968.6	3,909.1	4,701.2	7,783.0
PHYS OTHER	798.7	622.7	4,517.9	955.7	307.5	1,537.0	1,878.3	1,861.0	2,237.2	1,119.6	711.3	1,406.4

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-A

Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2008-2009

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	487.2	134.0	12.9	82.9	227.0	978.1	1,149.4	442.6	203.7	700.0	359.1	650.8
PRES DRUGS - BASIC	12,354.7	10,013.0	3,958.8	3,124.8	2,887.7	45,672.2	34,281.7	56,914.5	29,919.0	5,948.6	13,003.1	26,229.1
PRES DRUGS - FP	535.0	645.0	1.3	1.0	108.3	237.1	190.6	0.6	4.8	152.9	581.9	243.6
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	13.4	65.0		0.0	0.0	0.8	1.2				2.3	0.5
STERILIZATION - ANESTHESIA MALE	0.0											
STERILIZATION - IP HOSP FEMALE	35.7	126.4			0.0	3.3	4.8				10.8	1.6
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	2.0	6.0				0.1	0.2				0.2	0.3
STERILIZATION - OP HOSP MALE	0.1		0.0								0.2	
STERILIZATION - PHY FEMALE	21.9	130.8			0.0	1.0	2.0				2.4	0.6
STERILIZATION - PHY MALE	1.4					0.5	0.2				2.6	0.1
SURGERY	848.2	1,735.1	623.3	201.3	228.6	930.6	1,461.5	1,102.8	1,175.3	278.5	897.2	1,462.0
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	134.3	186.4	107.5	39.5	33.3	337.7	485.3	579.6	275.7	48.3	85.9	239.2
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	346.0	323.0	36.5	103.9	338.7	439.6	452.9	528.6	602.5	403.2	61.0	137.0
VISION CARE - MATERIALS & FITTING	768.3	739.6	5.8	95.9	653.5	823.6	856.4	707.7	854.1	752.1	12.0	10.2
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	2.5	0.6		0.0	0.0	1.9	4.7	0.4	0.8		0.7	11.1
CD SERVICES - METHADONE	1,000.5	352.2	0.2	0.0	5.3	752.3	1,599.1	66.7		3.5	532.8	4,296.9
CD SERVICES - OP	1,139.9	666.2	0.9	0.2	147.1	504.8	576.4	24.5	1.6	787.4	339.7	1,105.0

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-A

Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2008-2009

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	163.3	111.5	0.3	37.5	29.8	175.9	128.3	114.1	94.0	31.4	51.1	61.1
DENTAL - ANESTHESIA SURGICAL	38.0	17.1	0.2	119.0	82.0	37.8	37.2	6.3	0.7	92.5	6.6	6.7
DENTAL - DIAGNOSTIC	1,783.9	1,734.2	18.1	1,113.9	1,689.9	1,511.5	1,359.8	808.4	1,295.0	1,650.9	522.7	570.1
DENTAL - ENDODONTICS	85.1	76.5	0.1	111.4	70.1	45.2	48.4	16.4	39.2	69.2	10.5	6.8
DENTAL - I/P FIXED	1.0	0.4			0.0	1.3	0.9	1.1	7.4	0.0	0.4	0.3
DENTAL - MAXILLOFACIAL PROS												
DENTAL - ORAL SURGERY	372.6	186.7	1.4	90.4	153.5	311.9	278.3	172.8	336.1	117.8	107.3	161.2
DENTAL - ORTHODONTICS	0.0			0.0	0.3		0.2			0.4		
DENTAL - PERIODONTICS	199.0	148.6	0.1	0.4	14.5	240.3	153.2	79.5	168.1	14.3	4.5	2.1
DENTAL - PREVENTIVE	439.1	578.8	12.8	529.1	1,118.7	545.8	477.8	232.0	223.6	1,136.5	20.4	7.1
DENTAL - PROS REMOVABLE	78.3	10.8	0.1	0.0	1.0	167.2	135.1	237.5	379.1	0.6	5.4	3.7
DENTAL - RESTORATIVE	772.3	812.8	1.4	675.2	808.3	652.3	589.8	259.8	360.6	858.9	69.7	51.0
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	40.7	18.4		0.3	28.1	342.5	323.4	56.4	62.7	101.3	41.0	107.6
MH SERVICES ALTERNATIVE TO IP	5.7	2.9		0.2	4.9	91.1	95.2	1.0	14.3	72.1	0.3	29.5
MH SERVICES ASSESS & EVAL	140.0	65.4	1.0	27.7	89.0	161.6	185.0	29.8	47.0	300.0	50.9	104.5
MH SERVICES CASE MANAGEMENT	267.4	76.0	1.5	47.4	249.7	2,992.9	2,450.8	202.1	239.7	1,778.7	97.4	544.3
MH SERVICES CONSULTATION	3.4	2.3		1.1	6.2	15.6	19.3	3.6		65.2		0.9
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	2.1	0.8		2.3	8.1	356.1	250.9	23.3	107.6	38.1	1.0	38.0
MH SERVICES ANCILLARY SERVICES	11.7	0.2		0.5	2.7	11.1	50.1	18.0	113.1	2.3	5.7	7.4
MH SERVICES INTENSIVE THERAPY SVCS			0.7	0.1	17.7		30.1			388.9		
MH SERVICES MED MANAGEMENT	59.8	9.3		3.1	23.1	1,022.5	808.2	79.3	96.0	152.4	19.0	87.3
MH SERVICES OP THERAPY	468.2	133.8	0.9	66.9	300.6	791.7	901.1	86.0	82.4	2,149.8	235.4	466.3
MH SERVICES OTHER OP	0.9	3.3		0.1	0.7	1.4	2.7	1.1		1.1	5.5	2.1
MH SERVICES PHYS IP	164.8	34.2	0.5	15.3	113.0	948.2	861.9	119.3	81.0	796.2	106.8	301.3
MH SERVICES PHYS OP	637.3	211.2	4.7	143.6	539.3	1,374.3	1,370.4	143.3	216.6	3,138.1	505.5	977.1
MH SERVICES PEO												
MH SERVICES SUPPORT DAY PROGRAM	60.5	12.5		25.7	54.3	3,469.0	2,327.7	308.3	461.1	528.4	18.5	355.3

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Fee-for-Service Annualized Utilization Rates per 1,000 Members
Unadjusted

EXHIBIT 3-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	90.2	40.5	2.3	2.8	7.2	33.4	192.3	1.2	3.9	439.9	0.0	18.3	116.8
ANESTHESIA	161.2	532.7	65.4	62.5	37.7	182.2	257.5	98.5	153.9	56.6	95.4	84.3	131.7
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	15.6	23.1			3.1	1.2	5.6		3.7	3.9		5.8	1.7
FP - PHYS	1,677.8	1,682.8	387.6	37.7	602.4	94.3	210.2	9.3	7.3	212.3	6.0	977.2	600.0
HYSTERECTOMY - ANESTHESIA	2.6	0.5				0.3	0.5	0.2			0.1	0.4	1.2
HYSTERECTOMY - IP HOSP	5.0	0.2				1.6	2.3	0.8			0.2	5.4	2.1
HYSTERECTOMY - OP HOSP	0.2						0.2	0.0					
HYSTERECTOMY - PHYS	8.1	1.2				1.2	3.2	0.1			0.2	9.1	6.6
IP HOSP - ACUTE DETOX													
IP HOSP - MATERNITY	96.4	878.6	0.1		6.5	1.2	4.6	0.0		1.5	211.6	4.6	0.3
IP HOSP - MATERNITY / STERILIZATION	5.7	27.5				0.0	0.2			0.1	4.2	0.4	
IP HOSP - MEDICAL/SURGICAL	47.7	12.4	86.2	28.1	16.6	143.0	240.1	191.6	197.8	22.5	12.0	37.8	90.3
IP HOSP - NEWBORN	0.1	1.4	1,858.2	0.4	0.0	0.0	0.8			15.9	0.4		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	1,893.0	3,533.2	1,640.6	308.6	462.9	340.6	3,440.2	225.6	2,417.7	473.1	63.9	1,524.1	2,692.4
LAB & RAD - LAB	3,509.9	9,443.0	734.1	420.5	682.2	462.9	4,017.1	188.9	2,373.7	679.2	17.9	2,649.5	3,822.8
LAB & RAD - THERAPEUTIC X-RAY	27.6	1.7	1.0	3.3	1.3	13.9	225.4	6.4	11.0	0.5	0.7	13.7	69.3
OP ER - SOMATIC MH	34.6	9.5	0.4	0.3	8.0	30.1	62.8	5.1	7.3	16.2		16.6	45.2
OP HOSP - BASIC	2,155.4	1,001.3	1,543.2	724.1	547.1	1,043.7	2,948.9	522.0	1,754.7	612.5	21.5	1,674.4	2,940.5
OP HOSP - DENTAL ANESTHESIA													
OP HOSP - DENTAL DIAGNOSTIC	0.6	0.5		0.2	0.4	0.4	1.7	0.1		0.2		7.5	0.7
OP HOSP - DENTAL PREVENTIVE	2.1	3.1	0.1	5.0	7.8	0.7	1.8	0.1	3.7	5.2		0.4	
OP HOSP - DENTAL RESTORATIVE					0.0								
OP HOSP - EMERGENCY ROOM	1,101.1	414.3	910.7	583.1	373.0	280.5	937.5	120.2	252.8	254.7	22.9	629.2	959.1
OP HOSP - LAB & RAD	2,128.4	1,777.1	853.9	386.0	472.9	380.9	2,718.2	219.9	1,637.4	575.2	17.7	1,788.6	3,139.7
OP HOSP - MATERNITY	453.3	4,771.7	0.6	0.2	32.0	2.4	32.7			12.1	17.7	54.4	17.1
OP HOSP - POST HOSP EXTENDED CARE													
OP HOSP - PRES DRUGS BASIC	827.5	852.5	392.0	336.0	208.9	167.0	992.8	41.0	293.1	177.0	24.1	450.2	633.7
OP HOSP - PRES DRUGS MH/CD	30.2	10.0	0.1	0.2	5.1	32.8	107.8	9.4	142.9	6.0	0.0	17.9	65.0
OP HOSP - SOMATIC MH	73.1	11.4	0.9	5.8	22.0	18.7	150.5	7.7	36.6	63.9		69.4	110.4
OTH MED - DME	131.9	42.0	222.6	77.3	36.0	1,725.0	1,649.4	1,894.1	831.5	158.0	0.6	107.6	228.2
OTH MED - HHC/PDN	32.9	15.8	48.4	17.7	10.6	85.7	487.3	123.3	289.4	77.5	0.1	1.7	7.7
OTH MED - HOSPICE	0.9			0.1	0.1	0.9	42.4	8.3	14.7	0.5		1.7	4.4
OTH MED - MATERNITY MGT	304.8	2,345.2	6.9	9.2	38.7	11.0	207.7			66.1	0.0	24.9	3.7
OTH MED - SUPPLIES	2,691.7	2,684.0	2,157.9	1,469.5	1,744.9	217,360.6	238,932.0	354,338.4	126,464.0	24,284.7	6.9	1,436.5	6,555.0
PHYS CONSULTATION, IP & ER VISITS	911.3	523.8	3,981.9	376.6	262.1	220.0	3,190.8	138.1	2,007.4	461.1	61.9	608.4	1,356.7
PHYS HOME OR LONG-TERM CARE VISITS	9.2	46.4	172.1	6.8	2.1	167.9	184.5	458.2	600.8	4.0			5.8
PHYS MATERNITY	478.8	4,375.1	12.4	0.3	27.5	4.5	31.0	0.0		10.2	273.3	44.9	13.1
PHYS NEWBORN	5.3	4.4	2,290.3	4.3	3.0	18.9	47.2	7.1	7.3	32.2	0.7	5.0	25.0
PHYS OFFICE VISITS	4,428.6	2,723.4	11,975.7	3,632.4	2,026.0	1,768.4	5,985.7	842.8	2,740.1	3,254.9	8.1	4,456.4	6,915.0
PHYS OTHER	604.5	642.4	2,520.1	595.2	231.1	1,848.0	3,908.7	2,743.1	3,011.1	1,655.9	5.7	537.0	971.7

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Fee-for-Service Annualized Utilization Rates per 1,000 Members
Unadjusted

EXHIBIT 3-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	432.1	115.2	32.1	1,569.3	2,168.0	947.4	4,195.6	424.9	102.6	2,906.1	0.7	326.0	645.7
PRES DRUGS - BASIC	10,939.1	6,941.4	3,489.0	2,754.8	2,694.0	50,140.9	33,028.0	66,764.2	35,888.2	5,454.4	0.6	14,664.6	30,554.6
PRES DRUGS - FP	993.7	789.8	0.5	0.9	216.6	348.3	339.4	1.0	14.7	236.9	0.0	1,202.3	485.4
PRES DRUGS - MH/CD	3,022.9	818.3	1.5	27.3	455.1	14,525.0	9,847.7	8,762.1	2,510.3	2,962.3	0.2	3,303.5	6,941.4
SCHOOL-BASED HEALTH SERVICES		0.2	12.1	55.9	42.8	19.8	1,250.4			290.1			
STERILIZATION - ANESTHESIA FEMALE	10.4	36.4				0.0	1.2	0.9			0.2	5.4	0.5
STERILIZATION - ANESTHESIA MALE												0.4	
STERILIZATION - IP HOSP FEMALE	48.3	124.9				1.8	3.0				4.5		
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	1.6	6.1				0.0	0.1					2.1	0.3
STERILIZATION - OP HOSP MALE							0.1						
STERILIZATION - PHY FEMALE	19.0	69.3				0.6	1.0				1.1	6.6	0.7
STERILIZATION - PHY MALE	1.7					0.4	0.3					1.7	
SURGERY	677.6	1,343.0	726.6	128.7	157.7	389.3	1,368.7	227.9	937.8	199.3	23.9	786.6	1,334.9
TARGETED CASE MAN - BABIES FIRST			765.8	125.9		0.1	37.9			21.4			
TARGETED CASE MAN - HIV	0.0	0.2	0.4	0.0		0.7	1.1						0.2
TARGETED CASE MAN - SUBS ABUSE MOMS	8.9	35.7	3.2	0.1	1.6	0.1	1.0			0.1		1.7	0.8
THERAPEUTIC ABORTION - IP HOSP	0.0	0.9					0.0				0.1		0.0
THERAPEUTIC ABORTION - OP HOSP	14.0	66.8			1.0	0.1	0.6			0.4	0.1	2.7	1.5
THERAPEUTIC ABORTION - PHYS	75.5	369.1		0.0	5.6	1.0	3.2	0.0		1.9	2.0	16.8	9.2
TRANSPORTATION - AMBULANCE	106.9	115.2	112.3	36.9	36.2	63.0	970.0	57.3	252.8	98.2	26.5	52.3	187.5
TRANSPORTATION - OTHER	1,667.1	709.3	202.6	97.1	241.6	16,563.2	10,777.1	9,721.4	2,869.7	1,106.8		1.4	0.4
VISION CARE - EXAMS & THERAPY	232.2	118.3	48.6	63.9	179.7	164.3	303.8	128.4	274.7	187.7	0.0	82.6	156.8
VISION CARE - MATERIALS & FITTING	720.6	452.7	5.6	83.2	549.8	687.8	726.4	439.4	831.5	499.4			1.9
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	1,026.6	258.9	0.4	1.4	16.8	1,316.3	2,063.3	31.8		5.3		858.4	3,453.7
CD SERVICES - OP	2,182.3	917.9	0.3	1.3	315.4	476.5	525.5	4.5		2,991.0		738.8	2,145.3

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Fee-for-Service Annualized Utilization Rates per 1,000 Members
Unadjusted

EXHIBIT 3-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	24.1	8.1		7.2	4.2	22.2	16.2	10.2		9.7		5.9	13.6
DENTAL - ANESTHESIA SURGICAL	4.8	0.2	0.1	10.9	10.3	3.1	4.7	0.2		26.7			0.8
DENTAL - DIAGNOSTIC	150.1	104.1	1.5	121.0	179.0	130.2	149.0	54.1		301.0		47.8	55.3
DENTAL - ENDODONTICS	7.3	3.8		15.5	5.8	4.6	8.2	0.8		34.0		1.3	0.8
DENTAL - I/P FIXED								0.3					
DENTAL - MAXILLOFACIAL PROS													
DENTAL - ORAL SURGERY	30.3	11.6	0.4	18.2	26.2	23.5	38.1	12.5		38.1		17.0	30.9
DENTAL - ORTHODONTICS					0.1								
DENTAL - PERIODONTICS	15.6	9.7		0.1	1.7	10.9	5.9	3.7		0.9		2.6	
DENTAL - PREVENTIVE	13.2	16.6		64.9	126.2	25.0	51.6	6.3		171.6			
DENTAL - PROS REMOVABLE	4.5				0.1	11.3	5.3	13.3		0.4		0.7	0.4
DENTAL - RESTORATIVE	74.8	48.5	0.7	111.2	112.2	69.0	76.5	15.1		212.9		4.6	1.6
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	310.2	88.8	18.9	3.7	91.3	1,484.4	2,298.4	462.8	782.0	336.8	6.7	254.3	990.0
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ASSESS & EVAL	96.0	24.8		14.2	48.8	104.1	117.9	8.5		258.6		29.6	78.9
MH SERVICES CASE MANAGEMENT	123.5	47.0		319.3	1,486.9	1,408.0	4,365.9	50.9	55.1	6,903.3		142.0	600.8
MH SERVICES CONSULTATION	2.0	0.5		0.5	2.6	19.9	13.8	1.9		31.9		1.0	1.2
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES ANCILLARY SERVICES	2.1	0.5		0.2	2.1	4.1	21.3	0.3		82.0		3.1	8.1
MH SERVICES INTENSIVE THERAPY SVCS													
MH SERVICES MED MANAGEMENT	23.1	6.1		1.2	7.9	1,102.4	648.9	11.3		69.7		15.3	117.2
MH SERVICES OP THERAPY	185.2	38.2		35.5	154.0	1,478.6	795.4	43.6	22.0	946.7		217.6	452.4
MH SERVICES OTHER OP				2.0	1.1	3.6	11.0	0.1		14.2			3.5
MH SERVICES PHYS IP	93.0	40.6	0.2	7.5	80.5	948.9	719.9	57.2	33.0	489.6	0.6	162.4	437.9
MH SERVICES PHYS OP	198.3	61.5	0.5	72.3	250.1	3,764.9	2,106.4	65.7	242.3	1,781.6	0.1	315.6	595.6
MH SERVICES PEO													
MH SERVICES SUPPORT DAY PROGRAM	30.7	8.5		29.2	55.1	3,751.0	1,780.5	90.1	66.1	478.2		14.3	410.6

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009
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	\$810.52	\$851.39	\$874.67	\$706.54	\$717.20	\$813.88	\$857.85	\$748.34	\$841.25	\$713.99	\$841.45	\$946.27
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	\$223.94	\$291.85			\$148.09	\$160.11	\$213.98			\$190.85	\$229.56	\$511.17
FP - PHYS	\$127.67	\$159.60	\$157.15	\$85.98	\$70.16	\$78.27	\$80.56	\$7.70		\$70.89	\$135.19	\$78.63
HYSTERECTOMY - ANESTHESIA	\$952.12	\$1,165.29				\$935.59	\$1,044.29	\$1,058.63			\$1,148.00	\$1,215.52
HYSTERECTOMY - IP HOSP	\$11,764.57	\$13,946.67				\$13,620.97	\$13,619.71	\$27,088.65	\$5,740.38		\$12,103.45	\$14,549.55
HYSTERECTOMY - OP HOSP	\$5,009.99					\$7,287.59	\$10,234.17					
HYSTERECTOMY - PHYS	\$1,377.60	\$1,308.66			\$1,703.00	\$1,292.22	\$1,493.65	\$1,623.56	\$1,004.00		\$1,558.21	\$1,679.26
IP HOSP - ACUTE DETOX	\$4,829.10	\$10,621.61			\$5,529.35	\$10,368.98	\$8,522.70	\$13,654.73	\$4,055.23	\$4,917.37	\$5,278.32	\$7,870.37
IP HOSP - MATERNITY	\$6,561.68	\$6,572.81	\$8,076.86	\$3,084.15	\$6,750.93	\$8,124.82	\$8,624.10	\$4,923.55		\$7,552.96	\$5,410.35	\$8,433.86
IP HOSP - MATERNITY / STERILIZATION	\$9,071.53	\$8,774.50	\$5,990.31		\$8,474.95	\$14,310.45	\$8,699.88			\$29,231.07		
IP HOSP - MEDICAL/SURGICAL	\$15,958.02	\$12,218.35	\$14,066.32	\$9,996.55	\$15,200.30	\$20,927.74	\$18,889.72	\$17,620.76	\$20,715.72	\$12,418.90	\$15,685.94	\$19,746.17
IP HOSP - NEWBORN	\$8,187.37	\$4,784.83	\$5,254.77	\$11,006.16	\$11,294.80		\$15,392.10			\$8,885.00		
IP HOSP - POST HOSP EXTENDED CARE							\$224.00					
LAB & RAD - DIAGNOSTIC X-RAY	\$119.96	\$180.32	\$64.89	\$64.88	\$78.76	\$101.64	\$98.28	\$88.00	\$105.08	\$82.52	\$118.91	\$114.19
LAB & RAD - LAB	\$38.61	\$35.17	\$25.66	\$24.66	\$30.30	\$44.14	\$36.79	\$44.52	\$34.58	\$34.14	\$40.83	\$41.81
LAB & RAD - THERAPEUTIC X-RAY	\$313.44	\$125.42	\$147.54	\$209.25	\$353.76	\$287.80	\$352.41	\$319.30	\$354.22	\$377.36	\$338.44	\$374.70
OP ER - SOMATIC MH	\$401.20	\$347.03	\$411.48	\$361.34	\$438.77	\$471.65	\$504.17	\$480.62	\$444.50	\$498.50	\$512.40	\$545.16
OP HOSP - BASIC	\$488.07	\$367.64	\$296.90	\$497.44	\$452.24	\$1,168.50	\$621.85	\$1,073.40	\$900.61	\$515.20	\$568.17	\$610.07
OP HOSP - DENTAL ANESTHESIA												
OP HOSP - DENTAL DIAGNOSTIC												
OP HOSP - DENTAL PREVENTIVE												
OP HOSP - DENTAL RESTORATIVE												
OP HOSP - EMERGENCY ROOM	\$339.12	\$315.42	\$254.48	\$266.69	\$299.92	\$394.71	\$373.90	\$470.65	\$493.31	\$304.64	\$423.44	\$410.04
OP HOSP - LAB & RAD	\$360.44	\$197.22	\$245.02	\$237.58	\$283.82	\$491.54	\$392.90	\$510.65	\$456.86	\$300.89	\$373.20	\$450.67
OP HOSP - MATERNITY	\$449.28	\$360.01	\$354.42	\$154.48	\$448.05	\$783.56	\$489.85			\$521.38	\$601.03	\$635.60
OP HOSP - POST HOSP EXTENDED CARE	\$628.54	\$703.75	\$450.67		\$261.30	\$777.75	\$832.92	\$817.70		\$560.00		\$474.00
OP HOSP - PRES DRUGS BASIC	\$104.01	\$112.41	\$61.59	\$63.81	\$82.60	\$186.62	\$184.56	\$180.03	\$333.14	\$75.38	\$205.36	\$139.88
OP HOSP - PRES DRUGS MH/CD	\$54.05	\$41.21	\$52.74	\$117.35	\$44.92	\$80.53	\$72.62	\$87.75	\$425.06	\$51.49	\$71.13	\$86.88
OP HOSP - SOMATIC MH	\$269.75	\$264.67	\$488.29	\$353.69	\$265.67	\$347.26	\$301.82	\$516.95	\$260.77	\$266.31	\$372.12	\$463.75
OTH MED - DME	\$154.05	\$109.06	\$116.85	\$89.70	\$102.33	\$238.36	\$246.55	\$197.67	\$173.63	\$189.34	\$157.09	\$173.23
OTH MED - HHC/PCN	\$275.55	\$322.46	\$275.78	\$305.67	\$226.12	\$249.50	\$458.46	\$262.39	\$378.19	\$361.41	\$260.58	\$270.57
OTH MED - HOSPICE	\$2,838.88		\$2,786.90	\$3,760.66	\$1,335.65	\$3,131.45	\$2,881.53	\$3,138.19	\$2,689.45	\$1,580.98	\$1,583.37	\$2,738.79
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$9.36	\$14.76	\$15.09	\$4.80	\$5.65	\$1.30	\$1.59	\$0.98	\$0.87	\$2.39	\$6.07	\$15.27
PHYS CONSULTATION, IP & ER VISITS	\$211.40	\$202.93	\$295.19	\$192.38	\$200.93	\$205.79	\$209.04	\$198.75	\$210.52	\$220.16	\$229.03	\$230.40
PHYS HOME OR LONG-TERM CARE VISITS	\$113.53	\$144.26	\$86.15	\$90.85	\$118.60	\$119.69	\$125.99	\$103.99	\$155.08	\$95.42	\$132.00	\$114.50
PHYS MATERNITY	\$704.41	\$767.27	\$250.44	\$334.75	\$555.18	\$722.40	\$523.04	\$134.80		\$543.21	\$285.39	\$255.29
PHYS NEWBORN	\$138.21	\$115.64	\$115.93	\$220.07	\$258.16	\$154.00	\$179.18	\$166.95	\$213.17	\$224.35	\$146.83	\$135.25
PHYS OFFICE VISITS	\$89.17	\$78.84	\$72.99	\$77.36	\$85.58	\$92.50	\$91.33	\$97.21	\$92.93	\$85.74	\$95.10	\$86.65
PHYS OTHER	\$105.36	\$66.12	\$28.02	\$28.50	\$65.59	\$190.25	\$220.40	\$205.31	\$327.55	\$102.48	\$158.09	\$146.65

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009
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	\$94.64	\$102.40	\$118.03	\$118.88	\$98.48	\$76.93	\$82.69	\$101.80	\$86.86	\$106.68	\$101.04	\$109.12
PRES DRUGS - BASIC	\$27.65	\$21.68	\$25.63	\$20.85	\$33.13	\$42.52	\$45.41	\$29.97	\$27.69	\$46.29	\$32.17	\$37.88
PRES DRUGS - FP	\$35.85	\$41.56	\$44.32	\$35.62	\$38.03	\$37.90	\$38.05	\$21.54	\$34.32	\$94.24	\$36.15	\$32.94
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$693.28	\$677.76		\$600.00	\$876.00	\$687.39	\$725.86				\$760.27	\$590.00
STERILIZATION - ANESTHESIA MALE	\$660.00											
STERILIZATION - IP HOSP FEMALE	\$2,093.16	\$3,888.37			\$8,943.42	\$1,028.46	\$1,400.24				\$371.12	\$343.34
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$2,089.49	\$2,091.18				\$1,794.00	\$2,181.91				\$1,674.00	\$2,310.75
STERILIZATION - OP HOSP MALE	\$916.57		\$4,213.06								\$531.00	
STERILIZATION - PHY FEMALE	\$613.47	\$564.10			\$426.50	\$806.65	\$729.18				\$966.71	\$941.77
STERILIZATION - PHY MALE	\$722.05					\$679.59	\$666.98				\$693.98	\$795.00
SURGERY	\$361.17	\$92.63	\$272.60	\$420.03	\$367.20	\$536.61	\$397.04	\$561.65	\$498.36	\$367.80	\$288.14	\$339.11
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	\$447.72	\$540.79	\$969.24	\$548.99	\$494.79	\$343.90	\$447.52	\$352.86	\$407.49	\$539.00	\$438.20	\$440.38
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$77.85	\$75.33	\$120.67	\$73.20	\$71.86	\$84.80	\$86.27	\$93.35	\$86.99	\$71.22	\$112.24	\$114.27
VISION CARE - MATERIALS & FITTING	\$27.73	\$26.44	\$37.37	\$26.84	\$26.48	\$28.62	\$29.56	\$30.27	\$33.34	\$26.30	\$30.41	\$54.33
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	\$1,555.46	\$1,293.57		\$645.00	\$1,270.00	\$1,985.80	\$955.24	\$1,082.78	\$430.00		\$3,775.00	\$1,431.87
CD SERVICES - METHADONE	\$28.85	\$36.00	\$47.86	\$30.42	\$36.56	\$37.76	\$33.37	\$39.82		\$54.31	\$26.34	\$30.74
CD SERVICES - OP	\$58.44	\$55.79	\$42.46	\$29.97	\$58.02	\$45.04	\$46.59	\$46.45	\$42.00	\$58.73	\$50.69	\$51.35

