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**OREGON HEALTH PLAN  
MEDICAID DEMONSTRATION**

**Analysis of Federal Fiscal Years 2006 – 2007  
Average Costs**

**March 7, 2005**



March 7, 2005

Ms. Nora Leibowitz  
OHP Actuarial Services Manager  
Office of Medical Assistance Programs  
500 Summer Street N.E.  
Salem, Oregon 97310-1014

Dear Nora:

**Re: Per Capita Costs for Federal Fiscal Years 2006 & 2007**

At your request we have prepared this Analysis of Federal Fiscal Year 2006 & 2007 Average Costs for the Oregon Health Plan: Medicaid Demonstration.

This report describes our analysis and approach in detail. Please call Sandi Hunt at 415/498-5365 or Pete Davidson at 415/498-5636 if you have any questions regarding the contents of this report.

Very Truly Yours,

PricewaterhouseCoopers L.L.P.

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

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

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

Peter B. Davidson, A.S.A., M.A.A.A.  
Senior Manager

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# **Oregon Health Plan Medicaid Demonstration Analysis of Federal Fiscal Year 2006 & 2007 Average Costs**

## **Executive Summary**

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The following report provides a calculation of the expected per capita costs for providing healthcare services under the Oregon Health Plan Medicaid Demonstration (OHP) for the period October 2005 through September 2007 (Federal Fiscal Years 2006 and 2007). These methods were designed to comply with the requirements of Oregon Senate Bill 27 (1989 legislature), which extended Medicaid coverage to nearly all Oregonians with incomes below the federal poverty level and stipulated guidelines for determining Medicaid provider reimbursement amounts. In general, the base per capita costs for managed care services were developed under the expectations of Senate Bill 27, that “rates cover the cost of providing services.” Oregon House Bills 2511 and 3624 overturned this provision of SB27. However, for this rate development, Department of Human Services (DHS) staff instructed us to use the same basis for rate development as had been used in prior work.

Since the managed care per capita costs included in this report are expected to form the basis for the capitation rates to be paid to managed care plans in Federal Fiscal Years (FFY) 2006 and 2007, the methods used here are structured to comply with CMS regulations governing the development of Medicaid capitation payments made to managed care plans after August 13, 2003. These regulations require that rates be “actuarially sound.” While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS issued a checklist that provides

guidance. The per capita costs are developed on a statewide basis, and their conversion to plan-specific capitation rates for FFY 2006 and 2007 will be described in future reports.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) establishes Medicare “Part D” coverage that provides most Medicare-eligible individuals access to private Medicare prescription drug plans effective January 1, 2006. The MMA terminates the existing drug coverage for individuals who are eligible for both Medicare and Medicaid (Dual Eligibles) and dictates that they must obtain drug coverage by enrolling in one of the new Medicare drug plans. Though CMS has stated that net costs to states will be lower as a result of the MMA, the level of any change is unclear. In addition to these changes in funding for prescription drugs, health plan contracting arrangements will also need to be reconsidered. The per capita cost estimates contained in this report include projections of prescription drug costs with no adjustments for the change in coverage due to the MMA.

The Oregon Health Services Commission has developed a “prioritized list” of health care services, and that list is used in developing the per capita cost estimates reported here. Under the 1989 legislation, the OHP did not apply to Mental Health and Chemical Dependency services and excluded individuals covered by the Aid to Blind, Aid to Disabled, Old Age Assistance, and Foster Care programs. Separate legislation added these “exempt” population groups to the OHP, effective January 1, 1995. Chemical dependency services were added to the Oregon Health Plan at the same time. In addition, a phase-in of mental health services was begun on a pilot basis for 25% of the OHP population in January 1995. Those services were expanded statewide in 1997. Children covered by the Children’s Health Insurance Program (Title XXI) were added to the Oregon Health Plan in July 1998. Most recently, Citizen-Alien Waived Emergency Medical (CAWEM) eligibles have been explicitly identified and issued medical identification cards to use in accessing the emergency services for which they are eligible.

The services covered and the configuration of the prioritized list have changed over time (see table below). The data used for development of the FFY 2006-2007 per capita costs reflects a mix of claims and encounters

based on coverage through Line 566 and coverage through Line 558 of the prioritized list as configured for FFY 2002-2003. The per capita costs shown in this report reflect estimated costs of coverage through Line 530 of the prioritized list as configured for FFY 2006-2007. Should funding become available to expand coverage beyond the level of coverage available during the data period, additional data sources and analysis will be required to calculate the added coverage costs.

The table below summarizes changes in prioritized list coverage levels over the past several years:

<b>Effective Dates</b>	<b>Prioritized List Version</b>	<b>Coverage Through Line</b>	<b>Reason for Change</b>
2/1/94 – 12/31/94	Physical Health List FFY 1994-1995	565	
1/1/95 – 9/30/95	Integrated List FFY 1994-1995	606	Mental Health lines added to list (no change in physical health benefits)
10/1/95 – 1/31/97	FFY 1996-1997	581	Benefits reduced
2/1/97 – 4/30/98	FFY 1996-1997	578	Benefits reduced
5/1/98 – 9/30/99	FFY 1998-1999	574	List reconfigured (no reduction in benefits)
10/1/99 – 9/30/01	FFY 2000-2001	574	List reconfigured (no reduction in benefits)
10/1/01 – 12/31/02	FFY 2002-2003	566	List reconfigured (no reduction in benefits)
1/1/03 – 9/30/03	FFY 2002-2003	558	Benefits reduced
10/1/03 – 7/31/04	FFY 2004-2005	549	List reconfigured (no reduction in benefits)
8/1/04 – 9/30/05	FFY 2004-2005	546	Benefits reduced
10/1/05 –	FFY 2006-2007	530	List reconfigured (no reduction in benefits)

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

- the relationship between average billed charge amounts and the “cost” of providing services;
- the distribution of the population among the different groups of people who will be participating in the program;

- enrollment in capitated plans; and
- payment policy under the demonstration project.

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

**Table 1**  
**Per Capita Cost through Line 530 of the Prioritized List**

<b>Eligibility Category</b>	<b>Physical Health Services<sup>a</sup></b>	<b>All Services<sup>b</sup></b>
<b>OHP PLUS</b>		
Temporary Assistance to Needy Families	\$404.50	\$423.62
PLM Adults	\$992.25	\$997.08
PLM, TANF, and SCHIP Children 0 < 1	\$510.85	\$510.90
PLM, TANF, and SCHIP Children 1 - 5	\$103.71	\$106.35
PLM, TANF, and SCHIP Children 6 - 18	\$105.48	\$119.39
Aid to the Blind/Aid to the Disabled with Medicare	\$640.34	\$719.93
Aid to the Blind/Aid to the Disabled without Medicare	\$926.54	\$1,040.57
Old Age Assistance with Medicare	\$436.01	\$443.10
Old Age Assistance without Medicare	\$618.76	\$626.59
SCF Children	\$200.32	\$291.18
CAWEM (Citizen-Alien Waived Emergency Medical)	\$84.25	\$84.47
<b>OHP Plus Composite</b>	<b>\$328.85</b>	<b>\$356.86</b>
<b>OHP STANDARD</b>		
OHP Families	\$318.53	\$332.07
OHP Adults & Couples	\$576.43	\$612.26
<b>OHP Standard Composite</b>	<b>\$502.41</b>	<b>\$531.85</b>
<b>TOTAL OHP</b>	<b>\$339.35</b>	<b>\$367.45</b>
<sup>a</sup> Includes Physical Medicine, Dental Services, Chemical Dependency and administrative costs. <sup>b</sup> Includes Physical Medicine, Dental Services, Chemical Dependency, Mental Health and administrative costs.		

We have also calculated the per capita cost associated with coverage at several threshold levels on the prioritized list of services. These estimates are

calculated based on the assumption that all services up to and including the threshold ranking are covered by the demonstration project and that all services below the threshold are not covered. The per capita cost associated with ten different threshold levels are shown in Table 2 for physical health services (including dental and chemical dependency services) and for all services combined.

**Table 2**  
**Per Capita Cost at Various Prioritized List Coverage Thresholds**

Threshold <sup>a</sup>	Physical Health Services <sup>b</sup>	All Services <sup>c</sup>
290	\$256.65	\$279.29
320	\$269.73	\$294.98
350	\$279.39	\$304.85
380	\$294.70	\$320.92
410	\$296.77	\$323.06
440	\$301.73	\$329.13
470	\$316.44	\$344.52
500	\$332.75	\$360.83
530	\$339.35	\$367.45

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

Following the Legislature’s review of this report and a determination of the funding level and the services to be covered by the OHP we will refine the calculation of the per capita cost. Changes resulting from increasing or decreasing covered services per the prioritized list require federal approval. Health Plan capitation rates will be developed following the Legislature’s determination of the funding level.

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

## **SECTION I: Program Overview**

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

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

During FFY 2004-2005, Oregon House Bills 2511 and 3624 overturned the provision of SB27 requiring that capitation rates be funded at levels necessary to cover the cost of services. One of the outcomes was that during FFY 2004-2005 funding for DRG hospitals was reduced. It is unclear at this time whether funding for these services will be returned to the levels estimated to represent the cost for these services. The per capita costs developed in this report are based on an assumption that services will be funded at levels necessary to cover the cost of care. As such, they do not include any specific reductions to funding for any services, and represent an

estimate of costs if cost-based funding for DRG hospital services was restored. Descriptions of the manner in which costs are defined for the purpose of development of these per capita costs are included in subsequent sections of this report.

## **Program Implementation**

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

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

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

In 1998, enrollment was expanded to include pregnant women and children in families with income up to 170% of the federal poverty level. In addition, individuals who qualify as Citizen Alien Waived Emergency Medical are explicitly identified; these individuals are eligible only for emergency medical services.

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

- OHP Plus, and
- OHP Standard.

The OHP Plus population receives a comprehensive benefit package. The groups that receive OHP Plus include:

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

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

The groups covered under OHP Standard include those optional and expansion populations not included in OHP Plus that do not have qualified employer-sponsored insurance (ESI) available. These groups include:

- Parents and Adults/Couples below 100 percent FPL made eligible through the OHP waiver;
- Parents and Adults/Couples between 100 and 185 percent FPL made eligible through the OHP waiver.

## Description of Eligibility Categories

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

Eligibility groups covered under OHP Plus are as follows:

- The **Temporary Assistance to Needy Families (TANF)** program covers single parent families with children and two-parent families when the primary wage-earner is unemployed. For the TANF program, income limits are set dollar levels that currently reflect approximately 35% of the Federal Poverty Level (FPL). Under current eligibility rules, this category includes some former recipients with extended Medicaid eligibility.
- The **Poverty Level Medical Program (PLM) for adults** covers pregnant women up to 170% of FPL. Those with an income below 100% of poverty are covered by the OHP eligibility rules providing reassessment of eligibility every six months, while those with an income between 100% and 170% of poverty are eligible through 60 days following the birth of their child.
- **Poverty Level Medical Children** have varying eligibility requirements depending on age:
  - Children age 0 < 1 are covered with family income up to 133% FPL, or if they were born to a mother who was eligible as PLM Adult at the time of the child's birth;
  - Children age 1 – 5 are covered up to 133% FPL; and
  - Children age 6 – 18 are covered up to 100% FPL.
- Title XXI eligibles, known as **SCHIP (State Children's Health Insurance Program)**, include uninsured children through age

18 with family incomes up to 185% FPL who are not covered by any other eligibility category.

- **The Aid to Blind/Aid to Disabled (AB/AD) and Old Age Assistance (OAA)** programs apply to people who are blind, disabled, or over age 65 with an income generally below the Supplemental Security Income threshold. Many of these individuals also have Medicare coverage, offsetting a large portion of their medical costs to the State.
- **Services for Children and Families (SCF) Children** covers children age 18 and younger (a few clients are served until age 21) who are in the legal custody of the Department of Human Services and placed outside the parental home. Custody is obtained either by a voluntary agreement with the child's legal guardian or through a county juvenile court.
- **Citizen Alien Waived Emergency Medical (CAWEM)** provides emergency medical coverage to individuals who do not qualify for Medicaid coverage due to their alien status. These individuals receive a restricted set of services, limited to emergency situations, including labor and delivery.

Eligibility groups covered under OHP Standard are as follows:

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

Under the Demonstration Project, the TANF, AB/AD, OAA and SCF Children programs are covered by the traditional eligibility rules. Under traditional eligibility rules for those people who qualify for a cash grant, eligibility is generally reassessed monthly for those cases where the wage earner is or has been employed in the last 12 months. The PLM program for individuals with an income between 100% and 170% of FPL is also governed by the traditional eligibility rules with certain exceptions.<sup>1</sup>

Eligibility for the “demonstration only” eligibles (OHP Adults & Couples and OHP Families), as well as those who qualify for PLM with an income under 100% of the FPL, is re-determined once every six months. For “demonstration only” eligibles, income for the month of application plus the preceding two months is averaged to determine eligibility, and household liquid assets must be less than \$2,000. Children eligible for coverage through the Children’s Health Insurance Program are covered by these same eligibility rules and, with some exceptions, must have been uninsured for the preceding six months. The CAWEM population receives eligibility for a six month period for the restricted range of services provided to that group.

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

### **Expected Distribution by Eligibility Category**

The per capita cost of the demonstration program is based in part on assumptions regarding the distribution of eligibles by eligibility category. For this distribution we rely upon estimates made by DHS Forecasting and Performance Measurement Unit staff in their analysis of expected enrollment in the demonstration project. Exhibit 2 shows the expected distribution of eligibles among the eligibility categories in FFY 2006-2007. These percentages, together with expected managed care enrollment percentages provided by OHP Actuarial Services Unit (ASU) staff, are used to calculate weighted average amounts across all eligibility categories in later portions of this report.

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<sup>1</sup> The eligibility rules for the PLM population with incomes from 100% to 170% of FPL are somewhat different than the rules for other categories of eligibility.

## **Delivery Systems**

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

During FFY 2006 and 2007 the State expects to use three different delivery systems under the Oregon Health Plan. Some health plans contract with the State to provide nearly all physical health and chemical dependency services on a prepaid, capitated basis. These plans are referred to as Fully Capitated Health Plans or FCHPs. Chemical Dependency services are integrated with the physical health contracting with the exception of one stand-alone chemical dependency organization. Dental services are all contracted on a stand-alone basis through Dental Care Organizations (DCOs); Mental Health services are contracted on a stand-alone basis through Mental Health Organizations (MHOs). In this report, we collectively refer to these entities as Managed Care Organizations (MCOs).

A portion of OHP members receive all services on a fee-for-service basis, with the State contracting with a Primary Care Case Manager to direct physical health services for some of these members. In addition, some portion of services continues to be provided on a fee-for-service basis during the time before an OHP member is enrolled in a health plan. Other services are provided on a fee-for-service basis for all members, regardless of the delivery system in which they are enrolled, such as non-emergent transportation and mental health prescription drugs. Maternity case management services are provided on a fee-for-service basis for all members except the limited number covered by plans which have opted to be capitated for these services. These services are referred to in this report as “MCO/FFS” services, because they are provided on a fee-for-service basis to members enrolled in MCOs.

## **Calculation of Cost by Delivery System**

Under the Oregon Health Plan Medicaid Demonstration, payment rates vary based on whether the service is capitated or paid on a fee-for-service basis. Services that are provided through capitation contracts are priced based on “rates necessary to cover the costs of providing services,” while services that

are provided on a fee-for-service basis are priced based on the Medicaid fee schedule with adjustments for expected legislative changes and payment levels.

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

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

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

## **SECTION II: Data Sources**

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### **Primary Data Sources**

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

- **Encounter** data reported to OMAP are used as the basis for the calculation of FCHP, DCO and MHO capitation rates. Claims incurred between July 1, 2001 and June 30, 2003 served as the primary data source for this portion of the analysis.
  - A single data set was provided with inpatient, outpatient, physician, mental health, and dental claims. Each claim contained the managed care plan's reported billed charge amount; paid amounts were not reported in this data set. Each claim also included procedure codes, diagnosis codes, and some patient demographic information such as age, gender, and eligibility category.
  - Managed care plan data were summarized by plan, eligibility category and service category and provided to the respective plans for review and validation against their internal financial information. Through this process, the data for all dental

plans were used. The data of one health plan and one mental health plan were not used in this analysis because the encounter data of these plans were believed to be significantly under-reported. The encounters of approximately 94% of FCHP members and 98% of MHO members were included in this analysis.

- **FCHP Prescription Drug** data were procured by ASU through a separate data request directly to health plans, as this information was not captured by OMAP in its encounter data reporting system. Drug data was provided by several health plans covered varying time periods depending on what was available and most credible. Appropriate member months of enrollment were matched against each plan's prescription drug reporting period. The encounter drug data used for these per capita cost calculations represents 81% of FCHP members.
- **Oregon Medicaid Management Information System (MMIS)** data are used to estimate fee-for-service system utilization rates by eligibility category and service type. Data for July 1, 2001 through June 30, 2003 were provided, including data for institutional, non-institutional, dental and prescription drug data. All of the data included actual billed and paid amounts for all services. Diagnosis and procedure codes were also provided, as well as patient information such as date of birth, sex, and category of eligibility.
- **Office of Mental Health and Addiction Services (OMHAS)** data are used for measuring the cost of mental health services, in addition to MMIS data.
- **Eligibility information from the MMIS** is used to identify the specific eligibility and enrollment for each individual and to determine the correct number of eligibles associated with each service. Date sensitive matching is done between the state's master eligibility file and the enrollment database that describes the health plans in which each individual is enrolled at any point

in time. These data provide information on each individual's eligibility classification, start and end date of the span of eligibility, and enrollment in plans.

As described above, different data sources are used for various components of the calculation. However, the data are generally used in a mutually exclusive manner. For example, encounter data are used for calculating utilization rates for physical health capitated services, while fee-for-service data are used for calculating comparable rates for services paid on a fee-for-service basis. In no place in the analysis do we add data together from multiple sources for a particular portion of the calculation. Per capita costs are developed for each component of the calculation, and then the per capita costs are added. Throughout the process, care is taken to avoid double counting by using discrete service categories and population groups.

A portion of services for managed care enrollees is paid on a fee-for-service basis. These services relate primarily to mental health drugs, and case management and special services, such as school-based health services. No comparable service categories exist in the encounter database.

### **Other Data Sources**

Data on cost-to-charge ratios for hospital services in Oregon were obtained from ASU. Information on Medicare payment levels was used for calculating cost-to-charge ratios for professional services and other services that are covered by the Medicare program. In addition, we relied on data from the federal Centers for Medicare and Medicaid Services Office of the Actuary and Express Scripts, Inc. for estimating trend rates.

In an effort to determine the actual cost of providing mental health services, several MHOs undertook analyses to estimate the fully allocated costs of services provided by their contracted providers. These analyses produced estimates of the relationship between the reimbursement amounts included in the Medicaid fee-for-service fee schedule and average costs of their providers for each type of service. We used the results of these analyses to determine the relationship between the amounts reported as billed charges in the

encounter data and amounts necessary to fund the MHOs at a level sufficient to cover the costs of their providers in the aggregate.

## **SECTION III: Methods and Assumptions**

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### **Regulatory Requirements for Medicaid Managed Care Rate Setting**

Capitation rates paid to Medicaid managed care plans subsequent to August 13, 2003 must be developed in compliance with CMS regulations. The statewide per capita costs for managed care developed in this report form the basis for the plan-specific capitation rates to be paid in FFY 2006 and 2007. Therefore, the methods used to develop the per capita costs must be in compliance with the CMS regulations. These regulations require that capitation rates be “actuarially sound.” While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has issued a checklist that provides guidance.

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

- The rates were developed in accordance with generally accepted actuarial principles and practices;
- Data appropriate for the population to be covered by the managed care program should be used for the analysis;
- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, and health status;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;
- Medicaid fee-for-service (FFS) payment rates per unit of service may be an appropriate benchmark for developing capitation rates;

- When FFS data are used for the calculations, differences in expected utilization rates between fee-for-service and managed care programs should be accounted for;
- Appropriate levels of health plan administrative costs should be included in the rates;
- Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and
- A range of appropriate rates could emerge from the rate-setting process, and an upper and lower bound may be developed.

Statewide capitation rates developed for FFY 2006 and 2007 will take into account programmatic changes occurring between the development of the per capita costs contained in this report and the effective date of the rates. Plan-specific capitation rates are also adjusted for differences in geographic input costs and differences in population health status among plans. Final rates will be established through signed contracts with the participating managed care plans, which will ensure that each plan concurs that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care, and that they expect to remain financially sound throughout the contract period.

### **Generally Accepted Methods for Calculating Per Capita Costs**

Per capita costs are generally calculated by multiplying the rate of utilization of covered services by the average payment per unit of service. This method can be applied to either current or projected utilization and unit costs depending on the purpose. The utilization rate is often expressed in terms of the number of services provided per 1,000 eligibles or enrollees per year. The number of individuals covered over a period of time is typically expressed in terms of member-months of eligibility or enrollment. Thus, a person eligible for the entire year would have twelve member-months of eligibility, while a person eligible for only half of the year would be counted as having six member-months of eligibility.

For example, the amount to be paid for covered inpatient services would generally be calculated based on the number of inpatient days or the number of admissions per 1,000 members per year (the conversion to per 1,000 members is made for convenience since utilization rates per person can be very small). This utilization rate is then converted into a measure per person per month by dividing by 12,000. The average payment (or reimbursement) per unit of service is then multiplied by this utilization rate to determine the monthly per capita cost for that service.

Similar calculations are made for all other categories of service, and appropriate adjustments are applied to reflect changes in covered services, eligibility, or the change in the cost per unit of service over time.

The sum of the projected per capita costs for all contracted services is the total per capita cost for health care services. This analysis shows separate per capita costs for 13 different eligibility categories. In addition, managed care plans are paid an allowance for administrative expenses related to providing services to their enrolled Medicaid members.

### **Methodology Used in Calculating Per Capita Costs**

The projected per capita cost amounts through Line 530 of the prioritized list are calculated through a multi-step process, which is briefly described below. Each of the steps is then described in greater detail.

1. Data from each of the data sources is summarized by eligibility category and service category. From this process we obtain information on total charges (encounter data), total paid amounts (fee-for-service data), and total units of service for the data period (encounter and fee-for-service data).
2. Adjustments are made for missing or problematic data or data that is included in the database but not relevant to the per capita costs. These adjustments are referred to as “data issues”.

3. Adjustments are made for changes in covered services or other changes expected to occur during the contract period. These adjustments are referred to as “budget issues”. In some cases, the payment amounts are adjusted to reflect expected payments during the contract period or current payment levels.
4. Common measures of estimated cost or charges are calculated including the charges per person per month for managed care, the paid amount per person per month for fee-for-service, and the annual number of units of service per 1,000 people. For the units per 1,000 people per year, a person is assumed to represent 12 member months. Thus, it is not possible to estimate the number of unique people accounted for in the calculation, and for eligibility categories with relatively short lengths of eligibility and episodic cases, such as maternities for the PLM adult population, it is possible to have more than one calculated average case per person per year.
5. Trend rates are estimated for several major service categories, population groups, and delivery system.
6. For the managed care data, the amounts reported as billed charges serve as the basis of the cost calculations since actual payment amounts are not available. Therefore, cost-to-charge ratios by service category are calculated and applied to the encounter data for services that are paid on a capitated basis. (For services provided on a fee-for-service basis, the average Medicaid paid amount is used in the per capita cost calculation.)
7. Total expected costs per person per month are calculated for each eligibility category and service delivery arrangement.
8. The population distribution estimated for the contract period is arrayed by eligibility category and contract arrangement based on projections made by DHS Forecasting and

Performance Measurement Unit and OHP Actuarial Services Unit staff.

9. The per capita cost for the Oregon Health Plan is calculated based on the expected population and contracting mix.
10. Costs are allocated to the various line items of the prioritized list based on assignment criteria described in detail in Section IV. Separate allocations are made by eligibility category and broad service category (physical health, dental, chemical dependency, and mental health).

### **Measuring Utilization and Average Charges by Category of Service**

The first step in this analysis is the categorization of claims into the approximately 100 detailed service categories shown in the attached exhibits. Claims are assigned to these categories based on the detailed criteria described in the ASU “bucket book” for encounter and fee-for-service data.

The next step involves calculating utilization rates and the charge or payment amount per unit of service for each category of service, with the data subset for each eligibility category. The encounter data serves as the primary data source for the analysis of capitated services, with Medicaid MMIS data forming the basis of non-capitated services and periods of eligibility. Since amounts paid by managed care plans to providers are not reported in the encounter data, average charges per unit of service are calculated. Average payment amounts per unit of service are calculated from the fee-for-service data.

Utilization rates are measured by counting all claims for each of the categories of service. The sum of the number of claims is then divided by the number of member months of enrollment for the appropriate population group.

The reported hospital claims are grouped into admissions, whereas the utilization counts for other claims represents the number of claims submitted, services provided, or units of service recorded on the claim. For example, a

series of office visits for a single condition are counted separately for each visit rather than as one episode of illness. Each prescription for outpatient drugs is also counted separately.

### **Translating Average Charges to Measures of Cost**

The per capita costs shown here are calculated to represent “rates necessary to cover the costs of services.” In previous reports on per capita costs<sup>2</sup> we developed a method for defining costs based on a combination of cost-to-charge ratios for hospital services, the Medicare Resource Based Relative Value Schedule for professional services, and managed care contracting rates. We have largely retained those same methods for this analysis, with some exceptions for specific services.

The charges per unit of service developed from the encounter data are adjusted to estimate a measure of “cost” for each general category of service based on a cost-to-charge ratio. Adjustments unique to each of the categories of service are made to translate the average charge amounts to values that would reflect “rates necessary to cover costs.”

Data on hospital costs and charges are reported to state agencies, from which average cost-to-charge ratios are calculated. These ratios are used to adjust the average charge amounts for inpatient and outpatient hospital services to the costs for those services.

For other categories of service, there are no generally accepted means of determining the “cost” of providing services. As a substitute, we examined payment rates made by Medicare and information on medical loss ratios reported by OHP managed care plans. We also gathered information from managed care plans on their specific contracting arrangements for certain services.

In past reports, we have used the Medicare fee schedule as a benchmark for the costs for other services. For the FFY 2006-2007 per capita cost

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

development, we have continued this methodology using the 2004 Medicare fee schedule to derive imputed costs. We used the relationship between payment rates for specific services in the Medicare fee schedule to develop cost-to-charge ratios for each of the professional service categories. Exceptions were made for Maternity and Newborn services, as those services are not well represented in Medicare's data and relatively low implied cost-to-charge ratios resulted from our application of the Medicare payment methodology for those services. As a substitute, we assigned the ratio calculated for Physician Office Visits for those service categories.

For dental services, it appears that the reported billed charges represent different values among the plans. Some dental plans reported per-unit charges that ranged from 1.5 to nearly 3 times the average charges of the other plans, and as much as 3 to 4 times the FFS fee schedule. In general, the plans with the highest reported charges per unit of service were those that serve only Medicaid beneficiaries in Oregon, and we believe that they are significantly higher than the actual cost of providing services. We also believe that the billed amounts reported by those plans that serve non-Medicaid members in addition to Medicaid beneficiaries are a reasonable representation of the costs of those services. To develop an adjustment for the high level of billed charges for some plans, we calculated the ratios of the average unit costs for the three dental plans that also serve non-Medicaid members to the average unit costs for all dental plans. This resulted in reductions to the average reported billed charges per unit of service, ranging from 0% to approximately 23%, varying by dental service category.

For mental health, it appears that the amounts reported in the billed charge field represent values approximating their costs. Several MHOs recently undertook cost allocation analyses. The results indicated that, in the aggregate, MHO costs are approximately 113% to 134% of amounts reimbursed under the fee-for-service fee schedule. We analyzed the reported billed charges per unit of service from the MHOs and compared them to the fee-for-service payment amounts for the same services. Our analysis indicated that for the categories of service that we analyzed, which represented the majority of the per capita costs, the billed charges ranged from 122% to 130% of the fee-for-service fee schedule amounts, in the

aggregate. Since these results appear to indicate that the billed charges are a reasonable representation of the mental health providers' costs, we used a cost-to-charge ratio of 100% for mental health services (except acute inpatient hospital days).

As described in Section II, prescription drug data was provided by certain participating health plans. The plans did not provide pharmacy payment amounts in the encounter data, though summary information on discounts, dispensing fees, and administrative fees negotiated by the plans with their PBMs, as well as rebate amounts were provided. OMAP reprocessed the encounter data using the fee-for-service pharmacy payment levels it had in effect as of the date of each prescription. We then developed an aggregate adjustment to convert the costs based on OMAP pricing levels to costs based on the most recent FCHP pricing levels we were able to obtain. Based on this information, we developed an adjustment, a 6.4% increase, that was applied to the costs reported at OMAP pricing levels to reflect the estimated difference between the plans' costs and the OMAP reimbursement levels.

For three service categories: Transportation – Ambulance, Durable Medical Equipment and Supplies, and Home Health, we conducted research on the methods used by Medicare to determine payment. For each of these services we estimated the 2004 Medicare payment amounts, with limited exceptions where the data elements needed to calculate the Medicare reimbursement amount were not available in the encounter data. These data elements would have allowed finer differentiation in the calculation, but were determined to have only a nominal impact on the resulting calculations.

For individuals who are eligible for both Medicare and Medicaid (Dual Eligibles), health plans are responsible only for that portion of costs that are not covered by Medicare.<sup>3</sup> The billed amounts included in the encounter data reflect 100% of charges for the encounter and do not include an offset for payments made by Medicare. To adjust the unit costs for Dual Eligibles, we estimated the average Medicare liability percentage for each category of service and reduced the unit costs by these amounts. Exhibit 3-A contains the

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

estimated managed care plan liability for Dual Eligibles by category of service. We also estimated the per capita value of the Medicare Part A and Part B deductibles, for which the managed care plans are responsible.

For mental health services, the percentage of gross per capita costs that Medicare would pay on behalf of Dual Eligibles is difficult to directly estimate due to the prevalence of non-licensed providers, whom Medicare does not reimburse. To estimate the percentage that Medicare would pay, we calculated the ratio of fee-for-service unit costs for individuals with Medicare coverage to the fee-for-service unit costs for individuals without Medicare coverage. By examining these ratios in the OMAP fee-for-service payment amount, we estimated the average Medicare payment percentages.<sup>4</sup> We also incorporated an estimate of the per capita value of the Medicare Part A deductible for mental health inpatient admissions.

The adjustment factors used to convert the reported billed charges into estimated managed care plan costs are shown in Exhibit 3-B.

Malpractice costs in Oregon have increased significantly. Insurance premium increases for obstetricians have been particularly high. In recognition of this, OMAP increased fee-for-service reimbursement for labor and delivery procedures by 31.6%, which we applied in the development of the fee-for-service per capita costs. An adjustment was also incorporated into the managed care per capita costs. Funding for labor and delivery procedures was increased 31.6% over the amount indicated by the application of the 2004 Medicare Physician Fee Schedule, as described above for professional services. It is our expectation that the costs for increased malpractice premiums are being passed on to the plans through higher negotiated physician reimbursement rates, and therefore, it is reasonable to fund the per capita costs at a level sufficient to cover such increases. These adjustment factors are shown in Exhibit 3-C.

