

## OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

### Description of Eligibility Categories

	Definition During Data Reporting Period (7/97 - 6/99)	2002-2003 Definition
<b>Temporary Assistance to Needy Families</b>	AFDC categorical eligibles under 35% of FPL (including former recipients with extended Medicaid eligibility)	Recipients of Temporary Assistance to Needy Families under current eligibility rules (including former recipients with extended Medicaid eligibility)
<b>General Assistance</b>	Recipients of state General Assistance grants	Recipients of state General Assistance grants
<b>PLM Adults</b>	Pregnant women with family income under 170% of FPL	Pregnant women with family income under 170% of FPL
<b>PLM Children under 1 year</b>	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 (including eligibles from the PLMC<FPL and PLMC>FPL categories as defined through 6/30/98)	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
<b>PLM Children 1 through 5 years</b>	Children aged at least one but less than six years with family income under 133% FPL (including eligibles from the PLMC<FPL and PLMC>FPL categories as defined through 6/30/98)	Children aged at least one but less than six years with family income under 133% FPL
<b>PLM Children 6 through 18 years</b>	Children aged at least six but less than nineteen years with family income under 100% FPL (including eligibles from the PLM Child < FPL, OHP Families and OHP Adults/Couples categories as defined through 6/30/98)	Children aged at least six but less than nineteen years with family income under 100% FPL
<b>OHP Adults &amp; Couples</b>	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and do not have an unborn child or a child under age 19 in the household	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and do not have an unborn child or a child under age 19 in the household

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## Description of Eligibility Categories

	Definition During Data Reporting Period (7/97 - 6/99)	2002-2003 Definition
<b>OHP Families</b>	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and have an unborn child or a child under age 19 in the household	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and have an unborn child or a child under age 19 in the household
<b>AB/AD with Medicare</b>	Recipients of Aid to Blind or Aid to Disabled with concurrent Medicare eligibility	Recipients of Aid to Blind or Aid to Disabled with concurrent Medicare eligibility
<b>AB/AD without Medicare</b>	Recipients of Aid to Blind or Aid to Disabled without concurrent Medicare eligibility	Recipients of Aid to Blind or Aid to Disabled without concurrent Medicare eligibility
<b>OAA with Medicare</b>	Recipients of Old Age Assistance with concurrent eligibility for Medicare Part A and/or B	Recipients of Old Age Assistance with concurrent eligibility for Medicare Part A and/or B
<b>OAA without Medicare</b>	Recipients of Old Age Assistance without concurrent Medicare eligibility	Recipients of Old Age Assistance without concurrent Medicare eligibility
<b>SCF Children</b>	Children covered by the State Office for Services to Children and Families	Children covered by the State Office for Services to Children and Families
<b>CHIP Children under 1 year</b>	Children under one year of age with family income under 170% FPL who do not meet one of the other eligibility classifications	Children under one year of age with family income under 170% FPL who do not meet one of the other eligibility classifications
<b>CHIP Children 1 through 5 years</b>	Children aged at least one but less than six years with family income under 170% FPL who do not meet one of the other eligibility classifications	Children aged at least one but less than six years with family income under 170% FPL who do not meet one of the other eligibility classifications
<b>CHIP Children 6 through 18 years</b>	Children aged at least six but less than nineteen years with family income under 170% FPL who do not meet one of the other eligibility classifications	Children aged at least six but less than nineteen years with family income under 170% FPL who do not meet one of the other eligibility classifications
<b>CAWEM (Citizen-Alien Waived Emergency Medical)</b>	Individuals who meet criteria for one of the above eligibility categories except for US citizenship or residency requirements	Individuals who meet criteria for one of the above eligibility categories except for US citizenship or residency requirements

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 2

## Expected Distribution of Population to be Covered by the Demonstration Project

	Expected Average Program Distribution
Temporary Assistance to Needy Families	20.4%
General Assistance	0.8%
PLM Adults	2.0%
CHIP Child 0 < 1	0.1%
Poverty Level Medical Child 0 < 1	3.4%
Poverty Level Medical & CHIP Child 1 - 5	9.5%
Poverty Level Medical & CHIP Child 6 - 18	15.1%
OHP Families	9.0%
OHP Adults & Couples	11.2%
Aid to the Blind/Aid to the Disabled with Medicare	5.1%
Aid to the Blind/Aid to the Disabled w/o Medicare	8.7%
Old Age Assistance with Medicare	7.8%
Old Age Assistance w/o Medicare	0.3%
SCF Children	3.7%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.1%
<b>TOTAL</b>	<b>100.0%</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Encounter Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List  
Adjusted for changes in utilization, benefits, and eligibility**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLM-Adult UNITS/1000	CHIP Child 0 < 1 UNITS/1000	PLM Child 0 < 1 UNITS/1000	PLM & CHIP Child 1 - 5 UNITS/1000	PLM & CHIP Child 6 - 18 UNITS/1000	OHP Families UNITS/1000	OHP Adults & Couples UNITS/1000
<b>PHYSICAL HEALTH</b>										
ADMINISTRATIVE EXAMS	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ANESTHESIA	Claims	80.96	226.65	559.98	58.99	58.99	55.19	31.51	76.72	106.51
EXCEPT NEEDS CARE COORDINATION	Cases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FP - IP HOSP	Admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FP - OP HOSP	Claims	6.99	6.98	16.64	0.00	0.00	0.00	2.41	11.15	4.03
FP - PHYS	Service	124.68	28.67	298.27	0.42	0.42	0.24	34.70	191.30	37.92
HYSTERECTOMY - ANESTHESIA	Claims	0.72	1.74	0.27	0.00	0.00	0.00	0.00	2.01	1.08
HYSTERECTOMY - IP HOSP	Admits	1.20	2.18	0.54	0.00	0.00	0.00	0.00	3.58	1.90
HYSTERECTOMY - OP HOSP	Claims	0.68	0.00	0.00	0.00	0.00	0.00	0.09	0.48	1.03
HYSTERECTOMY - PHYS	Service	4.37	8.50	2.08	0.16	0.16	0.00	0.00	12.73	7.41
IP HOSP - ACUTE DETOX	Admits	1.08	33.90	1.63	0.00	0.00	0.00	0.26	2.76	13.44
IP HOSP - MATERNITY	Admits	39.50	3.71	1,022.38	0.00	0.00	0.00	2.88	12.16	2.48
IP HOSP - MEDICAL/SURGICAL	Admits	33.50	269.93	17.36	73.09	73.09	16.29	11.47	39.21	83.78
IP HOSP - NEWBORN	Admits	38.12	0.00	0.45	581.14	581.14	0.43	0.00	0.00	0.00
LAB & RAD - DIAGNOSTIC X-RAY	Service	698.77	3,823.27	2,499.44	750.94	750.94	229.26	345.56	970.89	1,494.92
LAB & RAD - LAB	Service	1,674.11	5,207.14	8,643.37	756.29	756.29	655.39	820.23	2,676.07	3,371.90
LAB & RAD - THERAPEUTIC X-RAY	Service	10.94	229.93	1.81	4.01	4.01	0.61	1.30	35.96	72.24
OP HOSP - BASIC	Claims	2,225.60	10,339.04	3,228.89	2,363.32	2,363.32	1,288.13	1,063.78	2,901.95	4,521.27
OP HOSP - MATERNITY	Claims	170.06	48.91	4,738.51	0.95	0.95	0.73	41.39	157.67	67.53
OP HOSP - SOMATIC MH	Claims	54.47	493.68	18.11	2.59	2.59	54.54	24.38	54.07	113.14
OTH MED - DME/SUPPLIES	Claims	194.26	1,456.43	222.06	353.42	353.42	104.95	98.03	197.56	382.80
OTH MED - HHC/HOSPICE/PDN	Service	17.22	1,311.15	26.83	32.62	32.62	5.23	12.87	37.47	177.90
OTH MED - MATERNITY MGT	Cases	12.07	1.04	269.84	4.20	4.20	0.00	1.99	2.85	1.06
PHYS CONSULTATION, IP & ER VISITS	Service	482.24	2,033.78	990.26	1,325.73	1,325.73	220.15	177.66	427.32	767.91
PHYS HOME OR LONG-TERM CARE VISIT	Service	1.05	73.93	3.62	3.43	3.43	0.69	0.77	3.11	8.25
PHYS MATERNITY	Cases	64.60	9.16	1,564.86	2.48	2.48	0.51	9.42	40.08	11.61
PHYS NEWBORN	Cases	33.11	0.00	30.02	479.51	479.51	0.63	0.24	0.53	0.19
PHYS OFFICE VISITS	Service	3,156.71	5,703.44	1,680.56	8,066.56	8,066.56	3,222.21	1,773.50	3,015.98	3,522.09
PHYS OTHER	Service	2,105.76	8,913.34	1,599.52	7,970.57	7,970.57	1,869.89	886.17	1,883.28	3,881.54
PHYS SOMATIC MH	Service	184.73	743.46	70.87	10.37	10.37	56.82	138.98	210.79	271.97
POST - HOSP EXTENDED CARE	Days	23.05	974.88	29.33	22.08	22.08	1.42	2.91	14.35	83.73
PRES DRUGS - BASIC	Prescriptions	6,089.84	30,858.35	9,016.67	5,248.77	5,248.77	3,662.43	2,956.72	8,622.83	14,471.97
PRES DRUGS - FP	Prescriptions	199.59	111.27	591.11	3.25	3.25	2.34	94.43	548.97	219.13
PRES DRUGS - MH/CD	Prescriptions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRES DRUGS - OP HOSP BASIC	Claims	252.50	770.78	339.46	226.74	226.74	168.09	108.16	272.25	370.67
PRES DRUGS - OP HOSP FP	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRES DRUGS - OP HOSP MH/CD	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Encounter Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List  
Adjusted for changes in utilization, benefits, and eligibility**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLM-Adult UNITS/1000	CHIP Child 0 < 1 UNITS/1000	PLM Child 0 < 1 UNITS/1000	PLM & CHIP Child 1 - 5 UNITS/1000	PLM & CHIP Child 6 - 18 UNITS/1000	OHP Families UNITS/1000	OHP Adults & Couples UNITS/1000
SCHOOL-BASED HEALTH SERVICES	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STERILIZATION - ANESTHESIA FEMALE	Claims	6.67	0.66	72.29	0.00	0.00	0.02	0.00	8.17	1.01
STERILIZATION - ANESTHESIA MALE	Claims	0.00	0.22	0.00	0.00	0.00	0.00	0.00	0.02	0.01
STERILIZATION - IP HOSP FEMALE	Admits	3.85	0.00	61.62	0.00	0.00	0.00	0.00	0.81	0.07
STERILIZATION - IP HOSP MALE	Admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STERILIZATION - OP HOSP FEMALE	Claims	203.54	39.08	3,634.02	0.96	0.96	0.20	27.26	157.80	56.26
STERILIZATION - OP HOSP MALE	Claims	0.35	1.57	0.09	0.16	0.16	0.40	0.09	1.09	0.48
STERILIZATION - PHY FEMALE	Service	5.43	0.00	90.59	0.00	0.00	0.00	0.00	2.15	0.19
STERILIZATION - PHY MALE	Service	0.53	0.44	0.00	0.00	0.00	0.00	0.02	5.47	0.88
SURGERY	Cases	311.25	1,113.40	917.57	316.29	316.29	134.24	162.96	488.64	659.66
TARGETED CASE MAN - BABIES FIRST	Cases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TARGETED CASE MAN - HIV	Cases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
THERAPEUTIC ABORTION - IP HOSP	Admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
THERAPEUTIC ABORTION - OP HOSP	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
THERAPEUTIC ABORTION - PHYS	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOBACCO CES-IP HSP	Admits	5.03	26.18	30.09	0.00	0.00	0.00	0.26	4.82	12.19
TOBACCO CES-OP HSP	Claims	44.50	262.80	60.83	0.58	0.58	0.45	8.79	72.27	129.05
TOBACCO CES-PHYS	Service	9.58	36.70	6.26	0.11	0.11	0.02	2.17	21.23	27.15
TOBACCO CES-PRES DRUGS	Prescriptions	28.00	208.18	33.62	0.00	0.00	0.21	4.05	68.73	113.81
TRANSPORTATION - AMBULANCE	Claims	56.62	495.44	113.73	65.93	65.93	19.36	21.78	50.40	125.94
TRANSPORTATION - OTHER	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VISION CARE - EXAMS & THERAPY	Service	173.00	323.71	234.78	15.66	15.66	52.75	247.90	299.67	362.35
VISION CARE - MATERIALS & FITTING	Service	384.56	871.19	635.90	5.71	5.71	64.75	527.37	780.04	916.03
<b>Chemical Dependency</b>										
CD SERVICES - METHADONE	Service	1,403.50	20,706.43	437.58	0.00	0.00	0.00	6.35	2,683.45	9,536.64
CD SERVICES - OP	Service	4,018.61	18,916.11	2,463.78	2.18	2.18	7.29	869.81	3,646.53	13,764.99
<b>Dental</b>										
DENTAL - ADJUNCTIVE GENERAL	Service	78.81	81.66	64.79	0.43	0.43	77.38	41.25	93.01	91.76
DENTAL - ANESTHESIA SURGICAL	Claims	65.83	55.07	22.22	0.38	0.38	81.59	84.58	63.51	61.21
DENTAL - DIAGNOSTIC	Service	1,255.60	1,562.57	1,329.52	8.93	8.93	960.70	1,675.35	1,887.84	1,885.64
DENTAL - ENDODONTICS	Service	89.63	70.73	68.66	0.60	0.60	126.03	79.55	108.45	98.38
DENTAL - I/P FIXED	Service	1.50	7.21	1.54	0.00	0.00	0.00	0.23	5.51	6.90
DENTAL - MAXILLOFACIAL PROS	Service	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.12
DENTAL - ORAL SURGERY	Service	247.36	687.49	202.64	0.82	0.82	84.37	189.30	457.62	695.75
DENTAL - ORTHODONTICS	Service	0.08	0.00	0.00	0.00	0.00	0.02	0.51	0.02	0.03
DENTAL - PERIODONTICS	Service	71.72	227.66	122.40	0.05	0.05	0.47	14.74	287.76	293.42

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Encounter Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List  
Adjusted for changes in utilization, benefits, and eligibility**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLM-Adult UNITS/1000	CHIP Child 0 < 1 UNITS/1000	PLM Child 0 < 1 UNITS/1000	PLM & CHIP Child 1 - 5 UNITS/1000	PLM & CHIP Child 6 - 18 UNITS/1000	OHP Families UNITS/1000	OHP Adults & Couples UNITS/1000
DENTAL - PREVENTIVE	Service	580.03	350.59	741.91	5.71	5.71	1,184.69	1,260.83	529.23	501.43
DENTAL - PROS REMOVABLE	Service	28.78	247.38	10.79	0.00	0.00	0.04	1.25	81.85	195.85
DENTAL - RESTORATIVE	Service	713.27	745.92	611.74	1.79	1.79	685.33	900.86	1,028.87	969.57
DENTAL - TOBACCO CES	Service	0.05	0.20	0.55	0.00	0.00	0.00	0.04	0.37	0.41
<b>Mental Health</b>										
MH SERVICES ACUTE INPATIENT	Days	32.08	738.75	11.16	0.00	0.00	2.63	18.82	35.86	118.50
MH SERVICES ASSESS & EVAL	Service	744.76	3,542.98	429.08	4.09	4.09	163.54	585.99	495.17	909.64
MH SERVICES CASE MANAGEMENT	Service	326.71	7,622.40	46.08	0.65	0.65	39.90	230.67	95.59	469.97
MH SERVICES CONSULTATION	Service	158.36	998.06	40.20	0.25	0.25	32.97	161.83	33.80	106.21
MH SERVICES ANCILLARY SERVICES	Service	1.03	0.00	0.00	0.00	0.00	0.00	0.00	0.84	0.02
MH SERVICES MED MANAGEMENT	Service	249.42	5,286.44	70.80	0.08	0.08	13.85	118.94	227.46	623.13
MH SERVICES MHDDSD ALTERNATIVE TI	Service	12.68	570.82	2.59	0.00	0.00	759.81	11.99	12.43	65.89
MH SERVICES MHDDSD FAMILY SUPPOR	Service	137.42	9.44	2.06	0.00	0.00	27.13	135.31	4.05	0.93
MH SERVICES OP THERAPY	Service	4,245.46	24,221.48	1,394.74	4.66	4.66	666.05	3,096.81	2,103.83	4,056.15
MH SERVICES OTHER OP	Service	6.22	315.80	0.85	0.00	0.00	0.41	3.11	2.96	20.21
MH SERVICES PHYS IP	Service	6.54	187.37	5.00	0.00	0.00	0.32	4.67	13.77	32.10
MH SERVICES PHYS OP	Service	7.30	94.23	4.40	0.08	0.08	2.70	7.61	4.68	20.40
MH SERVICES SUPPORT DAY PROGRAM	Service	1,002.47	43,988.72	104.00	0.00	0.00	471.61	475.92	277.67	2,015.82
MH SERVICES - CATP	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MH SERVICES - DARTS	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MH SERVICES - JCAHO	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Encounter Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List  
Adjusted for changes in utilization, benefits, and eligibility**

CATEGORY OF SERVICE	TYPE OF UNITS	AB/AD Med UNITS/1000	ADJ. AB/AD w/o Med UNITS/1000	ADJ. OAA w/Med UNITS/1000	OAA w/o Med UNITS/1000	SCF Children UNITS/1000	CAWEM UNITS/1000
<b>PHYSICAL HEALTH</b>							
ADMINISTRATIVE EXAMS	Claims	0.00	0.00	0.00	0.00	0.00	0.00
ANESTHESIA	Claims	131.39	137.62	164.03	349.53	52.73	0.00
EXCEPT NEEDS CARE COORDINATION	Cases	0.00	0.00	0.00	0.00	0.00	0.00
FP - IP HOSP	Admits	0.00	0.00	0.00	0.00	0.00	0.00
FP - OP HOSP	Claims	0.71	8.07	0.00	4.22	8.65	0.00
FP - PHYS	Service	22.29	46.48	0.72	0.00	25.46	0.00
HYSTERECTOMY - ANESTHESIA	Claims	0.35	0.88	0.34	2.97	0.00	0.00
HYSTERECTOMY - IP HOSP	Admits	1.11	1.94	0.61	4.17	0.00	0.00
HYSTERECTOMY - OP HOSP	Claims	0.00	0.05	0.00	0.00	0.00	0.00
HYSTERECTOMY - PHYS	Service	4.38	5.93	1.91	51.70	0.00	0.00
IP HOSP - ACUTE DETOX	Admits	3.64	6.80	0.93	0.00	0.31	0.00
IP HOSP - MATERNITY	Admits	1.86	5.88	0.00	0.00	2.78	0.00
IP HOSP - MEDICAL/SURGICAL	Admits	119.71	161.11	212.06	140.57	19.49	0.00
IP HOSP - NEWBORN	Admits	0.04	0.11	0.00	0.00	2.24	0.00
LAB & RAD - DIAGNOSTIC X-RAY	Service	1,757.03	2,193.22	2,299.77	5,264.19	397.82	0.00
LAB & RAD - LAB	Service	2,894.67	4,277.84	2,263.53	6,384.51	1,511.17	0.00
LAB & RAD - THERAPEUTIC X-RAY	Service	48.67	82.24	122.69	108.24	1.39	0.00
OP HOSP - BASIC	Claims	4,416.30	6,889.45	4,056.61	11,572.89	1,593.42	0.00
OP HOSP - MATERNITY	Claims	10.87	44.49	0.10	6.55	36.66	0.00
OP HOSP - SOMATIC MH	Claims	202.13	327.55	66.29	151.94	306.50	0.00
OTH MED - DME/SUPPLIES	Claims	2,941.86	2,834.97	3,047.03	5,428.90	415.03	0.00
OTH MED - HHC/HOSPICE/PDN	Service	1,046.30	1,849.78	896.92	1,179.61	117.35	0.00
OTH MED - MATERNITY MGT	Cases	1.02	3.22	0.00	0.00	1.28	0.00
PHYS CONSULTATION, IP & ER VISITS	Service	1,593.19	1,479.51	1,978.59	3,284.18	266.54	0.00
PHYS HOME OR LONG-TERM CARE VISITS	Service	205.50	80.64	742.52	739.37	19.09	0.00
PHYS MATERNITY	Cases	5.14	11.67	0.34	1.19	5.49	0.00
PHYS NEWBORN	Cases	0.13	0.73	0.07	0.00	1.65	0.00
PHYS OFFICE VISITS	Service	4,628.98	4,682.73	4,271.74	10,714.07	2,535.36	0.00
PHYS OTHER	Service	7,397.03	12,703.93	10,279.65	16,294.62	2,867.27	0.00
PHYS SOMATIC MH	Service	1,438.87	859.57	396.60	573.39	436.25	0.00
POST - HOSP EXTENDED CARE	Days	221.11	854.92	426.97	460.76	13.35	0.00
PRES DRUGS - BASIC	Prescriptions	40,917.16	28,385.37	44,316.90	22,139.34	5,944.76	0.00
PRES DRUGS - FP	Prescriptions	170.92	168.59	50.49	2.40	60.25	0.00
PRES DRUGS - MH/CD	Prescriptions	0.00	0.00	0.00	0.00	0.00	0.00
PRES DRUGS - OP HOSP BASIC	Claims	444.48	533.27	305.25	672.94	126.22	0.00
PRES DRUGS - OP HOSP FP	Claims	0.00	0.00	0.00	0.00	0.00	0.00
PRES DRUGS - OP HOSP MH/CD	Claims	0.00	0.00	0.00	0.00	0.00	0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Encounter Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List Adjusted for changes in utilization, benefits, and eligibility**