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009
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	\$134.41	\$128.77	\$138.11	\$173.46	\$125.01	\$120.35	\$130.58	\$95.87	\$115.66	\$147.53	\$147.04	\$155.37
DENTAL - ANESTHESIA SURGICAL	\$83.59	\$76.92	\$91.43	\$63.12	\$46.27	\$92.43	\$86.47	\$116.72	\$10.00	\$50.48	\$55.24	\$73.04
DENTAL - DIAGNOSTIC	\$38.37	\$37.85	\$41.53	\$29.78	\$31.44	\$33.81	\$33.48	\$31.92	\$30.18	\$30.64	\$33.25	\$33.42
DENTAL - ENDODONTICS	\$325.60	\$323.44	\$110.00	\$105.32	\$198.90	\$342.60	\$290.78	\$304.00	\$304.82	\$171.63	\$149.83	\$160.41
DENTAL - I/P FIXED	\$154.18	\$54.05			\$321.00	\$271.00	\$228.25	\$76.69	\$92.52	\$278.00	\$90.00	\$93.10
DENTAL - MAXILLOFACIAL PROS												
DENTAL - ORAL SURGERY	\$110.04	\$116.35	\$110.15	\$85.25	\$93.43	\$103.62	\$106.14	\$100.44	\$94.40	\$99.93	\$111.07	\$110.04
DENTAL - ORTHODONTICS	\$93.00			\$250.00	\$708.83		\$763.72			\$1,616.78		
DENTAL - PERIODONTICS	\$114.75	\$103.70	\$190.20	\$123.59	\$97.34	\$104.46	\$108.16	\$93.16	\$99.65	\$84.08	\$111.47	\$104.88
DENTAL - PREVENTIVE	\$43.10	\$44.47	\$31.34	\$48.82	\$45.16	\$46.52	\$44.96	\$47.99	\$47.64	\$43.84	\$43.55	\$37.84
DENTAL - PROS REMOVABLE	\$435.35	\$374.19	\$800.00	\$671.33	\$387.22	\$358.32	\$375.24	\$318.54	\$373.33	\$273.40	\$298.25	\$288.09
DENTAL - RESTORATIVE	\$99.24	\$88.19	\$107.00	\$113.71	\$92.93	\$105.34	\$102.76	\$102.47	\$91.61	\$90.75	\$95.51	\$83.67
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	\$1,565.79	\$1,539.77		\$1,600.24	\$1,516.40	\$1,431.60	\$1,441.66	\$1,410.14	\$1,547.62	\$1,463.05	\$1,751.68	\$1,648.60
MH SERVICES ALTERNATIVE TO IP	\$246.90	\$323.78		\$536.23	\$493.50	\$216.78	\$278.03	\$238.77	\$160.00	\$501.37	\$258.25	\$226.19
MH SERVICES ASSESS & EVAL	\$116.89	\$110.66	\$129.41	\$124.39	\$128.61	\$116.85	\$124.60	\$145.64	\$151.10	\$124.13	\$105.15	\$115.63
MH SERVICES CASE MANAGEMENT	\$52.81	\$55.81	\$62.42	\$47.46	\$56.87	\$59.62	\$62.12	\$65.20	\$66.99	\$62.14	\$52.34	\$56.34
MH SERVICES CONSULTATION	\$52.00	\$48.83		\$47.02	\$52.69	\$42.10	\$46.84	\$51.61		\$56.19		\$38.47
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$51.62	\$63.25		\$37.92	\$39.93	\$51.38	\$48.85	\$40.71	\$21.71	\$68.07	\$419.52	\$17.38
MH SERVICES ANCILLARY SERVICES	\$43.95	\$41.67		\$60.45	\$66.64	\$38.17	\$45.61	\$51.13	\$42.36	\$34.12	\$48.88	\$46.13
MH SERVICES INTENSIVE THERAPY SVCS			\$307.36	\$328.00	\$407.50		\$864.07			\$656.74		
MH SERVICES MED MANAGEMENT	\$56.48	\$57.69		\$71.25	\$65.99	\$44.27	\$46.29	\$51.13	\$86.47	\$59.49	\$55.05	\$37.82
MH SERVICES OP THERAPY	\$92.70	\$94.13	\$113.64	\$79.15	\$88.54	\$79.91	\$82.41	\$92.54	\$103.97	\$86.90	\$93.86	\$92.77
MH SERVICES OTHER OP	\$181.56	\$260.03		\$620.00	\$469.39	\$122.76	\$349.16	\$89.86		\$598.21	\$213.85	\$260.63
MH SERVICES PHYS IP	\$90.88	\$94.31	\$113.78	\$78.78	\$87.37	\$84.75	\$93.74	\$83.31	\$108.13	\$83.28	\$106.51	\$96.58
MH SERVICES PHYS OP	\$105.08	\$108.81	\$116.73	\$97.37	\$111.69	\$88.07	\$105.56	\$108.85	\$131.59	\$128.19	\$115.94	\$104.52
MH SERVICES PEO												
MH SERVICES SUPPORT DAY PROGRAM	\$73.43	\$70.14		\$85.48	\$85.89	\$93.39	\$91.88	\$101.06	\$112.57	\$84.98	\$83.75	\$77.22

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Fee-for-Service Average Payment per Unit of Service
Unadjusted

EXHIBIT 4-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	\$124.92	\$179.54	\$17.98	\$78.06	\$148.18	\$140.60	\$103.98	\$87.73	\$84.81	\$132.13	\$31.20	\$132.39	\$132.05
ANESTHESIA	\$263.50	\$262.65	\$324.33	\$249.20	\$253.58	\$64.45	\$306.02	\$49.67	\$209.79	\$244.80	\$291.01	\$273.88	\$281.82
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$83.01	\$122.37			\$70.06	\$45.24	\$59.01		\$200.00	\$80.93		\$67.77	\$73.98
FP - PHYS	\$56.15	\$69.75	\$129.23	\$170.34	\$50.59	\$64.35	\$76.99	\$115.50	\$129.05	\$60.51	\$126.41	\$57.50	\$58.68
HYSTERECTOMY - ANESTHESIA	\$339.76	\$287.98				\$58.21	\$405.25	\$67.55			\$470.89	\$256.85	\$426.97
HYSTERECTOMY - IP HOSP	\$5,902.68	\$14,583.80				\$211.27	\$5,062.66	\$1,380.01			\$4,093.58	\$3,149.15	\$6,873.39
HYSTERECTOMY - OP HOSP	\$2,245.90						\$85.09	\$12.92					
HYSTERECTOMY - PHYS	\$424.39	\$402.38				\$57.66	\$446.01	\$56.94			\$415.99	\$414.67	\$423.51
IP HOSP - ACUTE DETOX													
IP HOSP - MATERNITY	\$2,681.89	\$2,325.60	\$1,889.27		\$2,485.02	\$266.18	\$2,409.33			\$1,961.50	\$2,390.35	\$1,591.25	\$1,977.12
IP HOSP - MATERNITY / STERILIZATION	\$3,502.15	\$3,273.23				\$876.00	\$2,242.21			\$2,844.10	\$3,197.83	\$2,844.10	
IP HOSP - MEDICAL/SURGICAL	\$6,495.27	\$5,021.67	\$5,231.23	\$4,246.87	\$5,376.07	\$362.21	\$9,352.13	\$702.65	\$6,486.77	\$6,344.96	\$6,685.70	\$5,679.98	\$7,939.88
IP HOSP - NEWBORN	\$629.76	\$402.14	\$2,552.06	\$2,115.49	\$657.72	\$12,544.41	\$17,905.80			\$5,031.72	\$1,490.95		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$42.37	\$52.95	\$16.19	\$20.56	\$26.20	\$26.58	\$32.51	\$21.92	\$27.13	\$23.55	\$23.43	\$42.96	\$44.68
LAB & RAD - LAB	\$13.93	\$14.13	\$7.71	\$9.56	\$11.48	\$10.59	\$13.36	\$9.27	\$8.96	\$12.60	\$38.73	\$14.21	\$14.98
LAB & RAD - THERAPEUTIC X-RAY	\$70.77	\$38.90	\$32.10	\$54.51	\$66.53	\$29.56	\$72.45	\$38.43	\$38.41	\$33.99	\$42.63	\$57.29	\$64.03
OP ER - SOMATIC MH	\$182.82	\$204.92	\$137.74	\$156.30	\$193.58	\$56.75	\$200.49	\$65.09	\$358.62	\$206.93		\$223.20	\$216.89
OP HOSP - BASIC	\$161.82	\$103.94	\$135.42	\$176.26	\$189.46	\$185.14	\$318.98	\$135.91	\$287.68	\$279.66	\$454.17	\$137.08	\$165.44
OP HOSP - DENTAL ANESTHESIA													
OP HOSP - DENTAL DIAGNOSTIC	\$124.79	\$293.57		\$25.10	\$72.75	\$83.49	\$69.72	\$30.61		\$23.08		\$7.97	\$9.27
OP HOSP - DENTAL PREVENTIVE	\$230.20	\$190.79	\$206.00	\$211.84	\$213.77	\$217.47	\$236.55	\$123.96	\$253.06	\$226.79		\$216.00	
OP HOSP - DENTAL RESTORATIVE					\$34.28								
OP HOSP - EMERGENCY ROOM	\$130.49	\$122.92	\$99.83	\$102.07	\$117.82	\$59.65	\$152.54	\$70.41	\$200.46	\$118.24	\$205.68	\$156.32	\$168.38
OP HOSP - LAB & RAD	\$98.21	\$72.98	\$47.14	\$59.91	\$90.18	\$86.80	\$108.28	\$83.48	\$75.95	\$61.25	\$124.84	\$112.78	\$105.74
OP HOSP - MATERNITY	\$176.94	\$158.74	\$44.35	\$153.92	\$177.98	\$81.47	\$161.29			\$128.14	\$614.47	\$170.43	\$179.26
OP HOSP - POST HOSP EXTENDED CARE													
OP HOSP - PRES DRUGS BASIC	\$59.91	\$50.85	\$34.66	\$34.12	\$54.50	\$160.55	\$134.56	\$134.78	\$99.28	\$74.70	\$72.22	\$53.80	\$78.03
OP HOSP - PRES DRUGS MH/CD	\$41.92	\$45.50	\$15.00	\$19.40	\$42.07	\$144.74	\$80.46	\$70.41	\$61.34	\$33.99	\$51.60	\$26.48	\$67.85
OP HOSP - SOMATIC MH	\$80.55	\$121.59	\$96.15	\$159.03	\$79.25	\$48.52	\$74.61	\$66.32	\$100.86	\$101.16		\$76.95	\$88.36
OTH MED - DME	\$122.58	\$65.71	\$70.61	\$42.97	\$76.33	\$55.72	\$185.28	\$44.60	\$179.37	\$175.23	\$35.48	\$150.20	\$127.36
OTH MED - HH/CPDN	\$117.89	\$156.89	\$142.61	\$150.84	\$99.72	\$97.36	\$167.94	\$101.19	\$119.24	\$183.57	\$55.26	\$121.28	\$128.05
OTH MED - HOSPICE	\$2,298.98			\$3,266.14	\$3,153.91	\$4,028.26	\$2,646.48	\$2,533.39	\$1,460.20	\$3,364.95		\$1,519.89	\$2,317.36
OTH MED - MATERNITY MGT	\$153.69	\$135.35	\$56.33	\$46.08	\$224.97	\$127.03	\$86.41			\$820.74	\$82.93	\$154.39	\$192.16
OTH MED - SUPPLIES	\$5.68	\$11.45	\$8.93	\$3.23	\$2.17	\$0.89	\$1.32	\$0.77	\$0.94	\$1.29	\$3.84	\$20.34	\$6.33
PHYS CONSULTATION, IP & ER VISITS	\$64.58	\$62.63	\$116.44	\$60.00	\$61.20	\$48.27	\$67.59	\$47.14	\$69.59	\$86.01	\$65.74	\$73.95	\$75.12
PHYS HOME OR LONG-TERM CARE VISITS	\$113.58	\$49.61	\$157.34	\$152.53	\$110.24	\$20.73	\$54.88	\$18.67	\$55.12	\$126.21			\$186.32
PHYS MATERNITY	\$341.04	\$312.61	\$72.17	\$86.93	\$311.61	\$164.95	\$241.06	\$57.09		\$261.52	\$642.61	\$195.41	\$141.93
PHYS NEWBORN	\$111.02	\$68.51	\$56.84	\$91.40	\$87.29	\$68.29	\$116.01	\$25.99	\$73.44	\$61.10	\$89.59	\$116.42	\$114.85
PHYS OFFICE VISITS	\$81.79	\$61.63	\$56.62	\$59.97	\$81.81	\$44.26	\$57.15	\$42.21	\$82.49	\$64.94	\$52.91	\$68.02	\$84.34
PHYS OTHER	\$71.89	\$31.16	\$19.50	\$21.52	\$39.39	\$44.40	\$75.16	\$42.01	\$48.81	\$146.14	\$27.50	\$123.85	\$134.43

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Fee-for-Service Average Payment per Unit of Service
Unadjusted

EXHIBIT 4-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	\$91.69	\$104.52	\$59.88	\$49.42	\$39.98	\$26.20	\$44.40	\$59.68	\$82.47	\$49.38	\$170.81	\$78.40	\$124.73
PRES DRUGS - BASIC	\$34.64	\$21.40	\$28.14	\$23.79	\$32.80	\$51.99	\$67.84	\$33.32	\$33.13	\$49.16	\$38.22	\$45.47	\$49.01
PRES DRUGS - FP	\$37.87	\$40.64	\$30.14	\$31.78	\$35.77	\$35.31	\$36.00	\$28.06	\$41.68	\$34.07	\$25.34	\$37.48	\$37.03
PRES DRUGS - MH/CD	\$64.79	\$62.05	\$70.99	\$77.11	\$81.17	\$111.27	\$102.11	\$68.34	\$66.60	\$90.73	\$26.87	\$67.26	\$74.83
SCHOOL-BASED HEALTH SERVICES		\$447.45	\$77.20	\$69.96	\$56.31	\$146.77	\$78.86			\$66.97			
STERILIZATION - ANESTHESIA FEMALE	\$235.50	\$228.34			\$210.15	\$194.27	\$238.17				\$220.76	\$337.45	\$241.28
STERILIZATION - ANESTHESIA MALE												\$140.10	
STERILIZATION - IP HOSP FEMALE	\$752.97	\$1,118.12				\$188.25	\$667.97				\$3,956.87		
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$521.02	\$520.13				\$513.00	\$513.00					\$461.70	\$513.00
STERILIZATION - OP HOSP MALE							\$1,164.72						
STERILIZATION - PHY FEMALE	\$164.98	\$152.09				\$234.43	\$210.09				\$73.83	\$205.49	\$246.85
STERILIZATION - PHY MALE	\$305.92					\$297.54	\$294.90					\$327.23	
SURGERY	\$127.31	\$25.25	\$66.67	\$146.87	\$139.19	\$57.05	\$161.17	\$54.18	\$122.61	\$116.53	\$309.63	\$94.63	\$112.01
TARGETED CASE MAN - BABIES FIRST			\$243.91	\$237.63		\$271.00	\$243.99			\$252.42			
TARGETED CASE MAN - HIV	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00	\$256.00						\$256.00
TARGETED CASE MAN - SUBS ABUSE MOMS	\$240.45	\$207.37	\$119.70	\$129.23	\$218.78	\$160.00	\$206.93			\$300.00		\$102.86	\$174.12
THERAPEUTIC ABORTION - IP HOSP	\$2,248.86	\$1,548.19					\$1,515.40				\$1,729.67		\$3,161.82
THERAPEUTIC ABORTION - OP HOSP	\$383.78	\$358.65			\$355.42	\$1,533.25	\$446.31			\$511.00	\$1,433.35	\$387.30	\$382.43
THERAPEUTIC ABORTION - PHYS	\$156.38	\$155.25		\$89.70	\$159.48	\$170.56	\$165.41	\$19.37		\$169.34	\$160.13	\$152.79	\$140.39
TRANSPORTATION - AMBULANCE	\$311.65	\$345.96	\$514.39	\$320.61	\$295.31	\$121.86	\$142.59	\$122.82	\$238.17	\$154.71	\$304.94	\$277.31	\$300.80
TRANSPORTATION - OTHER	\$21.86	\$22.60	\$21.86	\$23.07	\$24.71	\$22.25	\$21.37	\$23.21	\$21.64	\$23.14		\$16.91	\$13.78
VISION CARE - EXAMS & THERAPY	\$70.70	\$73.93	\$43.40	\$58.57	\$70.30	\$55.39	\$62.34	\$48.21	\$70.10	\$63.40	\$87.19	\$57.73	\$56.19
VISION CARE - MATERIALS & FITTING	\$14.17	\$13.03	\$30.42	\$13.67	\$14.05	\$13.93	\$14.37	\$14.40	\$13.91	\$13.96			\$21.43
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$14.73	\$21.22	\$21.02	\$53.08	\$14.68	\$19.21	\$18.15	\$24.07		\$40.53		\$14.59	\$16.60
CD SERVICES - OP	\$52.59	\$55.06	\$60.04	\$48.63	\$52.81	\$47.45	\$50.78	\$64.38		\$52.16		\$53.47	\$52.20

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Fee-for-Service Average Payment per Unit of Service
Unadjusted

EXHIBIT 4-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	\$78.99	\$68.94		\$93.31	\$66.04	\$81.20	\$77.53	\$84.64		\$88.52		\$54.97	\$78.98
DENTAL - ANESTHESIA SURGICAL	\$25.95	\$117.83	\$8.57	\$18.07	\$14.00	\$27.10	\$29.58	\$8.57		\$16.78			\$63.20
DENTAL - DIAGNOSTIC	\$20.67	\$19.26	\$18.24	\$19.46	\$18.55	\$20.18	\$19.66	\$20.91		\$18.29		\$18.94	\$16.70
DENTAL - ENDODONTICS	\$151.17	\$130.03		\$48.10	\$81.34	\$164.93	\$84.61	\$134.55		\$54.83		\$107.19	\$43.11
DENTAL - I/P FIXED								\$44.99					
DENTAL - MAXILLOFACIAL PROS													
DENTAL - ORAL SURGERY	\$65.88	\$72.18	\$75.19	\$56.98	\$58.81	\$62.48	\$72.50	\$72.73		\$71.86		\$64.80	\$72.44
DENTAL - ORTHODONTICS					\$1,800.00								
DENTAL - PERIODONTICS	\$52.38	\$55.72		\$55.11	\$52.29	\$50.11	\$50.72	\$55.13		\$57.41		\$62.01	
DENTAL - PREVENTIVE	\$34.96	\$34.52		\$24.33	\$24.19	\$35.22	\$30.95	\$35.94		\$25.64			
DENTAL - PROS REMOVABLE	\$128.60				\$148.45	\$202.17	\$245.37	\$184.76		\$63.52		\$152.00	\$32.14
DENTAL - RESTORATIVE	\$46.51	\$45.85	\$40.23	\$50.81	\$44.91	\$50.82	\$52.32	\$58.18		\$49.73		\$44.49	\$45.17
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$1,193.80	\$661.28	\$1,137.31	\$838.28	\$472.44	\$47.64	\$856.49	\$91.50	\$871.06	\$420.98	\$900.36	\$1,211.89	\$1,371.99
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ASSESS & EVAL	\$100.55	\$87.88		\$103.52	\$102.16	\$82.64	\$94.37	\$83.33		\$104.98		\$96.79	\$90.21
MH SERVICES CASE MANAGEMENT	\$45.65	\$51.40		\$141.71	\$147.46	\$49.45	\$117.83	\$59.12	\$35.60	\$142.58		\$36.80	\$51.63
MH SERVICES CONSULTATION	\$45.19	\$22.25		\$42.06	\$38.24	\$41.88	\$43.28	\$34.38		\$44.52		\$20.63	\$27.13
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES ANCILLARY SERVICES	\$24.65	\$22.95		\$30.60	\$1,105.01	\$15.30	\$238.58	\$19.13		\$2,217.89		\$15.30	\$15.30
MH SERVICES INTENSIVE THERAPY SVCS													
MH SERVICES MED MANAGEMENT	\$43.54	\$42.52		\$50.20	\$52.09	\$33.24	\$31.66	\$35.56		\$41.59		\$26.10	\$26.49
MH SERVICES OP THERAPY	\$78.40	\$72.70		\$65.06	\$76.35	\$34.35	\$48.63	\$68.89	\$22.25	\$79.31		\$76.08	\$80.00
MH SERVICES OTHER OP				\$234.96	\$267.78	\$57.97	\$205.75	\$37.80		\$283.46			\$72.79
MH SERVICES PHYS IP	\$54.87	\$52.33	\$97.31	\$60.99	\$55.14	\$28.53	\$50.15	\$30.66	\$52.69	\$58.67	\$49.22	\$54.93	\$58.78
MH SERVICES PHYS OP	\$85.16	\$77.11	\$100.00	\$85.11	\$90.03	\$68.83	\$73.48	\$123.29	\$106.95	\$105.50	\$121.48	\$85.21	\$82.38
MH SERVICES PEO													
MH SERVICES SUPPORT DAY PROGRAM	\$50.90	\$68.85		\$69.74	\$92.98	\$72.74	\$72.08	\$106.53	\$81.77	\$100.03		\$46.23	\$71.05

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009

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	\$9.80	\$61.75	\$4.50	\$4.06	\$2.12	\$10.99	\$11.66	\$11.32	\$11.37	\$3.55	\$4.45	\$7.64
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	\$0.13	\$0.27			\$0.01	\$0.01	\$0.05			\$0.06	\$0.08	\$0.05
FP - PHYS	\$1.74	\$6.36	\$0.00	\$0.00	\$0.14	\$0.18	\$0.33	\$0.00		\$0.15	\$0.31	\$0.22
HYSTERECTOMY - ANESTHESIA	\$0.21	\$0.09				\$0.05	\$0.10	\$0.04			\$0.17	\$0.16
HYSTERECTOMY - IP HOSP	\$5.67	\$1.32				\$2.73	\$3.35	\$1.82	\$0.38		\$1.58	\$3.05
HYSTERECTOMY - OP HOSP	\$0.07					\$0.05	\$0.02					
HYSTERECTOMY - PHYS	\$1.21	\$0.26			\$0.00	\$0.41	\$0.64	\$0.22	\$0.13		\$0.86	\$0.86
IP HOSP - ACUTE DETOX	\$0.60	\$0.29			\$0.05	\$1.63	\$2.21	\$0.83	\$0.54	\$0.07	\$0.23	\$2.99
IP HOSP - MATERNITY	\$50.16	\$664.02	\$0.11	\$0.00	\$2.97	\$2.12	\$5.35	\$0.02		\$1.28	\$0.94	\$0.77
IP HOSP - MATERNITY / STERILIZATION	\$5.60	\$41.75	\$0.02		\$0.01	\$0.26	\$0.40			\$0.15		
IP HOSP - MEDICAL/SURGICAL	\$75.15	\$20.48	\$103.36	\$19.05	\$17.87	\$248.92	\$350.47	\$407.84	\$332.42	\$21.09	\$49.20	\$164.56
IP HOSP - NEWBORN	\$0.11	\$0.87	\$288.75	\$0.06	\$0.02		\$0.08			\$1.50		
IP HOSP - POST HOSP EXTENDED CARE							\$0.00					
LAB & RAD - DIAGNOSTIC X-RAY	\$18.01	\$55.26	\$6.02	\$1.91	\$3.26	\$19.59	\$24.31	\$22.54	\$28.39	\$3.48	\$16.61	\$25.22
LAB & RAD - LAB	\$12.06	\$34.57	\$1.95	\$1.47	\$2.19	\$3.83	\$13.54	\$3.81	\$12.04	\$3.34	\$11.20	\$15.46
LAB & RAD - THERAPEUTIC X-RAY	\$0.79	\$0.01	\$0.02	\$0.01	\$0.09	\$1.58	\$3.76	\$3.53	\$3.51	\$0.04	\$0.38	\$3.67
OP ER - SOMATIC MH	\$0.87	\$0.25	\$0.01	\$0.02	\$0.24	\$2.58	\$2.75	\$0.52	\$0.12	\$0.68	\$0.57	\$1.90
OP HOSP - BASIC	\$45.57	\$25.27	\$23.90	\$21.02	\$12.62	\$145.68	\$102.69	\$126.31	\$112.80	\$19.49	\$36.12	\$64.47
OP HOSP - DENTAL ANESTHESIA												
OP HOSP - DENTAL DIAGNOSTIC												
OP HOSP - DENTAL PREVENTIVE												
OP HOSP - DENTAL RESTORATIVE												
OP HOSP - EMERGENCY ROOM	\$27.16	\$10.86	\$18.26	\$11.95	\$8.09	\$24.76	\$28.56	\$19.88	\$12.48	\$6.89	\$17.22	\$27.02
OP HOSP - LAB & RAD	\$41.99	\$25.34	\$13.97	\$7.12	\$9.43	\$54.79	\$68.59	\$61.21	\$67.02	\$11.11	\$36.67	\$64.76
OP HOSP - MATERNITY	\$15.19	\$134.74	\$0.03	\$0.00	\$1.05	\$0.84	\$2.04			\$0.64	\$3.23	\$0.84
OP HOSP - POST HOSP EXTENDED CARE	\$0.01	\$0.01	\$0.00		\$0.00	\$0.01	\$0.21	\$0.01		\$0.00		\$0.01
OP HOSP - PRES DRUGS BASIC	\$5.65	\$7.91	\$1.76	\$1.54	\$1.17	\$9.56	\$11.47	\$7.26	\$11.96	\$1.01	\$5.88	\$6.12
OP HOSP - PRES DRUGS MH/CD	\$0.06	\$0.01	\$0.00	\$0.00	\$0.01	\$0.16	\$0.19	\$0.04	\$0.03	\$0.01	\$0.07	\$0.19
OP HOSP - SOMATIC MH	\$0.88	\$0.25	\$0.06	\$0.24	\$0.31	\$2.46	\$3.27	\$1.10	\$0.33	\$1.33	\$0.85	\$1.99
OTH MED - DME	\$1.65	\$0.70	\$1.71	\$0.36	\$0.30	\$27.17	\$23.55	\$35.37	\$11.28	\$1.60	\$1.13	\$3.19
OTH MED - HHC/PDN	\$0.60	\$0.62	\$0.66	\$0.21	\$0.10	\$1.49	\$7.68	\$1.34	\$4.56	\$0.78	\$0.11	\$0.23
OTH MED - HOSPICE	\$0.12		\$0.09	\$0.01	\$0.00	\$0.15	\$4.92	\$2.49	\$12.00	\$0.03	\$0.07	\$0.65
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$1.15	\$1.52	\$1.83	\$0.49	\$0.32	\$17.01	\$16.51	\$19.19	\$8.20	\$2.27	\$1.40	\$2.98
PHYS CONSULTATION, IP & ER VISITS	\$19.66	\$11.56	\$54.92	\$8.14	\$5.51	\$32.14	\$37.92	\$40.56	\$29.87	\$7.02	\$14.61	\$28.32
PHYS HOME OR LONG-TERM CARE VISITS	\$0.02	\$0.01	\$0.10	\$0.02	\$0.00	\$0.97	\$0.73	\$3.57	\$1.42	\$0.06	\$0.01	\$0.03
PHYS MATERNITY	\$27.18	\$337.23	\$0.10	\$0.01	\$1.38	\$0.90	\$2.20	\$0.00		\$0.61	\$1.31	\$0.33
PHYS NEWBORN	\$0.04	\$0.20	\$8.43	\$0.07	\$0.08	\$0.10	\$0.14	\$0.15	\$0.17	\$0.31	\$0.01	\$0.04
PHYS OFFICE VISITS	\$36.00	\$16.66	\$84.60	\$28.77	\$16.06	\$42.08	\$51.54	\$39.31	\$46.22	\$27.93	\$37.26	\$56.20
PHYS OTHER	\$7.01	\$3.43	\$10.55	\$2.27	\$1.68	\$24.37	\$34.50	\$31.84	\$61.07	\$9.56	\$9.37	\$17.19