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

## **“Data Issues”**

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

### OHP Standard

OHP Standard underwent a period of significant instability in covered benefits and numbers of beneficiaries enrolled in managed care plans toward the end of the data period underlying these per capita costs. As a result of this instability and analysis of the data indicating significant differences in utilization compared to prior periods, we excluded claims and encounter data incurred from March 2003 through June 2003 from the per capita cost projections.

### IBNR

The claim and encounter data represents services incurred July 1, 2001 through June 30, 2003. The data includes fee-for-service claims adjudicated by OMAP and managed care encounters submitted by managed care plans and processed by OMAP through June 21, 2004. Claims and encounters paid or submitted after this date are not included in the dataset. Therefore, an adjustment for incurred but not reported (IBNR) claims and encounters is necessary to fully reflect the services provided during the data period.

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

For the encounter data, dates of payment were not available. Therefore, OMAP provided us with the value of encounters, incurred during the July 2001 through June 2003 data period, that were submitted and processed subsequent to the June 21, 2004 process date, which the data we were provided did not include. Using this information, we developed IBNR adjustments to the encounter data. While some additional encounters related to the data period may ultimately be processed, we believe the magnitude of these encounters is immaterial and no further adjustment is necessary.

Exhibit 3-D summarizes the applied managed care and fee-for-service IBNR adjustment factors.

#### *Mental Health Acute Care Days*

For the first three months of the data period, the mental health encounter data includes days reported by the MHOs, but paid by the State for long term care patients. After this time, OMHAS paid for these patients directly. The cost of these days is not the responsibility of the MHOs. Office of Rate Setting staff performed an analysis, matching the names of patients in the encounter data to names in the OMHAS payment records. Through this process, it was estimated that 4.1% of mental health acute care inpatient days during the first three months of the data period were paid by the state and should not be included in the OHP per capita cost development. We developed adjustments to the Mental Health Inpatient Acute Care utilization to recognize that the MHOs were not responsible for these days. These adjustments are shown in Exhibit 3-E.

#### *Duplicate Claims and Encounters*

OMAP employs a variety of data “cleanup” processes to the claim and encounter data. These processes include the identification and removal of duplicate claims and encounters. Through analyses of the data, PwC found additional duplicate encounters and confirmed their presence with OMAP staff. These duplicate records, valued at 0.2% of billed charges, were removed from the data.

#### *Encounters for Individuals Not Enrolled in Plans*

Based on date sensitive matching of encounters and managed care plan enrollment data, we determined that approximately 0.5% of charges submitted by the managed care plans were provided to individuals who appear not to be enrolled in the plan. As there is no accompanying membership for these individuals, it is inappropriate to include these encounters. The encounters were excluded from the analysis.

### **“Budget Issues”**

Certain adjustments are made for changes in covered services or other changes expected to occur during the contract period; these adjustments are

referred to as “budget issues”. Several significant programmatic changes have been implemented that affect the projected per capita costs for FFY 2006–2007. The most significant of these changes are described in some detail below. Others are summarized in a table.

### OHP Standard Benefit Redesign

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

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

As a result of the recent *Spry v. Tommy Thompson et al* court decision, no copayments will be charged.

To estimate the value of the revised benefit package at the statewide level, we applied the detailed definitions of the benefit prepared by OMAP to the claims and encounter data underlying the FFY 2006-2007 per capita costs. We made adjustments to reflect expected reductions in the utilization of services, anticipated shifts in the settings in which services will be provided, and changes in the mix of providers or service types.

#### *MH Community Long Term Care*

For FFY 2006-2007, an OMHAS initiative will increase the number of community-based beds available to patients discharged from state mental facilities. Patients in state mental facilities are not enrolled in MHOs, and therefore their costs are not the MHO's responsibility. This initiative will increase outpatient mental health service costs for MHOs, since these patients may enroll in MHOs upon placement in a community-based bed and they have significantly higher than average outpatient service costs. The adjustments applied to the MHOs' outpatient service costs are shown in Exhibit 3-F.

#### *Disease State Management*

In October of 2002, OMAP began implementation of a disease state management program. This statewide program covers fee-for-service eligibles only and started with the coverage of asthma, followed by diabetes and then congestive heart failure. OMAP projected the contract will result in annual savings of \$6 million during FFY 2006-2007. These adjustments are shown in Exhibit 3-G.

#### *Ambulatory Services Copayments*

Beginning January 1, 2003, copayments were implemented for certain services in the fee-for-service program. Since the implementation of copayments occurred during the data period, adjustments were applied to the data to reflect expected utilization as though copayments were in effect the entire period. These adjustments are shown in Exhibit 3-H.

### DUII Treatment

For FFY 2006-2007, FCHPs are responsible for the costs associated with enrollment of their members into a DUII (driving under the influence of intoxicants) program. DUII program costs are not included in the historical FFS or managed care data underlying the FFY 2006-2007 per capita costs. Adjustments reflecting the expected program costs were developed based on data provided by DHS and OMHAS. These adjustments are shown in Exhibit 3-I.

### Child Welfare Assessment and Follow-ups

Additional child welfare assessment and follow-up services are required under the Federal Adoptions and Safe Families Act and will be provided to SCF Children during FFY 2006-2007. The historical FFS and managed care data underlying the FFY 2006-2007 per capita costs do not reflect these additional requirements. OMHAS provided estimates of the additional services that will be provided and adjustments to the historical data were made. These adjustments are shown in Exhibit 3-J.

### Frozen Drugs

Effective October 1, 2003, certain prescription drugs that had been covered on a FFS basis became the responsibility of the FCHPs. The change relates to the status of certain drugs that were incorrectly classified under therapeutic classes 7 or 11, and therefore not considered a FCHP responsibility. These drugs were placed on a “frozen drug list” until the opportunity to make the correction was available. Adjustments to the per capita costs were developed to reflect the additional managed care cost of these drugs. These adjustments are shown in Exhibit 3-K.

### Change in Responsibility For Neurontin

Neurontin was removed from FCHP responsibility effective October 1, 2000 and was subsequently returned to FCHP responsibility effective October 1, 2003. Since the managed care data underlying the FFY 2006-2007 per capita costs does not include the costs for Neurontin, projected FFY 2006-2007 managed care costs were developed based on projected FFS for Neurontin adjusted for managed care plan reimbursement arrangements for drugs. These adjustments are shown in Exhibit 3-L.

#### Pharmacy Copayment Cost per Script

Beginning January 1, 2003, copayments were implemented for prescription drugs provided in the fee-for-service program. Since the implementation of copayments occurred during the data period, adjustments were applied to the data to reflect the reduction in cost per prescription due to copayments, as though copayments were effective the entire period. These adjustments are shown in Exhibit 3-M.

#### Fee-for-Service Vision Hardware Reimbursement

OMAP entered into a new contract for vision hardware effective November 1, 2003. This contract was estimated by OMAP to be 7%-13% less expensive than the previous contract, in effect from July 1, 2002 through October 31, 2003, which was 1.5% more expensive than the contract effective prior to July 1, 2002. An adjustment was developed to update the historical FFS costs to that expected under the new contract. This adjustment is shown in Exhibit 3-N.

#### Reduction in Covered Prioritized List Line

The per capita costs developed in this report assume coverage at Line 530 of the prioritized list as configured for FFY 2006–2007. The data underlying the calculations includes coverage at higher prioritized list lines, and therefore, an adjustment must be made to reflect the reduced benefit coverage. Coverage at Line 530 represents an 11 line reduction for the data period from July 2001 through December 2002 and a 3 line reduction for the period January 2003 through June 2003. We used the prioritized list coverage adjustments applied to develop the capitation rates effective January 2003 and August 2004 to estimate the adjustment for the FFY 2006–2007 per capita costs. Exhibit 3-O summarizes these adjustment factors by eligibility and service category.

#### Change in Managed Care Funding for DRG Hospitals

Subsequent to the release of our report documenting the development of the FFY 2004–2005 per capita costs, the Legislature directed DHS to reduce funding in the capitation rates for DRG hospitals by 28%. At this time, we have received no direction to include such a reduction in the FFY 2006–2007 per capita costs. Therefore, the per capita costs contained in this report

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

#### *Changes in FFS DRG Hospital Reimbursement*

Several changes occurred in fee-for-service reimbursement to DRG hospitals during the data period. Thus, the fee-for-service data represents a composite of these reimbursement levels. In addition, the following prospective changes in hospital reimbursement affect the per capita cost development: 1) the implementation of a provider tax on hospitals, and 2) the shift of capital payment amounts, that have historically been paid on a pass-through basis and budgeted elsewhere, to inclusion in the DRG payment and reporting through the MMIS system

In order to accurately project the per capita costs for FFY 2006–2007, the hospital data must reflect anticipated hospital payment amounts during the period. Due to the complexity of these issues, OMAP re-priced the historical fee-for-service claims from the data period to a level reflecting hospital reimbursement as of October 1, 2006.

#### *Changes in FFS Pharmacy Payment Levels*

Several changes occurred in fee-for-service payment arrangements for pharmacy during the data period. Thus, the fee-for-service data represents a composite of these arrangements. In order to accurately project the per capita costs for FFY 2006–2007, the pharmacy data must reflect the anticipated payment arrangements during the period. We re-priced the pharmacy data to reflect the most current payment arrangements. Some of the pharmacy records appear to have incorrect numbers of reported units. Consequently, these records cannot be accurately re-priced. To determine which records could be re-priced, we applied information about OMAP's contractual arrangements in place when the claim was incurred to each claim record. If application of this historical information yielded results that were similar to the actual amount paid on the claim, then we considered the record acceptable for re-pricing. Using this methodology, we were able to re-price approximately 75% of the pharmacy claims representing 81% of payments. We then applied the payment arrangements expected to be in place during FFY 2006-2007 to these claims to develop adjusted payment amounts. Those scripts that could not be accurately re-priced received a proportional

adjustment representing the aggregate change in costs due to changes in payment arrangements.

### **Method for Trending Data Forward to FFY 2006-2007**

The cost per unit of service for all categories of service is trended forward to reflect the projection period of October 1, 2005 through September 30, 2007. Total trend rates are made up of two components:

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

The trend rates in this analysis are calculated using two different approaches to reflect the differences in contracting arrangements and payment rates under the OHP. Separate trend rates are developed for discrete eligibility groups that may experience variation in the rate of change in costs and utilization, including TANF and related adults, OHP Standard, Children, and Disabled/OAA eligibles with and without Medicare coverage. The trend rates used in this analysis can be found in Exhibits 4-A and 4-B for managed care and fee-for-service, respectively.

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

1. Information reported by CMS Office of the Actuary in their research on the change in cost of health care services,<sup>5</sup>
2. Information reported by CMS on actual Medicare reimbursement changes,
3. Regression models based on managed care plan encounter data and fee-for-service claims data that measure rates of

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<sup>5</sup> The forecast of Market Basket Index Levels and 4-Quarter Moving Average Percent Changes were obtained from <http://www.cms.hhs.gov/statistics/market-basket/> in September 2004.

change in utilization of services, costs per unit of service, and costs per member per month, subset by major eligibility category and service type; and

4. Published reports on expected rates of change in per capita costs for prescription drugs.

Where CMS data are used, we have generally applied the measure of expected change in the “commercial” portion of the CMS report. For managed care dental services, the “total” (all payer) CMS expenditure information is used, as dental services have a higher level of patient copay requirement in commercial plans than would be experienced in the OHP. The utilization trends are adjusted to reflect observed trends for inpatient, outpatient, and physician services.

Where appropriate, we have used the health plan experience during the data period, and the CMS trend projections for the future.

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

Trend rates for the fee-for-service delivery system are developed based on expected cost increases provided by OMAP and a calculation of total trend based on OHP experience during our data period. Utilization trend is derived by subtracting the cost trend value from the total trend.

### **Administrative Cost Allowance**

The total program cost for the MCO portion of the calculation includes a 13.34% allowance to cover administrative expenses. This amount is intended to cover the costs of administering a mature managed care program that already has information systems in place. Additional costs associated with plan start-up or with marketing individual plans are not intended to be covered by the administrative cost allowance. The administrative cost allowance is typically reported as a percentage of total premiums and the amount allocated for administrative costs shown here for the MCO portion of the program is expressed in those terms. We reviewed plan financial reports

and determined that, on average, reported administrative costs ranged around 8%; however, additional administrative requirements implemented subsequent to the period covered by these financial reports increased the expected administrative costs. For the fee-for-service portion of the program we have included a case management fee to be paid to the Primary Care Case Managers for the portion of the population enrolled with PCCMs.

### **Adjustments for Non-Covered Services**

Under the OHP, only those diagnoses and treatments on the prioritized list through the approved funding line are considered to be covered by the program. Our examination of the data showed some services in both the FFS and encounter data that, under strict application of the prioritized list, would not be eligible for coverage. Based on discussions with managed care plans, OMAP, and the HSC, it is our understanding that these services most likely represent treatment of conditions which are co-morbid with conditions on a covered prioritized list line, and for which treatment would be covered under OHP coverage rules. As a result, we included 100% of both the fee-for-service and encounter data in the calculation of expected costs, with the exception that actual changes in the coverage threshold are reflected in the projections.

### **Line 530 of the FFY 2006-2007 Prioritized List**

Both the fee-for-service and encounter data described above provide information on the services provided under the OHP during the period July 2001 through June 2003. During the data period, claims and encounter data reflected a mix of coverage through Line 566 and coverage through Line 558 of the prioritized list as configured for FFY 2002-2003. Lines 566 and 558 of the list as configured for FFY 2002-2003 roughly correspond to Lines 541 and 533 of the list as configured for FFY 2006-2007. Services matching condition/treatment pairs below the level corresponding to Line 541 were not covered by the program at any time during the data period and are therefore not represented in the data used to develop the FFY 2006-2007 per capita costs. Some data is available to estimate costs down to Line 541. The per

capita costs contained in this report assume services are covered to a level corresponding to Line 530 of the prioritized list as configured for FFY 2006-2007. Given the relatively low likelihood that the legislature will decide to fund services at or above Line 530, these calculations have not been expanded to cover services below this line. If additional services are funded, additional calculations will be performed at that time to determine the added cost.

### **Projected Utilization Rates and Costs per Unit of Service**

Exhibits 5-A (managed care) and 5-B (fee-for-service) show the utilization rates by category of service for each of the Medicaid eligibility categories after adjustments for budget issues, data issues, and trends. Similarly, Exhibits 6-A (managed care) and 6-B (fee-for-service) show the projected costs per unit of service. The figures contained in these exhibits underlie the projected FFY 2006-2007 per capita costs.

### **Final Per Capita Costs through Line 530 of the Prioritized List**

Exhibits 7-A (managed care) and 7-B (fee-for-service) show the detailed calculation of per capita costs through Line 530 of the prioritized list for each of the population groups with the expenditures trended to FFY 2006-2007. These per capita costs reflect the expected claims costs per person per month under each delivery system. Fee-for-service costs for managed care enrollees are shown in Exhibit 8. Administrative costs for managed care plans or for Primary Care Case Managers are reflected in the appropriate section of Exhibit 8 and in Exhibits 10-A through 10-F.

The per capita cost for the demonstration period is based on the distribution of eligibles by eligibility category and delivery system. Exhibits 9-A through 9-C show the expected population distribution during FFY 2006-2007; these estimates were provided by DHS Forecasting and Performance Measurement Unit staff.

Exhibits 10-A through 10-F show the expected per capita cost for the Oregon Health Plan through Line 530 of the prioritized list, based on the per capita costs developed in Exhibits 7-A and 7-B and the expected population distribution from Exhibits 9-A through 9-C.

## **SECTION IV: Pricing the Prioritized List of Services**

### **Introduction**

The per capita cost for the program will be based on the specific services that the Legislature determines will be covered and the population distribution by eligibility category and delivery system. The rates calculated in this report assume coverage through Line 530 of the prioritized list, as configured for FFY 2006-2007. However, the Legislature may decide that funds are not available to fully cover all health care services through that level. Alternatively, the legislature may fund services beyond Line 530. Some data is available to estimate costs up to Line 541, though we have not done so. Should additional funding become available to expand services, we can estimate costs up to Line 541 but additional data and analysis would be required to calculate the added costs above this threshold.

### **Process for Identifying Expenditures by Condition/Treatment Pair**

To determine the per capita costs associated with covering a portion of health care services, we used the condition/treatment pairs developed by the HSC. All of the non-pharmacy expenditures in our databases were allocated to the line items in the prioritized list of services, with minor exceptions.<sup>6</sup> The specific process used for allocating expenditures to line items is described below.<sup>7</sup> Separate analyses were performed for the encounter and FFS databases.

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<sup>6</sup> Approximately 0.7% of FFS claims and 0.4% of encounter value did not match any of the criteria for assigning expenditures to one of the line items.

<sup>7</sup> The term “line item” is used to describe the condition/treatment pairs developed by the HSC for the prioritized list.

## **Types of Condition/Treatment Pairs**

The HSC developed condition/treatment pairs based on combinations of ICD9 diagnosis codes and CPT-4 procedure codes. For mental health services, ICD-9-CM diagnosis codes and OMAP-specific “BA” procedure codes are used, and for dental services HCPCS procedure codes are used. In the prioritized list, the same diagnosis code is often associated with different types of treatments. The primary distinction is among treatments that include a surgery and treatments that are primarily medical in nature. Surgery claims are generally defined by CPT-4 codes in the range of 10000-69999. Medical Therapies are generally defined by CPT-4 codes in the range of 90000-99999. The remaining CPT-4 codes describe Dental (HCPCS codes D0100-D9999), Anesthesia (codes 00100-01999), Radiology (codes 70000-79999) and Pathology and Laboratory (codes 80000-89399) services.

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

## **Initial Diagnosis**

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

## **Medical and Surgical Therapies**

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

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

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

1. We identified all claims as fitting into one of several general categories:
  - i. Claims with CPT-4 or ICD9 codes that were identified as "always covered" by the HSC or were otherwise deemed to be always covered. These claims were placed on "line zero".

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

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

to directly match the expenditures to specific condition/treatment pairs.) A separate calculation is made for mental health drugs and the costs are assigned to the appropriate mental health and chemical dependency lines on the prioritized list.

13. For services matching to line items below the historical or prospective coverage level, we consulted with HSC staff to determine whether these services were likely to be covered due to co-morbidity with covered services or other circumstances. Based on their input, the costs for certain services were reallocated to other line items to more accurately reflect anticipated coverage during FFY 2006-2007.
14. The percentage of total dollars represented by each line item was calculated by dividing the dollars for the line item by the total dollars for the entire database.
15. We then calculated the cost per person per month, by delivery system, by multiplying the percentage of the total represented by each line item by the total cost per person per month shown in Exhibits 7-A and 7-B.

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

Exhibit 11 provides a summary of the criteria used for assigning claim dollars to each of the condition/treatment pairs.

The HSC introduced several new practice guidelines, which will be made available to the health plans for use as they feel appropriate. The effect of the new practice guidelines is unknown at this time, as studies of the efficacy of

the guidelines have not been conducted. Further, the degree to which health plans will implement the guidelines is uncertain. Therefore, we made no adjustment to the per capita costs to reflect these new guidelines.

### **Calculating the Cost Per Person Per Month Based on Covered Services**

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

The cost per person per month at each threshold was calculated by summing the cost per person per month for each line item through the threshold. In other words, for the threshold at Line 500, all Lines from 1 through 500 were summed. Exhibits 12-A and 12-B show the per capita cost at each of the ten threshold levels based on the expected eligibility distribution for the OHP under each delivery system. Per capita cost estimates are shown separately for broad service categories. Exhibit 12-C shows total program costs at these threshold levels across all eligibility categories and delivery systems.

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## Description of Eligibility Categories

EXHIBIT 1

	Definition
<b>Temporary Assistance to Needy Families</b>	Recipients of Temporary Assistance to Needy Families under current eligibility rules (including former recipients with extended Medicaid eligibility)
<b>PLM Adults</b>	Pregnant women with family income under 185% of FPL and not eligible for cash assistance
<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; and not eligible for cash assistance
<b>PLM Children 1 through 5 years</b>	Children aged at least one but less than six years with family income under 133% FPL and not eligible for cash assistance
<b>PLM Children 6 through 18 years</b>	Children aged at least six but less than nineteen years with family income under 100% FPL and not eligible for cash assistance
<b>AB/AD with Medicare</b>	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
<b>OAA with Medicare</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
<b>SCF Children</b>	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 185% 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 185% 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 185% 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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## EXHIBIT 2

### Expected Distribution of Population to be Covered by the Demonstration Project For Federal Fiscal Years 2006/2007

	Expected Average Program Distribution*
Temporary Assistance to Needy Families (Adults Only)	9.86%
Poverty Level Medical Adults	2.22%
PLM, TANF, and CHIP Children < 1	5.38%
PLM, TANF, and CHIP Children 1 - 5	16.61%
PLM, TANF, and CHIP Children 6 - 18	26.97%
Aid to the Blind/Aid to the Disabled with Medicare	5.77%
Aid to the Blind/Aid to the Disabled without Medicare	9.81%
Old Age Assistance with Medicare	7.24%
Old Age Assistance without Medicare	0.19%
SCF Children	4.19%
CAWEM (Citizen-Alien Waived Emergency Medical)	5.69%
<b>OHP PLUS Total</b>	<b>93.95%</b>
OHP Families	1.74%
OHP Adults & Couples	4.31%
<b>OHP STANDARD Total</b>	<b>6.05%</b>
<b>TOTAL</b>	<b>100.00%</b>

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-A

Per Capita Cost Development for Federal Fiscal Years 2006/2007  
Assumed Average Managed Care Organization Liability for Dual Eligibles

Assumes all Part B Costs Valued at Medicare Allowable

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-A

Per Capita Cost Development for Federal Fiscal Years 2006/2007  
Assumed Average Managed Care Organization Liability for Dual Eligibles

Assumes all Part B Costs Valued at Medicare Allowable

CATEGORY OF SERVICE	Part A, B, Not Covered (NC)	Approximate MCO Liability
STERILIZATION - OP HOSP FEMALE	B	20%
STERILIZATION - OP HOSP MALE	B	20%
STERILIZATION - PHY FEMALE	B	20%
STERILIZATION - PHY MALE	B	20%
SURGERY	B	20%
TARGETED CASE MAN - BABIES FIRST	NC	N/A
TARGETED CASE MAN - HIV	NC	N/A
TARGETED CASE MAN - SUBS ABUSE MOMS	NC	N/A
THERAPEUTIC ABORTION - IP HOSP	NC	N/A
THERAPEUTIC ABORTION - OP HOSP	NC	N/A
THERAPEUTIC ABORTION - PHYS	NC	N/A
TOBACCO CES-IP HSP	A	0%
TOBACCO CES-OP HSP	B	20%
TOBACCO CES-PHYS	B	20%
TRANSPORTATION - AMBULANCE	B	20%
TRANSPORTATION - OTHER	NC	N/A
VISION CARE - EXAMS & THERAPY	NC	100%
VISION CARE - MATERIALS & FITTING	NC	100%
<b>CHEMICAL DEPENDENCY</b>		
CD SERVICES - ALTERNATIVE TO DETOX	B	100%
CD SERVICES - METHADONE	B	100%
CD SERVICES - OP	B	50%
<b>DENTAL</b>		
DENTAL - ADJUNCTIVE GENERAL	NC	100%
DENTAL - ANESTHESIA SURGICAL	NC	100%
DENTAL - DIAGNOSTIC	NC	100%
DENTAL - ENDODONTICS	NC	100%
DENTAL - I/P FIXED	NC	100%
DENTAL - MAXILLOFACIAL PROS	NC	100%
DENTAL - ORAL SURGERY	NC	100%
DENTAL - ORTHODONTICS	NC	100%
DENTAL - PERIODONTICS	NC	100%
DENTAL - PREVENTIVE	NC	100%
DENTAL - PROS REMOVABLE	NC	100%
DENTAL - RESTORATIVE	NC	100%
DENTAL - TOBACCO CES	NC	100%
<b>MENTAL HEALTH</b>		
MH SERVICES ACUTE INPATIENT	A	0%
MH SERVICES ALTERNATIVE TO IP	B	88%
MH SERVICES ASSESS & EVAL	B	88%
MH SERVICES CASE MANAGEMENT	B	88%
MH SERVICES CONSULTATION	B	88%
MH SERVICES FAMILY SUPPORT	B	88%
MH SERVICES ANCILLARY SERVICES	B	88%
MH SERVICES INTENSIVE THERAPY SVCS	B	88%
MH SERVICES MED MANAGEMENT	B	88%
MH SERVICES OP THERAPY	B	88%
MH SERVICES OTHER OP	B	88%
MH SERVICES PHYS IP	B	88%
MH SERVICES PHYS OP	B	88%
MH SERVICES PEO	NC	100%
MH SERVICES SUPPORT DAY PROGRAM	B	88%

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-B**

Per Capita Cost Development for Federal Fiscal Years 2006/2007

Adjustments to Convert Reported Charges to Estimated Managed Care Organization Costs

CATEGORY OF SERVICE	ADJUSTMENT
<b>PHYSICAL HEALTH</b>	
ADMINISTRATIVE EXAMS	100.0%
ANESTHESIA	32.4%
EXCEPT NEEDS CARE COORDINATION	100.0%
FP - IP HOSP	66.4%
FP - OP HOSP	62.0%
FP - PHYS	57.9%
HYSTERECTOMY - ANESTHESIA	32.4%
HYSTERECTOMY - IP HOSP	61.9%
HYSTERECTOMY - OP HOSP	41.3%
HYSTERECTOMY - PHYS	43.6%
IP HOSP - ACUTE DETOX	62.9%
IP HOSP - MATERNITY	62.5%
IP HOSP - MATERNITY / STERILIZATION	63.1%
IP HOSP - MEDICAL/SURGICAL	61.6%
IP HOSP - NEWBORN	57.8%
IP HOSP - POST HOSP EXTENDED CARE	61.3%
LAB & RAD - DIAGNOSTIC X-RAY	45.8%
LAB & RAD - LAB	50.2%
LAB & RAD - THERAPEUTIC X-RAY	34.9%
OP ER - SOMATIC MH	51.2%
OP HOSP - BASIC	54.1%
OP HOSP - DENTAL DIAGNOSTIC	54.1%
OP HOSP - DENTAL PREVENTIVE	54.1%
OP HOSP - DENTAL RESTORATIVE	54.1%
OP HOSP - EMERGENCY ROOM	52.4%
OP HOSP - LAB & RAD	53.9%
OP HOSP - MATERNITY	54.1%
OP HOSP - POST HOSP EXTENDED CARE	55.4%
OP HOSP - PRES DRUGS BASIC	55.9%
OP HOSP - PRES DRUGS MH/CD	52.8%
OP HOSP - SOMATIC MH	52.8%
OTH MED - DME	61.6%
OTH MED - HHC/PDN	53.8%
OTH MED - HOSPICE	53.8%
OTH MED - MATERNITY MGT	100.0%
OTH MED - SUPPLIES	61.6%
PHYS CONSULTATION, IP & ER VISITS	50.6%
PHYS HOME OR LONG-TERM CARE VISITS	68.6%
PHYS MATERNITY	65.4%
PHYS NEWBORN	65.4%
PHYS OFFICE VISITS	65.4%
PHYS OTHER	57.6%
PHYS SOMATIC MH	61.7%
PRES DRUGS - BASIC	106.4%
PRES DRUGS - FP	106.4%
PRES DRUGS - MH/CD	100.0%
PRES DRUGS - NEURONTIN	106.4%
PRES DRUGS - TOBACCO CESSATION	106.4%
SCHOOL-BASED HEALTH SERVICES	100.0%
STERILIZATION - ANESTHESIA FEMALE	32.4%
STERILIZATION - ANESTHESIA MALE	32.4%
STERILIZATION - IP HOSP FEMALE	62.5%
STERILIZATION - IP HOSP MALE	62.5%

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-B**

**Per Capita Cost Development for Federal Fiscal Years 2006/2007**

**Adjustments to Convert Reported Charges to Estimated Managed Care Organization Costs**

CATEGORY OF SERVICE	ADJUSTMENT
STERILIZATION - OP HOSP FEMALE	53.6%
STERILIZATION - OP HOSP MALE	59.1%
STERILIZATION - PHY FEMALE	42.6%
STERILIZATION - PHY MALE	71.5%
SURGERY	39.0%
TARGETED CASE MAN - BABIES FIRST	100.0%
TARGETED CASE MAN - HIV	100.0%
TARGETED CASE MAN - SUBS ABUSE MOMS	100.0%
THERAPEUTIC ABORTION - IP HOSP	100.0%
THERAPEUTIC ABORTION - OP HOSP	100.0%
THERAPEUTIC ABORTION - PHYS	100.0%
TOBACCO CES-IP HSP	53.1%
TOBACCO CES-OP HSP	55.3%
TOBACCO CES-PHYS	65.1%
TRANSPORTATION - AMBULANCE	53.7%
TRANSPORTATION - OTHER	100.0%
VISION CARE - EXAMS & THERAPY	90.3%
VISION CARE - MATERIALS & FITTING	92.2%
<b>CHEMICAL DEPENDENCY</b>	
CD SERVICES - ALTERNATIVE TO DETOX	100.0%
CD SERVICES - METHADONE	100.0%
CD SERVICES - OP	100.0%
<b>DENTAL</b>	
DENTAL - ADJUNCTIVE GENERAL	84.2%
DENTAL - ANESTHESIA SURGICAL	91.4%
DENTAL - DIAGNOSTIC	83.0%
DENTAL - ENDODONTICS	89.3%
DENTAL - I/P FIXED	100.0%
DENTAL - MAXILLOFACIAL PROS	77.3%
DENTAL - ORAL SURGERY	93.0%
DENTAL - ORTHODONTICS	100.0%
DENTAL - PERIODONTICS	96.2%
DENTAL - PREVENTIVE	96.9%
DENTAL - PROS REMOVABLE	91.7%
DENTAL - RESTORATIVE	92.0%
DENTAL - TOBACCO CES	100.0%
<b>MENTAL HEALTH</b>	
MH SERVICES ACUTE INPATIENT	60.8%
MH SERVICES ALTERNATIVE TO IP	100.0%
MH SERVICES ASSESS & EVAL	100.0%
MH SERVICES CASE MANAGEMENT	100.0%
MH SERVICES CONSULTATION	100.0%
MH SERVICES FAMILY SUPPORT	100.0%
MH SERVICES ANCILLARY SERVICES	100.0%
MH SERVICES INTENSIVE THERAPY SVCS	100.0%
MH SERVICES MED MANAGEMENT	100.0%
MH SERVICES OP THERAPY	100.0%
MH SERVICES OTHER OP	100.0%
MH SERVICES PHYS IP	100.0%
MH SERVICES PHYS OP	100.0%
MH SERVICES PEO	100.0%
MH SERVICES SUPPORT DAY PROGRAM	100.0%

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Federal Fiscal Years 2006/2007**  
**Adjustment for Increase in Professional Labor and Delivery Reimbursement\***

**EXHIBIT 3-C**

Eligibility Category	ADJUSTMENT	
	Managed Care	Fee-For-Service
Temporary Assistance to Needy Families (Adults Only)	1.292	1.156
Poverty Level Medical Adults	1.294	1.163
PLM, TANF, and CHIP Children <1	1.000	1.000
PLM, TANF, and CHIP Children 1 - 5	1.000	1.000
PLM, TANF, and CHIP Children 6 - 18	1.283	1.139
Aid to the Blind/Aid to the Disabled with Medicare	1.262	1.073
Aid to the Blind/Aid to the Disabled without Medicare	1.275	1.136
Old Age Assistance with Medicare	1.000	1.000
Old Age Assistance without Medicare	1.000	1.000
SCF Children	1.276	1.129
CAWEM (Citizen-Alien Waived Emergency Medical)	N/A	1.200
OHP Families	1.252	1.154
OHP Adults & Couples	1.192	1.130

\* Adjustment applied to "PHYS-MATERNITY" service category only.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-D**

Per Capita Cost Development for Federal Fiscal Years 2006/2007

Adjustment for Incurred But Not Reported (IBNR) Claims

Service Category	Managed Care Adjustment	Fee-For-Service Adjustment		
	ALL	DUAL-MED	OHP STANDARD	ALL OTHER
Professional Services	1.001	1.007	1.003	1.008
Inpatient Services	1.002	1.029	1.001	1.004
Outpatient Services	1.002	1.012	1.001	1.005
Prescription Drugs	1.000	1.000	1.000	1.000
Mental Health Services	1.001	1.005	1.002	1.007
Dental Services	1.002	1.002	1.001	1.008

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Federal Fiscal Years 2006/2007**  
**Managed Care Adjustment for Mental Health Acute Care Days Paid by State\***

**EXHIBIT 3-E**

Eligibility Category	Managed Care Adjustment
Temporary Assistance to Needy Families (Adults Only)	0.996
Poverty Level Medical Adults	0.996
PLM, TANF, and CHIP Children < 1	0.969
PLM, TANF, and CHIP Children 1 - 5	0.996
PLM, TANF, and CHIP Children 6 - 18	0.994
Aid to the Blind/Aid to the Disabled with Medicare	0.994
Aid to the Blind/Aid to the Disabled without Medicare	0.994
Old Age Assistance with Medicare	0.994
Old Age Assistance without Medicare	0.959
SCF Children	0.996
OHP Families	0.993
OHP Adults & Couples	0.995

\* Adjustment applied to "MH-Acute IP" service category to exclude mental health acute care days paid by the State for long term care patients.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Federal Fiscal Years 2006/2007**  
**Managed Care Adjustment for Mental Health Community Long-Term-Care\***

**EXHIBIT 3-F**

Eligibility Category	Managed Care Adjustment
Aid to the Blind/Aid to the Disabled with Medicare	1.046
Aid to the Blind/Aid to the Disabled without Medicare	1.049
Old Age Assistance with Medicare	1.049
Old Age Assistance without Medicare	1.066
OHP Adults & Couples	1.006

\*Adjustment applied to all Mental Health Services, excluding "MH-Acute IP", to recognize expected increase in outpatient mental health service costs for MHOs due to OMHAS initiative to increase the number of community-based beds available to patients discharged from state mental facilities.