CATEGORY OF SERVICE	TYPE OF UNITS	AB/AD Med UNITS/1000	ADJ. AB/AD w/o Med UNITS/1000	ADJ. OAA w/Med UNITS/1000	OAA w/o Med UNITS/1000	SCF Children UNITS/1000	CAWEM UNITS/1000
SCHOOL-BASED HEALTH SERVICES	Service	0.00	0.00	0.00	0.00	0.00	0.00
STERILIZATION - ANESTHESIA FEMALE	Claims	0.98	1.58	0.00	0.00	0.00	0.00
STERILIZATION - ANESTHESIA MALE	Claims	0.00	0.03	0.00	0.00	0.00	0.00
STERILIZATION - IP HOSP FEMALE	Admits	0.13	0.44	0.00	0.00	0.00	0.00
STERILIZATION - IP HOSP MALE	Admits	0.00	0.00	0.00	0.00	0.00	0.00
STERILIZATION - OP HOSP FEMALE	Claims	18.09	57.75	0.10	0.00	7.43	0.00
STERILIZATION - OP HOSP MALE	Claims	0.00	0.10	0.00	0.00	0.08	0.00
STERILIZATION - PHY FEMALE	Service	2.92	1.11	0.00	0.00	0.00	0.00
STERILIZATION - PHY MALE	Service	0.35	0.41	0.03	0.00	0.00	0.00
SURGERY	Cases	851.29	912.80	854.53	1,694.92	210.19	0.00
TARGETED CASE MAN - BABIES FIRST	Cases	0.00	0.00	0.00	0.00	0.00	0.00
TARGETED CASE MAN - HIV	Cases	0.00	0.00	0.00	0.00	0.00	0.00
THERAPEUTIC ABORTION - IP HOSP	Admits	0.00	0.00	0.00	0.00	0.00	0.00
THERAPEUTIC ABORTION - OP HOSP	Claims	0.00	0.00	0.00	0.00	0.00	0.00
THERAPEUTIC ABORTION - PHYS	Service	0.00	0.00	0.00	0.00	0.00	0.00
TOBACCO CES-IP HSP	Admits	8.50	11.17	4.44	2.39	0.08	0.00
TOBACCO CES-OP HSP	Claims	72.79	113.80	30.37	86.49	8.73	0.00
TOBACCO CES-PHYS	Service	17.92	20.28	3.83	6.56	2.09	0.00
TOBACCO CES-PRES DRUGS	Prescriptions	85.97	83.80	30.35	12.63	3.30	0.00
TRANSPORTATION - AMBULANCE	Claims	312.71	307.98	460.06	611.20	37.22	0.00
TRANSPORTATION - OTHER	Claims	0.00	0.00	0.00	0.00	0.00	0.00
VISION CARE - EXAMS & THERAPY	Service	299.71	293.27	346.12	902.64	239.96	0.00
VISION CARE - MATERIALS & FITTING	Service	561.06	711.58	510.72	1,753.22	565.84	0.00
<b>Chemical Dependency</b>							
CD SERVICES - METHADONE	Service	1,549.70	4,885.31	43.17	0.00	3.02	0.00
CD SERVICES - OP	Service	1,431.39	2,396.96	26.92	6.13	5,871.30	0.00
<b>Dental</b>							
DENTAL - ADJUNCTIVE GENERAL	Service	61.91	63.85	66.87	177.60	29.42	0.00
DENTAL - ANESTHESIA SURGICAL	Claims	36.28	38.96	5.11	11.40	77.77	0.00
DENTAL - DIAGNOSTIC	Service	1,302.89	1,145.90	752.49	2,490.51	1,450.48	0.00
DENTAL - ENDODONTICS	Service	50.64	52.16	14.33	102.29	68.92	0.00
DENTAL - I/P FIXED	Service	4.46	2.86	2.70	9.63	0.19	0.00
DENTAL - MAXILLOFACIAL PROS	Service	0.20	0.05	0.17	0.00	0.00	0.00
DENTAL - ORAL SURGERY	Service	350.56	344.99	202.26	820.88	133.30	0.00
DENTAL - ORTHODONTICS	Service	0.04	0.07	0.00	0.00	0.39	0.00
DENTAL - PERIODONTICS	Service	205.41	152.23	53.51	299.54	12.56	0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Encounter Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List Adjusted for changes in utilization, benefits, and eligibility**

CATEGORY OF SERVICE	TYPE OF UNITS	AB/AD Med UNITS/1000	ADJ. AB/AD w/o Med UNITS/1000	ADJ. OAA w/Med UNITS/1000	OAA w/o Med UNITS/1000	SCF Children UNITS/1000	CAWEM UNITS/1000
DENTAL - PREVENTIVE	Service	421.05	393.47	138.91	714.63	980.33	0.00
DENTAL - PROS REMOVABLE	Service	155.61	138.03	228.81	754.86	0.46	0.00
DENTAL - RESTORATIVE	Service	624.49	555.31	187.87	942.66	780.45	0.00
DENTAL - TOBACCO CES	Service	0.12	0.02	0.00	0.00	0.00	0.00
<b>Mental Health</b>							
MH SERVICES ACUTE INPATIENT	Days	501.05	383.92	86.70	27.94	189.25	0.00
MH SERVICES ASSESS & EVAL	Service	1,101.57	1,278.51	136.21	406.01	2,555.42	0.00
MH SERVICES CASE MANAGEMENT	Service	4,602.61	4,110.49	320.99	1,167.86	2,861.11	0.00
MH SERVICES CONSULTATION	Service	591.07	599.23	108.43	377.21	1,981.47	0.00
MH SERVICES ANCILLARY SERVICES	Service	23.82	5.45	0.57	0.00	2.00	0.00
MH SERVICES MED MANAGEMENT	Service	2,925.83	2,904.40	265.29	1,525.56	951.11	0.00
MH SERVICES MHDDSD ALTERNATIVE TO IP	Service	268.99	210.25	4.02	2.79	2,548.47	0.00
MH SERVICES MHDDSD FAMILY SUPPORT	Service	8,041.08	920.06	0.00	0.00	2,386.95	0.00
MH SERVICES OP THERAPY	Service	7,599.55	8,785.93	894.59	2,974.00	27,040.40	0.00
MH SERVICES OTHER OP	Service	290.41	36.33	51.25	333.54	21.72	0.00
MH SERVICES PHYS IP	Service	351.38	190.34	48.33	61.32	46.42	0.00
MH SERVICES PHYS OP	Service	115.26	103.77	17.00	25.09	242.18	0.00
MH SERVICES SUPPORT DAY PROGRAM	Service	49,231.87	39,240.11	4,288.88	26,225.27	10,308.18	0.00
MH SERVICES - CATP	Service	0.00	0.00	0.00	0.00	0.00	0.00
MH SERVICES - DARTS	Service	0.00	0.00	0.00	0.00	0.00	0.00
MH SERVICES - JCAHO	Service	0.00	0.00	0.00	0.00	0.00	0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLM-Adult UNITS/1000	CHIP Child 0 < 1 UNITS/1000	PLM Child 0 < 1 UNITS/1000	PLM & CHIP Child 1 - 5 UNITS/1000	PLM & CHIP Child 6 - 18 UNITS/1000	OHP Families UNITS/1000	OHP Adults & Couples UNITS/1000
<b>PHYSICAL HEALTH</b>										
ADMINISTRATIVE EXAMS	Claims	15.44	830.54	4.63	0.42	0.42	0.42	2.58	11.30	149.15
ANESTHESIA	Claims	48.47	299.72	302.21	51.99	51.99	35.98	35.13	94.53	233.79
EXCEPT NEEDS CARE COORDINATION	Cases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FP - IP HOSP	Admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FP - OP HOSP	Claims	12.44	1.12	103.22	0.00	0.00	0.00	7.94	19.70	9.05
FP - PHYS	Service	603.96	173.35	1,341.07	0.00	0.00	0.00	331.12	804.95	632.74
HYSTERECTOMY - ANESTHESIA	Claims	0.64	1.12	0.99	0.00	0.00	0.00	0.00	1.51	2.33
HYSTERECTOMY - IP HOSP	Admits	1.13	2.24	0.50	0.00	0.00	0.00	0.00	3.34	4.88
HYSTERECTOMY - OP HOSP	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HYSTERECTOMY - PHYS	Service	1.66	3.36	1.24	0.00	0.00	0.00	0.00	5.11	6.21
IP HOSP - ACUTE DETOX	Admits	1.03	25.72	0.74	0.00	0.00	0.00	0.36	4.36	24.72
IP HOSP - MATERNITY	Admits	34.44	3.36	727.98	0.00	0.00	0.00	8.46	31.49	10.01
IP HOSP - MEDICAL/SURGICAL	Admits	33.45	637.47	21.34	92.70	92.70	29.24	27.03	87.96	304.61
IP HOSP - NEWBORN	Admits	52.64	0.00	4.71	1,656.47	1,656.47	0.32	0.08	0.00	0.00
LAB & RAD - DIAGNOSTIC X-RAY	Service	535.06	4,886.15	2,329.08	1,449.71	1,449.71	203.94	314.44	904.11	2,693.17
LAB & RAD - LAB	Service	984.49	3,966.86	7,304.08	394.77	394.77	257.79	382.50	1,189.26	2,156.65
LAB & RAD - THERAPEUTIC X-RAY	Service	6.22	394.78	0.25	0.00	0.00	0.00	1.88	15.88	84.85
OP HOSP - BASIC	Claims	2,808.51	17,796.61	4,380.02	3,849.17	3,849.17	1,667.07	1,499.88	3,976.84	9,408.13
OP HOSP - MATERNITY	Claims	173.95	14.54	6,754.25	1.61	1.61	0.00	49.19	149.71	86.61
OP HOSP - SOMATIC MH	Claims	63.60	917.06	33.50	1.21	1.21	16.06	37.37	104.11	301.26
OTH MED - DME/SUPPLIES	Claims	71.68	2,253.74	245.15	238.41	238.41	45.28	29.54	99.25	379.77
OTH MED - HHC/HOSPICE/PDN	Service	30.72	2,273.64	9.43	52.80	52.80	2.38	5.83	64.81	277.20
OTH MED - MATERNITY MGT	Cases	16.33	0.81	438.97	0.00	0.00	0.00	3.06	7.45	2.19
PHYS CONSULTATION, IP & ER VISITS	Service	404.14	5,641.05	790.25	3,042.90	3,042.90	240.57	219.82	602.49	2,153.18
PHYS HOME OR LONG-TERM CARE VISITS	Service	4.56	374.65	354.06	15.72	15.72	0.06	0.32	3.98	14.24
PHYS MATERNITY	Cases	113.70	16.78	2,331.31	2.02	2.02	0.06	21.56	70.74	29.32
PHYS NEWBORN	Cases	36.63	0.00	1.74	1,001.14	1,001.14	0.51	0.04	0.11	0.00
PHYS OFFICE VISITS	Service	2,524.43	5,652.24	1,366.38	7,337.02	7,337.02	1,875.12	1,201.89	1,897.09	3,370.12
PHYS OTHER	Service	922.72	9,316.01	1,117.77	3,677.68	3,677.68	768.80	466.30	838.38	2,062.90
PHYS SOMATIC MH	Service	196.54	2,562.18	72.20	12.49	12.49	50.25	128.75	236.54	736.22
POST - HOSP EXTENDED CARE	Days	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.38
PRES DRUGS - BASIC	Prescriptions	4,684.26	29,598.50	5,199.20	3,185.60	3,185.60	2,439.49	2,192.68	5,879.11	9,883.09
PRES DRUGS - FP	Prescriptions	328.73	254.99	532.46	0.40	0.40	1.35	133.94	732.87	330.91
PRES DRUGS - MH/CD	Prescriptions	865.62	14,391.12	603.85	7.07	7.07	26.14	202.70	1,683.39	3,038.20
PRES DRUGS - OP HOSP BASIC	Claims	343.97	1,665.25	396.00	408.47	408.47	224.37	168.40	485.83	1,109.64
PRES DRUGS - OP HOSP FP	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PRES DRUGS - OP HOSP MH/CD	Claims	4.92	94.95	2.62	0.00	0.00	0.12	1.87	9.29	32.04

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLM-Adult UNITS/1000	CHIP Child 0 < 1 UNITS/1000	PLM Child 0 < 1 UNITS/1000	PLM & CHIP Child 1 - 5 UNITS/1000	PLM & CHIP Child 6 - 18 UNITS/1000	OHP Families UNITS/1000	OHP Adults & Couples UNITS/1000
SCHOOL-BASED HEALTH SERVICES	Service	2,562.90	13.05	12.41	130.71	130.71	1,522.71	3,775.52	1.94	12.33
STERILIZATION - ANESTHESIA FEMALE	Claims	2.65	0.00	28.29	0.20	0.20	0.00	0.00	3.71	0.30
STERILIZATION - ANESTHESIA MALE	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STERILIZATION - IP HOSP FEMALE	Admits	6.29	0.00	74.19	0.00	0.00	0.00	0.04	4.31	0.83
STERILIZATION - IP HOSP MALE	Admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STERILIZATION - OP HOSP FEMALE	Claims	202.30	40.26	5,284.16	0.00	0.00	0.00	64.96	243.91	149.59
STERILIZATION - OP HOSP MALE	Claims	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.81	0.12
STERILIZATION - PHY FEMALE	Service	3.57	0.00	50.12	0.00	0.00	0.00	0.00	2.21	0.43
STERILIZATION - PHY MALE	Service	0.35	0.00	0.00	0.00	0.00	0.00	0.00	3.34	0.43
SURGERY	Cases	181.55	1,198.89	666.44	355.07	355.07	84.75	105.52	295.91	709.92
TARGETED CASE MAN - BABIES FIRST	Cases	35.89	0.00	0.00	252.03	252.03	27.70	0.02	0.00	0.00
TARGETED CASE MAN - HIV	Cases	0.03	2.94	0.00	0.00	0.00	0.00	0.00	0.04	0.27
THERAPEUTIC ABORTION - IP HOSP	Admits	0.03	0.00	1.37	0.00	0.00	0.00	0.01	0.06	0.00
THERAPEUTIC ABORTION - OP HOSP	Claims	6.39	0.49	90.98	0.00	0.00	0.00	1.98	8.16	5.08
THERAPEUTIC ABORTION - PHYS	Service	23.61	4.41	292.12	0.00	0.00	0.00	8.79	32.29	15.56
TOBACCO CES-IP HSP	Admits	6.89	76.05	32.75	0.00	0.00	0.00	1.92	14.86	57.24
TOBACCO CES-OP HSP	Claims	119.89	874.56	207.18	0.00	0.00	0.64	26.27	223.83	627.16
TOBACCO CES-PHYS	Service	3.89	31.31	2.23	0.00	0.00	0.13	1.52	6.84	9.98
TOBACCO CES-PRES DRUGS	Prescriptions	25.74	146.51	15.38	0.00	0.00	0.06	3.55	51.79	81.31
TRANSPORTATION - AMBULANCE	Claims	57.63	3,548.59	97.01	89.27	89.27	21.08	26.39	74.88	365.75
TRANSPORTATION - OTHER	Claims	905.23	25,640.17	507.09	74.36	74.36	39.35	86.02	806.70	4,826.24
VISION CARE - EXAMS & THERAPY	Service	113.52	247.51	76.11	16.93	16.93	21.78	97.85	118.30	183.52
VISION CARE - MATERIALS & FITTING	Service	554.13	1,263.60	410.15	8.26	8.26	67.34	481.75	598.66	942.43
<b>CHEMICAL DEPENDENCY</b>										
CD SERVICES - METHADONE	Service	273.19	4,961.36	311.46	0.00	0.00	0.00	0.00	1,061.79	3,396.32
CD SERVICES - OP	Service	2,654.31	12,035.59	1,510.44	0.00	0.00	8.73	820.61	3,475.35	13,887.13
<b>DENTAL</b>										
DENTAL - ADJUNCTIVE GENERAL	Service	10.56	6.04	4.37	0.21	0.21	11.10	5.27	9.08	10.76
DENTAL - ANESTHESIA SURGICAL	Claims	10.76	4.53	0.55	0.00	0.00	11.33	11.66	7.58	7.35
DENTAL - DIAGNOSTIC	Service	302.12	307.99	138.77	0.62	0.62	143.77	237.36	300.34	343.77
DENTAL - ENDODONTICS	Service	15.48	10.57	6.83	0.00	0.00	20.65	8.78	16.54	15.63
DENTAL - IP FIXED	Service	0.16	0.00	0.00	0.00	0.00	0.00	0.20	0.13	0.40
DENTAL - MAXILLOFACIAL PROS	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL - ORAL SURGERY	Service	50.26	64.92	21.03	0.62	0.62	16.95	31.96	76.04	122.14
DENTAL - ORTHODONTICS	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL - PERIODONTICS	Service	10.24	27.18	10.38	0.00	0.00	0.00	1.90	30.19	24.39
DENTAL - PREVENTIVE	Service	86.55	25.35	19.57	0.00	0.00	47.97	125.99	29.72	21.46

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Comparison of Adjusted Fee For Service Utilization Rates by Eligibility Category Through Line 566 of the Prioritized List**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF UNITS/1000	GA UNITS/1000	PLM-Adult UNITS/1000	CHIP Child 0 < 1 UNITS/1000	PLM Child 0 < 1 UNITS/1000	PLM & CHIP Child 1 - 5 UNITS/1000	PLM & CHIP Child 6 - 18 UNITS/1000	OHP Families UNITS/1000	OHP Adults & Couples UNITS/1000
DENTAL - PROS REMOVABLE	Service	2.90	34.72	0.00	0.00	0.00	0.00	0.15	6.58	11.23
DENTAL - RESTORATIVE	Service	129.38	77.00	45.62	0.00	0.00	104.46	114.73	114.50	94.61
DENTAL - TOBACCO CES	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>MENTAL HEALTH</b>										
MH SERVICES ACUTE INPATIENT	Days	23.07	1,364.82	21.49	2.32	2.32	0.52	47.06	71.56	429.65
MH SERVICES ASSESS & EVAL	Service	779.33	4,058.91	234.97	7.16	7.16	129.44	394.37	412.98	1,277.17
MH SERVICES CASE MANAGEMENT	Service	90.71	3,938.58	19.53	0.00	0.00	9.18	84.55	59.09	274.46
MH SERVICES CONSULTATION	Service	126.57	969.10	22.66	0.58	0.58	14.27	78.75	18.65	83.53
MH SERVICES ANCILLARY SERVICES	Service	3.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.04
MH SERVICES MED MANAGEMENT	Service	143.74	3,660.77	29.69	0.00	0.00	4.67	51.99	141.54	445.80
MH SERVICES MHDDSD ALTERNATIVE TO IP	Service	0.30	137.29	0.00	0.00	0.00	0.00	0.59	3.09	17.24
MH SERVICES MHDDSD FAMILY SUPPORT	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MH SERVICES OP THERAPY	Service	3,064.40	17,485.79	593.59	9.29	9.29	399.54	1,864.72	947.63	2,392.72
MH SERVICES OTHER OP	Service	2.39	887.53	0.00	1.55	1.55	0.84	0.62	0.59	1.95
MH SERVICES PHYS IP	Service	6.66	170.40	1.56	0.00	0.00	0.00	6.32	9.58	49.02
MH SERVICES PHYS OP	Service	0.46	2.42	0.00	0.00	0.00	0.21	0.17	0.44	0.75
MH SERVICES SUPPORT DAY PROGRAM	Service	1,425.07	43,477.05	96.10	0.00	0.00	244.30	857.65	285.82	2,094.75
MH SERVICES - CATP	Service	0.00	0.00	0.00	0.00	0.00	0.00	5.68	0.00	0.00
MH SERVICES - DARTS	Service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MH SERVICES - JCAHO	Service	17.39	0.00	0.00	0.00	0.00	0.00	18.14	0.00	0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Exhibit 3-B**

CATEGORY OF SERVICE	TYPE OF UNITS	AB/AD Med UNITS/1000	ADJ. AB/AD w/o Med UNITS/1000	ADJ. OAA w/Med UNITS/1000	OAA w/o Med UNITS/1000	SCF Children UNITS/1000	CAWEM UNITS/1000
<b>PHYSICAL HEALTH</b>							
ADMINISTRATIVE EXAMS	Claims	8.96	11.46	0.78	2.56	113.41	0.00
ANESTHESIA	Claims	217.53	154.83	67.97	682.53	47.18	78.91
EXCEPT NEEDS CARE COORDINATION	Cases	0.00	0.00	0.00	0.00	0.00	0.00
FP - IP HOSP	Admits	0.00	0.00	0.00	0.00	0.00	0.00
FP - OP HOSP	Claims	2.91	7.59	0.00	0.00	4.95	0.00
FP - PHYS	Service	103.39	159.57	0.00	0.00	119.36	0.22
HYSTERECTOMY - ANESTHESIA	Claims	0.73	1.03	0.00	0.00	0.00	0.31
HYSTERECTOMY - IP HOSP	Admits	0.44	1.90	0.05	0.00	0.00	0.62
HYSTERECTOMY - OP HOSP	Claims	0.00	0.00	0.00	0.00	0.00	0.00
HYSTERECTOMY - PHYS	Service	1.74	2.50	0.15	0.00	0.00	0.35
IP HOSP - ACUTE DETOX	Admits	0.73	3.62	0.05	14.52	1.74	0.22
IP HOSP - MATERNITY	Admits	0.44	4.91	0.00	0.00	1.74	185.23
IP HOSP - MEDICAL/SURGICAL	Admits	23.41	213.80	24.35	769.66	33.02	32.11
IP HOSP - NEWBORN	Admits	0.15	2.16	0.00	0.00	28.34	0.58
LAB & RAD - DIAGNOSTIC X-RAY	Service	591.82	2,035.82	304.85	4,741.39	351.55	170.77
LAB & RAD - LAB	Service	324.99	3,284.90	145.16	3,652.25	779.41	55.75
LAB & RAD - THERAPEUTIC X-RAY	Service	8.43	78.36	4.49	261.39	0.00	2.57
OP HOSP - BASIC	Claims	2,701.13	9,695.65	757.38	13,817.56	1,930.96	366.95
OP HOSP - MATERNITY	Claims	4.80	36.64	0.00	0.00	26.60	36.81
OP HOSP - SOMATIC MH	Claims	53.66	366.30	12.00	275.92	296.74	1.77
OTH MED - DME/SUPPLIES	Claims	3,482.91	3,977.41	3,232.52	9,311.95	1,115.02	1.24
OTH MED - HHC/HOSPICE/PDN	Service	349.27	3,307.92	132.41	1,677.28	20.72	0.40
OTH MED - MATERNITY MGT	Cases	1.51	2.69	0.00	0.00	1.13	0.18
PHYS CONSULTATION, IP & ER VISITS	Service	158.93	1,927.89	85.46	3,746.64	331.76	133.69
PHYS HOME OR LONG-TERM CARE VISITS	Service	47.11	140.09	142.24	1,452.19	17.51	0.13
PHYS MATERNITY	Cases	6.25	18.53	0.00	0.00	8.96	156.44
PHYS NEWBORN	Cases	0.00	1.98	0.00	0.00	14.84	0.67
PHYS OFFICE VISITS	Service	1,241.36	3,715.86	439.72	7,093.93	1,606.68	19.60
PHYS OTHER	Service	1,334.57	5,539.87	660.07	9,105.21	1,913.45	30.60
PHYS SOMATIC MH	Service	635.15	1,128.99	149.20	1,125.44	501.52	1.73
POST - HOSP EXTENDED CARE	Days	0.00	0.00	0.00	0.00	0.00	0.00
PRES DRUGS - BASIC	Prescriptions	45,742.20	26,410.66	57,548.27	197,556.21	5,551.95	6.96
PRES DRUGS - FP	Prescriptions	454.55	343.71	2.47	21.78	110.28	0.09
PRES DRUGS - MH/CD	Prescriptions	13,254.34	10,107.07	6,554.34	9,629.39	3,149.64	0.22
PRES DRUGS - OP HOSP BASIC	Claims	272.06	930.80	49.26	1,263.40	146.50	54.11
PRES DRUGS - OP HOSP FP	Claims	0.00	0.00	0.00	0.00	0.00	0.00
PRES DRUGS - OP HOSP MH/CD	Claims	22.73	40.41	6.47	30.71	3.08	0.44