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009

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	\$3.84	\$1.14	\$0.13	\$0.82	\$1.86	\$6.27	\$7.92	\$3.75	\$1.47	\$6.22	\$3.02	\$5.92
PRES DRUGS - BASIC	\$28.47	\$18.09	\$8.46	\$5.43	\$7.97	\$161.84	\$129.74	\$142.12	\$69.05	\$22.95	\$34.86	\$82.79
PRES DRUGS - FP	\$1.60	\$2.23	\$0.00	\$0.00	\$0.34	\$0.75	\$0.60	\$0.00	\$0.01	\$1.20	\$1.75	\$0.67
PRES DRUGS - MH/C/D												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$0.78	\$3.67		\$0.00	\$0.00	\$0.04	\$0.08				\$0.14	\$0.03
STERILIZATION - ANESTHESIA MALE	\$0.00											
STERILIZATION - IP HOSP FEMALE	\$6.22	\$40.97			\$0.00	\$0.28	\$0.56				\$0.33	\$0.05
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$0.34	\$1.05				\$0.01	\$0.04				\$0.02	\$0.05
STERILIZATION - OP HOSP MALE	\$0.01		\$0.01								\$0.01	\$0.05
STERILIZATION - PHY FEMALE	\$1.12	\$6.15			\$0.00	\$0.07	\$0.12				\$0.20	\$0.05
STERILIZATION - PHY MALE	\$0.08					\$0.03	\$0.01				\$0.15	\$0.00
SURGERY	\$25.53	\$13.39	\$14.16	\$7.05	\$6.99	\$41.61	\$48.35	\$51.61	\$48.81	\$8.54	\$21.54	\$41.31
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	\$5.01	\$8.40	\$8.68	\$1.81	\$1.37	\$9.68	\$18.10	\$17.04	\$9.36	\$2.17	\$3.14	\$8.78
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$2.24	\$2.03	\$0.37	\$0.63	\$2.03	\$3.11	\$3.26	\$4.11	\$4.37	\$2.39	\$0.57	\$1.30
VISION CARE - MATERIALS & FITTING	\$1.78	\$1.63	\$0.02	\$0.21	\$1.44	\$1.96	\$2.11	\$1.78	\$2.37	\$1.65	\$0.03	\$0.05
PART A DEDUCTIBLE												
PART B DEDUCTIBLE												
PART B COINSURANCE ADJUSTMENT												
Total	\$489.16	\$1,562.64	\$657.53	\$124.77	\$109.12	\$905.22	\$1,026.58	\$1,062.56	\$903.76	\$171.16	\$318.66	\$642.12
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	\$0.32	\$0.06		\$0.00	\$0.00	\$0.31	\$0.37	\$0.03	\$0.03		\$0.21	\$1.33
CD SERVICES - METHADONE	\$2.41	\$1.06	\$0.00	\$0.00	\$0.02	\$2.37	\$4.45	\$0.22		\$0.02	\$1.17	\$11.01
CD SERVICES - OP	\$5.55	\$3.10	\$0.00	\$0.00	\$0.71	\$1.89	\$2.24	\$0.09	\$0.01	\$3.85	\$1.43	\$4.73
Total	\$8.28	\$4.21	\$0.00	\$0.00	\$0.73	\$4.57	\$7.06	\$0.35	\$0.03	\$3.87	\$2.82	\$17.06

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009

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	\$1.83	\$1.20	\$0.00	\$0.54	\$0.31	\$1.76	\$1.40	\$0.91	\$0.91	\$0.39	\$0.63	\$0.79
DENTAL - ANESTHESIA SURGICAL	\$0.26	\$0.11	\$0.00	\$0.63	\$0.32	\$0.29	\$0.27	\$0.06	\$0.00	\$0.39	\$0.03	\$0.04
DENTAL - DIAGNOSTIC	\$5.70	\$5.47	\$0.06	\$2.76	\$4.43	\$4.26	\$3.79	\$2.15	\$3.26	\$4.22	\$1.45	\$1.59
DENTAL - ENDODONTICS	\$2.31	\$2.06	\$0.00	\$0.98	\$1.16	\$1.29	\$1.17	\$0.41	\$1.00	\$0.99	\$0.13	\$0.09
DENTAL - I/P FIXED	\$0.01	\$0.00			\$0.00	\$0.03	\$0.02	\$0.01	\$0.06	\$0.00	\$0.00	\$0.00
DENTAL - MAXILLOFACIAL PROS												
DENTAL - ORAL SURGERY	\$3.42	\$1.81	\$0.01	\$0.64	\$1.20	\$2.69	\$2.46	\$1.45	\$2.64	\$0.98	\$0.99	\$1.48
DENTAL - ORTHODONTICS	\$0.00			\$0.00	\$0.02		\$0.01			\$0.05		
DENTAL - PERIODONTICS	\$1.90	\$1.28	\$0.00	\$0.00	\$0.12	\$2.09	\$1.38	\$0.62	\$1.40	\$0.10	\$0.04	\$0.02
DENTAL - PREVENTIVE	\$1.58	\$2.15	\$0.03	\$2.15	\$4.21	\$2.12	\$1.79	\$0.93	\$0.89	\$4.15	\$0.07	\$0.02
DENTAL - PROS REMOVABLE	\$2.84	\$0.34	\$0.00	\$0.00	\$0.03	\$4.99	\$4.22	\$6.30	\$11.79	\$0.01	\$0.13	\$0.09
DENTAL - RESTORATIVE	\$6.39	\$5.97	\$0.01	\$6.40	\$6.26	\$5.73	\$5.05	\$2.22	\$2.75	\$6.50	\$0.55	\$0.36
Total	\$26.24	\$20.39	\$0.13	\$14.11	\$18.05	\$25.25	\$21.57	\$15.06	\$24.69	\$17.77	\$4.04	\$4.48
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	\$5.31	\$2.36		\$0.04	\$3.56	\$40.86	\$38.85	\$6.63	\$8.08	\$12.35	\$5.98	\$14.78
MH SERVICES ALTERNATIVE TO IP	\$0.12	\$0.08		\$0.01	\$0.20	\$1.65	\$2.20	\$0.02	\$0.19	\$3.01	\$0.01	\$0.56
MH SERVICES ASSESS & EVAL	\$1.36	\$0.60	\$0.01	\$0.29	\$0.95	\$1.57	\$1.92	\$0.36	\$0.59	\$3.10	\$0.45	\$1.01
MH SERVICES CASE MANAGEMENT	\$1.18	\$0.35	\$0.01	\$0.19	\$1.18	\$14.87	\$12.69	\$1.10	\$1.34	\$9.21	\$0.42	\$2.56
MH SERVICES CONSULTATION	\$0.01	\$0.01		\$0.00	\$0.03	\$0.05	\$0.08	\$0.02		\$0.31		\$0.00
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$0.01	\$0.00		\$0.01	\$0.03	\$1.52	\$1.02	\$0.08	\$0.19	\$0.22	\$0.03	\$0.06
MH SERVICES ANCILLARY SERVICES	\$0.04	\$0.00		\$0.00	\$0.02	\$0.04	\$0.19	\$0.08	\$0.40	\$0.01	\$0.02	\$0.03
MH SERVICES INTENSIVE THERAPY SVCS			\$0.02	\$0.00	\$0.60		\$2.17			\$21.28		
MH SERVICES MED MANAGEMENT	\$0.28	\$0.04		\$0.02	\$0.13	\$3.77	\$3.12	\$0.34	\$0.69	\$0.76	\$0.09	\$0.28
MH SERVICES OP THERAPY	\$3.62	\$1.05	\$0.01	\$0.44	\$2.22	\$5.27	\$6.19	\$0.66	\$0.71	\$15.57	\$1.84	\$3.60
MH SERVICES OTHER OP	\$0.01	\$0.07		\$0.00	\$0.03	\$0.01	\$0.08	\$0.01		\$0.06	\$0.10	\$0.05
MH SERVICES PHYS IP	\$1.25	\$0.27	\$0.00	\$0.10	\$0.82	\$6.70	\$6.73	\$0.83	\$0.73	\$5.53	\$0.95	\$2.43
MH SERVICES PHYS OP	\$5.58	\$1.91	\$0.05	\$1.17	\$5.02	\$10.09	\$12.05	\$1.30	\$2.37	\$33.52	\$4.88	\$8.51
MH SERVICES PEO												
MH SERVICES SUPPORT DAY PROGRAM	\$0.37	\$0.07		\$0.18	\$0.39	\$27.00	\$17.82	\$2.60	\$4.33	\$3.74	\$0.13	\$2.29
Total	\$19.15	\$6.83	\$0.10	\$2.46	\$15.17	\$113.41	\$105.12	\$14.01	\$19.63	\$108.66	\$14.91	\$36.14
TOTAL ALL	\$542.84	\$1,594.07	\$657.76	\$141.34	\$143.07	\$1,048.45	\$1,160.31	\$1,091.98	\$948.12	\$301.47	\$340.42	\$699.79

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009

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	\$0.94	\$0.61	\$0.00	\$0.02	\$0.09	\$0.39	\$1.67	\$0.01	\$0.03	\$4.84	\$0.00	\$0.20	\$1.29
ANESTHESIA	\$3.54	\$11.66	\$1.77	\$1.30	\$0.80	\$0.98	\$6.57	\$0.41	\$2.69	\$1.16	\$2.31	\$1.92	\$3.09
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$0.11	\$0.24			\$0.02	\$0.00	\$0.03		\$0.06	\$0.03		\$0.03	\$0.01
FP - PHYS	\$7.85	\$9.78	\$4.17	\$0.54	\$2.54	\$0.51	\$1.35	\$0.09	\$0.08	\$1.07	\$0.06	\$4.68	\$2.93
HYSTERECTOMY - ANESTHESIA	\$0.07	\$0.01				\$0.00	\$0.02	\$0.00			\$0.01	\$0.01	\$0.04
HYSTERECTOMY - IP HOSP	\$2.46	\$0.21				\$0.03	\$0.99	\$0.09			\$0.06	\$1.42	\$1.20
HYSTERECTOMY - OP HOSP	\$0.03						\$0.00	\$0.00					
HYSTERECTOMY - PHYS	\$0.29	\$0.04				\$0.01	\$0.12	\$0.00			\$0.01	\$0.32	\$0.23
IP HOSP - ACUTE DETOX													
IP HOSP - MATERNITY	\$21.54	\$170.28	\$0.02		\$1.35	\$0.03	\$0.93			\$0.24	\$42.16	\$0.61	\$0.06
IP HOSP - MATERNITY / STERILIZATION	\$1.65	\$7.51				\$0.00	\$0.04			\$0.02	\$1.12	\$0.10	
IP HOSP - MEDICAL/SURGICAL	\$25.81	\$5.19	\$37.57	\$9.95	\$7.43	\$4.32	\$187.13	\$11.22	\$106.93	\$11.90	\$6.69	\$17.89	\$59.73
IP HOSP - NEWBORN	\$0.00	\$0.05	\$395.18	\$0.08	\$0.00	\$0.05	\$1.23			\$6.67	\$0.04		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$6.68	\$15.59	\$2.21	\$0.53	\$1.01	\$0.75	\$9.32	\$0.41	\$5.47	\$0.93	\$0.12	\$5.46	\$10.02
LAB & RAD - LAB	\$4.08	\$11.12	\$0.47	\$0.34	\$0.65	\$0.41	\$4.47	\$0.15	\$1.77	\$0.71	\$0.06	\$3.14	\$4.77
LAB & RAD - THERAPEUTIC X-RAY	\$0.16	\$0.01	\$0.00	\$0.01	\$0.01	\$0.03	\$1.36	\$0.02	\$0.04	\$0.00	\$0.00	\$0.07	\$0.37
OP ER - SOMATIC MH	\$0.53	\$0.16	\$0.00	\$0.00	\$0.13	\$0.14	\$1.05	\$0.03	\$0.22	\$0.28		\$0.31	\$0.82
OP HOSP - BASIC	\$29.07	\$8.67	\$17.41	\$10.64	\$8.64	\$16.10	\$78.39	\$5.91	\$42.06	\$14.27	\$0.81	\$19.13	\$40.54
OP HOSP - DENTAL ANESTHESIA													
OP HOSP - DENTAL DIAGNOSTIC	\$0.01	\$0.01		\$0.00	\$0.00	\$0.00	\$0.01	\$0.00		\$0.00		\$0.00	\$0.00
OP HOSP - DENTAL PREVENTIVE	\$0.04	\$0.05	\$0.00	\$0.09	\$0.14	\$0.01	\$0.04	\$0.00	\$0.08	\$0.10		\$0.01	\$0.00
OP HOSP - DENTAL RESTORATIVE													
OP HOSP - EMERGENCY ROOM	\$11.97	\$4.24	\$7.58	\$4.96	\$3.66	\$1.39	\$11.92	\$0.71	\$4.22	\$2.51	\$0.39	\$8.20	\$13.46
OP HOSP - LAB & RAD	\$17.42	\$10.81	\$3.35	\$1.93	\$3.55	\$2.76	\$24.53	\$1.53	\$10.36	\$2.94	\$0.18	\$16.81	\$27.67
OP HOSP - MATERNITY	\$6.68	\$63.12	\$0.00	\$0.00	\$0.47	\$0.02	\$0.44			\$0.13	\$0.91	\$0.77	\$0.26
OP HOSP - POST HOSP EXTENDED CARE													
OP HOSP - PRES DRUGS BASIC	\$4.13	\$3.61	\$1.13	\$0.96	\$0.95	\$2.23	\$11.13	\$0.46	\$2.42	\$1.10	\$0.15	\$2.02	\$4.12
OP HOSP - PRES DRUGS MH/CD	\$0.11	\$0.04	\$0.00	\$0.00	\$0.02	\$0.40	\$0.72	\$0.06	\$0.73	\$0.02	\$0.00	\$0.04	\$0.37
OP HOSP - SOMATIC MH	\$0.49	\$0.12	\$0.01	\$0.08	\$0.15	\$0.08	\$0.94	\$0.04	\$0.31	\$0.54		\$0.44	\$0.81
OTH MED - DME	\$1.35	\$0.23	\$1.31	\$0.28	\$0.23	\$8.01	\$25.47	\$7.04	\$12.43	\$2.31	\$0.00	\$1.35	\$2.42
OTH MED - HHC/PDN	\$0.32	\$0.21	\$0.58	\$0.22	\$0.09	\$0.70	\$6.82	\$1.04	\$2.88	\$1.18	\$0.00	\$0.02	\$0.08
OTH MED - HOSPICE	\$0.16			\$0.03	\$0.01	\$0.31	\$9.35	\$1.76	\$1.78	\$0.15		\$0.21	\$0.84
OTH MED - MATERNITY MGT	\$3.90	\$26.45	\$0.03	\$0.04	\$0.73	\$0.12	\$1.50			\$4.52	\$0.00	\$0.32	\$0.06
OTH MED - SUPPLIES	\$1.27	\$2.56	\$1.61	\$0.40	\$0.32	\$16.11	\$26.20	\$22.66	\$9.90	\$2.60	\$0.00	\$2.43	\$3.46
PHYS CONSULTATION, IP & ER VISITS	\$4.90	\$2.73	\$38.64	\$1.88	\$1.34	\$0.88	\$17.97	\$0.54	\$11.64	\$3.30	\$0.34	\$3.75	\$8.49
PHYS HOME OR LONG-TERM CARE VISITS	\$0.09	\$0.19	\$2.26	\$0.09	\$0.02	\$0.29	\$0.84	\$0.71	\$2.76	\$0.04			\$0.09
PHYS MATERNITY	\$13.61	\$113.98	\$0.07	\$0.00	\$0.71	\$0.06	\$0.62	\$0.00		\$0.22	\$14.64	\$0.73	\$0.15
PHYS NEWBORN	\$0.05	\$0.03	\$10.85	\$0.03	\$0.02	\$0.11	\$0.46	\$0.02	\$0.04	\$0.16	\$0.01	\$0.05	\$0.24
PHYS OFFICE VISITS	\$30.19	\$13.99	\$56.51	\$18.15	\$13.81	\$6.52	\$28.51	\$2.96	\$18.83	\$17.62	\$0.04	\$25.26	\$48.60
PHYS OTHER	\$3.62	\$1.67	\$4.10	\$1.07	\$0.76	\$6.84	\$24.48	\$9.60	\$12.25	\$20.17	\$0.01	\$5.54	\$10.89

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009

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	\$3.30	\$1.00	\$0.16	\$6.46	\$7.22	\$2.07	\$15.52	\$2.11	\$0.70	\$11.96	\$0.01	\$2.13	\$6.71
PRES DRUGS - BASIC	\$31.58	\$12.38	\$8.18	\$5.46	\$7.36	\$217.24	\$186.71	\$185.41	\$99.08	\$22.35	\$0.00	\$55.57	\$124.79
PRES DRUGS - FP	\$3.14	\$2.67	\$0.00	\$0.00	\$0.65	\$1.03	\$1.02	\$0.00	\$0.05	\$0.67	\$0.00	\$3.75	\$1.50
PRES DRUGS - MH/CD	\$16.32	\$4.23	\$0.01	\$0.18	\$3.08	\$134.69	\$83.79	\$49.90	\$13.93	\$22.40	\$0.00	\$18.52	\$43.29
SCHOOL-BASED HEALTH SERVICES		\$0.01	\$0.08	\$0.33	\$0.20	\$0.24	\$8.22			\$1.62			
STERILIZATION - ANESTHESIA FEMALE	\$0.20	\$0.69			\$0.00	\$0.02	\$0.02				\$0.00	\$0.15	\$0.01
STERILIZATION - ANESTHESIA MALE												\$0.00	
STERILIZATION - IP HOSP FEMALE	\$3.03	\$11.64				\$0.03	\$0.16				\$1.47		
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$0.07	\$0.27				\$0.00	\$0.00					\$0.08	\$0.01
STERILIZATION - OP HOSP MALE							\$0.01						
STERILIZATION - PHY FEMALE	\$0.26	\$0.88				\$0.01	\$0.02				\$0.01	\$0.11	\$0.01
STERILIZATION - PHY MALE	\$0.04					\$0.01	\$0.01					\$0.05	
SURGERY	\$7.19	\$2.83	\$4.04	\$1.58	\$1.83	\$1.85	\$18.38	\$1.03	\$9.58	\$1.94	\$0.62	\$6.20	\$12.46
TARGETED CASE MAN - BABIES FIRST			\$15.57	\$2.49		\$0.00	\$0.77			\$0.45			
TARGETED CASE MAN - HIV	\$0.00	\$0.00	\$0.01	\$0.00		\$0.02	\$0.02						\$0.00
TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.18	\$0.62	\$0.03	\$0.00	\$0.03	\$0.00	\$0.02			\$0.00		\$0.01	\$0.01
THERAPEUTIC ABORTION - IP HOSP	\$0.01	\$0.11					\$0.00				\$0.02		\$0.01
THERAPEUTIC ABORTION - OP HOSP	\$0.45	\$2.00			\$0.03	\$0.01	\$0.02			\$0.02	\$0.01	\$0.09	\$0.05
THERAPEUTIC ABORTION - PHYS	\$0.98	\$4.77		\$0.00	\$0.07	\$0.01	\$0.04	\$0.00		\$0.03	\$0.03	\$0.21	\$0.11
TRANSPORTATION - AMBULANCE	\$2.78	\$3.32	\$4.81	\$0.99	\$0.89	\$0.64	\$11.53	\$0.59	\$5.02	\$1.27	\$0.67	\$1.21	\$4.70
TRANSPORTATION - OTHER	\$3.04	\$1.34	\$0.37	\$0.19	\$0.50	\$30.71	\$19.19	\$18.80	\$5.18	\$2.13		\$0.00	\$0.00
VISION CARE - EXAMS & THERAPY	\$1.37	\$0.73	\$0.18	\$0.31	\$1.05	\$0.76	\$1.58	\$0.52	\$1.60	\$0.99	\$0.00	\$0.40	\$0.73
VISION CARE - MATERIALS & FITTING	\$0.85	\$0.49	\$0.01	\$0.09	\$0.64	\$0.80	\$0.87	\$0.53	\$0.96	\$0.58			\$0.00
PART A DEDUCTIBLE													
PART B DEDUCTIBLE													
PART B COINSURANCE ADJUSTMENT													
Total	\$279.92	\$535.12	\$620.28	\$71.68	\$73.20	\$460.72	\$834.49	\$326.34	\$386.10	\$168.14	\$72.97	\$211.72	\$441.54
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$1.26	\$0.46	\$0.00	\$0.01	\$0.02	\$2.11	\$3.12	\$0.06		\$0.02		\$1.04	\$4.78
CD SERVICES - OP	\$9.56	\$4.21	\$0.00	\$0.01	\$1.39	\$1.88	\$2.22	\$0.02		\$13.00		\$3.29	\$9.33
Total	\$10.82	\$4.67	\$0.00	\$0.01	\$1.41	\$3.99	\$5.35	\$0.09		\$13.02		\$4.34	\$14.11

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009

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	\$0.16	\$0.05		\$0.06	\$0.02	\$0.15	\$0.10	\$0.07		\$0.07		\$0.03	\$0.09
DENTAL - ANESTHESIA SURGICAL	\$0.01	\$0.00	\$0.00	\$0.02	\$0.01	\$0.01	\$0.01	\$0.00		\$0.04		\$0.00	\$0.00
DENTAL - DIAGNOSTIC	\$0.26	\$0.17	\$0.00	\$0.20	\$0.28	\$0.22	\$0.24	\$0.09		\$0.46		\$0.08	\$0.08
DENTAL - ENDODONTICS	\$0.09	\$0.04		\$0.06	\$0.04	\$0.06	\$0.06	\$0.01		\$0.16		\$0.01	\$0.00
DENTAL - I/P FIXED								\$0.00					
DENTAL - MAXILLOFACIAL PROS													
DENTAL - ORAL SURGERY	\$0.17	\$0.07	\$0.00	\$0.09	\$0.13	\$0.12	\$0.23	\$0.08		\$0.23		\$0.09	\$0.19
DENTAL - ORTHODONTICS					\$0.02								
DENTAL - PERIODONTICS	\$0.07	\$0.05		\$0.00	\$0.01	\$0.05	\$0.03	\$0.02		\$0.00		\$0.01	
DENTAL - PREVENTIVE	\$0.04	\$0.05		\$0.13	\$0.25	\$0.07	\$0.13	\$0.02		\$0.37			
DENTAL - PROS REMOVABLE	\$0.05				\$0.00	\$0.19	\$0.11	\$0.21		\$0.00		\$0.01	\$0.00
DENTAL - RESTORATIVE	\$0.29	\$0.19	\$0.00	\$0.47	\$0.42	\$0.29	\$0.33	\$0.07		\$0.88		\$0.02	\$0.01
Total	\$1.13	\$0.61	\$0.01	\$1.02	\$1.18	\$1.16	\$1.25	\$0.57		\$2.21		\$0.24	\$0.37
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$30.86	\$4.89	\$1.79	\$0.26	\$3.59	\$5.89	\$164.05	\$3.53	\$56.76	\$11.82	\$0.50	\$25.68	\$113.19
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ASSESS & EVAL	\$0.80	\$0.18		\$0.12	\$0.42	\$0.72	\$0.93	\$0.06		\$2.26		\$0.24	\$0.59
MH SERVICES CASE MANAGEMENT	\$0.47	\$0.20		\$3.77	\$18.27	\$5.80	\$42.87	\$0.25	\$0.16	\$82.02		\$0.44	\$2.59
MH SERVICES CONSULTATION	\$0.01	\$0.00		\$0.00	\$0.01	\$0.07	\$0.05	\$0.01		\$0.12		\$0.00	\$0.00
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES ANGILLARY SERVICES	\$0.00	\$0.00		\$0.00	\$0.19	\$0.01	\$0.42	\$0.00		\$15.15		\$0.00	\$0.01
MH SERVICES INTENSIVE THERAPY SVCS													
MH SERVICES MED MANAGEMENT	\$0.08	\$0.02		\$0.01	\$0.03	\$3.05	\$1.71	\$0.03		\$0.24		\$0.03	\$0.26
MH SERVICES OP THERAPY	\$1.21	\$0.23		\$0.19	\$0.98	\$4.23	\$3.22	\$0.25	\$0.04	\$6.26		\$1.38	\$3.02
MH SERVICES OTHER OP				\$0.04	\$0.03	\$0.02	\$0.19	\$0.00		\$0.34			\$0.02
MH SERVICES PHYS IP	\$0.43	\$0.18	\$0.00	\$0.04	\$0.37	\$2.26	\$3.01	\$0.15	\$0.15	\$2.39	\$0.00	\$0.74	\$2.15
MH SERVICES PHYS OP	\$1.41	\$0.40	\$0.00	\$0.51	\$1.88	\$21.59	\$12.90	\$0.68	\$2.16	\$15.66	\$0.00	\$2.24	\$4.09
MH SERVICES PEO													
MH SERVICES SUPPORT DAY PROGRAM	\$0.13	\$0.05		\$0.17	\$0.43	\$22.74	\$10.69	\$0.80	\$0.45	\$3.99		\$0.06	\$2.43
Total	\$35.40	\$6.15	\$1.80	\$5.12	\$26.20	\$66.38	\$240.04	\$5.75	\$59.72	\$140.24	\$0.50	\$30.82	\$128.34
TOTAL ALL	\$327.28	\$546.55	\$622.09	\$77.83	\$101.98	\$532.25	\$1,081.12	\$332.75	\$445.82	\$323.61	\$73.47	\$247.11	\$584.35

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-A

Per Capita Cost Development for Calendar Years 2008-2009

Assumed Average Managed Care Organization Liability for Dual Eligibles

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 - DENTAL ANESTHESIA	B	20%
OP HOSP - DENTAL DIAGNOSTIC	B	20%
OP HOSP - DENTAL PREVENTIVE	B	20%
OP HOSP - DENTAL RESTORATIVE	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 - SOMATIC MH	B	20%
OP HOSP - PRES DRUGS BASIC	NC	100%
OP HOSP - PRES DRUGS MH/CD	NC	100%
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	100%
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%

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-A

Per Capita Cost Development for Calendar Years 2008-2009

Assumed Average Managed Care Organization Liability for Dual Eligibles

Assumes all Part B Costs Valued at Medicare Allowable

CATEGORY OF SERVICE	Part A, B, Not Covered (NC)	Approximate Managed Care Liability
STERILIZATION - OP HOSP FEMALE	B	20%
STERILIZATION - OP HOSP MALE	B	20%
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 - MAXILLOFACIAL PROS	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 ASSESS & EVAL	B	80%
MH SERVICES CASE MANAGEMENT	B	100%
MH SERVICES CONSULTATION	B	80%
MH SERVICES EVIDENCE BASED PRACTICE	NC	100%
MH SERVICES FAMILY SUPPORT	B	100%
MH SERVICES ANCILLARY SERVICES	B	100%
MH SERVICES INTENSIVE THERAPY SVCS	B	100%
MH SERVICES MED MANAGEMENT	B	80%
MH SERVICES OP THERAPY	B	80%
MH SERVICES OTHER OP	B	100%
MH SERVICES PHYS IP	B	80%
MH SERVICES PHYS OP	B	80%
MH SERVICES PEO	NC	100%
MH SERVICES SUPPORT DAY PROGRAM	B	100%

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-B

Per Capita Cost Development for Calendar Years 2008-2009

Adjustments to Convert Reported Billed Charges to Estimated Managed Care Costs

CATEGORY OF SERVICE	MANAGED CARE ADJUSTMENT
PHYSICAL HEALTH	
ADMINISTRATIVE EXAMS	100.0%
ANESTHESIA	36.5%
EXCEPT NEEDS CARE COORDINATION	100.0%
FP - IP HOSP	59.6%
FP - OP HOSP	48.6%
FP - PHYS	53.3%
HYSTERECTOMY - ANESTHESIA	36.5%
HYSTERECTOMY - IP HOSP	60.6%
HYSTERECTOMY - OP HOSP	49.8%
HYSTERECTOMY - PHYS	38.9%
IP HOSP - ACUTE DETOX	59.1%
IP HOSP - MATERNITY	61.4%
IP HOSP - MATERNITY / STERILIZATION	59.8%
IP HOSP - MEDICAL/SURGICAL	59.4%
IP HOSP - NEWBORN	58.5%
IP HOSP - POST HOSP EXTENDED CARE	59.6%
LAB & RAD - DIAGNOSTIC X-RAY	45.4%
LAB & RAD - LAB	48.8%
LAB & RAD - THERAPEUTIC X-RAY	30.7%
OP ER - SOMATIC MH	46.6%
OP HOSP - BASIC	47.8%
OP HOSP - DENTAL ANESTHESIA	47.1%
OP HOSP - DENTAL DIAGNOSTIC	47.1%
OP HOSP - DENTAL PREVENTIVE	47.1%
OP HOSP - DENTAL RESTORATIVE	47.1%
OP HOSP - EMERGENCY ROOM	45.7%
OP HOSP - LAB & RAD	46.7%
OP HOSP - MATERNITY	47.4%
OP HOSP - POST HOSP EXTENDED CARE	45.2%
OP HOSP - SOMATIC MH	47.6%
OP HOSP - PRES DRUGS BASIC	47.6%
OP HOSP - PRES DRUGS MH/CD	47.5%
OTH MED - DME	64.3%
OTH MED - HHC/PDN	47.4%
OTH MED - HOSPICE	46.6%
OTH MED - MATERNITY MGT	100.0%
OTH MED - SUPPLIES	64.3%
PHYS CONSULTATION, IP & ER VISITS	43.7%
PHYS HOME OR LONG-TERM CARE VISITS	62.0%
PHYS MATERNITY	73.5%
PHYS NEWBORN	58.4%
PHYS OFFICE VISITS	58.4%
PHYS OTHER	54.9%
PHYS SOMATIC MH	54.3%
PRES DRUGS - BASIC	98.6%
PRES DRUGS - FP	98.6%
PRES DRUGS - MH/CD	100.0%
SCHOOL-BASED HEALTH SERVICES	100.0%
STERILIZATION - ANESTHESIA FEMALE	36.5%
STERILIZATION - ANESTHESIA MALE	36.5%
STERILIZATION - IP HOSP FEMALE	59.8%
STERILIZATION - IP HOSP MALE	59.6%