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-G

Per Capita Cost Development for Federal Fiscal Years 2006/2007

Fee-For-Service Adjustment for Disease State Management\*

Eligibility Category	Service Category	Fee-for-Service Adjustment
ALL	Physical Health Services	0.9872

\*Adjustment applied to all physical health service categories to recognize projected annual savings of \$6 Million from implementation of FFS disease state management program.

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-H

## Per Capita Cost Development for Federal Fiscal Years 2006/2007

### Fee-For-Service Adjustment for Ambulatory Services Copayments

SERVICE CATEGORY	Fee-For-Service Utilization Adjustment							
	TANF	PLMA	ABAD-MED	ABAD	OAA-MED	OAA	OHPFAM	OHPAC
ANESTHESIA	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
CD-ALT TO ACUTE DETOX	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
CD-OP	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
HYSTER-ANES	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
HYSTER-PHYS	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
OTH MED-HHC/PDN	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
OTH MED-HOSPICE	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
OTH MED-MAT MGT	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
PHYS-CONSULTATION IP/ER	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
PHYS-HOME/LTC	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
PHYS-MATERNITY	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
PHYS-NEWBORN	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
PHYS-OFFICE	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
PHYS-OTHER	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
PHYS-SOMATIC MH	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
STERIL-ANES F	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
STERIL-ANES M	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
STERIL-PHYS F	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
STERIL-PHYS M	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
SURGERY	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
VISION-EXAMS	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
VISION-MATERIALS	0.950	0.950	0.968	0.968	0.968	0.968	1.083	1.083
PRES DRUGS-BASIC	0.850	0.850	0.945	0.980	0.945	0.980	1.054	1.054
PRES DRUGS-FP	0.850	0.850	0.945	0.980	0.945	0.980	1.054	1.054
PRES DRUGS-TOBACCO CES	0.850	0.850	0.945	0.980	0.945	0.980	1.054	1.054
PRES DRUGS-NEURONTIN	0.850	0.850	0.945	0.980	0.945	0.980	1.054	1.054
PRES DRUGS-MH/CD	0.873	0.873	0.959	0.980	0.959	0.980	1.027	1.027
OP-BASIC	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-DENTAL RESTORE	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-ER	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-ER SOMATIC MH	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-LAB/XRAY	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-MATERNITY	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-POST HOSP EXT CARE	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-PRES DRUGS BASIC	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-PRES DRUGS MH	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
OP-SOMATIC MH	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
STERIL-OP HOSP F	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040
STERIL-OP HOSP M	0.959	0.959	0.991	0.940	0.991	0.940	1.040	1.040

\* For OHP Plus, copayments were implemented January 1, 2003. The data includes periods before the copayments were in effect, and these factors adjust the data to reflect the expected reduction in utilization due to copayments. For OHP Standard, copayments were implemented January 1, 2003 and removed July 31, 2004. These factors represent the expected additional utilization due to the removal of copayments.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-I**

**Per Capita Cost Development for Federal Fiscal Years 2006/2007**

**Adjustment for Coverage of Treatment of Driving Under the Influence of Intoxicants\***

Eligibility Category	ADJUSTMENT	
	Managed Care	Fee-for-Service
Temporary Assistance to Needy Families (Adults Only)	1.107	1.072
Poverty Level Medical Adults	1.120	1.096
PLM, TANF, and CHIP Children < 1	1.000	1.000
PLM, TANF, and CHIP Children 1 - 5	1.000	1.000
PLM, TANF, and CHIP Children 6 - 18	1.014	1.025
Aid to the Blind/Aid to the Disabled with Medicare	1.145	1.074
Aid to the Blind/Aid to the Disabled without Medicare	1.106	1.066
Old Age Assistance with Medicare	1.273	1.318
Old Age Assistance without Medicare	1.000	1.000
SCF Children	1.000	1.000
CAWEM (Citizen-Alien Waived Emergency Medical)	1.000	1.000
OHP Families	1.173	1.167
OHP Adults & Couples	1.112	1.101

\* DUII program costs are not included in the historical FFS or managed care data underlying the FFY 2006-2007 per capita costs. Adjustments reflecting the expected program costs were developed based on data provided by DHS and OMHAS, and were applied to "CD-OP" service category only.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Federal Fiscal Years 2006/2007**  
**Adjustment for Child-Welfare Assessment and Follow-up Services\***

**EXHIBIT 3-J**

<b>Eligibility Category</b>	<b>Delivery System</b>	<b>Adjustment</b>
SCF Children	Managed Care	1.112
SCF Children	Fee-for-Service	1.082

\* Adjustment developed from estimates provided by OMHAS and applied to mental health services to recognize additional child welfare assessment and follow-up services required under the Federal Adoptions and Safe Families Act.

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-K

## Per Capita Cost Development for Federal Fiscal Years 2006/2007

### Adjustment for Change in Liability for Prescription Drugs Removed from "Frozen Drugs" List\*

Eligibility Category	ADJUSTMENT	
	Managed Care	Fee-for-Service
Temporary Assistance to Needy Families (Adults Only)	1.005	0.996
Poverty Level Medical Adults	1.007	0.982
PLM, TANF, and CHIP Children < 1	1.002	0.254
PLM, TANF, and CHIP Children 1 - 5	1.007	0.784
PLM, TANF, and CHIP Children 6 - 18	1.003	0.993
Aid to the Blind/Aid to the Disabled with Medicare	1.005	0.997
Aid to the Blind/Aid to the Disabled without Medicare	1.004	0.997
Old Age Assistance with Medicare	1.003	0.996
Old Age Assistance without Medicare	1.005	0.990
SCF Children	1.005	0.997
CAWEM (Citizen-Alien Waived Emergency Medical)	1.000	1.000
OHP Families	1.003	0.996
OHP Adults & Couples	1.004	0.995

\* These adjustments reflect the increase in FCHP liability and decrease in FFS expenditures due to certain prescription drugs that were removed from the "Frozen Drugs" List. The Managed Care adjustment applies to the "PRES DRUGS - BASIC" service category, and the Fee-for-Service adjustment applies to the "PRES DRUGS - MH/CD" service category.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Federal Fiscal Years 2006/2007**  
**Adjustment for Inclusion of Neurontin in FCHP Responsibility\***

**EXHIBIT 3-L**

Eligibility Category	PMPM Adjustment*
Temporary Assistance to Needy Families (Adults Only)	\$2.67
Poverty Level Medical Adults	\$0.13
PLM, TANF, and CHIP Children < 1	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.07
Aid to the Blind/Aid to the Disabled with Medicare	\$17.19
Aid to the Blind/Aid to the Disabled without Medicare	\$9.33
Old Age Assistance with Medicare	\$6.74
Old Age Assistance without Medicare	\$1.63
SCF Children	\$0.50
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00
OHP Families	\$2.40
OHP Adults & Couples	\$5.41

\*Data underlying the per capita costs does not reflect FCHP responsibility for Neurontin.

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 3-M

## Per Capita Cost Development for Federal Fiscal Years 2006/2007

### Fee-For-Service Adjustment for Pharmacy Copay Cost per Script\*

Eligibility Category	Fee-For-Service Adjustment
Temporary Assistance to Needy Families (Adults Only)	0.969
Poverty Level Medical Adults	1.000
PLM, TANF, and CHIP Children < 1	1.000
PLM, TANF, and CHIP Children 1 - 5	1.000
PLM, TANF, and CHIP Children 6 - 18	1.000
Aid to the Blind/Aid to the Disabled with Medicare	0.972
Aid to the Blind/Aid to the Disabled without Medicare	0.975
Old Age Assistance with Medicare	0.951
Old Age Assistance without Medicare	0.945
SCF Children	1.000
CAWEM (Citizen-Alien Waived Emergency Medical)	1.000
OHP Families	1.000
OHP Adults & Couples	1.000

\* Adjustment applied to prescription drug service categories to reflect the reduction in cost per prescription due to copayment requirements introduced during the data period.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Federal Fiscal Years 2006/2007**  
**Fee-For-Service Adjustment for Vision Hardware Reimbursement**

**EXHIBIT 3-N**

Eligibility Category	Service Category	Fee-For-Service Adjustment
ALL	VISION-MATERIALS	0.907

\* This adjustment updates the historical FFS costs to that expected under the new vision hardware contract.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-O**

**Per Capita Cost Development for Federal Fiscal Years 2006/2007**

**Adjustment for Reduction in Covered Prioritized List Line\***

Eligibility Category	Managed Care Adjustment			
	PHYSICAL HEALTH	CHEMICAL DEPENDENCY	DENTAL	MENTAL HEALTH
Temporary Assistance to Needy Families (Adults Only)	0.989	1.000	1.000	1.000
Poverty Level Medical Adults	0.999	1.000	1.000	1.000
PLM, TANF, and CHIP Children < 1	0.990	1.000	1.000	1.000
PLM, TANF, and CHIP Children 1 - 5	0.969	1.000	1.000	1.000
PLM, TANF, and CHIP Children 6 - 18	0.971	1.000	1.000	1.000
Aid to the Blind/Aid to the Disabled with Medicare	0.991	1.000	1.000	1.000
Aid to the Blind/Aid to the Disabled without Medicare	0.991	1.000	1.000	1.000
Old Age Assistance with Medicare	0.992	1.000	1.000	1.000
Old Age Assistance without Medicare	0.986	1.000	1.000	1.000
SCF Children	0.981	1.000	1.000	1.000
OHP Families	0.981	1.000	1.000	1.000
OHP Adults & Couples	0.985	1.000	1.000	1.000

Eligibility Category	Fee-for-Service Adjustment			
	PHYSICAL HEALTH	CHEMICAL DEPENDENCY	DENTAL	MENTAL HEALTH
Temporary Assistance to Needy Families (Adults Only)	0.989	1.000	1.000	1.000
Poverty Level Medical Adults	0.999	1.000	1.000	1.000
PLM, TANF, and CHIP Children < 1	0.994	1.000	0.994	1.000
PLM, TANF, and CHIP Children 1 - 5	0.978	1.000	1.000	1.000
PLM, TANF, and CHIP Children 6 - 18	0.984	1.000	1.000	1.000
Aid to the Blind/Aid to the Disabled with Medicare	0.996	1.000	1.000	1.000
Aid to the Blind/Aid to the Disabled without Medicare	0.995	1.000	1.000	1.000
Old Age Assistance with Medicare	0.997	1.000	1.000	1.000
Old Age Assistance without Medicare	0.994	1.000	1.000	1.000
SCF Children	0.992	1.000	1.000	1.000
CAWEM (Citizen-Alien Waived Emergency Medical)	0.998	0.955	1.000	1.000
OHP Families	0.991	1.000	1.000	1.000
OHP Adults & Couples	0.992	1.000	1.000	1.000

\* The data underlying the per capita cost calculations includes coverage at higher prioritized list lines. This adjustment was applied to recognize the coverage at line 530 of the prioritized list as configured for FFY 2006/2007.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-A**

**Annual Trend Factors Used to Update Managed Care Data to Federal Fiscal Years 2006/07**

**TANF RELATED ADULTS \***

Trend From Midpoint of Data Period [7/1/02] to End of Data Period [6/30/03]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-2.17%	3.80%	1.55%
Outpatient Hospital	-4.35%	3.80%	-0.71%
Physician & Other	0.39%	0.00%	0.39%
Prescription Drug	-0.36%	7.20%	6.81%
Dental	0.68%	3.87%	4.57%
Mental Health/CD	-12.47%	3.34%	-9.55%

Trend From End of Data Period [6/30/03] to Midpoint of Biennium [10/1/06]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.00%	3.20%	3.20%
Outpatient Hospital	0.00%	3.20%	3.20%
Physician & Other	0.39%	2.04%	2.44%
Prescription Drug	0.00%	6.90%	6.90%
Dental	0.68%	4.97%	5.67%
Mental Health/CD	0.00%	2.17%	2.17%

\* These factors apply to the TANF and PLM Adults eligibility categories

**OHP STANDARD \***

Trend From Midpoint of Data Period [5/1/02] to End of Data Period [3/1/03]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	17.32%	3.80%	21.78%
Outpatient Hospital	0.28%	3.80%	4.10%
Physician & Other	6.07%	0.00%	6.07%
Prescription Drug	4.75%	7.20%	12.29%
Dental	1.69%	1.60%	3.32%
Mental Health/CD	4.32%	4.11%	8.61%

Trend From End of Data Period [3/1/03] to Midpoint of Biennium [10/1/06]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	17.32%	3.20%	21.08%
Outpatient Hospital	0.28%	3.20%	3.49%
Physician & Other	6.07%	2.04%	8.24%
Prescription Drug	4.75%	6.90%	11.97%
Dental	1.69%	3.92%	5.67%
Mental Health/CD	4.32%	2.17%	6.59%

\* These factors apply to the OHP Families and OHP Adults & Couples eligibility categories.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-A**

**Annual Trend Factors Used to Update Managed Care Data to Federal Fiscal Years 2006/07**

**CHILDREN \***

Trend From Midpoint of Data Period [7/1/02] to End of Data Period [6/30/03]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-6.29%	3.80%	-2.73%
Outpatient Hospital	1.27%	3.80%	5.12%
Physician & Other	4.29%	0.00%	4.29%
Prescription Drug	1.91%	7.20%	9.24%
Dental	2.14%	6.69%	8.97%
Mental Health/CD	-3.23%	0.97%	-2.29%

Trend From End of Data Period [6/30/03] to Midpoint of Biennium [10/1/06]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.00%	3.20%	3.20%
Outpatient Hospital	1.27%	3.20%	4.51%
Physician & Other	4.29%	2.04%	6.42%
Prescription Drug	1.91%	6.90%	8.94%
Dental	2.14%	3.46%	5.67%
Mental Health/CD	0.00%	2.17%	2.17%

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

**DISABLED RELATED \***

Trend From Midpoint of Data Period [7/1/02] to End of Data Period [6/30/03]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-5.16%	3.80%	-1.56%
Outpatient Hospital	0.70%	3.80%	4.52%
Physician & Other	2.83%	0.00%	2.83%
Prescription Drug	-0.65%	7.20%	6.51%
Dental	4.35%	-0.24%	4.10%
Mental Health/CD	-2.31%	13.24%	10.63%

Trend From End of Data Period [6/30/03] to Midpoint of Biennium [10/1/06]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.00%	3.20%	3.20%
Outpatient Hospital	0.70%	3.20%	3.92%
Physician & Other	2.83%	2.04%	4.93%
Prescription Drug	0.00%	6.90%	6.90%
Dental	4.35%	1.27%	5.67%
Mental Health/CD	0.00%	2.17%	2.17%

\* These factors apply to the AB/AD without Medicare and OAA without Medicare eligibility categories.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-A**

**Annual Trend Factors Used to Update Managed Care Data to Federal Fiscal Years 2006/07**

**DISABLED RELATED - DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES \***

**Trend From Midpoint of Data Period [7/1/02] to End of Data Period [6/30/03]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	-2.62%	3.80%	1.08%
Outpatient Hospital	1.22%	3.80%	5.07%
Physician & Other	11.43%	0.00%	11.43%
Prescription Drug	2.29%	7.20%	9.65%
Dental	2.93%	2.13%	5.13%
Mental Health/CD	-7.23%	11.10%	3.07%

**Trend From End of Data Period [6/30/03] to Midpoint of Biennium [10/1/06]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.00%	3.20%	3.20%
Outpatient Hospital	1.22%	3.20%	4.46%
Physician & Other	11.43%	2.04%	13.70%
Prescription Drug	2.29%	6.90%	9.34%
Dental	2.93%	2.66%	5.67%
Mental Health/CD	0.00%	2.17%	2.17%

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

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, 2002) to the midpoint of the projection period (October 1, 2006).

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-B**

**Annual Trend Factors Used to Update Fee-for-Service Data to Federal Fiscal Years 2006/07**

**TANF RELATED ADULTS \***

**Trend From Midpoint of Data Period [7/1/02] to End of Data Period [6/30/03]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital**	-3.37%	0.00%	-3.37%
Outpatient Hospital**	11.62%	0.00%	11.62%
Physician & Other	2.84%	2.93%	5.85%
Prescription Drug***	8.43%	0.00%	8.43%
Prescription Drug- MH/CD***	8.05%	0.00%	8.05%
Dental	14.14%	7.86%	23.11%
Mental Health/CD	3.70%	1.77%	5.54%

**Trend From End of Data Period [6/30/03] to Midpoint of Biennium [10/1/06]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital**	-2.00%	0.00%	-2.00%
Outpatient Hospital**	11.62%	0.00%	11.62%
Physician & Other	2.84%	1.66%	4.54%
Prescription Drug	5.50%	6.90%	12.78%
Prescription Drug- MH/CD	8.05%	6.90%	15.50%
Dental	14.14%	0.00%	14.14%
Mental Health/CD	3.70%	0.00%	3.70%

\* These factors apply to the TANF and PLM Adults eligibility categories  
 \*\* Hospital data was repriced to Federal Fiscal Year 2006/2007, therefore no cost trend was applied.  
 \*\*\* Drug data was repriced based on pharmaceutical costs as of 2/28/04, therefore no cost trend was applied during the data period.

**OHP STANDARD \***

**Trend From Midpoint of Data Period [5/1/02] to End of Data Period [3/1/03]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital**	10.20%	0.00%	10.20%
Outpatient Hospital**	6.10%	0.00%	6.10%
Physician & Other	3.53%	8.51%	12.35%
Prescription Drug**	6.50%	0.00%	6.50%
Prescription Drug- MH/CD	11.60%	0.00%	11.60%
Dental	-2.36%	14.54%	11.84%
Mental Health/CD	5.10%	3.08%	8.34%

**Trend From End of Data Period [3/1/03] to Midpoint of Biennium [10/1/06]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	10.20%	0.00%	10.20%
Outpatient Hospital	6.10%	0.00%	6.10%
Physician & Other	3.53%	1.66%	5.25%
Prescription Drug	6.50%	6.90%	13.85%
Prescription Drug- MH/CD	11.60%	6.90%	19.30%
Dental	0.00%	0.00%	0.00%
Mental Health/CD	5.10%	0.00%	5.10%

\* These factors apply to the OHP Families and OHP Adults & Couples eligibility categories.  
 \*\* Hospital data was repriced to Federal Fiscal Year 2006/2007, therefore no cost trend was applied.  
 \*\*\* Drug data was repriced based on pharmaceutical costs as of 2/28/04, therefore no cost trend was applied during the data period.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-B**

**Annual Trend Factors Used to Update Fee-for-Service Data to Federal Fiscal Years 2006/07**

**CHILDREN \***

**Trend From Midpoint of Data Period [7/1/02] to End of Data Period [6/30/03]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital**	4.14%	0.00%	4.14%
Outpatient Hospital**	5.41%	0.00%	5.41%
Physician & Other	-3.47%	7.98%	4.23%
Prescription Drug**	-0.45%	0.00%	-0.45%
Prescription Drug- MH/CD	-0.31%	0.00%	-0.31%
Dental	36.60%	5.81%	44.54%
Mental Health/CD	-6.21%	1.94%	-4.39%

**Trend From End of Data Period [6/30/03] to Midpoint of Biennium [10/1/06]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	0.00%	0.00%	0.00%
Outpatient Hospital	5.41%	0.00%	5.41%
Physician & Other	0.00%	1.66%	1.66%
Prescription Drug	0.00%	6.90%	6.90%
Prescription Drug- MH/CD	0.00%	6.90%	6.90%
Dental	36.60%	0.00%	36.60%
Mental Health/CD	0.00%	0.00%	0.00%

- \* These factors apply to the TANF, PLM, CHIP CHILDREN and SCF eligibility categories
- \*\* Hospital data was repriced to Federal Fiscal Year 2006/2007, therefore no cost trend was applied.
- \*\*\* Drug data was repriced based on pharmaceutical costs as of 2/28/04, therefore no cost trend was applied during the data period.

**DISABLED RELATED \***

**Trend From Midpoint of Data Period [7/1/02] to End of Data Period [6/30/03]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital**	22.03%	0.00%	22.03%
Outpatient Hospital**	12.61%	0.00%	12.61%
Physician & Other	4.28%	5.98%	10.51%
Prescription Drug**	-5.18%	0.00%	-5.18%
Prescription Drug- MH/CD	-2.76%	0.00%	-2.76%
Dental	18.51%	15.82%	37.26%
Mental Health/CD	8.32%	7.31%	16.24%

**Trend From End of Data Period [6/30/03] to Midpoint of Biennium [10/1/06]**

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	4.00%	0.00%	4.00%
Outpatient Hospital	12.61%	0.00%	12.61%
Physician & Other	4.28%	1.66%	6.01%
Prescription Drug	0.00%	6.90%	6.90%
Prescription Drug- MH/CD	0.00%	6.90%	6.90%
Dental	18.51%	0.00%	18.51%
Mental Health/CD	8.32%	0.00%	8.32%

- \* These factors apply to the AB/AD without Medicare and OAA without Medicare eligibility categories.
- \*\* Hospital data was repriced to Federal Fiscal Year 2006/2007, therefore no cost trend was applied.
- \*\*\* Drug data was repriced based on pharmaceutical costs as of 2/28/04, therefore no cost trend was applied during the data period.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-B**

**Annual Trend Factors Used to Update Fee-for-Service Data to Federal Fiscal Years 2006/07**

**DISABLED RELATED - DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES \***

Trend From Midpoint of Data Period [7/1/02] to End of Data Period [6/30/03]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital**	15.23%	0.00%	15.23%
Outpatient Hospital**	8.11%	0.00%	8.11%
Physician & Other	4.91%	-2.22%	2.58%
Prescription Drug**	8.07%	0.00%	8.07%
Prescription Drug- MH/CD	13.72%	0.00%	13.72%
Dental	27.40%	3.83%	32.28%
Mental Health/CD	-1.18%	-0.87%	-2.04%

Trend From End of Data Period [6/30/03] to Midpoint of Biennium [10/1/06]

CATEGORY OF SERVICE	Utilization Change	Cost change	Total
Inpatient Hospital	4.00%	0.00%	4.00%
Outpatient Hospital	8.11%	0.00%	8.11%
Physician & Other	4.91%	1.66%	6.65%
Prescription Drug	4.50%	6.90%	11.71%
Prescription Drug- MH/CD	13.72%	6.90%	21.56%
Dental	27.40%	0.00%	27.40%
Mental Health/CD	0.00%	0.00%	0.00%

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

\*\* Hospital data was repriced to Federal Fiscal Year 2006/2007, therefore no cost trend was applied.

\*\*\* Drug data was repriced based on pharmaceutical costs as of 2/28/04, therefore no cost trend was applied during the data period.

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, 2002) to the midpoint of the projection period (October 1, 2006).

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-A

## Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

### Managed Care Annualized Utilization Rates per 1,000 Members

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

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ANESTHESIA	Services	176.7	831.1	91.2	89.3	44.7	240.0	199.2	260.4	160.0	72.3	113.4	159.8
EXCEPT NEEDS CARE COORDINATION	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FP - IP HOSP	Admits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FP - OP HOSP	Claims	9.7	7.6	0.0	0.0	1.5	0.8	3.6	0.0	0.0	4.0	3.9	1.6
FP - PHYS	Services	161.4	271.0	0.2	0.2	25.1	46.8	50.1	0.3	0.0	26.5	119.4	31.9
HYSTERECTOMY - ANESTHESIA	Services	2.9	0.8	0.0	0.0	0.0	0.8	1.3	0.8	1.0	0.0	2.5	1.5
HYSTERECTOMY - IP HOSP	Admits	6.3	0.5	0.0	0.0	0.0	2.0	2.9	0.7	2.5	0.0	7.9	6.8
HYSTERECTOMY - OP HOSP	Claims	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.1
HYSTERECTOMY - PHYS	Services	13.7	1.5	0.0	0.0	0.0	5.6	6.7	1.5	2.9	0.0	11.2	8.4
IP HOSP - ACUTE DETOX	Admits	0.5	0.1	0.0	0.0	0.0	0.6	1.2	0.3	0.0	0.0	1.1	4.2
IP HOSP - MATERNITY	Admits	114.7	1,201.0	41.0	0.0	5.6	2.5	5.9	0.0	0.0	2.9	20.7	3.7
IP HOSP - MATERNITY / STERILIZATION	Admits	10.5	61.1	0.0	0.0	0.0	0.2	0.5	0.0	0.0	0.0	1.5	0.1
IP HOSP - MEDICAL/SURGICAL	Admits	64.3	23.1	95.5	20.6	14.0	177.5	216.5	332.3	178.0	20.5	85.2	193.9
IP HOSP - NEWBORN	Admits	0.1	1.0	635.3	0.0	0.0	0.0	0.1	0.0	0.0	2.3	0.1	0.0
IP HOSP - POST HOSP EXTENDED CARE	Days	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units	1,769.6	3,510.2	1,362.1	391.3	575.3	3,653.2	3,014.1	4,713.3	2,631.1	588.5	1,888.5	2,661.7
LAB & RAD - LAB	Services	4,236.2	11,338.8	1,048.1	956.2	1,104.9	3,941.7	5,488.5	3,315.7	4,989.2	1,491.3	4,647.0	5,463.6
LAB & RAD - THERAPEUTIC X-RAY	Coded Units	29.4	0.8	1.0	0.6	2.0	79.1	126.7	212.9	25.5	1.7	48.9	126.4
OP ER - SOMATIC MH	Claims	24.8	7.7	0.7	0.5	6.1	59.1	63.8	11.4	6.3	13.5	15.9	34.2
OP HOSP - BASIC	Claims	1,116.2	821.0	1,114.9	567.6	357.9	1,424.6	2,025.2	1,301.4	1,420.2	488.7	517.5	799.6
OP HOSP - DENTAL DIAGNOSTIC	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OP HOSP - DENTAL PREVENTIVE	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OP HOSP - DENTAL RESTORATIVE	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OP HOSP - EMERGENCY ROOM	Claims	822.1	357.4	907.9	517.1	305.2	677.7	826.4	469.9	259.8	251.3	545.0	761.4
OP HOSP - LAB & RAD	Claims	1,277.5	1,312.7	690.9	342.7	383.2	1,366.7	2,038.3	1,541.8	1,802.2	393.5	1,201.5	1,503.5
OP HOSP - MATERNITY	Claims	414.0	4,284.5	0.6	0.3	30.1	14.2	38.8	0.2	0.9	18.8	92.3	33.4
OP HOSP - POST HOSP EXTENDED CARE	Claims	1.2	9.3	0.9	0.1	0.1	3.0	4.4	3.1	0.0	0.1	0.0	0.0
OP HOSP - PRES DRUGS BASIC	Claims	557.7	738.0	357.8	263.5	156.0	534.9	640.6	408.6	355.1	139.7	278.0	367.4
OP HOSP - PRES DRUGS MH/CD	Claims	14.5	3.5	0.2	0.2	2.0	24.0	30.5	5.9	5.2	4.3	8.5	19.2
OP HOSP - SOMATIC MH	Claims	42.8	9.9	1.3	5.8	12.7	78.9	117.8	26.3	18.9	66.8	28.6	43.7
OTH MED - DME	Services	169.9	118.4	282.0	69.2	42.5	2,120.2	1,435.3	3,415.9	1,224.2	106.1	80.6	158.0
OTH MED - HHC/PDN	Claims	34.5	31.0	31.9	8.3	6.2	175.7	202.1	216.1	215.0	25.7	1.9	6.2
OTH MED - HOSPICE	Claims	0.7	0.1	1.2	0.1	0.1	28.8	25.4	41.9	85.4	0.2	0.6	3.4
OTH MED - MATERNITY MGT	Claims	1.3	13.1	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.0	0.1	0.1
OTH MED - SUPPLIES	Coded Units	2,062.7	1,121.2	1,783.6	1,583.2	812.3	184,809.3	117,076.7	238,270.1	81,688.5	14,703.7	902.6	2,475.1
PHYS CONSULTATION, IP & ER VISITS	Services	1,113.0	1,445.0	2,539.2	526.7	355.1	2,816.4	2,164.0	3,697.3	1,534.5	442.7	1,002.7	1,626.2
PHYS HOME OR LONG-TERM CARE VISITS	Services	1.8	4.8	10.4	0.9	1.0	128.9	71.7	701.1	86.4	11.3	1.7	8.8
PHYS MATERNITY	Services	438.5	4,439.0	6.3	0.6	30.2	21.6	38.6	0.3	1.0	17.3	90.8	27.8
PHYS NEWBORN	Services	6.3	36.9	1,184.6	4.9	3.6	12.6	10.8	10.7	6.9	19.7	3.1	3.9
PHYS OFFICE VISITS	Coded Units	3,899.7	1,861.7	10,706.4	4,030.8	2,322.0	7,650.2	6,072.6	7,566.0	5,529.1	2,993.0	4,845.9	5,628.6
PHYS OTHER	Services	1,458.9	1,334.3	12,519.6	2,835.5	866.8	3,657.6	3,340.9	3,710.0	2,747.9	2,316.7	1,534.2	2,399.4
PHYS SOMATIC MH	Services	560.7	139.0	12.6	100.4	254.4	1,762.9	1,322.0	546.6	200.3	810.4	559.5	739.2