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Exhibit 3-B**

CATEGORY OF SERVICE	TYPE OF UNITS	AB/AD Med UNITS/1000	ADJ. AB/AD w/o Med UNITS/1000	ADJ. OAA w/Med UNITS/1000	OAA w/o Med UNITS/1000	SCF Children UNITS/1000	CAWEM UNITS/1000
SCHOOL-BASED HEALTH SERVICES	Service	605.31	27,665.70	0.00	0.00	26,018.81	0.00
STERILIZATION - ANESTHESIA FEMALE	Claims	1.02	0.43	0.00	0.00	0.00	7.10
STERILIZATION - ANESTHESIA MALE	Claims	0.00	0.00	0.00	0.00	0.00	0.00
STERILIZATION - IP HOSP FEMALE	Admits	0.29	0.69	0.00	0.00	0.00	19.65
STERILIZATION - IP HOSP MALE	Admits	0.00	0.00	0.00	0.00	0.00	0.00
STERILIZATION - OP HOSP FEMALE	Claims	7.13	58.02	0.00	0.00	28.47	200.17
STERILIZATION - OP HOSP MALE	Claims	0.29	0.52	0.00	0.00	0.00	0.00
STERILIZATION - PHY FEMALE	Service	0.44	0.69	0.00	0.00	0.00	6.56
STERILIZATION - PHY MALE	Service	0.00	0.09	0.00	0.00	0.00	0.00
SURGERY	Cases	331.68	899.42	151.82	1,866.06	199.83	35.48
TARGETED CASE MAN - BABIES FIRST	Cases	0.12	11.21	0.00	0.00	12.93	0.00
TARGETED CASE MAN - HIV	Cases	1.51	0.83	0.00	0.00	0.04	0.00
THERAPEUTIC ABORTION - IP HOSP	Admits	0.00	0.00	0.00	0.00	0.00	0.09
THERAPEUTIC ABORTION - OP HOSP	Claims	0.40	1.55	0.00	0.00	0.40	3.42
THERAPEUTIC ABORTION - PHYS	Service	1.92	2.88	0.00	0.00	1.87	2.44
TOBACCO CES-IP HSP	Admits	3.20	17.93	0.71	29.04	3.61	1.24
TOBACCO CES-OP HSP	Claims	67.62	248.20	11.75	72.61	9.62	1.86
TOBACCO CES-PHYS	Service	3.78	6.90	0.25	0.00	2.67	0.00
TOBACCO CES-PRES DRUGS	Prescriptions	110.37	69.14	28.29	159.74	3.48	0.00
TRANSPORTATION - AMBULANCE	Claims	4,902.64	2,513.16	4,006.33	20,083.74	27.40	12.33
TRANSPORTATION - OTHER	Claims	9,998.65	6,661.04	5,216.44	11,413.76	2,211.07	0.18
VISION CARE - EXAMS & THERAPY	Service	151.73	191.96	86.87	824.61	117.36	0.04
VISION CARE - MATERIALS & FITTING	Service	900.50	938.47	539.34	3,044.72	616.21	0.00
<b>CHEMICAL DEPENDENCY</b>							
CD SERVICES - METHADONE	Service	661.86	995.34	4.87	0.00	0.13	0.00
CD SERVICES - OP	Service	1,240.20	1,754.62	15.87	152.01	3,329.15	0.00
<b>DENTAL</b>							
DENTAL - ADJUNCTIVE GENERAL	Service	9.32	9.50	8.45	25.90	6.25	0.04
DENTAL - ANESTHESIA SURGICAL	Claims	8.06	10.93	0.00	0.00	17.33	0.09
DENTAL - DIAGNOSTIC	Service	270.08	272.05	112.52	360.52	364.46	0.22
DENTAL - ENDODONTICS	Service	5.93	11.82	1.52	0.00	11.56	0.13
DENTAL - I/P FIXED	Service	0.00	0.00	0.13	0.00	0.00	0.00
DENTAL - MAXILLOFACIAL PROS	Service	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL - ORAL SURGERY	Service	71.81	67.05	20.82	213.63	29.04	0.27
DENTAL - ORTHODONTICS	Service	0.00	0.00	0.00	0.00	0.00	0.00
DENTAL - PERIODONTICS	Service	39.58	21.65	5.46	25.64	5.31	0.00
DENTAL - PREVENTIVE	Service	50.93	85.79	9.52	9.56	216.27	0.04

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Exhibit 3-B**

CATEGORY OF SERVICE	TYPE OF UNITS	AB/AD Med UNITS/1000	ADJ. AB/AD w/o Med UNITS/1000	ADJ. OAA w/Med UNITS/1000	OAA w/o Med UNITS/1000	SCF Children UNITS/1000	CAWEM UNITS/1000
DENTAL - PROS REMOVABLE	Service	25.32	15.13	36.50	139.52	0.00	0.00
DENTAL - RESTORATIVE	Service	106.89	136.41	25.13	128.18	175.36	0.35
DENTAL - TOBACCO CES	Service	0.00	0.00	0.00	0.00	0.00	0.00
<b>MENTAL HEALTH</b>							
MH SERVICES ACUTE INPATIENT	Days	33.35	427.06	1.49	13.23	334.77	12.11
MH SERVICES ASSESS & EVAL	Service	809.06	1,506.98	100.90	248.77	2,181.18	1.82
MH SERVICES CASE MANAGEMENT	Service	1,643.02	1,270.73	101.42	209.07	760.12	0.00
MH SERVICES CONSULTATION	Service	515.85	510.75	84.96	127.03	1,303.79	0.09
MH SERVICES ANCILLARY SERVICES	Service	24.31	1.05	0.00	0.00	13.72	0.00
MH SERVICES MED MANAGEMENT	Service	1,971.66	2,309.42	167.00	658.97	403.95	0.00
MH SERVICES MHDDSD ALTERNATIVE TO IP	Service	105.25	55.18	3.84	0.00	0.00	0.00
MH SERVICES MHDDSD FAMILY SUPPORT	Service	0.00	0.00	0.00	0.00	0.00	0.00
MH SERVICES OP THERAPY	Service	4,517.87	7,175.56	342.20	632.50	16,157.97	0.44
MH SERVICES OTHER OP	Service	8.75	12.37	3.73	2.65	16.28	0.00
MH SERVICES PHYS IP	Service	25.35	81.06	13.36	82.04	98.12	0.98
MH SERVICES PHYS OP	Service	8.45	12.98	11.01	15.88	1.81	0.00
MH SERVICES SUPPORT DAY PROGRAM	Service	46,484.49	36,081.40	2,186.55	10,262.92	16,458.67	0.00
MH SERVICES - CATP	Service	0.00	0.00	0.00	0.00	1,269.58	0.00
MH SERVICES - DARTS	Service	0.00	433.31	0.00	0.00	3,119.69	0.00
MH SERVICES - JCAHO	Service	0.00	162.55	0.00	0.00	5,732.92	0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Cost-to-Charge Ratios by Category of Service**

Exhibit 4

<b>PHYSICAL HEALTH</b>	<b>Members w/o Medicare</b>	<b>Members w/Medicare</b>
ADMINISTRATIVE EXAMS	100% *	100% *
ANESTHESIA	71%	19%
EXCEPT NEEDS CARE COORDINATION	100%	100%
FP - IP HOSP	59%	59%
FP - OP HOSP	55%	42%
FP - PHYS	63%	61%
HYSTERECTOMY - ANESTHESIA	71%	44%
HYSTERECTOMY - IP HOSP	59%	35%
HYSTERECTOMY - OP HOSP	55%	55%
HYSTERECTOMY - PHYS	69%	39%
IP HOSP - ACUTE DETOX	59%	24%
IP HOSP - MATERNITY	59%	42%
IP HOSP - MEDICAL/SURGICAL	59%	14%
IP HOSP - NEWBORN	59%	34%
LAB & RAD - DIAGNOSTIC X-RAY	86%	58%
LAB & RAD - LAB	54%	46%
LAB & RAD - THERAPEUTIC X-RAY	48%	22%
OP HOSP - BASIC	55%	55%
OP HOSP - MATERNITY	55%	55%
OP HOSP - SOMANTIC MH	55%	45%
OTH MED - DME/SUPPLIES	74%	59%
OTH MED - HHC/HOSPICE/PDN	98%	49%
OTH MED - MATERNITY MGT	100%	45%
PHYS CONSULTATION, IP & ER VISITS	63%	48%
PHYS HOME OR LONG-TERM CARE VISITS	78%	63%
PHYS MATERNITY	82%	65%
PHYS NEWBORN	82%	46%
PHYS OFFICE VISITS	82%	62%
PHYS OTHER	82%	79%
PHYS SOMATIC MH	82%	56%
POST - HOSP EXTENDED CARE	59%	59%
PRES DRUGS - BASIC	93%	87%
PRES DRUGS - FP	93%	92%
PRES DRUGS - MH/CD	100% *	100% *
PRES DRUGS - OP HOSP BASIC	55%	55%
PRES DRUGS - OP HOSP FP	55%	55%
PRES DRUGS - OP HOSP MH/CD	100% *	100% *
SCHOOL-BASED HEALTH SERVICES	100% *	100% *
STERILIZATION - ANESTHESIA FEMALE	71%	62%
STERILIZATION - ANESTHESIA MALE	71%	71%
STERILIZATION - IP HOSP FEMALE	59%	36%
STERILIZATION - IP HOSP MALE	59%	59%
STERILIZATION - OP HOSP FEMALE	55%	55%
STERILIZATION - OP HOSP MALE	55%	33%
STERILIZATION - PHY FEMALE	34%	34%
STERILIZATION - PHY MALE	80%	44%
SURGERY	34%	17%
TARGETED CASE MAN - BABIES FIRST	100% *	100% *
TARGETED CASE MAN - HIV	100% *	100% *
THERAPEUTIC ABORTION - IP HOSP	100% *	100% *
THERAPEUTIC ABORTION - OP HOSP	100% *	100% *
THERAPEUTIC ABORTION - PHYS	100% *	100% *
TOBACCO CES-IP HSP	59%	11%
TOBACCO CES-OP HSP	55%	50%
TOBACCO CES-PHYS	72%	62%
TOBACCO CES-PRES DRUGS	93%	93%
TRANSPORTATION - AMBULANCE	71%	58%
TRANSPORTATION - OTHER	100% *	100% *
VISION CARE - EXAMS & THERAPY	100%	81%
VISION CARE - MATERIALS & FITTING	94%	88%

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 4

## Cost-to-Charge Ratios by Category of Service

	Members w/o Medicare	Members w/Medicare
<b>CHEMICAL DEPENDENCY</b>		
CD SERVICES - METHADONE	100%	100%
CD SERVICES - OP	100%	100%
<b>DENTAL</b>		
DENTAL - ADJUNCTIVE GENERAL	100%	78%
DENTAL - ANESTHESIA SURGICAL	100%	100%
DENTAL - DIAGNOSTIC	100%	97%
DENTAL - ENDODONTICS	100%	100%
DENTAL - I/P FIXED	100%	100%
DENTAL - MAXILLOFACIAL PROS	100%	100%
DENTAL - ORAL SURGERY	100%	100%
DENTAL - ORTHODONTICS	100%	100%
DENTAL - PERIODONTICS	100%	92%
DENTAL - PREVENTIVE	100%	94%
DENTAL - PROS REMOVABLE	100%	100%
DENTAL - RESTORATIVE	100%	95%
DENTAL - TOBACCO CES	100%	100%
<b>MENTAL HEALTH</b>		
MH SERVICES ACUTE INPATIENT	59%	31%
MH SERVICES ASSESS & EVAL	100%	97%
MH SERVICES CASE MANAGEMENT	100%	98%
MH SERVICES CONSULTATION	100%	98%
MH SERVICES ANCILLARY SERVICES	100%	100%
MH SERVICES MED MANAGEMENT	100%	87%
MH SERVICES MHDDSD ALTERNATIVE TO IP	100%	100%
MH SERVICES MHDDSD FAMILY SUPPORT	100%	100%
MH SERVICES OP THERAPY	100%	87%
MH SERVICES OTHER OP	100%	64%
MH SERVICES PHYS IP	80%	40%
MH SERVICES PHYS OP	91%	32%
MH SERVICES SUPPORT DAY PROGRAM	100%	98%
MH SERVICES - CATP	100% *	100% *
MH SERVICES - DARTS	100% *	100% *
MH SERVICES - JCAHO	100% *	100% *

\* These services are based on Medicaid payment amounts.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Encounter Intensity Factors by Eligibility Category**

CATEGORY OF SERVICE	TANF INTENSITY FACTOR	GA INTENSITY FACTOR	PLM-Adult INTENSITY FACTOR	CHIP Child 0 < 1 INTENSITY FACTOR	PLM Child 0 < 1 INTENSITY FACTOR	PLM & CHIP Child 1 - 5 INTENSITY FACTOR	PLM & CHIP Child 6 - 18 INTENSITY FACTOR	OHP Families INTENSITY FACTOR
<b>PHYSICAL HEALTH</b>								
ADMINISTRATIVE EXAMS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
ANESTHESIA	1.00	1.18	1.00	0.87	0.87	1.00	1.00	1.00
EXCEPT NEEDS CARE COORDINATION	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - PHYS	0.82	1.00	1.45	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - ANESTHESIA	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - ACUTE DETOX	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - MATERNITY	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - MEDICAL/SURGICAL	0.85	1.11	1.00	0.89	0.89	0.58	1.00	1.00
IP HOSP - NEWBORN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
LAB & RAD - DIAGNOSTIC X-RAY	1.00	0.87	1.71	0.77	0.77	0.86	0.88	1.16
LAB & RAD - LAB	1.00	1.00	1.00	0.83	0.83	0.79	1.00	1.00
LAB & RAD - THERAPEUTIC X-RAY	0.89	1.00	1.00	1.00	1.00	1.00	1.00	1.11
OP HOSP - BASIC	1.00	1.00	0.72	0.73	0.73	1.00	1.00	1.00
OP HOSP - MATERNITY	1.11	1.00	1.00	1.00	1.00	1.00	0.80	0.79
OP HOSP - SOMATIC MH	1.00	1.00	1.00	1.00	1.00	1.14	1.00	0.87
OTH MED - DME/SUPPLIES	0.66	0.88	0.55	1.00	1.00	0.54	0.57	0.77
OTH MED - HHC/HOSPICE/PDN	1.93	1.14	1.00	1.40	1.40	1.00	0.54	1.41
OTH MED - MATERNITY MGT	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PHYS CONSULTATION, IP & ER VISITS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.14
PHYS HOME OR LONG-TERM CARE VISITS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PHYS MATERNITY	1.00	1.00	1.00	1.00	1.00	1.00	0.52	0.60
PHYS NEWBORN	1.15	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PHYS OFFICE VISITS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PHYS OTHER	1.00	1.58	1.00	0.83	0.83	0.89	1.54	1.44
PHYS SOMATIC MH	1.21	1.32	1.24	1.00	1.00	1.24	1.22	1.21
POST - HOSP EXTENDED CARE	1.17	0.73	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - BASIC	0.69	1.24	0.54	0.42	0.42	0.51	0.77	0.85
PRES DRUGS - FP	1.00	1.00	1.14	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - MH/CD	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - OP HOSP BASIC	0.65	1.00	0.53	0.58	0.58	0.50	0.67	1.00
PRES DRUGS - OP HOSP FP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - OP HOSP MH/CD	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## Comparison of Encounter Intensity Factors by Eligibility Category

CATEGORY OF SERVICE	TANF INTENSITY FACTOR	GA INTENSITY FACTOR	PLM-Adult INTENSITY FACTOR	CHIP Child 0 < 1 INTENSITY FACTOR	PLM Child 0 < 1 INTENSITY FACTOR	PLM & CHIP Child 1 - 5 INTENSITY FACTOR	PLM & CHIP Child 6 - 18 INTENSITY FACTOR	OHP Families INTENSITY FACTOR
SCHOOL-BASED HEALTH SERVICES	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - ANESTHESIA FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - ANESTHESIA MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - IP HOSP FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - IP HOSP MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - OP HOSP FEMALE	1.00	1.00	0.87	1.00	1.00	1.00	0.79	1.56
STERILIZATION - OP HOSP MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - PHY FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - PHY MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
SURGERY	0.89	1.52	0.34	0.78	0.78	0.88	0.79	1.00
TARGETED CASE MAN - BABIES FIRST	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TARGETED CASE MAN - HIV	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-IP HSP	0.73	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-OP HSP	1.00	0.82	0.81	1.00	1.00	1.00	0.72	1.17
TOBACCO CES-PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-PRES DRUGS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TRANSPORTATION - AMBULANCE	1.13	1.00	1.19	1.78	1.78	1.18	1.00	1.00
TRANSPORTATION - OTHER	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
VISION CARE - EXAMS & THERAPY	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
VISION CARE - MATERIALS & FITTING	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>CHEMICAL DEPENDENCY</b>								
CD SERVICES - METHADONE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CD SERVICES - OP	1.00	1.00	1.00	1.00	1.00	1.00	1.13	1.00
<b>DENTAL</b>								
DENTAL - ADJUNCTIVE GENERAL	1.00	1.00	0.88	1.00	1.00	1.79	0.89	0.78
DENTAL - ANESTHESIA SURGICAL	0.88	1.00	1.00	1.00	1.00	0.69	0.69	1.39
DENTAL - DIAGNOSTIC	1.00	1.00	1.00	1.00	1.00	0.87	1.00	1.00
DENTAL - ENDODONTICS	1.00	1.00	1.28	1.00	1.00	0.39	0.72	1.39
DENTAL - I/P FIXED	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - MAXILLOFACIAL PROS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ORAL SURGERY	1.00	1.00	1.12	1.00	1.00	0.73	1.00	1.00
DENTAL - ORTHODONTICS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - PERIODONTICS	1.00	1.00	0.89	1.00	1.00	1.00	0.84	1.00
DENTAL - PREVENTIVE	1.00	1.00	1.00	1.00	1.00	1.13	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Encounter Intensity Factors by Eligibility Category**

Exhibit 5-A

CATEGORY OF SERVICE	TANF INTENSITY FACTOR	GA INTENSITY FACTOR	PLM-Adult INTENSITY FACTOR	CHIP Child 0 < 1 INTENSITY FACTOR	PLM Child 0 < 1 INTENSITY FACTOR	PLM & CHIP Child 1 - 5 INTENSITY FACTOR	PLM & CHIP Child 6 - 18 INTENSITY FACTOR	OHP Families INTENSITY FACTOR
DENTAL - PROS REMOVABLE	1.00	1.13	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - RESTORATIVE	1.00	1.15	1.00	1.00	1.00	1.00	0.85	1.00
DENTAL - TOBACCO CES	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>MENTAL HEALTH</b>								
MH SERVICES ACUTE INPATIENT	0.90	0.84	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES ASSESS & EVAL	1.00	1.00	1.00	1.00	0.89	1.00	1.00	1.00
MH SERVICES CASE MANAGEMENT	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES CONSULTATION	1.00	1.00	1.00	1.00	1.27	1.00	0.79	1.00
MH SERVICES ANCILLARY SERVICES	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES MED MANAGEMENT	1.00	1.00	1.15	1.00	1.00	1.27	1.16	1.00
MH SERVICES MHDDSD ALTERNATIVE TO IP	1.00	2.08	1.00	1.00	1.00	1.00	1.00	1.22
MH SERVICES MHDDSD FAMILY SUPPORT	1.13	1.00	1.00	1.00	0.00	1.26	1.00	1.00
MH SERVICES OP THERAPY	1.00	1.00	1.00	1.00	1.26	1.11	1.00	1.00
MH SERVICES OTHER OP	1.00	2.15	1.00	1.00	1.00	1.00	1.00	0.53
MH SERVICES PHYS IP	1.23	1.19	1.00	1.00	1.00	1.00	1.00	1.26
MH SERVICES PHYS OP	1.90	1.00	1.00	1.00	1.00	1.00	1.00	2.09
MH SERVICES SUPPORT DAY PROGRAM	1.48	0.84	1.30	1.00	0.00	0.87	2.60	1.00
MH SERVICES - CATP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES - DARTS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES - JCAHO	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Encounter Intensity Factors by Eligibility Category**

**Exhibit 5-A**

CATEGORY OF SERVICE	OHP Adults & Couples INTENSITY FACTOR	AB/AD Med INTENSITY FACTOR	AB/AD w/o Med INTENSITY FACTOR	OAA w/Med INTENSITY FACTOR	OAA w/o Med INTENSITY FACTOR	SCF Children INTENSITY FACTOR	CAWEM INTENSITY FACTOR
<b>PHYSICAL HEALTH</b>							
ADMINISTRATIVE EXAMS	1.00	0.93	1.00	1.00	1.00	1.00	1.00
ANESTHESIA	1.14	0.14	1.16	0.28	1.00	1.00	1.00
EXCEPT NEEDS CARE COORDINATION	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - OP HOSP	1.00	0.46	1.00	1.00	1.00	1.00	1.00
FP - PHYS	1.32	0.93	1.18	1.00	1.00	1.00	1.00
HYSTERECTOMY - ANESTHESIA	1.00	0.16	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - IP HOSP	1.00	0.08	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - PHYS	1.00	0.04	1.00	1.00	1.00	1.00	1.00
IP HOSP - ACUTE DETOX	1.00	0.18	1.00	0.59	1.00	1.00	1.00
IP HOSP - MATERNITY	1.00	0.35	1.00	1.00	1.00	1.00	1.00
IP HOSP - MEDICAL/SURGICAL	1.00	0.23	1.12	0.24	1.00	1.00	1.00
IP HOSP - NEWBORN	1.00	0.07	1.00	1.00	1.00	1.00	1.00
LAB & RAD - DIAGNOSTIC X-RAY	1.12	0.40	1.00	0.60	0.73	1.00	1.00
LAB & RAD - LAB	1.00	0.79	1.00	0.89	1.00	0.84	1.00
LAB & RAD - THERAPEUTIC X-RAY	1.00	0.62	1.00	0.31	1.00	1.00	1.00
OP HOSP - BASIC	1.00	1.30	1.00	1.22	1.26	1.00	1.00
OP HOSP - MATERNITY	0.81	1.00	1.00	1.00	1.00	1.00	1.00
OP HOSP - SOMATIC MH	1.00	0.82	0.83	1.50	1.00	0.88	1.00
OTH MED - DME/SUPPLIES	0.86	0.62	1.12	1.00	0.83	1.00	1.00
OTH MED - HHC/HOSPICE/PDN	1.00	0.74	0.73	0.45	2.14	0.20	1.00
OTH MED - MATERNITY MGT	1.00	1.00	1.00	0.00	1.00	1.00	1.00
PHYS CONSULTATION, IP & ER VISITS	1.12	0.60	1.00	0.68	1.00	1.00	1.00
PHYS HOME OR LONG-TERM CARE VISITS	1.45	0.58	1.17	0.89	1.00	1.00	1.00
PHYS MATERNITY	0.38	0.53	1.00	1.00	1.00	1.00	1.00
PHYS NEWBORN	1.00	0.00	1.00	1.00	1.00	1.00	1.00
PHYS OFFICE VISITS	1.00	0.86	1.00	0.67	1.00	1.00	1.00
PHYS OTHER	1.48	0.92	0.88	0.51	1.00	1.24	1.00
PHYS SOMATIC MH	1.31	0.44	0.76	0.75	1.00	1.29	1.00
POST - HOSP EXTENDED CARE	1.76	1.74	0.88	0.60	1.16	1.00	1.00
PRES DRUGS - BASIC	1.00	1.11	1.23	0.92	1.00	1.00	1.00
PRES DRUGS - FP	1.00	0.98	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - MH/CD	1.00	1.00	1.00	0.85	1.00	1.00	1.00
PRES DRUGS - OP HOSP BASIC	1.29	1.25	1.38	1.12	1.14	1.00	1.00
PRES DRUGS - OP HOSP FP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - OP HOSP MH/CD	1.00	1.00	1.00	1.00	1.00	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Encounter Intensity Factors by Eligibility Category**