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-B

Per Capita Cost Development for Calendar Years 2008-2009

Adjustments to Convert Reported Billed Charges to Estimated Managed Care Costs

CATEGORY OF SERVICE	MANAGED CARE ADJUSTMENT
STERILIZATION - OP HOSP FEMALE	47.1%
STERILIZATION - OP HOSP MALE	47.7%
STERILIZATION - PHY FEMALE	40.0%
STERILIZATION - PHY MALE	74.2%
SURGERY	36.5%
TARGETED CASE MAN - BABIES FIRST	100.0%
TARGETED CASE MAN - HIV	100.0%
TARGETED CASE MAN - SUBS ABUSE MOMS	100.0%
THERAPEUTIC ABORTION - IP HOSP	100.0%
THERAPEUTIC ABORTION - OP HOSP	100.0%
THERAPEUTIC ABORTION - PHYS	100.0%
TRANSPORTATION - AMBULANCE	58.2%
TRANSPORTATION - OTHER	100.0%
VISION CARE - EXAMS & THERAPY	85.7%
VISION CARE - MATERIALS & FITTING	89.8%
CHEMICAL DEPENDENCY	
CD SERVICES - ALTERNATIVE TO DETOX	100.0%
CD SERVICES - METHADONE	100.0%
CD SERVICES - OP	100.0%
DENTAL	
DENTAL - ADJUNCTIVE GENERAL	87.0%
DENTAL - ANESTHESIA SURGICAL	87.1%
DENTAL - DIAGNOSTIC	85.6%
DENTAL - ENDODONTICS	86.0%
DENTAL - I/P FIXED	100.0%
DENTAL - MAXILLOFACIAL PROS	77.3%
DENTAL - ORAL SURGERY	90.5%
DENTAL - ORTHODONTICS	100.0%
DENTAL - PERIODONTICS	94.7%
DENTAL - PREVENTIVE	97.7%
DENTAL - PROS REMOVABLE	90.2%
DENTAL - RESTORATIVE	92.6%
MENTAL HEALTH	
MH SERVICES ACUTE INPATIENT	58.8%
MH SERVICES ALTERNATIVE TO IP	91.9%
MH SERVICES ASSESS & EVAL	91.9%
MH SERVICES CASE MANAGEMENT	91.9%
MH SERVICES CONSULTATION	91.9%
MH SERVICES EVIDENCE BASED PRACTICE	91.9%
MH SERVICES FAMILY SUPPORT	91.9%
MH SERVICES ANCILLARY SERVICES	91.9%
MH SERVICES INTENSIVE THERAPY SVCS	91.9%
MH SERVICES MED MANAGEMENT	91.9%
MH SERVICES OP THERAPY	91.9%
MH SERVICES OTHER OP	91.9%
MH SERVICES PHYS IP	91.9%
MH SERVICES PHYS OP	91.9%
MH SERVICES PEO	91.9%
MH SERVICES SUPPORT DAY PROGRAM	91.9%

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2008-2009
Adjustments for Incurred But Not Reported (IBNR) Claims

EXHIBIT 6-C

MANAGED CARE IBNR ADJUSTMENTS			
Service Category	DUAL-MED	OHP STANDARD	ALL OTHER
Professional Services	1.013	1.020	1.006
Inpatient Services	1.013	1.020	1.009
Outpatient Services	1.013	1.020	1.010
Prescription Drugs	1.000	1.000	1.000
Mental Health Services	1.013	1.020	1.006
Dental Services	1.009	1.020	1.012

FEE-FOR-SERVICE IBNR ADJUSTMENTS			
Service Category	DUAL-MED	OHP STANDARD	ALL OTHER
Professional Services	1.005	1.010	1.016
Inpatient Services	1.048	1.002	1.006
Outpatient Services	1.028	1.004	1.004
Prescription Drugs	1.000	1.000	1.000
Mental Health Services	1.021	1.005	1.006
Dental Services	1.003	1.002	1.002

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2008-2009
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	1.296	1.000	1.106
Outpatient Hospital	1.164	1.000	1.113

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-E

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Change in Liability for Prescription Drugs Removed from "Frozen Drugs" List¹

Eligibility Category	ADJUSTMENT TO "PRES DRUGS - BASIC" SERVICE CATEGORY	
	Managed Care	Fee-for-Service
Temporary Assistance to Needy Families (Adults Only)	1.0002	0.9988
Poverty Level Medical Adults	1.0002	0.9987
PLM, TANF, and CHIP Children < 1	1.0001	0.9998
PLM, TANF, and CHIP Children 1 - 5	1.0002	0.9994
PLM, TANF, and CHIP Children 6 - 18	1.0001	0.9986
Aid to the Blind/Aid to the Disabled with Medicare	1.0002	0.9997
Aid to the Blind/Aid to the Disabled without Medicare	1.0002	0.9994
Old Age Assistance with Medicare	1.0001	0.9998
Old Age Assistance without Medicare	1.0000	0.9982
SCF Children	1.0002	0.9994
CAWEM (Citizen-Alien Waived Emergency Medical)	N/A	1.0000
OHP Families	1.0000	1.0000
OHP Adults & Couples	1.0000	1.0000

¹ These adjustments reflect the increase in FCHP liability and decrease in FFS liability effective October 2003 due to the removal of certain prescription drugs from the "Frozen Drugs" List. Data underlying the per capita costs does not reflect FCHP responsibility for frozen drugs from July through September 2003.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-F

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Change in Liability for Neurontin¹

Eligibility Category	ADJUSTMENT TO "PRES DRUGS - BASIC" SERVICE CATEGORY	
	Managed Care	Fee-for-Service
Temporary Assistance to Needy Families (Adults Only)	1.002	0.984
Poverty Level Medical Adults	1.000	1.000
PLM, TANF, and CHIP Children < 1	1.000	1.000
PLM, TANF, and CHIP Children 1 - 5	1.000	1.000
PLM, TANF, and CHIP Children 6 - 18	1.000	0.999
Aid to the Blind/Aid to the Disabled with Medicare	1.005	0.992
Aid to the Blind/Aid to the Disabled without Medicare	1.004	0.988
Old Age Assistance with Medicare	1.002	0.997
Old Age Assistance without Medicare	1.003	0.983
SCF Children	1.000	0.999
CAWEM (Citizen-Alien Waived Emergency Medical)	N/A	1.000
OHP Families	1.000	1.000
OHP Adults & Couples	1.000	1.000

¹ These adjustments reflect the increase in FCHP liability and decrease in FFS liability effective October 2003 due to Neurontin coverage by FCHPs. Data underlying the per capita costs does not reflect FCHP responsibility for Neurontin from July through September 2003.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-G

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Change in Liability for Lamictal¹

Eligibility Category	ADJUSTMENT TO "PRES DRUGS MH/CD" SERVICE CATEGORY	
	Managed Care	Fee-for-Service
Temporary Assistance to Needy Families (Adults Only)	0.000	1.021
Poverty Level Medical Adults	0.000	1.020
PLM, TANF, and CHIP Children < 1	0.000	1.660
PLM, TANF, and CHIP Children 1 - 5	0.000	1.267
PLM, TANF, and CHIP Children 6 - 18	0.000	1.026
Aid to the Blind/Aid to the Disabled with Medicare	0.000	1.019
Aid to the Blind/Aid to the Disabled without Medicare	0.000	1.027
Old Age Assistance with Medicare	0.000	1.003
Old Age Assistance without Medicare	0.000	1.000
SCF Children	0.000	1.006
CAWEM (Citizen-Alien Waived Emergency Medical)	N/A	1.000
OHP Families	0.000	1.019
OHP Adults & Couples	0.000	1.012

¹ These adjustments reflect the increase in FFS liability and decrease in FCHP liability effective October 2005.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-H

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Change in Drug Coverage due to Medicare Part D¹

MANAGED CARE - LIABILITY ADJUSTMENT			
Service Categories			
Eligibility Category	Prescription Drugs (Basic)	Prescription Drugs (Family Planning)	Prescription Drugs (MH/CD)
Aid to the Blind/Aid to the Disabled with Medicare	4.7%	0.0%	N/A
Old Age Assistance with Medicare	5.2%	0.0%	N/A

FEE-FOR-SERVICE - LIABILITY ADJUSTMENT			
Service Categories			
Eligibility Category	Prescription Drugs (Basic)	Prescription Drugs (Family Planning)	Prescription Drugs (MH/CD)
Aid to the Blind/Aid to the Disabled with Medicare	3.5%	0.0%	1.0%
Old Age Assistance with Medicare	4.9%	0.0%	1.8%

¹ Effective January 2006

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-I

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Mental Health Long Term Care Case Management - Managed Care

Service Category	All Eligibility Categories
MH SERVICES CASE MANAGEMENT	1.036

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-J

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Mental Health Alcohol and Drug Case Management - Fee-for-Service

Service Category	All Eligibility Categories
MH SERVICES CASE MANAGEMENT	1.001

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-K

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Emergency Department Triage Savings - Fee-for-Service

Service Category	Eligibility Categories	
	DUAL-MED	OHP PLUS [NON DUAL] and OHP STANDARD ONLY
OP ER - SOMATIC MH	1.000	0.546
OP HOSP - EMERGENCY ROOM	1.000	0.546

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-L

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Reduction in Covered Prioritized List to Line 546

Eligibility Category	Managed Care Adjustment			
	PHYSICAL HEALTH	CHEMICAL DEPENDENCY	DENTAL	MENTAL HEALTH
Temporary Assistance to Needy Families (Adults Only)	0.996	1.000	1.000	1.000
Poverty Level Medical Adults	1.000	1.000	1.000	1.000
PLM, TANF, and CHIP Children < 1	0.996	1.000	1.000	1.000
PLM, TANF, and CHIP Children 1 - 5	0.989	1.000	1.000	1.000
PLM, TANF, and CHIP Children 6 - 18	0.990	1.000	1.000	1.000
Aid to the Blind/Aid to the Disabled with Medicare	0.996	1.000	1.000	1.000
Aid to the Blind/Aid to the Disabled without Medicare	0.996	1.000	1.000	1.000
Old Age Assistance with Medicare	0.997	1.000	1.000	1.000
Old Age Assistance without Medicare	0.994	1.000	1.000	1.000
SCF Children	0.993	1.000	1.000	1.000
OHP Families	1.000	1.000	1.000	1.000
OHP Adults & Couples	1.000	1.000	1.000	1.000

Eligibility Category	Fee-for-Service Adjustment			
	PHYSICAL HEALTH	CHEMICAL DEPENDENCY	DENTAL	MENTAL HEALTH
Temporary Assistance to Needy Families (Adults Only)	0.996	1.000	1.000	1.000
Poverty Level Medical Adults	1.000	1.000	1.000	1.000
PLM, TANF, and CHIP Children < 1	0.998	1.000	0.996	1.000
PLM, TANF, and CHIP Children 1 - 5	0.992	1.000	1.000	1.000
PLM, TANF, and CHIP Children 6 - 18	0.994	1.000	1.000	1.000
Aid to the Blind/Aid to the Disabled with Medicare	0.998	1.000	1.000	1.000
Aid to the Blind/Aid to the Disabled without Medicare	0.998	1.000	1.000	1.000
Old Age Assistance with Medicare	0.999	1.000	1.000	1.000
Old Age Assistance without Medicare	0.997	1.000	1.000	1.000
SCF Children	0.997	1.000	1.000	1.000
CAWEM (Citizen-Alien Waived Emergency Medical)	0.999	1.000	1.000	1.000
OHP Families	1.000	1.000	1.000	1.000
OHP Adults & Couples	1.000	1.000	1.000	1.000

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-M

Per Capita Cost Development for Calendar Years 2008-2009

Adjustment for Nutritional Counseling Services for Morbid Obesity

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
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00
OHP Families	\$0.28
OHP Adults & Couples	\$0.28

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Per Capita Cost Development for Calendar Years 2008-2009
Adjustment for Reimbursement Increases - Fee-for-Service

EXHIBIT 6-N

Service Category	All Eligibility Categories
OTH MED - DME	1.068
TRANSPORTATION - AMBULANCE	1.068

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Managed Care Data to Calendar Years 2008-2009

EXHIBIT 7-A

TANF RELATED ADULTS¹

Data Period Trend: OHP Plus - From Midpoint of Data Period [7/1/04] to End of Data Period [6/30/05]
 OHP Standard - From Midpoint of Data Period [7/1/05] to End of Data Period [12/31/05]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital ²	-12.8%	4.0%	-9.3%
Outpatient Hospital	-0.5%	4.0%	3.5%
Physician & Other	0.8%	0.0%	0.8%
Prescription Drug	5.6%	0.0%	5.6%
Dental	0.0%	2.8%	2.8%
Mental Health/CD	3.0%	2.8%	5.9%

Projection Period Trend: OHP Plus - From End of Data Period [6/30/05] to Midpoint of Projection Period [1/1/09]
 OHP Standard - From End of Data Period [12/31/05] to Midpoint of Projection Period [1/1/09]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.0%	3.4%	3.4%
Outpatient Hospital	0.0%	3.4%	3.4%
Physician & Other	3.9%	1.7%	5.7%
Prescription Drug	3.5%	4.1%	7.7%
Dental	3.7%	2.4%	6.2%
Mental Health/CD	3.0%	2.8%	5.9%

¹ These factors apply to the TANF, PLM Adults, and OHP Families 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 [7/1/04] to End of Data Period [6/30/05]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-2.3%	4.0%	1.6%
Outpatient Hospital	9.3%	4.0%	13.7%
Physician & Other	3.3%	0.0%	3.3%
Prescription Drug	11.7%	0.0%	11.7%
Dental	0.0%	2.8%	2.8%
Mental Health/CD	5.6%	2.8%	8.6%

Projection Period Trend: From End of Data Period [6/30/05] to Midpoint of Projection Period [1/1/09]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.0%	3.4%	3.4%
Outpatient Hospital	4.4%	3.4%	7.9%
Physician & Other	4.6%	1.7%	6.4%
Prescription Drug	3.5%	4.1%	7.7%
Dental	3.7%	2.4%	6.2%
Mental Health/CD	5.6%	2.8%	8.6%

³ These factors apply to the TANF, PLM, CHIP CHILDREN and SCF eligibility categories

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Managed Care Data to Calendar Years 2008-2009

EXHIBIT 7-A

DISABLED RELATED⁴

Data Period Trend: OHP Plus - From Midpoint of Data Period [7/1/04] to End of Data Period [6/30/05]
 OHP Standard - From Midpoint of Data Period [7/1/05] to End of Data Period [12/31/05]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	2.7%	4.0%	6.8%
Outpatient Hospital	2.2%	4.0%	6.3%
Physician & Other	4.2%	0.0%	4.2%
Prescription Drug	6.5%	0.0%	6.5%
Dental	5.2%	2.8%	8.1%
Mental Health/CD	0.0%	2.8%	2.8%

Projection Period Trend: OHP Plus - From End of Data Period [6/30/05] to Midpoint of Projection Period [1/1/09]
 OHP Standard - From End of Data Period [12/31/05] to Midpoint of Projection Period [1/1/09]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	4.4%	3.4%	7.9%
Outpatient Hospital	4.4%	3.4%	7.9%
Physician & Other	4.8%	1.7%	6.6%
Prescription Drug	3.5%	4.1%	7.7%
Dental	3.7%	2.4%	6.2%
Mental Health/CD	0.0%	2.8%	2.8%

⁴ These factors apply to the AB/AD without Medicare, OAA without Medicare, and OHP Adults and Couples eligibility categories

DISABLED RELATED - DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES⁵

Data Period Trend: From Midpoint of Data Period [7/1/04] to End of Data Period [6/30/05]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.0%	0.0%	0.0%
Outpatient Hospital	5.5%	4.0%	9.7%
Physician & Other	2.8%	0.0%	2.8%
Prescription Drug	5.5%	0.0%	5.5%
Dental	3.4%	2.8%	6.3%
Mental Health/CD	3.0%	2.8%	5.9%

Projection Period Trend: From End of Data Period [6/30/05] to Midpoint of Projection Period [1/1/09]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.0%	0.0%	0.0%
Outpatient Hospital	4.4%	3.4%	7.9%
Physician & Other	4.4%	1.7%	6.2%
Prescription Drug	3.5%	4.1%	7.7%
Dental	3.7%	2.4%	6.2%
Mental Health/CD	3.0%	2.8%	5.9%

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

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Fee-for-Service Data to Calendar Years 2008-2009

EXHIBIT 7-B

TANF RELATED ADULTS¹

Data Period Trend: OHP Plus - From Midpoint of Data Period [7/1/04] to End of Data Period [6/30/05]
 OHP Standard - From Midpoint of Data Period [7/1/05] to End of Data Period [12/31/05]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-15.0%	0.0%	-15.0%
Outpatient Hospital	8.5%	0.0%	8.5%
Physician & Other	0.3%	4.0%	4.3%
Prescription Drug	7.5%	3.5%	11.3%
Prescription Drug-MH/CD	7.5%	3.5%	11.3%
Dental	3.9%	3.0%	7.0%
Mental Health/CD	5.0%	20.0%	26.0%

Projection Period Trend: OHP Plus - From End of Data Period [6/30/05] to Midpoint of Projection Period [1/1/09]
 OHP Standard - From End of Data Period [12/31/05] to Midpoint of Projection Period [1/1/09]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.0%	0.0%	0.0%
Outpatient Hospital	4.4%	0.0%	4.4%
Physician & Other	4.8%	0.0%	4.8%
Prescription Drug	3.5%	4.1%	7.8%
Prescription Drug-MH/CD	3.5%	4.1%	7.8%
Dental	3.7%	0.0%	3.7%
Mental Health/CD	4.7%	0.0%	4.7%

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

CHILDREN²

Data Period Trend: From Midpoint of Data Period [7/1/04] to End of Data Period [6/30/05]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	5.0%	0.0%	5.0%
Outpatient Hospital	11.0%	0.0%	11.0%
Physician & Other	4.0%	3.0%	7.1%
Prescription Drug	6.0%	8.5%	15.0%
Prescription Drug-MH/CD	6.0%	8.5%	15.0%
Dental	19.5%	-3.5%	15.3%
Mental Health/CD	32.0%	-3.0%	28.0%

Projection Period Trend: From End of Data Period [6/30/05] to Midpoint of Projection Period [1/1/09]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	4.4%	0.0%	4.4%
Outpatient Hospital	4.4%	0.0%	4.4%
Physician & Other	4.8%	0.0%	4.8%
Prescription Drug	3.5%	4.1%	7.8%
Prescription Drug-MH/CD	3.5%	4.1%	7.8%
Dental	3.7%	0.0%	3.7%
Mental Health/CD	4.7%	0.0%	4.7%

² These factors apply to the TANF, PLM, CHIP CHILDREN and SCF eligibility categories

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Annual Trend Factors Used to Update Fee-for-Service Data to Calendar Years 2008-2009

EXHIBIT 7-B

DISABLED RELATED³

Data Period Trend: OHP Plus - From Midpoint of Data Period [7/1/04] to End of Data Period [6/30/05]
 OHP Standard - From Midpoint of Data Period [7/1/05] to End of Data Period [12/31/05]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	4.0%	0.0%	4.0%
Outpatient Hospital	4.3%	0.0%	4.3%
Physician & Other	0.0%	7.0%	7.0%
Prescription Drug	-0.4%	5.9%	5.5%
Prescription Drug-MH/CD	-0.4%	5.9%	5.5%
Dental	8.4%	1.0%	9.5%
Mental Health/CD	0.0%	0.0%	0.0%

Projection Period Trend: OHP Plus - From End of Data Period [6/30/05] to Midpoint of Projection Period [1/1/09]
 OHP Standard - From End of Data Period [12/31/05] to Midpoint of Projection Period [1/1/09]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	4.4%	0.0%	4.4%
Outpatient Hospital	8.0%	0.0%	8.0%
Physician & Other	4.8%	0.0%	4.8%
Prescription Drug	3.5%	4.1%	7.8%
Prescription Drug-MH/CD	3.5%	4.1%	7.8%
Dental	3.7%	0.0%	3.7%
Mental Health/CD	4.7%	0.0%	4.7%

³ These factors apply to the AB/AD without Medicare, OAA without Medicare, and OHP Adults and Couples eligibility categories

DISABLED RELATED - DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES⁴

Data Period Trend: From Midpoint of Data Period [7/1/04] to End of Data Period [6/30/05]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	9.5%	1.0%	10.6%
Outpatient Hospital	15.1%	6.0%	22.0%
Physician & Other	7.3%	2.5%	10.0%
Prescription Drug	4.3%	5.5%	10.0%
Prescription Drug-MH/CD	4.3%	5.5%	10.0%
Dental	26.8%	6.5%	35.0%
Mental Health/CD	-8.0%	6.0%	-2.5%

Projection Period Trend: From End of Data Period [6/30/05] to Midpoint of Projection Period [1/1/09]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	5.0%	0.0%	5.0%
Outpatient Hospital	8.0%	0.0%	8.0%
Physician & Other	4.8%	0.0%	4.8%
Prescription Drug	3.5%	4.1%	7.8%
Prescription Drug-MH/CD	3.5%	4.1%	7.8%
Dental	3.7%	0.0%	3.7%
Mental Health/CD	0.0%	0.0%	0.0%

⁴ These factors apply to the AB/AD with Medicare and OAA with Medicare eligibility categories.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009

EXHIBIT 8-A

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	167.6	1,008.8	74.9	83.0	42.8	195.4	200.6	219.1	199.2	72.0	72.9	116.1
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	6.9	11.3			1.0	1.4	3.3			5.2	4.1	1.3
FP - PHYS	189.4	554.0	0.2	0.1	29.6	32.4	59.7	0.0		31.4	133.7	40.2
HYSTERECTOMY - ANESTHESIA	3.0	1.1				0.7	1.4	0.6			2.0	1.9
HYSTERECTOMY - IP HOSP	5.1	1.0				2.4	3.5	0.8	1.0		1.5	3.0
HYSTERECTOMY - OP HOSP	0.2					0.1	0.0					
HYSTERECTOMY - PHYS	12.2	2.7			0.0	4.6	6.3	2.0	2.0		7.6	7.3
IP HOSP - ACUTE DETOX	1.3	0.3			0.1	1.9	3.7	0.7	1.9	0.2	0.5	5.4
IP HOSP - MATERNITY	80.4	1,222.8	0.2	0.0	5.1	3.2	8.9	0.0		2.0	2.0	1.3
IP HOSP - MATERNITY / STERILIZATION	6.5	57.6	0.0		0.0	0.2	0.7			0.1		
IP HOSP - MEDICAL/SURGICAL	49.5	17.7	86.6	22.3	13.8	144.0	267.2	280.5	230.7	20.0	35.8	117.6
IP HOSP - NEWBORN	0.1	1.9	647.5	0.1	0.0		0.1			2.0		
IP HOSP - POST HOSP EXTENDED CARE							0.0					
LAB & RAD - DIAGNOSTIC X-RAY	2,080.2	4,261.9	1,349.7	424.1	597.5	2,789.4	3,651.4	3,709.1	3,981.6	611.6	1,925.3	3,176.0
LAB & RAD - LAB	4,327.0	13,671.3	1,104.8	859.3	1,044.8	1,256.7	5,432.2	1,240.2	5,133.8	1,415.9	3,780.0	5,319.7
LAB & RAD - THERAPEUTIC X-RAY	34.7	1.2	2.2	1.0	3.8	79.4	157.4	160.1	146.2	1.4	15.6	140.9
OP ER - SOMATIC MH	26.2	8.7	0.3	0.7	8.3	81.3	78.2	16.2	3.8	20.8	13.5	49.0
OP HOSP - BASIC	1,121.6	828.7	1,234.9	643.7	425.6	1,851.9	2,368.7	1,749.0	1,793.6	578.6	776.1	1,488.0
OP HOSP - DENTAL ANESTHESIA												
OP HOSP - DENTAL DIAGNOSTIC												
OP HOSP - DENTAL PREVENTIVE												
OP HOSP - DENTAL RESTORATIVE												
OP HOSP - EMERGENCY ROOM	962.2	415.3	1,100.6	682.6	411.5	931.8	1,095.4	627.9	362.4	345.8	496.4	927.9
OP HOSP - LAB & RAD	1,399.5	1,549.1	874.8	456.6	506.6	1,655.8	2,503.9	1,781.6	2,100.7	565.0	1,199.8	2,023.4
OP HOSP - MATERNITY	406.3	4,512.2	1.1	0.3	35.8	15.9	59.8			18.8	65.6	18.6
OP HOSP - POST HOSP EXTENDED CARE	0.2	0.2	0.1		0.0	0.2	3.6	0.1		0.1		0.2
OP HOSP - PRES DRUGS BASIC	653.2	848.3	439.0	367.2	216.9	760.6	891.1	599.6	514.0	204.5	349.8	616.2
OP HOSP - PRES DRUGS MH/CD	14.3	4.2	0.1	0.3	2.7	30.3	37.3	7.5	1.0	3.7	11.7	31.6
OP HOSP - SOMATIC MH	39.4	11.2	1.9	10.5	17.9	105.4	155.6	31.6	18.1	76.6	28.0	60.3
OTH MED - DME	148.6	89.6	212.4	58.4	41.8	1,650.0	1,410.2	2,591.2	957.9	122.8	99.5	265.1
OTH MED - HHC/PDN	30.4	26.7	34.7	9.8	6.5	86.3	247.2	73.9	177.6	31.1	5.8	12.4
OTH MED - HOSPICE	0.6		0.5	0.0	0.0	0.7	25.2	11.5	65.8	0.3	0.6	3.4
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	1,700.4	1,433.1	1,765.4	1,473.1	824.8	189,122.9	153,071.3	284,223.9	139,261.6	13,790.4	3,179.8	2,806.0
PHYS CONSULTATION, IP & ER VISITS	1,288.8	792.3	2,705.1	610.9	396.7	2,260.7	2,677.8	2,955.3	2,091.4	462.3	879.0	1,767.9
PHYS HOME OR LONG-TERM CARE VISITS	2.3	1.4	16.5	2.6	0.3	117.5	85.0	497.4	135.4	9.0	0.6	4.3
PHYS MATERNITY	534.7	6,112.8	5.9	0.5	36.0	18.0	62.1	0.4		16.2	63.2	18.4
PHYS NEWBORN	4.0	23.6	1,056.7	4.8	4.4	9.8	11.4	13.2	11.8	19.7	1.2	3.9
PHYS OFFICE VISITS	5,594.4	2,938.7	16,852.0	5,367.4	2,713.1	6,584.1	8,329.8	5,856.8	7,331.2	4,722.0	5,399.9	9,327.5
PHYS OTHER	976.4	807.6	5,474.0	1,149.6	413.8	2,003.3	2,336.5	2,384.6	2,765.3	1,380.1	853.2	1,724.6

