

**OREGON HEALTH PLAN
MEDICAID DEMONSTRATION**

**Capitation Rate Development
Federal Fiscal Year 2003**

Submitted by:

**PricewaterhouseCoopers LLP
199 Fremont Street
San Francisco, CA 94105**

September 2002

September 19, 2002

Ms. Maureen King
OHP Actuarial Services Manager
Office of Medical Assistance Programs
500 Summer Street NE
Salem, Oregon 97310-1014

Dear Maureen:

**Re: Capitation Rates for the Oregon Health Plan Medicaid
Demonstration**

We have calculated the capitation rates to be paid to contracting physical health, mental health, dental and chemical dependency plans under the Oregon Health Plan Medicaid Demonstration for October 1, 2002 through September 30, 2003. These capitation payments are based on our previous work described in detail in our report to you entitled Analysis of Federal Fiscal years 2002-2003 Average Costs and dated September 21, 2000 and reflect coverage of services through line 566 of the prioritized list.

The following report describes the methods used for calculating the capitation payments.

* * *

Please call me if you have any questions regarding these capitation rates or the methods that were used in the calculation.

Very Truly Yours,

PricewaterhouseCoopers LLP

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

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

Table of Contents

I. Contracting Arrangements	1
II. Statewide Average Capitation Rates	3
Prioritized List of Services	3
Trend Adjustment	3
Optional Services	4
Changes in FCHP Covered Services	4
Hysterectomy/Sterilization Recoupments	4
Administrative Costs	4
III. FCHP Capitation Rates by Plan	5
Geographic Adjustments	5
Maternity and Newborn Risk Adjustment	9
Chronic Illness and Disability Payment System Risk Adjustment	10
Chemical Dependency Risk Adjustment	12
IV. MHO Capitation Rates by Plan	13
Geographic Adjustments	14
SCF Residential Medical Adjustment	14
V. DCO Capitation Rates	14
Geographic Adjustments	14
VI. CDO Capitation Rates by Plan	15

Oregon Health Plan

Summary Calculation of Capitation Rates for October 2002 – September 2003

Table of Exhibits

- Exhibit 1: FCHP, DCO, MHO and CDO Contracting Categories
- Exhibit 2: Statewide Average Capitation Rates for FFY2003
- Exhibit 3a: FCHP Geographic Factors by Plan
- Exhibit 3b: Hospital Cost-to-Charge Ratios used in Geographic Factor Development
- Exhibit 4: Newborn Risk Adjustment Factor Calculation
- Exhibit 5a: Maternity Risk Adjustment Factor Calculation
- Exhibit 5b: TANF Maternity vs. Newborn Comparison
- Exhibit 6a: Chronic Illness and Disability Payment System Risk Adjustment Factors
- Exhibit 6b: Chronic Illness and Disability Payment System Disease Categories and Cost Factors
- Exhibit 6c: CDPS Prevalence Rates by Plan and Region – AB/AD without Medicare and General Assistance
- Exhibit 6d: CDPS Prevalence Rates by Plan and Region – OHP Adults & Couples
- Exhibit 7a: Methadone Utilization Rates/1000 by Plan and Eligibility Category

- Exhibit 7b: Methadone Risk Adjustment Factors by Plan and Eligibility Category
- Exhibit 7c: Methadone/Non-Methadone Chemical Dependency Cost Distribution
- Exhibit 7d: Chemical Dependency Risk Adjustment Factors by Plan and Eligibility Category
- Exhibit 8: MHO Geographic Factors by Plan
- Exhibit 9: MHO Residential Medical Adjustment Factors – SCF Children
- Exhibit 10: DCO Capitation Rates by Region and Eligibility Category

Appendix Exhibits

Exhibit A-1: Comparison of FFY2002 and FFY2003 FCHP Capitation Rates by Plan

Exhibit A-2: Comparison of FFY2002 and FFY2003 MHO Capitation Rates by Plan

Exhibit A-3: Comparison of FFY2002 and FFY2003 DCO Capitation Rates

Exhibit A-4: Comparison of FFY2002 and FFY2003 CDO Capitation Rates

Exhibit A-5: Memorandum Documenting Impact of Prioritized List Changes

Oregon Health Plan
Summary Calculation of Capitation Rates for
October 2002 – September 2003

PricewaterhouseCoopers LLP
September 2002

The following report presents the methods used to develop the capitation rates to be paid to Fully Capitated Health Plans, Mental Health Organizations, Dental Care Organizations, and Chemical Dependency Organizations participating in the Oregon Health Plan Medicaid Demonstration for the year beginning October 1, 2002. These methods are designed to comply with the requirements of Oregon 1989 Senate Bill 27, which established guidelines for determining payment levels while expanding coverage to nearly all Oregonians below the federal poverty level. The rates shown here also include payments for children covered under Title XXI. This report is a follow-up to our detailed report on total per capita costs for the program dated September 21, 2000, and provides a description of the specific methods used to adjust the per capita costs to capitation payments.

I. Contracting Arrangements

The Oregon Health Plan contracts with a number of different types of organizations for portions of the health care service package. Fully Capitated Health Plans, or FCHPs, contract for nearly the full range of physical health care services, including inpatient, outpatient, physician, prescription drug, and miscellaneous medical services. FCHPs may also contract for maternity management, an optional service. Mental Health Organizations, or MHOs, contract to provide inpatient and outpatient therapy services on a capitated basis. Dental Care Organizations contract to provide dental services, and Chemical Dependency Organizations contract to provide substance abuse services. Within each general category of service

(e.g., mental health) an organization is contracted for the full range of capitated services.

The capitation rates calculated in this report show the amounts to be paid to contracting plans. For FCHPs, MHOs, and CDOs separate capitation rates have been calculated for each plan, region and eligibility category. Capitation rates for DCOs vary by region and eligibility category only.

The fifteen eligibility categories and five geographic regions for which capitation rates are calculated are as follows:

OHP Eligibility Categories	
Temporary Assistance to Needy Families	OHP Families
General Assistance	OHP Adults & Couples
PLM Adults Under 100% FPL	AB/AD with Medicare
PLM Adults Over 100% FPL	AB/AD without Medicare
CHIP Children Aged 0 < 1	OAA with Medicare
PLM Child Aged 0 < 1	OAA without Medicare
PLM and CHIP Child Aged 1 – 5	SCF Children
PLM and CHIP Child Aged 6 – 18	

OHP Geographic Regions
Jackson, Josephine and Douglas Counties
Lane County
Linn, Benton, Marion, Polk and Yamhill Counties
Other
Tri-County (Clackamas, Multnomah and Washington Counties)

II. Statewide Average Capitation Rates

Capitation rates for each plan are based on statewide average capitation rates with adjustments for geographic areas and risk adjustment results, where appropriate. To calculate the capitation rates for the program, we begin with the per capita costs calculated for FCHP enrollees shown in Exhibit 7-A of our September 2000 report. Starting with the categories of service in this exhibit, we identify the categories that are needed for FCHP, DCO, MHO and CDO capitation contracts, as shown in Exhibit 1.

Prioritized List of Services

The per capita costs calculated in our September 2000 report are based on health plan encounter data covering services through line 566 of the prioritized list. No adjustment for funding level is required to translate the per capita costs into capitation rates, as funding will continue at line 566.

We have worked with the Health Services Commission to understand and evaluate the effect of changes in the Prioritized List, and have determined that the changes to be implemented do not indicate a change in costs of more than 1%.¹

Trend Adjustment

The per capita cost calculation was made to cover the two year time period of October 2001 through September 2003. The capitation rates developed in this report cover a one year period of October 2002 through September 2003.

Trend adjustments for FCHPs and MHOs are calculated using the trending methodology that has been used in prior capitation rate developments. Specifically, the trend rates that were applied in the per capita cost development for the biennium are adjusted to move the projected costs from the midpoint of the biennium (October 1, 2002) to the midpoint of the contract period (April 1, 2003).

For dental services, the capitation rates are paid for the entire biennium, without separate trend adjustments for the first and second years.

¹Most of the changes to the List represent technical corrections as coding protocols change. Please see our memo to Maureen King dated August 1, 2002 included in the Appendix for a more complete review of the changes in the Prioritized List.

Therefore, the biennial trend adjustment is applied; the capitation rates in the second year of the biennium will remain the same as the first year.

Optional Services

Maternity Management is an optional service for FCHPs; those choosing to do so receive an additional capitation amount that varies by eligibility category. Cascade Comprehensive Care is the only plan that has elected to provide the optional maternity management service for FFY2003.

Changes in FCHP Covered Services

No changes were made to the scope of covered services for health plans from the date of our September 2000 report. Consequently, no changes are required in the capitation rate calculation.

Hysterectomy/Sterilization Recoupments

FCHPs will have a fixed dollar amount recouped by OMAP for hysterectomies and sterilizations that do not meet the required consent and documentation criteria. For procedures performed between October 1, 2002 and September 30, 2003, the following amounts will be recouped for each non-compliant procedure:

Service	Recoupment
Hysterectomy	\$3,856
Sterilization – Female	\$701
Sterilization – Male	\$370

Administrative Costs

An administrative cost allowance of 8% is included in all of the capitation rates.

Exhibit 2 shows the statewide average capitation rates that result from the above calculations, and which form the basis of the plan-specific rates.

III. FCHP Capitation Rates by Plan

Capitation rates for FCHPs are based on the statewide average capitation rates for each eligibility category, modified for certain plan-specific features, including geographic location, maternity/newborn prevalence, Chronic Illness and Disability Payment System (CDPS) score, and Methadone treatment prevalence. The statewide capitation rate for each service is multiplied by the plan-specific geographic factor and then multiplied by the applicable risk adjustment factor to arrive at the capitation rate to be paid to that plan for the given service. The resulting costs are summed across all services included in the contract and then increased for administrative cost to arrive at the final capitation rate. Exhibit 2 indicates, for each eligibility group, the risk adjustment factors that are applied to each service category.

In the development of each of the adjustment factors described in this draft, plan configurations and service areas known as of June 30, 2002 are used. In situations where members of a health plan were or will be assumed by a new plan, these calculations have transferred data for all affected members to the new plan. In situations where a plan has exited all or part of a service area and members are in fee-for-service or members have been given the option of enrolling into one of several plans, those members have been included in these calculations, but not allocated to a plan.

The methodology described here generates capitation rates for each combination of FCHP, region, and eligibility category; due to this large volume of rates, this report includes statewide average capitation rates as well as the plan-specific factors that are used to develop the rates for each plan. The detailed calculation of final rates for each plan will be distributed to each FCHP individually; a summary of these rates and a comparison to Federal Fiscal Year 2002 (FFY2002) levels is shown in the Appendix.

Geographic Adjustments

The starting average capitation rate is based on data for the entire state. Geographic adjustment factors are used to reflect known differences in input costs for different geographic locations. Additionally, the geographic factors recognize differences in case mix for inpatient hospital services for individuals who travel outside of their local service area.

Geographic factors for hospital inpatient and outpatient services are calculated on a plan-specific basis. Oregon law requires Type A and B hospitals be paid at their individual facility cost unless otherwise negotiated between the plan and hospital, and this methodology is designed to allow compliance with that requirement. It is OMAP policy to ensure that capitation rates are adequate to allow this payment level.

For FY 2003, the methodology used to develop the inpatient hospital geographic adjustment was changed to address concerns raised by some of the FCHPs operating in the more rural areas of the state. The revised methodology takes into consideration the higher case mix and related higher cost per day associated with out-of-area hospital admissions. Calculations of costs per day have been developed at the county level rather than the zip code level as had been done in the past. Finally, a 24-month data period was used rather than 12 months to reduce the volatility of the factors.

To develop geographic factors for inpatient hospital services, the following calculations were performed:

1. Out-of-Area admissions were defined as any admission to a hospital located more than 75 miles from the patient's residence, with the following exceptions:
 - For Tri-County residents, all admissions are designated as In-Area,
 - For all A and B hospitals, all admissions are considered In-Area,
 - Out of state hospitals are not considered in the calculations, and
 - For Coos and Douglas counties, the Out-of-Area threshold is 50 miles from the patient's residence;
2. The distance between a patient's residence and the hospital to which they were admitted was calculated using "geo mapping" software. Specific home addresses were unavailable so the centroid of the residence zip code was used;
3. Admissions with room and board unit totals which differed substantially from the length of stay based on admit and discharge dates were excluded;

4. Each admission was determined to be In-Area or Out-of-Area based on the criteria described above;
5. The average cost per day at each hospital was calculated based on 1997 Medicare hospital cost reports. Each hospital was identified as being a Type A, a Type B, a Type C, or a DRG hospital. For development of the geographic factors, the only hospital identified as Type C was Merle West Medical Center;
6. For each hospital, we assigned a cost per day. For Type A, Type B, and Type C hospitals, this was done by using the individual hospital information. For DRG hospitals this was done by using the statewide average cost per day for all DRG hospitals and multiplying by a geographic factor calculated using HCFA Diagnosis Related Group payment factors. The specific cost-to-charge ratios for each Type A, Type B, and Type C hospital used for these calculations are shown in Exhibit 3b. For all hospitals, the cost-to-charge ratio is limited to 100%, consistent with OMAP's Hospital payment guidelines. The HCFA DRG factors have been updated using Oregon specific factors to be in effect for FFY 2003;
7. For each hospital, we calculated In-Area, Out-of-Area, and Average billed charges per day using the billed charges, day counts, and the area designation for each admission. We also calculated the distribution of days between In-Area and Out-of-Area;
8. For each hospital, we calculated In-Area and Out-of-Area costs per day using the hospital's cost per day from step 6 and the ratio of the In-Area and Out-of-Area billed charges per day to the Average billed charges per day [for example, the hospital-specific In-Area cost per day = hospital-specific cost per day x hospital-specific In-Area billed charge per day / hospital-specific Average billed charge per day];
9. For each county of residence, we calculated the average cost per day using the In-Area/Out-of-Area distribution of patient days to each hospital by residents of the county and the calculated In-Area or Out-of-Area costs per day for each hospital;

10. For each FCHP, we determined the distribution of members by county as of June 30, 2002;
11. For each FCHP and region, we calculated the average cost per day using the distribution of members by county and the county average cost per day; and
12. For each FCHP and region, we calculated the relative cost per day by dividing the results from step 11 by the statewide average cost per day.

The process of calculating geographic factors for outpatient hospital services follows the same general procedure as described above for inpatient services, with two important differences. First, while inpatient services use the average cost per day from the Medicare hospital cost reports, a corresponding meaningful measure is not available from this source for outpatient services. Consequently, alternate sources are required to calculate these values; health plan encounter data are instead used to calculate the average outpatient charges per claim for each hospital. These charges are then applied against the cost-to-charge ratio developed in the Medicare cost reports to arrive at the average cost per claim for each hospital, analogous to the cost per day described in step 5 above. Second, no distinction is made between in- and out-of-area visits for the outpatient hospital factor calculation. Lab and x-ray services provided in an outpatient hospital setting are excluded from the calculations.

The calculation of the outpatient cost per claim includes a corridor of $\pm 25\%$ around the statewide average cost per claim for DRG hospitals. If the cost for a given hospital is outside that allowable corridor, the cost per claim for that hospital is reset to the $\pm 25\%$ limit. This adjustment is included to reduce volatility in the Outpatient geographic factors and to mitigate the difference in the types of outpatient services delivered at hospitals in various areas of the state.

The inpatient and outpatient geographic factors resulting from the above process are shown for each plan and region in Exhibit 3a.

Maternity and Newborn Risk Adjustment

Because there has historically been a large amount of variation in the percentage of enrollees in each plan requiring maternity services and because maternity services represent a substantial cost to plans, the State has implemented a prospective risk adjustment mechanism to adjust the maternity and newborn components of the TANF capitation rate for the relative prevalence of these services experienced by each plan.

Newborn and maternity rates per 1,000 members are calculated by health plan. Relative prevalence factors are then calculated in Exhibits 4 and 5a for each eligibility group as follows:

$$\text{Maternity Relative Prevalence} = \frac{\text{Health Plan's Maternity Rate per 1,000}}{\text{Maternity Rate per 1,000 for all Plans}}$$

$$\text{Newborn Relative Prevalence} = \frac{\text{Health Plan's Newborn Rate per 1,000}}{\text{Newborn Rate per 1,000 for all Plans}}$$

OMAP has chosen to implement a minimum “floor” of 50% on all plan maternity and newborn risk adjustment factors.

Newborn Counts

Newborns in managed care plans are counted by finding members whose first date of eligibility in a plan equals their date of birth. The data period used to count newborns is the 12-month period from October 1, 2000 through September 30, 2001. Newborn counts and the resulting risk adjustment factors are shown in Exhibit 4.

Newborns are counted using eligibility data instead of claims or encounter data because it is believed to be more accurate; this method does not rely on the accuracy of claims coding by individual health plans or whether the claims satisfy OMAP edits.

Maternity Counts

Maternity deliveries are counted using health plan encounter data, examining historical claims for ICD9 codes that indicate the termination

(live birth, stillbirth or late-term miscarriage) of a pregnancy. The list of possible diagnosis codes used in this process was provided by OMAP. All diagnosis codes reported on each claim are checked for the presence of qualifying ICD9 codes. The vast majority of mothers counted have a qualifying diagnosis in either the primary or secondary diagnosis position. Mothers with duplicate claims or with multiple qualifying claims within a five-month time period are counted only once. The resulting maternity counts and risk adjustment factors are shown in Exhibit 5a.

For information purposes, a comparison by plan of TANF maternity and newborn counts and rates/1,000 is shown in Exhibit 5b.

Chronic Illness and Disability Payment System Risk Adjustment

The Chronic Illness and Disability Payment System risk adjustment methodology is used to calculate risk adjustment scores for the OHP Adults & Couples, General Assistance and AB/AD without Medicare groups. This system uses an array of 66 disease categories, shown in Exhibit 6b, along with projected cost factors for each to evaluate the relative risk experienced among health plans.

In the past we have used the original CDPS model (version 1.0) to calculate the CDPS factors. For the FFY2003 capitation rates we have upgraded to CDPS version 1.7. This version of CDPS incorporates:

- Some diagnosis codes added to the ICD-9 coding system subsequent to the original CDPS research;
- Elimination of lab and radiology claims from the CDPS risk profile. This helps avoid the generation of CDPS indicators by “rule-out” diagnoses commonly coded on lab and radiology claims;
- Use of member months as weights rather than unique individual counts;
- Imposition of a 6-month minimum length of OHP eligibility in order for an individual to be included in the calculation; and
- Removal of “baby” indicators due to their low predictive power.

To avoid double-counting certain conditions covered under the Chemical Dependency risk adjustment, the following diagnoses were removed from the Substance Abuse – High category for members receiving Methadone treatment:

Substance Abuse Diagnoses Removed	
304.0 – 304.03	Period type drug dependence
304.7 – 304.73	Combinations of period type drug with any other drug dependence
305.5 – 305.53	Nondependent period drug abuse

Data used for this analysis include encounter data and fee-for-service (FFS) data provided by OMAP covering October 1999 through September 2001 dates of service. The use of a 24 month data period for the CDPS analysis is a change from past years. The purpose of this change is to reduce the volatility of risk scores, particularly for the smaller plans. The FFS and encounter data are combined and classified into the disease categories specified in the CDPS, using all ICD9 codes recorded on each claim. Information is then summarized by person to establish a “risk profile” for each member. This risk profile shows the complete health information for each person, regardless of aid category, health plan, or whether claims were incurred in the fee-for-service system or under managed care.

Since some members move between health plans and between eligibility categories, the next step in our analysis is to allocate each person’s expected cost, as defined by their disease history, to the various plans and aid groups in which he or she was enrolled. This allocation is done using the proportion of the individual’s total months of enrollment spent under each aid group and health plan combination.

Using these member month weights, a person’s risk profile is allocated to each health plan/aid category. The resulting frequencies, each expressed as a rate/1,000, are shown in Exhibits 6c through 6d.

The CDPS scores that result from this process show variation between plans that may not be solely due to health status of enrolled members, but may also be attributable to data under-reporting. For this reason, OMAP has chosen to continue the $\pm 15\%$ corridor on calculated risk adjustment scores. To implement this corridor, we move the scores of those plans that are above 1.15 or below 0.85 to the appropriate corridor value, and adjust the other plans' scores by a factor such that the weighted average of all plans' scores equals 1.0. Because of the small number of GA eligibles and the fact that capitation rates for AB/AD without Medicare and GA are similar, these two groups were combined for this calculation. OHP Adults & Couples continues to be calculated separately. Exhibit 6a shows both the unadjusted CDPS scores for each plan as well as the final scores after application of the $\pm 15\%$ corridor.