Copy of Exhibit 05-07 (Final).xls  
Exhibit5A-UTL-ENC  
3/9/2005

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-A

## Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

### Managed Care Annualized Utilization Rates per 1,000 Members

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

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PRES DRUGS - BASIC	Scripts Filled	12,230.6	9,631.1	5,032.2	3,673.0	3,222.3	47,089.5	32,383.5	58,673.7	27,841.1	6,101.2	13,702.9	20,463.0
PRES DRUGS - FP	Scripts Filled	503.8	500.0	1.2	0.8	95.4	238.7	177.8	2.5	0.0	98.5	608.4	246.3
PRES DRUGS - MH/CD	Scripts Filled	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PRES DRUGS - NEURONTIN	Scripts Filled	188.2	7.7	0.0	0.3	6.3	1,071.0	603.8	606.6	131.9	40.2	170.4	371.2
PRES DRUGS - TOBACCO CESSATION	Scripts Filled	127.9	45.5	0.0	0.3	4.8	162.9	131.4	43.8	14.8	6.8	152.2	209.2
SCHOOL-BASED HEALTH SERVICES	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
STERILIZATION - ANESTHESIA FEMALE	Services	18.5	72.9	0.0	0.0	0.0	1.1	1.3	0.0	0.0	0.0	5.7	1.0
STERILIZATION - ANESTHESIA MALE	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
STERILIZATION - IP HOSP FEMALE	Admits	6.3	45.7	0.0	0.0	0.0	0.2	0.6	0.0	0.0	0.0	0.8	0.1
STERILIZATION - IP HOSP MALE	Admits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
STERILIZATION - OP HOSP FEMALE	Claims	5.1	11.1	0.0	0.0	0.0	0.5	0.3	0.0	0.0	0.0	1.7	0.3
STERILIZATION - OP HOSP MALE	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
STERILIZATION - PHY FEMALE	Services	28.3	129.2	0.0	0.0	0.0	2.1	2.1	0.0	0.0	0.0	6.4	1.1
STERILIZATION - PHY MALE	Services	2.3	0.0	0.0	0.0	0.0	0.4	0.4	0.0	0.0	0.0	5.3	0.6
SURGERY	Claims	881.6	1,727.5	739.0	257.6	277.3	1,449.5	1,685.3	1,654.5	1,143.7	358.7	993.3	1,350.5
TARGETED CASE MAN - BABIES FIRST	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TARGETED CASE MAN - HIV	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TARGETED CASE MAN - SUBS ABUSE MOMS	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
THERAPEUTIC ABORTION - IP HOSP	Admits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
THERAPEUTIC ABORTION - OP HOSP	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
THERAPEUTIC ABORTION - PHYS	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOBACCO CES-IP HSP	Admits	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
TOBACCO CES-OP HSP	Claims	1.8	0.3	0.0	0.0	0.1	1.6	2.5	0.2	0.9	0.2	1.2	1.5
TOBACCO CES-PHYS	Services	53.1	15.2	0.3	0.0	4.2	64.4	60.2	15.1	30.4	6.6	55.5	82.6
TRANSPORTATION - AMBULANCE	Services	130.7	158.8	133.6	41.0	35.4	416.7	484.7	743.7	246.7	47.0	89.1	230.2
TRANSPORTATION - OTHER	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
VISION CARE - EXAMS & THERAPY	Coded Units	354.5	336.7	33.7	110.3	409.0	701.3	494.0	869.8	610.6	432.9	200.6	268.9
VISION CARE - MATERIALS & FITTING	Coded Units	925.2	878.9	8.8	112.7	883.7	1,396.6	1,085.4	1,270.5	1,046.5	854.5	4.2	5.8
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX	Services	2.7	0.8	0.0	0.0	0.0	1.5	4.6	0.1	0.9	0.0	3.1	21.2
CD SERVICES - METHADONE	Services	1,201.7	266.6	0.0	0.0	2.5	664.7	2,239.5	44.1	0.0	0.5	1,256.8	4,266.4
CD SERVICES - OP	Services	1,910.2	712.0	0.0	0.3	244.5	536.3	893.2	33.1	38.9	1,008.5	1,177.5	4,085.6

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-A

## Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

### Managed Care Annualized Utilization Rates per 1,000 Members

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

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	Services	89.6	62.0	0.4	46.9	32.5	124.2	96.9	104.4	57.2	30.7	73.6	69.7
DENTAL - ANESTHESIA SURGICAL	Services	51.8	17.7	0.1	114.2	86.5	48.9	55.2	11.7	7.0	95.4	13.8	14.1
DENTAL - DIAGNOSTIC	Services	1,788.0	1,444.1	13.3	1,187.0	1,898.7	1,682.5	1,606.9	883.8	1,430.3	1,801.4	978.7	1,040.1
DENTAL - ENDODONTICS	Services	93.5	71.1	0.2	141.3	81.0	58.0	66.3	21.2	74.8	79.1	5.0	4.2
DENTAL - I/P FIXED	Services	1.4	0.5	0.0	0.0	0.1	2.1	1.3	1.4	6.2	0.1	0.3	0.4
DENTAL - MAXILLOFACIAL PROS	Services	1.6	0.0	0.0	0.0	0.0	2.5	2.8	3.1	1.8	0.1	1.7	0.0
DENTAL - ORAL SURGERY	Services	509.6	205.7	0.6	114.2	201.4	459.8	456.9	256.5	461.2	155.3	478.6	728.7
DENTAL - ORTHODONTICS	Services	0.0	0.0	0.0	0.0	0.5	0.0	0.3	0.0	0.0	0.6	0.0	0.0
DENTAL - PERIODONTICS	Services	194.6	102.3	0.2	0.3	13.2	274.9	198.9	93.4	202.4	13.9	0.0	0.0
DENTAL - PREVENTIVE	Services	350.5	395.4	7.6	514.4	1,212.7	548.0	509.9	237.5	255.2	1,176.3	0.0	0.0
DENTAL - PROS REMOVABLE	Services	80.4	10.7	0.0	0.1	1.1	203.0	187.7	294.1	466.5	1.3	0.0	0.0
DENTAL - RESTORATIVE	Services	803.8	569.9	1.4	760.7	935.8	778.7	740.9	330.1	591.5	976.4	30.8	31.8
DENTAL - TOBACCO CES	Services	10.3	6.2	0.0	0.1	2.8	7.4	7.0	2.6	0.9	2.0	0.0	0.0
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	Days	38.5	6.4	0.1	0.5	27.9	314.4	364.9	64.2	2.7	131.6	41.3	136.7
MH SERVICES ALTERNATIVE TO IP	Services	11.5	3.5	0.0	0.2	4.8	163.0	167.2	4.0	0.0	75.7	14.3	95.4
MH SERVICES ASSESS & EVAL	Services	202.5	75.3	1.1	40.6	130.9	238.4	294.3	39.4	37.7	494.6	144.8	259.6
MH SERVICES CASE MANAGEMENT	Services	191.9	38.8	0.1	45.4	206.9	2,377.7	2,196.5	212.0	87.4	1,404.5	101.5	412.6
MH SERVICES CONSULTATION	Services	40.5	12.4	0.2	13.2	64.7	163.9	209.3	43.3	18.8	618.1	18.3	52.7
MH SERVICES FAMILY SUPPORT	Services	3.6	2.1	0.0	7.0	20.5	313.9	248.4	19.7	141.7	149.8	1.0	14.0
MH SERVICES ANCILLARY SERVICES	Services	12.2	0.0	0.0	0.4	1.6	11.9	43.2	12.4	76.1	0.1	3.1	2.7
MH SERVICES INTENSIVE THERAPY SVCS	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MH SERVICES MED MANAGEMENT	Services	238.1	26.1	0.0	9.3	92.1	1,935.0	1,760.1	178.0	174.9	714.0	167.8	432.4
MH SERVICES OP THERAPY	Services	963.3	261.9	1.4	191.4	798.4	1,871.2	2,295.6	169.0	107.8	5,431.8	626.7	1,160.1
MH SERVICES OTHER OP	Claims	0.6	0.0	0.0	0.0	0.9	8.2	1.0	0.2	0.0	2.9	0.8	1.0
MH SERVICES PHYS IP	Services	10.7	3.5	0.0	0.2	6.5	150.6	89.2	23.5	21.1	24.5	8.1	29.8
MH SERVICES PHYS OP	Services	110.7	30.0	1.2	15.7	41.7	189.6	211.7	12.9	3.8	323.2	61.4	145.8
MH SERVICES SUPPORT DAY PROGRAM	Services	71.2	10.7	0.0	29.1	85.3	4,590.4	3,563.7	428.7	421.4	906.4	52.0	381.0

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

## Development of Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

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

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

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	Services	68.4	21.2	4.7	2.8	4.1	33.3	150.2	1.6	4.6	194.7	33.5	261.5
ANESTHESIA	Services	164.9	527.6	70.3	62.1	34.1	305.0	286.8	174.9	232.2	53.9	129.8	240.8
EXCEPT NEEDS CARE COORDINATION	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FP - IP HOSP	Admits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
FP - OP HOSP	Claims	40.4	58.4	0.0	0.0	5.1	4.0	8.0	0.0	0.0	5.1	10.1	3.6
FP - PHYS	Services	1,486.6	1,354.7	0.7	0.1	367.3	92.6	188.4	0.1	0.0	155.7	822.4	562.4
HYSTERECTOMY - ANESTHESIA	Services	2.1	0.8	0.0	0.0	0.0	1.3	0.9	0.6	0.0	0.0	2.5	1.1
HYSTERECTOMY - IP HOSP	Admits	5.6	0.5	0.0	0.0	0.0	3.4	4.0	1.3	0.0	0.0	6.1	5.9
HYSTERECTOMY - OP HOSP	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
HYSTERECTOMY - PHYS	Services	10.2	1.0	0.0	0.0	0.0	4.4	5.2	1.7	0.0	0.0	8.2	7.6
IP HOSP - ACUTE DETOX	Admits	0.4	0.0	0.0	0.0	0.0	0.5	1.2	0.1	0.0	0.0	1.1	3.3
IP HOSP - MATERNITY	Admits	95.2	849.0	0.0	0.0	6.3	2.4	6.8	0.0	0.0	3.8	17.6	4.7
IP HOSP - MATERNITY / STERILIZATION	Admits	6.6	46.4	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	1.4	0.1
IP HOSP - MEDICAL/SURGICAL	Admits	68.0	16.4	99.4	27.4	20.1	333.5	398.2	343.5	357.1	28.8	111.2	293.7
IP HOSP - NEWBORN	Admits	0.0	0.3	1,540.6	0.3	0.0	0.0	1.4	0.0	0.0	18.3	0.0	0.0
IP HOSP - POST HOSP EXTENDED CARE	Days	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units	1,840.5	3,282.0	1,502.6	289.9	414.1	3,399.7	3,526.1	2,746.9	3,159.8	467.2	1,701.1	3,123.7
LAB & RAD - LAB	Services	3,156.4	8,039.9	547.8	364.6	538.3	1,940.7	4,199.9	1,179.0	4,142.9	653.9	2,489.4	3,762.3
LAB & RAD - THERAPEUTIC X-RAY	Coded Units	43.1	1.5	0.6	2.6	0.7	116.2	236.9	110.8	161.1	4.8	55.0	116.7
OP ER - SOMATIC MH	Claims	55.5	13.3	0.6	0.5	9.0	98.1	104.4	12.5	4.3	21.0	34.9	88.6
OP HOSP - BASIC	Claims	2,861.0	1,497.4	1,980.5	911.8	653.0	3,679.8	4,556.9	2,094.8	3,326.7	806.3	1,182.8	2,132.7
OP HOSP - DENTAL DIAGNOSTIC	Claims	88.7	51.5	5.1	49.8	86.5	29.3	50.6	7.7	31.8	40.6	37.8	60.0
OP HOSP - DENTAL PREVENTIVE	Claims	1.9	1.7	0.0	3.0	4.9	0.5	1.7	0.3	0.0	3.6	0.0	0.0
OP HOSP - DENTAL RESTORATIVE	Claims	0.1	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.1	0.1	0.0
OP HOSP - EMERGENCY ROOM	Claims	1,726.3	679.3	1,232.1	722.5	480.0	1,221.3	1,516.7	534.9	589.3	320.8	1,060.2	1,680.6
OP HOSP - LAB & RAD	Claims	2,657.2	2,356.5	1,011.7	452.6	542.8	3,157.3	4,037.9	2,252.7	3,390.8	732.1	1,916.0	2,951.7
OP HOSP - MATERNITY	Claims	678.9	6,956.8	1.0	0.2	36.0	13.3	53.8	0.0	4.3	26.2	110.2	55.7
OP HOSP - POST HOSP EXTENDED CARE	Claims	0.0	0.0	0.1	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.1
OP HOSP - PRES DRUGS BASIC	Claims	1,215.3	1,212.6	551.6	399.6	255.6	1,094.1	1,544.7	489.9	828.5	208.4	584.2	932.9
OP HOSP - PRES DRUGS MH/CD	Claims	43.1	10.8	0.1	0.3	4.4	115.4	97.5	24.0	57.7	7.6	31.3	107.9
OP HOSP - SOMATIC MH	Claims	99.6	18.8	0.7	7.1	26.7	244.1	303.4	57.7	21.4	106.0	62.4	119.0
OTH MED - DME	Services	164.6	120.3	254.8	66.9	34.2	3,165.6	2,509.2	3,431.8	1,420.4	171.9	76.8	142.0
OTH MED - HHC/PDN	Claims	42.1	16.4	45.1	15.8	7.7	105.2	503.1	37.9	458.1	68.3	0.0	0.6
OTH MED - HOSPICE	Claims	0.2	0.2	0.7	0.0	0.0	1.4	39.9	7.7	15.9	0.5	1.2	6.8
OTH MED - MATERNITY MGT	Claims	308.8	2,365.0	0.1	0.0	28.9	11.4	31.6	1.2	0.0	24.9	33.6	13.2
OTH MED - SUPPLIES	Coded Units	5,114.7	4,215.0	3,666.7	1,999.5	1,731.6	394,774.4	342,736.4	400,845.0	192,080.6	27,884.0	3,637.9	8,619.7
PHYS CONSULTATION, IP & ER VISITS	Services	1,046.0	1,270.9	3,148.3	363.5	256.1	2,562.3	2,982.2	1,842.6	2,150.7	412.3	1,060.5	2,392.8
PHYS HOME OR LONG-TERM CARE VISITS	Services	18.7	80.2	146.4	6.2	1.7	263.9	203.1	762.7	439.0	3.5	7.7	18.5
PHYS MATERNITY	Services	524.4	4,504.9	3.2	0.2	30.4	17.2	35.3	0.0	0.0	18.1	84.7	34.5
PHYS NEWBORN	Services	3.8	6.9	1,899.9	3.8	1.8	15.0	24.8	7.0	9.5	36.5	3.7	35.6
PHYS OFFICE VISITS	Coded Units	3,718.7	1,693.3	7,968.7	2,485.0	1,546.2	5,880.2	6,101.6	3,560.4	4,960.0	2,024.8	4,017.5	5,524.1
PHYS OTHER	Services	1,446.0	1,557.6	7,309.8	1,408.4	498.0	4,102.8	3,971.6	2,346.4	3,076.5	1,532.4	1,339.9	2,135.3
PHYS SOMATIC MH	Services	447.1	105.2	18.0	613.2	1,002.6	1,526.8	2,755.5	372.9	245.0	2,545.5	445.6	768.5

Copy of Exhibit 05-07 (Final).xls  
Exhibit5B-UTL-FFS  
3/9/2005

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

## Development of Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

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

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

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PRES DRUGS - BASIC	Scripts Filled	12,268.3	7,684.0	3,787.3	2,741.4	2,585.7	58,744.6	31,306.1	74,755.1	33,027.7	5,629.7	13,779.9	22,213.2
PRES DRUGS - FP	Scripts Filled	809.7	647.6	0.3	0.4	134.7	399.6	290.9	4.8	66.0	146.7	1,009.1	421.9
PRES DRUGS - MH/CD	Scripts Filled	3,847.4	917.3	2.1	24.1	357.4	23,077.7	9,656.6	13,452.3	2,537.6	2,598.2	4,396.6	7,131.9
PRES DRUGS - NEURONTIN	Scripts Filled	188.2	7.7	0.0	0.3	6.3	1,071.0	603.8	606.6	131.9	40.2	157.2	344.0
PRES DRUGS - TOBACCO CESSATION	Scripts Filled	113.8	32.3	0.0	0.0	3.9	186.2	127.2	42.6	12.7	4.7	125.4	193.7
SCHOOL-BASED HEALTH SERVICES	Services	0.2	0.7	20.8	70.0	56.4	6.9	770.9	0.0	0.0	292.4	0.1	0.4
STERILIZATION - ANESTHESIA FEMALE	Services	13.5	47.2	0.0	0.0	0.0	0.9	1.1	0.0	0.0	0.0	5.8	0.8
STERILIZATION - ANESTHESIA MALE	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
STERILIZATION - IP HOSP FEMALE	Admits	6.3	37.0	0.0	0.0	0.0	0.1	0.5	0.0	0.0	0.0	0.6	0.3
STERILIZATION - IP HOSP MALE	Admits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
STERILIZATION - OP HOSP FEMALE	Claims	2.7	5.3	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	1.0	0.2
STERILIZATION - OP HOSP MALE	Claims	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
STERILIZATION - PHY FEMALE	Services	24.3	104.7	0.0	0.0	0.0	1.1	1.3	0.0	0.0	0.0	8.0	1.5
STERILIZATION - PHY MALE	Services	1.3	0.0	0.0	0.0	0.0	0.6	0.4	0.0	0.0	0.0	5.6	0.4
SURGERY	Claims	696.4	1,020.0	691.6	141.0	161.1	1,117.7	1,585.2	765.5	1,291.7	219.8	713.0	1,166.6
TARGETED CASE MAN - BABIES FIRST	Claims	0.0	0.1	782.5	111.2	0.0	0.9	36.4	0.4	0.0	19.4	0.0	0.0
TARGETED CASE MAN - HIV	Claims	0.2	0.1	0.0	0.0	0.0	4.4	3.4	0.0	0.0	0.0	0.1	0.3
TARGETED CASE MAN - SUBS ABUSE MOMS	Claims	0.0	0.0	4.2	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
THERAPEUTIC ABORTION - IP HOSP	Admits	0.1	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
THERAPEUTIC ABORTION - OP HOSP	Claims	22.3	94.5	0.0	0.0	1.2	0.3	0.9	0.0	0.0	0.4	7.6	3.4
THERAPEUTIC ABORTION - PHYS	Services	106.8	455.7	0.0	0.0	7.4	2.2	3.9	0.1	0.0	1.8	36.7	16.7
TOBACCO CES-IP HSP	Admits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOBACCO CES-OP HSP	Claims	2.7	0.7	0.0	0.0	0.1	2.3	3.5	0.3	0.0	0.1	1.4	2.3
TOBACCO CES-PHYS	Services	33.0	13.4	0.1	0.0	2.3	16.6	20.1	2.5	6.6	2.5	22.4	50.0
TRANSPORTATION - AMBULANCE	Services	174.4	159.9	127.5	34.6	36.2	863.6	690.4	819.1	550.7	45.4	126.2	361.5
TRANSPORTATION - OTHER	Services	2,885.1	730.3	185.8	83.7	201.0	19,667.9	14,674.0	11,131.8	5,730.7	1,373.5	2.7	11.5
VISION CARE - EXAMS & THERAPY	Coded Units	278.7	178.6	47.2	64.5	204.9	503.7	433.3	491.6	690.4	216.1	66.3	125.1
VISION CARE - MATERIALS & FITTING	Coded Units	888.7	626.1	7.2	100.6	616.8	1,104.3	1,076.5	771.9	1,224.9	602.6	2.3	3.0
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
CD SERVICES - METHADONE	Services	1,713.4	444.5	0.0	0.0	7.0	1,282.7	3,485.6	13.2	23.7	867.8	1,328.6	4,248.8
CD SERVICES - OP	Services	2,998.0	745.6	2.0	0.6	303.2	486.4	1,098.9	10.5	0.0	2,040.4	1,669.0	5,729.1

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 5-B

## Development of Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

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

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

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	Services	7.5	2.7	0.0	21.0	10.3	10.4	22.6	2.8	0.0	12.9	6.1	6.0
DENTAL - ANESTHESIA SURGICAL	Services	11.9	1.6	0.0	47.3	36.3	7.4	21.3	1.0	0.0	53.6	0.5	0.4
DENTAL - DIAGNOSTIC	Services	349.2	138.8	6.2	372.5	649.9	408.5	457.8	133.3	134.2	1,012.1	132.7	156.6
DENTAL - ENDODONTICS	Services	14.3	10.4	0.0	61.8	24.5	8.0	24.8	5.2	0.0	36.3	0.3	0.2
DENTAL - IP FIXED	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
DENTAL - MAXILLOFACIAL PROS	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DENTAL - ORAL SURGERY	Services	109.3	31.8	0.0	55.6	96.5	88.5	126.3	34.0	0.0	98.6	73.6	116.3
DENTAL - ORTHODONTICS	Services	0.0	0.0	0.0	0.0	0.1	0.0	0.3	0.0	0.0	0.0	0.0	0.0
DENTAL - PERIODONTICS	Services	21.3	14.3	0.0	0.0	4.9	53.4	25.6	3.5	0.0	2.5	0.0	0.0
DENTAL - PREVENTIVE	Services	27.5	19.7	0.7	155.1	340.0	75.6	149.4	20.1	0.0	637.0	0.0	0.0
DENTAL - PROS REMOVABLE	Services	6.6	1.1	0.0	1.2	0.3	39.9	19.1	55.2	0.0	0.6	0.0	0.0
DENTAL - RESTORATIVE	Services	107.7	61.4	4.1	300.7	301.8	185.5	186.5	46.5	146.4	545.2	4.0	2.7
DENTAL - TOBACCO CES	Services	1.1	0.0	0.0	0.0	0.1	0.0	0.8	0.0	0.0	1.8	0.2	0.5
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	Days	92.0	25.7	1.4	0.8	63.8	627.9	866.7	76.0	38.4	394.6	120.0	584.1
MH SERVICES ALTERNATIVE TO IP	Services	0.2	0.3	0.0	0.0	1.3	27.6	38.0	0.1	0.0	23.0	1.1	15.9
MH SERVICES ASSESS & EVAL	Services	221.1	40.8	0.4	20.8	73.5	216.6	361.3	20.7	77.1	386.6	101.1	296.7
MH SERVICES CASE MANAGEMENT	Services	117.9	23.2	0.0	23.1	106.4	1,754.3	2,103.1	61.0	141.3	577.2	88.9	372.6
MH SERVICES CONSULTATION	Services	21.3	11.9	0.0	8.6	35.7	178.8	242.2	41.0	51.4	260.5	10.9	44.5
MH SERVICES FAMILY SUPPORT	Services	0.5	0.3	0.4	5.0	6.1	13.9	9.0	0.1	0.0	20.1	0.3	0.1
MH SERVICES ANCILLARY SERVICES	Services	1.9	0.0	0.0	0.3	0.4	4.6	9.0	0.5	25.7	0.0	1.4	2.7
MH SERVICES INTENSIVE THERAPY SVCS	Services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MH SERVICES MED MANAGEMENT	Services	122.7	19.8	0.0	3.8	45.5	1,023.6	1,062.0	44.1	128.4	369.7	126.6	317.8
MH SERVICES OP THERAPY	Services	556.7	141.7	3.7	95.2	414.9	2,292.8	2,332.0	127.4	167.0	2,701.3	357.8	728.7
MH SERVICES OTHER OP	Claims	0.0	0.0	0.0	1.6	2.7	19.9	18.8	1.5	0.0	22.1	0.1	0.1
MH SERVICES PHYS IP	Services	12.7	3.1	0.0	0.2	1.7	1,115.6	157.1	114.3	308.2	27.8	13.3	46.6
MH SERVICES PHYS OP	Services	12.2	2.6	0.0	0.3	0.7	78.4	51.7	6.5	0.0	8.0	3.7	9.2
MH SERVICES SUPPORT DAY PROGRAM	Services	74.3	17.6	0.0	27.0	68.5	5,869.9	4,386.7	112.4	51.4	878.4	77.0	500.6

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## Development of MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

### Summary of Managed Care Organization Average Cost per Unit of Service [Reported Billed Charges Adjusted for Cost Trend, Cost-to-Charge, and Budget Issues]

# EXHIBIT 6-A

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ANESTHESIA	Services	\$223.87	\$223.22	\$226.87	\$207.86	\$205.86	\$42.94	\$245.53	\$39.24	\$234.65	\$214.76	\$225.22	\$230.79
EXCEPT NEEDS CARE COORDINATION	Services	\$0.00	\$0.00	\$0.00	\$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	\$69.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - OP HOSP	Claims	\$108.77	\$213.00	\$47.09	\$45.06	\$65.67	\$13.20	\$66.61	\$0.00	\$0.00	\$68.34	\$83.47	\$56.83
FP - PHYS	Services	\$55.64	\$96.80	\$46.73	\$40.11	\$39.08	\$8.13	\$39.17	\$13.57	\$0.00	\$35.49	\$57.04	\$46.99
HYSTERECTOMY - ANESTHESIA	Services	\$269.53	\$283.20	\$0.00	\$201.96	\$0.00	\$56.60	\$321.13	\$65.28	\$742.15	\$0.00	\$285.97	\$302.51
HYSTERECTOMY - IP HOSP	Admits	\$6,966.64	\$14,528.92	\$0.00	\$0.00	\$5,977.87	\$0.00	\$7,199.09	\$0.00	\$25,312.83	\$0.00	\$6,472.88	\$7,351.79
HYSTERECTOMY - OP HOSP	Claims	\$2,188.97	\$0.00	\$0.00	\$0.00	\$166.47	\$0.00	\$2,360.80	\$0.00	\$0.00	\$0.00	\$2,937.28	\$1,767.48
HYSTERECTOMY - PHYS	Services	\$569.95	\$365.14	\$0.00	\$0.00	\$1,161.95	\$113.53	\$625.32	\$134.78	\$643.04	\$0.00	\$595.74	\$640.03
IP HOSP - ACUTE DETOX	Admits	\$1,694.62	\$2,393.36	\$0.00	\$0.00	\$1,352.86	\$0.00	\$3,232.29	\$0.00	\$0.00	\$0.00	\$2,402.90	\$2,045.81
IP HOSP - MATERNITY	Admits	\$3,553.37	\$3,589.48	\$533.69	\$0.00	\$3,644.39	\$0.00	\$4,186.88	\$0.00	\$0.00	\$4,162.18	\$3,519.80	\$4,025.02
IP HOSP - MATERNITY / STERILIZATION	Admits	\$5,041.16	\$5,016.40	\$0.00	\$0.00	\$3,629.49	\$0.00	\$6,601.42	\$0.00	\$0.00	\$0.00	\$5,247.55	\$4,611.41
IP HOSP - MEDICAL/SURGICAL	Admits	\$8,118.13	\$5,329.25	\$9,125.34	\$5,672.44	\$7,867.52	\$0.00	\$10,388.63	\$0.00	\$9,739.31	\$10,258.89	\$8,736.43	\$9,524.04
IP HOSP - NEWBORN	Admits	\$1,636.84	\$2,577.21	\$2,985.44	\$2,893.86	\$422.25	\$0.00	\$2,913.83	\$0.00	\$0.00	\$22,478.61	\$432.07	\$0.00
IP HOSP - POST HOSP EXTENDED CARE	Days	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units	\$55.48	\$75.43	\$30.58	\$32.51	\$37.91	\$8.73	\$49.38	\$7.86	\$49.86	\$44.44	\$54.42	\$52.62
LAB & RAD - LAB	Services	\$16.51	\$16.06	\$12.44	\$11.45	\$13.76	\$0.00	\$16.15	\$0.00	\$11.88	\$16.01	\$16.82	\$16.98
LAB & RAD - THERAPEUTIC X-RAY	Coded Units	\$97.79	\$72.31	\$60.53	\$122.81	\$132.17	\$21.09	\$107.57	\$19.43	\$95.93	\$94.17	\$105.88	\$111.88
OP ER - SOMATIC MH	Claims	\$175.89	\$185.86	\$87.68	\$171.99	\$189.47	\$40.06	\$221.49	\$41.16	\$315.88	\$218.24	\$177.88	\$202.23
OP HOSP - BASIC	Claims	\$234.02	\$177.59	\$143.35	\$226.31	\$205.09	\$85.42	\$277.95	\$77.55	\$540.72	\$243.37	\$281.51	\$268.10
OP HOSP - DENTAL DIAGNOSTIC	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - DENTAL PREVENTIVE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - DENTAL RESTORATIVE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - EMERGENCY ROOM	Claims	\$148.78	\$142.27	\$117.18	\$119.00	\$129.44	\$34.56	\$171.97	\$43.13	\$242.53	\$136.66	\$145.33	\$151.74
OP HOSP - LAB & RAD	Claims	\$169.81	\$99.33	\$127.47	\$117.09	\$136.45	\$43.47	\$189.54	\$43.62	\$171.91	\$147.96	\$167.27	\$187.59
OP HOSP - MATERNITY	Claims	\$190.31	\$163.67	\$276.25	\$135.08	\$195.06	\$56.89	\$212.21	\$110.45	\$25.52	\$171.85	\$213.08	\$229.05
OP HOSP - POST HOSP EXTENDED CARE	Claims	\$134.80	\$92.65	\$293.06	\$247.89	\$233.51	\$82.61	\$337.45	\$52.20	\$0.00	\$150.94	\$360.73	\$452.51
OP HOSP - PRES DRUGS BASIC	Claims	\$57.46	\$56.21	\$51.93	\$36.01	\$48.42	\$83.86	\$110.76	\$109.87	\$171.60	\$62.45	\$73.67	\$75.51
OP HOSP - PRES DRUGS MH/CD	Claims	\$22.21	\$20.53	\$157.69	\$22.03	\$19.13	\$24.73	\$25.65	\$85.62	\$17.91	\$24.24	\$25.82	\$27.12
OP HOSP - SOMATIC MH	Claims	\$125.02	\$102.02	\$304.50	\$190.31	\$116.41	\$36.52	\$137.47	\$43.84	\$209.03	\$129.93	\$123.95	\$133.82
OTH MED - DME	Services	\$87.22	\$40.05	\$68.64	\$55.16	\$59.69	\$24.64	\$134.16	\$19.36	\$83.75	\$84.11	\$91.96	\$111.96
OTH MED - HHC/PDN	Claims	\$133.20	\$171.30	\$171.09	\$165.88	\$116.60	\$0.00	\$216.36	\$0.00	\$132.82	\$175.42	\$123.53	\$162.22
OTH MED - HOSPICE	Claims	\$1,299.17	\$19.34	\$379.67	\$949.18	\$395.56	\$0.00	\$1,002.93	\$0.00	\$635.11	\$105.74	\$714.92	\$1,022.50
OTH MED - MATERNITY MGT	Claims	\$81.50	\$76.47	\$0.00	\$0.00	\$77.99	\$0.00	\$159.11	\$0.00	\$0.00	\$0.00	\$65.04	\$145.49
OTH MED - SUPPLIES	Coded Units	\$3.11	\$4.20	\$4.94	\$2.42	\$3.95	\$0.78	\$0.92	\$0.60	\$0.77	\$1.04	\$4.78	\$3.32
PHYS CONSULTATION, IP & ER VISITS	Services	\$93.12	\$85.99	\$123.20	\$85.45	\$88.49	\$17.17	\$95.86	\$16.73	\$99.02	\$116.44	\$95.15	\$94.83
PHYS HOME OR LONG-TERM CARE VISITS	Services	\$72.49	\$60.04	\$68.03	\$69.01	\$61.59	\$17.26	\$66.82	\$11.86	\$95.87	\$71.03	\$83.20	\$81.61
PHYS MATERNITY	Services	\$686.12	\$699.56	\$97.48	\$157.18	\$551.11	\$81.10	\$460.08	\$5.83	\$73.35	\$426.75	\$378.82	\$229.50
PHYS NEWBORN	Services	\$87.42	\$107.87	\$92.21	\$129.26	\$151.74	\$20.26	\$111.31	\$19.04	\$103.55	\$170.67	\$105.07	\$103.93
PHYS OFFICE VISITS	Coded Units	\$60.49	\$58.56	\$64.24	\$61.27	\$59.04	\$11.28	\$61.19	\$11.39	\$60.17	\$64.48	\$60.81	\$60.83
PHYS OTHER	Services	\$37.03	\$27.65	\$14.31	\$15.02	\$20.49	\$12.55	\$63.42	\$12.52	\$62.84	\$50.97	\$42.42	\$53.75
PHYS SOMATIC MH	Services	\$49.00	\$50.21	\$66.73	\$59.46	\$54.02	\$6.94	\$40.34	\$11.28	\$35.88	\$56.29	\$48.56	\$50.35