CATEGORY OF SERVICE	OHP Adults & Couples INTENSITY FACTOR	AB/AD Med INTENSITY FACTOR	AB/AD w/o Med INTENSITY FACTOR	OAA w/Med INTENSITY FACTOR	OAA w/o Med INTENSITY FACTOR	SCF Children INTENSITY FACTOR	CAWEM INTENSITY FACTOR
SCHOOL-BASED HEALTH SERVICES	1.00	0.54	1.00	1.00	1.00	1.00	1.00
STERILIZATION - ANESTHESIA FEMALE	1.00	0.70	1.00	1.00	1.00	1.00	1.00
STERILIZATION - ANESTHESIA MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - IP HOSP FEMALE	1.00	0.15	1.00	1.00	1.00	1.00	1.00
STERILIZATION - IP HOSP MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - OP HOSP FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - OP HOSP MALE	1.00	0.11	1.00	1.00	1.00	1.00	1.00
STERILIZATION - PHY FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - PHY MALE	1.00	0.00	1.00	1.00	1.00	1.00	1.00
SURGERY	1.27	0.44	1.00	0.52	1.29	0.83	1.00
TARGETED CASE MAN - BABIES FIRST	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TARGETED CASE MAN - HIV	1.00	0.87	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - OP HOSP	1.00	0.12	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - PHYS	1.00	0.63	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-IP HSP	1.14	0.28	1.00	0.12	1.00	1.00	1.00
TOBACCO CES-OP HSP	1.00	1.00	0.87	0.86	1.00	1.00	1.00
TOBACCO CES-PHYS	1.00	0.71	0.88	1.00	1.00	1.00	1.00
TOBACCO CES-PRES DRUGS	1.00	0.99	1.22	1.00	1.00	1.00	1.00
TRANSPORTATION - AMBULANCE	1.00	0.72	1.00	0.78	0.90	1.00	1.00
TRANSPORTATION - OTHER	1.00	1.00	1.00	1.00	1.00	1.00	1.00
VISION CARE - EXAMS & THERAPY	1.00	0.84	1.00	0.78	1.14	1.00	1.00
VISION CARE - MATERIALS & FITTING	1.00	0.91	1.00	1.14	1.16	0.87	1.00
<b>CHEMICAL DEPENDENCY</b>							
CD SERVICES - METHADONE	1.00	0.94	1.00	0.84	1.00	1.00	1.00
CD SERVICES - OP	1.00	1.24	1.00	0.69	1.00	1.19	1.00
<b>DENTAL</b>							
DENTAL - ADJUNCTIVE GENERAL	0.77	0.63	1.17	0.88	1.00	1.00	1.00
DENTAL - ANESTHESIA SURGICAL	1.42	1.00	1.21	1.00	1.00	0.68	1.00
DENTAL - DIAGNOSTIC	1.00	1.00	1.00	0.94	1.00	0.90	1.00
DENTAL - ENDODONTICS	1.37	1.00	1.23	1.00	1.00	0.62	1.00
DENTAL - I/P FIXED	1.00	1.16	1.00	0.82	1.00	1.00	1.00
DENTAL - MAXILLOFACIAL PROS	1.00	0.20	1.00	0.59	1.00	1.00	1.00
DENTAL - ORAL SURGERY	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ORTHODONTICS	1.00	0.74	1.00	0.00	1.00	1.00	1.00
DENTAL - PERIODONTICS	1.00	1.00	1.00	0.86	1.00	1.00	1.00
DENTAL - PREVENTIVE	1.00	1.12	1.00	1.04	1.12	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Encounter Intensity Factors by Eligibility Category**

CATEGORY OF SERVICE	OHP Adults & Couples INTENSITY FACTOR	AB/AD Med INTENSITY FACTOR	AB/AD w/o Med INTENSITY FACTOR	OAA w/Med INTENSITY FACTOR	OAA w/o Med INTENSITY FACTOR	SCF Children INTENSITY FACTOR	CAWEM INTENSITY FACTOR
DENTAL - PROS REMOVABLE	1.00	0.88	1.00	0.83	0.89	1.00	1.00
DENTAL - RESTORATIVE	1.00	1.00	1.00	1.00	1.11	0.85	1.00
DENTAL - TOBACCO CES	1.00	0.73	1.00	0.00	1.00	1.00	1.00
<b>MENTAL HEALTH</b>							
MH SERVICES ACUTE INPATIENT	1.00	0.87	1.00	0.25	1.00	1.00	1.00
MH SERVICES ASSESS & EVAL	1.00	1.00	1.00	0.95	1.00	1.00	1.00
MH SERVICES CASE MANAGEMENT	1.00	1.00	1.00	0.96	1.00	1.00	1.00
MH SERVICES CONSULTATION	1.00	1.00	1.00	0.97	1.00	1.00	1.00
MH SERVICES ANCILLARY SERVICES	1.00	1.00	1.00	0.80	1.00	1.00	1.00
MH SERVICES MED MANAGEMENT	1.00	0.89	1.00	0.86	1.00	1.00	1.00
MH SERVICES MHDDSD ALTERNATIVE TO IP	1.57	2.23	1.00	1.51	1.27	1.00	1.00
MH SERVICES MHDDSD FAMILY SUPPORT	1.00	1.00	1.00	1.00	0.00	1.00	1.00
MH SERVICES OP THERAPY	1.00	0.98	1.00	0.79	0.90	1.00	1.00
MH SERVICES OTHER OP	1.00	0.17	0.68	1.00	1.00	1.00	1.00
MH SERVICES PHYS IP	1.24	0.39	1.00	0.59	1.00	1.00	1.00
MH SERVICES PHYS OP	1.91	0.49	1.00	0.67	1.79	1.00	1.00
MH SERVICES SUPPORT DAY PROGRAM	0.89	0.99	1.00	0.97	0.84	1.00	1.00
MH SERVICES - CATP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES - DARTS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES - JCAHO	1.00	1.00	1.00	1.00	1.00	1.00	1.00

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## Comparison of Fee-For-Service Intensity Factors by Eligibility Category

CATEGORY OF SERVICE	TANF INTENSITY FACTOR	GA INTENSITY FACTOR	PLM-Adult INTENSITY FACTOR	CHIP Child 0 < 1 INTENSITY FACTOR	PLM Child 0 < 1 INTENSITY FACTOR	PLM & CHIP Child 1 - 5 INTENSITY FACTOR	PLM & CHIP Child 6 - 18 INTENSITY FACTOR	OHP Families INTENSITY FACTOR
<b>PHYSICAL HEALTH</b>								
ADMINISTRATIVE EXAMS	1.20	0.72	1.00	1.00	1.00	1.00	1.00	1.00
ANESTHESIA	1.00	1.00	1.00	1.00	1.00	1.00	1.10	1.17
EXCEPT NEEDS CARE COORDINATION	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - PHYS	1.00	1.00	1.23	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - ANESTHESIA	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - ACUTE DETOX	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - MATERNITY	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - MEDICAL/SURGICAL	0.73	1.21	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - NEWBORN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
LAB & RAD - DIAGNOSTIC X-RAY	1.00	1.00	1.84	0.64	0.64	0.75	0.81	1.00
LAB & RAD - LAB	1.00	1.00	1.00	0.86	0.86	0.76	1.00	1.00
LAB & RAD - THERAPEUTIC X-RAY	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
OP HOSP - BASIC	0.85	1.00	0.58	0.67	0.67	0.87	1.00	1.00
OP HOSP - MATERNITY	1.12	1.00	1.00	1.00	1.00	1.00	1.00	1.00
OP HOSP - SOMATIC MH	1.11	0.87	1.00	1.00	1.00	1.00	1.15	1.00
OTH MED - DME/SUPPLIES	0.69	1.26	0.35	0.77	0.77	0.76	0.60	0.75
OTH MED - HHCHOSPICE/PDN	1.00	1.43	1.00	1.00	1.00	1.00	1.00	1.15
OTH MED - MATERNITY MGT	1.12	1.00	1.00	1.00	1.00	1.00	1.00	0.56
PHYS CONSULTATION, IP & ER VISITS	1.00	0.89	1.00	1.00	1.00	1.00	1.00	1.00
PHYS HOME OR LONG-TERM CARE VISITS	1.00	1.00	1.58	1.00	1.00	1.00	1.00	1.00
PHYS MATERNITY	1.00	1.00	0.89	1.00	1.00	1.00	0.83	1.00
PHYS NEWBORN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PHYS OFFICE VISITS	1.14	1.00	1.00	1.11	1.11	0.87	1.19	1.00
PHYS OTHER	1.00	0.82	0.66	0.71	0.71	0.88	1.12	1.36
PHYS SOMATIC MH	1.39	1.26	1.00	1.00	1.00	0.54	1.33	1.30
POST - HOSP EXTENDED CARE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - BASIC	0.66	1.23	0.56	0.45	0.45	0.56	0.87	0.85
PRES DRUGS - FP	1.00	1.00	1.17	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - MH/CD	0.88	1.00	0.83	1.00	1.00	0.33	0.85	0.89
PRES DRUGS - OP HOSP BASIC	0.57	1.45	0.45	0.54	0.54	0.47	0.75	0.78
PRES DRUGS - OP HOSP FP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - OP HOSP MH/CD	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## Comparison of Fee-For-Service Intensity Factors by Eligibility Category

CATEGORY OF SERVICE	TANF INTENSITY FACTOR	GA INTENSITY FACTOR	PLM-Adult INTENSITY FACTOR	CHIP Child 0 < 1 INTENSITY FACTOR	PLM Child 0 < 1 INTENSITY FACTOR	PLM & CHIP Child 1 - 5 INTENSITY FACTOR	PLM & CHIP Child 6 - 18 INTENSITY FACTOR	OHP Families INTENSITY FACTOR
SCHOOL-BASED HEALTH SERVICES	1.32	1.00	1.00	1.92	1.92	1.21	1.33	1.00
STERILIZATION - ANESTHESIA FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - ANESTHESIA MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - IP HOSP FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - IP HOSP MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - OP HOSP FEMALE	1.11	1.00	0.83	1.00	1.00	1.00	0.86	1.48
STERILIZATION - OP HOSP MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - PHY FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - PHY MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
SURGERY	0.76	1.57	0.19	0.62	0.62	0.74	1.00	1.21
TARGETED CASE MAN - BABIES FIRST	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TARGETED CASE MAN - HIV	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-IP HSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-OP HSP	1.00	0.79	0.80	1.00	1.00	1.00	0.86	1.00
TOBACCO CES-PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-PRES DRUGS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TRANSPORTATION - AMBULANCE	3.62	1.28	1.00	1.00	1.00	1.00	6.56	5.34
TRANSPORTATION - OTHER	1.00	1.00	1.00	1.00	1.00	1.17	1.13	0.88
VISION CARE - EXAMS & THERAPY	1.11	1.00	1.00	1.00	1.00	1.00	1.00	1.00
VISION CARE - MATERIALS & FITTING	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>CHEMICAL DEPENDENCY</b>								
CD SERVICES - METHADONE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CD SERVICES - OP	1.00	1.11	1.00	1.00	1.00	1.00	1.16	1.00
<b>DENTAL</b>								
DENTAL - ADJUNCTIVE GENERAL	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ANESTHESIA SURGICAL	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - DIAGNOSTIC	1.00	1.00	1.12	1.00	1.00	1.00	1.00	1.00
DENTAL - ENDODONTICS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - I/P FIXED	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - MAXILLOFACIAL PROS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ORAL SURGERY	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ORTHODONTICS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - PERIODONTICS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - PREVENTIVE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Fee-For-Service Intensity Factors by Eligibility Category**

CATEGORY OF SERVICE	TANF INTENSITY FACTOR	GA INTENSITY FACTOR	PLM-Adult INTENSITY FACTOR	CHIP Child 0 < 1 INTENSITY FACTOR	PLM Child 0 < 1 INTENSITY FACTOR	PLM & CHIP Child 1 - 5 INTENSITY FACTOR	PLM & CHIP Child 6 - 18 INTENSITY FACTOR	OHP Families INTENSITY FACTOR
DENTAL - PROS REMOVABLE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - RESTORATIVE	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - TOBACCO CES	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>MENTAL HEALTH</b>								
MH SERVICES ACUTE INPATIENT	1.22	0.77	1.00	1.00	1.00	1.00	1.24	1.11
MH SERVICES ASSESS & EVAL	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES CASE MANAGEMENT	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES CONSULTATION	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES ANCILLARY SERVICES	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES MED MANAGEMENT	1.00	1.00	1.00	1.00	1.00	1.00	1.15	1.00
MH SERVICES MHDDSD ALTERNATIVE TO IP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES MHDDSD FAMILY SUPPORT	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES OP THERAPY	1.00	1.00	1.00	1.00	1.00	1.13	1.00	1.00
MH SERVICES OTHER OP	1.00	0.27	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES PHYS IP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES PHYS OP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES SUPPORT DAY PROGRAM	1.00	1.00	1.00	1.00	1.00	0.83	1.15	1.00
MH SERVICES - CATP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES - DARTS	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES - JCAHO	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Fee-For-Service Intensity Factors by Eligibility Category**

**Exhibit 5-B**

CATEGORY OF SERVICE	OHP Adults & Couples INTENSITY FACTOR	AB/AD Med INTENSITY FACTOR	AB/AD w/o Med INTENSITY FACTOR	OAA w/Med INTENSITY FACTOR	OAA w/o Med INTENSITY FACTOR	SCF Children INTENSITY FACTOR	CAWEM INTENSITY FACTOR
<b>PHYSICAL HEALTH</b>							
ADMINISTRATIVE EXAMS	1.00	1.00	1.13	1.00	1.00	1.61	1.00
ANESTHESIA	1.28	0.19	1.24	0.18	1.00	1.00	1.00
EXCEPT NEEDS CARE COORDINATION	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
FP - PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - ANESTHESIA	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
HYSTERECTOMY - PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - ACUTE DETOX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - MATERNITY	1.00	1.00	1.00	1.00	1.00	1.00	1.00
IP HOSP - MEDICAL/SURGICAL	1.00	1.00	1.17	1.00	1.00	1.00	1.12
IP HOSP - NEWBORN	1.00	1.00	1.00	1.00	1.00	1.00	1.00
LAB & RAD - DIAGNOSTIC X-RAY	1.00	0.52	1.00	0.58	0.71	1.00	0.86
LAB & RAD - LAB	1.00	0.77	1.00	0.80	0.90	0.80	2.19
LAB & RAD - THERAPEUTIC X-RAY	1.00	1.00	1.00	1.00	1.00	1.00	1.00
OP HOSP - BASIC	1.00	1.41	1.23	1.16	1.00	1.00	1.84
OP HOSP - MATERNITY	1.00	1.00	1.00	1.00	1.00	1.00	2.41
OP HOSP - SOMATIC MH	1.00	1.00	1.00	1.00	1.00	0.80	1.00
OTH MED - DME/SUPPLIES	1.00	0.78	1.45	0.75	0.74	1.41	1.00
OTH MED - HHC/HOSPICE/PDN	1.14	0.73	1.00	0.62	1.00	1.00	1.00
OTH MED - MATERNITY MGT	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PHYS CONSULTATION, IP & ER VISITS	1.00	0.72	1.00	0.78	1.00	1.00	1.00
PHYS HOME OR LONG-TERM CARE VISITS	1.00	1.00	1.00	0.70	1.00	1.00	1.00
PHYS MATERNITY	1.00	1.00	1.00	1.00	1.00	1.00	1.39
PHYS NEWBORN	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PHYS OFFICE VISITS	1.00	0.69	0.80	0.61	1.00	0.83	1.00
PHYS OTHER	1.39	0.81	0.89	1.43	1.13	0.61	1.13
PHYS SOMATIC MH	1.15	0.56	0.81	0.41	1.00	0.88	1.00
POST - HOSP EXTENDED CARE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - BASIC	1.00	1.39	1.46	0.84	1.00	1.20	1.00
PRES DRUGS - FP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - MH/CD	0.90	1.25	1.15	0.74	0.87	1.00	1.00
PRES DRUGS - OP HOSP BASIC	1.00	2.82	1.50	1.79	1.00	1.00	1.24
PRES DRUGS - OP HOSP FP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
PRES DRUGS - OP HOSP MH/CD	0.75	1.00	1.28	1.00	1.00	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Fee-For-Service Intensity Factors by Eligibility Category**

CATEGORY OF SERVICE	OHP Adults & Couples INTENSITY FACTOR	AB/AD Med INTENSITY FACTOR	AB/AD w/o Med INTENSITY FACTOR	OAA w/Med INTENSITY FACTOR	OAA w/o Med INTENSITY FACTOR	SCF Children INTENSITY FACTOR	CAWEM INTENSITY FACTOR
SCHOOL-BASED HEALTH SERVICES	2.00	0.46	0.86	1.00	1.00	1.00	1.00
STERILIZATION - ANESTHESIA FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - ANESTHESIA MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - IP HOSP FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - IP HOSP MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - OP HOSP FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.20
STERILIZATION - OP HOSP MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - PHY FEMALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
STERILIZATION - PHY MALE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
SURGERY	1.56	0.43	0.82	0.44	1.00	0.59	2.60
TARGETED CASE MAN - BABIES FIRST	1.00	1.00	1.24	1.00	1.00	1.00	1.00
TARGETED CASE MAN - HIV	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - IP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - OP HOSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
THERAPEUTIC ABORTION - PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-IP HSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-OP HSP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-PHYS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TOBACCO CES-PRES DRUGS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
TRANSPORTATION - AMBULANCE	4.05	0.65	1.00	0.62	0.71	1.00	1.00
TRANSPORTATION - OTHER	0.89	1.00	1.00	1.11	1.00	1.25	1.00
VISION CARE - EXAMS & THERAPY	1.00	0.81	1.00	0.67	1.00	1.00	1.00
VISION CARE - MATERIALS & FITTING	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>CHEMICAL DEPENDENCY</b>							
CD SERVICES - METHADONE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
CD SERVICES - OP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>DENTAL</b>							
DENTAL - ADJUNCTIVE GENERAL	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ANESTHESIA SURGICAL	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - DIAGNOSTIC	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ENDODONTICS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - I/P FIXED	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - MAXILLOFACIAL PROS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ORAL SURGERY	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - ORTHODONTICS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - PERIODONTICS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - PREVENTIVE	1.00	1.00	1.00	1.00	1.00	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Comparison of Fee-For-Service Intensity Factors by Eligibility Category**

**Exhibit 5-B**

CATEGORY OF SERVICE	OHP Adults & Couples INTENSITY FACTOR	AB/AD Med INTENSITY FACTOR	AB/AD w/o Med INTENSITY FACTOR	OAA w/Med INTENSITY FACTOR	OAA w/o Med INTENSITY FACTOR	SCF Children INTENSITY FACTOR	CAWEM INTENSITY FACTOR
DENTAL - PROS REMOVABLE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - RESTORATIVE	1.00	1.00	1.00	1.00	1.00	1.00	1.00
DENTAL - TOBACCO CES	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MENTAL HEALTH							
MH SERVICES ACUTE INPATIENT	1.00	1.00	0.90	1.00	1.00	1.27	1.00
MH SERVICES ASSESS & EVAL	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES CASE MANAGEMENT	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES CONSULTATION	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES ANCILLARY SERVICES	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES MED MANAGEMENT	1.00	0.89	1.00	0.89	1.00	1.19	1.00
MH SERVICES MHDDSD ALTERNATIVE TO IP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES MHDDSD FAMILY SUPPORT	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES OP THERAPY	0.89	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES OTHER OP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES PHYS IP	1.10	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES PHYS OP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES SUPPORT DAY PROGRAM	1.00	1.00	1.00	0.89	1.00	1.38	1.00
MH SERVICES - CATP	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES - DARTS	1.00	1.00	1.00	1.00	1.00	1.00	1.00
MH SERVICES - JCAHO	1.00	1.00	1.00	1.00	1.00	1.00	1.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Encounter Data to FFY 2002/03**

**MEDICAID ELIGIBILITY CATEGORIES \***

**COST BASED REIMBURSEMENT 1998 to 2000**

<b>CATEGORY OF SERVICE</b>	<b>Utilization Change</b>	<b>Cost change</b>	<b>Total</b>
Inpatient Hospital	1.50%	2.73%	4.23%
Outpatient Hospital	1.50%	2.73%	4.23%
Physician & Other	2.00%	0.00%	2.00%
Prescription Drug	11.77%	5.50%	17.27%
Dental	3.00%	1.36%	4.36%
Mental Health/CD	1.98%	3.86%	5.84%

**COST BASED REIMBURSEMENT 2000 to 2002**

<b>CATEGORY OF SERVICE</b>	<b>Utilization Change</b>	<b>Cost change</b>	<b>Total</b>
Inpatient Hospital	1.50%	3.05%	4.55%
Outpatient Hospital	1.50%	3.05%	4.55%
Physician & Other	2.00%	1.70%	3.70%
Prescription Drug	11.95%	3.00%	14.94%
Dental	3.00%	2.39%	5.39%
Mental Health/CD	1.25%	3.60%	4.85%

\* These factors apply to the TANF, PLM, CHIP, AB/AD without Medicare, OAA without Medicare, SCF Children, GA, OHP Families and OHP Adults & Couples eligibility categories.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Encounter Data to FFY 2002/03**

**DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES \***

**COST BASED REIMBURSEMENT 1998 to 2000**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	1.13%	2.73%	3.86%
Outpatient Hospital	1.13%	2.73%	3.86%
Physician & Other	2.00%	0.00%	2.00%
Prescription Drug	11.77%	5.50%	17.27%
Dental	3.00%	1.36%	4.36%
Mental Health/CD	5.40%	3.46%	8.86%

**COST BASED REIMBURSEMENT 2000 to 2002**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	1.50%	3.05%	4.55%
Outpatient Hospital	1.50%	3.05%	4.55%
Physician & Other	2.00%	1.70%	3.70%
Prescription Drug	11.95%	3.00%	14.94%
Dental	3.00%	2.39%	5.39%
Mental Health/CD	4.10%	4.30%	8.40%

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

Trend rates for managed care plans are calculated based on information reported by the Health Care Financing Administration, Office of the Actuary in their projections of national health expenditures, with the exception of prescription drug and mental health/chemical dependency services. Cost and Total trends can be found at [www.hcfa.gov/stats/NHE-Proj/proj1998/proj1998.pdf](http://www.hcfa.gov/stats/NHE-Proj/proj1998/proj1998.pdf). Tables 6, 6a, 7, 7a, 8, 8a were used. Utilization trends are calculated by subtracting cost trends from total trends. For most services, the commercial portion of the data is used. For dental services, the total expenditure information is used, as dental services have a higher level of patient copay required in commercial plans.