Chemical Dependency Risk Adjustment

The distribution of chemical dependency services throughout the state of Oregon is not uniform; Methadone clinics are primarily found in urban settings and members requiring treatment have a tendency to move to the area in which services are available. Within a geographic area, chemical dependency usage has also been shown to be non-uniform across plans. Beginning with October 1999 capitation rates, risk adjustment factors have been calculated for each plan, region and eligibility category individually. These factors are calculated as follows:

1. Methadone months of treatment are summarized by plan, region and eligibility category using encounter data for the period October 1, 2000 – September 30, 2001.
2. These treatment months are divided by corresponding member months of eligibility to determine a Methadone rate per 1,000 members, as shown in Exhibit 7a.
3. Using TANF as an example, Methadone relative prevalence factors are developed for each plan by dividing each plan/region's TANF rate/1,000 by the overall average TANF rate/1,000. Similar calculations are done for each eligibility category.
4. Step 3 results in a relative factor of 0.00 for plans that have historically not had any members receiving Methadone treatment.

To accommodate the chance that a small number of Methadone patients will occur in these plans during FFY2002, a floor of 2% is applied to each plan's score. The remaining plan scores are then normalized so that the average score across all plans is 1.0. The result of these intermediate calculations is shown for information purposes in Exhibit 7b.

5. Since Methadone use is only one component of chemical dependency services, this Methadone factor is blended with the appropriate risk adjustment factor for the remaining chemical dependency services.
 - For AB/AD without Medicare, General Assistance, and OHP Adults & Couples categories, the factor for the remaining chemical dependency services is the CDPS factor calculated for that plan.
 - For the remaining eligibility groups, the Methadone factor is blended with the value of 1.0, as these groups are not risk-adjusted for the remaining chemical dependency services.

These Methadone/Non-Methadone factors are blended according to the percentages shown in Exhibit 7c. These percentages represent the portion of Chemical Dependency costs related to each service category as developed in our September 2000 per capita cost report.

The final chemical dependency risk adjustment factors for each plan, region and eligibility group are shown in Exhibit 7d.

IV. MHO Capitation Rates by Plan

Similar to the process described above for FCHPs, MHO capitation rates are based on statewide average rates, adjusted for geographic differences. Additionally, the SCF Child group receives an additional adjustment for the enrollment of above average cost children living in residential medical facilities.

Final capitation rates for FFY2003 and a comparison to FFY2002 rates are shown in the Appendix; detailed rate calculations will be distributed to each MHO individually.

Geographic Adjustments

MHOs receive geographic adjustments to the Acute Inpatient category only; all other services are paid based on the statewide average cost of services. The adjustment factors for MHO inpatient services are calculated in a similar method to that described in Section III for FCHP inpatient services. MHO encounter data are used for the analysis of hospital use.

MHO enrollment as of June 2002 is examined in place of FCHP enrollment to determine enrollment by plan and zip code. MHO members' zip codes of residence are matched to the encounter patient flow information to calculate the average cost per day for members enrolled in each MHO. Relative cost factors, shown in Exhibit 8, are then calculated by comparing each plan's cost/day to the average cost/day for all MHOs.

SCF Residential Medical Adjustment

The SCF category includes some children who reside in Residential Medical facilities and have costs in excess of the average SCF Child rate. The statewide average capitation rate has been calculated to include the cost of these children. To appropriately distribute the capitation amount for this category to each plan, risk adjustment factors are calculated that reflect the relative prevalence of these children and their additional expected cost in each plan. Adjustment factors for each plan and region are shown in Exhibit 9. Plans with a large number of these children enrolled have adjustment factors that are greater than 1.0; plans with a below-average number of Residential Medical children have factors less than 1.0.

V. DCO Capitation Rates

Geographic Adjustments

DCO capitation rates vary by geographic region of the state, but do not vary by plan. The geographic factors are updated for each biennium and are constant for the biennium. The geographic factor calculation is based upon the Medicare RBRVS geographic adjustment factors for Oregon that take into account the component costs of professional services. The adjustment

uses the FY 2001 Oregon RBRVS factors weighted by the population distribution. These DCO geographic factors are as follows:

Geographic Area	Geographic Factor
Jackson, Josephine and Douglas Counties	0.9696
Lane County	0.9696
Linn, Benton, Marion, Polk and Yamhill Counties	0.9696
Other	0.9696
Tri-County (Clackamas, Multnomah and Washington Counties)	1.0455

The above factors are applied to the statewide average dental capitation rates to arrive at the rates shown in Exhibit 10 by area and eligibility category. A comparison of FFY2003 and FFY2002 dental rates is shown in the Appendix.

VI. CDO Capitation Rates by Plan

There is one CDO in operation, in Deschutes County. This plan serves as a chemical dependency “carve out” plan, covering all CD services in that county for FCHP members. The FCHP in that county is not capitated for these costs.

CDO capitation rates are calculated as the statewide average CD cost, by eligibility category, multiplied by that area’s chemical dependency risk adjustment factor, calculated according to the methodology described above in Section III. A comparison of these rates for FY2003 and FY2002 for Deschutes County is shown in Exhibit A-4.

**Oregon Health Plan Medicaid Demonstration
FCHP, DCO, MHO and CDO Contracting Categories**

Exhibit 1

Detail Service Category	Rate Setting Category	FCHP Capitation	DCO Capitation	MHO Capitation	CDO Capitation
PHYSICAL HEALTH					
ANESTHESIA	Physician Basic	Mandatory			
EXCEPT NEEDS CARE COORDINATION	Exceptional Needs Care Coordination	Mandatory			
FP - IP HOSP	Inpatient Family Planning	Mandatory			
FP - OP HOSP	Outpatient Family Planning	Mandatory			
FP - PHYS	Physician Family Planning	Mandatory			
HYSTERECTOMY - ANESTHESIA	Physician Hysterectomy	Mandatory			
HYSTERECTOMY - IP HOSP	Inpatient Hysterectomy	Mandatory			
HYSTERECTOMY - OP HOSP	Outpatient Hysterectomy	Mandatory			
HYSTERECTOMY - PHYS	Physician Hysterectomy	Mandatory			
IP HOSP - MATERNITY	Inpatient Maternity	Mandatory			
IP HOSP - MEDICAL/SURGICAL	Inpatient Basic	Mandatory			
IP HOSP - NEWBORN	Inpatient Newborn	Mandatory			
LAB & RAD - DIAGNOSTIC X-RAY	Physician Basic	Mandatory			
LAB & RAD - LAB	Physician Basic	Mandatory			
LAB & RAD - THERAPEUTIC X-RAY	Physician Basic	Mandatory			
OP HOSP - BASIC	Outpatient Basic	Mandatory			
OP HOSP - MATERNITY	Outpatient Maternity	Mandatory			
OTH MED - DURABLE MEDICAL EQUIP	DME & Supplies	Mandatory			
OTH MED - HHC/HOSPICE/PDN	HHC/Hospice/PDN	Mandatory			
OTH MED - MATERNITY MGT	Maternity Management	Optional			
OTH MED - MEDICAL SUPPLIES	DME & Supplies	Mandatory			
PHYS CONSULTATION, IP & ER VISITS	Physician Basic	Mandatory			
PHYS HOME OR LONG-TERM CARE VISITS	Physician Basic	Mandatory			
PHYS MATERNITY	Physician Maternity	Mandatory			
PHYS NEWBORN	Physician Newborn	Mandatory			
PHYS OFFICE VISITS	Physician Basic	Mandatory			
PHYS OTHER	Physician Basic	Mandatory			
PRES DRUGS - BASIC	Prescription Drugs Basic	Mandatory			
PRES DRUGS - FP	Prescription Drugs Family Planning	Mandatory			
PRES DRUGS - MH/CD	N/A	Mandatory			
PRES DRUGS - OP HOSP BASIC	Prescription Drugs Basic	Mandatory			
PRES DRUGS - OP HOSP FP	Prescription Drugs Family Planning	Mandatory			
PRES DRUGS - OP HOSP MH/CD	N/A	None			
SCHOOL-BASED HEALTH SERVICES	N/A	None			

**Oregon Health Plan Medicaid Demonstration
FCHP, DCO, MHO and CDO Contracting Categories**

Exhibit 1

Detail Service Category	Rate Setting Category	FCHP Capitation	DCO Capitation	MHO Capitation	CDO Capitation
STERILIZATION - ANESTHESIA	Physician Sterilization	Mandatory			
STERILIZATION - IP HOSP	Inpatient Sterilization	Mandatory			
STERILIZATION - OP HOSP	Outpatient Sterilization	Mandatory			
STERILIZATION - PHY	Physician Sterilization	Mandatory			
SURGERY	Physician Basic	Mandatory			
TARGETED CASE MAN - BABIES FIRST	N/A	None			
TARGETED CASE MAN - HIV	N/A	None			
THERAPEUTIC ABORTION - IP HOSP	N/A	None			
THERAPEUTIC ABORTION - OP HOSP	N/A	None			
THERAPEUTIC ABORTION - PHYS	N/A	None			
TOBACCO CES-DENT	Dental		Mandatory		
TOBACCO CES-IP HSP	Inpatient Basic	Mandatory			
TOBACCO CES-OP HSP	Outpatient Basic	Mandatory			
TOBACCO CES-PHYS	Physician Basic	Mandatory			
TOBACCO CES-PRES DRUGS	Prescription Drugs Basic	Mandatory			
TRANSPORTATION - AMBULANCE	Transportation Ambulance	Mandatory			
TRANSPORTATION - OTHER	N/A	None			
VISION CARE - EXAMS & THERAPY	Vision	Mandatory			
VISION CARE - MATERIALS & FITTING	Vision	Mandatory			
DENTAL					
DENTAL - ADJUNCTIVE GENERAL	Dental		Mandatory		
DENTAL - ANESTHESIA SURGICAL	Dental		Mandatory		
DENTAL - DIAGNOSTIC	Dental		Mandatory		
DENTAL - ENDODONTICS	Dental		Mandatory		
DENTAL - I/P FIXED	Dental		Mandatory		
DENTAL - MAXILLOFACIAL PROS	Dental		Mandatory		
DENTAL - ORAL SURGERY	Dental		Mandatory		
DENTAL - ORTHODONTICS	Dental		Mandatory		
DENTAL - OTHER	Dental		Mandatory		
DENTAL - PERIODONTICS	Dental		Mandatory		
DENTAL - PREVENTIVE	Dental		Mandatory		
DENTAL - PROS REMOVABLE	Dental		Mandatory		
DENTAL - RESTORATIVE	Dental		Mandatory		

**Oregon Health Plan Medicaid Demonstration
FCHP, DCO, MHO and CDO Contracting Categories**

Exhibit 1

Detail Service Category	Rate Setting Category	FCHP Capitation	DCO Capitation	MHO Capitation	CDO Capitation
CHEMICAL DEPENDENCY					
CD SERVICES - METHADONE	Chemical Dependency	Mandatory			Mandatory
CD SERVICES - OP	Chemical Dependency	Mandatory			Mandatory
CD SERVICES - RESIDENTIAL	Chemical Dependency	Mandatory			Mandatory
MENTAL HEALTH					
MH SERVICES ACUTE INPATIENT	MH Acute Inpatient			Mandatory	
MH SERVICES ASSESS & EVAL	MH Assessment & Evaluation			Mandatory	
MH SERVICES CASE MANAGEMENT	MH Case Management			Mandatory	
MH SERVICES CONSULTATION	MH Consultation			Mandatory	
MH SERVICES INTERPRETIVE SERVICES	MH Interpretive Services			Mandatory	
MH SERVICES MED MANAGEMENT	MH Medication Management			Mandatory	
MH SERVICES MHDDSD FAMILY SUPPORT	MH MHDDSD Family Support			Mandatory	
MH SERVICES MHDDSD JOBS	MH MHDDSD Jobs			Mandatory	
MH SERVICES MHDDSD SUBACUTE CARE	MH MHDDSD Subacute Care			Mandatory	
MH SERVICES OP THERAPY	MH OP Therapy			Mandatory	
MH SERVICES OTHER OP	MH Other OP			Mandatory	
MH SERVICES PHYS IP	MH Physician IP			Mandatory	
MH SERVICES PHYS OP	MH Physician OP			Mandatory	
MH SERVICES SUPPORT DAY PROGRAM	MH Supportive Day Program			Mandatory	
MH SERVICES - CATP	N/A			None	
MH SERVICES - DARTS	N/A			None	
MH SERVICES - JCAHO	N/A			None	

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: TANF

Physician

Basic	\$36.66
Family Planning	\$0.37
Hysterectomy	\$0.38
Maternity	\$7.91 M
Newborn	\$1.27 N
Sterilization	\$0.33
Subtotal	\$46.92

Outpatient

Basic	\$15.55
Family Planning	\$0.02
Hysterectomy	\$0.02
Maternity	\$0.54 M
Sterilization	\$1.42
Subtotal	\$17.55

Prescription Drugs

Basic	\$22.51
Family Planning	\$0.87
Subtotal	\$23.38

Inpatient

Basic	\$16.75
Family Planning	\$0.00
Hysterectomy	\$0.56
Maternity	\$8.54 M
Newborn	\$7.04 N
Sterilization	\$0.73
Subtotal	\$33.62

Miscellaneous

Chemical Dependency	\$4.79 C
DME/Supplies	\$0.98
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.11
Transportation - Ambulance	\$1.54
Vision	\$1.67
Subtotal	\$9.09

Total Basic Services	\$130.57
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.59
----------------------	--------

Total Services	\$131.15
Total Services with 8% Admin	\$142.56

Mental Health

Acute Inpatient	\$1.84
Assess & Eval	\$1.98
Case Management	\$0.71
Consultation	\$0.34
Ancillary Services	\$0.00
Med Management	\$0.75
MHDDSD Alternative to IP	\$0.15
MHDDSD Family Support	\$0.12
OP Therapy	\$8.04
Other OP	\$0.06
Phys IP	\$0.06
Phys OP	\$0.08
Support Day Program	\$1.42

Total MH Services	\$15.53
Total MH Services with 8% Admin	\$16.88

Dental	\$17.04
Dental Services with 8% Admin	\$18.52

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: General Assistance

Physician

Basic	\$131.86
Family Planning	\$0.10
Hysterectomy	\$0.75
Maternity	\$1.12 M
Newborn	\$0.00 N
Sterilization	\$0.04
Subtotal	\$133.88

Outpatient

Basic	\$73.25
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.14 M
Sterilization	\$0.29
Subtotal	\$73.70

Prescription Drugs

Basic	\$196.44
Family Planning	\$0.49
Subtotal	\$196.93

Inpatient

Basic	\$181.33
Family Planning	\$0.00
Hysterectomy	\$1.03
Maternity	\$0.80 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$183.15

Miscellaneous

Chemical Dependency	\$32.94 C
DME/Supplies	\$9.73
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$5.11
Transportation - Ambulance	\$11.96
Vision	\$3.44
Subtotal	\$63.19

Total Basic Services	\$650.85
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.05
----------------------	--------

Total Services	\$650.90
Total Services with 8% Admin	\$707.50

Mental Health

Acute Inpatient	\$39.69
Assess & Eval	\$9.40
Case Management	\$16.48
Consultation	\$2.15
Ancillary Services	\$0.00
Med Management	\$15.87
MHDDSD Alternative to IP	\$13.72
MHDDSD Family Support	\$0.01
OP Therapy	\$45.85
Other OP	\$6.57
Phys IP	\$1.57
Phys OP	\$0.51
Support Day Program	\$35.47

Total MH Services	\$187.27
Total MH Services with 8% Admin	\$203.56

Dental	\$31.00
Dental Services with 8% Admin	\$33.69

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: PLM Adults under 100% FPL

Physician

Basic	\$80.38	
Family Planning	\$1.57	
Hysterectomy	\$0.18	
Maternity	\$191.55	M
Newborn	\$1.00	N
Sterilization	\$3.94	
Subtotal	\$278.63	

Outpatient

Basic	\$16.05	
Family Planning	\$0.04	
Hysterectomy	\$0.00	
Maternity	\$13.60	M
Sterilization	\$21.86	
Subtotal	\$51.56	

Prescription Drugs

Basic	\$25.75
Family Planning	\$2.96
Subtotal	\$28.71

Inpatient

Basic	\$10.97	
Family Planning	\$0.00	
Hysterectomy	\$0.26	
Maternity	\$221.07	M
Newborn	\$0.08	N
Sterilization	\$11.65	
Subtotal	\$244.03	

Miscellaneous

Chemical Dependency	\$2.62	C
DME/Supplies	\$0.93	
Exceptional Needs Care Coordination	\$0.00	
Home Health/PDN/Hospice	\$0.09	
Transportation - Ambulance	\$3.28	
Vision	\$2.51	
Subtotal	\$9.43	

Total Basic Services	\$612.35
-----------------------------	-----------------

Optional Services

Maternity Management	\$13.13
----------------------	---------

Total Services	\$625.49
Total Services with 8% Admin	\$679.88

Mental Health

Acute Inpatient	\$0.71
Assess & Eval	\$1.14
Case Management	\$0.10
Consultation	\$0.09
Ancillary Services	\$0.00
Med Management	\$0.24
MHDDSD Alternative to IP	\$0.03
MHDDSD Family Support	\$0.00
OP Therapy	\$2.64
Other OP	\$0.01
Phys IP	\$0.03
Phys OP	\$0.02
Support Day Program	\$0.13

Total MH Services	\$5.15
Total MH Services with 8% Admin	\$5.60

Dental	\$16.25
Dental Services with 8% Admin	\$17.67

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: PLM Adults over 100% FPL

Physician

Basic	\$80.38	
Family Planning	\$1.57	
Hysterectomy	\$0.18	
Maternity	\$191.55	M
Newborn	\$1.00	N
Sterilization	\$3.94	
Subtotal	\$278.63	

Outpatient

Basic	\$16.05	
Family Planning	\$0.04	
Hysterectomy	\$0.00	
Maternity	\$13.60	M
Sterilization	\$21.86	
Subtotal	\$51.56	

Prescription Drugs

Basic	\$25.75
Family Planning	\$2.96
Subtotal	\$28.71

Inpatient

Basic	\$10.97	
Family Planning	\$0.00	
Hysterectomy	\$0.26	
Maternity	\$221.07	M
Newborn	\$0.08	N
Sterilization	\$11.65	
Subtotal	\$244.03	

Miscellaneous

Chemical Dependency	\$2.62	C
DME/Supplies	\$0.93	
Exceptional Needs Care Coordination	\$0.00	
Home Health/PDN/Hospice	\$0.09	
Transportation - Ambulance	\$3.28	
Vision	\$2.51	
Subtotal	\$9.43	

Total Basic Services	\$612.35
-----------------------------	-----------------

Optional Services

Maternity Management	\$13.13
----------------------	---------

Total Services	\$625.49
Total Services with 8% Admin	\$679.88

Mental Health

Acute Inpatient	\$0.71
Assess & Eval	\$1.14
Case Management	\$0.10
Consultation	\$0.09
Ancillary Services	\$0.00
Med Management	\$0.24
MHDDSD Alternative to IP	\$0.03
MHDDSD Family Support	\$0.00
OP Therapy	\$2.64
Other OP	\$0.01
Phys IP	\$0.03
Phys OP	\$0.02
Support Day Program	\$0.13

Total MH Services	\$5.15
Total MH Services with 8% Admin	\$5.60

Dental	\$16.25
Dental Services with 8% Admin	\$17.67

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: CHIP Children Aged 0-1

Physician

Basic	\$70.38
Family Planning	\$0.00
Hysterectomy	\$0.01
Maternity	\$0.30 M
Newborn	\$16.02 N
Sterilization	\$0.00
Subtotal	\$86.72

Outpatient

Basic	\$11.88
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Sterilization	\$0.01
Subtotal	\$11.89

Prescription Drugs

Basic	\$12.03
Family Planning	\$0.01
Subtotal	\$12.04

Inpatient

Basic	\$37.60
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Newborn	\$107.34 N
Sterilization	\$0.00
Subtotal	\$144.95

Miscellaneous

Chemical Dependency	\$0.00 C
DME/Supplies	\$2.67
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.16
Transportation - Ambulance	\$2.84
Vision	\$0.09
Subtotal	\$5.76

Total Basic Services	\$261.36
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.20
----------------------	--------

Total Services	\$261.56
Total Services with 8% Admin	\$284.31

Mental Health

Acute Inpatient	\$0.00
Assess & Eval	\$0.01
Case Management	\$0.00
Consultation	\$0.00
Ancillary Services	\$0.00
Med Management	\$0.00
MHDDSD Alternative to IP	\$0.00
MHDDSD Family Support	\$0.00
OP Therapy	\$0.01
Other OP	\$0.00
Phys IP	\$0.00
Phys OP	\$0.00
Support Day Program	\$0.00