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 6-A**

**Development of MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**

**Summary of Managed Care Organization Average Cost per Unit of Service [Reported Billed Charges Adjusted for Cost Trend, Cost-to-Charge, and Budget Issues]**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PRES DRUGS - BASIC	Scripts Filled	\$37.45	\$26.80	\$22.75	\$24.71	\$38.95	\$56.47	\$53.75	\$40.75	\$41.68	\$50.77	\$41.96	\$46.51
PRES DRUGS - FP	Scripts Filled	\$47.56	\$52.28	\$67.04	\$62.25	\$48.51	\$42.74	\$46.31	\$100.07	\$0.00	\$48.67	\$47.14	\$47.02
PRES DRUGS - MH/CD	Scripts Filled	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRES DRUGS - NEURONTIN	Scripts Filled	\$170.37	\$200.11	\$0.00	\$97.98	\$136.69	\$192.57	\$185.51	\$133.24	\$148.06	\$149.62	\$169.15	\$174.91
PRES DRUGS - TOBACCO CESSATION	Scripts Filled	\$77.64	\$78.63	\$0.00	\$72.45	\$79.18	\$75.28	\$72.78	\$79.94	\$72.99	\$74.01	\$79.87	\$78.06
SCHOOL-BASED HEALTH SERVICES	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - ANESTHESIA FEMALE	Services	\$205.36	\$204.77	\$0.00	\$0.00	\$0.00	\$38.35	\$223.09	\$0.00	\$0.00	\$0.00	\$208.57	\$223.51
STERILIZATION - ANESTHESIA MALE	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$119.07	\$194.28
STERILIZATION - IP HOSP FEMALE	Admits	\$5,658.02	\$5,952.32	\$0.00	\$0.00	\$5,195.82	\$0.00	\$7,725.11	\$0.00	\$0.00	\$0.00	\$5,059.53	\$11,524.70
STERILIZATION - IP HOSP MALE	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	Claims	\$1,743.73	\$1,583.87	\$0.00	\$0.00	\$0.00	\$306.57	\$1,487.74	\$0.00	\$0.00	\$0.00	\$1,554.08	\$1,300.99
STERILIZATION - OP HOSP MALE	Claims	\$360.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$568.33	\$0.00	\$0.00	\$0.00	\$869.87	\$1,141.34
STERILIZATION - PHY FEMALE	Services	\$266.87	\$229.06	\$0.00	\$0.00	\$103.37	\$65.22	\$278.54	\$0.00	\$0.00	\$0.00	\$342.18	\$373.72
STERILIZATION - PHY MALE	Services	\$475.95	\$0.00	\$0.00	\$665.97	\$362.77	\$92.81	\$494.05	\$0.00	\$0.00	\$0.00	\$446.87	\$500.41
SURGERY	Claims	\$151.53	\$33.95	\$101.35	\$162.95	\$145.89	\$38.93	\$153.30	\$40.41	\$208.41	\$140.82	\$151.28	\$176.41
TARGETED CASE MAN - BABIES FIRST	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - HIV	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - SUBS ABUSE MOMS	Claims	\$0.00	\$0.00	\$0.00	\$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	\$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	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - PHYS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOBACCO CES-IP HSP	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,048.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOBACCO CES-OP HSP	Claims	\$161.56	\$83.77	\$0.00	\$0.00	\$74.25	\$29.84	\$99.16	\$19.43	\$139.68	\$96.09	\$113.33	\$144.95
TOBACCO CES-PHYS	Services	\$39.96	\$46.62	\$32.22	\$66.99	\$36.72	\$7.99	\$36.02	\$7.47	\$24.26	\$38.10	\$40.62	\$36.63
TRANSPORTATION - AMBULANCE	Services	\$246.59	\$324.15	\$553.12	\$309.55	\$273.79	\$41.05	\$231.66	\$39.68	\$193.63	\$274.36	\$237.69	\$228.97
TRANSPORTATION - OTHER	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION CARE - EXAMS & THERAPY	Coded Units	\$64.81	\$62.01	\$104.74	\$63.93	\$61.19	\$67.31	\$71.23	\$75.76	\$74.87	\$60.22	\$64.61	\$67.45
VISION CARE - MATERIALS & FITTING	Coded Units	\$22.66	\$22.36	\$32.73	\$22.24	\$22.40	\$25.51	\$24.75	\$27.45	\$29.79	\$24.17	\$23.00	\$24.07
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX	Services	\$1,577.40	\$884.11	\$0.00	\$0.00	\$1,059.38	\$1,308.80	\$1,045.44	\$1,370.23	\$522.20	\$0.00	\$1,378.03	\$1,079.11
CD SERVICES - METHADONE	Services	\$25.76	\$26.19	\$0.00	\$0.00	\$34.62	\$39.96	\$31.81	\$48.63	\$0.00	\$37.85	\$26.64	\$29.04
CD SERVICES - OP	Services	\$62.19	\$62.68	\$0.00	\$93.09	\$60.10	\$31.67	\$63.07	\$34.58	\$76.65	\$57.25	\$61.97	\$60.61

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-A

## Development of MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

### Summary of Managed Care Organization Average Cost per Unit of Service [Reported Billed Charges Adjusted for Cost Trend, Cost-to-Charge, and Budget Issues]

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	Services	\$68.74	\$76.63	\$61.17	\$152.00	\$74.53	\$67.84	\$65.07	\$45.99	\$40.85	\$102.33	\$59.29	\$58.94
DENTAL - ANESTHESIA SURGICAL	Services	\$99.80	\$94.07	\$67.53	\$65.93	\$53.18	\$90.03	\$78.99	\$96.65	\$53.58	\$59.77	\$93.80	\$92.86
DENTAL - DIAGNOSTIC	Services	\$34.94	\$35.25	\$40.75	\$27.60	\$29.12	\$28.96	\$26.86	\$27.87	\$23.99	\$28.21	\$32.89	\$32.88
DENTAL - ENDODONTICS	Services	\$335.09	\$330.76	\$316.80	\$97.75	\$190.26	\$312.05	\$265.96	\$275.99	\$238.09	\$163.30	\$319.21	\$314.47
DENTAL - I/P FIXED	Services	\$226.72	\$176.02	\$0.00	\$0.00	\$71.95	\$321.82	\$268.48	\$113.98	\$212.78	\$231.81	\$231.33	\$220.19
DENTAL - MAXILLOFACIAL PROS	Services	\$0.58	\$0.00	\$0.00	\$0.00	\$31.33	\$1.12	\$0.14	\$1.58	\$0.00	\$0.00	\$0.00	\$0.18
DENTAL - ORAL SURGERY	Services	\$124.20	\$126.56	\$89.68	\$89.97	\$104.25	\$108.78	\$100.09	\$103.62	\$79.97	\$114.40	\$114.72	\$109.79
DENTAL - ORTHODONTICS	Services	\$0.00	\$0.00	\$277.69	\$401.34	\$372.81	\$1,334.83	\$1,013.25	\$0.00	\$0.00	\$502.64	\$116.29	\$87.22
DENTAL - PERIODONTICS	Services	\$137.84	\$121.14	\$168.91	\$145.09	\$112.64	\$109.19	\$104.91	\$98.92	\$116.76	\$91.32	\$121.93	\$118.28
DENTAL - PREVENTIVE	Services	\$51.96	\$54.30	\$29.59	\$58.53	\$51.18	\$51.45	\$46.70	\$53.13	\$48.60	\$50.76	\$51.79	\$50.15
DENTAL - PROS REMOVABLE	Services	\$490.74	\$469.26	\$45.92	\$528.95	\$432.85	\$358.05	\$359.17	\$334.58	\$278.76	\$456.31	\$460.36	\$444.63
DENTAL - RESTORATIVE	Services	\$104.30	\$91.84	\$89.44	\$107.89	\$88.60	\$100.79	\$92.57	\$97.79	\$91.60	\$87.24	\$97.76	\$97.37
DENTAL - TOBACCO CES	Services	\$32.52	\$31.72	\$0.00	\$21.87	\$30.88	\$27.33	\$26.85	\$27.67	\$20.79	\$30.70	\$30.74	\$28.98
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	Days	\$828.49	\$879.51	\$1,404.92	\$986.97	\$827.64	\$0.00	\$831.08	\$0.00	\$2,908.22	\$786.61	\$778.26	\$763.54
MH SERVICES ALTERNATIVE TO IP	Services	\$309.49	\$351.51	\$0.00	\$383.09	\$501.90	\$256.36	\$322.04	\$508.19	\$0.00	\$773.01	\$264.08	\$248.50
MH SERVICES ASSESS & EVAL	Services	\$142.04	\$150.11	\$106.97	\$134.32	\$150.24	\$111.40	\$143.61	\$126.56	\$145.99	\$139.21	\$148.55	\$141.44
MH SERVICES CASE MANAGEMENT	Services	\$59.54	\$61.89	\$27.46	\$42.98	\$52.12	\$59.89	\$68.93	\$59.85	\$105.75	\$49.27	\$63.79	\$63.43
MH SERVICES CONSULTATION	Services	\$53.39	\$41.19	\$21.05	\$49.94	\$50.54	\$41.06	\$51.82	\$49.68	\$44.39	\$56.82	\$46.41	\$45.56
MH SERVICES FAMILY SUPPORT	Services	\$47.47	\$56.35	\$0.00	\$41.69	\$44.55	\$58.12	\$68.70	\$36.31	\$28.42	\$53.35	\$58.37	\$31.63
MH SERVICES ANCILLARY SERVICES	Services	\$35.06	\$0.00	\$0.00	\$33.97	\$47.99	\$32.69	\$39.88	\$32.97	\$27.59	\$33.09	\$41.28	\$40.20
MH SERVICES INTENSIVE THERAPY SVCS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	Services	\$77.02	\$86.99	\$102.87	\$88.40	\$84.04	\$53.02	\$67.32	\$56.81	\$79.43	\$74.40	\$79.14	\$72.33
MH SERVICES OP THERAPY	Services	\$95.75	\$99.29	\$86.62	\$82.89	\$89.21	\$73.90	\$90.34	\$81.14	\$91.38	\$82.40	\$99.39	\$91.72
MH SERVICES OTHER OP	Claims	\$143.55	\$0.00	\$0.00	\$731.46	\$750.72	\$305.98	\$799.09	\$443.75	\$0.00	\$716.86	\$170.21	\$176.22
MH SERVICES PHYS IP	Services	\$157.42	\$178.11	\$0.00	\$90.70	\$148.39	\$81.62	\$123.26	\$100.11	\$36.81	\$136.94	\$160.96	\$163.96
MH SERVICES PHYS OP	Services	\$98.66	\$85.22	\$104.45	\$103.80	\$137.87	\$73.70	\$125.95	\$98.23	\$152.92	\$358.34	\$109.11	\$117.76
MH SERVICES SUPPORT DAY PROGRAM	Services	\$76.85	\$71.81	\$0.00	\$75.36	\$86.96	\$67.68	\$77.39	\$72.56	\$65.87	\$91.55	\$80.79	\$76.25

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-B

## Development of Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

### Summary of Fee-for-Service Paid per Unit of Service [Adjusted for Cost Trend, Cost-to-Charge, and Budget Issues]

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>														
ADMINISTRATIVE EXAMS	Services	\$207.68	\$225.41	\$17.05	\$93.57	\$276.29	\$155.77	\$137.62	\$121.89	\$130.33	\$241.51	\$0.00	\$184.23	\$169.02
ANESTHESIA	Services	\$329.31	\$340.03	\$407.45	\$318.32	\$311.49	\$58.66	\$343.57	\$36.96	\$299.18	\$336.18	\$349.87	\$356.31	\$375.21
EXCEPT NEEDS CARE COORDINATION	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - IP HOSP	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - OP HOSP	Claims	\$82.91	\$71.97	\$0.00	\$0.00	\$64.86	\$26.73	\$99.04	\$0.00	\$0.00	\$72.09	\$0.00	\$77.66	\$108.45
FP - PHYS	Services	\$67.93	\$81.06	\$36.58	\$19.65	\$64.30	\$59.26	\$69.48	\$129.98	\$0.00	\$62.93	\$68.13	\$74.30	\$75.70
HYSTERECTOMY - ANESTHESIA	Services	\$415.53	\$351.90	\$0.00	\$0.00	\$0.00	\$61.48	\$478.11	\$75.81	\$0.00	\$0.00	\$505.76	\$451.61	\$477.07
HYSTERECTOMY - IP HOSP	Admits	\$5,767.02	\$2,733.96	\$0.00	\$0.00	\$0.00	\$156.44	\$6,377.45	\$1,090.55	\$0.00	\$0.00	\$7,264.17	\$4,652.11	\$6,216.08
HYSTERECTOMY - OP HOSP	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYSTERECTOMY - PHYS	Services	\$402.20	\$237.24	\$0.00	\$0.00	\$0.00	\$13.33	\$421.45	\$12.76	\$0.00	\$0.00	\$349.43	\$419.93	\$428.82
IP HOSP - ACUTE DETOX	Admits	\$3,089.35	\$0.00	\$0.00	\$0.00	\$910.96	\$483.24	\$2,725.89	\$0.00	\$0.00	\$0.00	\$3,199.33	\$2,091.62	\$2,167.03
IP HOSP - MATERNITY	Admits	\$2,485.34	\$2,290.83	\$0.00	\$0.00	\$2,351.45	\$197.02	\$2,585.26	\$0.00	\$0.00	\$2,466.20	\$2,501.23	\$2,345.39	\$3,083.36
IP HOSP - MATERNITY / STERILIZATION	Admits	\$3,890.55	\$3,321.39	\$0.00	\$0.00	\$3,171.76	\$0.00	\$3,169.54	\$0.00	\$0.00	\$0.00	\$3,996.58	\$3,484.36	\$5,932.63
IP HOSP - MEDICAL/SURGICAL	Admits	\$6,855.48	\$6,167.99	\$7,904.90	\$5,288.57	\$7,485.00	\$223.41	\$8,507.65	\$628.35	\$7,922.38	\$7,511.55	\$8,746.44	\$7,240.93	\$8,053.01
IP HOSP - NEWBORN	Admits	\$623.92	\$1,234.34	\$2,925.13	\$1,571.22	\$0.00	\$0.00	\$21,162.06	\$0.00	\$0.00	\$6,121.19	\$532.19	\$0.00	\$0.00
IP HOSP - POST HOSP EXTENDED CARE	Days	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units	\$40.30	\$51.97	\$18.37	\$21.32	\$25.86	\$4.16	\$35.79	\$2.73	\$24.24	\$30.87	\$22.00	\$39.59	\$35.62
LAB & RAD - LAB	Services	\$14.83	\$14.32	\$7.87	\$9.90	\$12.25	\$3.35	\$14.08	\$2.52	\$9.87	\$12.56	\$31.38	\$15.31	\$15.89
LAB & RAD - THERAPEUTIC X-RAY	Coded Units	\$70.54	\$56.83	\$78.19	\$69.42	\$60.01	\$4.71	\$71.33	\$5.50	\$46.47	\$74.58	\$37.67	\$77.22	\$64.50
OP ER - SOMATIC MH	Claims	\$201.38	\$178.85	\$133.64	\$141.73	\$204.15	\$35.53	\$217.59	\$37.89	\$83.53	\$216.26	\$208.68	\$192.88	\$214.23
OP HOSP - BASIC	Claims	\$184.45	\$150.75	\$136.06	\$190.48	\$211.08	\$82.71	\$345.59	\$67.50	\$530.63	\$255.28	\$230.52	\$221.05	\$235.89
OP HOSP - DENTAL DIAGNOSTIC	Claims	\$178.98	\$174.18	\$189.21	\$177.65	\$181.65	\$171.04	\$177.09	\$166.60	\$230.97	\$180.13	\$0.00	\$169.59	\$172.20
OP HOSP - DENTAL PREVENTIVE	Claims	\$195.08	\$203.90	\$0.00	\$199.30	\$196.01	\$190.87	\$197.02	\$195.45	\$0.00	\$190.91	\$0.00	\$198.10	\$192.45
OP HOSP - DENTAL RESTORATIVE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.12	\$0.00	\$0.00	\$52.39	\$0.00	\$0.00	\$0.00
OP HOSP - EMERGENCY ROOM	Claims	\$121.14	\$121.27	\$104.00	\$101.27	\$105.76	\$34.84	\$139.69	\$37.57	\$157.15	\$105.30	\$161.32	\$123.45	\$131.96
OP HOSP - LAB & RAD	Claims	\$84.02	\$57.53	\$41.17	\$46.36	\$69.00	\$13.38	\$84.97	\$12.36	\$57.28	\$55.31	\$94.58	\$88.76	\$95.72
OP HOSP - MATERNITY	Claims	\$163.98	\$140.69	\$45.45	\$382.66	\$155.18	\$62.12	\$171.95	\$0.00	\$31.71	\$132.33	\$511.72	\$175.89	\$197.27
OP HOSP - POST HOSP EXTENDED CARE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - PRES DRUGS BASIC	Claims	\$58.35	\$53.92	\$39.11	\$35.69	\$41.45	\$51.11	\$159.10	\$27.54	\$69.99	\$84.41	\$55.61	\$75.87	\$99.41
OP HOSP - PRES DRUGS MH/CD	Claims	\$67.28	\$64.21	\$1.44	\$115.83	\$71.68	\$143.68	\$156.41	\$113.15	\$216.41	\$44.16	\$45.91	\$66.07	\$78.52
OP HOSP - SOMATIC MH	Claims	\$83.40	\$72.59	\$72.52	\$137.87	\$80.85	\$7.50	\$64.62	\$12.03	\$134.96	\$112.61	\$157.11	\$79.19	\$93.60
OTH MED - DME	Services	\$112.92	\$69.46	\$95.45	\$66.82	\$110.57	\$56.78	\$203.97	\$48.39	\$94.30	\$150.32	\$58.82	\$122.75	\$147.70
OTH MED - HHC/PDN	Claims	\$150.11	\$121.67	\$198.34	\$203.94	\$132.95	\$43.88	\$221.23	\$39.62	\$220.33	\$204.95	\$96.57	\$154.03	\$173.72
OTH MED - HOSPICE	Claims	\$1,095.42	\$312.18	\$1,543.14	\$3,837.06	\$459.78	\$1,772.41	\$3,167.89	\$2,847.91	\$1,431.92	\$4,968.85	\$0.00	\$1,934.24	\$3,061.92
OTH MED - MATERNITY MGT	Claims	\$127.57	\$111.64	\$52.73	\$0.00	\$215.42	\$162.79	\$183.23	\$203.22	\$0.00	\$1,179.96	\$55.41	\$112.92	\$125.72
OTH MED - SUPPLIES	Coded Units	\$2.28	\$5.97	\$3.84	\$1.97	\$1.90	\$0.49	\$1.12	\$0.52	\$0.96	\$1.22	\$27.70	\$2.42	\$2.47
PHYS CONSULTATION, IP & ER VISITS	Services	\$66.31	\$69.15	\$110.02	\$62.48	\$62.90	\$5.64	\$70.21	\$4.06	\$59.54	\$80.42	\$84.58	\$71.25	\$70.20
PHYS HOME OR LONG-TERM CARE VISITS	Services	\$129.89	\$117.01	\$148.13	\$158.00	\$120.39	\$9.53	\$55.66	\$10.32	\$48.76	\$92.77	\$0.00	\$94.54	\$56.08
PHYS MATERNITY	Services	\$401.04	\$380.43	\$110.06	\$61.04	\$352.85	\$89.53	\$289.72	\$0.00	\$0.00	\$270.64	\$751.20	\$272.34	\$230.28
PHYS NEWBORN	Services	\$81.11	\$46.13	\$68.63	\$62.39	\$99.32	\$53.97	\$105.69	\$11.18	\$45.65	\$33.45	\$113.44	\$142.30	\$142.30
PHYS OFFICE VISITS	Coded Units	\$78.11	\$63.02	\$76.72	\$66.55	\$81.78	\$14.20	\$59.87	\$11.00	\$66.69	\$66.46	\$45.97	\$66.69	\$73.69
PHYS OTHER	Services	\$35.01	\$14.29	\$17.82	\$17.76	\$34.40	\$10.56	\$62.27	\$13.19	\$76.79	\$38.26	\$26.33	\$38.24	\$46.55
PHYS SOMATIC MH	Services	\$67.07	\$64.43	\$214.92	\$146.68	\$124.98	\$15.46	\$114.18	\$35.79	\$51.91	\$109.34	\$56.10	\$66.86	\$70.13

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-B

## Development of Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

### Summary of Fee-for-Service Paid per Unit of Service [Adjusted for Cost Trend, Cost-to-Charge, and Budget Issues]

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PRES DRUGS - BASIC	Scripts Filled	\$32.96	\$23.33	\$17.58	\$22.74	\$36.12	\$46.97	\$52.22	\$31.27	\$34.93	\$46.33	\$19.62	\$36.94	\$42.26
PRES DRUGS - FP	Scripts Filled	\$44.57	\$53.74	\$56.08	\$46.77	\$49.02	\$39.38	\$40.67	\$57.46	\$16.53	\$45.39	\$0.00	\$44.86	\$44.18
PRES DRUGS - MH/CD	Scripts Filled	\$66.75	\$63.24	\$15.48	\$47.29	\$78.03	\$106.02	\$98.93	\$71.64	\$61.94	\$99.34	\$0.00	\$65.93	\$71.59
PRES DRUGS - NEURONTIN	Scripts Filled	\$160.11	\$188.05	\$0.00	\$92.07	\$128.45	\$180.97	\$174.33	\$125.21	\$139.14	\$140.61	\$36.44	\$158.96	\$164.37
PRES DRUGS - TOBACCO CESSATION	Scripts Filled	\$65.26	\$67.53	\$0.00	\$26.42	\$65.21	\$65.68	\$64.57	\$64.82	\$50.73	\$69.94	\$0.00	\$66.74	\$67.01
SCHOOL-BASED HEALTH SERVICES	Services	\$164.75	\$148.78	\$239.45	\$170.28	\$183.82	\$545.05	\$271.47	\$0.00	\$0.00	\$208.35	\$46.43	\$188.78	\$139.26
STERILIZATION - ANESTHESIA FEMALE	Services	\$289.79	\$280.81	\$0.00	\$0.00	\$292.81	\$48.49	\$318.27	\$0.00	\$0.00	\$0.00	\$286.12	\$308.83	\$341.95
STERILIZATION - ANESTHESIA MALE	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$208.48	\$0.00
STERILIZATION - IP HOSP FEMALE	Admits	\$4,091.88	\$3,607.16	\$0.00	\$0.00	\$0.00	\$0.00	\$5,357.18	\$0.00	\$0.00	\$0.00	\$4,361.87	\$4,417.71	\$4,198.18
STERILIZATION - IP HOSP MALE	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	Claims	\$465.14	\$498.91	\$0.00	\$0.00	\$0.00	\$486.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$495.00	\$491.40
STERILIZATION - OP HOSP MALE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - PHY FEMALE	Services	\$164.56	\$129.09	\$0.00	\$0.00	\$289.55	\$216.36	\$208.89	\$0.00	\$0.00	\$0.00	\$32.73	\$240.38	\$190.73
STERILIZATION - PHY MALE	Services	\$314.21	\$0.00	\$0.00	\$0.00	\$0.00	\$335.40	\$278.34	\$0.00	\$0.00	\$0.00	\$0.00	\$325.70	\$356.29
SURGERY	Claims	\$141.42	\$36.04	\$75.96	\$139.47	\$144.51	\$28.58	\$147.61	\$25.07	\$164.89	\$118.28	\$355.95	\$165.84	\$203.36
TARGETED CASE MAN - BABIES FIRST	Claims	\$0.00	\$223.90	\$161.82	\$157.84	\$0.00	\$69.28	\$147.42	\$27.74	\$0.00	\$153.68	\$130.31	\$0.00	\$0.00
TARGETED CASE MAN - HIV	Claims	\$278.00	\$278.00	\$0.00	\$0.00	\$291.63	\$264.08	\$286.23	\$264.08	\$0.00	\$291.63	\$0.00	\$290.69	\$290.69
TARGETED CASE MAN - SUBS ABUSE MOMS	Claims	\$0.00	\$0.00	\$136.70	\$136.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$136.70	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP	Admits	\$1,917.77	\$2,399.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,851.11	\$2,165.70	\$0.00
THERAPEUTIC ABORTION - OP HOSP	Claims	\$293.72	\$292.49	\$0.00	\$0.00	\$276.69	\$177.19	\$305.48	\$0.00	\$0.00	\$251.39	\$620.66	\$270.38	\$291.17
THERAPEUTIC ABORTION - PHYS	Services	\$181.79	\$193.81	\$0.00	\$12.51	\$192.30	\$98.03	\$209.30	\$169.32	\$0.00	\$143.40	\$175.01	\$253.84	\$247.15
TOBACCO CES-IP HSP	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOBACCO CES-OP HSP	Claims	\$83.19	\$82.28	\$0.00	\$0.00	\$58.54	\$43.49	\$103.66	\$35.02	\$0.00	\$96.11	\$0.00	\$111.09	\$125.71
TOBACCO CES-PHYS	Services	\$64.09	\$70.94	\$0.00	\$11.39	\$120.53	\$53.67	\$95.50	\$43.21	\$260.10	\$117.59	\$0.00	\$67.36	\$50.90
TRANSPORTATION - AMBULANCE	Services	\$194.46	\$239.98	\$327.43	\$246.36	\$232.19	\$12.05	\$180.83	\$10.51	\$142.26	\$211.06	\$205.42	\$222.94	\$210.60
TRANSPORTATION - OTHER	Services	\$15.72	\$17.75	\$18.27	\$20.53	\$20.62	\$16.78	\$16.70	\$17.27	\$13.90	\$19.17	\$21.86	\$13.70	\$12.45
VISION CARE - EXAMS & THERAPY	Coded Units	\$58.05	\$62.94	\$49.91	\$55.52	\$64.40	\$25.06	\$54.27	\$16.55	\$39.94	\$56.76	\$62.73	\$63.24	\$62.84
VISION CARE - MATERIALS & FITTING	Coded Units	\$11.73	\$11.37	\$13.31	\$12.23	\$12.44	\$10.93	\$12.25	\$10.44	\$10.63	\$12.12	\$0.00	\$11.63	\$11.72
<b>CHEMICAL DEPENDENCY</b>														
CD SERVICES - ALTERNATIVE TO DETOX	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.06	\$0.03
CD SERVICES - METHADONE	Services	\$17.76	\$19.92	\$0.00	\$0.00	\$50.51	\$20.34	\$22.93	\$33.61	\$41.05	\$58.71	\$43.78	\$18.89	\$23.30
CD SERVICES - OP	Services	\$57.24	\$53.51	\$63.04	\$63.04	\$59.98	\$52.54	\$60.09	\$55.31	\$0.00	\$48.18	\$52.48	\$56.31	\$58.48