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009

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	562.7	155.3	15.7	99.8	273.4	1,179.7	1,414.0	534.2	250.3	845.6	412.5	780.0
PRES DRUGS - BASIC	14,694.8	11,926.0	4,968.7	3,894.5	3,604.6	2,535.9	41,195.8	3,549.8	35,829.8	7,448.4	14,814.9	30,010.9
PRES DRUGS - FP	634.7	768.0	1.6	1.3	135.1	0.1	228.0		5.7	191.3	663.0	278.7
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	15.5	75.4		0.0	0.0	0.9	1.5				2.6	0.7
STERILIZATION - ANESTHESIA MALE	0.0											
STERILIZATION - IP HOSP FEMALE	31.3	111.2			0.0	3.3	5.7				10.3	1.9
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	2.0	6.0				0.1	0.3				0.2	0.3
STERILIZATION - OP HOSP MALE	0.1		0.0								0.2	
STERILIZATION - PHY FEMALE	25.3	151.6			0.0	1.2	2.4				2.8	0.7
STERILIZATION - PHY MALE	1.6					0.6	0.3				3.0	0.1
SURGERY	979.6	2,011.0	755.2	242.2	275.4	1,122.4	1,797.9	1,330.9	1,443.7	336.4	1,030.5	1,752.1
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	155.2	216.0	130.2	47.6	40.1	407.3	597.1	699.5	338.6	58.3	98.7	286.7
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	399.6	374.4	44.3	125.0	408.0	530.2	557.2	638.0	740.0	487.0	70.0	164.2
VISION CARE - MATERIALS & FITTING	887.3	857.2	7.0	115.3	787.3	993.4	1,053.5	854.1	1,049.1	908.5	13.8	12.2
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	2.9	0.7		0.0	0.1	2.2	4.7	0.4	0.8		0.8	11.3
CD SERVICES - METHADONE	1,149.7	404.7	0.2	0.0	6.8	870.5	1,608.7	77.2		4.5	602.7	4,382.8
CD SERVICES - OP	1,309.9	765.5	1.2	0.2	189.2	584.1	579.8	28.4	1.6	1,012.3	384.2	1,127.1

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-A

Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009

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	187.7	128.1	0.3	43.2	34.3	208.4	155.1	135.2	113.7	36.1	58.1	71.3
DENTAL - ANESTHESIA SURGICAL	43.7	19.6	0.2	136.8	94.2	44.8	44.9	7.5	0.9	106.3	7.5	7.9
DENTAL - DIAGNOSTIC	2,050.1	1,993.0	20.8	1,280.1	1,942.1	1,790.8	1,644.0	957.8	1,565.6	1,897.2	594.6	665.2
DENTAL - ENDODONTICS	97.8	87.9	0.1	128.1	80.5	53.5	58.5	19.4	47.4	79.5	11.9	7.9
DENTAL - I/P FIXED	1.2	0.4			0.0	1.6	1.1	1.3	9.0	0.0	0.5	0.3
DENTAL - MAXILLOFACIAL PROS												
DENTAL - ORAL SURGERY	428.2	214.5	1.7	103.9	176.4	369.5	336.5	204.7	406.4	135.4	122.0	188.1
DENTAL - ORTHODONTICS	0.1			0.0	0.3		0.2			0.4		
DENTAL - PERIODONTICS	228.7	170.8	0.2	0.5	16.6	284.7	185.2	94.2	203.2	16.4	5.1	2.4
DENTAL - PREVENTIVE	504.6	665.2	14.7	608.0	1,285.6	646.6	577.7	274.8	270.3	1,306.1	23.2	8.2
DENTAL - PROS REMOVABLE	89.9	12.4	0.1	0.0	1.2	198.0	163.3	281.3	458.3	0.7	6.1	4.3
DENTAL - RESTORATIVE	887.6	934.1	1.7	776.0	928.9	772.8	713.1	307.7	435.9	987.1	79.3	59.5
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	46.8	21.1		0.4	36.2	396.3	325.3	65.3	63.0	130.3	46.4	109.8
MH SERVICES ALTERNATIVE TO IP	6.6	3.3		0.2	6.2	105.5	95.7	1.1	14.4	92.6	0.3	30.1
MH SERVICES ASSESS & EVAL	160.9	75.2	1.3	35.6	114.4	187.0	186.1	34.5	47.3	385.7	57.6	106.6
MH SERVICES CASE MANAGEMENT	318.3	90.5	2.0	63.1	332.5	3,587.1	2,553.8	242.3	249.8	2,368.5	114.2	575.1
MH SERVICES CONSULTATION	3.9	2.7		1.4	7.9	18.1	19.4	4.2		83.8		0.9
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	2.4	0.9		2.9	10.4	412.1	252.4	27.0	108.3	49.0	1.1	38.8
MH SERVICES ANCILLARY SERVICES	13.5	0.2		0.6	3.5	12.9	50.4	20.8	113.7	2.9	6.4	7.6
MH SERVICES INTENSIVE THERAPY SVCS			0.9	0.1	22.8		30.3			499.9		
MH SERVICES MED MANAGEMENT	68.7	10.7		4.0	29.7	1,183.2	813.0	91.7	96.6	196.0	21.5	89.1
MH SERVICES OP THERAPY	538.0	153.8	1.2	86.0	386.4	916.1	906.5	99.5	82.9	2,763.6	266.3	475.6
MH SERVICES OTHER OP	1.0	3.8		0.1	1.0	1.6	2.7	1.2		1.4	6.2	2.1
MH SERVICES PHYS IP	189.4	39.2	0.6	19.7	145.2	1,097.2	867.1	138.0	81.5	1,023.5	120.8	307.4
MH SERVICES PHYS OP	732.3	242.6	6.1	184.6	693.3	1,590.2	1,378.6	165.8	217.9	4,034.2	571.8	996.6
MH SERVICES PEO												
MH SERVICES SUPPORT DAY PROGRAM	69.5	14.3		33.0	69.8	4,014.1	2,341.7	356.7	463.8	679.2	20.9	362.4

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009

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	107.8	48.5	2.9	3.4	8.9	42.3	229.7	1.6	4.7	545.7	0.1	21.3	135.8
ANESTHESIA	192.8	639.2	81.2	77.2	46.6	231.1	307.5	125.0	183.6	70.2	114.5	98.1	153.0
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	19.8	29.3			4.0	1.8	7.7		5.0	5.1		6.9	2.3
FP - PHYS	2,006.2	2,019.2	481.3	46.5	745.4	119.6	251.1	11.8	8.7	263.4	7.2	1,137.4	697.3
HYSTERECTOMY - ANESTHESIA	3.1	0.6				0.4	0.6	0.2			0.2	0.5	1.4
HYSTERECTOMY - IP HOSP	4.3	0.1				2.1	2.9	1.0			0.2	5.0	2.4
HYSTERECTOMY - OP HOSP	0.2						0.2	0.0					
HYSTERECTOMY - PHYS	9.7	1.4				1.5	3.8	0.2			0.2	10.6	7.7
IP HOSP - ACUTE DETOX													
IP HOSP - MATERNITY	82.1	751.0	0.1		8.0	1.7	5.6	0.0		1.8	180.9	4.2	0.4
IP HOSP - MATERNITY / STERILIZATION	4.8	23.5				0.1	0.3			0.1	3.6	0.4	
IP HOSP - MEDICAL/SURGICAL	40.6	10.6	105.7	34.3	20.3	194.4	291.7	260.4	240.1	27.6	10.3	34.9	105.0
IP HOSP - NEWBORN	0.0	1.2	2,278.4	0.5	0.0	0.1	1.0			19.5	0.3		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	2,263.5	4,239.5	2,037.4	380.9	572.7	431.9	4,109.5	286.2	2,884.7	586.9	76.7	1,774.0	3,129.2
LAB & RAD - LAB	4,196.9	11,330.7	911.7	519.1	844.1	587.2	4,798.6	239.6	2,832.2	842.6	21.4	3,084.0	4,443.0
LAB & RAD - THERAPEUTIC X-RAY	33.0	2.0	1.3	4.0	1.6	17.6	269.3	8.1	13.1	0.6	0.9	16.0	80.6
OP ER - SOMATIC MH	43.7	12.1	0.5	0.4	10.3	46.6	85.9	7.9	10.0	20.9		19.8	58.4
OP HOSP - BASIC	2,721.2	1,268.6	1,996.3	931.2	705.2	1,613.8	4,034.9	807.5	2,398.0	791.6	27.2	1,993.8	3,798.1
OP HOSP - DENTAL ANESTHESIA													
OP HOSP - DENTAL DIAGNOSTIC	0.7	0.6		0.2	0.5	0.6	2.3	0.2		0.3		8.9	0.9
OP HOSP - DENTAL PREVENTIVE	2.7	3.9	0.1	6.5	10.1	1.0	2.5	0.1	5.0	6.7		0.5	
OP HOSP - DENTAL RESTORATIVE					0.0								
OP HOSP - EMERGENCY ROOM	1,390.1	524.8	1,178.1	749.8	480.8	433.7	1,282.8	186.0	345.4	329.1	29.1	749.2	1,238.9
OP HOSP - LAB & RAD	2,687.1	2,251.5	1,104.6	496.4	609.5	588.9	3,719.3	340.2	2,237.8	743.4	22.4	2,129.8	4,055.4
OP HOSP - MATERNITY	572.3	6,045.3	0.8	0.2	41.2	3.7	44.8			15.6	22.4	64.8	22.1
OP HOSP - POST HOSP EXTENDED CARE													
OP HOSP - PRES DRUGS BASIC	1,044.7	1,080.0	507.1	432.1	269.3	258.2	1,358.4	63.4	400.5	228.7	30.5	536.0	818.5
OP HOSP - PRES DRUGS MH/CD	38.2	12.7	0.1	0.2	6.6	50.7	147.5	14.6	195.2	7.8	0.0	21.3	83.9
OP HOSP - SOMATIC MH	92.3	14.4	1.2	7.4	28.4	29.0	205.9	12.0	50.1	82.6		82.6	142.5
OTH MED - DME	157.7	50.4	276.5	95.5	44.5	2,187.9	1,970.3	2,403.2	992.2	196.0	0.8	125.2	265.2
OTH MED - HHC/PDN	39.3	19.0	60.1	21.9	13.2	108.7	582.1	156.4	345.3	96.1	0.1	1.9	8.9
OTH MED - HOSPICE	1.0			0.2	0.1	1.2	50.6	10.6	17.5	0.7		1.9	5.1
OTH MED - MATERNITY MGT	364.4	2,814.0	8.6	11.3	47.9	13.9	248.1			82.0	0.0	29.0	4.3
OTH MED - SUPPLIES	3,218.6	3,220.5	2,679.7	1,814.1	2,159.0	275,685.0	285,414.6	449,592.2	150,890.1	30,127.9	8.2	1,672.0	7,618.5
PHYS CONSULTATION, IP & ER VISITS	1,089.6	628.6	4,944.7	464.9	324.3	279.0	3,811.5	175.2	2,395.2	572.0	74.2	708.2	1,576.9
PHYS HOME OR LONG-TERM CARE VISITS	11.0	55.7	213.8	8.4	2.6	213.0	220.4	581.4	716.8	4.9			6.7
PHYS MATERNITY	572.6	5,249.8	15.5	0.3	34.0	5.7	37.0	0.0		12.7	327.9	52.2	15.2
PHYS NEWBORN	6.4	5.3	2,844.1	5.3	3.7	24.0	56.4	9.0	8.7	40.0	0.9	5.8	29.0
PHYS OFFICE VISITS	5,295.4	3,267.8	14,871.5	4,484.3	2,506.9	2,243.0	7,150.2	1,069.4	3,269.3	4,038.1	9.8	5,187.3	8,036.9
PHYS OTHER	767.1	873.0	3,129.4	734.7	326.7	2,416.5	4,710.2	3,557.3	3,656.1	2,065.3	6.8	651.2	1,153.2

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009

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	516.7	138.2	39.9	1,937.3	2,682.5	1,201.6	5,011.8	539.1	122.4	3,605.4	0.8	379.5	750.5
PRES DRUGS - BASIC	12,980.9	8,396.3	4,158.1	3,262.1	3,191.5	2,023.5	36,566.7	3,867.2	39,429.3	6,484.5	0.7	16,848.3	33,793.7
PRES DRUGS - FP	1,199.5	956.6	0.6	1.1	257.3	0.0	380.4		16.4	282.1	0.0	1,381.3	536.9
PRES DRUGS - MH/CD	3,724.2	1,011.1	3.0	41.1	554.5	182.0	11,332.7	183.5	2,810.3	3,550.7	0.2	3,866.3	7,766.8
SCHOOL-BASED HEALTH SERVICES		0.2	15.0	69.1	53.0	25.1	1,493.6			359.9			
STERILIZATION - ANESTHESIA FEMALE	12.4	43.6			0.0	1.5	1.0					6.3	0.6
STERILIZATION - ANESTHESIA MALE												0.5	
STERILIZATION - IP HOSP FEMALE	41.2	106.7				2.5	3.6				3.8		
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	2.0	7.7				0.1	0.1					2.5	0.5
STERILIZATION - OP HOSP MALE							0.1						
STERILIZATION - PHY FEMALE	22.7	83.2				0.8	1.2				1.3	7.7	0.8
STERILIZATION - PHY MALE	2.1					0.5	0.4					1.9	
SURGERY	810.3	1,611.5	902.3	158.9	195.1	493.7	1,634.9	289.1	1,118.9	247.3	28.6	915.5	1,551.5
TARGETED CASE MAN - BABIES FIRST			951.0	155.4		0.1	45.3			26.5			
TARGETED CASE MAN - HIV	0.0	0.2	0.5	0.0		0.9	1.3						0.2
TARGETED CASE MAN - SUBS ABUSE MOMS	10.6	42.9	4.0	0.1	2.0	0.2	1.2			0.1		2.0	1.0
THERAPEUTIC ABORTION - IP HOSP	0.0	0.8					0.0				0.1		0.1
THERAPEUTIC ABORTION - OP HOSP	17.7	84.6			1.3	0.1	0.8			0.5	0.1	3.2	2.0
THERAPEUTIC ABORTION - PHYS	90.3	442.8		0.0	7.0	1.2	3.8	0.0		2.4	2.4	19.6	10.7
TRANSPORTATION - AMBULANCE	127.9	138.2	139.5	45.6	44.8	79.9	1,158.8	72.7	301.6	121.8	31.8	60.9	218.0
TRANSPORTATION - OTHER	1,993.4	851.0	251.5	119.8	298.9	21,007.6	12,873.7	12,334.7	3,424.0	1,373.2		1.6	0.5
VISION CARE - EXAMS & THERAPY	277.6	141.9	60.4	78.9	222.4	208.3	362.9	162.9	327.8	232.8	0.0	96.2	182.2
VISION CARE - MATERIALS & FITTING	861.7	543.1	7.0	102.8	680.3	872.4	867.7	557.5	992.2	619.6			2.2
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	1,284.6	324.0	0.7	2.1	26.4	1,216.8	2,459.0	29.4		8.4		1,018.6	3,999.5
CD SERVICES - OP	2,730.8	1,148.6	0.5	2.0	496.1	440.4	626.3	4.1		4,703.9		876.7	2,484.3

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-B

Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009

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	28.5	9.6		9.8	5.7	32.0	20.0	14.7		13.2		6.7	15.9
DENTAL - ANESTHESIA SURGICAL	5.7	0.3	0.2	14.8	14.0	4.4	5.8	0.3		36.3			0.9
DENTAL - DIAGNOSTIC	177.5	123.1	2.0	164.5	243.5	188.0	183.8	78.1		409.5		54.5	64.4
DENTAL - ENDODONTICS	8.6	4.5		21.1	8.0	6.6	10.1	1.2		46.3		1.5	0.9
DENTAL - I/P FIXED								0.5					
DENTAL - MAXILLOFACIAL PROS													
DENTAL - ORAL SURGERY	35.9	13.8	0.6	24.7	35.6	34.0	47.0	18.1		51.8		19.4	35.9
DENTAL - ORTHODONTICS					0.1								
DENTAL - PERIODONTICS	18.5	11.5		0.1	2.3	15.7	7.3	5.4		1.2		3.0	
DENTAL - PREVENTIVE	15.6	19.7		88.2	171.7	36.2	63.7	9.0		233.4			
DENTAL - PROS REMOVABLE	5.3				0.1	16.3	6.6	19.2		0.6		0.7	0.5
DENTAL - RESTORATIVE	88.4	57.4	1.0	151.3	152.7	99.7	94.3	21.7		289.6		5.2	1.9
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	384.4	110.0	29.4	5.8	142.2	1,394.0	2,712.2	434.6	922.8	524.4	8.3	300.3	1,140.8
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ASSESS & EVAL	119.0	30.7		22.2	76.0	97.7	139.1	8.0		402.7		35.0	90.9
MH SERVICES CASE MANAGEMENT	153.2	58.3		497.9	2,318.6	1,324.1	5,159.2	47.9	65.1	10,764.7		167.9	693.3
MH SERVICES CONSULTATION	2.4	0.6		0.7	4.1	18.7	16.2	1.7		49.7		1.2	1.3
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES ANCILLARY SERVICES	2.6	0.6		0.3	3.3	3.9	25.1	0.3		127.6		3.6	9.4
MH SERVICES INTENSIVE THERAPY SVCS													
MH SERVICES MED MANAGEMENT	28.6	7.5		1.9	12.3	1,035.3	765.7	10.6		108.5		18.1	135.0
MH SERVICES OP THERAPY	229.5	47.3		55.3	239.9	1,388.6	938.7	41.0	26.0	1,474.2		256.9	521.3
MH SERVICES OTHER OP				3.2	1.8	3.4	12.9	0.1		22.1			4.0
MH SERVICES PHYS IP	115.2	50.3	0.4	11.7	125.3	891.1	849.5	53.7	39.0	762.4	0.8	191.8	504.6
MH SERVICES PHYS OP	245.7	76.3	0.8	112.6	389.5	3,535.7	2,485.6	61.7	285.9	2,774.2	0.1	372.7	686.3
MH SERVICES PEO													
MH SERVICES SUPPORT DAY PROGRAM	38.0	10.5		45.5	85.9	3,522.7	2,101.1	84.7	78.0	744.6		16.9	473.2

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009
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	CAWEM	OHPFAM	OHPAC
PHYSICAL HEALTH													
ADMINISTRATIVE EXAMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
ANESTHESIA	\$313.98	\$329.81	\$338.83	\$273.70	\$277.83	\$63.06	\$332.32	\$57.98	\$325.88	\$276.59		\$323.23	\$363.49
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$127.17	\$165.73			\$84.10	\$18.18	\$121.51			\$108.38		\$125.71	\$279.92
FP - PHYS	\$72.17	\$90.22	\$88.84	\$48.61	\$39.66	\$8.85	\$45.54	\$0.87		\$40.07		\$75.78	\$44.08
HYSTERECTOMY - ANESTHESIA	\$368.83	\$451.41				\$72.49	\$404.54	\$82.02				\$440.98	\$466.92
HYSTERECTOMY - IP HOSP	\$8,340.84	\$9,887.90					\$9,656.09		\$4,069.81			\$8,274.96	\$9,947.32
HYSTERECTOMY - OP HOSP	\$2,914.31					\$847.84	\$5,953.22						
HYSTERECTOMY - PHYS	\$568.17	\$539.74			\$702.37	\$106.59	\$616.03	\$133.92	\$414.08			\$637.26	\$686.77
IP HOSP - ACUTE DETOX	\$3,337.14	\$7,340.05			\$3,821.05		\$5,889.60		\$2,802.36	\$3,398.14		\$3,517.44	\$5,244.77
IP HOSP - MATERNITY	\$4,710.70	\$4,718.69	\$5,798.46	\$2,214.14	\$4,846.56		\$6,191.33			\$5,422.35		\$3,745.57	\$5,838.75
IP HOSP - MATERNITY / STERILIZATION	\$6,337.46	\$6,129.95	\$4,184.89		\$5,920.69		\$6,077.83			\$20,421.12			
IP HOSP - MEDICAL/SURGICAL	\$11,080.01	\$8,483.47	\$9,766.56	\$6,940.83	\$10,553.91		\$13,115.56		\$14,383.39	\$8,622.73		\$10,502.55	\$13,221.09
IP HOSP - NEWBORN	\$5,595.00	\$3,269.81	\$3,590.95	\$7,521.28	\$7,718.53		\$10,518.50			\$6,071.74			
IP HOSP - POST HOSP EXTENDED CARE							\$155.95						
LAB & RAD - DIAGNOSTIC X-RAY	\$57.79	\$86.87	\$31.26	\$31.26	\$37.94	\$9.79	\$47.35	\$8.48	\$50.62	\$39.76		\$56.81	\$54.55
LAB & RAD - LAB	\$20.00	\$18.22	\$13.29	\$12.77	\$15.70		\$19.06		\$17.91	\$17.69		\$20.97	\$21.47
LAB & RAD - THERAPEUTIC X-RAY	\$101.98	\$40.81	\$48.00	\$68.08	\$115.10	\$18.73	\$114.66	\$20.78	\$115.25	\$122.78		\$109.19	\$120.89
OP ER - SOMATIC MH	\$218.51	\$189.01	\$224.11	\$196.80	\$238.97	\$51.38	\$274.59	\$52.35	\$242.09	\$271.50		\$269.12	\$286.32
OP HOSP - BASIC	\$272.78	\$205.47	\$165.93	\$278.01	\$252.75	\$130.61	\$347.54	\$119.98	\$503.34	\$287.93		\$306.21	\$328.79
OP HOSP - DENTAL ANESTHESIA													
OP HOSP - DENTAL DIAGNOSTIC													
OP HOSP - DENTAL PREVENTIVE													
OP HOSP - DENTAL RESTORATIVE													
OP HOSP - EMERGENCY ROOM	\$181.17	\$168.51	\$135.95	\$142.47	\$160.23	\$42.17	\$199.75	\$50.29	\$263.54	\$162.75		\$218.14	\$211.24
OP HOSP - LAB & RAD	\$196.99	\$107.78	\$133.90	\$129.84	\$155.11	\$53.73	\$214.72	\$55.82	\$249.68	\$164.44		\$196.68	\$237.51
OP HOSP - MATERNITY	\$248.73	\$199.31	\$196.21	\$85.52	\$248.05	\$86.76	\$271.18			\$288.64		\$320.87	\$339.32
OP HOSP - POST HOSP EXTENDED CARE	\$332.23	\$371.98	\$238.21		\$138.12	\$82.22	\$440.26	\$86.44		\$296.00			\$241.60
OP HOSP - PRES DRUGS BASIC	\$57.82	\$62.49	\$34.24	\$35.47	\$45.92	\$103.75	\$102.61	\$100.09	\$185.20	\$41.91		\$110.09	\$74.99
OP HOSP - PRES DRUGS MH/CD	\$29.99	\$22.87	\$29.26	\$65.11	\$24.92	\$44.68	\$40.29	\$48.68	\$235.83	\$28.57		\$38.06	\$46.49
OP HOSP - SOMATIC MH	\$150.08	\$147.25	\$271.66	\$196.78	\$147.81	\$38.64	\$167.92	\$57.52	\$145.08	\$148.16		\$199.64	\$248.81
OTH MED - DME	\$105.11	\$74.41	\$79.73	\$61.20	\$69.82	\$32.53	\$168.21	\$26.97	\$118.46	\$129.19		\$106.28	\$117.20
OTH MED - HHC/PCDN	\$138.54	\$162.13	\$138.66	\$153.68	\$113.69		\$230.50		\$190.15	\$181.71		\$129.91	\$134.89
OTH MED - HOSPICE	\$1,402.67		\$1,376.99	\$1,858.12	\$659.93		\$1,423.75		\$1,328.84	\$781.15		\$775.76	\$1,341.86
OTH MED - MATERNITY MGT													
OTH MED - SUPPLIES	\$6.39	\$10.07	\$10.29	\$3.28	\$3.86	\$0.89	\$1.09	\$0.67	\$0.59	\$1.63		\$4.11	\$10.33
PHYS CONSULTATION, IP & ER VISITS	\$98.02	\$94.09	\$136.87	\$89.20	\$93.17	\$19.08	\$96.92	\$18.43	\$97.61	\$102.08		\$105.30	\$105.93
PHYS HOME OR LONG-TERM CARE VISITS	\$74.71	\$94.93	\$56.69	\$59.79	\$78.04	\$15.75	\$82.91	\$13.69	\$102.05	\$62.79		\$86.13	\$74.71
PHYS MATERNITY	\$549.47	\$598.51	\$195.35	\$261.12	\$433.06	\$112.70	\$407.99	\$21.03		\$423.73		\$220.75	\$197.47
PHYS NEWBORN	\$85.58	\$71.60	\$71.78	\$136.27	\$159.86	\$19.07	\$110.95	\$20.67	\$132.00	\$138.92		\$90.16	\$83.05
PHYS OFFICE VISITS	\$55.21	\$48.82	\$45.20	\$47.91	\$52.99	\$11.46	\$56.55	\$12.04	\$57.54	\$53.09		\$58.39	\$53.21
PHYS OTHER	\$61.31	\$38.47	\$16.30	\$16.59	\$38.17	\$22.14	\$128.25	\$23.89	\$190.61	\$59.63		\$91.23	\$84.62

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009
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	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$54.51	\$58.97	\$67.98	\$68.47	\$56.72	\$8.86	\$47.62	\$11.73	\$50.03	\$61.44		\$57.71	\$62.32
PRES DRUGS - BASIC	\$31.39	\$24.62	\$29.10	\$23.68	\$37.62	\$48.28	\$51.56	\$34.02	\$31.44	\$52.56		\$35.80	\$42.15
PRES DRUGS - FP	\$40.70	\$47.19	\$50.32	\$40.45	\$43.18	\$43.04	\$43.20	\$24.45	\$38.96	\$107.00		\$40.23	\$36.65
PRES DRUGS - MH/CD													
SCHOOL-BASED HEALTH SERVICES													
STERILIZATION - ANESTHESIA FEMALE	\$268.56	\$262.55		\$232.43	\$339.35	\$53.26	\$281.18					\$292.04	\$226.64
STERILIZATION - ANESTHESIA MALE	\$255.67												
STERILIZATION - IP HOSP FEMALE	\$1,463.72	\$2,719.09			\$6,254.03		\$979.17					\$250.26	\$231.53
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$1,151.46	\$1,152.39				\$197.72	\$1,202.39					\$889.58	\$1,227.96
STERILIZATION - OP HOSP MALE	\$510.93		\$2,348.54									\$285.44	
STERILIZATION - PHY FEMALE	\$260.05	\$239.12			\$180.79	\$68.39	\$309.10					\$406.35	\$395.87
STERILIZATION - PHY MALE	\$568.64					\$107.04	\$525.27					\$541.94	\$620.83
SURGERY	\$139.91	\$35.88	\$105.60	\$162.71	\$142.25	\$41.57	\$153.81	\$43.51	\$193.05	\$142.48		\$110.68	\$130.26
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	\$276.39	\$333.84	\$598.33	\$338.91	\$305.44	\$42.46	\$276.26	\$43.57	\$251.55	\$332.73		\$268.24	\$269.57
TRANSPORTATION - OTHER													
VISION CARE - EXAMS & THERAPY	\$70.81	\$68.52	\$109.76	\$66.58	\$65.36	\$77.13	\$78.46	\$84.90	\$79.12	\$64.78		\$101.23	\$103.06
VISION CARE - MATERIALS & FITTING	\$26.42	\$25.20	\$35.61	\$25.58	\$25.24	\$27.28	\$28.17	\$28.85	\$31.78	\$25.07		\$28.74	\$51.35
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX	\$1,761.28	\$1,464.74		\$730.35	\$1,438.05	\$2,248.56	\$1,081.64	\$1,226.05	\$486.90			\$4,158.08	\$1,577.17
CD SERVICES - METHADONE	\$32.67	\$40.76	\$54.19	\$34.45	\$41.40	\$42.76	\$37.79	\$45.09		\$61.50		\$29.02	\$33.86
CD SERVICES - OP	\$66.17	\$63.17	\$48.08	\$33.93	\$65.70	\$25.50	\$52.76	\$26.30	\$47.56	\$66.50		\$55.83	\$56.57