Total MH Services	\$0.02
Total MH Services with 8% Admin	\$0.02

Dental	\$0.08
Dental Services with 8% Admin	\$0.09

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: PLM Children Aged 0-1

Physician

Basic	\$70.38
Family Planning	\$0.00
Hysterectomy	\$0.01
Maternity	\$0.30 M
Newborn	\$16.02 N
Sterilization	\$0.00
Subtotal	\$86.72

Outpatient

Basic	\$11.88
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Sterilization	\$0.01
Subtotal	\$11.89

Prescription Drugs

Basic	\$12.03
Family Planning	\$0.01
Subtotal	\$12.04

Inpatient

Basic	\$37.60
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Newborn	\$107.34 N
Sterilization	\$0.00
Subtotal	\$144.95

Miscellaneous

Chemical Dependency	\$0.00 C
DME/Supplies	\$2.67
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.16
Transportation - Ambulance	\$2.84
Vision	\$0.09
Subtotal	\$5.76

Total Basic Services	\$261.36
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.20
----------------------	--------

Total Services	\$261.56
Total Services with 8% Admin	\$284.31

Mental Health

Acute Inpatient	\$0.00
Assess & Eval	\$0.01
Case Management	\$0.00
Consultation	\$0.00
Ancillary Services	\$0.00
Med Management	\$0.00
MHDDSD Alternative to IP	\$0.00
MHDDSD Family Support	\$0.00
OP Therapy	\$0.01
Other OP	\$0.00
Phys IP	\$0.00
Phys OP	\$0.00
Support Day Program	\$0.00

Total MH Services	\$0.02
Total MH Services with 8% Admin	\$0.03

Dental	\$0.08
Dental Services with 8% Admin	\$0.09

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: PLM or CHIP Children Aged 1-5

Physician

Basic	\$25.98
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.06 M
Newborn	\$0.02 N
Sterilization	\$0.00
Subtotal	\$26.06

Outpatient

Basic	\$9.11
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Sterilization	\$0.01
Subtotal	\$9.12

Prescription Drugs

Basic	\$9.85
Family Planning	\$0.01
Subtotal	\$9.86

Inpatient

Basic	\$5.42
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Newborn	\$0.08 N
Sterilization	\$0.00
Subtotal	\$5.50

Miscellaneous

Chemical Dependency	\$0.01 C
DME/Supplies	\$0.43
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.02
Transportation - Ambulance	\$0.55
Vision	\$0.40
Subtotal	\$1.41

Total Basic Services	\$51.95
-----------------------------	----------------

Optional Services

Maternity Management	\$0.00
----------------------	--------

Total Services	\$51.95
Total Services with 8% Admin	\$56.47

Mental Health

Acute Inpatient	\$0.17
Assess & Eval	\$0.43
Case Management	\$0.09
Consultation	\$0.07
Ancillary Services	\$0.00
Med Management	\$0.05
MHDDSD Alternative to IP	\$8.76
MHDDSD Family Support	\$0.03
OP Therapy	\$1.40
Other OP	\$0.00
Phys IP	\$0.00
Phys OP	\$0.01
Support Day Program	\$0.39

Total MH Services	\$11.41
Total MH Services with 8% Admin	\$12.41

Dental	\$15.13
Dental Services with 8% Admin	\$16.44

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: PLM or CHIP Children Aged 6-18

Physician

Basic	\$18.73
Family Planning	\$0.13
Hysterectomy	\$0.00
Maternity	\$0.60 M
Newborn	\$0.01 N
Sterilization	\$0.00
Subtotal	\$19.46

Outpatient

Basic	\$7.42
Family Planning	\$0.01
Hysterectomy	\$0.00
Maternity	\$0.09 M
Sterilization	\$0.15
Subtotal	\$7.67

Prescription Drugs

Basic	\$11.85
Family Planning	\$0.41
Subtotal	\$12.27

Inpatient

Basic	\$6.68
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.62 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$7.30

Miscellaneous

Chemical Dependency	\$0.92 C
DME/Supplies	\$0.42
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.02
Transportation - Ambulance	\$0.53
Vision	\$2.35
Subtotal	\$4.24

Total Basic Services	\$50.94
-----------------------------	----------------

Optional Services

Maternity Management	\$0.10
----------------------	--------

Total Services	\$51.04
Total Services with 8% Admin	\$55.48

Mental Health

Acute Inpatient	\$1.20
Assess & Eval	\$1.55
Case Management	\$0.50
Consultation	\$0.27
Ancillary Services	\$0.00
Med Management	\$0.41
MHDDSD Alternative to IP	\$0.14
MHDDSD Family Support	\$0.11
OP Therapy	\$5.86
Other OP	\$0.03
Phys IP	\$0.03
Phys OP	\$0.04
Support Day Program	\$1.19

Total MH Services	\$11.34
Total MH Services with 8% Admin	\$12.33

Dental	\$18.61
Dental Services with 8% Admin	\$20.23

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: OHP Families

Physician

Basic	\$43.91
Family Planning	\$0.70
Hysterectomy	\$1.09
Maternity	\$2.92 M
Newborn	\$0.02 N
Sterilization	\$0.48
Subtotal	\$49.12

Outpatient

Basic	\$20.20
Family Planning	\$0.03
Hysterectomy	\$0.01
Maternity	\$0.36 M
Sterilization	\$1.72
Subtotal	\$22.31

Prescription Drugs

Basic	\$39.32
Family Planning	\$2.40
Subtotal	\$41.72

Inpatient

Basic	\$23.28
Family Planning	\$0.00
Hysterectomy	\$1.68
Maternity	\$2.63 M
Newborn	\$0.00 N
Sterilization	\$0.15
Subtotal	\$27.75

Miscellaneous

Chemical Dependency	\$5.38 C
DME/Supplies	\$1.14
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.18
Transportation - Ambulance	\$1.22
Vision	\$3.13
Subtotal	\$11.06

Total Basic Services	\$151.96
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.14
----------------------	--------

Total Services	\$152.10
Total Services with 8% Admin	\$165.32

Mental Health

Acute Inpatient	\$2.29
Assess & Eval	\$1.31
Case Management	\$0.21
Consultation	\$0.07
Ancillary Services	\$0.00
Med Management	\$0.68
MHDDSD Alternative to IP	\$0.17
MHDDSD Family Support	\$0.00
OP Therapy	\$3.98
Other OP	\$0.02
Phys IP	\$0.12
Phys OP	\$0.05
Support Day Program	\$0.27

Total MH Services	\$9.18
Total MH Services with 8% Admin	\$9.98

Dental	\$27.38
Dental Services with 8% Admin	\$29.77

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: OHP Adults and Couples

Physician

Basic	\$65.36
Family Planning	\$0.18
Hysterectomy	\$0.63
Maternity	\$0.54 M
Newborn	\$0.01 N
Sterilization	\$0.06
Subtotal	\$66.79

Outpatient

Basic	\$31.63
Family Planning	\$0.01
Hysterectomy	\$0.03
Maternity	\$0.16 M
Sterilization	\$0.40
Subtotal	\$32.22

Prescription Drugs

Basic	\$76.59
Family Planning	\$0.96
Subtotal	\$77.55

Inpatient

Basic	\$51.40
Family Planning	\$0.00
Hysterectomy	\$0.89
Maternity	\$0.54 M
Newborn	\$0.00 N
Sterilization	\$0.01
Subtotal	\$52.84

Miscellaneous

Chemical Dependency	\$19.89 C
DME/Supplies	\$2.49
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.61
Transportation - Ambulance	\$3.04
Vision	\$3.73
Subtotal	\$29.76

Total Basic Services	\$259.15
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.05
----------------------	--------

Total Services	\$259.20
Total Services with 8% Admin	\$281.74

Mental Health

Acute Inpatient	\$7.57
Assess & Eval	\$2.41
Case Management	\$1.02
Consultation	\$0.23
Ancillary Services	\$0.00
Med Management	\$1.87
MHDDSD Alternative to IP	\$1.20
MHDDSD Family Support	\$0.00
OP Therapy	\$7.68
Other OP	\$0.20
Phys IP	\$0.28
Phys OP	\$0.21
Support Day Program	\$1.73

Total MH Services	\$24.39
Total MH Services with 8% Admin	\$26.51

Dental	\$32.39
Dental Services with 8% Admin	\$35.21

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: AB/AD with Medicare

Physician

Basic	\$41.18
Family Planning	\$0.07
Hysterectomy	\$0.01
Maternity	\$0.26 M
Newborn	\$0.00 N
Sterilization	\$0.07
Subtotal	\$41.59

Outpatient

Basic	\$39.72
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.03 M
Sterilization	\$0.12
Subtotal	\$39.88

Prescription Drugs

Basic	\$213.78
Family Planning	\$0.73
Subtotal	\$214.51

Inpatient

Basic	\$4.29
Family Planning	\$0.00
Hysterectomy	\$0.03
Maternity	\$0.10 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$4.41

Miscellaneous

Chemical Dependency	\$3.14 C
DME/Supplies	\$10.96
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$1.31
Transportation - Ambulance	\$4.38
Vision	\$2.03
Subtotal	\$29.83

Total Basic Services	\$330.22
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.02
----------------------	--------

Total Services	\$330.24
Total Services with 8% Admin	\$358.95

Mental Health

Acute Inpatient	\$16.70
Assess & Eval	\$3.27
Case Management	\$11.18
Consultation	\$1.43
Ancillary Services	\$0.03
Med Management	\$7.88
MHDDSD Alternative to IP	\$7.95
MHDDSD Family Support	\$7.37
OP Therapy	\$14.14
Other OP	\$0.36
Phys IP	\$0.55
Phys OP	\$0.13
Support Day Program	\$52.95

Total MH Services	\$123.93
Total MH Services with 8% Admin	\$134.71

Dental	\$19.88
Dental Services with 8% Admin	\$21.61

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: AB/AD without Medicare

Physician

Basic	\$93.02
Family Planning	\$0.20
Hysterectomy	\$0.51
Maternity	\$1.43 M
Newborn	\$0.02 N
Sterilization	\$0.09
Subtotal	\$95.26

Outpatient

Basic	\$48.56
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.13 M
Sterilization	\$0.40
Subtotal	\$49.11

Prescription Drugs

Basic	\$179.06
Family Planning	\$0.74
Subtotal	\$179.80

Inpatient

Basic	\$106.61
Family Planning	\$0.00
Hysterectomy	\$0.91
Maternity	\$1.27 M
Newborn	\$0.02 N
Sterilization	\$0.08
Subtotal	\$108.90

Miscellaneous

Chemical Dependency	\$5.84 C
DME/Supplies	\$23.94
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$4.59
Transportation - Ambulance	\$7.43
Vision	\$2.96
Subtotal	\$52.78

Total Basic Services	\$485.85
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.16
----------------------	--------

Total Services	\$486.00
Total Services with 8% Admin	\$528.26

Mental Health

Acute Inpatient	\$24.53
Assess & Eval	\$3.39
Case Management	\$8.88
Consultation	\$1.29
Ancillary Services	\$0.01
Med Management	\$8.72
MHDDSD Alternative to IP	\$2.42
MHDDSD Family Support	\$0.73
OP Therapy	\$16.63
Other OP	\$0.24
Phys IP	\$1.33
Phys OP	\$0.57
Support Day Program	\$37.66

Total MH Services	\$106.39
Total MH Services with 8% Admin	\$115.65

Dental	\$19.31
Dental Services with 8% Admin	\$20.99

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: OAA with Medicare

Physician

Basic	\$41.33
Family Planning	\$0.00
Hysterectomy	\$0.10
Maternity	\$0.03 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$41.46

Outpatient

Basic	\$33.96
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00 M
Sterilization	\$0.00
Subtotal	\$33.96

Prescription Drugs

Basic	\$191.40
Family Planning	\$0.22
Subtotal	\$191.62

Inpatient

Basic	\$7.18
Family Planning	\$0.00
Hysterectomy	\$0.17
Maternity	\$0.00 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$7.35

Miscellaneous

Chemical Dependency	\$0.05 C
DME/Supplies	\$18.26
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$0.67
Transportation - Ambulance	\$6.98
Vision	\$2.25
Subtotal	\$34.48

Total Basic Services	\$308.87
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.00
----------------------	--------

Total Services	\$308.87
Total Services with 8% Admin	\$335.73

Mental Health

Acute Inpatient	\$0.85
Assess & Eval	\$0.38
Case Management	\$0.75
Consultation	\$0.26
Ancillary Services	\$0.00
Med Management	\$0.69
MHDDSD Alternative to IP	\$0.08
MHDDSD Family Support	\$0.00
OP Therapy	\$1.35
Other OP	\$0.36
Phys IP	\$0.11
Phys OP	\$0.03
Support Day Program	\$4.48

Total MH Services	\$9.34
Total MH Services with 8% Admin	\$10.15

Dental	\$12.63
Dental Services with 8% Admin	\$13.73

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: OAA without Medicare

Physician

Basic	\$183.75
Family Planning	\$0.00
Hysterectomy	\$4.19
Maternity	\$0.15 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$188.08

Outpatient

Basic	\$101.19
Family Planning	\$0.01
Hysterectomy	\$0.00
Maternity	\$0.02 M
Sterilization	\$0.00
Subtotal	\$101.22

Prescription Drugs

Basic	\$115.75
Family Planning	\$0.01
Subtotal	\$115.76

Inpatient

Basic	\$81.85
Family Planning	\$0.00
Hysterectomy	\$1.96
Maternity	\$0.00 M
Newborn	\$0.00 N
Sterilization	\$0.00
Subtotal	\$83.81

Miscellaneous

Chemical Dependency	\$0.01 C
DME/Supplies	\$33.87
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$8.61
Transportation - Ambulance	\$13.23
Vision	\$9.44
Subtotal	\$71.42

Total Basic Services	\$560.29
-----------------------------	-----------------

Optional Services

Maternity Management	\$0.00
----------------------	--------

Total Services	\$560.29
Total Services with 8% Admin	\$609.01

Mental Health

Acute Inpatient	\$1.78
Assess & Eval	\$1.08
Case Management	\$2.52
Consultation	\$0.81
Ancillary Services	\$0.00
Med Management	\$4.58
MHDDSD Alternative to IP	\$0.04
MHDDSD Family Support	\$0.00
OP Therapy	\$5.05
Other OP	\$3.23
Phys IP	\$0.43
Phys OP	\$0.24
Support Day Program	\$21.04

Total MH Services	\$40.81
Total MH Services with 8% Admin	\$44.36

Dental	\$52.14
Dental Services with 8% Admin	\$56.68

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

Oregon Health Plan Medicaid Demonstration
Statewide Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 2

Region: Statewide
Rate Group: SCF Children

Physician

Basic	\$30.84
Family Planning	\$0.09
Hysterectomy	\$0.00
Maternity	\$0.67 M
Newborn	\$0.06 N
Sterilization	\$0.00
Subtotal	\$31.66

Outpatient

Basic	\$12.07
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.11 M
Sterilization	\$0.05
Subtotal	\$12.25

Prescription Drugs

Basic	\$30.36
Family Planning	\$0.26
Subtotal	\$30.63

Inpatient

Basic	\$11.33
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.60 M
Newborn	\$0.41 N
Sterilization	\$0.00
Subtotal	\$12.35

Miscellaneous

Chemical Dependency	\$6.54 C
DME/Supplies	\$3.13
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.08
Transportation - Ambulance	\$0.90
Vision	\$2.23
Subtotal	\$12.88

Total Basic Services	\$99.77
-----------------------------	----------------

Optional Services

Maternity Management	\$0.06
----------------------	--------

Total Services	\$99.84
Total Services with 8% Admin	\$108.52

Mental Health

Acute Inpatient	\$11.56
Assess & Eval	\$6.48
Case Management	\$5.91
Consultation	\$4.08
Ancillary Services	\$0.00
Med Management	\$2.73
MHDDSD Alternative to IP	\$28.08
MHDDSD Family Support	\$1.82
OP Therapy	\$48.92
Other OP	\$0.20
Phys IP	\$0.31
Phys OP	\$1.26
Support Day Program	\$9.46

Total MH Services	\$120.80
Total MH Services with 8% Admin	\$131.31

Dental	\$14.90
Dental Services with 8% Admin	\$16.20

Note:

- M - Maternity Risk Adjustment factors applied
- N - Newborn Risk Adjustment factors applied
- D - CDPS Risk Adjustment factors applied
- C - Chemical Dependency Risk Adjustment factors applied

**Oregon Health Plan Medicaid Demonstration
 FY2003 Capitation Rates
 FCHP Geographic Factors**

Exhibit 3a

Plan Name	Region	Inpatient	Outpatient
CareOregon, Inc.	Jackson/Josephine/Douglas	0.9480	0.9880
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	0.9781	0.9936
CareOregon, Inc.	Other	0.9897	0.9510
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.9810	1.0250
Cascade Comprehensive Care, Inc.	Other	1.2238	0.9701
Central Oregon Independent Health Services, Inc.	Other	1.0282	0.9151
Douglas County Individual Practice Association, Inc.	Jackson/Josephine/Douglas	1.0446	1.0428
Doctors of the Coast South abn South West Oregon Individual Practice Association, Inc.	Other	1.1164	1.1074
FamilyCare Health Plans, Inc.	Jackson/Josephine/Douglas	0.9689	0.9738
FamilyCare Health Plans, Inc.	Other	0.9588	0.9712
FamilyCare Health Plans, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.9812	1.0245
InterCommunity Health Plans, Inc. abn Intercommunity Health Network	Linn/Benton/Marion/Polk/Yamhill	0.9371	0.9338
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	Linn/Benton/Marion/Polk/Yamhill	0.9726	1.0148
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	Tri-County (Clackamas, Multnomah, Washington)	0.9812	1.0246
Lane Individual Practice Association, Inc.	Lane	1.0156	1.0422
Marion/Polk Community Health Plan, LLC	Linn/Benton/Marion/Polk/Yamhill	0.9745	1.0082
Mid-Rogue Independent Practice Association, Inc. abn Mid-Rogue IPA	Jackson/Josephine/Douglas	0.9718	0.9724
Grants Pass Management Services, Inc. abn Oregon Health Management Services	Jackson/Josephine/Douglas	0.9720	0.9725
Providence Health Plan, Inc.	Linn/Benton/Marion/Polk/Yamhill	1.0162	0.8472
Providence Health Plan, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.9832	1.0227
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.9844	1.0225

Oregon Health Plan Medicaid Demonstration

Exhibit 3b

FY2002 Capitation Rates

Type A/B/C Hospital Cost-to-Charge Ratios used for Geographic Factors

Hospital Name	Hospital Type	Inpatient Ratio	Outpatient Ratio
Ashland Community	B	0.6833	0.5419
Blue Mountain	A	0.8954	0.6955
Central Oregon	B	0.7224	0.5803
Columbia Memorial	B	0.5648	0.4609
Coquille Valley	B	0.7810	1.0361
Cottage Grove	B	0.6031	0.4979
Curry General	A	0.9913	0.8583
Good Shepherd	A	0.7508	0.6288
Grand Ronde	A	0.6673	0.5501
Harney District	A	1.1362	0.6011
Lake District	A	1.1230	0.7533
Lower Umpqua	B	0.7499	0.6865
Merle West	C	0.5221	0.8985
Mid-Columbia	B	0.6462	0.4844
Mid-Valley Healthcare (Lebanon)	B	0.7418	0.5692
Mountain View	B	0.7068	0.5333
North Lincoln	B	0.7242	0.5755
Pacific Communities	B	0.7174	6.3391
Peace Harbor	B	0.5680	0.8356
Pioneer - Heppner	A	0.9104	0.6670
Providence Hood River	B	0.8521	0.6485
Providence Newberg	B	0.7487	0.6565
Pioneer - Prineville	B	0.7228	0.6840
Providence Seaside	B	0.5725	0.5727
Santiam Memorial	B	0.7401	2.7596
Silverton	B	0.6916	0.5206
Southern Coos	B	1.2889	0.8089
St. Anthony	A	0.6400	0.5628
St. Elizabeth	A	0.5813	0.5184
Tillamook	A	0.5726	0.5095
Valley Community	B	0.8427	0.6349
Wallowa Memorial	A	0.8256	0.7114

Oregon Health Plan Medicaid Demonstration
Newborn Risk Adjustment for October 2003 Capitation Rates
Based on Enrollment Data
Data Period: 10/1/00 - 9/30/01