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-B

## Development of Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

### Summary of Fee-for-Service Paid per Unit of Service [Adjusted for Cost Trend, Cost-to-Charge, and Budget Issues]

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>DENTAL</b>														
DENTAL - ADJUNCTIVE GENERAL	Services	\$37.85	\$40.07	\$0.00	\$62.89	\$35.61	\$37.60	\$51.69	\$41.35	\$0.00	\$58.04	\$0.00	\$32.38	\$27.53
DENTAL - ANESTHESIA SURGICAL	Services	\$39.78	\$42.36	\$0.00	\$12.18	\$14.59	\$34.11	\$35.44	\$40.40	\$0.00	\$10.82	\$0.00	\$27.35	\$34.19
DENTAL - DIAGNOSTIC	Services	\$19.33	\$19.61	\$31.21	\$17.30	\$17.36	\$18.30	\$19.13	\$18.51	\$23.10	\$17.60	\$0.00	\$19.98	\$21.22
DENTAL - ENDODONTICS	Services	\$151.39	\$137.01	\$0.00	\$42.90	\$78.65	\$130.42	\$73.56	\$149.33	\$0.00	\$74.46	\$0.00	\$139.00	\$143.73
DENTAL - I/P FIXED	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.38
DENTAL - MAXILLOFACIAL PROS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	Services	\$63.91	\$73.98	\$0.00	\$44.51	\$55.38	\$59.64	\$63.48	\$58.14	\$0.00	\$51.12	\$0.00	\$61.02	\$58.91
DENTAL - ORTHODONTICS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,084.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - PERIODONTICS	Services	\$43.05	\$53.70	\$0.00	\$0.00	\$52.96	\$40.62	\$48.67	\$50.54	\$0.00	\$36.08	\$0.00	\$54.38	\$50.95
DENTAL - PREVENTIVE	Services	\$34.91	\$36.69	\$38.84	\$26.68	\$24.54	\$32.21	\$29.69	\$36.15	\$0.00	\$23.26	\$0.00	\$36.90	\$37.33
DENTAL - PROS REMOVABLE	Services	\$175.55	\$27.15	\$0.00	\$0.00	\$95.15	\$153.71	\$176.04	\$171.68	\$0.00	\$368.37	\$0.00	\$96.62	\$116.17
DENTAL - RESTORATIVE	Services	\$49.71	\$44.01	\$78.39	\$45.18	\$43.62	\$46.18	\$49.86	\$43.00	\$59.23	\$45.35	\$0.00	\$41.97	\$43.10
DENTAL - TOBACCO CES	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>MENTAL HEALTH</b>														
MH SERVICES ACUTE INPATIENT	Days	\$376.27	\$551.07	\$813.21	\$918.92	\$345.62	\$26.16	\$357.65	\$14.00	\$1,210.04	\$347.56	\$302.44	\$441.32	\$387.25
MH SERVICES ALTERNATIVE TO IP	Services	\$265.12	\$260.43	\$0.00	\$0.00	\$2,622.41	\$408.72	\$1,164.23	\$516.53	\$0.00	\$5,506.31	\$0.00	\$912.88	\$490.08
MH SERVICES ASSESS & EVAL	Services	\$103.72	\$94.98	\$0.36	\$100.02	\$108.20	\$75.38	\$102.60	\$90.34	\$43.31	\$106.88	\$107.73	\$102.05	\$103.06
MH SERVICES CASE MANAGEMENT	Services	\$47.79	\$58.44	\$0.00	\$34.24	\$39.80	\$42.07	\$46.27	\$40.19	\$63.47	\$40.80	\$42.31	\$45.08	\$47.46
MH SERVICES CONSULTATION	Services	\$31.50	\$31.68	\$0.00	\$38.81	\$36.51	\$35.31	\$45.45	\$36.84	\$41.78	\$45.93	\$26.05	\$34.29	\$35.73
MH SERVICES FAMILY SUPPORT	Services	\$9.59	\$8.01	\$5.76	\$6.79	\$9.16	\$14.98	\$12.99	\$0.01	\$0.00	\$5.80	\$10.88	\$8.07	\$20.28
MH SERVICES ANCILLARY SERVICES	Services	\$22.01	\$0.00	\$0.00	\$35.20	\$26.54	\$13.57	\$18.16	\$15.17	\$16.42	\$0.00	\$0.00	\$20.88	\$18.81
MH SERVICES INTENSIVE THERAPY SVCS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	Services	\$58.06	\$47.42	\$0.00	\$58.22	\$58.25	\$35.53	\$50.21	\$36.87	\$32.88	\$57.14	\$31.20	\$58.14	\$55.36
MH SERVICES OP THERAPY	Services	\$71.56	\$72.22	\$38.91	\$62.64	\$66.94	\$44.89	\$57.73	\$66.21	\$42.14	\$62.27	\$46.89	\$72.91	\$66.28
MH SERVICES OTHER OP	Claims	\$0.00	\$0.00	\$0.00	\$262.12	\$108.73	\$27.73	\$193.09	\$16.33	\$0.00	\$230.37	\$0.00	\$0.00	\$0.00
MH SERVICES PHYS IP	Services	\$44.34	\$45.91	\$0.00	\$49.91	\$34.97	\$6.19	\$40.23	\$3.67	\$2.56	\$26.42	\$0.00	\$40.62	\$39.62
MH SERVICES PHYS OP	Services	\$62.15	\$84.45	\$0.00	\$39.12	\$67.49	\$6.33	\$55.44	\$1.72	\$0.00	\$69.67	\$0.00	\$54.67	\$59.29
MH SERVICES SUPPORT DAY PROGRAM	Services	\$66.28	\$37.13	\$0.00	\$62.13	\$89.52	\$56.16	\$64.45	\$116.07	\$24.79	\$107.81	\$47.20	\$51.67	\$51.95

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**  
**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

**EXHIBIT 7-A**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHP PLUS COMPOSITE
<b>PHYSICAL HEALTH</b>												
ADMINISTRATIVE EXAMS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ANESTHESIA	Services	\$3.30	\$15.46	\$1.72	\$1.55	\$0.77	\$0.86	\$4.08	\$0.85	\$3.13	\$1.29	\$2.11
EXCEPT NEEDS CARE COORDINATION	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8.01	\$8.01	\$6.26	\$6.26	\$0.00	\$1.56
FP - IP HOSP	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FP - OP HOSP	Claims	\$0.09	\$0.14	\$0.00	\$0.00	\$0.01	\$0.00	\$0.02	\$0.00	\$0.00	\$0.02	\$0.02
FP - PHYS	Services	\$0.75	\$2.19	\$0.00	\$0.00	\$0.08	\$0.03	\$0.16	\$0.00	\$0.00	\$0.08	\$0.20
HYSTERECTOMY - ANESTHESIA	Services	\$0.07	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.04	\$0.00	\$0.06	\$0.00	\$0.01
HYSTERECTOMY - IP HOSP	Admits	\$3.64	\$0.61	\$0.00	\$0.00	\$0.00	\$0.00	\$1.71	\$0.00	\$5.24	\$0.00	\$0.66
HYSTERECTOMY - OP HOSP	Claims	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.01
HYSTERECTOMY - PHYS	Services	\$0.65	\$0.04	\$0.00	\$0.00	\$0.00	\$0.05	\$0.35	\$0.02	\$0.16	\$0.00	\$0.12
IP HOSP - ACUTE DETOX	Admits	\$0.07	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.32	\$0.00	\$0.00	\$0.00	\$0.04
IP HOSP - MATERNITY	Admits	\$33.97	\$359.26	\$1.82	\$0.00	\$1.70	\$0.00	\$2.04	\$0.00	\$0.00	\$1.00	\$15.48
IP HOSP - MATERNITY / STERILIZATION	Admits	\$4.42	\$25.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.26	\$0.00	\$0.00	\$0.00	\$1.31
IP HOSP - MEDICAL/SURGICAL	Admits	\$43.49	\$10.24	\$72.59	\$9.73	\$9.19	\$0.00	\$187.42	\$0.00	\$144.44	\$17.55	\$36.44
IP HOSP - NEWBORN	Admits	\$0.02	\$0.22	\$158.06	\$0.01	\$0.00	\$0.00	\$0.03	\$0.00	\$0.00	\$4.29	\$10.09
IP HOSP - POST HOSP EXTENDED CARE	Days	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units	\$8.18	\$22.07	\$3.47	\$1.06	\$1.82	\$2.66	\$12.40	\$3.09	\$10.93	\$2.18	\$4.40
LAB & RAD - LAB	Services	\$5.83	\$15.18	\$1.09	\$0.91	\$1.27	\$0.00	\$7.39	\$0.00	\$4.94	\$1.99	\$2.71
LAB & RAD - THERAPEUTIC X-RAY	Coded Units	\$0.24	\$0.01	\$0.00	\$0.01	\$0.02	\$0.14	\$1.14	\$0.34	\$0.20	\$0.01	\$0.18
OP ER - SOMATIC MH	Claims	\$0.36	\$0.12	\$0.00	\$0.01	\$0.10	\$0.20	\$1.18	\$0.04	\$0.17	\$0.24	\$0.23
OP HOSP - BASIC	Claims	\$21.77	\$12.15	\$13.32	\$10.71	\$6.12	\$10.14	\$46.91	\$8.41	\$64.00	\$9.91	\$14.59
OP HOSP - DENTAL DIAGNOSTIC	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - DENTAL PREVENTIVE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - DENTAL RESTORATIVE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - EMERGENCY ROOM	Claims	\$10.19	\$4.24	\$8.87	\$5.13	\$3.29	\$1.95	\$11.84	\$1.69	\$5.25	\$2.86	\$5.67
OP HOSP - LAB & RAD	Claims	\$18.08	\$10.87	\$7.34	\$3.34	\$4.36	\$4.95	\$32.19	\$5.60	\$25.82	\$4.85	\$9.35
OP HOSP - MATERNITY	Claims	\$6.57	\$58.44	\$0.01	\$0.00	\$0.49	\$0.07	\$0.69	\$0.00	\$0.00	\$0.27	\$2.74
OP HOSP - POST HOSP EXTENDED CARE	Claims	\$0.01	\$0.07	\$0.02	\$0.00	\$0.00	\$0.02	\$0.12	\$0.01	\$0.00	\$0.00	\$0.02
OP HOSP - PRES DRUGS BASIC	Claims	\$2.67	\$3.46	\$1.55	\$0.79	\$0.63	\$3.74	\$5.91	\$3.74	\$5.08	\$0.73	\$1.93
OP HOSP - PRES DRUGS MH/CD	Claims	\$0.03	\$0.01	\$0.00	\$0.00	\$0.00	\$0.05	\$0.07	\$0.04	\$0.01	\$0.01	\$0.02
OP HOSP - SOMATIC MH	Claims	\$0.45	\$0.08	\$0.03	\$0.09	\$0.12	\$0.24	\$1.35	\$0.10	\$0.33	\$0.72	\$0.31
OTH MED - DME	Services	\$1.24	\$0.40	\$1.61	\$0.32	\$0.21	\$4.35	\$16.05	\$5.51	\$8.54	\$0.74	\$2.65
OTH MED - HHC/PDN	Claims	\$0.38	\$0.44	\$0.46	\$0.11	\$0.06	\$0.00	\$3.64	\$0.00	\$2.38	\$0.38	\$0.54
OTH MED - HOSPICE	Claims	\$0.08	\$0.00	\$0.04	\$0.01	\$0.00	\$0.00	\$2.12	\$0.00	\$4.52	\$0.00	\$0.25
OTH MED - MATERNITY MGT	Claims	\$0.01	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTH MED - SUPPLIES	Coded Units	\$0.53	\$0.39	\$0.73	\$0.32	\$0.27	\$11.96	\$8.95	\$11.83	\$5.25	\$1.27	\$2.43
PHYS CONSULTATION, IP & ER VISITS	Services	\$8.64	\$10.35	\$26.07	\$3.75	\$2.62	\$4.03	\$17.29	\$5.16	\$12.66	\$4.30	\$7.14
PHYS HOME OR LONG-TERM CARE VISITS	Services	\$0.01	\$0.02	\$0.06	\$0.01	\$0.01	\$0.19	\$0.40	\$0.69	\$0.69	\$0.07	\$0.10
PHYS MATERNITY	Services	\$25.07	\$258.78	\$0.05	\$0.01	\$1.39	\$0.15	\$1.48	\$0.00	\$0.01	\$0.62	\$11.20
PHYS NEWBORN	Services	\$0.05	\$0.33	\$9.10	\$0.05	\$0.05	\$0.02	\$0.10	\$0.02	\$0.06	\$0.28	\$0.64
PHYS OFFICE VISITS	Coded Units	\$19.66	\$9.08	\$57.32	\$20.58	\$11.42	\$7.19	\$30.96	\$7.18	\$27.72	\$16.08	\$19.08
PHYS OTHER	Services	\$4.50	\$3.07	\$14.93	\$3.55	\$1.48	\$3.82	\$17.66	\$3.87	\$14.39	\$9.84	\$5.46
PHYS SOMATIC MH	Services	\$2.29	\$0.58	\$0.07	\$0.50	\$1.15	\$1.02	\$4.44	\$0.51	\$0.60	\$3.80	\$1.47

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**  
**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

**EXHIBIT 7-A**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHP PLUS COMPOSITE
PRES DRUGS - BASIC	Scripts Filled	\$38.17	\$21.51	\$9.54	\$7.56	\$10.46	\$221.61	\$145.06	\$199.24	\$96.69	\$25.81	\$47.79
PRES DRUGS - FP	Scripts Filled	\$2.00	\$2.18	\$0.01	\$0.00	\$0.39	\$0.85	\$0.69	\$0.02	\$0.00	\$0.40	\$0.57
PRES DRUGS - MH/CD	Scripts Filled	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PRES DRUGS - NEURONTIN	Scripts Filled	\$2.67	\$0.13	\$0.00	\$0.00	\$0.07	\$17.19	\$9.33	\$6.74	\$1.63	\$0.50	\$2.52
PRES DRUGS - TOBACCO CESSATION	Scripts Filled	\$0.83	\$0.30	\$0.00	\$0.00	\$0.03	\$1.02	\$0.80	\$0.29	\$0.09	\$0.04	\$0.27
SCHOOL-BASED HEALTH SERVICES	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - ANESTHESIA FEMALE	Services	\$0.32	\$1.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.08
STERILIZATION - ANESTHESIA MALE	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	Admits	\$2.96	\$22.67	\$0.00	\$0.00	\$0.01	\$0.00	\$0.36	\$0.00	\$0.00	\$0.00	\$1.06
STERILIZATION - IP HOSP MALE	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	Claims	\$0.75	\$1.47	\$0.00	\$0.00	\$0.00	\$0.01	\$0.04	\$0.00	\$0.00	\$0.00	\$0.14
STERILIZATION - OP HOSP MALE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - PHY FEMALE	Services	\$0.63	\$2.47	\$0.00	\$0.00	\$0.00	\$0.01	\$0.05	\$0.00	\$0.00	\$0.00	\$0.15
STERILIZATION - PHY MALE	Services	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.01
SURGERY	Claims	\$11.13	\$4.89	\$6.24	\$3.50	\$3.37	\$4.70	\$21.53	\$5.57	\$19.86	\$4.21	\$6.76
TARGETED CASE MAN - BABIES FIRST	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - HIV	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - SUBS ABUSE MOM	Claims	\$0.00	\$0.00	\$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	\$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	\$0.00	\$0.00
THERAPEUTIC ABORTION - PHYS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOBACCO CES-IP HSP	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.05	\$0.00	\$0.00	\$0.00	\$0.01
TOBACCO CES-OP HSP	Claims	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.01	\$0.00	\$0.01
TOBACCO CES-PHYS	Services	\$0.18	\$0.06	\$0.00	\$0.00	\$0.01	\$0.04	\$0.18	\$0.01	\$0.06	\$0.02	\$0.05
TRANSPORTATION - AMBULANCE	Services	\$2.68	\$4.29	\$6.16	\$1.06	\$0.81	\$1.43	\$9.36	\$2.46	\$3.98	\$1.08	\$2.57
TRANSPORTATION - OTHER	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
VISION CARE - EXAMS & THERAPY	Coded Units	\$1.91	\$1.74	\$0.29	\$0.59	\$2.09	\$3.93	\$2.93	\$5.49	\$3.81	\$2.17	\$1.97
VISION CARE - MATERIALS & FITTING	Coded Units	\$1.75	\$1.64	\$0.02	\$0.21	\$1.65	\$2.97	\$2.24	\$2.91	\$2.60	\$1.72	\$1.45
PART A DEDUCTIBLE							\$14.68		\$26.68			\$1.97
PART B DEDUCTIBLE							\$9.48		\$9.48			\$0.90
PART B COINSURANCE ADJUSTMENT							-\$1.96		-\$1.88			-\$0.18
<b>Total</b>		<b>\$293.39</b>	<b>\$888.56</b>	<b>\$402.61</b>	<b>\$75.46</b>	<b>\$67.51</b>	<b>\$341.82</b>	<b>\$621.40</b>	<b>\$321.98</b>	<b>\$481.56</b>	<b>\$121.35</b>	<b>\$229.29</b>
<b>CHEMICAL DEPENDENCY</b>												
CD SERVICES - ALTERNATIVE TO DETOX	Services	\$0.35	\$0.06	\$0.00	\$0.00	\$0.00	\$0.16	\$0.40	\$0.01	\$0.04	\$0.00	\$0.10
CD SERVICES - METHADONE	Services	\$2.58	\$0.58	\$0.00	\$0.00	\$0.01	\$2.21	\$5.94	\$0.18	\$0.00	\$0.00	\$1.09
CD SERVICES - OP	Services	\$9.90	\$3.72	\$0.00	\$0.00	\$1.22	\$1.42	\$4.69	\$0.10	\$0.25	\$4.81	\$2.47
<b>Total</b>		<b>\$12.83</b>	<b>\$4.36</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1.24</b>	<b>\$3.79</b>	<b>\$11.03</b>	<b>\$0.29</b>	<b>\$0.29</b>	<b>\$4.81</b>	<b>\$3.66</b>

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 7-A

MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007

Through Line 530 of the Prioritized List

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

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHP PLUS COMPOSITE
<b>DENTAL</b>												
DENTAL - ADJUNCTIVE GENERAL	Services	\$0.51	\$0.40	\$0.00	\$0.59	\$0.20	\$0.70	\$0.53	\$0.40	\$0.19	\$0.26	\$0.39
DENTAL - ANESTHESIA SURGICAL	Services	\$0.43	\$0.14	\$0.00	\$0.63	\$0.38	\$0.37	\$0.36	\$0.09	\$0.03	\$0.48	\$0.38
DENTAL - DIAGNOSTIC	Services	\$5.21	\$4.24	\$0.05	\$2.73	\$4.61	\$4.06	\$3.60	\$2.05	\$2.86	\$4.23	\$3.66
DENTAL - ENDODONTICS	Services	\$2.61	\$1.96	\$0.00	\$1.15	\$1.28	\$1.51	\$1.47	\$0.49	\$1.48	\$1.08	\$1.31
DENTAL - I/P FIXED	Services	\$0.03	\$0.01	\$0.00	\$0.00	\$0.00	\$0.06	\$0.03	\$0.01	\$0.11	\$0.00	\$0.01
DENTAL - MAXILLOFACIAL PROS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	Services	\$5.27	\$2.17	\$0.00	\$0.86	\$1.75	\$4.17	\$3.81	\$2.21	\$3.07	\$1.48	\$2.29
DENTAL - ORTHODONTICS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.03	\$0.00	\$0.00	\$0.03	\$0.01
DENTAL - PERIODONTICS	Services	\$2.24	\$1.03	\$0.00	\$0.00	\$0.12	\$2.50	\$1.74	\$0.77	\$1.97	\$0.11	\$0.74
DENTAL - PREVENTIVE	Services	\$1.52	\$1.79	\$0.02	\$2.51	\$5.17	\$2.35	\$1.98	\$1.05	\$1.03	\$4.98	\$2.98
DENTAL - PROS REMOVABLE	Services	\$3.29	\$0.42	\$0.00	\$0.00	\$0.04	\$6.06	\$5.62	\$8.20	\$10.84	\$0.05	\$2.09
DENTAL - RESTORATIVE	Services	\$6.99	\$4.36	\$0.01	\$6.84	\$6.91	\$6.54	\$5.72	\$2.69	\$4.51	\$7.10	\$5.93
DENTAL - TOBACCO CES	Services	\$0.03	\$0.02	\$0.00	\$0.00	\$0.01	\$0.02	\$0.02	\$0.01	\$0.00	\$0.00	\$0.01
<b>Total</b>		<b>\$28.12</b>	<b>\$16.53</b>	<b>\$0.09</b>	<b>\$15.31</b>	<b>\$20.49</b>	<b>\$28.33</b>	<b>\$24.90</b>	<b>\$17.98</b>	<b>\$26.11</b>	<b>\$19.79</b>	<b>\$19.81</b>
<b>MENTAL HEALTH</b>												
MH SERVICES ACUTE INPATIENT	Days	\$2.66	\$0.47	\$0.01	\$0.04	\$1.92	\$2.90	\$25.27	\$0.49	\$0.66	\$8.62	\$4.40
MH SERVICES ALTERNATIVE TO IP	Services	\$0.30	\$0.10	\$0.00	\$0.01	\$0.20	\$3.48	\$4.49	\$0.17	\$0.00	\$4.88	\$1.07
MH SERVICES ASSESS & EVAL	Services	\$2.40	\$0.94	\$0.01	\$0.45	\$1.64	\$2.21	\$3.52	\$0.42	\$0.46	\$5.74	\$1.72
MH SERVICES CASE MANAGEMENT	Services	\$0.95	\$0.20	\$0.00	\$0.16	\$0.90	\$11.87	\$12.62	\$1.06	\$0.77	\$5.77	\$2.99
MH SERVICES CONSULTATION	Services	\$0.18	\$0.04	\$0.00	\$0.05	\$0.27	\$0.56	\$0.90	\$0.18	\$0.07	\$2.93	\$0.40
MH SERVICES FAMILY SUPPORT	Services	\$0.01	\$0.01	\$0.00	\$0.02	\$0.08	\$1.52	\$1.42	\$0.06	\$0.34	\$0.67	\$0.33
MH SERVICES ANCILLARY SERVICES	Services	\$0.04	\$0.00	\$0.00	\$0.00	\$0.01	\$0.03	\$0.14	\$0.03	\$0.18	\$0.00	\$0.03
MH SERVICES INTENSIVE THERAPY SVCS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	Services	\$1.53	\$0.19	\$0.00	\$0.07	\$0.64	\$8.55	\$9.87	\$0.84	\$1.16	\$4.43	\$2.35
MH SERVICES OP THERAPY	Services	\$7.69	\$2.17	\$0.01	\$1.32	\$5.94	\$11.52	\$17.28	\$1.14	\$0.82	\$37.30	\$7.45
MH SERVICES OTHER OP	Claims	\$0.01	\$0.00	\$0.00	\$0.00	\$0.05	\$0.21	\$0.07	\$0.01	\$0.00	\$0.17	\$0.05
MH SERVICES PHYS IP	Services	\$0.14	\$0.05	\$0.00	\$0.00	\$0.08	\$1.02	\$0.92	\$0.20	\$0.06	\$0.28	\$0.24
MH SERVICES PHYS OP	Services	\$0.91	\$0.21	\$0.01	\$0.14	\$0.48	\$1.16	\$2.22	\$0.11	\$0.05	\$9.65	\$1.04
MH SERVICES SUPPORT DAY PROGRAM	Services	\$0.46	\$0.06	\$0.00	\$0.18	\$0.62	\$25.89	\$22.98	\$2.59	\$2.31	\$6.92	\$5.15
<b>Total</b>		<b>\$17.27</b>	<b>\$4.45</b>	<b>\$0.05</b>	<b>\$2.46</b>	<b>\$12.83</b>	<b>\$70.93</b>	<b>\$101.71</b>	<b>\$7.29</b>	<b>\$6.87</b>	<b>\$87.35</b>	<b>\$27.22</b>
<b>TOTAL ALL</b>		<b>\$351.60</b>	<b>\$913.90</b>	<b>\$402.75</b>	<b>\$93.24</b>	<b>\$102.07</b>	<b>\$444.87</b>	<b>\$759.05</b>	<b>\$347.53</b>	<b>\$514.82</b>	<b>\$233.29</b>	<b>\$279.97</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-A**

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

CATEGORY OF SERVICE	TYPE OF UNITS	OHPFAM	OHPAC	OHP STANDARD COMPOSITE
<b>PHYSICAL HEALTH</b>				
ADMINISTRATIVE EXAMS	Services	\$0.00	\$0.00	\$0.00
ANESTHESIA	Services	\$2.13	\$3.07	\$2.80
EXCEPT NEEDS CARE COORDINATION	Services	\$0.00	\$0.00	\$0.00
FP - IP HOSP	Admits	\$0.00	\$0.00	\$0.00
FP - OP HOSP	Claims	\$0.03	\$0.01	\$0.01
FP - PHYS	Services	\$0.57	\$0.13	\$0.25
HYSTERECTOMY - ANESTHESIA	Services	\$0.06	\$0.04	\$0.04
HYSTERECTOMY - IP HOSP	Admits	\$4.24	\$4.16	\$4.19
HYSTERECTOMY - OP HOSP	Claims	\$0.02	\$0.01	\$0.01
HYSTERECTOMY - PHYS	Services	\$0.56	\$0.45	\$0.48
IP HOSP - ACUTE DETOX	Admits	\$0.21	\$0.71	\$0.57
IP HOSP - MATERNITY	Admits	\$6.08	\$1.23	\$2.61
IP HOSP - MATERNITY / STERILIZATION	Admits	\$0.67	\$0.06	\$0.23
IP HOSP - MEDICAL/SURGICAL	Admits	\$62.05	\$153.86	\$127.69
IP HOSP - NEWBORN	Admits	\$0.00	\$0.00	\$0.00
IP HOSP - POST HOSP EXTENDED CARE	Days	\$0.00	\$0.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units	\$8.56	\$11.67	\$10.79
LAB & RAD - LAB	Services	\$6.51	\$7.73	\$7.38
LAB & RAD - THERAPEUTIC X-RAY	Coded Units	\$0.43	\$1.18	\$0.97
OP ER - SOMATIC MH	Claims	\$0.24	\$0.58	\$0.48
OP HOSP - BASIC	Claims	\$12.14	\$17.86	\$16.23
OP HOSP - DENTAL DIAGNOSTIC	Claims	\$0.00	\$0.00	\$0.00
OP HOSP - DENTAL PREVENTIVE	Claims	\$0.00	\$0.00	\$0.00
OP HOSP - DENTAL RESTORATIVE	Claims	\$0.00	\$0.00	\$0.00
OP HOSP - EMERGENCY ROOM	Claims	\$6.60	\$9.63	\$8.76
OP HOSP - LAB & RAD	Claims	\$16.75	\$23.50	\$21.58
OP HOSP - MATERNITY	Claims	\$1.64	\$0.64	\$0.92
OP HOSP - POST HOSP EXTENDED CARE	Claims	\$0.00	\$0.00	\$0.00
OP HOSP - PRES DRUGS BASIC	Claims	\$1.71	\$2.31	\$2.14
OP HOSP - PRES DRUGS MH/CD	Claims	\$0.02	\$0.04	\$0.04
OP HOSP - SOMATIC MH	Claims	\$0.30	\$0.49	\$0.43
OTH MED - DME	Services	\$0.62	\$1.47	\$1.23
OTH MED - HHC/PDN	Claims	\$0.02	\$0.08	\$0.07
OTH MED - HOSPICE	Claims	\$0.03	\$0.29	\$0.22
OTH MED - MATERNITY MGT	Claims	\$0.00	\$0.00	\$0.00
OTH MED - SUPPLIES	Coded Units	\$0.36	\$0.68	\$0.59
PHYS CONSULTATION, IP & ER VISITS	Services	\$7.95	\$12.85	\$11.45
PHYS HOME OR LONG-TERM CARE VISITS	Services	\$0.01	\$0.06	\$0.05
PHYS MATERNITY	Services	\$2.87	\$0.53	\$1.20
PHYS NEWBORN	Services	\$0.03	\$0.03	\$0.03
PHYS OFFICE VISITS	Coded Units	\$24.56	\$28.53	\$27.40
PHYS OTHER	Services	\$5.42	\$10.75	\$9.23
PHYS SOMATIC MH	Services	\$2.26	\$3.10	\$2.86

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-A**

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

CATEGORY OF SERVICE	TYPE OF UNITS	OHPFAM	OHPAC	OHP STANDARD COMPOSITE
PRES DRUGS - BASIC	Scripts Filled	\$47.92	\$79.32	\$70.37
PRES DRUGS - FP	Scripts Filled	\$2.39	\$0.97	\$1.37
PRES DRUGS - MH/CD	Scripts Filled	\$0.00	\$0.00	\$0.00
PRES DRUGS - NEURONTIN	Scripts Filled	\$2.40	\$5.41	\$4.55
PRES DRUGS - TOBACCO CESSATION	Scripts Filled	\$1.01	\$1.36	\$1.26
SCHOOL-BASED HEALTH SERVICES	Services	\$0.00	\$0.00	\$0.00
STERILIZATION - ANESTHESIA FEMALE	Services	\$0.10	\$0.02	\$0.04
STERILIZATION - ANESTHESIA MALE	Services	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	Admits	\$0.34	\$0.14	\$0.20
STERILIZATION - IP HOSP MALE	Admits	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	Claims	\$0.22	\$0.03	\$0.09
STERILIZATION - OP HOSP MALE	Claims	\$0.01	\$0.00	\$0.00
STERILIZATION - PHY FEMALE	Services	\$0.18	\$0.03	\$0.08
STERILIZATION - PHY MALE	Services	\$0.20	\$0.02	\$0.07
SURGERY	Claims	\$12.52	\$19.85	\$17.76
TARGETED CASE MAN - BABIES FIRST	Claims	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - HIV	Claims	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - SUBS ABUSE MOMS	Claims	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP	Admits	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - OP HOSP	Claims	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - PHYS	Services	\$0.00	\$0.00	\$0.00
TOBACCO CES-IP HSP	Admits	\$0.00	\$0.00	\$0.00
TOBACCO CES-OP HSP	Claims	\$0.01	\$0.02	\$0.02
TOBACCO CES-PHYS	Services	\$0.19	\$0.25	\$0.23
TRANSPORTATION - AMBULANCE	Services	\$1.77	\$4.39	\$3.64
TRANSPORTATION - OTHER	Services	\$0.00	\$0.00	\$0.00
VISION CARE - EXAMS & THERAPY	Coded Units	\$1.08	\$1.51	\$1.39
VISION CARE - MATERIALS & FITTING	Coded Units	\$0.01	\$0.01	\$0.01

PART A DEDUCTIBLE  
 PART B DEDUCTIBLE  
 PART B COINSURANCE ADJUSTMENT

<b>Total</b>	<b>\$245.99</b>	<b>\$411.11</b>	<b>\$364.04</b>
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**CHEMICAL DEPENDENCY**

CD SERVICES - ALTERNATIVE TO DETOX	Services	\$0.36	\$1.91	\$1.47
CD SERVICES - METHADONE	Services	\$2.79	\$10.32	\$8.18
CD SERVICES - OP	Services	\$6.08	\$20.64	\$16.49

<b>Total</b>	<b>\$9.23</b>	<b>\$32.87</b>	<b>\$26.13</b>
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**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**MCO Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-A**