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of MCO Monthly Per Capita Cost for Calendar Years 2008-2009
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	CAWEM	OHPFAM	OHPAC
DENTAL													
DENTAL - ADJUNCTIVE GENERAL	\$130.62	\$125.14	\$134.22	\$168.57	\$121.49	\$116.95	\$126.90	\$93.17	\$112.40	\$143.38		\$139.27	\$147.17
DENTAL - ANESTHESIA SURGICAL	\$81.29	\$74.81	\$88.92	\$61.39	\$45.00	\$89.89	\$84.10	\$113.52	\$9.73	\$49.09		\$52.37	\$69.24
DENTAL - DIAGNOSTIC	\$36.69	\$36.19	\$39.72	\$28.48	\$30.07	\$32.33	\$32.01	\$30.52	\$28.86	\$29.30		\$31.00	\$31.15
DENTAL - ENDODONTICS	\$312.71	\$310.64	\$105.65	\$101.16	\$191.03	\$329.05	\$279.28	\$291.97	\$292.76	\$164.84		\$140.25	\$150.16
DENTAL - I/P FIXED	\$172.22	\$60.38			\$358.55	\$302.70	\$254.95	\$85.66	\$103.35	\$310.52		\$97.98	\$101.36
DENTAL - MAXILLOFACIAL PROS													
DENTAL - ORAL SURGERY	\$111.17	\$117.55	\$111.29	\$86.13	\$94.39	\$104.69	\$107.23	\$101.47	\$95.38	\$100.96		\$109.37	\$108.36
DENTAL - ORTHODONTICS	\$103.88			\$279.24	\$791.74		\$853.06			\$1,805.90			
DENTAL - PERIODONTICS	\$121.33	\$109.65	\$201.12	\$130.68	\$102.93	\$110.46	\$114.37	\$98.51	\$105.37	\$88.90		\$114.88	\$108.09
DENTAL - PREVENTIVE	\$47.04	\$48.53	\$34.20	\$53.28	\$49.28	\$50.76	\$49.06	\$52.37	\$51.99	\$47.85		\$46.32	\$40.24
DENTAL - PROS REMOVABLE	\$438.66	\$377.03	\$806.08	\$676.43	\$390.16	\$361.04	\$378.09	\$320.96	\$376.17	\$275.48		\$292.90	\$282.93
DENTAL - RESTORATIVE	\$102.66	\$91.23	\$110.68	\$117.62	\$96.13	\$108.97	\$106.30	\$106.00	\$94.76	\$93.88		\$96.29	\$84.36
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$1,041.78	\$1,024.47		\$1,064.71	\$1,008.92		\$959.20		\$1,029.70	\$973.43		\$1,133.72	\$1,067.01
MH SERVICES ALTERNATIVE TO IP	\$257.04	\$337.08		\$558.26	\$513.77	\$225.68	\$289.45	\$248.58	\$166.57	\$521.96		\$261.53	\$229.07
MH SERVICES ASSESS & EVAL	\$121.70	\$115.21	\$134.73	\$129.50	\$133.90	\$97.32	\$129.72	\$121.30	\$157.30	\$129.23		\$106.49	\$117.10
MH SERVICES CASE MANAGEMENT	\$54.98	\$58.11	\$64.99	\$49.40	\$59.21	\$62.07	\$64.68	\$67.88	\$69.74	\$64.69		\$53.01	\$57.06
MH SERVICES CONSULTATION	\$54.13	\$50.84		\$48.96	\$54.85	\$35.06	\$48.77	\$42.99		\$58.50			\$38.96
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT	\$53.74	\$65.85		\$39.48	\$41.57	\$53.49	\$50.85	\$42.38	\$22.60	\$70.87		\$424.86	\$17.60
MH SERVICES ANCILLARY SERVICES	\$45.75	\$43.38		\$62.93	\$69.38	\$39.74	\$47.48	\$53.23	\$44.10	\$35.52		\$49.50	\$46.71
MH SERVICES INTENSIVE THERAPY SVCS			\$319.99	\$341.47	\$424.23		\$899.56			\$683.72			
MH SERVICES MED MANAGEMENT	\$58.80	\$60.06		\$74.18	\$68.70	\$36.87	\$48.19	\$42.58	\$90.03	\$61.94		\$55.75	\$38.30
MH SERVICES OP THERAPY	\$96.51	\$98.00	\$118.31	\$82.40	\$92.17	\$66.55	\$85.79	\$77.07	\$108.25	\$90.47		\$95.06	\$93.95
MH SERVICES OTHER OP	\$189.02	\$270.71		\$645.47	\$488.67	\$127.80	\$363.50	\$93.55	\$622.79	\$622.79		\$216.57	\$263.94
MH SERVICES PHYS IP	\$94.62	\$98.18	\$118.45	\$82.01	\$90.96	\$70.59	\$97.59	\$69.38	\$112.58	\$86.70		\$107.87	\$97.81
MH SERVICES PHYS OP	\$109.40	\$113.27	\$121.53	\$101.37	\$116.28	\$73.35	\$109.89	\$90.66	\$136.99	\$133.46		\$117.41	\$105.85
MH SERVICES PEO													
MH SERVICES SUPPORT DAY PROGRAM	\$76.45	\$73.02		\$88.99	\$89.41	\$97.23	\$95.66	\$105.22	\$117.19	\$88.47		\$84.81	\$78.21

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009

EXHIBIT 9-B

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	\$129.92	\$186.72	\$18.52	\$80.41	\$152.62	\$144.12	\$111.26	\$89.93	\$90.74	\$136.10	\$32.45	\$135.01	\$136.59
ANESTHESIA	\$274.04	\$273.15	\$334.06	\$256.68	\$261.19	\$66.06	\$327.44	\$50.91	\$224.47	\$252.15	\$302.65	\$279.30	\$291.52
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$96.61	\$142.41			\$81.53	\$47.95	\$68.68		\$232.76	\$94.18		\$75.46	\$82.37
FP - PHYS	\$58.40		\$133.11	\$175.45	\$52.11	\$65.96	\$82.38	\$118.39	\$138.08	\$62.32	\$131.47	\$58.64	\$60.70
HYSTERECTOMY - ANESTHESIA	\$353.35	\$299.50				\$59.67	\$433.62	\$69.24			\$489.73	\$261.94	\$441.66
HYSTERECTOMY - IP HOSP	\$7,649.74	\$18,900.27				\$213.39	\$6,561.09	\$1,393.81			\$5,305.18	\$3,482.02	\$7,599.91
HYSTERECTOMY - OP HOSP	\$2,613.76						\$99.03	\$13.70					
HYSTERECTOMY - PHYS	\$441.36	\$418.47				\$59.10	\$477.23	\$58.36			\$432.63	\$422.89	\$438.09
IP HOSP - ACUTE DETOX													
IP HOSP - MATERNITY	\$3,475.67	\$3,013.93	\$2,448.45		\$3,220.53	\$268.84	\$3,122.43			\$2,542.06	\$3,097.83	\$1,759.45	\$2,186.10
IP HOSP - MATERNITY / STERILIZATION	\$4,538.71	\$4,242.04				\$884.76	\$2,905.85			\$3,685.89	\$4,144.31	\$3,144.73	\$3,144.73
IP HOSP - MEDICAL/SURGICAL	\$8,417.72	\$6,507.97	\$6,779.56	\$5,503.84	\$6,967.27	\$365.83	\$12,120.15	\$709.68	\$8,406.70	\$8,222.92	\$8,664.52	\$6,280.36	\$8,779.14
IP HOSP - NEWBORN	\$816.15	\$521.16	\$3,307.41	\$2,741.62	\$852.39	\$12,669.85	\$23,205.51			\$6,520.99	\$1,932.23		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$44.07	\$55.06	\$16.68	\$21.18	\$26.99	\$27.25	\$34.79	\$22.47	\$29.02	\$24.25	\$24.37	\$43.81	\$46.22
LAB & RAD - LAB	\$14.49	\$14.70	\$7.94	\$9.85	\$11.83	\$10.85	\$14.29	\$9.50	\$9.59	\$12.98	\$40.28	\$14.49	\$15.50
LAB & RAD - THERAPEUTIC X-RAY	\$73.61	\$40.46	\$33.06	\$56.14	\$68.52	\$30.29	\$77.52	\$39.39	\$41.10	\$35.01	\$44.33	\$58.43	\$66.24
OP ER - SOMATIC MH	\$116.11	\$130.15	\$87.48	\$99.27	\$122.95	\$60.16	\$127.33	\$68.99	\$227.76	\$131.42		\$135.61	\$131.78
OP HOSP - BASIC	\$188.33	\$120.96	\$157.60	\$205.13	\$220.50	\$196.25	\$371.22	\$144.07	\$334.79	\$325.47	\$528.56	\$152.62	\$184.19
OP HOSP - DENTAL ANESTHESIA													
OP HOSP - DENTAL DIAGNOSTIC	\$145.23	\$341.65		\$29.21	\$84.67	\$88.50	\$81.14	\$32.44		\$26.86		\$8.87	\$10.32
OP HOSP - DENTAL PREVENTIVE	\$267.91	\$222.04	\$239.74	\$246.54	\$248.78	\$230.52	\$275.30	\$131.40	\$294.51	\$263.94		\$240.48	
OP HOSP - DENTAL RESTORATIVE					\$39.89								
OP HOSP - EMERGENCY ROOM	\$82.88	\$78.07	\$63.41	\$64.82	\$74.83	\$63.23	\$96.88	\$74.63	\$127.31	\$75.09	\$130.63	\$94.97	\$102.30
OP HOSP - LAB & RAD	\$114.29	\$84.93	\$54.86	\$69.73	\$104.96	\$92.01	\$126.02	\$88.49	\$88.39	\$71.28	\$145.28	\$125.56	\$117.72
OP HOSP - MATERNITY	\$205.92	\$184.74	\$51.61	\$179.13	\$207.13	\$86.36	\$187.71			\$149.12	\$715.11	\$189.74	\$199.58
OP HOSP - POST HOSP EXTENDED CARE													
OP HOSP - PRES DRUGS BASIC	\$69.72	\$59.18	\$40.33	\$39.71	\$63.42	\$170.18	\$156.59	\$142.86	\$115.54	\$86.93	\$84.04	\$59.90	\$86.88
OP HOSP - PRES DRUGS MH/CD	\$48.79	\$52.96	\$17.46	\$22.58	\$48.96	\$153.42	\$93.64	\$74.63	\$71.39	\$39.56	\$60.05	\$29.48	\$75.54
OP HOSP - SOMATIC MH	\$93.75	\$141.50	\$111.90	\$185.08	\$92.23	\$51.43	\$86.83	\$70.30	\$117.38	\$117.73		\$85.67	\$98.37
OTH MED - DME	\$136.17	\$73.00	\$77.68	\$47.27	\$83.98	\$61.00	\$211.76	\$48.82	\$205.00	\$192.78	\$39.41	\$163.61	\$140.72
OTH MED - HHC/PCN	\$122.61	\$163.16	\$146.89	\$155.37	\$102.71	\$99.79	\$179.69	\$103.72	\$127.59	\$189.08	\$57.47	\$123.68	\$132.45
OTH MED - HOSPICE	\$2,390.94			\$3,364.12	\$3,248.53	\$4,128.97	\$2,831.74	\$2,596.73	\$1,562.42	\$3,465.90		\$1,549.98	\$2,397.10
OTH MED - MATERNITY MGT	\$159.84	\$140.76	\$58.02	\$47.46	\$231.72	\$130.20	\$92.45			\$845.36	\$86.25	\$157.45	\$198.77
OTH MED - SUPPLIES	\$5.91	\$11.91	\$9.20	\$3.33	\$2.24	\$0.91	\$1.41	\$0.79	\$1.01	\$1.32	\$3.99	\$20.74	\$6.55
PHYS CONSULTATION, IP & ER VISITS	\$67.16	\$65.14	\$119.93	\$61.80	\$63.04	\$49.48	\$72.32	\$48.32	\$74.46	\$88.60	\$68.37	\$75.41	\$77.71
PHYS HOME OR LONG-TERM CARE VISITS	\$118.13	\$51.60	\$162.06	\$157.11	\$113.54	\$21.25	\$58.72	\$19.13	\$58.98	\$129.99			\$192.73
PHYS MATERNITY	\$354.69	\$325.11	\$74.33	\$89.53	\$320.95	\$169.07	\$257.94	\$58.52		\$269.36	\$668.32	\$199.28	\$146.81
PHYS NEWBORN	\$115.47	\$71.25	\$58.54	\$94.15	\$89.91	\$70.00	\$124.13	\$26.64	\$78.58	\$62.93	\$93.18	\$118.73	\$118.80
PHYS OFFICE VISITS	\$85.06	\$64.10	\$58.32	\$61.77	\$84.26	\$45.36	\$61.15	\$43.26	\$88.26	\$66.89	\$55.03	\$69.36	\$87.24
PHYS OTHER	\$74.76	\$32.40	\$20.09	\$22.16	\$40.57	\$45.51	\$80.43	\$43.06	\$52.23	\$150.53	\$28.60	\$126.30	\$139.06

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Fee-for-Service Projected Payments per Unit of Service
With Adjustments for Cost Trend and Budget Issues

EXHIBIT 9-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	\$95.35	\$108.70	\$61.67	\$50.90	\$41.18	\$26.86	\$47.50	\$61.17	\$88.25	\$50.86	\$177.64	\$79.95	\$129.02
PRES DRUGS - BASIC	\$41.33	\$25.53	\$35.20	\$29.76	\$41.03	\$63.24	\$82.82	\$40.53	\$40.45	\$61.50	\$45.60	\$52.26	\$56.98
PRES DRUGS - FP	\$45.19	\$48.49	\$37.70	\$39.76	\$44.74	\$42.95	\$43.95	\$34.13	\$50.88	\$42.62	\$30.24	\$43.07	\$43.05
PRES DRUGS - MH/CD	\$77.30	\$74.04	\$88.80	\$96.46	\$101.53	\$135.34	\$124.66	\$83.13	\$81.31	\$113.49	\$32.06	\$77.30	\$86.99
SCHOOL-BASED HEALTH SERVICES		\$465.34	\$79.52	\$72.06	\$58.00	\$150.44	\$84.38			\$68.98			
STERILIZATION - ANESTHESIA FEMALE	\$244.92	\$237.47			\$216.45	\$199.13	\$254.84				\$229.59	\$344.14	\$249.59
STERILIZATION - ANESTHESIA MALE												\$142.87	
STERILIZATION - IP HOSP FEMALE	\$975.83	\$1,449.06				\$190.13	\$865.68				\$5,128.01		
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$606.35	\$605.32				\$543.78	\$597.02					\$514.03	\$571.14
STERILIZATION - OP HOSP MALE							\$1,355.49						
STERILIZATION - PHY FEMALE	\$171.58	\$158.17				\$240.29	\$224.80				\$76.78	\$209.56	\$255.34
STERILIZATION - PHY MALE	\$318.15					\$304.98	\$315.55					\$333.71	
SURGERY	\$132.40	\$26.26	\$68.67	\$151.28	\$143.37	\$58.48	\$172.45	\$55.53	\$131.19	\$120.03	\$322.01	\$96.50	\$115.86
TARGETED CASE MAN - BABIES FIRST			\$251.22	\$244.76		\$277.78	\$261.07			\$259.99			
TARGETED CASE MAN - HIV	\$266.24	\$266.24	\$263.68	\$263.68		\$262.40	\$273.92						\$264.81
TARGETED CASE MAN - SUBS ABUSE MOMS	\$250.07	\$215.66	\$123.29	\$133.11	\$225.34	\$164.00	\$221.42			\$309.00		\$104.89	\$180.11
THERAPEUTIC ABORTION - IP HOSP	\$2,914.47	\$2,006.42					\$1,963.92				\$2,241.62		\$3,496.03
THERAPEUTIC ABORTION - OP HOSP	\$446.63	\$417.40			\$413.64	\$1,625.24	\$519.41			\$594.69	\$1,668.12	\$431.20	\$425.77
THERAPEUTIC ABORTION - PHYS	\$162.63	\$161.46		\$92.39	\$164.26	\$174.83	\$176.99	\$19.85		\$174.42	\$166.53	\$155.82	\$145.22
TRANSPORTATION - AMBULANCE	\$346.19	\$384.30	\$565.91	\$352.72	\$324.88	\$133.42	\$162.97	\$134.47	\$272.20	\$170.21	\$338.74	\$302.07	\$332.35
TRANSPORTATION - OTHER	\$22.74	\$23.50	\$22.52	\$23.76	\$25.45	\$22.80	\$22.87	\$23.79	\$23.15	\$23.84		\$17.24	\$14.25
VISION CARE - EXAMS & THERAPY	\$73.52	\$76.88	\$44.71	\$60.32	\$72.41	\$56.77	\$66.71	\$49.42	\$75.01	\$65.30	\$90.68	\$58.88	\$58.12
VISION CARE - MATERIALS & FITTING	\$14.74	\$13.55	\$31.33	\$14.08	\$14.47	\$14.28	\$15.37	\$14.76	\$14.88	\$14.38			\$22.17
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX												\$15.99	\$16.60
CD SERVICES - METHADONE	\$17.68	\$25.47	\$20.39	\$51.49	\$14.24	\$20.36	\$18.15	\$25.52		\$39.31		\$58.57	\$52.20
CD SERVICES - OP	\$63.10	\$66.07	\$58.24	\$47.17	\$51.22	\$50.30	\$50.78	\$68.25		\$50.59			

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Fee-for-Service Projected Payments per Unit of Service
With Adjustments for Cost Trend and Budget Issues

EXHIBIT 9-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	\$81.36	\$71.01		\$90.05	\$63.73	\$86.48	\$78.31	\$90.14		\$85.42		\$55.79	\$79.37
DENTAL - ANESTHESIA SURGICAL	\$26.73	\$121.36	\$8.27	\$17.44	\$13.51	\$28.86	\$29.88	\$9.13		\$16.20			\$63.52
DENTAL - DIAGNOSTIC	\$21.29	\$19.84	\$17.60	\$18.78	\$17.90	\$21.49	\$19.86	\$22.27		\$17.65		\$19.22	\$16.78
DENTAL - ENDODONTICS	\$155.71	\$133.93		\$46.42	\$78.49	\$175.65	\$85.46	\$143.30		\$52.91		\$108.78	\$43.32
DENTAL - I/P FIXED								\$47.91					
DENTAL - MAXILLOFACIAL PROS													
DENTAL - ORAL SURGERY	\$67.85	\$74.34	\$72.56	\$54.99	\$56.75	\$66.54	\$73.22	\$77.46		\$69.35		\$65.76	\$72.80
DENTAL - ORTHODONTICS					\$1,737.00								
DENTAL - PERIODONTICS	\$53.95	\$57.40		\$53.18	\$50.46	\$53.36	\$51.23	\$58.72		\$55.40		\$62.93	
DENTAL - PREVENTIVE	\$36.01	\$35.56		\$23.48	\$23.34	\$37.51	\$31.26	\$38.27		\$24.75			
DENTAL - PROS REMOVABLE	\$132.46				\$143.25	\$215.31	\$247.82	\$196.77		\$61.30		\$154.26	\$32.30
DENTAL - RESTORATIVE	\$47.90	\$47.23	\$38.82	\$49.03	\$43.34	\$54.13	\$52.84	\$61.96		\$47.99		\$45.15	\$45.40
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$1,432.56	\$793.54	\$1,103.19	\$813.13	\$458.27	\$50.50	\$856.49	\$96.99	\$871.06	\$408.36	\$1,080.43	\$1,327.56	\$1,371.99
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ASSESS & EVAL	\$120.66	\$105.45		\$100.41	\$99.10	\$87.60	\$94.37	\$88.33		\$101.83		\$106.03	\$90.21
MH SERVICES CASE MANAGEMENT	\$54.78	\$61.69		\$137.46	\$143.04	\$52.42	\$117.83	\$62.67	\$35.60	\$138.30		\$40.31	\$51.63
MH SERVICES CONSULTATION	\$54.23	\$26.70		\$40.79	\$37.09	\$44.39	\$43.28	\$36.45		\$43.19		\$22.60	\$27.13
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES ANCILLARY SERVICES	\$29.58	\$27.54		\$29.68	\$1,071.86	\$16.22	\$238.58	\$20.27		\$2,151.35		\$16.76	\$15.30
MH SERVICES INTENSIVE THERAPY SVCS													
MH SERVICES MED MANAGEMENT	\$52.24	\$51.02		\$48.69	\$50.53	\$35.23	\$31.66	\$37.70		\$40.34		\$28.59	\$26.49
MH SERVICES OP THERAPY	\$94.08	\$87.24		\$63.11	\$74.06	\$36.41	\$48.63	\$73.03	\$22.25	\$76.94		\$83.35	\$80.00
MH SERVICES OTHER OP				\$227.91	\$259.75	\$61.44	\$205.75	\$40.07		\$274.96			\$72.79
MH SERVICES PHYS IP	\$65.84	\$62.79	\$94.39	\$59.16	\$53.49	\$30.24	\$50.15	\$32.50	\$52.69	\$56.91	\$59.07	\$60.18	\$58.78
MH SERVICES PHYS OP	\$102.19	\$92.53	\$97.00	\$82.55	\$87.33	\$72.96	\$73.48	\$130.69	\$106.95	\$102.33	\$145.78	\$93.34	\$82.38
MH SERVICES PEO													
MH SERVICES SUPPORT DAY PROGRAM	\$61.08	\$82.62		\$67.65	\$90.19	\$77.10	\$72.08	\$112.92	\$81.77	\$97.03		\$50.64	\$71.05

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-A

MCO Monthly Per Capita Cost for Calendar Years 2008-2009

Through Line 503 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	\$4.39	\$27.73	\$2.11	\$1.89	\$0.99	\$1.03	\$5.55	\$1.06	\$5.41	\$1.66	\$1.96	\$3.52
EXCEPT NEEDS CARE COORDINATION						\$8.01	\$8.01	\$6.26	\$6.26			
FP - IP HOSP												
FP - OP HOSP	\$0.07	\$0.16			\$0.01	\$0.00	\$0.03			\$0.05	\$0.04	\$0.03
FP - PHYS	\$1.14	\$4.17	\$0.00	\$0.00	\$0.10	\$0.02	\$0.23	\$0.00		\$0.10	\$0.84	\$0.15
HYSTERECTOMY - ANESTHESIA	\$0.09	\$0.04				\$0.00	\$0.05	\$0.00			\$0.07	\$0.07
HYSTERECTOMY - IP HOSP	\$3.52	\$0.82					\$2.85		\$0.32		\$1.03	\$2.46
HYSTERECTOMY - OP HOSP	\$0.04					\$0.01	\$0.01					
HYSTERECTOMY - PHYS	\$0.58	\$0.12			\$0.00	\$0.04	\$0.32	\$0.02	\$0.07		\$0.40	\$0.42
IP HOSP - ACUTE DETOX	\$0.36	\$0.17			\$0.03		\$1.83		\$0.45	\$0.05	\$0.15	\$2.34
IP HOSP - MATERNITY	\$31.56	\$480.85	\$0.07	\$0.00	\$2.08		\$4.61			\$0.90	\$0.62	\$0.62
IP HOSP - MATERNITY / STERILIZATION	\$3.43	\$29.42	\$0.01		\$0.01		\$0.33			\$0.10		
IP HOSP - MEDICAL/SURGICAL	\$45.73	\$12.51	\$70.47	\$12.90	\$12.11	\$292.00			\$276.53	\$14.34	\$31.37	\$129.59
IP HOSP - NEWBORN	\$0.07	\$0.52	\$193.77	\$0.04	\$0.01		\$0.06			\$1.01		
IP HOSP - POST HOSP EXTENDED CARE							\$0.00					
LAB & RAD - DIAGNOSTIC X-RAY	\$10.02	\$30.85	\$3.52	\$1.10	\$1.89	\$2.28	\$14.41	\$2.62	\$16.80	\$2.03	\$9.11	\$14.44
LAB & RAD - LAB	\$7.21	\$20.76	\$1.22	\$0.91	\$1.37		\$8.63		\$7.66	\$2.09	\$6.61	\$9.52
LAB & RAD - THERAPEUTIC X-RAY	\$0.30	\$0.00	\$0.01	\$0.01	\$0.04	\$0.12	\$1.50	\$0.28	\$1.40	\$0.01	\$0.14	\$1.42
OP ER - SOMATIC MH	\$0.48	\$0.14	\$0.01	\$0.01	\$0.17	\$0.35	\$1.79	\$0.07	\$0.08	\$0.47	\$0.30	\$1.17
OP HOSP - BASIC	\$25.49	\$14.19	\$17.08	\$14.91	\$8.96	\$20.16	\$68.60	\$17.49	\$75.23	\$13.88	\$19.81	\$40.77
OP HOSP - DENTAL ANESTHESIA												
OP HOSP - DENTAL DIAGNOSTIC												
OP HOSP - DENTAL PREVENTIVE												
OP HOSP - DENTAL RESTORATIVE												
OP HOSP - EMERGENCY ROOM	\$14.53	\$5.83	\$12.47	\$8.10	\$5.49	\$3.27	\$18.23	\$2.63	\$7.96	\$4.69	\$9.02	\$16.33
OP HOSP - LAB & RAD	\$22.97	\$13.91	\$9.76	\$4.94	\$6.55	\$7.41	\$44.80	\$8.29	\$43.71	\$7.74	\$19.67	\$40.05
OP HOSP - MATERNITY	\$8.42	\$74.94	\$0.02	\$0.00	\$0.74	\$0.11	\$1.35			\$0.45	\$1.75	\$0.53
OP HOSP - POST HOSP EXTENDED CARE	\$0.01	\$0.01	\$0.00		\$0.00	\$0.00	\$0.13	\$0.00		\$0.00		\$0.00
OP HOSP - PRES DRUGS BASIC	\$3.15	\$4.42	\$1.25	\$1.09	\$0.83	\$6.58	\$7.62	\$5.00	\$7.93	\$0.71	\$3.21	\$3.85
OP HOSP - PRES DRUGS MH/CD	\$0.04	\$0.01	\$0.00	\$0.00	\$0.01	\$0.11	\$0.13	\$0.03	\$0.02	\$0.01	\$0.04	\$0.12
OP HOSP - SOMATIC MH	\$0.49	\$0.14	\$0.04	\$0.17	\$0.22	\$0.34	\$2.18	\$0.15	\$0.22	\$0.95	\$0.47	\$1.25
OTH MED - DME	\$1.30	\$0.56	\$1.41	\$0.30	\$0.24	\$4.47	\$19.77	\$5.82	\$9.46	\$1.32	\$0.88	\$2.59
OTH MED - HHC/PDN	\$0.35	\$0.36	\$0.40	\$0.13	\$0.06		\$4.75		\$2.81	\$0.47	\$0.06	\$0.14
OTH MED - HOSPICE	\$0.07		\$0.06	\$0.01	\$0.00		\$2.99		\$7.28	\$0.02	\$0.04	\$0.38
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$0.90	\$1.20	\$1.51	\$0.40	\$0.27	\$14.00	\$13.86	\$15.80	\$6.87	\$1.87	\$1.09	\$2.42
PHYS CONSULTATION, IP & ER VISITS	\$10.53	\$6.21	\$30.85	\$4.54	\$3.08	\$3.60	\$21.63	\$4.54	\$17.01	\$3.93	\$7.71	\$15.61
PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	\$0.01	\$0.08	\$0.01	\$0.00	\$0.15	\$0.59	\$0.57	\$1.15	\$0.05	\$0.00	\$0.03
PHYS MATERNITY	\$24.48	\$304.88	\$0.10	\$0.01	\$1.30	\$0.17	\$2.11	\$0.00		\$0.57	\$1.16	\$0.30
PHYS NEWBORN	\$0.03	\$0.14	\$6.32	\$0.05	\$0.06	\$0.02	\$0.11	\$0.02	\$0.13	\$0.23	\$0.01	\$0.03
PHYS OFFICE VISITS	\$25.74	\$11.96	\$63.47	\$21.43	\$11.98	\$6.29	\$39.26	\$5.88	\$35.15	\$20.89	\$26.28	\$41.36
PHYS OTHER	\$4.99	\$2.59	\$7.44	\$1.59	\$1.32	\$3.70	\$24.97	\$4.75	\$43.92	\$6.86	\$6.49	\$12.16

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
MCO Monthly Per Capita Cost for Calendar Years 2008-2009
Through Line 503 of the Prioritized List
Excluding services provided on a Fee-For-Service basis to managed care enrollees