Exhibit 4

Plan Name	TANF			
	Newborn Count	Member Months	Rate/1000	Factor
CareOregon	751	187,888	47.96	0.98
Cascade	61	11,608	63.06	1.29
COIHS	205	50,031	49.17	1.01
DCIPA	94	28,261	39.91	0.82
DOCS	73	18,834	46.51	0.95
FamilyCare	152	28,383	64.26	1.32
Intercommunity	166	41,257	48.28	0.99
Kaiser	257	65,357	47.19	0.97
LIPA	319	78,916	48.51	0.99
MPCHP	302	65,557	55.28	1.13
MRIPA	47	13,151	42.89	0.88
OHMS	55	16,846	39.18	0.80
Tuality	41	13,501	36.44	0.75
TOTAL	2,523	619,588	48.86	1.00

**Oregon Health Plan Medicaid Demonstration
 Maternity Risk Adjustment for October 2003 Capitation Rates
 Data Period: 10/1/00 - 9/30/01**

Exhibit 5a

Plan Name	TANF			
	Maternity Count	Member Months	Rate/1000	Factor
CareOregon	779	187,888	49.75	0.99
Cascade	63	11,608	65.13	1.29
COIHS	209	50,031	50.13	0.99
DCIPA	110	28,261	46.71	0.93
DOCS	78	18,834	49.70	0.98
FamilyCare	170	28,383	71.87	1.42
Intercommunity	172	41,257	50.03	0.99
Kaiser	229	65,357	42.05	0.83
LIPA	357	78,916	54.29	1.08
MPCHP	282	65,557	51.62	1.02
MRIPA	54	13,151	49.27	0.98
OHMS	63	16,846	44.88	0.89
Tuality	40	13,501	35.55	0.70
TOTAL	2,606	619,588	50.47	1.00

**Oregon Health Plan Medicaid Demonstration
Comparison of TANF Maternity and Newborn Counts
Data Period: 10/1/00 - 9/30/01**

Exhibit 5b

Plan Name	TANF				
	Maternity Count	Newborn Count	Member Months	Maternity Rate/1000	Newborn Rate/1000
CareOregon	779	751	187,888	49.75	47.96
Cascade	63	61	11,608	65.13	63.06
COIHS	209	205	50,031	50.13	49.17
DCIPA	110	94	28,261	46.71	39.91
DOCS	78	73	18,834	49.70	46.51
FamilyCare	170	152	28,383	71.87	64.26
Intercommunity	172	166	41,257	50.03	48.28
Kaiser	229	257	65,357	42.05	47.19
LIPA	357	319	78,916	54.29	48.51
MPCHP	282	302	65,557	51.62	55.28
MRIPA	54	47	13,151	49.27	42.89
OHMS	63	55	16,846	44.88	39.18
Tuality	40	41	13,501	35.55	36.44
TOTAL	2,606	2,523	619,588	50.47	48.86

**Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment Scores
October 2003 Capitation Rates
Data Period: 10/1/1999 - 9/30/2001**

Exhibit 6a

Plan Name	Blind/Disabled without Medicare & General Assistance		OHP Adults & Couples	
	Unadjusted	Final	Unadjusted	Final
CareOregon, Inc.	1.047	1.036	1.104	1.085
Cascade Comprehensive Care, Inc.	1.152	1.150	1.162	1.150
Central Oregon Independent Health Services, Inc.	1.130	1.118	1.086	1.068
Douglas County Individual Practice Association, Inc.	1.097	1.086	1.080	1.062
Doctors of the Coast South abn South West Oregon Individual Practice Association, Inc.	1.004	0.993	1.013	0.996
FamilyCare Health Plans, Inc.	0.773	0.850	0.773	0.850
InterCommunity Health Plans, Inc. abn Intercommunity Health Network	1.010	0.999	1.005	0.988
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	0.748	0.850	0.703	0.850
Lane Individual Practice Association, Inc.	0.908	0.898	0.917	0.901
Marion/Polk Community Health Plan, LLC	1.016	1.005	1.008	0.991
Mid-Rogue Independent Practice Association, Inc. abn Mid-Rogue IPA	0.990	0.980	1.028	1.010
Grants Pass Management Services, Inc. abn Oregon Health Management Services	0.954	0.944	0.895	0.880
Providence Health Plan, Inc.	0.996	0.985	1.001	0.984
Tuality Health Alliance	0.972	0.962	1.036	1.019

**Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Cost Factors**

Exhibit 6b

Diagnostic Categories	CDPS Regression Factor - Adults	CDPS Regression Factor - Children
<i>Cardiovascular</i>		
Very High	5.5320	5.2390
Medium	1.3410	1.3410
Low	0.6970	0.6970
Extra Low	0.2330	0.2330
<i>Psychiatric</i>		
High	0.0000	0.0000
Medium	0.0000	0.0000
Low	0.0000	0.0000
<i>Skeletal and Connective</i>		
Medium	2.2610	2.2610
Low	0.7780	0.7780
Very Low	0.4280	0.4280
Extra Low	0.2490	0.2490
<i>Central Nervous System</i>		
High	3.2360	3.2360
Medium	1.0840	1.4490
Low	0.4940	0.4940
<i>Pulmonary</i>		
Very High	4.5850	5.3450
High	3.1300	3.1300
Medium	2.0660	2.0660
Low	0.5240	0.5240
<i>Gastronintestinal</i>		
High	3.3540	5.3610
Medium	1.1520	2.7730
Low	0.5360	0.9810
<i>Diabetes - Type I</i>		
High	1.9980	1.9980
Medium	0.9670	0.9670
<i>Diabetes - Type II</i>		
High	0.5720	0.5720
Medium	0.3290	0.7730

**Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Cost Factors**

Exhibit 6b

Diagnostic Categories	CDPS Regression Factor - Adults	CDPS Regression Factor - Children
<i>Skin</i>		
High	2.3860	2.3860
Low	0.7300	0.7300
Very Low	0.3010	0.3010
<i>Renal</i>		
Very High	3.1530	3.1530
Medium	0.7220	0.7220
Low	0.4390	0.4390
<i>Substance Abuse</i>		
Low	0.8760	0.8760
Very Low	0.4040	0.4040
<i>Cancer</i>		
High	1.8610	1.8610
Medium	0.6970	0.6970
Low	0.4560	0.4560
<i>Developmental Disability</i>		
Medium	0.5660	0.5660
Low	0.3290	0.3290
<i>Genital</i>		
Extra Low	0.2550	0.2550
<i>Metabolic</i>		
High	1.2260	3.4030
Medium	1.2260	1.4260
Very Low	0.4510	0.4510
<i>Pregnancy</i>		
Complete	0.5600	0.5600
Incomplete	0.2630	0.2630
<i>Eye and Ear</i>		
Low	0.6290	0.6290
Very Low	0.2580	0.2580
<i>Cerebrovascular</i>		
Low	0.8720	0.8720

**Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Cost Factors**

Exhibit 6b

Diagnostic Categories	CDPS Regression Factor - Adults	CDPS Regression Factor - Children
<i>Infectious</i>		
AIDS High	2.6750	2.6750
Infectious High	2.6750	2.6750
HIV Medium	1.9000	1.9000
Infectious Medium	1.9000	3.4860
Infectious Low	0.3890	0.3890
<i>Hematological</i>		
Extra High	13.2670	13.2670
Very High	3.4800	2.5400
Medium	1.1840	1.1840
Low	0.9730	0.9730
<i>Base Cost</i>	-0.0863	-0.0863
<i>No Claims</i>		
Age 1-14	0.2720	0.2720
Age 15-64	0.1480	0.1480
<i>Age Factors</i>		
Age <1	0.7680	0.7680
Age 1-4	-0.1120	-0.1120
Age 5-14 F	-0.1050	-0.1050
Age 5-14 M	-0.1070	-0.1070
Age 15-24 F	0.0470	0.0470
Age 15-24 M	0.0580	0.0580
Age 25-44 F	-	-
Age 25-44 M	0.0580	0.0580
Age 45-64 F	-0.0060	-0.0060
Age 45-64 M	0.0650	0.0650
Age 65+	-	-

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
ABAD + GA Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6c

Diagnostic Categories	CareOregon				Cascade	COIHS
	JJD	LBMPY	OTHER	Tri-County	OTHER	OTHER
No Claim	6.34	8.81	45.41	312.87	10.33	38.04
No Disease Category	1.69	2.75	15.59	123.24	3.71	12.52
Super Low Categories Only	11.91	12.53	77.11	522.75	39.05	91.97
Cardiovascular						
Very High	0.79	1.27	3.88	56.85	4.22	9.36
Medium	5.44	7.26	65.27	321.06	40.35	58.54
Low	12.98	16.36	148.80	678.86	53.47	173.31
Extra Low	17.84	23.62	179.95	988.08	87.46	182.45
Psychiatric						
High	15.39	12.60	75.21	808.37	59.70	81.60
Medium	9.72	10.50	45.61	290.64	37.44	43.79
Low	25.32	49.02	329.28	1,932.21	178.39	387.93
Skeletal and Connective						
Medium	1.96	0.15	6.09	55.92	3.48	13.53
Low	4.27	13.02	89.59	418.91	51.81	97.91
Very Low	13.15	19.72	133.81	757.08	71.87	196.14
Extra Low	10.96	19.14	135.25	553.58	57.31	138.89
Central Nervous System						
High	1.00	0.61	8.79	78.97	6.89	15.28
Medium	3.13	11.11	48.56	299.33	28.98	78.05
Low	41.51	60.22	363.58	1,912.84	197.54	470.13
Pulmonary						
Very High	0.00	0.00	10.84	36.36	1.33	7.04
High	1.54	4.20	27.51	174.30	16.24	28.51
Medium	6.47	4.99	38.88	189.19	23.80	85.34
Low	26.24	38.36	308.12	1,397.34	125.46	250.84
Gastronintestinal						
High	1.00	2.42	17.72	73.79	4.90	15.46
Medium	6.96	9.71	56.06	331.36	32.27	78.51
Low	28.06	38.83	251.24	1,318.28	142.65	277.26
Diabetes - Type I						
High	0.00	1.78	4.75	35.24	2.67	6.62
Medium	7.53	15.44	59.37	319.01	33.07	58.51
Diabetes - Type II						
Medium	2.21	2.13	20.64	95.40	5.30	24.83
Low	2.19	17.16	84.86	468.31	53.23	75.48
Skin						
High	0.46	2.14	20.49	135.00	15.64	16.54
Low	1.26	4.43	10.04	89.91	7.46	15.55
Very Low	16.82	21.55	155.70	928.76	64.93	184.99

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
ABAD + GA Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6c

Diagnostic Categories	CareOregon				Cascade	COIHS
	JJD	LBMPY	OTHER	Tri-County	OTHER	OTHER
Renal						
Very High	0.17	0.50	7.43	76.70	3.67	9.68
Medium	15.74	24.78	91.04	641.01	51.50	100.25
Low	6.18	13.91	88.10	465.98	43.82	108.70
Substance Abuse						
Low	9.37	15.83	60.07	831.97	25.79	63.76
Very Low	7.57	7.62	76.76	467.59	32.58	82.47
Cancer						
High	1.68	4.05	25.68	129.22	7.78	31.91
Medium	3.53	6.07	25.50	145.13	16.95	28.64
Low	0.21	1.26	10.78	80.33	3.23	20.22
Developmental Disability						
Medium	2.10	0.06	2.80	105.11	7.02	17.98
Low	3.88	12.51	75.03	367.78	37.14	71.96
Genital						
Extra Low	5.62	6.92	64.52	296.08	36.72	84.83
Metabolic						
High	1.29	6.58	31.32	210.81	20.50	36.60
Medium	3.25	1.61	22.08	120.78	14.28	38.10
Very Low	5.89	15.30	67.42	361.22	40.15	76.35
Pregnancy						
Complete	2.89	2.68	13.55	126.00	11.98	18.76
Incomplete	1.33	2.09	12.58	49.90	7.64	13.44
Eye and Ear						
Low	0.00	2.00	13.85	44.89	5.26	14.82
Very low	4.59	6.06	55.70	254.88	26.25	54.19
Cerebrovascular						
Low	3.57	4.98	52.02	284.37	24.55	58.00
Infectious						
AIDS High	1.00	1.39	8.75	151.78	1.90	7.83
Infectious High	0.17	0.01	0.63	31.70	2.65	4.09
HIV Medium	0.00	0.00	0.00	3.13	0.00	1.68
Infectious Medium	0.00	4.18	9.08	91.01	10.80	18.44
Infectious Low	2.44	3.72	23.18	106.47	9.27	34.22
Hematological						
Extra High	0.00	0.92	0.57	7.14	0.00	0.00
Very High	0.00	0.01	0.64	12.64	0.00	2.11
Medium	0.69	1.17	11.91	91.56	7.10	23.85
Low	3.38	4.67	31.75	164.61	27.75	32.75
Total Member-Years	132.04	194.63	1,142.45	6,985.30	557.82	1,301.04

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
ABAD + GA Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6c

Diagnostic Categories	DCIPA	DOCS	FamilyCare			FFS
	JJD	OTHER	JJD	OTHER	Tri-County	JJD
<i>No Claim</i>	37.07	28.14	7.74	14.95	33.57	2.92
<i>No Disease Category</i>	15.63	10.65	2.51	2.97	16.18	0.42
<i>Super Low Categories Only</i>	74.10	67.51	7.41	17.16	42.01	4.13
Cardiovascular						
Very High	1.75	8.48	0.00	0.00	1.61	0.40
Medium	45.42	47.84	1.17	9.87	17.13	3.82
Low	99.97	114.56	7.49	20.40	51.09	6.68
Extra Low	133.94	142.65	8.95	33.07	68.67	8.60
Psychiatric						
High	80.95	58.00	4.59	12.46	44.39	3.95
Medium	42.55	12.96	2.77	16.09	20.85	2.13
Low	238.29	228.74	16.77	55.54	121.82	17.60
Skeletal and Connective						
Medium	3.24	4.32	0.00	1.70	3.12	0.00
Low	66.06	72.99	2.16	8.42	25.10	5.32
Very Low	121.14	107.27	4.88	24.09	45.66	7.53
Extra Low	118.13	106.44	6.44	25.77	58.56	8.61
Central Nervous System						
High	14.67	3.58	1.36	4.29	2.00	0.58
Medium	39.17	38.77	5.50	12.69	17.28	4.03
Low	266.04	278.40	25.46	58.96	125.83	17.87
Pulmonary						
Very High	5.71	4.51	1.00	0.40	1.82	0.08
High	32.30	20.02	1.15	1.82	6.49	1.42
Medium	32.53	18.67	2.04	1.61	9.03	1.38
Low	238.79	228.73	17.14	42.26	87.94	13.38
Gastronintestinal						
High	7.90	11.88	0.00	1.95	5.33	0.95
Medium	54.45	38.04	3.59	4.96	15.04	4.15
Low	195.07	201.59	11.24	35.03	93.05	12.97
Diabetes - Type I						
High	1.43	0.00	0.00	2.00	1.28	0.25
Medium	60.00	42.40	1.77	6.85	20.53	3.34
Diabetes - Type II						
Medium	16.70	8.30	1.25	2.40	9.35	1.42
Low	58.10	94.80	2.67	15.39	34.57	4.73
Skin						
High	24.19	12.40	0.08	5.00	2.54	1.00
Low	10.68	8.91	0.17	2.48	9.87	0.58
Very Low	112.27	103.51	6.02	30.35	57.17	8.77

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
ABAD + GA Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6c

Diagnostic Categories	DCIPA	DOCS	FamilyCare			FFS
	JJD	OTHER	JJD	OTHER	Tri-County	JJD
Renal						
Very High	14.82	6.47	0.00	0.71	5.86	0.92
Medium	91.27	100.63	2.53	18.58	32.57	6.76
Low	63.86	52.24	5.55	17.69	21.89	4.46
Substance Abuse						
Low	44.06	27.26	3.84	8.09	31.29	2.78
Very Low	50.73	40.25	2.31	10.72	32.64	2.92
Cancer						
High	12.08	16.24	0.78	2.94	4.69	1.63
Medium	23.47	29.92	0.92	7.27	9.45	1.94
Low	9.75	7.54	1.16	2.74	3.72	0.58
Developmental Disability						
Medium	6.99	6.31	0.89	5.57	5.91	0.67
Low	22.44	44.21	1.08	22.28	23.89	3.32
Genital						
Extra Low	66.13	59.83	1.63	8.84	26.98	2.81
Metabolic						
High	23.30	20.15	0.65	3.85	11.37	1.59
Medium	19.92	17.68	0.08	0.75	8.24	0.91
Very Low	45.16	40.00	2.43	9.99	17.35	4.84
Pregnancy						
Complete	15.67	6.09	0.87	4.23	5.74	0.82
Incomplete	8.62	8.76	0.08	1.00	3.00	0.25
Eye and Ear						
Low	7.57	6.92	1.00	2.21	0.00	0.67
Very low	42.51	59.90	0.87	6.22	13.01	3.76
Cerebrovascular						
Low	48.57	39.83	2.13	7.71	16.38	3.51
Infectious						
AIDS High	4.59	8.12	0.00	0.89	1.17	0.68
Infectious High	5.76	2.79	0.00	0.00	1.96	0.08
HIV Medium	1.71	0.00	1.00	0.00	0.37	0.00
Infectious Medium	17.78	6.81	0.20	2.15	1.71	0.58
Infectious Low	18.25	15.71	2.67	4.54	6.09	1.39
Hematological						
Extra High	0.42	0.00	0.00	0.00	0.00	0.00
Very High	0.08	0.59	0.00	0.00	0.01	0.00
Medium	21.27	10.79	0.21	2.69	5.38	1.28
Low	25.69	19.95	0.37	3.72	8.84	1.16
Total Member-Years	918.85	886.25	84.08	225.37	490.64	62.18

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
ABAD + GA Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6c

Diagnostic Categories	FFS			Intercommunity	Kaiser	
	LBMPY	OTHER	Tri-County	LBMPY	LBMPY	Tri-County
No Claim	1.91	6.93	43.06	41.25	14.69	70.15
No Disease Category	0.48	2.49	9.76	16.29	6.15	38.49
Super Low Categories Only	3.21	23.32	41.98	91.23	43.15	111.84
Cardiovascular						
Very High	0.00	3.98	3.06	8.30	0.66	2.58
Medium	0.79	13.65	22.97	53.83	10.60	43.19
Low	2.92	51.93	53.50	134.91	19.80	93.48
Extra Low	1.70	44.16	65.01	163.49	32.16	126.84
Psychiatric						
High	0.62	24.10	45.11	83.36	17.04	44.53
Medium	0.00	17.92	19.63	78.75	11.69	24.26
Low	10.50	93.58	111.97	388.24	85.73	312.99
Skeletal and Connective						
Medium	0.02	1.21	3.22	5.44	1.06	4.64
Low	2.64	31.04	25.54	66.00	17.03	52.28
Very Low	2.25	49.50	47.36	150.00	32.41	82.13
Extra Low	2.83	33.41	35.82	114.57	28.43	89.85
Central Nervous System						
High	0.00	2.21	4.92	14.64	3.31	2.32
Medium	0.82	13.39	19.93	65.62	13.72	45.79
Low	6.79	101.40	110.48	384.29	89.30	326.08
Pulmonary						
Very High	0.00	2.51	3.18	6.03	0.04	4.86
High	0.00	8.35	12.76	21.81	4.47	18.84
Medium	0.70	7.36	11.90	20.19	3.81	26.85
Low	2.54	57.85	103.07	301.14	75.89	219.07
Gastronintestinal						
High	0.00	4.90	5.41	13.91	2.22	8.89
Medium	1.42	10.23	29.48	67.61	10.63	42.41
Low	2.56	68.51	100.32	240.27	63.12	182.16
Diabetes - Type I						
High	0.00	0.00	3.48	4.18	0.99	5.22
Medium	0.83	28.34	27.78	84.39	8.79	41.13
Diabetes - Type II						
Medium	0.50	8.92	3.18	14.09	8.80	18.21
Low	2.45	26.68	37.28	77.02	18.10	77.56
Skin						
High	0.04	4.56	8.87	14.67	2.01	9.28
Low	0.00	6.70	3.73	15.91	1.42	11.17
Very Low	1.01	45.34	52.69	185.42	44.79	133.72

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
ABAD + GA Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6c