Prescription drug trends are calculated based on a report issued by Express Scripts, Express Scripts 1999 Drug Trend Report, June 2000. [www.express-scripts.com/outcomes/rqst\\_drugtrend\\_choice.htm](http://www.express-scripts.com/outcomes/rqst_drugtrend_choice.htm)

Separate trend rates are calculated for each year and then combined to develop annualized trend adjustments.

The data are trended from the midpoint of the data reporting period (July 1, 1998) to the midpoint of the projection period (October 1, 2002).

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Fee-For-Service Data to FFY 2002/03**

**MEDICAID ELIGIBILITY CATEGORIES \***

**MEDICAID PAYMENT BASED REIMBURSEMENT 1998 to 2000**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-0.74%	1.53%	0.79%
Outpatient Hospital	18.65%	1.90%	20.55%
Physician & Other	3.99%	0.99%	4.98%
Prescription Drug	11.77%	5.50%	17.27%
Prescription Drug- MH/CD	11.77%	5.50%	17.27%
Dental	4.63%	4.61%	9.24%
Mental Health/CD	11.48%	3.86%	15.35%

**MEDICAID PAYMENT BASED REIMBURSEMENT 2000 to 2002**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-0.70%	3.50%	2.80%
Outpatient Hospital	10.79%	3.00%	13.79%
Physician & Other	1.35%	7.03%	8.39%
Prescription Drug	11.95%	3.00%	14.94%
Prescription Drug- MH/CD	11.95%	3.00%	14.94%
Dental	3.91%	4.20%	8.11%
Mental Health/CD	8.99%	3.60%	12.59%

\* These factors apply to the TANF, PLM, CHIP, AB/AD without Medicare, OAA without Medicare, SCF Children, GA, OHP Families and OHP Adults & Couples eligibility categories.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Fee-For-Service Data to FFY 2002/03**

**DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES \***

**MEDICAID PAYMENT BASED REIMBURSEMENT 1998 to 2000**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-16.80%	1.53%	-15.27%
Outpatient Hospital	13.43%	1.90%	15.33%
Physician & Other	-0.49%	0.99%	0.51%
Prescription Drug	9.02%	5.50%	14.52%
Prescription Drug- MH/CD	11.00%	5.50%	16.50%
Dental	4.63%	4.61%	9.24%
Mental Health/CD	16.93%	3.46%	20.40%

**MEDICAID PAYMENT BASED REIMBURSEMENT 2000 to 2002**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-6.73%	3.50%	-3.23%
Outpatient Hospital	8.00%	3.00%	11.00%
Physician & Other	-3.18%	7.03%	3.85%
Prescription Drug	10.96%	3.00%	13.95%
Prescription Drug- MH/CD	11.95%	3.00%	14.94%
Dental	3.91%	4.20%	8.11%
Mental Health/CD	11.44%	4.30%	15.74%

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

Trend rates for managed care plans are calculated based on information reported by the Health Care Financing Administration, Office of the Actuary in their projections of national health expenditures, with the exception of prescription drug and mental health/chemical dependency services. Cost and Total trends can be found at [www.hcfa.gov/stats/NHE-Proj/proj1998/proj1998.pdf](http://www.hcfa.gov/stats/NHE-Proj/proj1998/proj1998.pdf). Tables 6, 6a, 7, 7a, 8, 8a were used. Utilization trends are calculated by subtracting cost trends from total trends. For most services, the commercial portion of the data is used. For dental services, the total expenditure information is used, as dental services have a higher level of patient copay required in commercial plans.

Prescription drug trends are calculated based on a report issued by Express Scripts, Express Scripts 1999 Drug Trend Report, June 2000. [www.express-scripts.com/outcomes/rqst\\_drugtrend\\_choice.htm](http://www.express-scripts.com/outcomes/rqst_drugtrend_choice.htm)

Separate trend rates are calculated for each year and then combined to develop annualized trend adjustments.

The data are trended from the midpoint of the data reporting period (July 1, 1998) to the midpoint of the projection period (October 1, 2002).

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FCHP Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLM-Adult COST PMPM (trended)	CHIP Child 0 < 1 COST PMPM (trended)	PLM Child 0 < 1 COST PMPM (trended)	PLM & CHIP Child 1 - 5 COST PMPM (trended)	PLM & CHIP Child 6 - 18 COST PMPM (trended)	OHP Families COST PMPM (trended)
<b>PHYSICAL HEALTH</b>								
ADMINISTRATIVE EXAMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ANESTHESIA	\$2.81	\$9.33	\$19.46	\$1.78	\$1.78	\$1.92	\$1.10	\$2.67
EXCEPT NEEDS CARE COORDINATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - IP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - OP HOSP	\$0.02	\$0.02	\$0.04	\$0.00	\$0.00	\$0.00	\$0.01	\$0.03
FP - PHYS	\$0.36	\$0.10	\$1.54	\$0.00	\$0.00	\$0.00	\$0.12	\$0.68
HYSTERECTOMY - ANESTHESIA	\$0.04	\$0.09	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.10
HYSTERECTOMY - IP HOSP	\$0.55	\$1.00	\$0.25	\$0.00	\$0.00	\$0.00	\$0.00	\$1.65
HYSTERECTOMY - OP HOSP	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01
HYSTERECTOMY - PHYS	\$0.34	\$0.65	\$0.16	\$0.01	\$0.01	\$0.00	\$0.00	\$0.98
IP HOSP - ACUTE DETOX	\$0.20	\$6.33	\$0.31	\$0.00	\$0.00	\$0.00	\$0.05	\$0.52
IP HOSP - MATERNITY	\$8.35	\$0.78	\$216.20	\$0.00	\$0.00	\$0.00	\$0.61	\$2.57
IP HOSP - MEDICAL/SURGICAL	\$16.08	\$169.67	\$9.80	\$36.75	\$36.75	\$5.30	\$6.48	\$22.14
IP HOSP - NEWBORN	\$6.89	\$0.00	\$0.08	\$104.98	\$104.98	\$0.08	\$0.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	\$4.30	\$20.41	\$26.36	\$3.57	\$3.57	\$1.21	\$1.87	\$6.91
LAB & RAD - LAB	\$2.04	\$6.35	\$10.54	\$0.77	\$0.77	\$0.63	\$1.00	\$3.26
LAB & RAD - THERAPEUTIC X-RAY	\$0.11	\$2.54	\$0.02	\$0.04	\$0.04	\$0.01	\$0.01	\$0.44
OP HOSP - BASIC	\$14.97	\$69.54	\$15.60	\$11.61	\$11.61	\$8.66	\$7.15	\$19.52
OP HOSP - MATERNITY	\$0.53	\$0.14	\$13.30	\$0.00	\$0.00	\$0.00	\$0.09	\$0.35
OP HOSP - SOMANTIC MH	\$0.22	\$1.99	\$0.07	\$0.01	\$0.01	\$0.25	\$0.10	\$0.19
OTH MED - DME/SUPPLIES	\$0.96	\$9.56	\$0.91	\$2.62	\$2.62	\$0.42	\$0.41	\$1.12
OTH MED - HHC/HOSPICE/PDN	\$0.11	\$5.02	\$0.09	\$0.15	\$0.15	\$0.02	\$0.02	\$0.18
OTH MED - MATERNITY MGT	\$0.58	\$0.05	\$12.89	\$0.20	\$0.20	\$0.00	\$0.10	\$0.14
PHYS CONSULTATION, IP & ER VISITS	\$3.69	\$15.57	\$7.58	\$10.15	\$10.15	\$1.69	\$1.36	\$3.72
PHYS HOME OR LONG-TERM CARE VISITS	\$0.00	\$0.31	\$0.02	\$0.01	\$0.01	\$0.00	\$0.00	\$0.01
PHYS MATERNITY	\$7.76	\$1.10	\$188.11	\$0.30	\$0.30	\$0.06	\$0.58	\$2.87
PHYS NEWBORN	\$1.25	\$0.00	\$0.99	\$15.74	\$15.74	\$0.02	\$0.01	\$0.02
PHYS OFFICE VISITS	\$15.36	\$27.75	\$8.18	\$39.24	\$39.24	\$15.68	\$8.63	\$14.67
PHYS OTHER	\$3.32	\$22.20	\$2.52	\$10.43	\$10.43	\$2.63	\$2.15	\$4.28
PHYS SOMATIC MH	\$0.87	\$3.81	\$0.34	\$0.04	\$0.04	\$0.27	\$0.66	\$0.99
POST - HOSP EXTENDED CARE	\$0.03	\$0.82	\$0.03	\$0.03	\$0.03	\$0.00	\$0.00	\$0.02
PRES DRUGS - BASIC	\$19.34	\$174.70	\$22.18	\$10.12	\$10.12	\$8.48	\$10.41	\$33.70
PRES DRUGS - FP	\$0.81	\$0.45	\$2.76	\$0.01	\$0.01	\$0.01	\$0.39	\$2.24
PRES DRUGS - MH/CD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRES DRUGS - OP HOSP BASIC	\$1.38	\$6.46	\$1.50	\$1.10	\$1.10	\$0.71	\$0.61	\$2.28