EXHIBIT 10-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	\$2.56	\$0.76	\$0.09	\$0.57	\$1.29	\$0.87	\$5.61	\$0.52	\$1.04	\$4.33	\$1.98	\$4.05
PRES DRUGS - BASIC	\$38.44	\$24.47	\$12.05	\$7.68	\$11.30	\$10.20	\$177.02	\$10.06	\$93.89	\$32.63	\$44.19	\$105.42
PRES DRUGS - FP	\$2.15	\$3.02	\$0.01	\$0.00	\$0.49	\$0.00	\$0.82		\$0.02	\$1.71	\$2.22	\$0.85
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$0.35	\$1.65		\$0.00	\$0.00	\$0.00	\$0.04				\$0.06	\$0.01
STERILIZATION - ANESTHESIA MALE	\$0.00											
STERILIZATION - IP HOSP FEMALE	\$3.81	\$25.20			\$0.00		\$0.47				\$0.21	\$0.04
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$0.19	\$0.58				\$0.00	\$0.03				\$0.01	\$0.03
STERILIZATION - OP HOSP MALE	\$0.00		\$0.01								\$0.00	
STERILIZATION - PHY FEMALE	\$0.55	\$3.02			\$0.00	\$0.01	\$0.06				\$0.09	\$0.02
STERILIZATION - PHY MALE	\$0.08					\$0.01	\$0.01				\$0.14	\$0.00
SURGERY	\$11.42	\$6.01	\$6.65	\$3.28	\$3.26	\$3.89	\$23.04	\$4.83	\$23.23	\$3.99	\$9.50	\$19.02
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	\$3.57	\$6.01	\$6.49	\$1.34	\$1.02	\$1.44	\$13.75	\$2.54	\$7.10	\$1.62	\$2.21	\$6.44
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$2.36	\$2.14	\$0.41	\$0.69	\$2.22	\$3.41	\$3.64	\$4.51	\$4.88	\$2.63	\$0.59	\$1.41
VISION CARE - MATERIALS & FITTING	\$1.95	\$1.80	\$0.02	\$0.25	\$1.66	\$2.26	\$2.47	\$2.05	\$2.78	\$1.90	\$0.03	\$0.05
PART A DEDUCTIBLE						\$14.46		\$26.30				
PART B DEDUCTIBLE						\$11.50		\$11.50				
PART B COINSURANCE ADJUSTMENT						-\$4.27		-\$2.54				
Total	\$319.93	\$1,124.26	\$449.18	\$88.38	\$81.16	\$126.02	\$842.26	\$141.06	\$706.77	\$136.25	\$211.61	\$481.02
CHEMICAL DEPENDENCY												
CD SERVICES - ALTERNATIVE TO DETOX	\$0.42	\$0.08		\$0.00	\$0.01	\$0.41	\$0.42	\$0.04	\$0.03		\$0.26	\$1.49
CD SERVICES - METHADONE	\$3.13	\$1.37	\$0.00	\$0.00	\$0.02	\$3.10	\$5.07	\$0.29		\$0.02	\$1.46	\$12.37
CD SERVICES - OP	\$7.22	\$4.03	\$0.00	\$0.00	\$1.04	\$1.24	\$2.55	\$0.06	\$0.01	\$5.61	\$1.79	\$5.31
Total	\$10.78	\$5.48	\$0.01	\$0.00	\$1.07	\$4.75	\$8.04	\$0.40	\$0.04	\$5.63	\$3.51	\$19.17

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-A

MCO Monthly Per Capita Cost for Calendar Years 2008-2009

Through Line 503 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	\$2.04	\$1.34	\$0.00	\$0.61	\$0.35	\$2.03	\$1.64	\$1.05	\$1.06	\$0.43	\$0.67	\$0.87
DENTAL - ANESTHESIA SURGICAL	\$0.30	\$0.12	\$0.00	\$0.70	\$0.35	\$0.34	\$0.31	\$0.07	\$0.00	\$0.43	\$0.03	\$0.05
DENTAL - DIAGNOSTIC	\$6.27	\$6.01	\$0.07	\$3.04	\$4.87	\$4.83	\$4.39	\$2.44	\$3.77	\$4.63	\$1.54	\$1.73
DENTAL - ENDODONTICS	\$2.55	\$2.28	\$0.00	\$1.08	\$1.28	\$1.47	\$1.36	\$0.47	\$1.16	\$1.09	\$0.14	\$0.10
DENTAL - I/P FIXED	\$0.02	\$0.00			\$0.00	\$0.04	\$0.02	\$0.01	\$0.08	\$0.00	\$0.00	\$0.00
DENTAL - MAXILLOFACIAL PROS												
DENTAL - ORAL SURGERY	\$3.97	\$2.10	\$0.02	\$0.75	\$1.39	\$3.22	\$3.01	\$1.73	\$3.23	\$1.14	\$1.11	\$1.70
DENTAL - ORTHODONTICS	\$0.00			\$0.00	\$0.02		\$0.02			\$0.06		
DENTAL - PERIODONTICS	\$2.31	\$1.56	\$0.00	\$0.01	\$0.14	\$2.62	\$1.76	\$0.77	\$1.78	\$0.12	\$0.05	\$0.02
DENTAL - PREVENTIVE	\$1.98	\$2.69	\$0.04	\$2.70	\$5.28	\$2.74	\$2.36	\$1.20	\$1.17	\$5.21	\$0.09	\$0.03
DENTAL - PROS REMOVABLE	\$3.29	\$0.39	\$0.00	\$0.00	\$0.04	\$5.96	\$5.15	\$7.52	\$14.37	\$0.02	\$0.15	\$0.10
DENTAL - RESTORATIVE	\$7.59	\$7.10	\$0.02	\$7.61	\$7.44	\$7.02	\$6.32	\$2.72	\$3.44	\$7.72	\$0.64	\$0.42
Total	\$30.31	\$23.59	\$0.15	\$16.48	\$21.16	\$30.25	\$26.34	\$17.99	\$30.06	\$20.86	\$4.42	\$5.02
MENTAL HEALTH												
MH SERVICES ACUTE INPATIENT	\$4.06	\$1.80		\$0.04	\$3.04	\$2.85	\$26.01	\$0.35	\$5.41	\$10.57	\$4.38	\$9.76
MH SERVICES ALTERNATIVE TO IP	\$0.14	\$0.09		\$0.01	\$0.27	\$1.98	\$2.31	\$0.02	\$0.20	\$4.03	\$0.01	\$0.57
MH SERVICES ASSESS & EVAL	\$1.63	\$0.72	\$0.01	\$0.38	\$1.28	\$1.52	\$2.01	\$0.35	\$0.62	\$4.15	\$0.51	\$1.04
MH SERVICES CASE MANAGEMENT	\$1.46	\$0.44	\$0.01	\$0.26	\$1.64	\$18.56	\$13.76	\$1.37	\$1.45	\$12.77	\$0.50	\$2.73
MH SERVICES CONSULTATION	\$0.02	\$0.01		\$0.01	\$0.04	\$0.05	\$0.08	\$0.02		\$0.41		\$0.00
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$0.01	\$0.00		\$0.01	\$0.04	\$1.84	\$1.07	\$0.10	\$0.20	\$0.29	\$0.04	\$0.06
MH SERVICES ANCILLARY SERVICES	\$0.05	\$0.00		\$0.00	\$0.02	\$0.04	\$0.20	\$0.09	\$0.42	\$0.01	\$0.03	\$0.03
MH SERVICES INTENSIVE THERAPY SVCS			\$0.02	\$0.00	\$0.81		\$2.27			\$28.48		
MH SERVICES MED MANAGEMENT	\$0.34	\$0.05		\$0.02	\$0.17	\$3.64	\$3.27	\$0.33	\$0.72	\$1.01	\$0.10	\$0.28
MH SERVICES OP THERAPY	\$4.33	\$1.26	\$0.01	\$0.59	\$2.97	\$5.08	\$6.48	\$0.64	\$0.75	\$20.84	\$2.11	\$3.72
MH SERVICES OTHER OP	\$0.02	\$0.09		\$0.01	\$0.04	\$0.02	\$0.08	\$0.01		\$0.08	\$0.11	\$0.05
MH SERVICES PHYS IP	\$1.49	\$0.32	\$0.01	\$0.13	\$1.10	\$6.45	\$7.05	\$0.80	\$0.76	\$7.40	\$1.09	\$2.51
MH SERVICES PHYS OP	\$6.68	\$2.29	\$0.06	\$1.56	\$6.72	\$9.72	\$12.62	\$1.25	\$2.49	\$44.87	\$5.60	\$8.79
MH SERVICES PEO	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69	\$0.69
MH SERVICES SUPPORT DAY PROGRAM	\$0.44	\$0.09		\$0.25	\$0.52	\$32.52	\$18.67	\$3.13	\$4.53	\$5.01	\$0.15	\$2.36
Total	\$21.35	\$7.86	\$0.82	\$3.97	\$19.33	\$84.96	\$96.57	\$9.14	\$18.25	\$140.59	\$15.31	\$32.60
TOTAL ALL	\$382.37	\$1,161.19	\$450.15	\$108.83	\$122.72	\$245.99	\$973.21	\$168.58	\$755.12	\$303.34	\$234.85	\$537.81

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Through Line 503 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	\$1.17	\$0.76	\$0.00	\$0.02	\$0.11	\$0.51	\$2.13	\$0.01	\$0.04	\$6.19	\$0.00	\$0.24	\$1.55
ANESTHESIA	\$4.40	\$14.55	\$2.26	\$1.65	\$1.01	\$1.27	\$8.39	\$0.53	\$3.43	\$1.48	\$2.89	\$2.28	\$3.72
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$0.16	\$0.35			\$0.03	\$0.01	\$0.04		\$0.10	\$0.04		\$0.04	\$0.02
FP - PHYS	\$9.76	\$12.21	\$5.34	\$0.68	\$3.24	\$0.66	\$1.72	\$0.12	\$0.10	\$1.37	\$0.08	\$0.56	\$3.53
HYSTERECTOMY - ANESTHESIA	\$0.09	\$0.02				\$0.00	\$0.02	\$0.00			\$0.01	\$0.01	\$0.05
HYSTERECTOMY - IP HOSP	\$2.71	\$0.23				\$0.04	\$1.56	\$0.12			\$0.07	\$1.45	\$1.54
HYSTERECTOMY - OP HOSP	\$0.04						\$0.00						
HYSTERECTOMY - PHYS	\$0.36	\$0.05				\$0.01	\$0.15	\$0.00			\$0.01	\$0.37	\$0.28
IP HOSP - ACUTE DETOX													
IP HOSP - MATERNITY	\$23.78	\$188.62	\$0.03		\$2.14	\$0.04	\$1.46			\$0.38	\$46.69	\$0.62	\$0.07
IP HOSP - MATERNITY / STERILIZATION	\$1.82	\$8.32				\$0.00	\$0.06			\$0.03	\$1.24	\$0.10	
IP HOSP - MEDICAL/SURGICAL	\$28.49	\$5.75	\$59.69	\$15.72	\$11.76	\$5.93	\$294.65	\$15.40	\$168.17	\$18.90	\$7.41	\$18.27	\$76.84
IP HOSP - NEWBORN	\$0.00	\$0.05	\$627.96	\$0.12	\$0.00	\$0.07	\$1.94			\$10.59	\$0.05		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$8.31	\$19.45	\$2.83	\$0.67	\$1.29	\$0.98	\$11.91	\$0.54	\$6.98	\$1.19	\$0.16	\$6.48	\$12.05
LAB & RAD - LAB	\$5.07	\$13.88	\$0.60	\$0.43	\$0.83	\$0.53	\$5.71	\$0.19	\$2.26	\$0.91	\$0.07	\$3.73	\$5.74
LAB & RAD - THERAPEUTIC X-RAY	\$0.20	\$0.01	\$0.00	\$0.02	\$0.01	\$0.04	\$1.74	\$0.03	\$0.04	\$0.00	\$0.00	\$0.08	\$0.44
OP ER - SOMATIC MH	\$0.42	\$0.13	\$0.00	\$0.00	\$0.11	\$0.23	\$0.91	\$0.05	\$0.19	\$0.23		\$0.22	\$0.64
OP HOSP - BASIC	\$42.71	\$12.79	\$26.22	\$15.92	\$12.96	\$26.39	\$124.82	\$9.69	\$66.90	\$21.47	\$1.20	\$25.36	\$58.30
OP HOSP - DENTAL ANESTHESIA													
OP HOSP - DENTAL DIAGNOSTIC	\$0.01	\$0.02		\$0.00	\$0.00	\$0.00	\$0.02	\$0.00		\$0.00		\$0.01	\$0.00
OP HOSP - DENTAL PREVENTIVE	\$0.06	\$0.07	\$0.00	\$0.13		\$0.02	\$0.06	\$0.00	\$0.12	\$0.15		\$0.01	
OP HOSP - DENTAL RESTORATIVE						\$0.00							
OP HOSP - EMERGENCY ROOM	\$9.60	\$3.41	\$6.22	\$4.05	\$3.00	\$2.29	\$10.36	\$1.16	\$3.66	\$2.06	\$0.32	\$5.93	\$10.56
OP HOSP - LAB & RAD	\$25.59	\$15.94	\$5.05	\$2.88	\$5.33	\$4.52	\$39.06	\$2.51	\$16.48	\$4.42	\$0.27	\$22.28	\$39.78
OP HOSP - MATERNITY	\$9.82	\$93.07	\$0.00	\$0.00	\$0.71	\$0.03	\$0.70			\$0.19	\$1.34	\$1.02	\$0.37
OP HOSP - POST HOSP EXTENDED CARE													
OP HOSP - PRES DRUGS BASIC	\$6.07	\$5.33	\$1.70	\$1.43	\$1.42	\$3.66	\$17.73	\$0.76	\$3.86	\$1.66	\$0.21	\$2.68	\$5.93
OP HOSP - PRES DRUGS MH/CD	\$0.16	\$0.06	\$0.00	\$0.00	\$0.03	\$0.65	\$1.15	\$0.09	\$1.16	\$0.03	\$0.00	\$0.05	\$0.53
OP HOSP - SOMATIC MH	\$0.72	\$0.17	\$0.01	\$0.11	\$0.22	\$0.12	\$1.49	\$0.07	\$0.49	\$0.81		\$0.59	\$1.17
OTH MED - DME	\$1.79	\$0.31	\$1.79	\$0.38	\$0.31	\$11.12	\$34.77	\$9.78	\$16.95	\$3.15	\$0.00	\$1.71	\$3.11
OTH MED - HHC/PDN	\$0.40	\$0.26	\$0.74	\$0.28	\$0.11	\$0.90	\$8.72	\$1.35	\$3.67	\$1.51	\$0.00	\$0.02	\$0.10
OTH MED - HOSPICE	\$0.20			\$0.04	\$0.02	\$0.40	\$11.95	\$2.29	\$2.28	\$0.19		\$0.25	\$1.01
OTH MED - MATERNITY MGT	\$4.85	\$33.01	\$0.04	\$0.04	\$0.92	\$0.15	\$1.91			\$5.78	\$0.00	\$0.38	\$0.07
OTH MED - SUPPLIES	\$1.58	\$3.20	\$2.05	\$0.50	\$0.40	\$20.94	\$33.48	\$29.47	\$12.64	\$3.32	\$0.00	\$2.89	\$4.16
PHYS CONSULTATION, IP & ER VISITS	\$6.10	\$3.41	\$49.42	\$2.39	\$1.70	\$1.15	\$22.97	\$0.71	\$14.86	\$4.22	\$0.42	\$4.45	\$10.21
PHYS HOME OR LONG-TERM CARE VISITS	\$0.11	\$0.24	\$2.89	\$0.11	\$0.02	\$0.38	\$1.08	\$0.93	\$3.52	\$0.05			\$0.11
PHYS MATERNITY	\$16.92	\$142.23	\$0.10	\$0.00	\$0.91	\$0.08	\$0.80	\$0.00		\$0.29	\$18.26	\$0.87	\$0.19
PHYS NEWBORN	\$0.06	\$0.03	\$13.88	\$0.04	\$0.03	\$0.14	\$0.58	\$0.02	\$0.06	\$0.21	\$0.01	\$0.06	\$0.29
PHYS OFFICE VISITS	\$37.54	\$17.46	\$72.28	\$23.08	\$17.60	\$8.48	\$36.43	\$3.86	\$24.05	\$22.51	\$0.04	\$29.98	\$58.43
PHYS OTHER	\$4.78	\$2.36	\$5.24	\$1.36	\$1.10	\$9.16	\$31.57	\$12.77	\$15.91	\$25.91	\$0.02	\$6.85	\$13.36

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Through Line 503 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	\$4.11	\$1.25	\$0.20	\$8.22	\$9.21	\$2.69	\$19.84	\$2.75	\$0.90	\$15.28	\$0.01	\$2.53	\$8.07
PRES DRUGS - BASIC	\$44.71	\$17.87	\$12.20	\$8.09	\$10.91	\$10.66	\$252.39	\$13.06	\$132.90	\$33.23	\$0.00	\$73.38	\$160.46
PRES DRUGS - FP	\$4.52	\$3.87	\$0.00	\$0.00	\$0.96	\$0.00	\$1.39		\$0.07	\$1.00	\$0.00	\$4.96	\$1.93
PRES DRUGS - MH/CD	\$23.99	\$6.24	\$0.02	\$0.33	\$4.69	\$2.05	\$117.73	\$1.27	\$19.04	\$33.58	\$0.00	\$24.91	\$56.31
SCHOOL-BASED HEALTH SERVICES		\$0.01	\$0.10	\$0.41	\$0.26	\$0.31	\$10.50			\$2.07			
STERILIZATION - ANESTHESIA FEMALE	\$0.25	\$0.86			\$0.00	\$0.03	\$0.02				\$0.01	\$0.18	\$0.01
STERILIZATION - ANESTHESIA MALE												\$0.01	
STERILIZATION - IP HOSP FEMALE	\$3.35	\$12.89				\$0.04	\$0.26				\$1.63		
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$0.10	\$0.39				\$0.00	\$0.01					\$0.11	\$0.02
STERILIZATION - OP HOSP MALE							\$0.01						
STERILIZATION - PHY FEMALE	\$0.32	\$1.10				\$0.02	\$0.02				\$0.01	\$0.14	\$0.02
STERILIZATION - PHY MALE	\$0.05					\$0.01	\$0.01					\$0.05	
SURGERY	\$8.94	\$3.53	\$5.16	\$2.00	\$2.33	\$2.41	\$23.50	\$1.34	\$12.23	\$2.47	\$0.77	\$7.36	\$14.98
TARGETED CASE MAN - BABIES FIRST			\$19.91	\$3.17		\$0.00	\$0.99			\$0.57			
TARGETED CASE MAN - HIV	\$0.00	\$0.00	\$0.01	\$0.00		\$0.02	\$0.03						\$0.01
TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.22	\$0.77	\$0.04	\$0.00	\$0.04	\$0.00	\$0.02			\$0.00		\$0.02	\$0.01
THERAPEUTIC ABORTION - IP HOSP	\$0.01	\$0.13					\$0.00				\$0.02	\$0.02	\$0.02
THERAPEUTIC ABORTION - OP HOSP	\$0.66	\$2.94			\$0.05	\$0.02	\$0.03			\$0.03	\$0.02	\$0.12	\$0.07
THERAPEUTIC ABORTION - PHYS	\$1.22	\$5.96		\$0.00	\$0.10	\$0.02	\$0.06	\$0.00		\$0.03	\$0.03	\$0.25	\$0.13
TRANSPORTATION - AMBULANCE	\$3.69	\$4.43	\$6.58	\$1.34	\$1.21	\$0.89	\$15.74	\$0.81	\$6.84	\$1.73	\$0.90	\$1.53	\$6.04
TRANSPORTATION - OTHER	\$3.78	\$1.67	\$0.47	\$0.24	\$0.63	\$39.92	\$24.53	\$24.45	\$6.61	\$2.73		\$0.00	\$0.00
VISION CARE - EXAMS & THERAPY	\$1.70	\$0.91	\$0.22	\$0.40	\$1.34	\$0.99	\$2.02	\$0.67	\$2.05	\$1.27	\$0.00	\$0.47	\$0.88
VISION CARE - MATERIALS & FITTING	\$1.06	\$0.61	\$0.02	\$0.12	\$0.82	\$1.04	\$1.11	\$0.69	\$1.23	\$0.74			\$0.00
PART A DEDUCTIBLE													
PART B DEDUCTIBLE													
PART B COINSURANCE ADJUSTMENT													
Total	\$358.57	\$663.12	\$931.30	\$96.42	\$100.09	\$162.02	\$1,182.25	\$137.46	\$549.81	\$233.97	\$84.17	\$260.85	\$563.10
CHEMICAL DEPENDENCY													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$1.89	\$0.69	\$0.00	\$0.01	\$0.03	\$2.06	\$3.72	\$0.06		\$0.03		\$1.36	\$5.53
CD SERVICES - OP	\$14.36	\$6.32	\$0.00	\$0.01	\$2.12	\$1.85	\$2.65	\$0.02		\$19.83		\$4.28	\$10.81
Total	\$16.25	\$7.01	\$0.00	\$0.02	\$2.15	\$3.91	\$6.37	\$0.09		\$19.86		\$5.64	\$16.34

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Fee-for-Service Monthly Per Capita Cost for Calendar Years 2008-2009
Through Line 503 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	\$0.19	\$0.06		\$0.07	\$0.03	\$0.23	\$0.13	\$0.11		\$0.09		\$0.03	\$0.10
DENTAL - ANESTHESIA SURGICAL	\$0.01	\$0.00	\$0.00	\$0.02	\$0.02	\$0.01	\$0.01	\$0.00		\$0.05			\$0.00
DENTAL - DIAGNOSTIC	\$0.31	\$0.20	\$0.00	\$0.26	\$0.36	\$0.34	\$0.30	\$0.14		\$0.60		\$0.09	\$0.09
DENTAL - ENDODONTICS	\$0.11	\$0.05		\$0.08	\$0.05	\$0.10	\$0.07	\$0.01		\$0.20		\$0.01	\$0.00
DENTAL - I/P FIXED								\$0.00					
DENTAL - MAXILLOFACIAL PROS													
DENTAL - ORAL SURGERY	\$0.20	\$0.09	\$0.00	\$0.11	\$0.17	\$0.19	\$0.29	\$0.12		\$0.30		\$0.11	\$0.22
DENTAL - ORTHODONTICS					\$0.02								
DENTAL - PERIODONTICS	\$0.08	\$0.06		\$0.00	\$0.01	\$0.07	\$0.03	\$0.03		\$0.01		\$0.02	
DENTAL - PREVENTIVE	\$0.05	\$0.06		\$0.17	\$0.33	\$0.11	\$0.17	\$0.03		\$0.48			
DENTAL - PROS REMOVABLE	\$0.06				\$0.00	\$0.29	\$0.14	\$0.32		\$0.00		\$0.01	\$0.00
DENTAL - RESTORATIVE	\$0.35	\$0.23	\$0.00	\$0.62	\$0.55	\$0.45	\$0.42	\$0.11		\$1.16		\$0.02	\$0.01
Total	\$1.38	\$0.74	\$0.01	\$1.34	\$1.55	\$1.79	\$1.56	\$0.87		\$2.90		\$0.28	\$0.43
MENTAL HEALTH													
MH SERVICES ACUTE INPATIENT	\$45.88	\$7.28	\$2.71	\$0.40	\$5.43	\$5.87	\$193.58	\$3.51	\$66.98	\$17.85	\$0.74	\$33.22	\$130.43
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ASSESS & EVAL	\$1.20	\$0.27		\$0.19	\$0.63	\$0.71	\$1.09	\$0.06		\$3.42		\$0.31	\$0.68
MH SERVICES CASE MANAGEMENT	\$0.70	\$0.30		\$5.70	\$27.64	\$5.78	\$50.66	\$0.25	\$0.19	\$124.06		\$0.56	\$2.98
MH SERVICES CONSULTATION	\$0.01	\$0.00		\$0.00	\$0.01	\$0.07	\$0.06	\$0.01		\$0.18		\$0.00	\$0.00
MH SERVICES EVIDENCE BASED PRACTICE						\$2.70	\$2.70						
MH SERVICES FAMILY SUPPORT													
MH SERVICES ANCILLARY SERVICES	\$0.01	\$0.00		\$0.00	\$0.29	\$0.01	\$0.50	\$0.00		\$22.88		\$0.01	\$0.01
MH SERVICES INTENSIVE THERAPY SVCS													
MH SERVICES MED MANAGEMENT	\$0.12	\$0.03		\$0.01	\$0.05	\$3.04	\$2.02	\$0.03		\$0.36		\$0.04	\$0.30
MH SERVICES OP THERAPY	\$1.80	\$0.34		\$0.29	\$1.48	\$4.21	\$3.80	\$0.25	\$0.05	\$9.45		\$1.78	\$3.48
MH SERVICES OTHER OP				\$0.06	\$0.04	\$0.02	\$0.22	\$0.00		\$0.51			\$0.02
MH SERVICES PHYS IP	\$0.63	\$0.26	\$0.00	\$0.06	\$0.56	\$2.25	\$3.55	\$0.15	\$0.17	\$3.62	\$0.00	\$0.96	\$2.47
MH SERVICES PHYS OP	\$2.09	\$0.59	\$0.01	\$0.77	\$2.83	\$21.50	\$15.22	\$0.67	\$2.55	\$23.66	\$0.00	\$2.90	\$4.71
MH SERVICES PEO													
MH SERVICES SUPPORT DAY PROGRAM	\$0.19	\$0.07		\$0.26	\$0.65	\$22.63	\$12.62	\$0.80	\$0.53	\$6.02		\$0.07	\$2.80
Total	\$52.64	\$9.15	\$2.72	\$7.73	\$39.61	\$68.78	\$286.03	\$5.72	\$70.47	\$212.01	\$0.75	\$39.86	\$147.89
TOTAL ALL	\$428.84	\$680.01	\$934.03	\$105.51	\$143.39	\$236.50	\$1,476.20	\$144.14	\$620.28	\$468.73	\$84.92	\$306.63	\$727.76

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Summary of Monthly Per Capita Cost for Calendar Years 2008-2009
By Delivery System Through Line 503 of the Prioritized List

EXHIBIT 11

PHYSICAL HEALTH - FCHP	MCO PER CAPITA COST	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST ²
Temporary Assistance to Needy Families	\$319.93	\$31.05	\$359.01
PLM Adults	\$1,124.26	\$18.47	\$663.19
PLM, TANF, and CHIP Children < 1	\$449.18	\$20.56	\$931.81
PLM, TANF, and CHIP Children 1 - 5	\$88.38	\$4.18	\$96.92
PLM, TANF, and CHIP Children 6 - 18	\$81.16	\$5.87	\$100.51
Aid to the Blind/Aid to the Disabled with Medicare	\$126.02	\$42.86	\$162.31
Aid to the Blind/Aid to the Disabled without Medicare	\$842.26	\$156.02	\$1,182.74
Old Age Assistance with Medicare	\$141.06	\$25.73	\$138.00
Old Age Assistance without Medicare	\$706.77	\$25.68	\$551.41
SCF Children	\$136.25	\$45.20	\$234.03
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.17
OHP Families	\$211.61	\$25.54	\$261.09
OHP Adults & Couples	\$481.02	\$58.09	\$563.35

PHYSICAL HEALTH - PCO	MCO PER CAPITA COST	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST ²
Temporary Assistance to Needy Families	\$227.65	\$93.82	\$359.01
PLM Adults	\$569.05	\$238.00	\$663.19
PLM, TANF, and CHIP Children < 1	\$182.82	\$709.87	\$931.81
PLM, TANF, and CHIP Children 1 - 5	\$73.98	\$21.18	\$96.92
PLM, TANF, and CHIP Children 6 - 18	\$65.76	\$20.53	\$100.51
Aid to the Blind/Aid to the Disabled with Medicare	\$109.64	\$48.97	\$162.31
Aid to the Blind/Aid to the Disabled without Medicare	\$532.86	\$462.79	\$1,182.74
Old Age Assistance with Medicare	\$113.08	\$41.25	\$138.00
Old Age Assistance without Medicare	\$422.72	\$197.84	\$551.41
SCF Children	\$118.41	\$76.40	\$234.03
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.17
OHP Families	\$175.51	\$47.85	\$261.09
OHP Adults & Couples	\$340.76	\$140.18	\$563.35

PHYSICAL HEALTH - FCHP/PCO Blend	MCO PER CAPITA COST ¹	FFS WRAPAROUND PER CAPITA COST ¹	FFS/PCM PER CAPITA COST ²
Temporary Assistance to Needy Families	\$317.69	\$32.57	\$359.01
PLM Adults	\$1,110.47	\$23.92	\$663.19
PLM, TANF, and CHIP Children < 1	\$442.32	\$38.31	\$931.81
PLM, TANF, and CHIP Children 1 - 5	\$88.19	\$4.40	\$96.92
PLM, TANF, and CHIP Children 6 - 18	\$80.86	\$6.16	\$100.51
Aid to the Blind/Aid to the Disabled with Medicare	\$125.63	\$43.00	\$162.31
Aid to the Blind/Aid to the Disabled without Medicare	\$831.42	\$166.77	\$1,182.74
Old Age Assistance with Medicare	\$140.56	\$26.01	\$138.00
Old Age Assistance without Medicare	\$696.90	\$31.67	\$551.41
SCF Children	\$135.61	\$46.33	\$234.03
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.17
OHP Families	\$211.61	\$25.54	\$261.09
OHP Adults & Couples	\$481.02	\$58.09	\$563.35