Diagnostic Categories	FFS			Intercommunity	Kaiser	
	LBMPY	OTHER	Tri-County	LBMPY	LBMPY	Tri-County
Renal						
Very High	0.00	2.63	7.17	15.23	1.60	10.48
Medium	0.58	22.23	43.64	118.92	26.09	50.91
Low	0.00	25.26	35.50	95.32	19.78	70.00
Substance Abuse						
Low	0.00	12.65	37.91	70.98	20.42	88.39
Very Low	1.57	17.71	28.14	63.21	8.74	58.63
Cancer						
High	0.00	5.54	14.21	15.61	2.89	9.69
Medium	0.00	7.70	11.66	25.63	5.42	20.29
Low	0.00	7.08	6.05	21.79	4.41	5.60
Developmental Disability						
Medium	0.00	1.57	2.96	15.67	4.32	8.10
Low	1.21	20.38	31.06	67.85	11.38	74.82
Genital						
Extra Low	0.42	21.33	24.02	84.55	18.77	57.69
Metabolic						
High	0.50	4.19	15.89	36.86	4.92	32.21
Medium	0.00	3.87	10.93	22.44	0.10	12.35
Very Low	2.20	25.67	20.78	53.95	11.74	40.85
Pregnancy						
Complete	0.92	10.00	7.01	19.07	4.88	26.55
Incomplete	0.96	2.78	3.85	17.50	1.80	9.85
Eye and Ear						
Low	0.20	2.01	2.55	10.57	1.79	7.27
Very low	0.07	21.68	20.95	51.35	11.77	37.63
Cerebrovascular						
Low	0.33	14.13	18.18	46.68	3.71	33.42
Infectious						
AIDS High	0.00	0.30	9.46	5.20	2.49	13.48
Infectious High	0.02	0.25	0.52	2.18	0.00	1.62
HIV Medium	0.00	0.00	0.00	0.00	0.00	0.00
Infectious Medium	0.00	3.26	6.20	12.01	0.61	8.43
Infectious Low	1.13	9.29	5.49	22.26	4.54	31.32
Hematological						
Extra High	0.00	0.54	0.54	1.90	0.00	0.00
Very High	0.00	0.08	0.31	0.60	0.00	2.21
Medium	0.00	3.89	11.15	13.95	1.09	9.12
Low	0.00	9.14	14.05	36.22	6.60	28.90
Total Member-Years	27.71	336.27	508.95	1,212.24	335.94	1,170.57

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
ABAD + GA Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6c

Diagnostic Categories	LIPA	MPCHP	MRIPA	OHMS	Providence		Tuality
	Lane	LBMPY	JJD	JJD	LBMPY	Tri-County	Tri-County
No Claim	92.79	63.49	16.92	12.56	0.00	6.00	19.45
No Disease Category	46.74	26.18	6.47	5.00	0.00	2.74	5.48
Super Low Categories Only	197.84	170.13	48.50	32.59	0.00	13.35	28.38
Cardiovascular							
Very High	11.89	15.70	3.94	0.04	0.00	0.48	2.26
Medium	97.21	106.82	30.97	18.71	0.00	11.09	18.62
Low	219.16	202.69	58.72	42.30	0.00	15.86	26.01
Extra Low	273.08	275.41	71.61	43.58	0.00	23.96	38.55
Psychiatric							
High	218.37	210.53	31.42	31.24	0.00	18.61	30.12
Medium	96.84	82.25	18.81	12.43	0.02	6.95	9.49
Low	642.63	563.71	146.96	114.74	0.00	46.10	85.53
Skeletal and Connective							
Medium	13.81	9.16	5.03	3.32	0.00	0.01	1.35
Low	144.10	118.39	31.70	32.63	0.00	14.25	23.25
Very Low	224.28	223.33	70.20	34.80	0.00	7.94	39.93
Extra Low	206.37	169.95	57.40	32.77	0.00	18.65	25.56
Central Nervous System							
High	31.81	22.59	4.36	1.23	0.00	0.00	4.50
Medium	107.52	86.60	13.90	22.97	0.00	9.89	26.95
Low	701.90	636.82	140.94	103.61	0.02	52.91	106.82
Pulmonary							
Very High	10.16	13.88	1.08	1.00	0.00	0.00	2.33
High	47.71	47.17	8.71	7.25	0.00	5.21	4.62
Medium	83.35	51.43	19.74	11.28	0.00	8.05	10.73
Low	520.38	392.89	118.34	79.43	0.02	31.58	62.02
Gastronintestinal							
High	16.91	16.93	4.07	5.21	0.00	2.24	4.40
Medium	105.36	91.46	27.81	18.76	0.00	9.90	16.52
Low	375.57	385.85	99.62	64.99	0.00	29.86	51.31
Diabetes - Type I							
High	8.98	9.12	1.79	0.65	0.00	0.00	2.62
Medium	99.78	83.15	23.59	13.18	0.00	11.37	14.19
Diabetes - Type II							
Medium	13.94	22.64	9.77	4.98	0.00	6.00	6.25
Low	132.69	166.45	32.90	15.25	0.00	17.34	22.81
Skin							
High	41.44	30.78	16.43	5.47	0.00	3.76	8.02
Low	20.82	30.95	1.04	3.39	0.00	0.96	5.67
Very Low	337.48	256.63	63.03	52.11	0.02	21.81	39.03

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
ABAD + GA Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6c

Diagnostic Categories	LIPA	MPCHP	MRIPA	OHMS	Providence		Tuality
	Lane	LBMPY	JJD	JJD	LBMPY	Tri-County	Tri-County
Renal							
Very High	22.32	37.03	3.43	3.33	0.00	4.48	2.37
Medium	161.11	187.93	37.32	13.91	0.00	19.40	37.08
Low	144.79	163.64	33.22	26.06	0.00	12.93	30.59
Substance Abuse							
Low	176.23	85.85	20.45	32.79	0.02	11.05	12.30
Very Low	141.85	73.21	30.52	34.70	0.00	7.37	16.11
Cancer							
High	28.52	31.97	7.84	4.34	0.00	2.87	6.26
Medium	33.12	28.78	16.55	7.58	0.00	2.00	7.41
Low	11.28	17.75	14.87	4.70	0.00	3.01	3.67
Developmental Disability							
Medium	23.22	35.45	6.66	0.27	0.00	2.00	9.09
Low	102.03	137.27	19.25	10.88	0.00	12.12	43.83
Genital							
Extra Low	90.47	80.11	28.77	22.94	0.00	6.00	11.56
Metabolic							
High	52.55	56.79	7.56	4.87	0.00	6.44	6.15
Medium	30.86	21.94	2.67	3.33	0.00	2.25	3.81
Very Low	82.71	101.14	19.02	16.69	0.00	6.69	22.20
Pregnancy							
Complete	49.90	30.25	2.98	8.58	0.00	5.00	9.83
Incomplete	23.16	19.04	3.66	4.44	0.00	0.00	3.51
Eye and Ear							
Low	13.34	16.82	2.98	1.72	0.00	2.00	2.33
Very low	91.45	74.90	13.02	15.98	0.00	9.84	9.46
Cerebrovascular							
Low	84.65	79.53	19.57	10.05	0.00	3.97	18.67
Infectious							
AIDS High	13.38	10.24	1.75	2.17	0.00	0.00	0.00
Infectious High	11.92	6.31	1.64	1.02	0.00	0.48	2.43
HIV Medium	0.00	1.93	1.90	5.96	0.00	0.00	0.00
Infectious Medium	30.20	37.32	10.36	5.12	0.00	1.00	1.37
Infectious Low	41.85	36.11	17.29	8.27	0.00	5.04	7.83
Hematological							
Extra High	0.63	1.00	0.00	0.00	0.00	0.55	0.00
Very High	1.23	3.53	0.84	0.00	0.00	0.00	0.64
Medium	16.85	19.36	6.25	4.76	0.00	1.48	5.16
Low	47.44	32.75	14.17	15.99	0.00	6.25	7.66
Total Member-Years	2,345.26	1,950.45	497.45	358.70	0.02	174.85	348.32

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
OHPAC Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6d

Diagnostic Categories	CareOregon				Cascade	COIHS
	JJD	LBMPY	OTHER	Tri-County	OTHER	OTHER
No Claim	65.59	55.39	173.49	605.08	51.78	164.37
No Disease Category	24.60	21.18	53.29	230.56	12.13	48.76
Super Low Categories Only	104.55	84.51	271.42	1,166.31	96.36	344.88
Cardiovascular						
Very High	1.19	0.15	7.27	27.90	1.27	4.51
Medium	8.13	10.51	49.07	158.50	20.51	47.89
Low	22.01	32.37	149.85	529.69	60.68	165.88
Extra Low	65.32	82.16	292.41	996.46	123.65	318.74
Psychiatric						
High	5.24	10.56	15.66	154.14	15.33	16.67
Medium	6.56	11.05	39.66	212.75	23.09	40.65
Low	85.71	151.66	404.38	1,918.95	199.39	493.26
Skeletal and Connective						
Medium	1.67	1.07	1.32	24.18	1.29	5.86
Low	11.27	17.96	80.76	209.24	23.97	71.62
Very Low	36.18	36.59	164.36	578.98	73.48	200.32
Extra Low	43.84	41.52	205.35	604.73	71.84	213.11
Central Nervous System						
High	0.00	0.00	2.34	2.36	0.58	0.75
Medium	5.53	7.91	21.52	77.17	7.50	28.27
Low	67.31	77.87	270.55	1,044.73	108.49	311.94
Pulmonary						
Very High	0.00	0.99	1.92	10.35	1.86	1.55
High	2.72	7.49	17.88	65.90	8.65	15.52
Medium	4.41	5.63	29.86	81.40	9.20	54.28
Low	63.61	99.88	337.85	1,098.93	127.66	290.29
Gastronintestinal						
High	0.97	5.64	11.23	55.22	4.45	13.76
Medium	18.66	20.77	67.94	293.72	24.18	81.42
Low	56.79	80.31	323.35	1,073.36	140.63	314.83
Diabetes - Type I						
High	0.00	1.95	4.54	11.61	1.89	8.11
Medium	15.27	16.54	66.08	219.54	21.67	64.50
Diabetes - Type II						
Medium	2.77	4.66	14.86	72.78	7.72	20.44
Low	19.99	35.15	87.91	338.74	38.64	100.13
Skin						
High	1.00	0.36	5.49	14.59	1.19	4.95
Low	4.27	2.46	9.40	42.97	5.45	11.38
Very Low	32.58	57.51	173.58	832.81	47.35	177.68

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
OHPAC Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6d

Diagnostic Categories	CareOregon				Cascade	COIHS
	JJD	LBMPY	OTHER	Tri-County	OTHER	OTHER
Renal						
Very High	1.83	3.73	10.15	30.92	2.16	5.90
Medium	10.83	15.79	54.67	177.40	23.46	62.44
Low	18.19	19.62	84.11	358.58	35.97	95.39
Substance Abuse						
Low	64.49	134.21	161.76	1,754.53	63.63	101.90
Very Low	40.42	50.52	191.25	648.37	69.42	193.44
Cancer						
High	2.90	5.21	21.83	73.76	4.56	25.49
Medium	11.63	8.57	32.45	136.86	17.64	42.88
Low	2.66	5.85	14.49	79.57	7.78	24.80
Developmental Disability						
Medium	0.00	0.00	0.00	0.00	0.00	0.00
Low	0.83	1.06	1.40	9.78	0.12	2.98
Genital						
Extra Low	19.58	20.80	109.51	358.74	50.01	124.40
Metabolic						
High	7.27	6.19	24.03	99.16	18.61	33.55
Medium	2.27	2.44	14.82	76.35	4.57	17.94
Very Low	9.71	8.47	42.84	136.66	24.82	54.71
Pregnancy						
Complete	19.46	20.35	55.50	274.19	22.56	44.70
Incomplete	7.19	9.11	31.37	73.20	10.56	18.74
Eye and Ear						
Low	2.23	3.45	9.21	33.65	3.53	14.85
Very low	21.37	14.37	56.46	200.14	24.65	66.33
Cerebrovascular						
Low	4.66	5.70	31.28	107.54	12.44	29.23
Infectious						
AIDS High	1.75	3.44	5.93	108.70	2.87	6.95
Infectious High	0.33	0.46	1.10	19.28	0.28	3.06
HIV Medium	0.00	0.00	0.75	9.61	0.00	2.02
Infectious Medium	1.78	3.63	6.00	39.63	4.15	8.38
Infectious Low	5.22	4.16	26.06	67.36	10.01	30.97
Hematological						
Extra High	0.00	0.00	0.00	2.87	0.00	0.00
Very High	0.00	0.00	0.00	0.04	0.00	0.00
Medium	4.93	3.29	14.01	60.23	6.81	18.24
Low	3.51	4.85	27.57	93.86	9.58	38.23
Total Member-Years	559.11	642.13	1,939.25	8,116.69	728.80	2,076.93

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
OHPAC Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6d

Diagnostic Categories	DCIPA	DOCS	FamilyCare			FFS
	JJD	OTHER	JJD	OTHER	Tri-County	JJD
No Claim	110.32	67.56	33.94	24.86	188.45	4.45
No Disease Category	32.79	21.30	9.29	7.14	54.85	2.27
Super Low Categories Only	223.26	159.21	38.32	30.50	231.61	8.57
Cardiovascular						
Very High	1.21	2.34	0.14	0.77	2.65	0.38
Medium	40.96	18.29	2.47	4.08	16.23	1.75
Low	89.52	91.72	13.33	18.22	57.86	3.26
Extra Low	196.04	157.95	27.68	41.87	118.75	10.21
Psychiatric						
High	18.09	9.46	2.27	2.09	17.89	0.66
Medium	21.59	8.39	1.35	5.92	19.26	1.55
Low	278.52	192.12	46.23	46.31	237.76	14.78
Skeletal and Connective						
Medium	1.91	1.23	1.79	0.66	2.33	0.38
Low	40.50	34.48	5.25	10.93	31.82	2.41
Very Low	104.95	71.79	13.53	20.03	77.08	6.41
Extra Low	143.73	100.69	16.38	22.22	91.39	10.53
Central Nervous System						
High	0.00	0.74	0.00	0.00	0.00	0.00
Medium	11.04	9.09	0.29	3.25	12.87	1.04
Low	153.68	102.05	23.34	29.08	104.97	10.64
Pulmonary						
Very High	1.21	1.06	0.00	0.41	1.10	0.00
High	11.68	6.69	0.33	2.95	7.80	0.59
Medium	26.22	7.51	2.49	0.78	13.75	1.14
Low	224.96	165.50	28.37	32.98	138.30	10.05
Gastronintestinal						
High	4.92	6.55	0.90	1.62	5.95	0.62
Medium	46.22	28.37	6.47	6.73	32.69	2.26
Low	217.78	157.09	23.76	32.51	131.94	12.62
Diabetes - Type I						
High	2.52	0.31	0.00	0.61	0.88	0.21
Medium	40.63	17.94	2.60	6.08	18.94	2.42
Diabetes - Type II						
Medium	11.75	6.57	0.59	0.44	8.88	0.70
Low	45.87	72.00	8.95	15.21	32.51	3.89
Skin						
High	0.96	2.13	1.24	0.00	1.35	0.11
Low	7.68	2.59	0.22	0.58	1.59	0.37
Very Low	110.17	70.93	12.44	20.44	85.07	6.81

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
OHPAC Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6d

Diagnostic Categories	DCIPA	DOCS	FamilyCare			FFS
	JJD	OTHER	JJD	OTHER	Tri-County	JJD
Renal						
Very High	6.72	7.02	0.42	0.72	2.88	0.38
Medium	33.33	20.14	2.54	6.11	18.49	2.50
Low	48.52	37.79	10.17	14.15	49.64	2.68
Substance Abuse						
Low	108.55	53.67	17.33	14.54	96.86	4.49
Very Low	107.65	59.39	20.55	18.79	88.88	4.21
Cancer						
High	12.95	10.62	2.62	2.79	8.05	0.70
Medium	28.33	25.32	3.17	5.37	9.24	2.07
Low	15.46	8.04	2.21	4.00	9.87	0.54
Developmental Disability						
Medium	0.00	0.00	0.00	0.00	0.00	0.00
Low	1.55	1.00	0.00	0.99	1.54	0.08
Genital						
Extra Low	64.66	72.07	6.75	14.94	55.41	3.90
Metabolic						
High	17.47	10.28	2.60	3.75	8.59	0.92
Medium	11.48	6.54	1.02	2.16	10.40	0.63
Very Low	26.17	16.44	4.99	2.09	18.41	1.38
Pregnancy						
Complete	20.33	16.22	3.24	6.27	41.84	1.55
Incomplete	10.23	7.73	1.85	1.28	7.26	0.46
Eye and Ear						
Low	4.39	4.14	0.18	0.92	3.11	0.25
Very low	31.22	48.96	0.63	8.38	18.67	3.56
Cerebrovascular						
Low	19.34	14.48	2.40	3.68	6.50	0.75
Infectious						
AIDS High	3.24	4.51	0.93	1.60	2.96	0.36
Infectious High	3.33	0.57	0.14	0.00	0.42	0.17
HIV Medium	1.36	1.11	4.52	0.15	0.51	0.08
Infectious Medium	7.20	6.04	1.45	0.98	2.88	0.55
Infectious Low	16.08	12.62	1.23	1.77	9.29	0.54
Hematological						
Extra High	0.00	0.00	0.00	0.00	0.00	0.00
Very High	0.00	0.00	0.00	0.00	0.00	0.00
Medium	15.22	12.18	1.54	0.27	5.80	1.25
Low	18.12	9.11	0.91	2.54	10.34	1.19
Total Member-Years	1,265.14	948.97	228.63	230.16	1,245.53	63.46

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
OHPAC Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6d

Diagnostic Categories	FFS			Intercommunity	Kaiser	
	LBMPY	OTHER	Tri-County	LBMPY	LBMPY	Tri-County
No Claim	9.90	26.60	117.67	130.45	60.22	231.68
No Disease Category	5.42	9.02	34.16	39.63	33.73	117.91
Super Low Categories Only	15.65	58.98	196.46	306.50	130.37	400.97
Cardiovascular						
Very High	0.08	1.06	2.79	5.52	0.39	2.53
Medium	1.62	7.30	16.35	31.07	7.18	20.22
Low	5.83	29.98	45.58	127.55	28.41	88.92
Extra Low	5.49	69.89	83.01	215.70	48.10	196.19
Psychiatric						
High	0.55	7.46	9.18	15.70	6.50	18.46
Medium	1.19	12.17	15.60	43.14	9.73	18.61
Low	17.32	70.51	160.74	423.72	139.44	393.74
Skeletal and Connective						
Medium	0.27	0.33	1.40	5.13	0.80	1.33
Low	1.53	13.94	20.13	41.77	13.05	37.43
Very Low	5.63	35.78	45.76	114.28	27.98	105.37
Extra Low	3.88	47.55	49.23	160.68	34.43	111.85
Central Nervous System						
High	0.00	0.27	0.07	0.85	0.00	0.00
Medium	0.88	2.14	5.58	18.97	6.51	16.54
Low	10.04	56.37	83.90	233.36	60.57	202.81
Pulmonary						
Very High	0.00	0.65	1.50	2.09	0.00	1.60
High	0.46	2.27	10.77	9.67	1.67	4.50
Medium	2.23	6.97	8.09	12.68	2.26	11.23
Low	7.72	49.78	87.21	280.67	84.28	233.55
Gastronintestinal						
High	0.25	2.44	4.74	7.33	0.80	5.72
Medium	1.99	14.08	20.27	68.08	10.24	40.90
Low	8.39	78.02	94.48	258.48	92.27	252.95
Diabetes - Type I						
High	0.00	0.40	2.44	1.82	0.00	4.29
Medium	1.64	11.73	19.50	56.35	8.74	29.53
Diabetes - Type II						
Medium	0.00	8.28	4.42	22.38	6.21	16.48
Low	4.29	20.01	28.85	77.92	25.12	79.72
Skin						
High	0.00	0.70	1.23	0.99	0.49	1.53
Low	0.90	4.95	5.53	9.22	1.15	9.39
Very Low	7.15	29.00	57.14	150.55	36.00	149.25

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
OHPAC Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6d