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

CATEGORY OF SERVICE	TYPE OF UNITS	OHPFAM	OHPAC	OHP STANDARD COMPOSITE
<b>DENTAL</b>				
DENTAL - ADJUNCTIVE GENERAL	Services	\$0.36	\$0.34	\$0.35
DENTAL - ANESTHESIA SURGICAL	Services	\$0.11	\$0.11	\$0.11
DENTAL - DIAGNOSTIC	Services	\$2.68	\$2.85	\$2.80
DENTAL - ENDODONTICS	Services	\$0.13	\$0.11	\$0.12
DENTAL - I/P FIXED	Services	\$0.01	\$0.01	\$0.01
DENTAL - MAXILLOFACIAL PROS	Services	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	Services	\$4.58	\$6.67	\$6.08
DENTAL - ORTHODONTICS	Services	\$0.00	\$0.00	\$0.00
DENTAL - PERIODONTICS	Services	\$0.00	\$0.00	\$0.00
DENTAL - PREVENTIVE	Services	\$0.00	\$0.00	\$0.00
DENTAL - PROS REMOVABLE	Services	\$0.00	\$0.00	\$0.00
DENTAL - RESTORATIVE	Services	\$0.25	\$0.26	\$0.26
DENTAL - TOBACCO CES	Services	\$0.00	\$0.00	\$0.00
<b>Total</b>		<b>\$8.12</b>	<b>\$10.34</b>	<b>\$9.72</b>
<b>MENTAL HEALTH</b>				
MH SERVICES ACUTE INPATIENT	Days	\$2.68	\$8.70	\$6.99
MH SERVICES ALTERNATIVE TO IP	Services	\$0.31	\$1.98	\$1.50
MH SERVICES ASSESS & EVAL	Services	\$1.79	\$3.06	\$2.70
MH SERVICES CASE MANAGEMENT	Services	\$0.54	\$2.18	\$1.72
MH SERVICES CONSULTATION	Services	\$0.07	\$0.20	\$0.16
MH SERVICES FAMILY SUPPORT	Services	\$0.00	\$0.04	\$0.03
MH SERVICES ANCILLARY SERVICES	Services	\$0.01	\$0.01	\$0.01
MH SERVICES INTENSIVE THERAPY SVCS	Services	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	Services	\$1.11	\$2.61	\$2.18
MH SERVICES OP THERAPY	Services	\$5.19	\$8.87	\$7.83
MH SERVICES OTHER OP	Claims	\$0.01	\$0.02	\$0.01
MH SERVICES PHYS IP	Services	\$0.11	\$0.41	\$0.32
MH SERVICES PHYS OP	Services	\$0.56	\$1.43	\$1.18
MH SERVICES SUPPORT DAY PROGRAM	Services	\$0.35	\$2.42	\$1.83
<b>Total</b>		<b>\$12.74</b>	<b>\$31.91</b>	<b>\$26.48</b>
<b>TOTAL ALL</b>		<b>\$276.08</b>	<b>\$486.23</b>	<b>\$426.37</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-B**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHP PLUS COMPOSITE
<b>PHYSICAL HEALTH</b>												
ADMINISTRATIVE EXAMS	Services	\$1.18	\$0.40	\$0.01	\$0.02	\$0.09	\$0.43	\$1.72	\$0.02	\$0.05	\$3.92	\$0.58
ANESTHESIA	Services	\$4.53	\$14.95	\$2.39	\$1.65	\$0.88	\$1.49	\$8.21	\$0.54	\$5.79	\$1.51	\$2.70
EXCEPT NEEDS CARE COORDINATION	Services	\$0.00	\$0.00	\$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	\$0.00	\$0.00
FP - OP HOSP	Claims	\$0.28	\$0.35	\$0.00	\$0.00	\$0.03	\$0.01	\$0.07	\$0.00	\$0.00	\$0.03	\$0.04
FP - PHYS	Services	\$8.42	\$9.15	\$0.00	\$0.00	\$1.97	\$0.46	\$1.09	\$0.00	\$0.00	\$0.82	\$1.24
HYSTERECTOMY - ANESTHESIA	Services	\$0.07	\$0.02	\$0.00	\$0.00	\$0.00	\$0.01	\$0.04	\$0.00	\$0.00	\$0.00	\$0.01
HYSTERECTOMY - IP HOSP	Admits	\$2.71	\$0.12	\$0.00	\$0.00	\$0.00	\$0.04	\$2.15	\$0.11	\$0.00	\$0.00	\$0.44
HYSTERECTOMY - OP HOSP	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYSTERECTOMY - PHYS	Services	\$0.34	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.18	\$0.00	\$0.00	\$0.00	\$0.04
IP HOSP - ACUTE DETOX	Admits	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.26	\$0.00	\$0.00	\$0.00	\$0.04
IP HOSP - MATERNITY	Admits	\$19.72	\$162.07	\$0.00	\$0.00	\$1.24	\$0.04	\$1.46	\$0.00	\$0.00	\$0.78	\$10.74
IP HOSP - MATERNITY / STERILIZATION	Admits	\$2.13	\$12.84	\$0.00	\$0.00	\$0.01	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.68
IP HOSP - MEDICAL/SURGICAL	Admits	\$38.83	\$8.44	\$65.50	\$12.07	\$12.54	\$6.21	\$282.31	\$17.99	\$235.78	\$18.00	\$44.40
IP HOSP - NEWBORN	Admits	\$0.00	\$0.03	\$375.55	\$0.04	\$0.00	\$0.00	\$2.45	\$0.00	\$0.00	\$9.34	\$17.73
IP HOSP - POST HOSP EXTENDED CARE	Days	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units	\$6.18	\$14.21	\$2.30	\$0.51	\$0.89	\$1.18	\$10.52	\$0.62	\$6.38	\$1.20	\$2.27
LAB & RAD - LAB	Services	\$3.90	\$9.60	\$0.36	\$0.30	\$0.55	\$0.54	\$4.93	\$0.25	\$3.41	\$0.68	\$1.15
LAB & RAD - THERAPEUTIC X-RAY	Coded Units	\$0.25	\$0.01	\$0.00	\$0.01	\$0.00	\$0.05	\$1.41	\$0.05	\$0.62	\$0.03	\$0.17
OP ER - SOMATIC MH	Claims	\$0.93	\$0.20	\$0.01	\$0.01	\$0.15	\$0.29	\$1.89	\$0.04	\$0.03	\$0.38	\$0.34
OP HOSP - BASIC	Claims	\$43.98	\$18.81	\$22.46	\$14.47	\$11.49	\$25.36	\$131.24	\$11.78	\$147.11	\$17.15	\$26.28
OP HOSP - DENTAL DIAGNOSTIC	Claims	\$1.32	\$0.75	\$0.08	\$0.74	\$1.31	\$0.42	\$0.75	\$0.11	\$0.61	\$0.61	\$0.58
OP HOSP - DENTAL PREVENTIVE	Claims	\$0.03	\$0.03	\$0.00	\$0.05	\$0.08	\$0.01	\$0.03	\$0.01	\$0.00	\$0.06	\$0.03
OP HOSP - DENTAL RESTORATIVE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - EMERGENCY ROOM	Claims	\$17.43	\$6.87	\$10.68	\$6.10	\$4.23	\$3.55	\$17.66	\$1.67	\$7.72	\$2.81	\$5.93
OP HOSP - LAB & RAD	Claims	\$18.60	\$11.30	\$3.47	\$1.75	\$3.12	\$3.52	\$28.59	\$2.32	\$16.19	\$3.37	\$6.10
OP HOSP - MATERNITY	Claims	\$9.28	\$81.56	\$0.00	\$0.01	\$0.47	\$0.07	\$0.77	\$0.00	\$0.01	\$0.29	\$2.20
OP HOSP - POST HOSP EXTENDED CARE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OP HOSP - PRES DRUGS BASIC	Claims	\$5.91	\$5.45	\$1.80	\$1.19	\$0.88	\$4.66	\$20.48	\$1.12	\$4.83	\$1.47	\$3.59
OP HOSP - PRES DRUGS MH/CD	Claims	\$0.24	\$0.06	\$0.00	\$0.00	\$0.03	\$1.38	\$1.27	\$0.23	\$1.04	\$0.03	\$0.31
OP HOSP - SOMATIC MH	Claims	\$0.89	\$0.11	\$0.00	\$0.08	\$0.18	\$0.15	\$1.63	\$0.06	\$0.24	\$0.99	\$0.34
OTH MED - DME	Services	\$1.55	\$0.70	\$2.03	\$0.37	\$0.31	\$14.98	\$42.65	\$13.84	\$11.16	\$2.15	\$7.95
OTH MED - HHC/PDN	Claims	\$0.53	\$0.17	\$0.75	\$0.27	\$0.09	\$0.38	\$9.27	\$0.13	\$8.41	\$1.17	\$1.16
OTH MED - HOSPICE	Claims	\$0.02	\$0.00	\$0.09	\$0.01	\$0.00	\$0.20	\$10.53	\$1.82	\$1.90	\$0.21	\$1.33
OTH MED - MATERNITY MGT	Claims	\$3.28	\$22.00	\$0.00	\$0.00	\$0.52	\$0.15	\$0.48	\$0.02	\$0.00	\$2.45	\$0.81
OTH MED - SUPPLIES	Coded Units	\$0.97	\$2.10	\$1.17	\$0.33	\$0.27	\$16.06	\$32.10	\$17.33	\$15.36	\$2.83	\$7.49
PHYS CONSULTATION, IP & ER VISITS	Services	\$5.78	\$7.32	\$28.86	\$1.89	\$1.34	\$1.20	\$17.45	\$0.62	\$10.67	\$2.76	\$4.61
PHYS HOME OR LONG-TERM CARE VISITS	Services	\$0.20	\$0.78	\$1.81	\$0.08	\$0.02	\$0.21	\$0.94	\$0.66	\$1.78	\$0.03	\$0.32
PHYS MATERNITY	Services	\$17.53	\$142.81	\$0.03	\$0.00	\$0.89	\$0.13	\$0.85	\$0.00	\$0.00	\$0.41	\$5.80
PHYS NEWBORN	Services	\$0.03	\$0.03	\$10.87	\$0.02	\$0.01	\$0.07	\$0.22	\$0.01	\$0.04	\$0.22	\$0.54
PHYS OFFICE VISITS	Coded Units	\$24.21	\$8.89	\$50.95	\$13.78	\$10.54	\$6.96	\$30.44	\$3.26	\$27.56	\$11.21	\$12.20
PHYS OTHER	Services	\$4.22	\$1.86	\$10.86	\$2.08	\$1.43	\$3.61	\$20.61	\$2.58	\$19.69	\$4.89	\$4.33
PHYS SOMATIC MH	Services	\$2.50	\$0.56	\$0.32	\$7.50	\$10.44	\$1.97	\$26.22	\$1.11	\$1.06	\$23.19	\$7.30

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-B**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHP PLUS COMPOSITE
PRES DRUGS - BASIC	Scripts Filled	\$33.69	\$14.94	\$5.55	\$5.20	\$7.78	\$229.92	\$136.23	\$194.82	\$96.13	\$21.73	\$68.08
PRES DRUGS - FP	Scripts Filled	\$3.01	\$2.90	\$0.00	\$0.00	\$0.55	\$1.31	\$0.99	\$0.02	\$0.09	\$0.55	\$0.59
PRES DRUGS - MH/CD	Scripts Filled	\$21.40	\$4.83	\$0.00	\$0.09	\$2.32	\$203.90	\$79.61	\$80.31	\$13.10	\$21.51	\$41.10
PRES DRUGS - NEURONTIN	Scripts Filled	\$2.51	\$0.12	\$0.00	\$0.00	\$0.07	\$16.15	\$8.77	\$6.33	\$1.53	\$0.47	\$3.44
PRES DRUGS - TOBACCO CESSATION	Scripts Filled	\$0.62	\$0.18	\$0.00	\$0.00	\$0.02	\$1.02	\$0.68	\$0.23	\$0.05	\$0.03	\$0.24
SCHOOL-BASED HEALTH SERVICES	Services	\$0.00	\$0.01	\$0.41	\$0.99	\$0.86	\$0.31	\$17.44	\$0.00	\$0.00	\$5.08	\$2.35
STERILIZATION - ANESTHESIA FEMALE	Services	\$0.33	\$1.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.04
STERILIZATION - ANESTHESIA MALE	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	Admits	\$2.16	\$11.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.64
STERILIZATION - IP HOSP MALE	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	Claims	\$0.11	\$0.22	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01
STERILIZATION - OP HOSP MALE	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
STERILIZATION - PHY FEMALE	Services	\$0.33	\$1.13	\$0.00	\$0.00	\$0.00	\$0.02	\$0.02	\$0.00	\$0.00	\$0.00	\$0.04
STERILIZATION - PHY MALE	Services	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00
SURGERY	Claims	\$8.21	\$3.06	\$4.38	\$1.64	\$1.94	\$2.66	\$19.50	\$1.60	\$17.75	\$2.17	\$4.09
TARGETED CASE MAN - BABIES FIRST	Claims	\$0.00	\$0.00	\$10.55	\$1.46	\$0.00	\$0.01	\$0.45	\$0.00	\$0.00	\$0.25	\$0.69
TARGETED CASE MAN - HIV	Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.10	\$0.08	\$0.00	\$0.00	\$0.00	\$0.02
TARGETED CASE MAN - SUBS ABUSE MOM	Claims	\$0.00	\$0.00	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP	Admits	\$0.01	\$0.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - OP HOSP	Claims	\$0.54	\$2.30	\$0.00	\$0.00	\$0.03	\$0.00	\$0.02	\$0.00	\$0.00	\$0.01	\$0.08
THERAPEUTIC ABORTION - PHYS	Services	\$1.62	\$7.36	\$0.00	\$0.00	\$0.12	\$0.02	\$0.07	\$0.00	\$0.00	\$0.02	\$0.23
TOBACCO CES-IP HSP	Admits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOBACCO CES-OP HSP	Claims	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.03	\$0.00	\$0.00	\$0.00	\$0.01
TOBACCO CES-PHYS	Services	\$0.18	\$0.08	\$0.00	\$0.00	\$0.02	\$0.07	\$0.16	\$0.01	\$0.14	\$0.02	\$0.04
TRANSPORTATION - AMBULANCE	Services	\$2.83	\$3.20	\$3.48	\$0.71	\$0.70	\$0.87	\$10.40	\$0.72	\$6.53	\$0.80	\$1.99
TRANSPORTATION - OTHER	Services	\$3.78	\$1.08	\$0.28	\$0.14	\$0.35	\$27.51	\$20.42	\$16.02	\$6.64	\$2.19	\$7.28
VISION CARE - EXAMS & THERAPY	Coded Units	\$1.35	\$0.94	\$0.20	\$0.30	\$1.10	\$1.05	\$1.96	\$0.68	\$2.30	\$1.02	\$0.79
VISION CARE - MATERIALS & FITTING	Coded Units	\$0.87	\$0.59	\$0.01	\$0.10	\$0.64	\$1.01	\$1.10	\$0.67	\$1.08	\$0.61	\$0.53
PART A DEDUCTIBLE												
PART B DEDUCTIBLE												
PART B COINSURANCE ADJUSTMENT												
<b>Total</b>		<b>\$331.47</b>	<b>\$599.89</b>	<b>\$617.24</b>	<b>\$75.99</b>	<b>\$82.52</b>	<b>\$581.78</b>	<b>\$1,011.11</b>	<b>\$379.72</b>	<b>\$672.79</b>	<b>\$171.47</b>	<b>\$314.07</b>
<b>CHEMICAL DEPENDENCY</b>												
CD SERVICES - ALTERNATIVE TO DETOX	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CD SERVICES - METHADONE	Services	\$2.54	\$0.74	\$0.00	\$0.00	\$0.03	\$2.17	\$6.66	\$0.04	\$0.08	\$4.25	\$1.32
CD SERVICES - OP	Services	\$14.30	\$3.32	\$0.01	\$0.00	\$1.52	\$2.13	\$5.50	\$0.05	\$0.00	\$8.19	\$2.56
<b>Total</b>		<b>\$16.84</b>	<b>\$4.06</b>	<b>\$0.01</b>	<b>\$0.00</b>	<b>\$1.54</b>	<b>\$4.30</b>	<b>\$12.16</b>	<b>\$0.09</b>	<b>\$0.08</b>	<b>\$12.44</b>	<b>\$3.89</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-B**

CATEGORY OF SERVICE	TYPE OF UNITS	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHP PLUS COMPOSITE
<b>DENTAL</b>												
DENTAL - ADJUNCTIVE GENERAL	Services	\$0.02	\$0.01	\$0.00	\$0.11	\$0.03	\$0.03	\$0.10	\$0.01	\$0.00	\$0.06	\$0.03
DENTAL - ANESTHESIA SURGICAL	Services	\$0.04	\$0.01	\$0.00	\$0.05	\$0.04	\$0.02	\$0.06	\$0.00	\$0.00	\$0.05	\$0.02
DENTAL - DIAGNOSTIC	Services	\$0.56	\$0.23	\$0.02	\$0.54	\$0.94	\$0.62	\$0.73	\$0.21	\$0.26	\$1.48	\$0.42
DENTAL - ENDODONTICS	Services	\$0.18	\$0.12	\$0.00	\$0.22	\$0.16	\$0.09	\$0.15	\$0.06	\$0.00	\$0.23	\$0.09
DENTAL - I/P FIXED	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - MAXILLOFACIAL PROS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	Services	\$0.58	\$0.20	\$0.00	\$0.21	\$0.45	\$0.44	\$0.67	\$0.16	\$0.00	\$0.42	\$0.23
DENTAL - ORTHODONTICS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00
DENTAL - PERIODONTICS	Services	\$0.08	\$0.06	\$0.00	\$0.00	\$0.02	\$0.18	\$0.10	\$0.01	\$0.00	\$0.01	\$0.03
DENTAL - PREVENTIVE	Services	\$0.08	\$0.06	\$0.00	\$0.34	\$0.70	\$0.20	\$0.37	\$0.06	\$0.00	\$1.23	\$0.26
DENTAL - PROS REMOVABLE	Services	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.51	\$0.28	\$0.79	\$0.00	\$0.02	\$0.09
DENTAL - RESTORATIVE	Services	\$0.45	\$0.23	\$0.03	\$1.13	\$1.10	\$0.71	\$0.77	\$0.17	\$0.72	\$2.06	\$0.53
DENTAL - TOBACCO CES	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>		<b>\$2.09</b>	<b>\$0.91</b>	<b>\$0.05</b>	<b>\$2.60</b>	<b>\$3.44</b>	<b>\$2.81</b>	<b>\$3.28</b>	<b>\$1.48</b>	<b>\$0.98</b>	<b>\$5.56</b>	<b>\$1.71</b>
<b>MENTAL HEALTH</b>												
MH SERVICES ACUTE INPATIENT	Days	\$2.89	\$1.18	\$0.09	\$0.06	\$1.84	\$1.37	\$25.83	\$0.09	\$3.87	\$11.43	\$2.78
MH SERVICES ALTERNATIVE TO IP	Services	\$0.00	\$0.01	\$0.00	\$0.00	\$0.28	\$0.94	\$3.69	\$0.00	\$0.00	\$10.56	\$0.87
MH SERVICES ASSESS & EVAL	Services	\$1.91	\$0.32	\$0.00	\$0.17	\$0.66	\$1.36	\$3.09	\$0.16	\$0.28	\$3.44	\$0.66
MH SERVICES CASE MANAGEMENT	Services	\$0.47	\$0.11	\$0.00	\$0.07	\$0.35	\$6.15	\$8.11	\$0.20	\$0.75	\$1.96	\$0.86
MH SERVICES CONSULTATION	Services	\$0.06	\$0.03	\$0.00	\$0.03	\$0.11	\$0.53	\$0.92	\$0.13	\$0.18	\$1.00	\$0.16
MH SERVICES FAMILY SUPPORT	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.01	\$0.00	\$0.00	\$0.01	\$0.00
MH SERVICES ANCILLARY SERVICES	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.01	\$0.00	\$0.04	\$0.00	\$0.00
MH SERVICES INTENSIVE THERAPY SVCS	Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	Services	\$0.59	\$0.08	\$0.00	\$0.02	\$0.22	\$3.03	\$4.44	\$0.14	\$0.35	\$1.76	\$0.52
MH SERVICES OP THERAPY	Services	\$3.32	\$0.85	\$0.01	\$0.50	\$2.31	\$8.58	\$11.22	\$0.70	\$0.59	\$14.02	\$2.39
MH SERVICES OTHER OP	Claims	\$0.00	\$0.00	\$0.00	\$0.04	\$0.02	\$0.05	\$0.30	\$0.00	\$0.00	\$0.42	\$0.05
MH SERVICES PHYS IP	Services	\$0.05	\$0.01	\$0.00	\$0.00	\$0.00	\$0.58	\$0.53	\$0.03	\$0.07	\$0.06	\$0.06
MH SERVICES PHYS OP	Services	\$0.06	\$0.02	\$0.00	\$0.00	\$0.00	\$0.04	\$0.24	\$0.00	\$0.00	\$0.05	\$0.02
MH SERVICES SUPPORT DAY PROGRAM	Services	\$0.41	\$0.05	\$0.00	\$0.14	\$0.51	\$27.47	\$23.56	\$1.09	\$0.11	\$7.89	\$2.78
<b>Total</b>		<b>\$9.76</b>	<b>\$2.67</b>	<b>\$0.10</b>	<b>\$1.03</b>	<b>\$6.33</b>	<b>\$50.11</b>	<b>\$81.95</b>	<b>\$2.54</b>	<b>\$6.22</b>	<b>\$52.60</b>	<b>\$11.16</b>
<b>TOTAL ALL</b>		<b>\$360.16</b>	<b>\$607.53</b>	<b>\$617.40</b>	<b>\$79.62</b>	<b>\$93.83</b>	<b>\$639.01</b>	<b>\$1,108.50</b>	<b>\$383.82</b>	<b>\$680.07</b>	<b>\$242.08</b>	<b>\$330.83</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-B**

CATEGORY OF SERVICE	TYPE OF UNITS	OHPFAM	OHPAC	OHP STANDARD COMPOSITE
<b>PHYSICAL HEALTH</b>				
ADMINISTRATIVE EXAMS	Services	\$0.52	\$3.68	\$2.75
ANESTHESIA	Services	\$3.85	\$7.53	\$6.45
EXCEPT NEEDS CARE COORDINATION	Services	\$0.00	\$0.00	\$0.00
FP - IP HOSP	Admits	\$0.00	\$0.00	\$0.00
FP - OP HOSP	Claims	\$0.07	\$0.03	\$0.04
FP - PHYS	Services	\$5.09	\$3.55	\$4.00
HYSTERECTOMY - ANESTHESIA	Services	\$0.09	\$0.04	\$0.06
HYSTERECTOMY - IP HOSP	Admits	\$2.35	\$3.04	\$2.84
HYSTERECTOMY - OP HOSP	Claims	\$0.00	\$0.00	\$0.00
HYSTERECTOMY - PHYS	Services	\$0.29	\$0.27	\$0.28
IP HOSP - ACUTE DETOX	Admits	\$0.20	\$0.60	\$0.48
IP HOSP - MATERNITY	Admits	\$3.45	\$1.20	\$1.86
IP HOSP - MATERNITY / STERILIZATION	Admits	\$0.41	\$0.04	\$0.15
IP HOSP - MEDICAL/SURGICAL	Admits	\$67.12	\$197.07	\$159.00
IP HOSP - NEWBORN	Admits	\$0.00	\$0.00	\$0.00
IP HOSP - POST HOSP EXTENDED CARE	Days	\$0.00	\$0.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units	\$5.61	\$9.27	\$8.20
LAB & RAD - LAB	Services	\$3.18	\$4.98	\$4.45
LAB & RAD - THERAPEUTIC X-RAY	Coded Units	\$0.35	\$0.63	\$0.55
OP ER - SOMATIC MH	Claims	\$0.56	\$1.58	\$1.28
OP HOSP - BASIC	Claims	\$21.79	\$41.92	\$36.02
OP HOSP - DENTAL DIAGNOSTIC	Claims	\$0.53	\$0.86	\$0.76
OP HOSP - DENTAL PREVENTIVE	Claims	\$0.00	\$0.00	\$0.00
OP HOSP - DENTAL RESTORATIVE	Claims	\$0.00	\$0.00	\$0.00
OP HOSP - EMERGENCY ROOM	Claims	\$10.91	\$18.48	\$16.26
OP HOSP - LAB & RAD	Claims	\$14.17	\$23.55	\$20.80
OP HOSP - MATERNITY	Claims	\$1.62	\$0.92	\$1.12
OP HOSP - POST HOSP EXTENDED CARE	Claims	\$0.00	\$0.00	\$0.00
OP HOSP - PRES DRUGS BASIC	Claims	\$3.69	\$7.73	\$6.55
OP HOSP - PRES DRUGS MH/CD	Claims	\$0.17	\$0.71	\$0.55
OP HOSP - SOMATIC MH	Claims	\$0.41	\$0.93	\$0.78
OTH MED - DME	Services	\$0.79	\$1.75	\$1.47
OTH MED - HHC/PDN	Claims	\$0.00	\$0.01	\$0.01
OTH MED - HOSPICE	Claims	\$0.20	\$1.73	\$1.28
OTH MED - MATERNITY MGT	Claims	\$0.32	\$0.14	\$0.19
OTH MED - SUPPLIES	Coded Units	\$0.73	\$1.78	\$1.47
PHYS CONSULTATION, IP & ER VISITS	Services	\$6.30	\$14.00	\$11.74
PHYS HOME OR LONG-TERM CARE VISITS	Services	\$0.06	\$0.09	\$0.08
PHYS MATERNITY	Services	\$1.92	\$0.66	\$1.03
PHYS NEWBORN	Services	\$0.04	\$0.42	\$0.31
PHYS OFFICE VISITS	Coded Units	\$22.33	\$33.92	\$30.52
PHYS OTHER	Services	\$4.27	\$8.28	\$7.11
PHYS SOMATIC MH	Services	\$2.48	\$4.49	\$3.90

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-B**

CATEGORY OF SERVICE	TYPE OF UNITS	OHPFAM	OHPAC	OHP STANDARD COMPOSITE
PRES DRUGS - BASIC	Scripts Filled	\$42.42	\$78.24	\$67.74
PRES DRUGS - FP	Scripts Filled	\$3.77	\$1.55	\$2.20
PRES DRUGS - MH/CD	Scripts Filled	\$24.16	\$42.55	\$37.16
PRES DRUGS - NEURONTIN	Scripts Filled	\$2.08	\$4.71	\$3.94
PRES DRUGS - TOBACCO CESSATION	Scripts Filled	\$0.70	\$1.08	\$0.97
SCHOOL-BASED HEALTH SERVICES	Services	\$0.00	\$0.00	\$0.00
STERILIZATION - ANESTHESIA FEMALE	Services	\$0.15	\$0.02	\$0.06
STERILIZATION - ANESTHESIA MALE	Services	\$0.00	\$0.00	\$0.00
STERILIZATION - IP HOSP FEMALE	Admits	\$0.21	\$0.09	\$0.13
STERILIZATION - IP HOSP MALE	Admits	\$0.00	\$0.00	\$0.00
STERILIZATION - OP HOSP FEMALE	Claims	\$0.04	\$0.01	\$0.02
STERILIZATION - OP HOSP MALE	Claims	\$0.00	\$0.00	\$0.00
STERILIZATION - PHY FEMALE	Services	\$0.16	\$0.02	\$0.06
STERILIZATION - PHY MALE	Services	\$0.15	\$0.01	\$0.05
SURGERY	Claims	\$9.85	\$19.77	\$16.87
TARGETED CASE MAN - BABIES FIRST	Claims	\$0.00	\$0.00	\$0.00
TARGETED CASE MAN - HIV	Claims	\$0.00	\$0.01	\$0.01
TARGETED CASE MAN - SUBS ABUSE MOMS	Claims	\$0.00	\$0.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP	Admits	\$0.01	\$0.00	\$0.00
THERAPEUTIC ABORTION - OP HOSP	Claims	\$0.17	\$0.08	\$0.11
THERAPEUTIC ABORTION - PHYS	Services	\$0.78	\$0.34	\$0.47
TOBACCO CES-IP HSP	Admits	\$0.00	\$0.00	\$0.00
TOBACCO CES-OP HSP	Claims	\$0.01	\$0.02	\$0.02
TOBACCO CES-PHYS	Services	\$0.13	\$0.21	\$0.19
TRANSPORTATION - AMBULANCE	Services	\$2.34	\$6.34	\$5.17
TRANSPORTATION - OTHER	Services	\$0.00	\$0.01	\$0.01
VISION CARE - EXAMS & THERAPY	Coded Units	\$0.35	\$0.66	\$0.57
VISION CARE - MATERIALS & FITTING	Coded Units	\$0.00	\$0.00	\$0.00
PART A DEDUCTIBLE				
PART B DEDUCTIBLE				
PART B COINSURANCE ADJUSTMENT				
<b>Total</b>		<b>\$273.35</b>	<b>\$551.62</b>	<b>\$470.10</b>
<b>CHEMICAL DEPENDENCY</b>				
CD SERVICES - ALTERNATIVE TO DETOX	Services	\$0.00	\$0.00	\$0.00
CD SERVICES - METHADONE	Services	\$2.09	\$8.25	\$6.45
CD SERVICES - OP	Services	\$7.83	\$27.92	\$22.04
<b>Total</b>		<b>\$9.92</b>	<b>\$36.17</b>	<b>\$28.48</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Federal Fiscal Years 2006/2007**  
**Through Line 530 of the Prioritized List**

**EXHIBIT 7-B**

CATEGORY OF SERVICE	TYPE OF UNITS	OHPFAM	OHPAC	OHP STANDARD COMPOSITE
<b>DENTAL</b>				
DENTAL - ADJUNCTIVE GENERAL	Services	\$0.02	\$0.01	\$0.01
DENTAL - ANESTHESIA SURGICAL	Services	\$0.00	\$0.00	\$0.00
DENTAL - DIAGNOSTIC	Services	\$0.22	\$0.28	\$0.26
DENTAL - ENDODONTICS	Services	\$0.00	\$0.00	\$0.00
DENTAL - I/P FIXED	Services	\$0.00	\$0.00	\$0.00
DENTAL - MAXILLOFACIAL PROS	Services	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	Services	\$0.37	\$0.57	\$0.51
DENTAL - ORTHODONTICS	Services	\$0.00	\$0.00	\$0.00
DENTAL - PERIODONTICS	Services	\$0.00	\$0.00	\$0.00
DENTAL - PREVENTIVE	Services	\$0.00	\$0.00	\$0.00
DENTAL - PROS REMOVABLE	Services	\$0.00	\$0.00	\$0.00
DENTAL - RESTORATIVE	Services	\$0.01	\$0.01	\$0.01
DENTAL - TOBACCO CES	Services	\$0.00	\$0.00	\$0.00
<b>Total</b>		<b>\$0.63</b>	<b>\$0.88</b>	<b>\$0.80</b>
<b>MENTAL HEALTH</b>				
MH SERVICES ACUTE INPATIENT	Days	\$4.41	\$18.85	\$14.48
MH SERVICES ALTERNATIVE TO IP	Services	\$0.08	\$0.65	\$0.48
MH SERVICES ASSESS & EVAL	Services	\$0.86	\$2.55	\$2.04
MH SERVICES CASE MANAGEMENT	Services	\$0.33	\$1.47	\$1.13
MH SERVICES CONSULTATION	Services	\$0.03	\$0.13	\$0.10
MH SERVICES FAMILY SUPPORT	Services	\$0.00	\$0.00	\$0.00
MH SERVICES ANCILLARY SERVICES	Services	\$0.00	\$0.00	\$0.00
MH SERVICES INTENSIVE THERAPY SVCS	Services	\$0.00	\$0.00	\$0.00
MH SERVICES MED MANAGEMENT	Services	\$0.61	\$1.47	\$1.21
MH SERVICES OP THERAPY	Services	\$2.17	\$4.03	\$3.46
MH SERVICES OTHER OP	Claims	\$0.00	\$0.00	\$0.00
MH SERVICES PHYS IP	Services	\$0.05	\$0.15	\$0.12
MH SERVICES PHYS OP	Services	\$0.02	\$0.05	\$0.04
MH SERVICES SUPPORT DAY PROGRAM	Services	\$0.33	\$2.17	\$1.61
<b>Total</b>		<b>\$8.90</b>	<b>\$31.51</b>	<b>\$24.67</b>
<b>TOTAL ALL</b>		<b>\$292.81</b>	<b>\$620.18</b>	<b>\$524.05</b>