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FCHP Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLM-Adult COST PMPM (trended)	CHIP Child 0 < 1 COST PMPM (trended)	PLM Child 0 < 1 COST PMPM (trended)	PLM & CHIP Child 1 - 5 COST PMPM (trended)	PLM & CHIP Child 6 - 18 COST PMPM (trended)	OHP Families COST PMPM (trended)
PRES DRUGS - OP HOSP FP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRES DRUGS - OP HOSP MH/CD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SCHOOL-BASED HEALTH SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - ANESTHESIA FEMALE	\$0.22	\$0.02	\$2.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.27
STERILIZATION - ANESTHESIA MALE	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	\$0.71	\$0.00	\$11.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.15
STERILIZATION - IP HOSP MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	\$1.38	\$0.27	\$21.38	\$0.01	\$0.01	\$0.00	\$0.15	\$1.67
STERILIZATION - OP HOSP MALE	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01
STERILIZATION - PHY FEMALE	\$0.09	\$0.00	\$1.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.04
STERILIZATION - PHY MALE	\$0.02	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.17
SURGERY	\$3.47	\$21.08	\$3.90	\$3.08	\$3.08	\$1.47	\$1.60	\$6.08
TARGETED CASE MAN - BABIES FIRST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - HIV	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - OP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - PHYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOBACCO CES-IP HSP	\$0.07	\$0.51	\$0.59	\$0.00	\$0.00	\$0.00	\$0.01	\$0.09
TOBACCO CES-OP HSP	\$0.02	\$0.11	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.04
TOBACCO CES-PHYS	\$0.03	\$0.13	\$0.02	\$0.00	\$0.00	\$0.00	\$0.01	\$0.08
TOBACCO CES-PRES DRUGS	\$0.28	\$2.07	\$0.33	\$0.00	\$0.00	\$0.00	\$0.04	\$0.68
TRANSPORTATION - AMBULANCE	\$1.51	\$11.74	\$3.22	\$2.79	\$2.79	\$0.54	\$0.52	\$1.19
TRANSPORTATION - OTHER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION CARE - EXAMS & THERAPY	\$0.86	\$1.60	\$1.16	\$0.08	\$0.08	\$0.26	\$1.23	\$1.48
VISION CARE - MATERIALS & FITTING	\$0.79	\$1.78	\$1.30	\$0.01	\$0.01	\$0.13	\$1.08	\$1.59
<b>Total</b>	<b>\$122.74</b>	<b>\$596.10</b>	<b>\$609.05</b>	<b>\$255.63</b>	<b>\$255.63</b>	<b>\$50.47</b>	<b>\$48.55</b>	<b>\$141.81</b>
<b>CHEMICAL DEPENDENCY</b>								
CD SERVICES - METHADONE	\$1.01	\$14.93	\$0.32	\$0.00	\$0.00	\$0.00	\$0.00	\$1.93
CD SERVICES - OP	\$3.66	\$17.24	\$2.25	\$0.00	\$0.00	\$0.01	\$0.90	\$3.32
<b>Total</b>	<b>\$4.68</b>	<b>\$32.17</b>	<b>\$2.56</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.01</b>	<b>\$0.90</b>	<b>\$5.26</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FCHP Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLM-Adult COST PMPM (trended)	CHIP Child 0 < 1 COST PMPM (trended)	PLM Child 0 < 1 COST PMPM (trended)	PLM & CHIP Child 1 - 5 COST PMPM (trended)	PLM & CHIP Child 6 - 18 COST PMPM (trended)	OHP Families COST PMPM (trended)
<b>DENTAL</b>								
DENTAL - ADJUNCTIVE GENERAL	\$0.36	\$0.37	\$0.26	\$0.00	\$0.00	\$0.63	\$0.17	\$0.33
DENTAL - ANESTHESIA SURGICAL	\$0.37	\$0.35	\$0.14	\$0.00	\$0.00	\$0.36	\$0.37	\$0.56
DENTAL - DIAGNOSTIC	\$3.32	\$4.14	\$3.52	\$0.02	\$0.02	\$2.20	\$4.44	\$5.00
DENTAL - ENDODONTICS	\$1.75	\$1.38	\$1.72	\$0.01	\$0.01	\$0.95	\$1.12	\$2.95
DENTAL - I/P FIXED	\$0.05	\$0.23	\$0.05	\$0.00	\$0.00	\$0.00	\$0.01	\$0.17
DENTAL - MAXILLOFACIAL PROS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	\$2.07	\$5.75	\$1.91	\$0.01	\$0.01	\$0.52	\$1.58	\$3.83
DENTAL - ORTHODONTICS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00
DENTAL - PERIODONTICS	\$0.50	\$1.58	\$0.75	\$0.00	\$0.00	\$0.00	\$0.09	\$2.00
DENTAL - PREVENTIVE	\$2.33	\$1.41	\$2.98	\$0.02	\$0.02	\$5.36	\$5.07	\$2.13
DENTAL - PROS REMOVABLE	\$0.96	\$9.37	\$0.36	\$0.00	\$0.00	\$0.00	\$0.04	\$2.74
DENTAL - RESTORATIVE	\$5.32	\$6.42	\$4.56	\$0.01	\$0.01	\$5.11	\$5.71	\$7.67
DENTAL - TOBACCO CES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$17.04</b>	<b>\$31.00</b>	<b>\$16.25</b>	<b>\$0.08</b>	<b>\$0.08</b>	<b>\$15.13</b>	<b>\$18.61</b>	<b>\$27.38</b>
<b>MENTAL HEALTH</b>								
MH SERVICES ACUTE INPATIENT	\$1.80	\$38.76	\$0.70	\$0.00	\$0.00	\$0.16	\$1.17	\$2.24
MH SERVICES ASSESS & EVAL	\$1.93	\$9.18	\$1.11	\$0.01	\$0.01	\$0.42	\$1.52	\$1.28
MH SERVICES CASE MANAGEMENT	\$0.69	\$16.09	\$0.10	\$0.00	\$0.00	\$0.08	\$0.49	\$0.20
MH SERVICES CONSULTATION	\$0.33	\$2.10	\$0.08	\$0.00	\$0.00	\$0.07	\$0.27	\$0.07
MH SERVICES ANCILLARY SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	\$0.73	\$15.49	\$0.24	\$0.00	\$0.00	\$0.05	\$0.40	\$0.67
MH SERVICES MHDDSD ALTERNATIVE TO I	\$0.14	\$13.40	\$0.03	\$0.00	\$0.00	\$8.55	\$0.13	\$0.17
MH SERVICES MHDDSD FAMILY SUPPORT	\$0.12	\$0.01	\$0.00	\$0.00	\$0.00	\$0.03	\$0.11	\$0.00
MH SERVICES OP THERAPY	\$7.85	\$44.77	\$2.58	\$0.01	\$0.01	\$1.37	\$5.72	\$3.89
MH SERVICES OTHER OP	\$0.06	\$6.42	\$0.01	\$0.00	\$0.00	\$0.00	\$0.03	\$0.01
MH SERVICES PHYS IP	\$0.05	\$1.53	\$0.03	\$0.00	\$0.00	\$0.00	\$0.03	\$0.12
MH SERVICES PHYS OP	\$0.07	\$0.50	\$0.02	\$0.00	\$0.00	\$0.01	\$0.04	\$0.05
MH SERVICES SUPPORT DAY PROGRAM	\$1.39	\$34.64	\$0.13	\$0.00	\$0.00	\$0.38	\$1.16	\$0.26
MH SERVICES - CATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES - DARTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES - JCAHO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$15.17</b>	<b>\$182.89</b>	<b>\$5.03</b>	<b>\$0.02</b>	<b>\$0.02</b>	<b>\$11.15</b>	<b>\$11.08</b>	<b>\$8.97</b>
<b>TOTAL ALL</b>	<b>\$159.62</b>	<b>\$842.16</b>	<b>\$632.90</b>	<b>\$255.74</b>	<b>\$255.74</b>	<b>\$76.75</b>	<b>\$79.14</b>	<b>\$183.43</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FCHP Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	OHP Adults & Couples COST PMPM (trended)	AB/AD Med COST PMPM (trended)	AB/AD w/o Med COST PMPM (trended)	OAA w/Med COST PMPM (trended)	OAA w/o Med COST PMPM (trended)	SCF Children COST PMPM (trended)	CAWEM COST PMPM (trended)
<b>PHYSICAL HEALTH</b>							
ADMINISTRATIVE EXAMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ANESTHESIA	\$4.20	\$0.17	\$5.54	\$0.43	\$12.15	\$1.83	\$0.00
EXCEPT NEEDS CARE COORDINATION	\$0.00	\$8.01	\$8.01	\$6.26	\$6.26	\$0.00	\$0.00
FP - IP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - OP HOSP	\$0.01	\$0.00	\$0.02	\$0.00	\$0.01	\$0.02	\$0.00
FP - PHYS	\$0.18	\$0.07	\$0.20	\$0.00	\$0.00	\$0.09	\$0.00
HYSTERECTOMY - ANESTHESIA	\$0.05	\$0.00	\$0.04	\$0.01	\$0.15	\$0.00	\$0.00
HYSTERECTOMY - IP HOSP	\$0.87	\$0.02	\$0.89	\$0.17	\$1.92	\$0.00	\$0.00
HYSTERECTOMY - OP HOSP	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYSTERECTOMY - PHYS	\$0.57	\$0.01	\$0.45	\$0.08	\$3.97	\$0.00	\$0.00
IP HOSP - ACUTE DETOX	\$2.51	\$0.05	\$1.27	\$0.04	\$0.00	\$0.06	\$0.00
IP HOSP - MATERNITY	\$0.53	\$0.10	\$1.24	\$0.00	\$0.00	\$0.59	\$0.00
IP HOSP - MEDICAL/SURGICAL	\$47.31	\$3.69	\$101.91	\$6.69	\$79.38	\$11.01	\$0.00
IP HOSP - NEWBORN	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00	\$0.41	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	\$10.34	\$2.98	\$13.50	\$5.81	\$23.80	\$2.45	\$0.00
LAB & RAD - LAB	\$4.11	\$2.37	\$5.22	\$2.09	\$7.79	\$1.54	\$0.00
LAB & RAD - THERAPEUTIC X-RAY	\$0.80	\$0.15	\$0.91	\$0.19	\$1.20	\$0.02	\$0.00
OP HOSP - BASIC	\$30.41	\$38.27	\$46.34	\$32.87	\$98.31	\$10.72	\$0.00
OP HOSP - MATERNITY	\$0.15	\$0.03	\$0.12	\$0.00	\$0.02	\$0.10	\$0.00
OP HOSP - SOMATIC MH	\$0.46	\$0.54	\$1.10	\$0.33	\$0.61	\$1.09	\$0.00
OTH MED - DME/SUPPLIES	\$2.44	\$10.76	\$23.51	\$17.93	\$33.26	\$3.08	\$0.00
OTH MED - HHC/HOSPICE/PDN	\$0.60	\$1.28	\$4.51	\$0.66	\$8.46	\$0.08	\$0.00
OTH MED - MATERNITY MGT	\$0.05	\$0.02	\$0.15	\$0.00	\$0.00	\$0.06	\$0.00
PHYS CONSULTATION, IP & ER VISITS	\$6.60	\$5.52	\$11.33	\$7.85	\$25.14	\$2.04	\$0.00
PHYS HOME OR LONG-TERM CARE VISITS	\$0.05	\$0.40	\$0.40	\$2.24	\$3.13	\$0.08	\$0.00
PHYS MATERNITY	\$0.54	\$0.26	\$1.40	\$0.03	\$0.14	\$0.66	\$0.00
PHYS NEWBORN	\$0.01	\$0.00	\$0.02	\$0.00	\$0.00	\$0.05	\$0.00
PHYS OFFICE VISITS	\$17.13	\$14.53	\$22.78	\$10.54	\$52.12	\$12.33	\$0.00
PHYS OTHER	\$9.07	\$10.31	\$17.70	\$7.93	\$25.67	\$5.62	\$0.00
PHYS SOMATIC MH	\$1.38	\$1.67	\$2.54	\$0.79	\$2.23	\$2.19	\$0.00
POST - HOSP EXTENDED CARE	\$0.17	\$0.44	\$0.87	\$0.29	\$0.62	\$0.02	\$0.00
PRES DRUGS - BASIC	\$66.29	\$193.91	\$159.81	\$175.35	\$101.40	\$27.23	\$0.00
PRES DRUGS - FP	\$0.89	\$0.68	\$0.69	\$0.20	\$0.01	\$0.25	\$0.00
PRES DRUGS - MH/CD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRES DRUGS - OP HOSP BASIC	\$4.02	\$4.64	\$6.19	\$2.88	\$6.43	\$1.06	\$0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FCHP Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	OHP Adults & Couples COST PMPM (trended)	AB/AD Med COST PMPM (trended)	AB/AD w/o Med COST PMPM (trended)	OAA w/Med COST PMPM (trended)	OAA w/o Med COST PMPM (trended)	SCF Children COST PMPM (trended)	CAWEM COST PMPM (trended)
PRES DRUGS - OP HOSP FP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRES DRUGS - OP HOSP MH/CD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SCHOOL-BASED HEALTH SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - ANESTHESIA FEMALE	\$0.03	\$0.02	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - ANESTHESIA MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	\$0.01	\$0.00	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	\$0.38	\$0.12	\$0.39	\$0.00	\$0.00	\$0.05	\$0.00
STERILIZATION - OP HOSP MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - PHY FEMALE	\$0.00	\$0.05	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - PHY MALE	\$0.03	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00
SURGERY	\$10.39	\$2.31	\$11.36	\$2.70	\$27.20	\$2.18	\$0.00
TARGETED CASE MAN - BABIES FIRST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - HIV	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - OP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - PHYS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOBACCO CES-IP HSP	\$0.27	\$0.01	\$0.22	\$0.00	\$0.05	\$0.00	\$0.00
TOBACCO CES-OP HSP	\$0.07	\$0.04	\$0.05	\$0.01	\$0.05	\$0.00	\$0.00
TOBACCO CES-PHYS	\$0.10	\$0.04	\$0.06	\$0.01	\$0.02	\$0.01	\$0.00
TOBACCO CES-PRES DRUGS	\$1.13	\$0.85	\$1.01	\$0.30	\$0.13	\$0.03	\$0.00
TRANSPORTATION - AMBULANCE	\$2.98	\$4.30	\$7.30	\$6.86	\$12.99	\$0.88	\$0.00
TRANSPORTATION - OTHER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION CARE - EXAMS & THERAPY	\$1.79	\$1.01	\$1.45	\$1.09	\$5.11	\$1.19	\$0.00
VISION CARE - MATERIALS & FITTING	\$1.87	\$0.98	\$1.45	\$1.12	\$4.16	\$1.01	\$0.00
<b>Total</b>	<b>\$230.85</b>	<b>\$310.61</b>	<b>\$462.17</b>	<b>\$293.77</b>	<b>\$543.87</b>	<b>\$90.01</b>	<b>\$0.00</b>
<b>CHEMICAL DEPENDENCY</b>							
CD SERVICES - METHADONE	\$6.87	\$1.19	\$3.52	\$0.03	\$0.00	\$0.00	\$0.00
CD SERVICES - OP	\$12.55	\$1.83	\$2.19	\$0.02	\$0.01	\$6.38	\$0.00
<b>Total</b>	<b>\$19.42</b>	<b>\$3.01</b>	<b>\$5.71</b>	<b>\$0.05</b>	<b>\$0.01</b>	<b>\$6.38</b>	<b>\$0.00</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FCHP Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	OHP Adults & Couples COST PMPM (trended)	AB/AD Med COST PMPM (trended)	AB/AD w/o Med COST PMPM (trended)	OAA w/Med COST PMPM (trended)	OAA w/o Med COST PMPM (trended)	SCF Children COST PMPM (trended)	CAWEM COST PMPM (trended)
<b>DENTAL</b>							
DENTAL - ADJUNCTIVE GENERAL	\$0.32	\$0.14	\$0.34	\$0.21	\$0.80	\$0.13	\$0.00
DENTAL - ANESTHESIA SURGICAL	\$0.55	\$0.23	\$0.30	\$0.03	\$0.07	\$0.33	\$0.00
DENTAL - DIAGNOSTIC	\$4.99	\$3.33	\$3.03	\$1.81	\$6.59	\$3.45	\$0.00
DENTAL - ENDODONTICS	\$2.63	\$0.99	\$1.25	\$0.28	\$2.00	\$0.84	\$0.00
DENTAL - I/P FIXED	\$0.22	\$0.16	\$0.09	\$0.07	\$0.30	\$0.01	\$0.00
DENTAL - MAXILLOFACIAL PROS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	\$5.82	\$2.93	\$2.89	\$1.69	\$6.87	\$1.12	\$0.00
DENTAL - ORTHODONTICS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00
DENTAL - PERIODONTICS	\$2.04	\$1.31	\$1.06	\$0.29	\$2.08	\$0.09	\$0.00
DENTAL - PREVENTIVE	\$2.02	\$1.78	\$1.58	\$0.54	\$3.21	\$3.94	\$0.00
DENTAL - PROS REMOVABLE	\$6.57	\$4.60	\$4.63	\$6.36	\$22.43	\$0.02	\$0.00
DENTAL - RESTORATIVE	\$7.23	\$4.40	\$4.14	\$1.33	\$7.77	\$4.97	\$0.00
DENTAL - TOBACCO CES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$32.39</b>	<b>\$19.88</b>	<b>\$19.31</b>	<b>\$12.63</b>	<b>\$52.14</b>	<b>\$14.90</b>	<b>\$0.00</b>
<b>MENTAL HEALTH</b>							
MH SERVICES ACUTE INPATIENT	\$7.39	\$16.04	\$23.95	\$0.81	\$1.74	\$11.81	\$0.00
MH SERVICES ASSESS & EVAL	\$2.36	\$3.14	\$3.31	\$0.37	\$1.05	\$6.62	\$0.00
MH SERVICES CASE MANAGEMENT	\$0.99	\$10.74	\$8.68	\$0.72	\$2.47	\$6.04	\$0.00
MH SERVICES CONSULTATION	\$0.22	\$1.38	\$1.26	\$0.25	\$0.79	\$4.16	\$0.00
MH SERVICES ANCILLARY SERVICES	\$0.00	\$0.03	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	\$1.83	\$7.57	\$8.51	\$0.66	\$4.47	\$2.79	\$0.00
MH SERVICES MHDDSD ALTERNATIVE TO IP	\$1.17	\$7.64	\$2.37	\$0.08	\$0.04	\$28.68	\$0.00
MH SERVICES MHDDSD FAMILY SUPPORT	\$0.00	\$7.08	\$0.72	\$0.00	\$0.00	\$1.86	\$0.00
MH SERVICES OP THERAPY	\$7.50	\$13.58	\$16.24	\$1.30	\$4.93	\$49.98	\$0.00
MH SERVICES OTHER OP	\$0.19	\$0.35	\$0.23	\$0.35	\$3.15	\$0.21	\$0.00
MH SERVICES PHYS IP	\$0.27	\$0.53	\$1.30	\$0.11	\$0.42	\$0.32	\$0.00
MH SERVICES PHYS OP	\$0.21	\$0.12	\$0.55	\$0.02	\$0.24	\$1.29	\$0.00
MH SERVICES SUPPORT DAY PROGRAM	\$1.69	\$50.85	\$36.78	\$4.31	\$20.55	\$9.66	\$0.00
MH SERVICES - CATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES - DARTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES - JCAHO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$23.81</b>	<b>\$119.03</b>	<b>\$103.90</b>	<b>\$8.97</b>	<b>\$39.86</b>	<b>\$123.42</b>	<b>\$0.00</b>
<b>TOTAL ALL</b>	<b>\$306.47</b>	<b>\$452.54</b>	<b>\$591.09</b>	<b>\$315.42</b>	<b>\$635.87</b>	<b>\$234.72</b>	<b>\$0.00</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FFS Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Including services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLM-Adult COST PMPM (trended)	CHIP Child 0 < 1 COST PMPM (trended)	PLM Child 0 < 1 COST PMPM (trended)	PLM & CHIP Child 1 - 5 COST PMPM (trended)	PLM & CHIP Child 6 - 18 COST PMPM (trended)	OHP Families COST PMPM (trended)
<b>PHYSICAL HEALTH</b>								
ADMINISTRATIVE EXAMS	\$0.32	\$10.31	\$0.08	\$0.01	\$0.01	\$0.01	\$0.04	\$0.20
ANESTHESIA	\$1.47	\$9.11	\$9.18	\$1.58	\$1.58	\$1.09	\$1.18	\$3.36
EXCEPT NEEDS CARE COORDINATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - IP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - OP HOSP	\$0.04	\$0.00	\$0.35	\$0.00	\$0.00	\$0.00	\$0.03	\$0.07
FP - PHYS	\$3.06	\$0.88	\$8.37	\$0.00	\$0.00	\$0.00	\$1.68	\$4.08
HYSTERECTOMY - ANESTHESIA	\$0.03	\$0.05	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.07
HYSTERECTOMY - IP HOSP	\$0.46	\$0.91	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1.36
HYSTERECTOMY - OP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYSTERECTOMY - PHYS	\$0.07	\$0.15	\$0.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.23
IP HOSP - ACUTE DETOX	\$0.14	\$3.52	\$0.10	\$0.00	\$0.00	\$0.00	\$0.05	\$0.60
IP HOSP - MATERNITY	\$4.55	\$0.44	\$96.10	\$0.00	\$0.00	\$0.00	\$1.12	\$4.16
IP HOSP - MEDICAL/SURGICAL	\$11.75	\$370.46	\$10.23	\$44.45	\$44.45	\$14.02	\$12.96	\$42.18
IP HOSP - NEWBORN	\$9.33	\$0.00	\$0.84	\$293.54	\$293.54	\$0.06	\$0.01	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	\$1.45	\$13.28	\$11.66	\$2.52	\$2.52	\$0.41	\$0.69	\$2.46
LAB & RAD - LAB	\$1.37	\$5.50	\$10.13	\$0.47	\$0.47	\$0.27	\$0.53	\$1.65
LAB & RAD - THERAPEUTIC X-RAY	\$0.04	\$2.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.10
OP HOSP - BASIC	\$24.00	\$179.73	\$25.47	\$26.11	\$26.11	\$14.65	\$15.15	\$40.16
OP HOSP - MATERNITY	\$0.70	\$0.05	\$24.37	\$0.01	\$0.01	\$0.00	\$0.18	\$0.54
OP HOSP - SOMATIC MH	\$0.42	\$4.72	\$0.20	\$0.01	\$0.01	\$0.10	\$0.25	\$0.62
OTH MED - DME/SUPPLIES	\$0.45	\$25.59	\$0.77	\$1.66	\$1.66	\$0.31	\$0.16	\$0.67
OTH MED - HHC/HOSPICE/PDN	\$0.12	\$13.14	\$0.04	\$0.21	\$0.21	\$0.01	\$0.02	\$0.30
OTH MED - MATERNITY MGT	\$0.70	\$0.03	\$16.81	\$0.00	\$0.00	\$0.00	\$0.12	\$0.16
PHYS CONSULTATION, IP & ER VISITS	\$2.25	\$28.12	\$4.41	\$16.97	\$16.97	\$1.34	\$1.23	\$3.36
PHYS HOME OR LONG-TERM CARE VISITS	\$0.02	\$1.46	\$2.19	\$0.06	\$0.06	\$0.00	\$0.00	\$0.02
PHYS MATERNITY	\$5.87	\$0.87	\$107.41	\$0.10	\$0.10	\$0.00	\$0.92	\$3.65
PHYS NEWBORN	\$0.85	\$0.00	\$0.04	\$23.21	\$23.21	\$0.01	\$0.00	\$0.00
PHYS OFFICE VISITS	\$15.28	\$30.07	\$7.27	\$43.16	\$43.16	\$8.66	\$7.59	\$10.09
PHYS OTHER	\$2.66	\$21.86	\$2.13	\$7.48	\$7.48	\$1.94	\$1.50	\$3.28
PHYS SOMATIC MH	\$1.46	\$17.26	\$0.39	\$0.07	\$0.07	\$0.14	\$0.91	\$1.64
POST - HOSP EXTENDED CARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRES DRUGS - BASIC	\$14.47	\$171.61	\$13.71	\$6.71	\$6.71	\$6.38	\$8.92	\$23.59
PRES DRUGS - FP	\$1.43	\$1.11	\$2.71	\$0.00	\$0.00	\$0.01	\$0.58	\$3.18
PRES DRUGS - MH/CD	\$6.54	\$123.79	\$4.32	\$0.06	\$0.06	\$0.07	\$1.49	\$12.85
PRES DRUGS - OP HOSP BASIC	\$1.66	\$20.38	\$1.49	\$1.88	\$1.88	\$0.89	\$1.06	\$3.20
PRES DRUGS - OP HOSP FP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FFS Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Including services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLM-Adult COST PMPM (trended)	CHIP Child 0 < 1 COST PMPM (trended)	PLM Child 0 < 1 COST PMPM (trended)	PLM & CHIP Child 1 - 5 COST PMPM (trended)	PLM & CHIP Child 6 - 18 COST PMPM (trended)	OHP Families COST PMPM (trended)
PRES DRUGS - OP HOSP MH/CD	\$0.04	\$0.79	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	\$0.08
SCHOOL-BASED HEALTH SERVICES	\$3.36	\$0.01	\$0.01	\$0.25	\$0.25	\$1.84	\$5.02	\$0.00
STERILIZATION - ANESTHESIA FEMALE	\$0.07	\$0.00	\$0.76	\$0.01	\$0.01	\$0.00	\$0.00	\$0.10
STERILIZATION - ANESTHESIA MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	\$0.91	\$0.00	\$10.75	\$0.00	\$0.00	\$0.00	\$0.01	\$0.62
STERILIZATION - IP HOSP MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	\$2.22	\$0.40	\$43.67	\$0.00	\$0.00	\$0.00	\$0.56	\$3.57
STERILIZATION - OP HOSP MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01
STERILIZATION - PHY FEMALE	\$0.07	\$0.00	\$1.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.05
STERILIZATION - PHY MALE	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.05
SURGERY	\$2.72	\$36.95	\$2.54	\$4.32	\$4.32	\$1.23	\$2.07	\$7.05
TARGETED CASE MAN - BABIES FIRST	\$1.06	\$0.00	\$0.00	\$7.45	\$7.45	\$0.82	\$0.00	\$0.00
TARGETED CASE MAN - HIV	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP	\$0.00	\$0.00	\$0.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01
THERAPEUTIC ABORTION - OP HOSP	\$0.20	\$0.02	\$2.84	\$0.00	\$0.00	\$0.00	\$0.06	\$0.25
THERAPEUTIC ABORTION - PHYS	\$0.52	\$0.10	\$6.41	\$0.00	\$0.00	\$0.00	\$0.19	\$0.71
TOBACCO CES-IP HSP	\$0.10	\$1.13	\$0.49	\$0.00	\$0.00	\$0.00	\$0.03	\$0.22
TOBACCO CES-OP HSP	\$0.07	\$0.41	\$0.10	\$0.00	\$0.00	\$0.00	\$0.01	\$0.13
TOBACCO CES-PHYS	\$0.03	\$0.22	\$0.02	\$0.00	\$0.00	\$0.00	\$0.01	\$0.05
TOBACCO CES-PRES DRUGS	\$0.24	\$1.37	\$0.14	\$0.00	\$0.00	\$0.00	\$0.03	\$0.48
TRANSPORTATION - AMBULANCE	\$0.76	\$16.63	\$0.36	\$0.33	\$0.33	\$0.08	\$0.63	\$1.46
TRANSPORTATION - OTHER	\$0.94	\$26.73	\$0.53	\$0.08	\$0.08	\$0.05	\$0.10	\$0.74
VISION CARE - EXAMS & THERAPY	\$0.60	\$1.17	\$0.36	\$0.08	\$0.08	\$0.10	\$0.46	\$0.56
VISION CARE - MATERIALS & FITTING	\$0.64	\$1.46	\$0.47	\$0.01	\$0.01	\$0.08	\$0.56	\$0.69
<b>Total</b>	<b>\$127.53</b>	<b>\$1,144.49</b>	<b>\$431.72</b>	<b>\$482.80</b>	<b>\$482.80</b>	<b>\$54.58</b>	<b>\$68.15</b>	<b>\$184.66</b>
<b>CHEMICAL DEPENDENCY</b>								
CD SERVICES - METHADONE	\$0.27	\$4.99	\$0.31	\$0.00	\$0.00	\$0.00	\$0.00	\$1.07
CD SERVICES - OP	\$3.22	\$16.17	\$1.83	\$0.00	\$0.00	\$0.01	\$1.15	\$4.22
<b>Total</b>	<b>\$3.50</b>	<b>\$21.16</b>	<b>\$2.15</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.01</b>	<b>\$1.15</b>	<b>\$5.29</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FFS Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Including services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF COST PMPM (trended)	GA COST PMPM (trended)	PLM-Adult COST PMPM (trended)	CHIP Child 0 < 1 COST PMPM (trended)	PLM Child 0 < 1 COST PMPM (trended)	PLM & CHIP Child 1 - 5 COST PMPM (trended)	PLM & CHIP Child 6 - 18 COST PMPM (trended)	OHP Families COST PMPM (trended)
<b>DENTAL</b>								
DENTAL - ADJUNCTIVE GENERAL	\$0.06	\$0.03	\$0.02	\$0.00	\$0.00	\$0.06	\$0.03	\$0.05
DENTAL - ANESTHESIA SURGICAL	\$0.02	\$0.01	\$0.00	\$0.00	\$0.00	\$0.03	\$0.03	\$0.02
DENTAL - DIAGNOSTIC	\$0.54	\$0.55	\$0.28	\$0.00	\$0.00	\$0.26	\$0.42	\$0.53
DENTAL - ENDODONTICS	\$0.18	\$0.12	\$0.08	\$0.00	\$0.00	\$0.24	\$0.10	\$0.19
DENTAL - I/P FIXED	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - MAXILLOFACIAL PROS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	\$0.34	\$0.44	\$0.14	\$0.00	\$0.00	\$0.11	\$0.21	\$0.51
DENTAL - ORTHODONTICS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - PERIODONTICS	\$0.04	\$0.11	\$0.04	\$0.00	\$0.00	\$0.00	\$0.01	\$0.13
DENTAL - PREVENTIVE	\$0.26	\$0.08	\$0.06	\$0.00	\$0.00	\$0.15	\$0.38	\$0.09
DENTAL - PROS REMOVABLE	\$0.05	\$0.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.11
DENTAL - RESTORATIVE	\$0.59	\$0.35	\$0.21	\$0.00	\$0.00	\$0.47	\$0.52	\$0.52
DENTAL - TOBACCO CES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$2.08</b>	<b>\$2.29</b>	<b>\$0.83</b>	<b>\$0.01</b>	<b>\$0.01</b>	<b>\$1.31</b>	<b>\$1.71</b>	<b>\$2.15</b>
<b>MENTAL HEALTH</b>								
MH SERVICES ACUTE INPATIENT	\$1.10	\$41.24	\$0.84	\$0.09	\$0.09	\$0.02	\$2.27	\$3.10
MH SERVICES ASSESS & EVAL	\$2.12	\$11.06	\$0.64	\$0.02	\$0.02	\$0.35	\$1.07	\$1.12
MH SERVICES CASE MANAGEMENT	\$0.25	\$10.99	\$0.05	\$0.00	\$0.00	\$0.03	\$0.24	\$0.16
MH SERVICES CONSULTATION	\$0.36	\$2.79	\$0.07	\$0.00	\$0.00	\$0.04	\$0.23	\$0.05
MH SERVICES ANCILLARY SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	\$0.48	\$12.28	\$0.10	\$0.00	\$0.00	\$0.02	\$0.20	\$0.47
MH SERVICES MHDDSD ALTERNATIVE TO IP	\$0.01	\$4.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.10
MH SERVICES MHDDSD FAMILY SUPPORT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES OP THERAPY	\$7.33	\$41.84	\$1.42	\$0.02	\$0.02	\$1.08	\$4.46	\$2.27
MH SERVICES OTHER OP	\$0.01	\$0.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES PHYS IP	\$0.04	\$1.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.04	\$0.06
MH SERVICES PHYS OP	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES SUPPORT DAY PROGRAM	\$1.62	\$49.46	\$0.11	\$0.00	\$0.00	\$0.23	\$1.12	\$0.33
MH SERVICES - CATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.22	\$0.00
MH SERVICES - DARTS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES - JCAHO	\$0.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.36	\$0.00
<b>Total</b>	<b>\$13.69</b>	<b>\$176.10</b>	<b>\$3.24</b>	<b>\$0.14</b>	<b>\$0.14</b>	<b>\$1.77</b>	<b>\$10.24</b>	<b>\$7.68</b>
<b>TOTAL ALL</b>	<b>\$146.80</b>	<b>\$1,344.05</b>	<b>\$437.93</b>	<b>\$482.94</b>	<b>\$482.94</b>	<b>\$57.67</b>	<b>\$81.25</b>	<b>\$199.78</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FFS Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Including services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	OHP Adults & Couples COST PMPM (trended)	AB/AD Med COST PMPM (trended)	AB/AD w/o Med COST PMPM (trended)	OAA w/Med COST PMPM (trended)	OAA w/o Med COST PMPM (trended)	SCF Children COST PMPM (trended)	CAWEM COST PMPM (trended)
<b>PHYSICAL HEALTH</b>							
ADMINISTRATIVE EXAMS	\$2.58	\$0.13	\$0.22	\$0.01	\$0.04	\$3.16	\$0.00
ANESTHESIA	\$9.13	\$1.06	\$5.85	\$0.32	\$20.74	\$1.43	\$2.40
EXCEPT NEEDS CARE COORDINATION	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - IP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - OP HOSP	\$0.03	\$0.01	\$0.03	\$0.00	\$0.00	\$0.02	\$0.00
FP - PHYS	\$3.21	\$0.44	\$0.81	\$0.00	\$0.00	\$0.61	\$0.00
HYSTERECTOMY - ANESTHESIA	\$0.10	\$0.03	\$0.05	\$0.00	\$0.00	\$0.00	\$0.01
HYSTERECTOMY - IP HOSP	\$1.99	\$0.10	\$0.77	\$0.01	\$0.00	\$0.00	\$0.25
HYSTERECTOMY - OP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYSTERECTOMY - PHYS	\$0.28	\$0.06	\$0.11	\$0.01	\$0.00	\$0.00	\$0.02
IP HOSP - ACUTE DETOX	\$3.38	\$0.05	\$0.50	\$0.00	\$1.99	\$0.24	\$0.03
IP HOSP - MATERNITY	\$1.32	\$0.03	\$0.65	\$0.00	\$0.00	\$0.23	\$24.45
IP HOSP - MEDICAL/SURGICAL	\$146.07	\$6.18	\$120.02	\$6.43	\$369.08	\$15.83	\$17.23
IP HOSP - NEWBORN	\$0.00	\$0.01	\$0.38	\$0.00	\$0.00	\$5.02	\$0.10
LAB & RAD - DIAGNOSTIC X-RAY	\$7.32	\$0.70	\$5.53	\$0.40	\$9.18	\$0.96	\$0.40
LAB & RAD - LAB	\$2.99	\$0.29	\$4.55	\$0.13	\$4.55	\$0.87	\$0.17
LAB & RAD - THERAPEUTIC X-RAY	\$0.56	\$0.05	\$0.52	\$0.02	\$1.72	\$0.00	\$0.02
OP HOSP - BASIC	\$95.01	\$32.66	\$120.03	\$7.51	\$139.55	\$19.50	\$6.83
OP HOSP - MATERNITY	\$0.31	\$0.01	\$0.13	\$0.00	\$0.00	\$0.10	\$0.32
OP HOSP - SOMATIC MH	\$1.79	\$0.27	\$2.18	\$0.06	\$1.64	\$1.40	\$0.01
OTH MED - DME/SUPPLIES	\$3.43	\$20.39	\$52.20	\$18.17	\$62.22	\$14.14	\$0.01
OTH MED - HHC/HOSPICE/PDN	\$1.28	\$0.86	\$13.41	\$0.28	\$6.80	\$0.08	\$0.00
OTH MED - MATERNITY MGT	\$0.08	\$0.05	\$0.10	\$0.00	\$0.00	\$0.04	\$0.01
PHYS CONSULTATION, IP & ER VISITS	\$12.01	\$0.53	\$10.75	\$0.31	\$20.90	\$1.85	\$0.75
PHYS HOME OR LONG-TERM CARE VISITS	\$0.06	\$0.15	\$0.55	\$0.32	\$5.68	\$0.07	\$0.00
PHYS MATERNITY	\$1.51	\$0.27	\$0.96	\$0.00	\$0.00	\$0.46	\$11.20
PHYS NEWBORN	\$0.00	\$0.00	\$0.05	\$0.00	\$0.00	\$0.34	\$0.02
PHYS OFFICE VISITS	\$17.93	\$3.77	\$15.87	\$1.19	\$37.74	\$7.10	\$0.10
PHYS OTHER	\$8.27	\$2.60	\$14.12	\$2.26	\$29.57	\$3.35	\$0.10
PHYS SOMATIC MH	\$4.55	\$1.57	\$4.91	\$0.27	\$6.02	\$2.37	\$0.01
POST - HOSP EXTENDED CARE	\$0.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRES DRUGS - BASIC	\$46.42	\$275.58	\$181.57	\$210.21	\$927.93	\$31.33	\$0.03
PRES DRUGS - FP	\$1.44	\$1.82	\$1.49	\$0.01	\$0.09	\$0.48	\$0.00
PRES DRUGS - MH/CD	\$23.43	\$131.11	\$99.89	\$38.46	\$72.11	\$27.09	\$0.00
PRES DRUGS - OP HOSP BASIC	\$9.36	\$5.96	\$11.73	\$0.68	\$10.65	\$1.24	\$0.57
PRES DRUGS - OP HOSP FP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FFS Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Including services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	OHP Adults & Couples COST PMPM (trended)	AB/AD Med COST PMPM (trended)	AB/AD w/o Med COST PMPM (trended)	OAA w/Med COST PMPM (trended)	OAA w/o Med COST PMPM (trended)	SCF Children COST PMPM (trended)	CAWEM COST PMPM (trended)
PRES DRUGS - OP HOSP MH/CD	\$0.20	\$0.18	\$0.43	\$0.05	\$0.25	\$0.03	\$0.00
SCHOOL-BASED HEALTH SERVICES	\$0.02	\$0.23	\$23.63	\$0.00	\$0.00	\$25.94	\$0.00
STERILIZATION - ANESTHESIA FEMALE	\$0.01	\$0.02	\$0.01	\$0.00	\$0.00	\$0.00	\$0.19
STERILIZATION - ANESTHESIA MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	\$0.12	\$0.02	\$0.10	\$0.00	\$0.00	\$0.00	\$2.85
STERILIZATION - IP HOSP MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	\$1.48	\$0.06	\$0.58	\$0.00	\$0.00	\$0.28	\$2.38
STERILIZATION - OP HOSP MALE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - PHY FEMALE	\$0.01	\$0.01	\$0.01	\$0.00	\$0.00	\$0.00	\$0.13
STERILIZATION - PHY MALE	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SURGERY	\$21.76	\$2.32	\$14.45	\$1.08	\$36.58	\$2.33	\$1.81
TARGETED CASE MAN - BABIES FIRST	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.38	\$0.00
TARGETED CASE MAN - HIV	\$0.01	\$0.04	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01
THERAPEUTIC ABORTION - OP HOSP	\$0.16	\$0.01	\$0.05	\$0.00	\$0.00	\$0.01	\$0.11
THERAPEUTIC ABORTION - PHYS	\$0.34	\$0.03	\$0.06	\$0.00	\$0.00	\$0.04	\$0.05
TOBACCO CES-IP HSP	\$0.85	\$0.03	\$0.27	\$0.01	\$0.43	\$0.05	\$0.02
TOBACCO CES-OP HSP	\$0.38	\$0.03	\$0.15	\$0.01	\$0.04	\$0.01	\$0.00
TOBACCO CES-PHYS	\$0.07	\$0.02	\$0.05	\$0.00	\$0.00	\$0.02	\$0.00
TOBACCO CES-PRES DRUGS	\$0.76	\$0.95	\$0.64	\$0.24	\$1.49	\$0.03	\$0.00
TRANSPORTATION - AMBULANCE	\$5.43	\$9.72	\$9.20	\$7.59	\$52.06	\$0.10	\$0.05
TRANSPORTATION - OTHER	\$4.49	\$8.67	\$6.94	\$5.04	\$11.90	\$2.88	\$0.00
VISION CARE - EXAMS & THERAPY	\$0.87	\$0.49	\$0.91	\$0.23	\$3.90	\$0.56	\$0.00
VISION CARE - MATERIALS & FITTING	\$1.09	\$0.87	\$1.09	\$0.52	\$3.52	\$0.71	\$0.00
<b>Total</b>	<b>\$444.01</b>	<b>\$510.47</b>	<b>\$728.95</b>	<b>\$301.83</b>	<b>\$1,838.40</b>	<b>\$172.67</b>	<b>\$72.64</b>
<b>CHEMICAL DEPENDENCY</b>							
CD SERVICES - METHADONE	\$3.41	\$0.78	\$1.00	\$0.01	\$0.00	\$0.00	\$0.00
CD SERVICES - OP	\$16.87	\$1.77	\$2.13	\$0.02	\$0.18	\$4.04	\$0.00
<b>Total</b>	<b>\$20.29</b>	<b>\$2.56</b>	<b>\$3.13</b>	<b>\$0.03</b>	<b>\$0.18</b>	<b>\$4.04</b>	<b>\$0.00</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Calculation of FFS Monthly Per Capita Cost for October 2001 through September 2003**  
**through Line 566 of the Prioritized List**  
**Including services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	OHP Adults & Couples COST PMPM (trended)	AB/AD Med COST PMPM (trended)	AB/AD w/o Med COST PMPM (trended)	OAA w/Med COST PMPM (trended)	OAA w/o Med COST PMPM (trended)	SCF Children COST PMPM (trended)	CAWEM COST PMPM (trended)
<b>DENTAL</b>							
DENTAL - ADJUNCTIVE GENERAL	\$0.06	\$0.05	\$0.05	\$0.04	\$0.14	\$0.03	\$0.00
DENTAL - ANESTHESIA SURGICAL	\$0.02	\$0.02	\$0.03	\$0.00	\$0.00	\$0.04	\$0.00
DENTAL - DIAGNOSTIC	\$0.61	\$0.48	\$0.48	\$0.20	\$0.64	\$0.65	\$0.00
DENTAL - ENDODONTICS	\$0.18	\$0.07	\$0.14	\$0.02	\$0.00	\$0.14	\$0.00
DENTAL - I/P FIXED	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - MAXILLOFACIAL PROS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	\$0.82	\$0.48	\$0.45	\$0.14	\$1.43	\$0.20	\$0.00
DENTAL - ORTHODONTICS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - PERIODONTICS	\$0.10	\$0.16	\$0.09	\$0.02	\$0.11	\$0.02	\$0.00
DENTAL - PREVENTIVE	\$0.06	\$0.15	\$0.26	\$0.03	\$0.03	\$0.66	\$0.00
DENTAL - PROS REMOVABLE	\$0.20	\$0.44	\$0.26	\$0.64	\$2.44	\$0.00	\$0.00
DENTAL - RESTORATIVE	\$0.43	\$0.48	\$0.62	\$0.11	\$0.58	\$0.79	\$0.00
DENTAL - TOBACCO CES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$2.49</b>	<b>\$2.34</b>	<b>\$2.38</b>	<b>\$1.21</b>	<b>\$5.36</b>	<b>\$2.52</b>	<b>\$0.01</b>
<b>MENTAL HEALTH</b>							
MH SERVICES ACUTE INPATIENT	\$16.82	\$1.54	\$15.03	\$0.07	\$0.52	\$16.69	\$0.47
MH SERVICES ASSESS & EVAL	\$3.48	\$2.59	\$4.10	\$0.32	\$0.68	\$5.94	\$0.00
MH SERVICES CASE MANAGEMENT	\$0.77	\$5.40	\$3.55	\$0.33	\$0.58	\$2.12	\$0.00
MH SERVICES CONSULTATION	\$0.24	\$1.75	\$1.47	\$0.29	\$0.37	\$3.76	\$0.00
MH SERVICES ANCILLARY SERVICES	\$0.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00
MH SERVICES MED MANAGEMENT	\$1.50	\$6.96	\$7.75	\$0.59	\$2.21	\$1.61	\$0.00
MH SERVICES MHDDSD ALTERNATIVE TO IP	\$0.58	\$4.19	\$1.87	\$0.15	\$0.00	\$0.00	\$0.00
MH SERVICES MHDDSD FAMILY SUPPORT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES OP THERAPY	\$5.11	\$12.73	\$17.17	\$0.96	\$1.51	\$38.67	\$0.00
MH SERVICES OTHER OP	\$0.01	\$0.03	\$0.04	\$0.01	\$0.01	\$0.05	\$0.00
MH SERVICES PHYS IP	\$0.32	\$0.17	\$0.47	\$0.09	\$0.48	\$0.57	\$0.01
MH SERVICES PHYS OP	\$0.00	\$0.04	\$0.06	\$0.06	\$0.07	\$0.01	\$0.00
MH SERVICES SUPPORT DAY PROGRAM	\$2.38	\$62.25	\$41.05	\$2.60	\$11.68	\$25.81	\$0.00
MH SERVICES - CATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48.45	\$0.00
MH SERVICES - DARTS	\$0.00	\$0.00	\$4.70	\$0.00	\$0.00	\$33.86	\$0.00
MH SERVICES - JCAHO	\$0.00	\$0.00	\$3.25	\$0.00	\$0.00	\$114.71	\$0.00
<b>Total</b>	<b>\$31.20</b>	<b>\$97.69</b>	<b>\$100.52</b>	<b>\$5.48</b>	<b>\$18.11</b>	<b>\$292.26</b>	<b>\$0.49</b>
<b>TOTAL ALL</b>	<b>\$497.97</b>	<b>\$613.06</b>	<b>\$834.98</b>	<b>\$308.55</b>	<b>\$1,862.05</b>	<b>\$471.50</b>	<b>\$73.13</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Summary Monthly Per Capita Cost Trended to October 2001 - September 2003**  
**By Delivery System Through Line 566 of the Prioritized List**