Diagnostic Categories	FFS			Intercommunity	Kaiser	
	LBMPY	OTHER	Tri-County		LBMPY	Tri-County
Renal						
Very High	0.65	3.36	4.24	6.36	0.36	5.68
Medium	1.02	8.60	11.53	48.11	9.32	34.53
Low	4.03	16.06	38.27	75.20	15.22	55.11
Substance Abuse						
Low	5.75	30.46	83.93	192.82	36.07	162.76
Very Low	5.94	29.80	50.28	144.35	29.52	118.16
Cancer						
High	0.61	2.72	8.16	11.73	4.02	6.85
Medium	0.35	9.95	12.02	29.24	10.08	29.06
Low	0.94	5.27	9.08	14.80	4.57	18.80
Developmental Disability						
Medium	0.00	0.00	0.00	0.41	0.00	0.00
Low	0.00	0.22	0.23	0.92	0.00	2.87
Genital						
Extra Low	3.53	20.22	32.04	96.34	21.76	80.89
Metabolic						
High	0.00	3.69	6.31	18.10	1.92	21.18
Medium	0.00	3.32	7.45	8.88	1.37	9.02
Very Low	1.68	8.59	17.44	29.71	7.78	27.30
Pregnancy						
Complete	3.93	8.38	24.08	48.32	9.79	63.66
Incomplete	0.83	1.03	5.42	17.44	3.49	10.74
Eye and Ear						
Low	1.38	3.26	3.93	9.82	3.46	9.59
Very low	1.58	17.22	20.91	48.81	12.74	55.04
Cerebrovascular						
Low	0.95	5.12	17.30	25.77	7.01	19.59
Infectious						
AIDS High	0.31	3.57	4.95	6.12	1.89	10.78
Infectious High	0.00	0.00	3.90	2.19	0.00	1.41
HIV Medium	0.00	0.00	0.21	0.44	0.00	0.00
Infectious Medium	1.00	3.42	5.10	8.13	1.10	4.58
Infectious Low	0.52	6.82	11.08	19.07	6.92	24.96
Hematological						
Extra High	0.00	0.00	0.00	0.09	0.00	0.00
Very High	0.00	0.00	0.00	0.00	0.00	0.67
Medium	0.44	3.41	2.43	9.19	1.02	8.94
Low	1.08	6.06	6.48	26.85	5.52	22.46
Total Member-Years	91.89	377.81	907.82	1,726.94	595.80	1,969.61

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
OHPAC Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6d

Diagnostic Categories	LIPA	MPCHP	MRIPA	OHMS	Providence		Tuality
	Lane	LBMPY	JJD	JJD	LBMPY	Tri-County	Tri-County
<i>No Claim</i>	308.53	216.41	59.70	60.82	0.43	1.02	38.33
<i>No Disease Category</i>	122.83	50.38	18.53	20.76	0.43	1.99	11.03
<i>Super Low Categories Only</i>	702.09	318.76	148.25	122.50	2.43	18.73	86.17
Cardiovascular							
Very High	7.21	2.65	1.04	0.00	0.00	0.27	0.38
Medium	71.69	47.49	20.05	13.46	0.00	4.11	12.08
Low	247.67	166.33	75.74	43.10	0.55	10.17	44.60
Extra Low	463.32	328.31	135.75	97.77	3.13	23.65	78.46
Psychiatric							
High	60.72	32.60	5.00	4.76	0.31	2.19	3.79
Medium	78.17	31.39	12.40	9.29	0.40	3.23	10.79
Low	951.66	539.97	200.66	171.18	0.25	30.81	132.84
Skeletal and Connective							
Medium	8.89	5.03	0.40	0.61	0.00	0.22	1.31
Low	105.48	53.06	27.57	14.71	0.00	5.92	15.05
Very Low	246.57	150.15	87.98	58.75	0.21	11.46	47.97
Extra Low	340.76	186.32	76.27	62.88	2.09	12.68	55.47
Central Nervous System							
High	1.84	0.80	0.00	0.47	0.00	0.00	1.72
Medium	36.11	22.25	8.38	8.75	0.00	0.98	6.90
Low	446.17	316.98	126.00	92.66	1.66	25.53	72.08
Pulmonary							
Very High	3.36	3.20	0.67	1.19	0.00	0.00	0.89
High	33.09	19.41	6.53	3.84	0.00	2.71	4.46
Medium	41.13	24.40	11.09	6.11	0.00	2.65	8.64
Low	589.38	315.90	139.58	90.47	4.00	19.01	82.43
Gastronintestinal							
High	19.55	8.79	4.44	0.63	0.00	0.97	1.36
Medium	112.00	72.54	32.00	22.24	0.21	3.23	21.62
Low	480.54	346.79	169.81	110.03	3.08	25.92	74.26
Diabetes - Type I							
High	8.50	4.39	2.39	0.70	0.00	0.74	0.86
Medium	87.60	63.28	28.40	16.19	0.00	5.29	19.01
Diabetes - Type II							
Medium	23.86	14.85	11.63	3.22	0.00	3.72	8.08
Low	173.83	163.33	30.64	20.89	0.00	7.64	32.39
Skin							
High	4.67	2.92	2.58	1.67	0.00	0.66	0.80
Low	12.75	14.97	2.61	2.56	0.00	0.00	1.74
Very Low	376.78	182.60	73.16	56.21	1.30	14.79	41.15

Oregon Health Plan Medicaid Demonstration
Chronic Illness and Disability Payment System Risk Adjustment - FY2003
OHPAC Frequency/1000
CDPS Version 1.7 DURATION BASED NLR 6 Months Minimum

Exhibit 6d

Diagnostic Categories	LIPA	MPCHP	MRIPA	OHMS	Providence		Tuality
	Lane	LBMPY	JJD	JJD	LBMPY	Tri-County	Tri-County
Renal							
Very High	11.45	13.22	2.12	2.89	0.00	0.71	2.92
Medium	69.18	52.34	22.43	11.19	0.00	3.95	10.79
Low	134.49	96.07	43.99	39.26	0.00	12.05	20.22
Substance Abuse							
Low	530.73	228.09	38.71	55.34	2.18	5.56	42.28
Very Low	327.11	147.79	53.55	76.25	1.60	5.76	27.67
Cancer							
High	22.53	22.81	8.08	6.08	0.21	1.87	4.20
Medium	61.83	35.78	17.41	10.20	0.00	4.21	15.42
Low	20.77	16.61	15.35	13.83	0.00	1.22	5.06
Developmental Disability							
Medium	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Low	3.77	3.40	0.95	0.00	0.00	0.00	0.00
Genital							
Extra Low	163.25	79.88	42.59	29.53	0.00	7.48	25.34
Metabolic							
High	27.60	27.03	8.27	5.08	0.00	2.60	7.63
Medium	17.34	9.88	4.45	2.88	0.00	3.95	3.96
Very Low	64.79	38.17	16.57	15.13	0.00	4.54	13.86
Pregnancy							
Complete	133.65	62.21	8.75	13.65	0.28	4.21	12.98
Incomplete	22.50	24.58	7.79	3.32	0.25	0.69	4.30
Eye and Ear							
Low	26.18	6.27	3.68	1.54	0.00	0.73	2.59
Very low	90.21	49.61	21.15	20.09	0.00	6.30	15.34
Cerebrovascular							
Low	52.15	31.07	10.50	4.34	0.00	3.47	14.34
Infectious							
AIDS High	17.63	8.62	2.87	3.15	0.00	0.00	0.00
Infectious High	9.39	1.95	2.16	0.52	0.00	0.36	0.54
HIV Medium	2.37	2.88	3.05	4.02	0.00	0.00	0.00
Infectious Medium	21.43	11.03	2.88	2.25	0.00	0.00	2.53
Infectious Low	45.32	27.84	10.00	9.24	0.00	3.81	7.39
Hematological							
Extra High	0.08	0.00	0.92	0.00	0.00	0.00	0.00
Very High	0.21	0.26	0.00	0.00	0.00	0.00	0.00
Medium	11.13	11.09	4.15	3.94	0.00	0.27	4.61
Low	38.53	22.44	11.70	5.70	0.00	3.97	5.55
Total Member-Years	3,997.95	2,189.37	858.57	700.64	11.64	129.91	528.36

**Oregon Health Plan Medicaid Demonstration
FY2003 Capitation Rates
Methadone Utilization Months/1000 Members**

Exhibit 7a

Plan Name	Region	AB/AD with Medicare	AB/AD without Medicare	General Assistance	OHP Adults and Couples	OHP Families	TANF
CareOregon, Inc.	Jackson/Josephine/Douglas	-	16.6589	-	20.2895	8.8927	11.5355
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	29.5827	36.7367	159.4441	42.5013	12.1907	5.5447
CareOregon, Inc.	Other	0.2775	1.5452	16.6902	2.5655	2.6495	0.3494
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	22.8882	31.9732	117.3870	81.4946	25.5751	7.6229
Cascade Comprehensive Care, Inc.	Other	-	-	-	0.0997	0.1304	-
Central Oregon Independent Health Services, Inc.	Other	0.8219	0.2374	-	1.2730	0.1406	0.3576
Douglas County Individual Practice Association, Inc.	Jackson/Josephine/Douglas	-	-	-	0.4991	0.9416	0.1035
Deschutes County Human Services	Other	-	0.0052	-	0.4730	-	-
Doctors of the Coast South abn South West Oregon Individual Practice Association, Inc.	Other	-	1.1777	5.7061	2.6421	1.8274	0.4715
FamilyCare Health Plans, Inc.	Jackson/Josephine/Douglas	-	2.2329	-	10.5345	3.0171	3.9965
FamilyCare Health Plans, Inc.	Other	1.9734	-	-	-	-	-
FamilyCare Health Plans, Inc.	Tri-County (Clackamas, Multnomah, Washington)	8.4553	16.8961	17.3340	12.4066	8.5475	2.5232
InterCommunity Health Plans, Inc. abn Intercommunity Health Network	Linn/Benton/Marion/Polk/Yamhill	0.5024	8.7417	13.3760	8.5336	1.5473	1.6551
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	Linn/Benton/Marion/Polk/Yamhill	-	5.3021	22.1463	9.1294	6.2108	0.3380
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	Tri-County (Clackamas, Multnomah, Washington)	11.2022	14.3169	37.3978	33.0858	4.6133	2.0959
Lane Individual Practice Association, Inc.	Lane	9.7657	14.5835	44.6400	36.2687	14.4602	5.2254
Marion/Polk Community Health Plan, LLC	Linn/Benton/Marion/Polk/Yamhill	2.0314	6.4872	3.0054	19.1158	6.8274	2.6803
Mid-Rogue Independent Practice Association, Inc. abn Mid-Rogue IPA	Jackson/Josephine/Douglas	0.6068	5.1742	3.4064	13.0286	1.5176	2.0113
Grants Pass Management Services, Inc. abn Oregon Health Management Services	Jackson/Josephine/Douglas	7.3788	27.4496	110.3869	12.4723	9.2206	4.2819
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	-	3.0962	-	3.5759	2.8435	0.9678
Grand Total		7.3860	14.2480	57.4659	30.7606	9.2694	3.3874

**Oregon Health Plan Medicaid Demonstration
FY2003 Capitation Rates
Methadone Risk Adjustment Scores**

Exhibit 7b

Plan Name	Region	AB/AD with Medicare	AB/AD without Medicare	General Assistance	OHP Adults and Couples	OHP Families	TANF
CareOregon, Inc.	Jackson/Josephine/Douglas	0.0200	1.1663	0.0200	0.6590	0.9579	3.4009
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	3.9851	2.5719	2.7652	1.3805	1.3131	1.6347
CareOregon, Inc.	Other	0.0374	0.1082	0.2895	0.0833	0.2854	0.1030
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	3.0833	2.2384	2.0358	2.6470	2.7548	2.2474
Cascade Comprehensive Care, Inc.	Other	0.0200	0.0200	0.0200	0.0200	0.0200	0.0200
Central Oregon Independent Health Services, Inc.	Other	0.1107	0.0200	0.0200	0.0413	0.0200	0.1054
Douglas County Individual Practice Association, Inc.	Jackson/Josephine/Douglas	0.0200	0.0200	0.0200	0.0200	0.1014	0.0305
Deschutes County Human Services	Other	0.0200	0.0200	0.0200	0.0200	0.0200	0.0200
Doctors of the Coast South abn South West Oregon Individual Practice Association, Inc.	Other	0.0200	0.0824	0.0990	0.0858	0.1968	0.1390
FamilyCare Health Plans, Inc.	Jackson/Josephine/Douglas	0.0200	0.1563	0.0200	0.3422	0.3250	1.1782
FamilyCare Health Plans, Inc.	Other	0.2658	0.0200	0.0200	0.0200	0.0200	0.0200
FamilyCare Health Plans, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.1390	1.1829	0.3006	0.4030	0.9207	0.7439
InterCommunity Health Plans, Inc. abn Intercommunity Health Network	Linn/Benton/Marion/Polk/Yamhill	0.0677	0.6120	0.2320	0.2772	0.1667	0.4880
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	Linn/Benton/Marion/Polk/Yamhill	0.0200	0.3712	0.3841	0.2965	0.6690	0.0997
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	Tri-County (Clackamas, Multnomah, Washington)	1.5091	1.0023	0.6486	1.0746	0.4969	0.6179
Lane Individual Practice Association, Inc.	Lane	1.3156	1.0210	0.7742	1.1780	1.5576	1.5405
Marion/Polk Community Health Plan, LLC	Linn/Benton/Marion/Polk/Yamhill	0.2736	0.4542	0.0521	0.6209	0.7354	0.7902
Mid-Rogue Independent Practice Association, Inc. abn Mid-Rogue IPA	Jackson/Josephine/Douglas	0.0817	0.3622	0.0591	0.4232	0.1635	0.5930
Grants Pass Management Services, Inc. abn Oregon Health Management Services	Jackson/Josephine/Douglas	0.9940	1.9217	1.9144	0.4051	0.9932	1.2624
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.0200	0.2168	0.0200	0.1161	0.3063	0.2853
Grand Total		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

**Oregon Health Plan Medicaid Demonstration
 FY2003 Capitation Rates
 Methadone / Non-Methadone Percentages**

Exhibit 7c

Eligibility Category	Methadone	Non-Methadone
AB/AD with Medicare	39%	61%
AB/AD without Medicare	62%	38%
General Assistance	46%	54%
OHP Adults and Couples	35%	65%
OHP Families	37%	63%
TANF	22%	78%

**Oregon Health Plan Medicaid Demonstration
 FY2003 Capitation Rates
 Chemical Dependency Risk Adjustment Scores**

Exhibit 7d

Plan Name	Region	AB/AD with Medicare	AB/AD without Medicare	General Assistance	OHP Adults and Couples	OHP Families	TANF
CareOregon, Inc.	Jackson/Josephine/Douglas	0.6138	1.1234	0.5736	0.9523	0.9845	1.5196
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	2.1763	1.9909	1.8474	1.2076	1.1152	1.1374
CareOregon, Inc.	Other	0.6207	0.4705	0.6986	0.7485	0.7371	0.8059
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.8209	1.7851	1.5089	1.6559	1.6455	1.2699
Cascade Comprehensive Care, Inc.	Other	0.6138	0.4568	0.6306	0.7640	0.6395	0.7879
Central Oregon Independent Health Services, Inc.	Other	0.6496	0.4481	0.6184	0.7220	0.6395	0.8064
Douglas County Individual Practice Association, Inc.	Jackson/Josephine/Douglas	0.6138	0.4355	0.6008	0.7104	0.6694	0.7902
Deschutes County Human Services	Other	0.6138	0.3981	0.5485	0.6589	0.6395	0.7879
Doctors of the Coast South abn South West Oregon Individual Practice Association, Inc.	Other	0.6138	0.4381	0.5872	0.6902	0.7045	0.8137
FamilyCare Health Plans, Inc.	Jackson/Josephine/Douglas	0.6138	0.3947	0.4262	0.6247	0.7517	1.0386
FamilyCare Health Plans, Inc.	Other	0.7107	0.3106	0.4262	0.5106	0.6395	0.7879
FamilyCare Health Plans, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.0548	1.0282	0.5564	0.6462	0.9708	0.9446
InterCommunity Health Plans, Inc. abn Intercommunity Health Network	Linn/Benton/Marion/Polk/Yamhill	0.6326	0.7672	0.6522	0.7524	0.6935	0.8892
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	Linn/Benton/Marion/Polk/Yamhill	0.6138	0.5174	0.5812	0.5625	0.8782	0.8052
Kaiser Foundation Health Plan, LLC abn Kaiser Permanente	Tri-County (Clackamas, Multnomah, Washington)	1.2006	0.9068	0.7039	0.8379	0.8149	0.9173
Lane Individual Practice Association, Inc.	Lane	1.1243	0.9802	0.8487	1.0138	1.2051	1.1170
Marion/Polk Community Health Plan, LLC	Linn/Benton/Marion/Polk/Yamhill	0.7138	0.6720	0.5717	0.8761	0.9027	0.9546
Mid-Rogue Independent Practice Association, Inc. abn Mid-Rogue IPA	Jackson/Josephine/Douglas	0.6382	0.6055	0.5613	0.8189	0.6923	0.9119
Grants Pass Management Services, Inc. abn Oregon Health Management Services	Jackson/Josephine/Douglas	0.9976	1.5539	1.4027	0.7262	0.9975	1.0568
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.6138	0.5086	0.5333	0.7159	0.7448	0.8453

**Oregon Health Plan Medicaid Demonstration
 FY2003 Capitation Rates
 MHO Geographic Factors**

Exhibit 8

Plan Name	Region	MH Inpatient
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	1.0089
Accountable Behavioral Health Alliance	Other	1.0069
Clackamas County Mental Health	Other	1.0102
Clackamas County Mental Health	Tri-County (Clackamas, Multnomah, Washington)	1.0028
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.0028
Greater Oregon Behavioral Health, Inc.	Other	0.9822
Jefferson Behavioral Health	Jackson/Josephine/Douglas	0.9808
Jefferson Behavioral Health	Other	0.9968
LaneCare	Lane	1.0152
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	1.0059
Mid-Valley Behavioral Care Network	Other	1.0058
Multnomah CAAPCare	Tri-County (Clackamas, Multnomah, Washington)	1.0027
Providence Behavioral Health Connections	Tri-County (Clackamas, Multnomah, Washington)	1.0030
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	1.0030

**Oregon Health Plan Medicaid Demonstration
 FY2003 Capitation Rates
 MHO Residential Medical Adjustment for SCF Children**

Exhibit 9

Plan Name	Region	ResMed Factor
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	0.936
Accountable Behavioral Health Alliance	Other	0.936
Clackamas County Mental Health	Other	1.220
Clackamas County Mental Health	Tri-County (Clackamas, Multnomah, Washington)	0.936
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.936
Greater Oregon Behavioral Health, Inc.	Other	0.936
Jefferson Behavioral Health	Jackson/Josephine/Douglas	1.044
Jefferson Behavioral Health	Other	0.936
LaneCare	Lane	0.978
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	0.936
Mid-Valley Behavioral Care Network	Other	0.936
Multnomah CAAPCare	Tri-County (Clackamas, Multnomah, Washington)	1.045
Providence Behavioral Health Connections	Tri-County (Clackamas, Multnomah, Washington)	1.319
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.936

Oregon Health Plan Medicaid Demonstration
DCO Capitation Rates for Fiscal Year 2003
With Adjustments for Funding Through Line 566 of the Prioritized List

Exhibit 10

Eligibility Category	Statewide Average	Region				
		JJD	Lane	LBMPY	Other	Tri-County
TANF	\$18.52	\$17.95	\$17.95	\$17.95	\$17.95	\$19.36
General Assistance	\$33.69	\$32.67	\$32.67	\$32.67	\$32.67	\$35.23
PLM Adults under 100% FPL	\$17.67	\$17.13	\$17.13	\$17.13	\$17.13	\$18.47
PLM Adults over 100% FPL	\$17.67	\$17.13	\$17.13	\$17.13	\$17.13	\$18.47
CHIP Children Aged 0-1	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09
PLM Children Aged 0-1	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09
PLM or CHIP Children Aged 1-5	\$16.44	\$15.94	\$15.94	\$15.94	\$15.94	\$17.19
PLM or CHIP Children Aged 6-18	\$20.23	\$19.62	\$19.62	\$19.62	\$19.62	\$21.15
OHP Families	\$29.77	\$28.86	\$28.86	\$28.86	\$28.86	\$31.12
OHP Adults and Couples	\$35.21	\$34.14	\$34.14	\$34.14	\$34.14	\$36.81
AB/AD with Medicare	\$21.61	\$20.96	\$20.96	\$20.96	\$20.96	\$22.60
AB/AD without Medicare	\$20.99	\$20.35	\$20.35	\$20.35	\$20.35	\$21.95
OAA with Medicare	\$13.73	\$13.31	\$13.31	\$13.31	\$13.31	\$14.35
OAA without Medicare	\$56.68	\$54.95	\$54.95	\$54.95	\$54.95	\$59.26
SCF Children	\$16.20	\$15.71	\$15.71	\$15.71	\$15.71	\$16.93