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## EXHIBIT 8

### Summary Monthly Per Capita Cost Trended to Federal Fiscal Years 2006/2007

#### By Delivery System Through Line 530 of the Prioritized List

PHYSICAL HEALTH	MCO PER CAPITA RATE	MCO FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families	\$293.39	\$28.55	\$331.88
PLM Adults	\$888.56	\$16.13	\$600.06
PLM, TANF, and CHIP Children < 1	\$402.61	\$11.31	\$617.69
PLM, TANF, and CHIP Children 1 - 5	\$75.46	\$2.72	\$76.46
PLM, TANF, and CHIP Children 6 - 18	\$67.51	\$3.77	\$82.90
Aid to the Blind/Aid to the Disabled with Medicare	\$341.82	\$232.28	\$582.44
Aid to the Blind/Aid to the Disabled without Medicare	\$621.40	\$119.81	\$1,011.80
Old Age Assistance with Medicare	\$321.98	\$96.35	\$380.38
Old Age Assistance without Medicare	\$481.56	\$19.78	\$673.51
SCF Children	\$121.35	\$32.98	\$171.97
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00		\$84.25
OHP Families	\$245.99	\$25.63	\$273.48
OHP Adults & Couples	\$411.11	\$46.68	\$551.86

CHEMICAL DEPENDENCY	MCO PER CAPITA RATE	MCO FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families	\$12.83	\$0.00	\$16.84
PLM Adults	\$4.36	\$0.00	\$4.06
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00	\$0.01
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.24	\$0.00	\$1.54
Aid to the Blind/Aid to the Disabled with Medicare	\$3.79	\$0.00	\$4.30
Aid to the Blind/Aid to the Disabled without Medicare	\$11.03	\$0.00	\$12.16
Old Age Assistance with Medicare	\$0.29	\$0.00	\$0.09
Old Age Assistance without Medicare	\$0.29	\$0.00	\$0.08
SCF Children	\$4.81	\$0.00	\$12.44
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.01
OHP Families	\$9.23	\$0.00	\$9.92
OHP Adults & Couples	\$32.87	\$0.00	\$36.17

DENTAL	MCO PER CAPITA RATE	MCO FFS PER CAPITA RATE	FFS/PCCM PER CAPITA RATE
Temporary Assistance to Needy Families	\$28.12	\$0.00	\$2.09
PLM Adults	\$16.53	\$0.00	\$0.91
PLM, TANF, and CHIP Children < 1	\$0.09	\$0.00	\$0.05
PLM, TANF, and CHIP Children 1 - 5	\$15.31	\$0.00	\$2.60
PLM, TANF, and CHIP Children 6 - 18	\$20.49	\$0.00	\$3.44
Aid to the Blind/Aid to the Disabled with Medicare	\$28.33	\$0.00	\$2.81
Aid to the Blind/Aid to the Disabled without Medicare	\$24.90	\$0.00	\$3.28
Old Age Assistance with Medicare	\$17.98	\$0.00	\$1.48
Old Age Assistance without Medicare	\$26.11	\$0.00	\$0.98
SCF Children	\$19.79	\$0.00	\$5.56
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
OHP Families	\$8.12	\$0.00	\$0.63
OHP Adults & Couples	\$10.34	\$0.00	\$0.88

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

# EXHIBIT 8

## Summary Monthly Per Capita Cost Trended to Federal Fiscal Years 2006/2007

### By Delivery System Through Line 530 of the Prioritized List

<b>MENTAL HEALTH</b>	<b>MCO PER CAPITA RATE</b>	<b>MCO FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$17.27	\$0.00	\$9.76
PLM Adults	\$4.45	\$0.00	\$2.67
PLM, TANF, and CHIP Children < 1	\$0.05	\$0.00	\$0.10
PLM, TANF, and CHIP Children 1 - 5	\$2.46	\$0.00	\$1.03
PLM, TANF, and CHIP Children 6 - 18	\$12.83	\$0.00	\$6.33
Aid to the Blind/Aid to the Disabled with Medicare	\$70.93	\$0.00	\$50.11
Aid to the Blind/Aid to the Disabled without Medicare	\$101.71	\$0.00	\$81.95
Old Age Assistance with Medicare	\$7.29	\$0.00	\$2.54
Old Age Assistance without Medicare	\$6.87	\$0.00	\$6.22
SCF Children	\$87.35	\$0.00	\$52.60
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.22
OHP Families	\$12.74	\$0.00	\$8.90
OHP Adults & Couples	\$31.91	\$0.00	\$31.51

<b>PHYSICAL HEALTH, DENTAL, &amp; CHEMICAL DEPENDENCY</b>	<b>MCO PER CAPITA RATE</b>	<b>MCO FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$334.34	\$28.55	\$350.80
PLM Adults	\$909.45	\$16.13	\$605.03
PLM, TANF, and CHIP Children < 1	\$402.70	\$11.31	\$617.75
PLM, TANF, and CHIP Children 1 - 5	\$90.78	\$2.72	\$79.06
PLM, TANF, and CHIP Children 6 - 18	\$89.24	\$3.77	\$87.89
Aid to the Blind/Aid to the Disabled with Medicare	\$373.94	\$232.28	\$589.56
Aid to the Blind/Aid to the Disabled without Medicare	\$657.33	\$119.81	\$1,027.24
Old Age Assistance with Medicare	\$340.24	\$96.35	\$381.94
Old Age Assistance without Medicare	\$507.95	\$19.78	\$674.58
SCF Children	\$145.95	\$32.98	\$189.97
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.25
OHP Families	\$263.34	\$25.63	\$284.04
OHP Adults & Couples	\$454.32	\$46.68	\$588.90

<b>PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY + ADMIN</b>	<b>MCO PER CAPITA RATE<sup>1</sup></b>	<b>MCO FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$385.81	\$28.55	\$350.80
PLM Adults	\$1,049.44	\$16.13	\$605.03
PLM, TANF, and CHIP Children < 1	\$464.69	\$11.31	\$617.75
PLM, TANF, and CHIP Children 1 - 5	\$104.75	\$2.72	\$79.06
PLM, TANF, and CHIP Children 6 - 18	\$102.97	\$3.77	\$87.89
Aid to the Blind/Aid to the Disabled with Medicare	\$431.50	\$232.28	\$589.56
Aid to the Blind/Aid to the Disabled without Medicare	\$758.52	\$119.81	\$1,027.24
Old Age Assistance with Medicare	\$392.62	\$96.35	\$381.94
Old Age Assistance without Medicare	\$586.14	\$19.78	\$674.58
SCF Children	\$168.42	\$32.98	\$189.97
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.25
OHP Families	\$303.87	\$25.63	\$284.04
OHP Adults & Couples	\$524.26	\$46.68	\$588.90

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8

## Summary Monthly Per Capita Cost Trended to Federal Fiscal Years 2006/2007

By Delivery System Through Line 530 of the Prioritized List

<b>PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY, &amp; MENTAL HEALTH</b>	<b>MCO PER CAPITA RATE</b>	<b>MCO FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE</b>
Temporary Assistance to Needy Families	\$351.60	\$28.55	\$360.57
PLM Adults	\$913.90	\$16.13	\$607.70
PLM, TANF, and CHIP Children < 1	\$402.75	\$11.31	\$617.85
PLM, TANF, and CHIP Children 1 - 5	\$93.24	\$2.72	\$80.09
PLM, TANF, and CHIP Children 6 - 18	\$102.07	\$3.77	\$94.22
Aid to the Blind/Aid to the Disabled with Medicare	\$444.87	\$232.28	\$639.67
Aid to the Blind/Aid to the Disabled without Medicare	\$759.05	\$119.81	\$1,109.19
Old Age Assistance with Medicare	\$347.53	\$96.35	\$384.49
Old Age Assistance without Medicare	\$514.82	\$19.78	\$680.80
SCF Children	\$233.29	\$32.98	\$242.57
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.47
OHP Families	\$276.08	\$25.63	\$292.94
OHP Adults & Couples	\$486.23	\$46.68	\$620.42

<b>HEALTH CARE EXPENSE PLUS ADMINISTRATION</b>	<b>MCO PER CAPITA RATE<sup>1</sup></b>	<b>MCO FFS PER CAPITA RATE</b>	<b>FFS/PCCM PER CAPITA RATE **</b>
Temporary Assistance to Needy Families	\$405.73	\$28.55	\$360.57
PLM Adults	\$1,054.58	\$16.13	\$607.70
PLM, TANF, and CHIP Children < 1	\$464.74	\$11.31	\$617.85
PLM, TANF, and CHIP Children 1 - 5	\$107.59	\$2.72	\$80.09
PLM, TANF, and CHIP Children 6 - 18	\$117.78	\$3.77	\$94.22
Aid to the Blind/Aid to the Disabled with Medicare	\$513.35	\$232.28	\$639.67
Aid to the Blind/Aid to the Disabled without Medicare	\$875.89	\$119.81	\$1,109.19
Old Age Assistance with Medicare	\$401.03	\$96.35	\$384.49
Old Age Assistance without Medicare	\$594.07	\$19.78	\$680.80
SCF Children	\$269.21	\$32.98	\$242.57
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$84.47
OHP Families	\$318.57	\$25.63	\$292.94
OHP Adults & Couples	\$561.07	\$46.68	\$620.42

<sup>1</sup> Includes 13.34% administrative fee.

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

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 9-A

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

### Physical Health Services

For Federal Fiscal Years 2006/2007

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		MCO	FFS/PCCM	Total
Temporary Assistance to Needy Families	9.86%	79.96%	20.04%	100.00%
PLM Adults	2.22%	83.86%	16.14%	100.00%
PLM, TANF, and CHIP Children < 1	5.38%	75.42%	24.58%	100.00%
PLM, TANF, and CHIP Children 1 - 5	16.61%	81.80%	18.20%	100.00%
PLM, TANF, and CHIP Children 6 - 18	26.97%	80.25%	19.75%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.77%	53.63%	46.37%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.81%	70.74%	29.26%	100.00%
Old Age Assistance with Medicare	7.24%	42.21%	57.79%	100.00%
Old Age Assistance without Medicare	0.19%	83.53%	16.47%	100.00%
SCF Children	4.19%	53.00%	47.00%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	5.69%	0.00%	100.00%	100.00%
OHP Families	1.74%	74.48%	25.52%	100.00%
OHP Adults & Couples	4.31%	75.21%	24.79%	100.00%
	100.0%			

### AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM

For Federal Fiscal Year 2006/2007

Eligibility Category	DELIVERY SYSTEM *		
	MCO	FFS/PCCM	Total
Temporary Assistance to Needy Families	7.89%	1.98%	9.86%
PLM Adults	1.87%	0.36%	2.22%
PLM, TANF, and CHIP Children < 1	4.06%	1.32%	5.38%
PLM, TANF, and CHIP Children 1 - 5	13.59%	3.02%	16.61%
PLM, TANF, and CHIP Children 6 - 18	21.65%	5.33%	26.97%
Aid to the Blind/Aid to the Disabled with Medicare	3.09%	2.68%	5.77%
Aid to the Blind/Aid to the Disabled without Medicare	6.94%	2.87%	9.81%
Old Age Assistance with Medicare	3.05%	4.18%	7.24%
Old Age Assistance without Medicare	0.16%	0.03%	0.19%
SCF Children	2.22%	1.97%	4.19%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	5.69%	5.69%
OHP Families	1.29%	0.44%	1.74%
OHP Adults & Couples	3.24%	1.07%	4.31%
Total	69.06%	30.94%	100.00%

\*Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

# OREGON BASIC HEALTH SERVICES PROGRAM

# EXHIBIT 9-B

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

### Dental Services

For Federal Fiscal Years 2006/2007

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		MCO	FFS/PCCM	Total
Temporary Assistance to Needy Families	9.86%	89.46%	10.54%	100.00%
PLM Adults	2.22%	89.37%	10.63%	100.00%
PLM, TANF, and CHIP Children < 1	5.38%	88.88%	11.12%	100.00%
PLM, TANF, and CHIP Children 1 - 5	16.61%	91.15%	8.85%	100.00%
PLM, TANF, and CHIP Children 6 - 18	26.97%	92.43%	7.57%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.77%	90.37%	9.63%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.81%	88.95%	11.05%	100.00%
Old Age Assistance with Medicare	7.24%	88.39%	11.61%	100.00%
Old Age Assistance without Medicare	0.19%	88.75%	11.25%	100.00%
SCF Children	4.19%	77.90%	22.10%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	5.69%	0.00%	100.00%	100.00%
OHP Families	1.74%	81.68%	18.32%	100.00%
OHP Adults & Couples	4.31%	84.64%	15.36%	100.00%
	100.0%			

### AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM

For Federal Fiscal Years 2006/2007

Eligibility Category	DELIVERY SYSTEM *		
	MCO	FFS/PCCM	Total
Temporary Assistance to Needy Families	8.82%	1.04%	9.86%
PLM Adults	1.99%	0.24%	2.22%
PLM, TANF, and CHIP Children < 1	4.78%	0.60%	5.38%
PLM, TANF, and CHIP Children 1 - 5	15.14%	1.47%	16.61%
PLM, TANF, and CHIP Children 6 - 18	24.93%	2.04%	26.97%
Aid to the Blind/Aid to the Disabled with Medicare	5.21%	0.56%	5.77%
Aid to the Blind/Aid to the Disabled without Medicare	8.73%	1.08%	9.81%
Old Age Assistance with Medicare	6.40%	0.84%	7.24%
Old Age Assistance without Medicare	0.17%	0.02%	0.19%
SCF Children	3.27%	0.93%	4.19%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	5.69%	5.69%
OHP Families	1.42%	0.32%	1.74%
OHP Adults & Couples	3.65%	0.66%	4.31%
Total	84.51%	15.49%	100.00%

\*Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

# OREGON BASIC HEALTH SERVICES PROGRAM

# EXHIBIT 9-C

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

### Mental Health Services

For Federal Fiscal Years 2006/2007

Eligibility Category	Percentage	DELIVERY SYSTEM *		
		MCO	FFS/PCCM	Total
Temporary Assistance to Needy Families	9.86%	92.13%	7.87%	100.00%
PLM Adults	2.22%	87.25%	12.75%	100.00%
PLM, TANF, and CHIP Children < 1	5.38%	91.01%	8.99%	100.00%
PLM, TANF, and CHIP Children 1 - 5	16.61%	89.05%	10.95%	100.00%
PLM, TANF, and CHIP Children 6 - 18	26.97%	89.44%	10.56%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	5.77%	92.87%	7.13%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	9.81%	90.56%	9.44%	100.00%
Old Age Assistance with Medicare	7.24%	77.46%	22.54%	100.00%
Old Age Assistance without Medicare	0.19%	94.38%	5.62%	100.00%
SCF Children	4.19%	79.39%	20.61%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	5.69%	0.00%	100.00%	100.00%
OHP Families	1.74%	79.92%	20.08%	100.00%
OHP Adults & Couples	4.31%	81.38%	18.62%	100.00%
	100.0%			

### AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM

For Federal Fiscal Years 2006/2007

Eligibility Category	DELIVERY SYSTEM *		
	MCO	FFS/PCCM	Total
Temporary Assistance to Needy Families	9.09%	0.78%	9.86%
PLM Adults	1.94%	0.28%	2.22%
PLM, TANF, and CHIP Children < 1	4.89%	0.48%	5.38%
PLM, TANF, and CHIP Children 1 - 5	14.79%	1.82%	16.61%
PLM, TANF, and CHIP Children 6 - 18	24.13%	2.85%	26.97%
Aid to the Blind/Aid to the Disabled with Medicare	5.36%	0.41%	5.77%
Aid to the Blind/Aid to the Disabled without Medicare	8.89%	0.93%	9.81%
Old Age Assistance with Medicare	5.60%	1.63%	7.24%
Old Age Assistance without Medicare	0.18%	0.01%	0.19%
SCF Children	3.33%	0.86%	4.19%
CAWEM (Citizen-Alien Waived Emergency Medical)	0.00%	5.69%	5.69%
OHP Families	1.39%	0.35%	1.74%
OHP Adults & Couples	3.51%	0.80%	4.31%
Total	83.10%	16.90%	100.00%

\*Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## EXHIBIT 10-A

Average Per Capita Cost\* for Federal Fiscal Years 2006/2007

Through Line 530 of the Prioritized List

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

Eligibility Category	DELIVERY SYSTEM ***		
	MCO*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$367.10	\$331.88	\$360.04
PLM Adults	\$1,041.46	\$600.06	\$970.23
PLM, TANF, and CHIP Children < 1	\$475.90	\$617.69	\$510.75
PLM, TANF, and CHIP Children 1 - 5	\$89.79	\$76.46	\$87.37
PLM, TANF, and CHIP Children 6 - 18	\$81.67	\$82.90	\$81.91
Aid to the Blind/Aid to the Disabled with Medicare	\$626.72	\$582.44	\$606.19
Aid to the Blind/Aid to the Disabled without Medicare	\$836.87	\$1,011.80	\$888.06
Old Age Assistance with Medicare	\$467.89	\$380.38	\$417.31
Old Age Assistance without Medicare	\$575.47	\$673.51	\$591.62
SCF Children	\$173.00	\$171.97	\$172.52
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$84.25	\$84.25
<b>OHP PLUS Total</b>	<b>\$300.87</b>	<b>\$314.50</b>	<b>\$305.14</b>
<b>OHP Families</b>	<b>\$309.49</b>	<b>\$273.48</b>	<b>\$300.30</b>
<b>OHP Adults &amp; Couples</b>	<b>\$521.07</b>	<b>\$551.86</b>	<b>\$528.70</b>
<b>OHP STANDARD Total</b>	<b>\$460.76</b>	<b>\$470.31</b>	<b>\$463.15</b>
<b>Total</b>	<b>\$311.38</b>	<b>\$322.12</b>	<b>\$314.70</b>

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

\*\* Includes 13.34% administrative fee on capitated services.

\*\*\* Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

## EXHIBIT 10-B

Average Per Capita Cost\* for Federal Fiscal Years 2006/2007

Through Line 530 of the Prioritized List

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

Eligibility Category	DELIVERY SYSTEM ***		
	MCO*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$32.44	\$2.09	\$29.24
PLM Adults	\$19.07	\$0.91	\$17.14
PLM, TANF, and CHIP Children < 1	\$0.10	\$0.05	\$0.10
PLM, TANF, and CHIP Children 1 - 5	\$17.67	\$2.60	\$16.34
PLM, TANF, and CHIP Children 6 - 18	\$23.65	\$3.44	\$22.12
Aid to the Blind/Aid to the Disabled with Medicare	\$32.69	\$2.81	\$29.81
Aid to the Blind/Aid to the Disabled without Medicare	\$28.73	\$3.28	\$25.92
Old Age Assistance with Medicare	\$20.75	\$1.48	\$18.51
Old Age Assistance without Medicare	\$30.13	\$0.98	\$26.85
SCF Children	\$22.84	\$5.56	\$19.02
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.00	\$0.00
<b>OHP PLUS Total</b>	<b>\$22.85</b>	<b>\$1.71</b>	<b>\$19.59</b>
<b>OHP Families</b>	<b>\$9.37</b>	<b>\$0.63</b>	<b>\$7.77</b>
<b>OHP Adults &amp; Couples</b>	<b>\$11.94</b>	<b>\$0.88</b>	<b>\$10.24</b>
<b>OHP STANDARD Total</b>	<b>\$11.22</b>	<b>\$0.80</b>	<b>\$9.53</b>
<b>Total</b>	<b>\$22.16</b>	<b>\$1.65</b>	<b>\$18.98</b>

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

\*\* Includes 13.34% administrative fee on capitated services.

\*\*\* Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-C

## Average Per Capita Cost\* for Federal Fiscal Years 2006/2007 Through Line 530 of the Prioritized List

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

Eligibility Category	DELIVERY SYSTEM ***		
	MCO*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$14.81	\$16.84	\$15.21
PLM Adults	\$5.03	\$4.06	\$4.88
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.01	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.43	\$1.54	\$1.45
Aid to the Blind/Aid to the Disabled with Medicare	\$4.37	\$4.30	\$4.34
Aid to the Blind/Aid to the Disabled without Medicare	\$12.73	\$12.16	\$12.57
Old Age Assistance with Medicare	\$0.33	\$0.09	\$0.19
Old Age Assistance without Medicare	\$0.33	\$0.08	\$0.29
SCF Children	\$5.55	\$12.44	\$8.79
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.01	\$0.01
<b>OHP PLUS Total</b>	<b>\$4.22</b>	<b>\$3.89</b>	<b>\$4.12</b>
<b>OHP Families</b>	<b>\$10.65</b>	<b>\$9.92</b>	<b>\$10.46</b>
<b>OHP Adults &amp; Couples</b>	<b>\$37.93</b>	<b>\$36.17</b>	<b>\$37.49</b>
<b>OHP STANDARD Total</b>	<b>\$30.15</b>	<b>\$28.48</b>	<b>\$29.74</b>
<b>Total</b>	<b>\$5.93</b>	<b>\$5.09</b>	<b>\$5.67</b>

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

\*\* Includes 13.34% administrative fee on capitated services.

\*\*\* Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-D

Average Per Capita Cost\* for Federal Fiscal Years 2006/2007

Through Line 530 of the Prioritized List

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

Eligibility Category	DELIVERY SYSTEM ***		
	MCO*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$19.92	\$9.76	\$19.12
PLM Adults	\$5.14	\$2.67	\$4.82
PLM, TANF, and CHIP Children < 1	\$0.05	\$0.10	\$0.06
PLM, TANF, and CHIP Children 1 - 5	\$2.84	\$1.03	\$2.64
PLM, TANF, and CHIP Children 6 - 18	\$14.81	\$6.33	\$13.91
Aid to the Blind/Aid to the Disabled with Medicare	\$81.85	\$50.11	\$79.59
Aid to the Blind/Aid to the Disabled without Medicare	\$117.37	\$81.95	\$114.03
Old Age Assistance with Medicare	\$8.41	\$2.54	\$7.09
Old Age Assistance without Medicare	\$7.93	\$6.22	\$7.83
SCF Children	\$100.79	\$52.60	\$90.86
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$0.22	\$0.22
<b>OHP PLUS Total</b>	<b>\$31.41</b>	<b>\$11.16</b>	<b>\$28.02</b>
<b>OHP Families</b>	<b>\$14.70</b>	<b>\$8.90</b>	<b>\$13.54</b>
<b>OHP Adults &amp; Couples</b>	<b>\$36.82</b>	<b>\$31.51</b>	<b>\$35.83</b>
<b>OHP STANDARD Total</b>	<b>\$30.55</b>	<b>\$24.67</b>	<b>\$29.43</b>
<b>Total</b>	<b>\$31.36</b>	<b>\$12.08</b>	<b>\$28.10</b>

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

\*\* Includes 13.34% administrative fee on capitated services.

\*\*\* Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-E

Average Per Capita Cost\* for Federal Fiscal Years 2006/2007

Through Line 530 of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System

Physical Health, Chemical Dependency, and Dental Services, Including Administrative Cost Allowance\*\*

Eligibility Category	DELIVERY SYSTEM ***		
	MCO*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$414.35	\$350.80	\$404.50
PLM Adults	\$1,065.57	\$605.03	\$992.25
PLM, TANF, and CHIP Children < 1	\$476.00	\$617.75	\$510.85
PLM, TANF, and CHIP Children 1 - 5	\$107.47	\$79.06	\$103.71
PLM, TANF, and CHIP Children 6 - 18	\$106.75	\$87.89	\$105.48
Aid to the Blind/Aid to the Disabled with Medicare	\$663.78	\$589.56	\$640.34
Aid to the Blind/Aid to the Disabled without Medicare	\$878.33	\$1,027.24	\$926.54
Old Age Assistance with Medicare	\$488.97	\$381.94	\$436.01
Old Age Assistance without Medicare	\$605.93	\$674.58	\$618.76
SCF Children	\$201.39	\$189.97	\$200.32
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$84.25	\$84.25
<b>OHP PLUS Total</b>	<b>\$327.95</b>	<b>\$320.09</b>	<b>\$328.85</b>
<b>OHP Families</b>	<b>\$329.51</b>	<b>\$284.04</b>	<b>\$318.53</b>
<b>OHP Adults &amp; Couples</b>	<b>\$570.94</b>	<b>\$588.90</b>	<b>\$576.43</b>
<b>OHP STANDARD Total</b>	<b>\$502.13</b>	<b>\$499.59</b>	<b>\$502.41</b>
<b>Total</b>	<b>\$339.46</b>	<b>\$328.85</b>	<b>\$339.35</b>

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

\*\* Includes 13.34% administrative fee on capitated services.

\*\*\* Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 10-F

Average Per Capita Cost\* for Federal Fiscal Years 2006/2007

Through Line 530 of the Prioritized List

Average Monthly Per Capita Cost by Eligibility Category and Delivery System

All Services, Including Administrative Cost Allowance\*\*

Eligibility Category	DELIVERY SYSTEM **		
	MCO*	FFS/PCCM	Average
Temporary Assistance to Needy Families	\$434.28	\$360.57	\$423.62
PLM Adults	\$1,070.71	\$607.70	\$997.08
PLM, TANF, and CHIP Children < 1	\$476.05	\$617.85	\$510.90
PLM, TANF, and CHIP Children 1 - 5	\$110.31	\$80.09	\$106.35
PLM, TANF, and CHIP Children 6 - 18	\$121.55	\$94.22	\$119.39
Aid to the Blind/Aid to the Disabled with Medicare	\$745.63	\$639.67	\$719.93
Aid to the Blind/Aid to the Disabled without Medicare	\$995.70	\$1,109.19	\$1,040.57
Old Age Assistance with Medicare	\$497.38	\$384.49	\$443.10
Old Age Assistance without Medicare	\$613.86	\$680.80	\$626.59
SCF Children	\$302.18	\$242.57	\$291.18
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.00	\$84.47	\$84.47
<b>OHP PLUS Total</b>	<b>\$359.36</b>	<b>\$331.25</b>	<b>\$356.86</b>
<b>OHP Families</b>	<b>\$344.21</b>	<b>\$292.94</b>	<b>\$332.07</b>
<b>OHP Adults &amp; Couples</b>	<b>\$607.75</b>	<b>\$620.42</b>	<b>\$612.26</b>
<b>OHP STANDARD Total</b>	<b>\$532.69</b>	<b>\$524.26</b>	<b>\$531.85</b>
<b>Total</b>	<b>\$370.82</b>	<b>\$340.94</b>	<b>\$367.45</b>

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

\*\* Includes 13.34% administrative fee on capitated services.

\*\*\* Eligibility distributions based on projections provided by DHS Forecasting and Performance Measurement Unit staff

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

**EXHIBIT 11**

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

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 12-A

## Per Capita Cost at Various Thresholds for Federal Fiscal Years 2006/2007

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

Threshold	Physical Health		Dental		Mental Health		Total MCO	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
290	79.8%	\$253.18	10.6%	\$2.35	80.5%	\$25.24	75.7%	\$280.77
320	82.3%	\$261.24	35.3%	\$7.81	89.7%	\$28.14	80.1%	\$297.19
350	85.0%	\$269.60	35.3%	\$7.81	90.5%	\$28.38	82.5%	\$305.80
380	88.9%	\$282.10	53.0%	\$11.74	93.3%	\$29.24	87.1%	\$323.08
410	89.6%	\$284.17	53.0%	\$11.74	93.5%	\$29.32	87.7%	\$325.22
440	91.2%	\$289.32	53.0%	\$11.74	97.6%	\$30.59	89.4%	\$331.65
470	95.3%	\$302.37	53.0%	\$11.74	99.9%	\$31.33	93.2%	\$345.44
500	97.8%	\$310.42	98.8%	\$21.89	99.9%	\$31.33	98.1%	\$363.64
530	<b>100.0%</b>	<b>\$317.30</b>	<b>100.0%</b>	<b>\$22.16</b>	<b>100.0%</b>	<b>\$31.36</b>	<b>100.0%</b>	<b>\$370.82</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost at Various Thresholds for Federal Fiscal Years 2006/2007**  
**Fee For Service Costs - with Adjustment for PCCM\***

**EXHIBIT 12-B**

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
290	78.8%	\$257.88	9.2%	\$0.15	81.5%	\$9.84	78.6%	\$267.88
320	81.6%	\$267.01	40.3%	\$0.66	91.3%	\$11.03	81.7%	\$278.70
350	85.4%	\$279.57	40.3%	\$0.66	91.6%	\$11.07	85.4%	\$291.30
380	88.7%	\$290.28	59.9%	\$0.99	93.8%	\$11.33	88.8%	\$302.60
410	89.3%	\$292.34	59.9%	\$0.99	94.2%	\$11.38	89.4%	\$304.71
440	90.7%	\$296.87	59.9%	\$0.99	97.1%	\$11.73	90.8%	\$309.59
470	96.4%	\$315.28	59.9%	\$0.99	100.0%	\$12.08	96.3%	\$328.35
500	98.4%	\$321.99	99.2%	\$1.64	100.0%	\$12.08	98.5%	\$335.71
530	<b>100.0%</b>	<b>\$327.20</b>	<b>100.0%</b>	<b>\$1.65</b>	<b>100.0%</b>	<b>\$12.08</b>	<b>100.0%</b>	<b>\$340.94</b>

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

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost at Various Thresholds for Federal Fiscal Years 2006/2007**  
**Total Costs**

**EXHIBIT 12-C**

Threshold	Physical Health		Dental		Mental Health		Total	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
290	79.5%	\$254.63	10.6%	\$2.01	80.6%	\$22.64	76.0%	\$279.29
320	82.1%	\$263.03	35.3%	\$6.70	89.9%	\$25.25	80.3%	\$294.98
350	85.1%	\$272.69	35.3%	\$6.70	90.6%	\$25.46	83.0%	\$304.85
380	88.8%	\$284.63	53.1%	\$10.07	93.3%	\$26.22	87.3%	\$320.92
410	89.5%	\$286.70	53.1%	\$10.07	93.5%	\$26.29	87.9%	\$323.06
440	91.0%	\$291.65	53.1%	\$10.07	97.5%	\$27.41	89.6%	\$329.13
470	95.6%	\$306.37	53.1%	\$10.07	99.9%	\$28.08	93.8%	\$344.52
500	98.0%	\$314.00	98.8%	\$18.75	99.9%	\$28.08	98.2%	\$360.83
530	<b>100.0%</b>	<b>\$320.37</b>	<b>100.0%</b>	<b>\$18.98</b>	<b>100.0%</b>	<b>\$28.10</b>	<b>100.0%</b>	<b>\$367.45</b>