<b>PHYSICAL HEALTH</b>	<b>FCHP PER CAPITA RATE</b>	<b>FCHP FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$122.74	\$12.99	\$127.53
General Assistance	\$596.10	\$161.84	\$1,144.49
PLM Adults	\$609.05	\$14.39	\$431.72
CHIP Child 0 < 1	\$255.63	\$7.85	\$482.80
Poverty Level Medical Child 0 < 1	\$255.63	\$7.85	\$482.80
Poverty Level Medical & CHIP Child 1 - 5	\$50.47	\$2.79	\$54.58
Poverty Level Medical & CHIP Child 6 - 18	\$48.55	\$6.93	\$68.15
OHP Families	\$141.81	\$14.84	\$184.66
OHP Adults & Couples	\$230.85	\$31.23	\$444.01
Aid to the Blind/Aid to the Disabled with Medicare	\$310.61	\$140.42	\$510.47
Aid to the Blind/Aid to the Disabled w/o Medicare	\$462.17	\$131.67	\$728.95
Old Age Assistance with Medicare	\$293.77	\$43.56	\$301.83
Old Age Assistance w/o Medicare	\$543.87	\$84.30	\$1,838.40
SCF Children	\$90.01	\$59.53	\$172.67
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$72.64

<b>CHEMICAL DEPENDENCY</b>	<b>FCHP PER CAPITA RATE</b>	<b>FCHP FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$4.68		\$3.50
General Assistance	\$32.17		\$21.16
PLM Adults	\$2.56		\$2.15
CHIP Child 0 < 1	\$0.00		\$0.00
Poverty Level Medical Child 0 < 1	\$0.00		\$0.00
Poverty Level Medical & CHIP Child 1 - 5	\$0.01		\$0.01
Poverty Level Medical & CHIP Child 6 - 18	\$0.90		\$1.15
OHP Families	\$5.26		\$5.29
OHP Adults & Couples	\$19.42		\$20.29
Aid to the Blind/Aid to the Disabled with Medicare	\$3.01		\$2.56
Aid to the Blind/Aid to the Disabled w/o Medicare	\$5.71		\$3.13
Old Age Assistance with Medicare	\$0.05		\$0.03
Old Age Assistance w/o Medicare	\$0.01		\$0.18
SCF Children	\$6.38		\$4.04
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00		\$0.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Summary Monthly Per Capita Cost Trended to October 2001 - September 2003**  
**By Delivery System Through Line 566 of the Prioritized List**

<b>DENTAL</b>	<b>FCHP PER CAPITA RATE</b>	<b>FCHP FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$17.04		\$2.08
General Assistance	\$31.00		\$2.29
PLM Adults	\$16.25		\$0.83
CHIP Child 0 < 1	\$0.08		\$0.01
Poverty Level Medical Child 0 < 1	\$0.08		\$0.01
Poverty Level Medical & CHIP Child 1 - 5	\$15.13		\$1.31
Poverty Level Medical & CHIP Child 6 - 18	\$18.61		\$1.71
OHP Families	\$27.38		\$2.15
OHP Adults & Couples	\$32.39		\$2.49
Aid to the Blind/Aid to the Disabled with Medicare	\$19.88		\$2.34
Aid to the Blind/Aid to the Disabled w/o Medicare	\$19.31		\$2.38
Old Age Assistance with Medicare	\$12.63		\$1.21
Old Age Assistance w/o Medicare	\$52.14		\$5.36
SCF Children	\$14.90		\$2.52
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00		\$0.01

<b>MENTAL HEALTH</b>	<b>FCHP PER CAPITA RATE</b>	<b>FCHP FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$15.17	\$0.35	\$13.69
General Assistance	\$182.89	\$0.00	\$176.10
PLM Adults	\$5.03	\$0.00	\$3.24
CHIP Child 0 < 1	\$0.02	\$0.00	\$0.14
Poverty Level Medical Child 0 < 1	\$0.02	\$0.00	\$0.14
Poverty Level Medical & CHIP Child 1 - 5	\$11.15	\$0.00	\$1.77
Poverty Level Medical & CHIP Child 6 - 18	\$11.08	\$0.58	\$10.24
OHP Families	\$8.97	\$0.00	\$7.68
OHP Adults & Couples	\$23.81	\$0.00	\$31.20
Aid to the Blind/Aid to the Disabled with Medicare	\$119.03	\$0.00	\$97.69
Aid to the Blind/Aid to the Disabled w/o Medicare	\$103.90	\$7.96	\$100.52
Old Age Assistance with Medicare	\$8.97	\$0.00	\$5.48
Old Age Assistance w/o Medicare	\$39.86	\$0.00	\$18.11
SCF Children	\$123.42	\$197.02	\$292.26
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.49

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Summary Monthly Per Capita Cost Trended to October 2001 - September 2003**  
**By Delivery System Through Line 566 of the Prioritized List**

<b>PHYSICAL HEALTH, DENTAL, &amp; CHEMICAL DEPENDENCY</b>	<b>FCHP PER CAPITA RATE</b>	<b>FCHP FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$144.45	\$12.99	\$133.11
General Assistance	\$659.27	\$161.84	\$1,167.95
PLM Adults	\$627.87	\$14.39	\$434.69
CHIP Child 0 < 1	\$255.72	\$7.85	\$482.80
Poverty Level Medical Child 0 < 1	\$255.72	\$7.85	\$482.80
Poverty Level Medical & CHIP Child 1 - 5	\$65.60	\$2.79	\$55.90
Poverty Level Medical & CHIP Child 6 - 18	\$68.06	\$6.93	\$71.01
OHP Families	\$174.46	\$14.84	\$192.11
OHP Adults & Couples	\$282.66	\$31.23	\$466.78
Aid to the Blind/Aid to the Disabled with Medicare	\$333.51	\$140.42	\$515.37
Aid to the Blind/Aid to the Disabled w/o Medicare	\$487.19	\$131.67	\$734.46
Old Age Assistance with Medicare	\$306.44	\$43.56	\$303.06
Old Age Assistance w/o Medicare	\$596.02	\$84.30	\$1,843.94
SCF Children	\$111.30	\$59.53	\$179.24
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$72.64

<b>PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY + ADMIN</b>	<b>FCHP PER CAPITA RATE</b>	<b>FCHP FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$157.01	\$12.99	\$133.78
General Assistance	\$716.60	\$161.84	\$1,168.50
PLM Adults	\$682.47	\$14.39	\$434.95
CHIP Child 0 < 1	\$277.95	\$7.85	\$483.62
Poverty Level Medical Child 0 < 1	\$277.95	\$7.85	\$483.40
Poverty Level Medical & CHIP Child 1 - 5	\$71.30	\$2.79	\$56.51
Poverty Level Medical & CHIP Child 6 - 18	\$73.98	\$6.93	\$71.58
OHP Families	\$189.63	\$14.84	\$192.50
OHP Adults & Couples	\$307.24	\$31.23	\$467.32
Aid to the Blind/Aid to the Disabled with Medicare	\$362.51	\$140.42	\$516.60
Aid to the Blind/Aid to the Disabled w/o Medicare	\$529.56	\$131.67	\$735.69
Old Age Assistance with Medicare	\$333.09	\$43.56	\$304.36
Old Age Assistance w/o Medicare	\$647.84	\$84.30	\$1,845.24
SCF Children	\$120.98	\$59.53	\$179.95
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$72.64

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Summary Monthly Per Capita Cost Trended to October 2001 - September 2003**  
**By Delivery System Through Line 566 of the Prioritized List**

<b>PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY, &amp; MENTAL HEALTH</b>	<b>FCHP PER CAPITA RATE</b>	<b>FCHP FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$159.62	\$13.33	\$146.80
General Assistance	\$842.16	\$161.84	\$1,344.05
PLM Adults	\$632.90	\$14.39	\$437.93
CHIP Child 0 < 1	\$255.74	\$7.85	\$482.94
Poverty Level Medical Child 0 < 1	\$255.74	\$7.85	\$482.94
Poverty Level Medical & CHIP Child 1 - 5	\$76.75	\$2.79	\$57.67
Poverty Level Medical & CHIP Child 6 - 18	\$79.14	\$7.51	\$81.25
OHP Families	\$183.43	\$14.84	\$199.78
OHP Adults & Couples	\$306.47	\$31.23	\$497.97
Aid to the Blind/Aid to the Disabled with Medicare	\$452.54	\$140.42	\$613.06
Aid to the Blind/Aid to the Disabled w/o Medicare	\$591.09	\$139.63	\$834.98
Old Age Assistance with Medicare	\$315.42	\$43.56	\$308.55
Old Age Assistance w/o Medicare	\$635.87	\$84.30	\$1,862.05
SCF Children	\$234.72	\$256.55	\$471.50
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$73.13

<b>HEALTH CARE EXPENSE PLUS ADMINISTRATION</b>	<b>FCHP PER CAPITA RATE</b>	<b>FCHP FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE *</b>
Temporary Assistance to Needy Families	\$173.50	\$13.33	\$147.47
General Assistance	\$915.39	\$161.84	\$1,344.60
PLM Adults	\$687.94	\$14.39	\$438.19
CHIP Child 0 < 1	\$277.98	\$7.85	\$483.76
Poverty Level Medical Child 0 < 1	\$277.98	\$7.85	\$483.54
Poverty Level Medical & CHIP Child 1 - 5	\$83.42	\$2.79	\$58.28
Poverty Level Medical & CHIP Child 6 - 18	\$86.02	\$7.51	\$81.81
OHP Families	\$199.38	\$14.84	\$200.18
OHP Adults & Couples	\$333.12	\$31.23	\$498.51
Aid to the Blind/Aid to the Disabled with Medicare	\$491.89	\$140.42	\$614.29
Aid to the Blind/Aid to the Disabled w/o Medicare	\$642.49	\$139.63	\$836.21
Old Age Assistance with Medicare	\$342.84	\$43.56	\$309.84
Old Age Assistance w/o Medicare	\$691.17	\$84.30	\$1,863.35
SCF Children	\$255.13	\$256.55	\$472.22
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$73.13

\* A PCCM case management fee is applied to the portion of FFS population covered by case management.

Note: FCHP refers to a Fully Capitated Health Plan, FFS refers to Fee-For-Service, and PCCM refers to a Primary Care Case Manager.