APPENDIX

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Statewide FCHP Rates			
Eligibility Category	02/03	01/02	% Change
TANF	\$142.56	\$134.58	5.9%
General Assistance	\$707.50	\$659.49	7.3%
PLM Adults under 100% FPL	\$679.88	\$650.13	4.6%
PLM Adults over 100% FPL	\$679.88	\$650.13	4.6%
CHIP Children Aged 0-1	\$284.31	\$271.59	4.7%
PLM Children Aged 0-1	\$284.31	\$271.59	4.7%
PLM or CHIP Children Aged 1-5	\$56.47	\$53.32	5.9%
PLM or CHIP Children Aged 6-18	\$55.48	\$52.10	6.5%
OHP Families	\$165.32	\$154.66	6.9%
OHP Adults and Couples	\$281.74	\$262.78	7.2%
AB/AD with Medicare	\$358.95	\$323.94	10.8%
AB/AD without Medicare	\$528.26	\$489.88	7.8%
OAA with Medicare	\$335.73	\$303.99	10.4%
OAA without Medicare	\$609.01	\$574.08	6.1%
SCF Children	\$108.52	\$101.22	7.2%
Weighted Average - June 2002 population	\$210.12	\$196.09	7.2%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

CareOregon, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF	\$142.08	\$128.26	10.8%				\$141.29	\$132.71	6.5%	\$139.17	\$132.74	4.8%	\$142.68	\$137.47	3.8%
General Assistance	\$704.50	\$632.87	11.3%				\$756.79	\$695.03	8.9%	\$714.51	\$657.71	8.6%	\$747.86	\$698.27	7.1%
PLM Adults under 100% FPL	\$651.13	\$598.70	8.8%				\$659.44	\$616.72	6.9%	\$660.13	\$625.70	5.5%	\$661.96	\$642.60	3.0%
PLM Adults over 100% FPL	\$651.13	\$598.70	8.8%				\$659.44	\$616.72	6.9%	\$660.13	\$625.70	5.5%	\$661.96	\$642.60	3.0%
CHIP Children Aged 0-1	\$275.74	\$250.29	10.2%				\$280.56	\$260.56	7.7%	\$281.83	\$265.83	6.0%	\$281.41	\$274.54	2.5%
PLM Children Aged 0-1	\$275.74	\$250.29	10.2%				\$280.56	\$260.56	7.7%	\$281.83	\$265.83	6.0%	\$281.41	\$274.54	2.5%
PLM or CHIP Children Aged 1-5	\$56.04	\$51.93	7.9%				\$56.28	\$52.52	7.2%	\$55.92	\$52.75	6.0%	\$56.61	\$53.69	5.4%
PLM or CHIP Children Aged 6-18	\$54.86	\$50.45	8.7%				\$55.14	\$51.13	7.8%	\$54.88	\$51.42	6.7%	\$55.43	\$52.37	5.8%
OHP Families	\$163.22	\$147.10	11.0%				\$165.03	\$154.51	6.8%	\$162.13	\$151.49	7.0%	\$168.98	\$157.72	7.1%
OHP Adults and Couples	\$299.13	\$255.29	17.2%				\$306.74	\$276.19	11.1%	\$295.92	\$262.26	12.8%	\$317.80	\$282.82	12.4%
AB/AD with Medicare	\$356.84	\$319.37	11.7%				\$362.56	\$326.10	11.2%	\$355.47	\$320.89	10.8%	\$362.72	\$326.74	11.0%
AB/AD without Medicare	\$540.52	\$482.80	12.0%				\$550.03	\$502.48	9.5%	\$539.44	\$495.99	8.8%	\$550.81	\$513.01	7.4%
OAA with Medicare	\$334.87	\$300.64	11.4%				\$335.32	\$301.93	11.1%	\$333.84	\$302.31	10.4%	\$336.50	\$305.13	10.3%
OAA without Medicare	\$602.95	\$555.45	8.6%				\$606.31	\$563.56	7.6%	\$602.69	\$566.93	6.3%	\$610.03	\$578.67	5.4%
SCF Children	\$107.59	\$98.59	9.1%				\$108.07	\$99.73	8.4%	\$107.66	\$100.21	7.4%	\$108.53	\$101.75	6.7%
Weighted Average	\$205.68	\$182.54	12.7%				\$178.87	\$164.92	8.5%	\$207.02	\$190.59	8.6%	\$225.49	\$209.33	7.7%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Cascade Comprehensive Care, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF										\$158.34	\$153.44	3.2%			
General Assistance										\$843.45	\$789.94	6.8%			
PLM Adults under 100% FPL										\$737.57	\$696.82	5.8%			
PLM Adults over 100% FPL										\$737.57	\$696.82	5.8%			
CHIP Children Aged 0-1										\$318.96	\$307.26	3.8%			
PLM Children Aged 0-1										\$318.96	\$307.26	3.8%			
PLM or CHIP Children Aged 1-5										\$57.51	\$54.69	5.2%			
PLM or CHIP Children Aged 6-18										\$56.90	\$53.82	5.7%			
OHP Families										\$169.24	\$159.40	6.2%			
OHP Adults and Couples										\$329.18	\$306.16	7.5%			
AB/AD with Medicare										\$357.39	\$323.85	10.4%			
AB/AD without Medicare										\$631.54	\$589.78	7.1%			
OAA with Medicare										\$336.41	\$305.85	10.0%			
OAA without Medicare										\$626.12	\$594.95	5.2%			
SCF Children										\$111.06	\$104.23	6.6%			
Weighted Average										\$235.27	\$220.68	6.6%			

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Central Oregon Independent Health Services, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF										\$140.25	\$132.28	6.0%			
General Assistance										\$771.70	\$693.37	11.3%			
PLM Adults under 100% FPL										\$668.32	\$638.66	4.6%			
PLM Adults over 100% FPL										\$668.32	\$638.66	4.6%			
CHIP Children Aged 0-1										\$287.43	\$274.23	4.8%			
PLM Children Aged 0-1										\$287.43	\$274.23	4.8%			
PLM or CHIP Children Aged 1-5										\$55.80	\$52.74	5.8%			
PLM or CHIP Children Aged 6-18										\$54.89	\$51.58	6.4%			
OHP Families										\$161.85	\$151.50	6.8%			
OHP Adults and Couples										\$291.84	\$278.77	4.7%			
AB/AD with Medicare										\$354.19	\$319.66	10.8%			
AB/AD without Medicare										\$584.82	\$524.06	11.6%			
OAA with Medicare										\$332.82	\$301.49	10.4%			
OAA without Medicare										\$602.23	\$568.24	6.0%			
SCF Children										\$107.70	\$100.51	7.2%			
Weighted Average										\$204.01	\$190.25	7.2%			

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Douglas County Individual Practice Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF	\$140.15	\$133.19	5.2%												
General Assistance	\$764.07	\$674.87	13.2%												
PLM Adults under 100% FPL	\$679.83	\$648.22	4.9%												
PLM Adults over 100% FPL	\$679.83	\$648.22	4.9%												
CHIP Children Aged 0-1	\$291.67	\$277.51	5.1%												
PLM Children Aged 0-1	\$291.67	\$277.51	5.1%												
PLM or CHIP Children Aged 1-5	\$57.16	\$53.97	5.9%												
PLM or CHIP Children Aged 6-18	\$56.08	\$52.65	6.5%												
OHP Families	\$165.62	\$154.64	7.1%												
OHP Adults and Couples	\$295.73	\$272.19	8.6%												
AB/AD with Medicare	\$359.68	\$324.80	10.7%												
AB/AD without Medicare	\$577.43	\$508.30	13.6%												
OAA with Medicare	\$337.66	\$305.91	10.4%												
OAA without Medicare	\$617.78	\$582.18	6.1%												
SCF Children	\$109.62	\$102.22	7.2%												
Weighted Average	\$219.85	\$202.15	8.8%												

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Doctors of the Coast South abn South West Oregon Individual Practice Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF										\$146.48	\$129.46	13.1%			
General Assistance										\$719.87	\$641.36	12.2%			
PLM Adults under 100% FPL										\$702.51	\$658.78	6.6%			
PLM Adults over 100% FPL										\$702.51	\$658.78	6.6%			
CHIP Children Aged 0-1										\$303.82	\$283.52	7.2%			
PLM Children Aged 0-1										\$303.82	\$283.52	7.2%			
PLM or CHIP Children Aged 1-5										\$58.23	\$54.32	7.2%			
PLM or CHIP Children Aged 6-18										\$57.19	\$53.05	7.8%			
OHP Families										\$169.56	\$156.18	8.6%			
OHP Adults and Couples										\$284.32	\$267.67	6.2%			
AB/AD with Medicare										\$362.83	\$325.55	11.5%			
AB/AD without Medicare										\$540.52	\$481.40	12.3%			
OAA with Medicare										\$340.62	\$306.70	11.1%			
OAA without Medicare										\$631.44	\$587.01	7.6%			
SCF Children										\$111.44	\$102.89	8.3%			
Weighted Average										\$243.78	\$221.58	10.0%			

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

FamilyCare Health Plans, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF	\$150.96	\$129.26	16.8%							\$149.17	\$128.25	16.3%	\$151.98	\$132.11	15.0%
General Assistance	\$579.10	\$544.57	6.3%							\$577.22	\$541.42	6.6%	\$589.30	\$572.83	2.9%
PLM Adults under 100% FPL	\$655.88	\$628.30	4.4%							\$653.06	\$619.58	5.4%	\$661.99	\$642.62	3.0%
PLM Adults over 100% FPL	\$655.88	\$628.30	4.4%							\$653.06	\$619.58	5.4%	\$661.99	\$642.62	3.0%
CHIP Children Aged 0-1	\$278.84	\$267.03	4.4%							\$277.22	\$260.33	6.5%	\$281.44	\$274.55	2.5%
PLM Children Aged 0-1	\$278.84	\$267.03	4.4%							\$277.22	\$260.33	6.5%	\$281.44	\$274.55	2.5%
PLM or CHIP Children Aged 1-5	\$56.03	\$52.95	5.8%							\$55.94	\$53.40	4.7%	\$56.60	\$53.69	5.4%
PLM or CHIP Children Aged 6-18	\$54.91	\$51.61	6.4%							\$54.80	\$51.85	5.7%	\$55.43	\$52.37	5.8%
OHP Families	\$162.14	\$153.00	6.0%							\$161.12	\$151.54	6.3%	\$165.03	\$155.79	5.9%
OHP Adults and Couples	\$232.26	\$229.02	1.4%							\$229.23	\$226.13	1.4%	\$234.84	\$238.39	-1.5%
AB/AD with Medicare	\$356.33	\$321.65	10.8%							\$356.50	\$324.66	9.8%	\$360.09	\$324.17	11.1%
AB/AD without Medicare	\$441.67	\$410.15	7.7%							\$440.00	\$408.64	7.7%	\$449.23	\$419.62	7.1%
OAA with Medicare	\$334.51	\$302.99	10.4%							\$334.33	\$305.36	9.5%	\$336.48	\$305.12	10.3%
OAA without Medicare	\$603.29	\$569.36	6.0%							\$602.09	\$573.15	5.0%	\$609.99	\$578.67	5.4%
SCF Children	\$107.68	\$100.52	7.1%							\$107.51	\$100.87	6.6%	\$108.52	\$101.75	6.7%
Weighted Average	\$173.87	\$161.74	7.5%							\$207.11	\$191.77	8.0%	\$203.64	\$192.96	5.5%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

InterCommunity Health Plans, Inc. abn Intercommunity Health Network															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF							\$137.52	\$128.26	7.2%						
General Assistance							\$676.81	\$635.56	6.5%						
PLM Adults under 100% FPL							\$645.20	\$620.05	4.1%						
PLM Adults over 100% FPL							\$645.20	\$620.05	4.1%						
CHIP Children Aged 0-1							\$273.31	\$262.99	3.9%						
PLM Children Aged 0-1							\$273.31	\$262.99	3.9%						
PLM or CHIP Children Aged 1-5							\$55.44	\$52.40	5.8%						
PLM or CHIP Children Aged 6-18							\$54.32	\$51.08	6.3%						
OHP Families							\$159.87	\$149.96	6.6%						
OHP Adults and Couples							\$267.23	\$256.30	4.3%						
AB/AD with Medicare							\$354.51	\$319.84	10.8%						
AB/AD without Medicare							\$515.37	\$481.65	7.0%						
OAA with Medicare							\$332.78	\$301.24	10.5%						
OAA without Medicare							\$595.99	\$562.66	5.9%						
SCF Children							\$106.72	\$99.66	7.1%						
Weighted Average							\$209.08	\$196.10	6.6%						

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Kaiser Foundation Health Plan, LLC abn Kaiser Permanente															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF							\$136.84	\$127.76	7.1%				\$137.91	\$132.12	4.4%
General Assistance							\$588.07	\$548.85	7.1%				\$594.58	\$558.49	6.5%
PLM Adults under 100% FPL							\$659.15	\$618.89	6.5%				\$661.98	\$642.74	3.0%
PLM Adults over 100% FPL							\$659.15	\$618.89	6.5%				\$661.98	\$642.74	3.0%
CHIP Children Aged 0-1							\$279.95	\$261.75	7.0%				\$281.43	\$274.62	2.5%
PLM Children Aged 0-1							\$279.95	\$261.75	7.0%				\$281.43	\$274.62	2.5%
PLM or CHIP Children Aged 1-5							\$56.45	\$52.61	7.3%				\$56.60	\$53.70	5.4%
PLM or CHIP Children Aged 6-18							\$55.28	\$51.23	7.9%				\$55.43	\$52.37	5.8%
OHP Families							\$163.99	\$150.61	8.9%				\$164.12	\$155.56	5.5%
OHP Adults and Couples							\$232.32	\$217.05	7.0%				\$238.98	\$225.99	5.7%
AB/AD with Medicare							\$358.13	\$320.82	11.6%				\$360.59	\$327.31	10.2%
AB/AD without Medicare							\$444.68	\$409.01	8.7%				\$448.46	\$420.52	6.6%
OAA with Medicare							\$336.06	\$302.16	11.2%				\$336.48	\$305.14	10.3%
OAA without Medicare							\$608.14	\$564.71	7.7%				\$610.00	\$578.73	5.4%
SCF Children							\$108.28	\$99.88	8.4%				\$108.52	\$101.76	6.6%
Weighted Average							\$187.63	\$173.44	8.2%				\$189.21	\$178.62	5.9%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Lane Individual Practice Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF				\$145.25	\$139.36	4.2%									
General Assistance				\$639.61	\$591.41	8.2%									
PLM Adults under 100% FPL				\$672.11	\$648.81	3.6%									
PLM Adults over 100% FPL				\$672.11	\$648.81	3.6%									
CHIP Children Aged 0-1				\$287.09	\$277.92	3.3%									
PLM Children Aged 0-1				\$287.09	\$277.92	3.3%									
PLM or CHIP Children Aged 1-5				\$56.98	\$53.96	5.6%									
PLM or CHIP Children Aged 6-18				\$55.85	\$52.65	6.1%									
OHP Families				\$167.87	\$157.32	6.7%									
OHP Adults and Couples				\$258.35	\$239.55	7.8%									
AB/AD with Medicare				\$361.26	\$325.60	11.0%									
AB/AD without Medicare				\$478.64	\$435.93	9.8%									
OAA with Medicare				\$337.41	\$305.84	10.3%									
OAA without Medicare				\$615.08	\$582.16	5.7%									
SCF Children				\$109.22	\$102.22	6.8%									
Weighted Average				\$204.43	\$191.09	7.0%									

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Marion/Polk Community Health Plan, LLC															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF							\$142.49	\$131.84	8.1%						
General Assistance							\$691.04	\$667.14	3.6%						
PLM Adults under 100% FPL							\$659.31	\$616.97	6.9%						
PLM Adults over 100% FPL							\$659.31	\$616.97	6.9%						
CHIP Children Aged 0-1							\$280.18	\$260.73	7.5%						
PLM Children Aged 0-1							\$280.18	\$260.73	7.5%						
PLM or CHIP Children Aged 1-5							\$56.40	\$52.51	7.4%						
PLM or CHIP Children Aged 6-18							\$55.24	\$51.13	8.0%						
OHP Families							\$164.03	\$150.98	8.6%						
OHP Adults and Couples							\$275.42	\$278.38	-1.1%						
AB/AD with Medicare							\$358.19	\$321.10	11.5%						
AB/AD without Medicare							\$526.04	\$509.02	3.3%						
OAA with Medicare							\$335.83	\$301.90	11.2%						
OAA without Medicare							\$607.59	\$563.54	7.8%						
SCF Children							\$108.22	\$99.73	8.5%						
Weighted Average							\$198.12	\$187.34	5.8%						

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Mid-Rogue Independent Practice Association, Inc. abn Mid-Rogue IPA															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF	\$138.39	\$129.73	6.7%												
General Assistance	\$670.53	\$659.12	1.7%												
PLM Adults under 100% FPL	\$656.57	\$628.47	4.5%												
PLM Adults over 100% FPL	\$656.57	\$628.47	4.5%												
CHIP Children Aged 0-1	\$279.28	\$267.10	4.6%												
PLM Children Aged 0-1	\$279.28	\$267.10	4.6%												
PLM or CHIP Children Aged 1-5	\$56.03	\$52.97	5.8%												
PLM or CHIP Children Aged 6-18	\$54.92	\$51.63	6.4%												
OHP Families	\$161.85	\$151.66	6.7%												
OHP Adults and Couples	\$277.76	\$260.21	6.7%												
AB/AD with Medicare	\$356.36	\$321.70	10.8%												
AB/AD without Medicare	\$510.36	\$500.19	2.0%												
OAA with Medicare	\$334.48	\$303.03	10.4%												
OAA without Medicare	\$603.40	\$569.51	6.0%												
SCF Children	\$107.70	\$100.54	7.1%												
Weighted Average	\$219.25	\$206.82	6.0%												

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Grants Pass Management Services, Inc. abn Oregon Health Management Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF	\$136.90	\$131.32	4.3%												
General Assistance	\$677.03	\$635.71	6.5%												
PLM Adults under 100% FPL	\$656.64	\$628.39	4.5%												
PLM Adults over 100% FPL	\$656.64	\$628.39	4.5%												
CHIP Children Aged 0-1	\$279.32	\$267.06	4.6%												
PLM Children Aged 0-1	\$279.32	\$267.06	4.6%												
PLM or CHIP Children Aged 1-5	\$56.03	\$52.97	5.8%												
PLM or CHIP Children Aged 6-18	\$54.92	\$51.63	6.4%												
OHP Families	\$163.65	\$153.25	6.8%												
OHP Adults and Couples	\$242.21	\$243.14	-0.4%												
AB/AD with Medicare	\$357.60	\$324.37	10.2%												
AB/AD without Medicare	\$497.97	\$467.86	6.4%												
OAA with Medicare	\$334.49	\$303.03	10.4%												
OAA without Medicare	\$603.44	\$569.50	6.0%												
SCF Children	\$107.71	\$100.54	7.1%												
Weighted Average	\$189.85	\$181.68	4.5%												

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Providence Health Plan, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF							\$138.08	\$130.89	5.5%				\$140.24	\$135.14	3.8%
General Assistance							\$688.57	\$643.82	7.0%				\$695.96	\$665.17	4.6%
PLM Adults under 100% FPL							\$661.32	\$617.99	7.0%				\$662.42	\$642.63	3.1%
PLM Adults over 100% FPL							\$661.32	\$617.99	7.0%				\$662.42	\$642.63	3.1%
CHIP Children Aged 0-1							\$284.65	\$261.45	8.9%				\$281.73	\$274.55	2.6%
PLM Children Aged 0-1							\$284.65	\$261.45	8.9%				\$281.73	\$274.55	2.6%
PLM or CHIP Children Aged 1-5							\$55.05	\$52.49	4.9%				\$56.60	\$53.70	5.4%
PLM or CHIP Children Aged 6-18							\$54.22	\$51.13	6.1%				\$55.43	\$52.37	5.8%
OHP Families							\$161.95	\$151.56	6.9%				\$165.22	\$155.71	6.1%
OHP Adults and Couples							\$273.26	\$257.65	6.1%				\$277.45	\$264.71	4.8%
AB/AD with Medicare							\$352.38	\$321.54	9.6%				\$359.84	\$325.18	10.7%
AB/AD without Medicare							\$514.19	\$480.15	7.1%				\$519.58	\$493.28	5.3%
OAA with Medicare							\$330.22	\$301.73	9.4%				\$336.43	\$305.13	10.3%
OAA without Medicare							\$593.67	\$563.38	5.4%				\$609.98	\$578.68	5.4%
SCF Children							\$106.63	\$99.72	6.9%				\$108.53	\$101.76	6.7%
Weighted Average							\$167.93	\$157.43	6.7%				\$181.77	\$172.32	5.5%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Physical Health Rates
Including Administration**