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 2008-2009
By Delivery System Through Line 503 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	\$10.78	\$0.00	\$16.25
PLM Adults	\$5.48	\$0.00	\$7.01
PLM, TANF, and CHIP Children < 1	\$0.01	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.02
PLM, TANF, and CHIP Children 6 - 18	\$1.07	\$0.00	\$2.15
Aid to the Blind/Aid to the Disabled with Medicare	\$4.75	\$0.00	\$3.91
Aid to the Blind/Aid to the Disabled without Medicare	\$8.04	\$0.00	\$6.37
Old Age Assistance with Medicare	\$0.40	\$0.00	\$0.09
Old Age Assistance without Medicare	\$0.04	\$0.00	\$0.00
SCF Children	\$5.63	\$0.00	\$19.86
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP Families	\$3.51	\$0.00	\$5.64
OHP Adults & Couples	\$19.17	\$0.00	\$16.34

CHEMICAL DEPENDENCY - PCO	MCO PER CAPITA COST	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST
Temporary Assistance to Needy Families	\$10.35	\$0.00	\$16.25
PLM Adults	\$5.40	\$0.00	\$7.01
PLM, TANF, and CHIP Children < 1	\$0.01	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.02
PLM, TANF, and CHIP Children 6 - 18	\$1.06	\$0.00	\$2.15
Aid to the Blind/Aid to the Disabled with Medicare	\$4.34	\$0.00	\$3.91
Aid to the Blind/Aid to the Disabled without Medicare	\$7.62	\$0.00	\$6.37
Old Age Assistance with Medicare	\$0.35	\$0.00	\$0.09
Old Age Assistance without Medicare	\$0.01	\$0.00	\$0.00
SCF Children	\$5.63	\$0.00	\$19.86
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP Families	\$3.25	\$0.00	\$5.64
OHP Adults & Couples	\$17.68	\$0.00	\$16.34

CHEMICAL DEPENDENCY - FCHP/PCO Blend	MCO PER CAPITA COST¹	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST
Temporary Assistance to Needy Families	\$10.76	\$0.00	\$16.25
PLM Adults	\$5.48	\$0.00	\$7.01
PLM, TANF, and CHIP Children < 1	\$0.01	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.02
PLM, TANF, and CHIP Children 6 - 18	\$1.07	\$0.00	\$2.15
Aid to the Blind/Aid to the Disabled with Medicare	\$4.74	\$0.00	\$3.91
Aid to the Blind/Aid to the Disabled without Medicare	\$8.02	\$0.00	\$6.37
Old Age Assistance with Medicare	\$0.39	\$0.00	\$0.09
Old Age Assistance without Medicare	\$0.04	\$0.00	\$0.00
SCF Children	\$5.63	\$0.00	\$19.86
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP Families	\$3.51	\$0.00	\$5.64
OHP Adults & Couples	\$19.17	\$0.00	\$16.34

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
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By Delivery System Through Line 503 of the Prioritized List

EXHIBIT 11

DENTAL	MCO PER CAPITA COST	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST
Temporary Assistance to Needy Families	\$30.31	\$0.00	\$1.38
PLM Adults	\$23.59	\$0.00	\$0.74
PLM, TANF, and CHIP Children < 1	\$0.15	\$0.00	\$0.01
PLM, TANF, and CHIP Children 1 - 5	\$16.48	\$0.00	\$1.34
PLM, TANF, and CHIP Children 6 - 18	\$21.16	\$0.00	\$1.55
Aid to the Blind/Aid to the Disabled with Medicare	\$30.25	\$0.00	\$1.79
Aid to the Blind/Aid to the Disabled without Medicare	\$26.34	\$0.00	\$1.56
Old Age Assistance with Medicare	\$17.99	\$0.00	\$0.87
Old Age Assistance without Medicare	\$30.06	\$0.00	\$0.00
SCF Children	\$20.86	\$0.00	\$2.90
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP Families	\$4.42	\$0.00	\$0.28
OHP Adults & Couples	\$5.02	\$0.00	\$0.43

MENTAL HEALTH	MCO PER CAPITA COST	FFS WRAPAROUND PER CAPITA COST	FFS/PCM PER CAPITA COST
Temporary Assistance to Needy Families	\$21.35	\$0.00	\$52.64
PLM Adults	\$7.86	\$0.00	\$9.15
PLM, TANF, and CHIP Children < 1	\$0.82	\$0.00	\$2.72
PLM, TANF, and CHIP Children 1 - 5	\$3.97	\$0.00	\$7.73
PLM, TANF, and CHIP Children 6 - 18	\$19.33	\$0.00	\$39.61
Aid to the Blind/Aid to the Disabled with Medicare	\$84.96	\$2.70	\$68.78
Aid to the Blind/Aid to the Disabled without Medicare	\$96.57	\$2.70	\$286.03
Old Age Assistance with Medicare	\$9.14	\$0.00	\$5.72
Old Age Assistance without Medicare	\$18.25	\$0.00	\$70.47
SCF Children	\$140.59	\$0.00	\$212.01
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.75
OHP Families	\$15.31	\$0.00	\$39.86
OHP Adults & Couples	\$32.60	\$0.00	\$147.89

PHYSICAL HEALTH, DENTAL, & CHEMICAL DEPENDENCY	MCO PER CAPITA COST ¹	FFS WRAPAROUND PER CAPITA COST ¹	FFS/PCM PER CAPITA COST ²
Temporary Assistance to Needy Families	\$358.77	\$32.57	\$376.64
PLM Adults	\$1,139.54	\$23.92	\$670.94
PLM, TANF, and CHIP Children < 1	\$442.48	\$38.31	\$931.83
PLM, TANF, and CHIP Children 1 - 5	\$104.68	\$4.40	\$98.27
PLM, TANF, and CHIP Children 6 - 18	\$103.08	\$6.16	\$104.20
Aid to the Blind/Aid to the Disabled with Medicare	\$160.62	\$43.00	\$168.01
Aid to the Blind/Aid to the Disabled without Medicare	\$865.78	\$166.77	\$1,190.67
Old Age Assistance with Medicare	\$158.94	\$26.01	\$138.96
Old Age Assistance without Medicare	\$727.00	\$31.67	\$551.41
SCF Children	\$162.10	\$46.33	\$256.79
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.17
OHP Families	\$219.54	\$25.54	\$267.01
OHP Adults & Couples	\$505.20	\$58.09	\$580.12

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 2008-2009
By Delivery System Through Line 503 of the Prioritized List

EXHIBIT 11

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY + ADMIN	MCO PER CAPITA COST ^{1,3}	FFS WRAPAROUND PER CAPITA COST ¹	FFS/PCM PER CAPITA COST ²
Temporary Assistance to Needy Families	\$414.00	\$32.57	\$376.64
PLM Adults	\$1,314.96	\$23.92	\$670.94
PLM, TANF, and CHIP Children < 1	\$510.59	\$38.31	\$931.83
PLM, TANF, and CHIP Children 1 - 5	\$120.79	\$4.40	\$98.27
PLM, TANF, and CHIP Children 6 - 18	\$118.95	\$6.16	\$104.20
Aid to the Blind/Aid to the Disabled with Medicare	\$200.31	\$43.00	\$168.01
Aid to the Blind/Aid to the Disabled without Medicare	\$999.06	\$166.77	\$1,190.67
Old Age Assistance with Medicare	\$196.43	\$26.01	\$138.96
Old Age Assistance without Medicare	\$838.91	\$31.67	\$551.41
SCF Children	\$187.05	\$46.33	\$256.79
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.17
OHP Families	\$253.34	\$25.54	\$267.01
OHP Adults & Couples	\$582.97	\$58.09	\$580.12

PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY, & MENTAL HEALTH	MCO PER CAPITA COST ¹	FFS WRAPAROUND PER CAPITA COST ¹	FFS/PCM PER CAPITA COST ²
Temporary Assistance to Needy Families	\$380.12	\$32.57	\$429.28
PLM Adults	\$1,147.40	\$23.92	\$680.09
PLM, TANF, and CHIP Children < 1	\$443.30	\$38.31	\$934.54
PLM, TANF, and CHIP Children 1 - 5	\$108.64	\$4.40	\$106.01
PLM, TANF, and CHIP Children 6 - 18	\$122.41	\$6.16	\$143.81
Aid to the Blind/Aid to the Disabled with Medicare	\$245.58	\$45.70	\$236.79
Aid to the Blind/Aid to the Disabled without Medicare	\$962.35	\$169.47	\$1,476.70
Old Age Assistance with Medicare	\$168.09	\$26.01	\$144.68
Old Age Assistance without Medicare	\$745.25	\$31.67	\$621.88
SCF Children	\$302.69	\$46.33	\$468.79
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.92
OHP Families	\$234.85	\$25.54	\$306.87
OHP Adults & Couples	\$537.81	\$58.09	\$728.01

HEALTH CARE EXPENSE PLUS ADMINISTRATION	MCO PER CAPITA COST ^{1,3}	FFS WRAPAROUND PER CAPITA COST ¹	FFS/PCM PER CAPITA COST ²
Temporary Assistance to Needy Families	\$438.64	\$32.57	\$429.28
PLM Adults	\$1,324.03	\$23.92	\$680.09
PLM, TANF, and CHIP Children < 1	\$511.54	\$38.31	\$934.54
PLM, TANF, and CHIP Children 1 - 5	\$125.37	\$4.40	\$106.01
PLM, TANF, and CHIP Children 6 - 18	\$141.25	\$6.16	\$143.81
Aid to the Blind/Aid to the Disabled with Medicare	\$298.34	\$45.70	\$236.79
Aid to the Blind/Aid to the Disabled without Medicare	\$1,110.49	\$169.47	\$1,476.70
Old Age Assistance with Medicare	\$206.98	\$26.01	\$144.68
Old Age Assistance without Medicare	\$859.97	\$31.67	\$621.88
SCF Children	\$349.29	\$46.33	\$468.79
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.92
OHP Families	\$271.00	\$25.54	\$306.87
OHP Adults & Couples	\$620.59	\$58.09	\$728.01

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
Expected Distribution of Enrollees by Eligibility Category and Delivery System
Physical Health Services
For Calendar Years 2008-2009

EXHIBIT 12-A

Eligibility Category	Percentage	DELIVERY SYSTEM ¹		
		MCO ²	FFS/PCM	Total
Temporary Assistance to Needy Families	11.07%	81.43%	18.57%	100.00%
PLM Adults	2.35%	81.50%	18.50%	100.00%
PLM, TANF, and CHIP Children < 1	6.32%	80.18%	19.82%	100.00%
PLM, TANF, and CHIP Children 1 - 5	17.21%	84.18%	15.82%	100.00%
PLM, TANF, and CHIP Children 6 - 18	26.99%	81.73%	18.27%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.98%	55.46%	44.54%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.67%	74.31%	25.69%	100.00%
Old Age Assistance with Medicare	7.31%	47.15%	52.85%	100.00%
Old Age Assistance without Medicare	0.24%	88.82%	11.18%	100.00%
SCF Children	4.61%	58.69%	41.31%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	4.26%		100.00%	100.00%
OHP Families	1.27%	81.63%	18.37%	100.00%
OHP Adults & Couples	2.73%	81.89%	18.11%	100.00%
	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM
For Calendar Years 2008-2009

Eligibility Category	DELIVERY SYSTEM ¹		
	MCO ²	FFS/PCM	Total
Temporary Assistance to Needy Families	9.01%	2.06%	11.07%
PLM Adults	1.91%	0.43%	2.35%
PLM, TANF, and CHIP Children < 1	5.06%	1.25%	6.32%
PLM, TANF, and CHIP Children 1 - 5	14.48%	2.72%	17.21%
PLM, TANF, and CHIP Children 6 - 18	22.06%	4.93%	26.99%
Aid to the Blind/Aid to the Disabled with Medicare	3.32%	2.66%	5.98%
Aid to the Blind/Aid to the Disabled without Medicare	7.19%	2.49%	9.67%
Old Age Assistance with Medicare	3.45%	3.86%	7.31%
Old Age Assistance without Medicare	0.21%	0.03%	0.24%
SCF Children	2.71%	1.91%	4.61%
CAWEM (Citizen-Alien Waived Emergency Medical)		4.26%	4.26%
OHP Families	1.04%	0.23%	1.27%
OHP Adults & Couples	2.23%	0.49%	2.73%
Total	72.68%	27.32%	100.00%

¹ Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

² Reflects projected FCHP and PCO enrollees.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Expected Distribution of Enrollees by Eligibility Category and Delivery System
Dental Services

EXHIBIT 12-B

For Calendar Years 2008-2009

Eligibility Category	Percentage	DELIVERY SYSTEM ¹		
		MCO	FFS/PCM	Total
Temporary Assistance to Needy Families	11.07%	94.52%	5.48%	100.00%
PLM Adults	2.35%	93.11%	6.89%	100.00%
PLM, TANF, and CHIP Children < 1	6.32%	89.38%	10.62%	100.00%
PLM, TANF, and CHIP Children 1 - 5	17.21%	94.69%	5.31%	100.00%
PLM, TANF, and CHIP Children 6 - 18	26.99%	94.92%	5.08%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.98%	88.15%	11.85%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.67%	89.94%	10.06%	100.00%
Old Age Assistance with Medicare	7.31%	86.58%	13.42%	100.00%
Old Age Assistance without Medicare	0.24%	83.29%	16.71%	100.00%
SCF Children	4.61%	80.57%	19.43%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	4.26%		100.00%	100.00%
OHP Families	1.27%	88.70%	11.30%	100.00%
OHP Adults & Couples	2.73%	97.15%	2.85%	100.00%
	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM
For Calendar Years 2008-2009

Eligibility Category	DELIVERY SYSTEM ¹		
	MCO	FFS/PCM	Total
Temporary Assistance to Needy Families	10.46%	0.61%	11.07%
PLM Adults	2.18%	0.16%	2.35%
PLM, TANF, and CHIP Children < 1	5.65%	0.67%	6.32%
PLM, TANF, and CHIP Children 1 - 5	16.29%	0.91%	17.21%
PLM, TANF, and CHIP Children 6 - 18	25.62%	1.37%	26.99%
Aid to the Blind/Aid to the Disabled with Medicare	5.27%	0.71%	5.98%
Aid to the Blind/Aid to the Disabled without Medicare	8.70%	0.97%	9.67%
Old Age Assistance with Medicare	6.33%	0.98%	7.31%
Old Age Assistance without Medicare	0.20%	0.04%	0.24%
SCF Children	3.72%	0.90%	4.61%
CAWEM (Citizen-Alien Waived Emergency Medical)		4.26%	4.26%
OHP Families	1.13%	0.14%	1.27%
OHP Adults & Couples	2.65%	0.08%	2.73%
Total	88.20%	11.80%	100.00%

¹ Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION
Expected Distribution of Enrollees by Eligibility Category and Delivery System
Mental Health Services
For Calendar Years 2008-2009

EXHIBIT 12-C

Eligibility Category	Percentage	DELIVERY SYSTEM ¹		
		MCO	FFS/PCM	Total
Temporary Assistance to Needy Families	11.07%	91.10%	8.90%	100.00%
PLM Adults	2.35%	81.90%	18.10%	100.00%
PLM, TANF, and CHIP Children < 1	6.32%	88.89%	11.11%	100.00%
PLM, TANF, and CHIP Children 1 - 5	17.21%	87.73%	12.27%	100.00%
PLM, TANF, and CHIP Children 6 - 18	26.99%	87.86%	12.14%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.98%	90.04%	9.96%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.67%	91.86%	8.14%	100.00%
Old Age Assistance with Medicare	7.31%	78.84%	21.16%	100.00%
Old Age Assistance without Medicare	0.24%	92.06%	7.94%	100.00%
SCF Children	4.61%	80.03%	19.97%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	4.26%		100.00%	100.00%
OHP Families	1.27%	91.46%	8.54%	100.00%
OHP Adults & Couples	2.73%	98.07%	1.93%	100.00%
	100.0%			

AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM
For Calendar Years 2008-2009

Eligibility Category	DELIVERY SYSTEM ¹		
	MCO	FFS/PCM	Total
Temporary Assistance to Needy Families	10.08%	0.98%	11.07%
PLM Adults	1.92%	0.42%	2.35%
PLM, TANF, and CHIP Children < 1	5.61%	0.70%	6.32%
PLM, TANF, and CHIP Children 1 - 5	15.10%	2.11%	17.21%
PLM, TANF, and CHIP Children 6 - 18	23.71%	3.28%	26.99%
Aid to the Blind/Aid to the Disabled with Medicare	5.38%	0.60%	5.98%
Aid to the Blind/Aid to the Disabled without Medicare	8.89%	0.79%	9.67%
Old Age Assistance with Medicare	5.76%	1.55%	7.31%
Old Age Assistance without Medicare	0.22%	0.02%	0.24%
SCF Children	3.69%	0.92%	4.61%
CAWEM (Citizen-Alien Waived Emergency Medical)		4.26%	4.26%
OHP Families	1.16%	0.11%	1.27%
OHP Adults & Couples	2.67%	0.05%	2.73%
Total	84.21%	15.79%	100.00%

¹ Eligibility distribution by delivery system was calculated by PwC based on information provided by OMAP.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 13-A

Average Per Capita Cost¹ for Calendar Years 2008-2009 Through Line 503 of the Prioritized List

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	\$399.17	\$359.01	\$391.71
PLM Adults	\$1,305.33	\$663.19	\$1,186.52
PLM, TANF, and CHIP Children < 1	\$548.71	\$931.81	\$624.65
PLM, TANF, and CHIP Children 1 - 5	\$106.17	\$96.92	\$104.71
PLM, TANF, and CHIP Children 6 - 18	\$99.47	\$100.51	\$99.66
Aid to the Blind/Aid to the Disabled with Medicare	\$202.38	\$162.31	\$184.54
Aid to the Blind/Aid to the Disabled without Medicare	\$1,126.18	\$1,182.74	\$1,140.71
Old Age Assistance with Medicare	\$201.19	\$138.00	\$167.79
Old Age Assistance without Medicare	\$835.85	\$551.41	\$804.06
SCF Children	\$202.81	\$234.03	\$215.71
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$84.17	\$84.17
OHP PLUS Total	\$328.41	\$288.62	\$317.38
OHP Families	\$269.72	\$261.09	\$268.13
OHP Adults & Couples	\$613.15	\$563.35	\$604.13
OHP STANDARD Total	\$504.07	\$466.20	\$497.19
Total	\$336.32	\$293.35	\$324.58

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 Eligibility distributions based on projections provided by DHS staff.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 13-B

Average Per Capita Cost¹ for Calendar Years 2008-2009 Through Line 503 of the Prioritized List

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	\$12.42	\$16.25	\$13.13
PLM Adults	\$6.33	\$7.01	\$6.45
PLM, TANF, and CHIP Children < 1	\$0.01	\$0.00	\$0.01
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.02	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.23	\$2.15	\$1.40
Aid to the Blind/Aid to the Disabled with Medicare	\$6.02	\$3.91	\$5.08
Aid to the Blind/Aid to the Disabled without Medicare	\$9.26	\$6.37	\$8.52
Old Age Assistance with Medicare	\$0.49	\$0.09	\$0.28
Old Age Assistance without Medicare	\$0.04	\$0.00	\$0.04
SCF Children	\$6.50	\$19.86	\$12.02
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP PLUS Total	\$3.70	\$4.19	\$3.84
OHP Families	\$4.05	\$5.64	\$4.34
OHP Adults & Couples	\$22.12	\$16.34	\$21.08
OHP STANDARD Total	\$16.38	\$12.90	\$15.75
Total	\$4.27	\$4.42	\$4.32

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 Eligibility distributions based on projections provided by DHS staff.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 13-C

Average Per Capita Cost¹ for Calendar Years 2008-2009 Through Line 503 of the Prioritized List

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

Eligibility Category	DELIVERY SYSTEM ⁴		
	MCO ³	FFS/PCM	Average
Temporary Assistance to Needy Families	\$34.98	\$1.38	\$33.14
PLM Adults	\$27.22	\$0.74	\$25.40
PLM, TANF, and CHIP Children < 1	\$0.18	\$0.01	\$0.16
PLM, TANF, and CHIP Children 1 - 5	\$19.02	\$1.34	\$18.08
PLM, TANF, and CHIP Children 6 - 18	\$24.42	\$1.55	\$23.25
Aid to the Blind/Aid to the Disabled with Medicare	\$34.91	\$1.79	\$30.99
Aid to the Blind/Aid to the Disabled without Medicare	\$30.39	\$1.56	\$27.49
Old Age Assistance with Medicare	\$20.75	\$0.87	\$18.09
Old Age Assistance without Medicare	\$34.69	\$0.00	\$28.89
SCF Children	\$24.07	\$2.90	\$19.96
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP PLUS Total	\$24.14	\$0.91	\$21.34
OHP Families	\$5.10	\$0.28	\$4.56
OHP Adults & Couples	\$5.79	\$0.43	\$5.63
OHP STANDARD Total	\$5.58	\$0.33	\$5.29
Total	\$23.35	\$0.90	\$20.70

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 Eligibility distributions based on projections provided by DHS staff.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 13-D

Average Per Capita Cost¹ for Calendar Years 2008-2009 Through Line 503 of the Prioritized List

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

Eligibility Category	DELIVERY SYSTEM ⁴		
	MCO ³	FFS/PCM	Average
Temporary Assistance to Needy Families	\$24.64	\$52.64	\$27.13
PLM Adults	\$9.07	\$9.15	\$9.08
PLM, TANF, and CHIP Children < 1	\$0.95	\$2.72	\$1.14
PLM, TANF, and CHIP Children 1 - 5	\$4.58	\$7.73	\$4.97
PLM, TANF, and CHIP Children 6 - 18	\$22.31	\$39.61	\$24.41
Aid to the Blind/Aid to the Disabled with Medicare	\$100.73	\$68.78	\$97.55
Aid to the Blind/Aid to the Disabled without Medicare	\$114.13	\$286.03	\$128.13
Old Age Assistance with Medicare	\$10.55	\$5.72	\$9.53
Old Age Assistance without Medicare	\$21.06	\$70.47	\$24.98
SCF Children	\$162.23	\$212.01	\$172.17
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.75	\$0.75
OHP PLUS Total	\$38.45	\$43.43	\$39.26
OHP Families	\$17.67	\$39.86	\$19.56
OHP Adults & Couples	\$37.62	\$147.89	\$39.75
OHP STANDARD Total	\$31.57	\$75.12	\$33.33
Total	\$38.13	\$43.76	\$39.02

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 Eligibility distributions based on projections provided by DHS staff.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 13-E

Average Per Capita Cost¹ for Calendar Years 2008-2009 Through Line 503 of the Prioritized List

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	\$446.57	\$376.64	\$437.98
PLM Adults	\$1,338.88	\$670.94	\$1,218.37
PLM, TANF, and CHIP Children < 1	\$548.90	\$931.83	\$624.81
PLM, TANF, and CHIP Children 1 - 5	\$125.19	\$98.27	\$122.79
PLM, TANF, and CHIP Children 6 - 18	\$125.11	\$104.20	\$124.31
Aid to the Blind/Aid to the Disabled with Medicare	\$243.31	\$168.01	\$220.60
Aid to the Blind/Aid to the Disabled without Medicare	\$1,165.83	\$1,190.67	\$1,176.72
Old Age Assistance with Medicare	\$222.44	\$138.96	\$186.16
Old Age Assistance without Medicare	\$870.58	\$551.41	\$832.99
SCF Children	\$233.38	\$256.79	\$247.68
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$84.17	\$84.17
OHP PLUS Total	\$356.25	\$293.72	\$342.56
OHP Families	\$278.87	\$267.01	\$277.03
OHP Adults & Couples	\$641.06	\$580.12	\$630.84
OHP STANDARD Total	\$526.04	\$479.43	\$518.23
Total	\$363.94	\$298.67	\$349.59

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 Eligibility distributions based on projections provided by DHS staff.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 13-F

Average Per Capita Cost¹ for Calendar Years 2008-2009 Through Line 503 of the Prioritized List

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	\$471.21	\$429.28	\$465.11
PLM Adults	\$1,347.95	\$680.09	\$1,227.45
PLM, TANF, and CHIP Children < 1	\$549.84	\$934.54	\$625.96
PLM, TANF, and CHIP Children 1 - 5	\$129.77	\$106.01	\$127.76
PLM, TANF, and CHIP Children 6 - 18	\$147.42	\$143.81	\$148.72
Aid to the Blind/Aid to the Disabled with Medicare	\$344.04	\$236.79	\$318.15
Aid to the Blind/Aid to the Disabled without Medicare	\$1,279.96	\$1,476.70	\$1,304.85
Old Age Assistance with Medicare	\$232.99	\$144.68	\$195.68
Old Age Assistance without Medicare	\$891.63	\$621.88	\$857.96
SCF Children	\$395.62	\$468.79	\$419.85
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$84.92	\$84.92
OHP PLUS Total	\$394.70	\$337.15	\$381.82
OHP Families	\$296.54	\$306.87	\$296.60
OHP Adults & Couples	\$678.68	\$728.01	\$670.60
OHP STANDARD Total	\$557.61	\$554.55	\$551.55
Total	\$402.07	\$342.43	\$388.61

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 Eligibility distributions based on projections provided by DHS staff.

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 OMAP 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 OMAP 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

EXHIBIT 15-A

Per Capita Cost at Various Thresholds for Calendar Years 2008-2009

Managed Care Enrollee Costs (Including FFS Services Provided to Managed Care Enrollees) - with Administrative Cost Allowance¹

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
263	79.1%	\$269.44	37.1%	\$8.66	74.5%	\$28.42	76.2%	\$306.52
293	80.7%	\$274.90	37.1%	\$8.66	74.5%	\$28.42	77.6%	\$311.98
323	85.2%	\$290.03	37.1%	\$8.66	77.2%	\$29.46	81.6%	\$328.15
353	86.2%	\$293.46	37.3%	\$8.70	77.2%	\$29.46	82.5%	\$331.62
383	90.5%	\$308.37	77.6%	\$18.11	77.3%	\$29.48	88.5%	\$355.97
413	94.0%	\$320.03	77.6%	\$18.11	77.6%	\$29.59	91.5%	\$367.73
443	96.3%	\$327.96	77.6%	\$18.11	82.4%	\$31.41	93.9%	\$377.48
473	98.4%	\$335.28	77.6%	\$18.11	96.6%	\$36.85	97.1%	\$390.25
503	100.0%	\$340.59	100.0%	\$23.35	100.0%	\$38.13	100.0%	\$402.07

¹ Includes administrative allowance on capitated services.

² Includes Chemical Dependency per capita cost.

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

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 15-B

Per Capita Cost at Various Thresholds for Calendar Years 2008-2009

Fee For Service Costs - with Adjustment for PCM

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
263	79.8%	\$237.76	35.8%	\$0.32	69.4%	\$30.38	78.4%	\$268.46
293	81.4%	\$242.27	35.8%	\$0.32	70.4%	\$30.81	79.8%	\$273.41
323	86.3%	\$256.85	35.8%	\$0.32	74.8%	\$32.72	84.7%	\$289.89
353	87.2%	\$259.70	44.3%	\$0.40	75.5%	\$33.03	85.6%	\$293.13
383	92.6%	\$275.61	84.4%	\$0.76	77.8%	\$34.03	90.6%	\$310.39
413	95.1%	\$283.06	84.4%	\$0.76	78.8%	\$34.49	93.0%	\$318.32
443	96.9%	\$288.45	84.4%	\$0.76	86.6%	\$37.88	95.5%	\$327.09
473	98.7%	\$294.01	84.4%	\$0.76	97.2%	\$42.54	98.5%	\$337.31
503	100.0%	\$297.77	100.0%	\$0.90	100.0%	\$43.76	100.0%	\$342.43

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

² Includes Chemical Dependency per capita cost.

OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 15-C

Per Capita Cost at Various Thresholds for Calendar Years 2008-2009

Total Costs¹

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
263	79.3%	\$260.80	37.1%	\$7.68	73.6%	\$28.73	76.5%	\$297.20
293	80.9%	\$266.00	37.1%	\$7.68	73.8%	\$28.79	77.8%	\$302.47
323	85.4%	\$280.98	37.1%	\$7.68	76.8%	\$29.97	82.0%	\$318.63
353	86.4%	\$284.26	37.3%	\$7.72	76.9%	\$30.02	82.9%	\$322.00
383	91.0%	\$299.46	77.6%	\$16.06	77.4%	\$30.20	89.0%	\$345.72
413	94.2%	\$309.95	77.6%	\$16.06	77.8%	\$30.36	91.7%	\$356.38
443	96.4%	\$317.17	77.6%	\$16.06	83.1%	\$32.43	94.1%	\$365.67
473	98.5%	\$324.01	77.6%	\$16.06	96.8%	\$37.75	97.2%	\$377.83
503	100.0%	\$328.89	100.0%	\$20.70	100.0%	\$39.02	100.0%	\$388.61

¹ Includes administrative allowance on capitated services.

² Includes Chemical Dependency per capita cost.

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