**OREGON BASIC HEALTH SERVICES PROGRAM**

**Exhibit 9-A**

**Expected Distribution of Enrollees by Eligibility Category and Delivery System**

**Physical Health Services**

**For 2002/03 Rate Setting**

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		FCHP	FFS/PCCM	Total
Temporary Assistance to Needy Families	20.4%	75.01%	24.99%	100.00%
General Assistance	0.8%	74.00%	26.00%	100.00%
PLM Adults	2.0%	76.34%	23.66%	100.00%
CHIP Child 0 < 1	0.1%	91.58%	8.42%	100.00%
Poverty Level Medical Child 0 < 1	3.4%	74.55%	25.45%	100.00%
Poverty Level Medical & CHIP Child 1 - 5	9.5%	76.46%	23.54%	100.00%
Poverty Level Medical & CHIP Child 6 - 18	15.1%	73.93%	26.07%	100.00%
OHP Families	9.0%	76.10%	23.90%	100.00%
OHP Adults & Couples	11.2%	81.24%	18.76%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.1%	72.33%	27.67%	100.00%
Aid to the Blind/Aid to the Disabled w/o Medicare	8.7%	72.33%	27.67%	100.00%
Old Age Assistance with Medicare	7.8%	58.98%	41.02%	100.00%
Old Age Assistance w/o Medicare	0.3%	58.98%	41.02%	100.00%
SCF Children	3.7%	61.61%	38.39%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.1%	0.00%	100.00%	100.00%
	100.0%			

**AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM**

**For 2002/03 Rate Setting**

Eligibility Category	DELIVERY SYSTEM *		
	FCHP	FFS/PCCM	Total
Temporary Assistance to Needy Families	15.30%	5.10%	20.39%
General Assistance	0.56%	0.20%	0.76%
PLM Adults	1.49%	0.46%	1.95%
CHIP Child 0 < 1	0.10%	0.01%	0.11%
Poverty Level Medical Child 0 < 1	2.54%	0.87%	3.41%
Poverty Level Medical & CHIP Child 1 - 5	7.24%	2.23%	9.47%
Poverty Level Medical & CHIP Child 6 - 18	11.16%	3.93%	15.09%
OHP Families	6.86%	2.15%	9.01%
OHP Adults & Couples	9.09%	2.10%	11.19%
Aid to the Blind/Aid to the Disabled with Medicare	3.68%	1.41%	5.09%
Aid to the Blind/Aid to the Disabled w/o Medicare	6.29%	2.41%	8.70%
Old Age Assistance with Medicare	4.58%	3.18%	7.76%
Old Age Assistance w/o Medicare	0.17%	0.12%	0.29%
SCF Children	2.27%	1.41%	3.68%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	3.09%	3.09%
<b>Total</b>	<b>71.33%</b>	<b>28.67%</b>	<b>100.00%</b>

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

# OREGON BASIC HEALTH SERVICES PROGRAM

Exhibit 9-B

## Expected Distribution of Enrollees by Eligibility Category and Delivery System

### Dental Services

For 2002/03 Rate Setting

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		DCO	FFS/PCCM	Total
Temporary Assistance to Needy Families	20.4%	87.14%	12.86%	100.00%
General Assistance	0.8%	83.53%	16.47%	100.00%
PLM Adults	2.0%	91.43%	8.57%	100.00%
CHIP Child 0 < 1	0.1%	92.68%	7.32%	100.00%
Poverty Level Medical Child 0 < 1	3.4%	84.92%	15.08%	100.00%
Poverty Level Medical & CHIP Child 1 - 5	9.5%	90.07%	9.93%	100.00%
Poverty Level Medical & CHIP Child 6 - 18	15.1%	89.94%	10.06%	100.00%
OHP Families	9.0%	90.10%	9.90%	100.00%
OHP Adults & Couples	11.2%	91.93%	8.07%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.1%	87.72%	12.28%	100.00%
Aid to the Blind/Aid to the Disabled w/o Medicare	8.7%	87.72%	12.28%	100.00%
Old Age Assistance with Medicare	7.8%	88.51%	11.49%	100.00%
Old Age Assistance w/o Medicare	0.3%	88.51%	11.49%	100.00%
SCF Children	3.7%	73.96%	26.04%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.1%	0.00%	100.00%	100.00%
	100.0%			

### AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM

For 2002/03 Rate Setting

Eligibility Category	DELIVERY SYSTEM *		
	DCO	FFS/PCCM	Total
Temporary Assistance to Needy Families	17.77%	2.62%	20.39%
General Assistance	0.64%	0.13%	0.76%
PLM Adults	1.78%	0.17%	1.95%
CHIP Child 0 < 1	0.10%	0.01%	0.11%
Poverty Level Medical Child 0 < 1	2.90%	0.51%	3.41%
Poverty Level Medical & CHIP Child 1 - 5	8.53%	0.94%	9.47%
Poverty Level Medical & CHIP Child 6 - 18	13.57%	1.52%	15.09%
OHP Families	8.12%	0.89%	9.01%
OHP Adults & Couples	10.28%	0.90%	11.19%
Aid to the Blind/Aid to the Disabled with Medicare	4.46%	0.63%	5.09%
Aid to the Blind/Aid to the Disabled w/o Medicare	7.63%	1.07%	8.70%
Old Age Assistance with Medicare	6.87%	0.89%	7.76%
Old Age Assistance w/o Medicare	0.26%	0.03%	0.29%
SCF Children	2.72%	0.96%	3.68%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	3.09%	3.09%
Total	85.64%	14.36%	100.00%

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

**OREGON BASIC HEALTH SERVICES PROGRAM**

**Exhibit 9-C**

**Expected Distribution of Enrollees by Eligibility Category and Delivery System**

**Mental Health Services**

**For 2002/03 Rate Setting**

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		MHO	FFS/PCCM	Total
Temporary Assistance to Needy Families	20.4%	91.18%	8.82%	100.00%
General Assistance	0.8%	91.71%	8.29%	100.00%
PLM Adults	2.0%	85.44%	14.56%	100.00%
CHIP Child 0 < 1	0.1%	98.90%	1.10%	100.00%
Poverty Level Medical Child 0 < 1	3.4%	92.29%	7.71%	100.00%
Poverty Level Medical & CHIP Child 1 - 5	9.5%	85.37%	14.63%	100.00%
Poverty Level Medical & CHIP Child 6 - 18	15.1%	84.07%	15.93%	100.00%
OHP Families	9.0%	87.09%	12.91%	100.00%
OHP Adults & Couples	11.2%	89.70%	10.30%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.1%	94.29%	5.71%	100.00%
Aid to the Blind/Aid to the Disabled w/o Medicare	8.7%	94.33%	5.67%	100.00%
Old Age Assistance with Medicare	7.8%	79.33%	20.67%	100.00%
Old Age Assistance w/o Medicare	0.3%	75.52%	24.48%	100.00%
SCF Children	3.7%	79.40%	20.60%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	3.1%	0.00%	100.00%	100.00%
	100.0%			

**AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM**

**For 2002/03 Rate Setting**

Eligibility Category	DELIVERY SYSTEM *		
	MHO	FFS/PCCM	Total
Temporary Assistance to Needy Families	18.60%	1.80%	20.39%
General Assistance	0.70%	0.06%	0.76%
PLM Adults	1.67%	0.28%	1.95%
CHIP Child 0 < 1	0.11%	0.00%	0.11%
Poverty Level Medical Child 0 < 1	3.15%	0.26%	3.41%
Poverty Level Medical & CHIP Child 1 - 5	8.09%	1.39%	9.47%
Poverty Level Medical & CHIP Child 6 - 18	12.69%	2.40%	15.09%
OHP Families	7.84%	1.16%	9.01%
OHP Adults & Couples	10.04%	1.15%	11.19%
Aid to the Blind/Aid to the Disabled with Medicare	4.80%	0.29%	5.09%
Aid to the Blind/Aid to the Disabled w/o Medicare	8.21%	0.49%	8.70%
Old Age Assistance with Medicare	6.16%	1.60%	7.76%
Old Age Assistance w/o Medicare	0.22%	0.07%	0.29%
SCF Children	2.92%	0.76%	3.68%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	3.09%	3.09%
<b>Total</b>	<b>85.18%</b>	<b>14.82%</b>	<b>100.00%</b>

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-A

Average Per Capita Cost\* FFY 2002/2003

Through Line 566 of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System

Physical Health Services Including Administration

Eligibility Category	DELIVERY SYSTEM **		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$146.39	\$128.13	\$141.83
General Assistance	\$809.78	\$1,145.00	\$896.94
PLM Adults	\$676.41	\$431.96	\$618.57
CHIP Child 0 < 1	\$285.71	\$483.52	\$302.37
Poverty Level Medical Child 0 < 1	\$285.71	\$483.34	\$336.00
Poverty Level Medical & CHIP Child 1 - 5	\$57.64	\$55.13	\$57.05
Poverty Level Medical & CHIP Child 6 - 18	\$59.70	\$68.67	\$62.04
OHP Families	\$168.99	\$185.04	\$172.82
OHP Adults & Couples	\$282.15	\$444.50	\$312.61
Aid to the Blind/Aid to the Disabled with Medicare	\$478.04	\$511.49	\$487.30
Aid to the Blind/Aid to the Disabled w/o Medicare	\$634.03	\$729.97	\$660.58
Old Age Assistance with Medicare	\$362.87	\$302.89	\$338.27
Old Age Assistance w/o Medicare	\$675.46	\$1,839.46	\$1,152.93
SCF Children	\$157.37	\$173.31	\$163.49
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$72.64	\$72.64
<b>Total</b>			<b>\$245.05</b>

\* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-B

Average Per Capita Cost\* FFY 2002/2003

Through Line 566 of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System  
Dental Services Including Administration

Eligibility Category	DELIVERY SYSTEM **		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$18.52	\$2.08	\$16.40
General Assistance	\$33.69	\$2.29	\$28.52
PLM Adults	\$17.67	\$0.83	\$16.23
CHIP Child 0 < 1	\$0.09	\$0.01	\$0.08
Poverty Level Medical Child 0 < 1	\$0.09	\$0.01	\$0.08
Poverty Level Medical & CHIP Child 1 - 5	\$16.44	\$1.31	\$14.94
Poverty Level Medical & CHIP Child 6 - 18	\$20.23	\$1.71	\$18.37
OHP Families	\$29.77	\$2.15	\$27.03
OHP Adults & Couples	\$35.21	\$2.49	\$32.57
Aid to the Blind/Aid to the Disabled with Medicare	\$21.61	\$2.34	\$19.25
Aid to the Blind/Aid to the Disabled w/o Medicare	\$20.99	\$2.38	\$18.71
Old Age Assistance with Medicare	\$13.73	\$1.21	\$12.29
Old Age Assistance w/o Medicare	\$56.68	\$5.36	\$50.78
SCF Children	\$16.20	\$2.52	\$12.64
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.01	\$0.01
<b>Total</b>			<b>\$18.32</b>

\* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-C

Average Per Capita Cost\* FFY 2002/2003

Through Line 566 of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System  
Chemical Dependency Services Including Administration

Eligibility Category	DELIVERY SYSTEM **		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$5.08	\$3.50	\$4.69
General Assistance	\$34.97	\$21.16	\$31.38
PLM Adults	\$2.78	\$2.15	\$2.63
CHIP Child 0 < 1	\$0.00	\$0.00	\$0.00
Poverty Level Medical Child 0 < 1	\$0.00	\$0.00	\$0.00
Poverty Level Medical & CHIP Child 1 - 5	\$0.01	\$0.01	\$0.01
Poverty Level Medical & CHIP Child 6 - 18	\$0.98	\$1.15	\$1.02
OHP Families	\$5.72	\$5.29	\$5.61
OHP Adults & Couples	\$21.11	\$20.29	\$20.96
Aid to the Blind/Aid to the Disabled with Medicare	\$3.27	\$2.56	\$3.08
Aid to the Blind/Aid to the Disabled w/o Medicare	\$6.20	\$3.13	\$5.35
Old Age Assistance with Medicare	\$0.05	\$0.03	\$0.04
Old Age Assistance w/o Medicare	\$0.01	\$0.18	\$0.08
SCF Children	\$6.94	\$4.04	\$5.83
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
<b>Total</b>			<b>\$5.09</b>

\* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-D

Average Per Capita Cost\* FFY 2002/2003

Through Line 566 of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System  
Mental Health Services Including Administration

Eligibility Category	DELIVERY SYSTEM **		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$16.84	\$13.69	\$16.56
General Assistance	\$198.79	\$176.10	\$196.91
PLM Adults	\$5.47	\$3.24	\$5.14
CHIP Child 0 < 1	\$0.02	\$0.14	\$0.02
Poverty Level Medical Child 0 < 1	\$0.02	\$0.14	\$0.03
Poverty Level Medical & CHIP Child 1 - 5	\$12.12	\$1.77	\$10.60
Poverty Level Medical & CHIP Child 6 - 18	\$12.62	\$10.24	\$12.24
OHP Families	\$9.75	\$7.68	\$9.48
OHP Adults & Couples	\$25.89	\$31.20	\$26.43
Aid to the Blind/Aid to the Disabled with Medicare	\$129.38	\$97.69	\$127.57
Aid to the Blind/Aid to the Disabled w/o Medicare	\$120.89	\$100.52	\$119.74
Old Age Assistance with Medicare	\$9.75	\$5.48	\$8.87
Old Age Assistance w/o Medicare	\$43.32	\$18.11	\$37.15
SCF Children	\$331.17	\$292.26	\$323.15
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.49	\$0.49
<b>Total</b>			<b>\$41.26</b>

\* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-E

Average Per Capita Cost\* FFY 2002/2003

Through Line 566 of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System

All Services Excluding Mental Health

Eligibility Category	DELIVERY SYSTEM **		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$169.99	\$133.71	\$162.92
General Assistance	\$878.44	\$1,168.45	\$956.85
PLM Adults	\$696.86	\$434.94	\$637.43
CHIP Child 0 < 1	\$285.80	\$483.52	\$302.45
Poverty Level Medical Child 0 < 1	\$285.80	\$483.34	\$336.08
Poverty Level Medical & CHIP Child 1 - 5	\$74.09	\$56.46	\$72.00
Poverty Level Medical & CHIP Child 6 - 18	\$80.91	\$71.53	\$81.43
OHP Families	\$204.47	\$192.48	\$205.47
OHP Adults & Couples	\$338.47	\$467.27	\$366.14
Aid to the Blind/Aid to the Disabled with Medicare	\$502.93	\$516.40	\$509.62
Aid to the Blind/Aid to the Disabled w/o Medicare	\$661.23	\$735.48	\$684.64
Old Age Assistance with Medicare	\$376.65	\$304.13	\$350.60
Old Age Assistance w/o Medicare	\$732.15	\$1,845.01	\$1,203.79
SCF Children	\$180.51	\$179.88	\$181.95
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$72.64	\$72.64
<b>Total</b>			<b>\$268.46</b>

\* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

Exhibit 10-F

Average Per Capita Cost\* FFY 2002/2003

Through Line 566 of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System

All Services

Eligibility Category	DELIVERY SYSTEM **		
	FCHP*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$186.83	\$147.40	\$179.48
General Assistance	\$1,077.23	\$1,344.56	\$1,153.76
PLM Adults	\$702.33	\$438.18	\$642.57
CHIP Child 0 < 1	\$285.82	\$483.66	\$302.48
Poverty Level Medical Child 0 < 1	\$285.82	\$483.48	\$336.11
Poverty Level Medical & CHIP Child 1 - 5	\$86.21	\$58.23	\$82.60
Poverty Level Medical & CHIP Child 6 - 18	\$93.53	\$81.77	\$93.67
OHP Families	\$214.22	\$200.16	\$214.95
OHP Adults & Couples	\$364.35	\$498.47	\$392.57
Aid to the Blind/Aid to the Disabled with Medicare	\$632.31	\$614.08	\$637.20
Aid to the Blind/Aid to the Disabled w/o Medicare	\$782.12	\$836.00	\$804.38
Old Age Assistance with Medicare	\$386.40	\$309.61	\$359.47
Old Age Assistance w/o Medicare	\$775.47	\$1,863.12	\$1,240.94
SCF Children	\$511.68	\$472.14	\$505.11
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$73.13	\$73.13
<b>Total</b>			<b>\$309.72</b>

\* Per capita cost is a combination of fee-for-service expenditures and capitation payments.

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

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

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	Any + Ancillary Services  Biopsies, Other Diagnostic Tests Diagnostic lab and x-ray services	Beginning of the List
Surgical treatment Dental and Mental Health Psychotherapy	001-779 V01-V82 except those listed under initial diagnosis	10000-69999 + Ancillary Services ADA Codes Mental Health CPT4 Codes  90000-99999 + Ancillary	Based on the number of line items with matching diagnosis and treatment pairs. Generally, all claims go to a single line.  Based on whether there is a matching medical treatment and the number of line items with the same range of ICD9 codes. Generally, 10% of medical claims are allocated to the surgical line item.
Medical treatment	001-779 V01-V82 except those listed under initial diagnosis	90000-99999 + Ancillary	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, 90% of the medical claims are allocated to the medical line item and 10% 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.
Ancillary services	Any	Lab tests other than diagnostic X-rays other than diagnostic Anesthesia Inpatient hospital Outpatient hospital Supplies Miscellaneous	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 percentage of total per capita cost made up by prescription drugs by eligibility category. For Mental Health and Chemical Dependency diagnosis/treatment lines, based on diagnosis for other services received at the same time

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost at Various Thresholds**  
**Fully Capitated Health Plan Costs through Line 566**

Threshold	Physical Health		Dental		Mental Health		Total FCHP	
	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
318	72.4%	\$152.81	68.6%	\$14.50	68.8%	\$24.63	71.6%	\$191.95
348	75.5%	\$159.19	71.5%	\$15.11	72.2%	\$25.86	74.7%	\$200.16
378	81.8%	\$172.53	78.3%	\$16.55	79.2%	\$28.39	81.2%	\$217.46
408	82.1%	\$173.31	78.7%	\$16.64	79.6%	\$28.52	81.5%	\$218.47
438	85.0%	\$179.43	82.1%	\$17.36	82.6%	\$29.58	84.5%	\$226.37
468	90.6%	\$191.22	87.7%	\$18.53	90.1%	\$32.26	90.3%	\$242.01
498	92.7%	\$195.67	90.4%	\$19.11	92.2%	\$33.03	92.5%	\$247.81
528	98.2%	\$207.27	97.9%	\$20.70	98.2%	\$35.18	98.2%	\$263.15
558	99.6%	\$210.22	99.4%	\$21.02	99.6%	\$35.67	99.6%	\$266.91
<b>566</b>	<b>100.0%</b>	<b>\$210.98</b>	<b>100.0%</b>	<b>\$21.14</b>	<b>100.0%</b>	<b>\$35.82</b>	<b>100.0%</b>	<b>\$267.94</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost at Various Thresholds**  
**Fully Capitated Health Plan - Fee-For-Service Costs through Line 566**

Threshold	Physical Health		Dental		Mental Health		Total FCHP/FFS	
	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
318	91.6%	\$32.24	100.0%	\$0.00	87.7%	\$6.74	90.9%	\$38.98
348	92.1%	\$32.41	100.0%	\$0.00	87.7%	\$6.74	91.3%	\$39.15
378	93.5%	\$32.90	100.0%	\$0.00	93.6%	\$7.20	93.5%	\$40.10
408	93.9%	\$33.05	100.0%	\$0.00	93.6%	\$7.20	93.9%	\$40.25
438	96.7%	\$34.01	100.0%	\$0.00	99.1%	\$7.62	97.1%	\$41.63
468	100.0%	\$35.17	100.0%	\$0.00	100.0%	\$7.69	100.0%	\$42.86
498	100.0%	\$35.17	100.0%	\$0.00	100.0%	\$7.69	100.0%	\$42.86
528	100.0%	\$35.18	100.0%	\$0.00	100.0%	\$7.69	100.0%	\$42.87
558	100.0%	\$35.18	100.0%	\$0.00	100.0%	\$7.69	100.0%	\$42.87
<b>566</b>	<b>100.0%</b>	<b>\$35.18</b>	<b>100.0%</b>	<b>\$0.00</b>	<b>100.0%</b>	<b>\$7.69</b>	<b>100.0%</b>	<b>\$42.87</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Per Capita Cost at Various Thresholds  
Fee-For-Service Costs through Line 566**

Threshold	Physical Health		Dental		Mental Health		Total FFS/PCCM	
	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
318	74.0%	\$192.64	70.7%	\$1.06	66.8%	\$18.91	73.3%	\$212.61
348	77.1%	\$200.45	73.6%	\$1.11	70.9%	\$20.07	76.4%	\$221.63
378	81.9%	\$213.15	79.3%	\$1.19	76.0%	\$21.51	81.3%	\$235.85
408	82.3%	\$214.00	79.6%	\$1.20	76.3%	\$21.61	81.7%	\$236.81
438	84.4%	\$219.61	82.1%	\$1.23	78.2%	\$22.14	83.8%	\$242.98
468	94.8%	\$246.54	93.8%	\$1.41	95.5%	\$27.04	94.8%	\$274.99
498	95.8%	\$249.21	95.1%	\$1.43	96.5%	\$27.33	95.9%	\$277.97
528	98.9%	\$257.39	98.9%	\$1.49	99.2%	\$28.09	99.0%	\$286.96
558	99.8%	\$259.68	99.7%	\$1.50	99.8%	\$28.26	99.8%	\$289.44
<b>566</b>	<b>100.0%</b>	<b>\$260.16</b>	<b>100.0%</b>	<b>\$1.50</b>	<b>100.0%</b>	<b>\$28.32</b>	<b>100.0%</b>	<b>\$289.97</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**Per Capita Cost at Various Thresholds**

**Total Costs - All Delivery Systems through Line 566**

Threshold	Physical Health		Dental		Mental Health		Grand 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
318	74.8%	\$187.23	68.6%	\$12.57	71.6%	\$29.53	74.0%	\$229.32
348	77.6%	\$194.14	71.5%	\$13.10	74.5%	\$30.74	76.8%	\$237.98
378	83.0%	\$207.64	78.3%	\$14.35	81.2%	\$33.50	82.5%	\$255.49
408	83.4%	\$208.55	78.7%	\$14.42	81.5%	\$33.63	82.8%	\$256.60
438	86.0%	\$215.21	82.1%	\$15.04	84.8%	\$34.97	85.6%	\$265.22
468	92.8%	\$232.17	87.7%	\$16.07	92.2%	\$38.03	92.4%	\$286.27
498	94.4%	\$236.11	90.5%	\$16.57	93.9%	\$38.73	94.1%	\$291.42
528	98.6%	\$246.74	97.9%	\$17.94	98.6%	\$40.67	98.6%	\$305.35
558	99.7%	\$249.50	99.4%	\$18.22	99.7%	\$41.12	99.7%	\$308.83
<b>566</b>	<b>100.0%</b>	<b>\$250.14</b>	<b>100.0%</b>	<b>\$18.32</b>	<b>100.0%</b>	<b>\$41.26</b>	<b>100.0%</b>	<b>\$309.72</b>