Exhibit A-1

Tuality Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF													\$133.29	\$138.53	-3.8%
General Assistance													\$663.85	\$678.95	-2.2%
PLM Adults under 100% FPL													\$662.74	\$642.65	3.1%
PLM Adults over 100% FPL													\$662.74	\$642.65	3.1%
CHIP Children Aged 0-1													\$281.92	\$274.56	2.7%
PLM Children Aged 0-1													\$281.92	\$274.56	2.7%
PLM or CHIP Children Aged 1-5													\$56.60	\$53.70	5.4%
PLM or CHIP Children Aged 6-18													\$55.43	\$52.37	5.9%
OHP Families													\$163.75	\$153.70	6.5%
OHP Adults and Couples													\$280.26	\$294.18	-4.7%
AB/AD with Medicare													\$358.51	\$323.97	10.7%
AB/AD without Medicare													\$504.44	\$512.23	-1.5%
OAA with Medicare													\$336.43	\$305.14	10.3%
OAA without Medicare													\$610.07	\$578.71	5.4%
SCF Children													\$108.54	\$101.76	6.7%
Weighted Average													\$179.87	\$177.40	1.4%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Statewide MHO Rates			
Eligibility Category	02/03	01/02	% Change
TANF	\$16.88	\$16.10	4.8%
General Assistance	\$203.56	\$194.14	4.8%
PLM Adults under 100% FPL	\$5.60	\$5.34	4.9%
PLM Adults over 100% FPL	\$5.60	\$5.34	4.9%
CHIP Children Aged 0-1	\$0.02	\$0.02	4.8%
PLM Children Aged 0-1	\$0.03	\$0.02	4.8%
PLM or CHIP Children Aged 1-5	\$12.41	\$11.83	4.9%
PLM or CHIP Children Aged 6-18	\$12.33	\$11.76	4.9%
OHP Families	\$9.98	\$9.52	4.8%
OHP Adults and Couples	\$26.51	\$25.28	4.9%
AB/AD with Medicare	\$134.71	\$124.27	8.4%
AB/AD without Medicare	\$115.65	\$110.30	4.8%
OAA with Medicare	\$10.15	\$9.37	8.4%
OAA without Medicare	\$44.36	\$42.31	4.9%
SCF Children	\$131.31	\$125.23	4.8%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Accountable Behavioral Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF							\$16.90	\$16.16	4.6%	\$16.90	\$16.09	5.1%			
General Assistance							\$203.94	\$195.32	4.4%	\$203.85	\$193.76	5.2%			
PLM Adults under 100% FPL							\$5.61	\$5.36	4.6%	\$5.60	\$5.33	5.1%			
PLM Adults over 100% FPL							\$5.61	\$5.36	4.6%	\$5.60	\$5.33	5.1%			
CHIP Children Aged 0-1							\$0.02	\$0.02	4.8%	\$0.02	\$0.02	4.8%			
PLM Children Aged 0-1							\$0.03	\$0.02	4.8%	\$0.03	\$0.02	4.8%			
PLM or CHIP Children Aged 1-5							\$12.41	\$11.84	4.8%	\$12.41	\$11.83	4.9%			
PLM or CHIP Children Aged 6-18							\$12.34	\$11.79	4.6%	\$12.34	\$11.75	5.0%			
OHP Families							\$10.01	\$9.59	4.3%	\$10.00	\$9.50	5.3%			
OHP Adults and Couples							\$26.58	\$25.51	4.2%	\$26.56	\$25.21	5.4%			
AB/AD with Medicare							\$134.87	\$124.75	8.1%	\$134.83	\$124.12	8.6%			
AB/AD without Medicare							\$115.88	\$111.03	4.4%	\$115.83	\$110.06	5.2%			
OAA with Medicare							\$10.16	\$9.39	8.2%	\$10.16	\$9.36	8.6%			
OAA without Medicare							\$44.38	\$42.36	4.8%	\$44.37	\$42.29	4.9%			
SCF Children							\$123.05	\$117.03	5.1%	\$123.03	\$116.61	5.5%			

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Multnomah CAAPCare															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF													\$16.89	\$16.12	4.7%
General Assistance													\$203.67	\$194.59	4.7%
PLM Adults under 100% FPL													\$5.60	\$5.35	4.7%
PLM Adults over 100% FPL													\$5.60	\$5.35	4.7%
CHIP Children Aged 0-1													\$0.02	\$0.02	4.8%
PLM Children Aged 0-1													\$0.03	\$0.02	4.8%
PLM or CHIP Children Aged 1-5													\$12.41	\$11.83	4.8%
PLM or CHIP Children Aged 6-18													\$12.33	\$11.77	4.8%
OHP Families													\$9.99	\$9.55	4.6%
OHP Adults and Couples													\$26.53	\$25.37	4.6%
AB/AD with Medicare													\$134.76	\$124.45	8.3%
AB/AD without Medicare													\$115.72	\$110.58	4.7%
OAA with Medicare													\$10.16	\$9.38	8.3%
OAA without Medicare													\$44.37	\$42.33	4.8%
SCF Children													\$137.19	\$130.65	5.0%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Clackamas County Mental Health															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF										\$16.90	\$16.11	4.9%	\$16.89	\$16.12	4.8%
General Assistance										\$203.99	\$194.27	5.0%	\$203.68	\$194.58	4.7%
PLM Adults under 100% FPL										\$5.61	\$5.34	5.0%	\$5.60	\$5.35	4.7%
PLM Adults over 100% FPL										\$5.61	\$5.34	5.0%	\$5.60	\$5.35	4.7%
CHIP Children Aged 0-1										\$0.02	\$0.02	4.8%	\$0.02	\$0.02	4.8%
PLM Children Aged 0-1										\$0.03	\$0.02	4.8%	\$0.03	\$0.02	4.8%
PLM or CHIP Children Aged 1-5										\$12.41	\$11.83	4.9%	\$12.41	\$11.83	4.8%
PLM or CHIP Children Aged 6-18										\$12.34	\$11.76	4.9%	\$12.33	\$11.77	4.8%
OHP Families										\$10.01	\$9.53	5.0%	\$9.99	\$9.55	4.6%
OHP Adults and Couples										\$26.59	\$25.31	5.1%	\$26.53	\$25.36	4.6%
AB/AD with Medicare										\$134.89	\$124.32	8.5%	\$134.76	\$124.45	8.3%
AB/AD without Medicare										\$115.92	\$110.38	5.0%	\$115.72	\$110.57	4.7%
OAA with Medicare										\$10.16	\$9.37	8.5%	\$10.16	\$9.38	8.3%
OAA without Medicare										\$44.38	\$42.32	4.9%	\$44.37	\$42.33	4.8%
SCF Children										\$160.29	\$148.68	7.8%	\$122.98	\$116.83	5.3%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

FamilyCare, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF													\$16.89	\$16.12	4.7%
General Assistance													\$203.68	\$194.59	4.7%
PLM Adults under 100% FPL													\$5.60	\$5.35	4.7%
PLM Adults over 100% FPL													\$5.60	\$5.35	4.7%
CHIP Children Aged 0-1													\$0.02	\$0.02	4.8%
PLM Children Aged 0-1													\$0.03	\$0.02	4.8%
PLM or CHIP Children Aged 1-5													\$12.41	\$11.83	4.8%
PLM or CHIP Children Aged 6-18													\$12.33	\$11.77	4.8%
OHP Families													\$9.99	\$9.55	4.6%
OHP Adults and Couples													\$26.53	\$25.37	4.6%
AB/AD with Medicare													\$134.76	\$124.45	8.3%
AB/AD without Medicare													\$115.72	\$110.58	4.7%
OAA with Medicare													\$10.16	\$9.38	8.3%
OAA without Medicare													\$44.37	\$42.33	4.8%
SCF Children													\$122.98	\$116.83	5.3%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Greater Oregon Behavioral Health, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF										\$16.85	\$16.02	5.1%			
General Assistance										\$202.79	\$192.46	5.4%			
PLM Adults under 100% FPL										\$5.59	\$5.31	5.2%			
PLM Adults over 100% FPL										\$5.59	\$5.31	5.2%			
CHIP Children Aged 0-1										\$0.02	\$0.02	4.8%			
PLM Children Aged 0-1										\$0.03	\$0.02	4.8%			
PLM or CHIP Children Aged 1-5										\$12.40	\$11.82	4.9%			
PLM or CHIP Children Aged 6-18										\$12.30	\$11.71	5.1%			
OHP Families										\$9.94	\$9.42	5.5%			
OHP Adults and Couples										\$26.36	\$24.96	5.6%			
AB/AD with Medicare										\$134.39	\$123.59	8.7%			
AB/AD without Medicare										\$115.17	\$109.26	5.4%			
OAA with Medicare										\$10.14	\$9.33	8.6%			
OAA without Medicare										\$44.33	\$42.23	5.0%			
SCF Children										\$122.73	\$116.25	5.6%			

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Jefferson Behavioral Health															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF	\$16.85	\$16.06	4.9%							\$16.88	\$16.10	4.9%			
General Assistance	\$202.73	\$193.25	4.9%							\$203.42	\$193.98	4.9%			
PLM Adults under 100% FPL	\$5.58	\$5.32	4.9%							\$5.60	\$5.34	4.9%			
PLM Adults over 100% FPL	\$5.58	\$5.32	4.9%							\$5.60	\$5.34	4.9%			
CHIP Children Aged 0-1	\$0.02	\$0.02	4.8%							\$0.02	\$0.02	4.8%			
PLM Children Aged 0-1	\$0.03	\$0.02	4.8%							\$0.03	\$0.02	4.8%			
PLM or CHIP Children Aged 1-5	\$12.40	\$11.83	4.9%							\$12.40	\$11.83	4.9%			
PLM or CHIP Children Aged 6-18	\$12.30	\$11.73	4.9%							\$12.32	\$11.75	4.9%			
OHP Families	\$9.94	\$9.47	4.9%							\$9.98	\$9.51	4.9%			
OHP Adults and Couples	\$26.35	\$25.11	4.9%							\$26.48	\$25.25	4.9%			
AB/AD with Medicare	\$134.36	\$123.91	8.4%							\$134.65	\$124.20	8.4%			
AB/AD without Medicare	\$115.13	\$109.74	4.9%							\$115.56	\$110.20	4.9%			
OAA with Medicare	\$10.14	\$9.35	8.4%							\$10.15	\$9.36	8.4%			
OAA without Medicare	\$44.32	\$42.27	4.9%							\$44.36	\$42.30	4.9%			
SCF Children	\$136.78	\$131.40	4.1%							\$122.91	\$116.66	5.4%			

Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration

Exhibit A-2

LaneCare															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change	02/03	01/02	% Change
TANF				\$16.91	\$16.16	4.7%									
General Assistance				\$204.21	\$195.29	4.6%									
PLM Adults under 100% FPL				\$5.61	\$5.36	4.7%									
PLM Adults over 100% FPL				\$5.61	\$5.36	4.7%									
CHIP Children Aged 0-1				\$0.02	\$0.02	4.8%									
PLM Children Aged 0-1				\$0.03	\$0.02	4.8%									
PLM or CHIP Children Aged 1-5				\$12.41	\$11.84	4.8%									
PLM or CHIP Children Aged 6-18				\$12.35	\$11.79	4.7%									
OHP Families				\$10.02	\$9.59	4.5%									
OHP Adults and Couples				\$26.63	\$25.50	4.4%									
AB/AD with Medicare				\$134.98	\$124.74	8.2%									
AB/AD without Medicare				\$116.05	\$111.01	4.5%									
OAA with Medicare				\$10.17	\$9.39	8.3%									
OAA without Medicare				\$44.39	\$42.36	4.8%									
SCF Children				\$128.66	\$123.11	4.5%									

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Mid-Valley Behavioral Care Network															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF							\$16.90	\$16.09	5.0%	\$16.90	\$16.08	5.1%			
General Assistance							\$203.81	\$193.95	5.1%	\$203.81	\$193.62	5.3%			
PLM Adults under 100% FPL							\$5.60	\$5.34	5.0%	\$5.60	\$5.33	5.1%			
PLM Adults over 100% FPL							\$5.60	\$5.34	5.0%	\$5.60	\$5.33	5.1%			
CHIP Children Aged 0-1							\$0.02	\$0.02	4.8%	\$0.02	\$0.02	4.8%			
PLM Children Aged 0-1							\$0.03	\$0.02	4.8%	\$0.03	\$0.02	4.8%			
PLM or CHIP Children Aged 1-5							\$12.41	\$11.83	4.9%	\$12.41	\$11.83	4.9%			
PLM or CHIP Children Aged 6-18							\$12.34	\$11.75	5.0%	\$12.34	\$11.74	5.1%			
OHP Families							\$10.00	\$9.51	5.1%	\$10.00	\$9.49	5.3%			
OHP Adults and Couples							\$26.55	\$25.24	5.2%	\$26.55	\$25.18	5.5%			
AB/AD with Medicare							\$134.82	\$124.19	8.6%	\$134.81	\$124.06	8.7%			
AB/AD without Medicare							\$115.80	\$110.18	5.1%	\$115.80	\$109.98	5.3%			
OAA with Medicare							\$10.16	\$9.36	8.5%	\$10.16	\$9.36	8.6%			
OAA without Medicare							\$44.37	\$42.30	4.9%	\$44.37	\$42.29	4.9%			
SCF Children							\$123.01	\$116.66	5.4%	\$123.01	\$116.57	5.5%			

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Providence Behavioral Health Connections															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF													\$16.89	\$16.12	4.8%
General Assistance													\$203.69	\$194.59	4.7%
PLM Adults under 100% FPL													\$5.60	\$5.35	4.7%
PLM Adults over 100% FPL													\$5.60	\$5.35	4.7%
CHIP Children Aged 0-1													\$0.02	\$0.02	4.8%
PLM Children Aged 0-1													\$0.03	\$0.02	4.8%
PLM or CHIP Children Aged 1-5													\$12.41	\$11.83	4.8%
PLM or CHIP Children Aged 6-18													\$12.33	\$11.77	4.8%
OHP Families													\$9.99	\$9.55	4.6%
OHP Adults and Couples													\$26.53	\$25.37	4.6%
AB/AD with Medicare													\$134.76	\$124.45	8.3%
AB/AD without Medicare													\$115.73	\$110.57	4.7%
OAA with Medicare													\$10.16	\$9.38	8.3%
OAA without Medicare													\$44.37	\$42.33	4.8%
SCF Children													\$173.22	\$165.09	4.9%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Mental Health Rates
Including Administration**

Exhibit A-2

Tuality Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	02/03	01/02	% Change	02/03	01/02	% Change									
TANF													\$16.89	\$16.12	4.8%
General Assistance													\$203.69	\$194.58	4.7%
PLM Adults under 100% FPL													\$5.60	\$5.35	4.7%
PLM Adults over 100% FPL													\$5.60	\$5.35	4.7%
CHIP Children Aged 0-1													\$0.02	\$0.02	4.8%
PLM Children Aged 0-1													\$0.03	\$0.02	4.8%
PLM or CHIP Children Aged 1-5													\$12.41	\$11.83	4.8%
PLM or CHIP Children Aged 6-18													\$12.33	\$11.77	4.8%
OHP Families													\$9.99	\$9.55	4.6%
OHP Adults and Couples													\$26.53	\$25.36	4.6%
AB/AD with Medicare													\$134.76	\$124.45	8.3%
AB/AD without Medicare													\$115.73	\$110.57	4.7%
OAA with Medicare													\$10.16	\$9.38	8.3%
OAA without Medicare													\$44.37	\$42.33	4.8%
SCF Children													\$122.98	\$116.83	5.3%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Dental Rates
Including Administration**

Exhibit A-3

Statewide DCO Rates			
Eligibility Category	02/03	01/02	% Change
TANF	\$18.52	\$18.52	0.0%
General Assistance	\$33.69	\$33.69	0.0%
PLM Adults under 100% FPL	\$17.67	\$17.67	0.0%
PLM Adults over 100% FPL	\$17.67	\$17.67	0.0%
CHIP Children Aged 0-1	\$0.09	\$0.09	0.0%
PLM Children Aged 0-1	\$0.09	\$0.09	0.0%
PLM or CHIP Children Aged 1-5	\$16.44	\$16.44	0.0%
PLM or CHIP Children Aged 6-18	\$20.23	\$20.23	0.0%
OHP Families	\$29.77	\$29.77	0.0%
OHP Adults and Couples	\$35.21	\$35.21	0.0%
AB/AD with Medicare	\$21.61	\$21.61	0.0%
AB/AD without Medicare	\$20.99	\$20.99	0.0%
OAA with Medicare	\$13.73	\$13.73	0.0%
OAA without Medicare	\$56.68	\$56.68	0.0%
SCF Children	\$16.20	\$16.20	0.0%

**Oregon Health Plan Medicaid Demonstration
Comparison of 02/03 and 01/02 Chemical Dependency Rates
Including Administration**

Exhibit A-4

Chemical Dependency Organizations			
Eligibility Category	Deschutes		
	02/03	01/02	% Change
TANF	\$4.10	\$3.91	4.8%
General Assistance	\$19.64	\$18.62	5.4%
PLM Adults under 100% FPL	\$2.85	\$2.72	4.9%
PLM Adults over 100% FPL	\$2.85	\$2.72	4.9%
CHIP Children Aged 0-1	\$0.00	\$0.00	0.0%
PLM Children Aged 0-1	\$0.00	\$0.00	0.0%
PLM or CHIP Children Aged 1-5	\$0.01	\$0.01	4.9%
PLM or CHIP Children Aged 6-18	\$1.00	\$0.96	4.9%
OHP Families	\$3.74	\$3.57	4.8%
OHP Adults and Couples	\$14.25	\$13.51	5.5%
AB/AD with Medicare	\$2.09	\$1.93	8.4%
AB/AD without Medicare	\$2.53	\$2.39	5.6%
OAA with Medicare	\$0.05	\$0.05	8.4%
OAA without Medicare	\$0.01	\$0.01	4.9%
SCF Children	\$7.11	\$6.78	4.9%

to: **Maureen King**
from: **Peter Davidson**

date: **August 1, 2002**
subject: **Prioritized List Changes**

Per your request, we have reviewed modifications to the Prioritized List of Services approved by the Health Services Commission to assess whether the changes are likely to result in an increase or decrease in costs to health plans of more than 1%. The HSC has made numerous technical changes to the List largely resulting from the annual updating of the Current Procedural Terminology and International Classification of Diseases lists.

The most significant coverage change appears to be the addition of coverage for intrathecal baclofen (ITB) therapy, which was added to Line 335 of the List and is identified using CPT codes 62360, 62361, and 62362.

Background

ITB therapy involves the implantation of a pump to deliver baclofen, an anti-spasticity drug, directly to the fluid around the spinal cord. It is used in the treatment of patients with severe spasticity that is resistant to other treatments or for those who experience unacceptable side effects from oral drug therapy. It may be used to treat patients with cerebral palsy, brain injury, multiple sclerosis, or spinal cord injury.

Methodology

We reviewed a letter and explanatory brochure written by Dr. Barry S. Russman, Director of Pediatric Neurology at Shriners Hospitals for Children-Portland, as well as a cost-benefit analysis performed by Stephen Garland, Therapy Consultant for Medtronic, the maker of the pump. We also performed Internet searches to obtain other relevant information.

Findings

According to Mr. Garland, approximately 30 OHP-eligible patients would be expected to receive the pump implant. This estimate was based on average U.S. prevalence and incidence rates applied to the OHP population. It excludes patients under 4 years of age and over 65 years of age, and takes into consideration the likelihood that the patients will be found medically qualified to receive the pump, will want to have the pump implanted, and will pass a treatment effectiveness trial.

The expected net cost of ITB therapy varies depending on the source of the estimates. Mr. Garland's estimates resulted in a net savings over five years of nearly \$40,000 per patient. These savings were the result of an expected reduction in hospital admissions and emergency room visits. However, another analysis we reviewed indicated a significant increase in costs during the first year, due to the implantation procedure and related hospital stay, without a reduction in hospital days in subsequent years. There were some offsetting savings related to reductions in oral medication and nursing home costs. The result of this analysis was an increase in annual costs of approximately \$4,000 over a five-year period.

Based on our review of available information and relying on Mr. Garland's estimate of 30 ITB therapy patients per year, we estimate that this added coverage will range from a savings of approximately \$1,200,000 per year to a cost of approximately \$120,000 per year.

Conclusions

Based on the low incidence of the procedure and uncertainty about whether it results in a cost savings or cost increase, we conclude that the cost or savings resulting from the addition of coverage for ITB therapy will be below the 1% cost threshold that requires adjustment to health plan capitation rates. Based on our review of the other changes in the prioritized list, it appears that the total impact of the changes will also be below the 1% cost threshold.

*

*

*

Please call me at 415/498-5636 or Sandi Hunt at 415/498-5365 if you have any questions regarding this memo.