

**Oregon Health Plan Medicaid Demonstration  
Capitation Rates for July 2008 through December 2008**

Region: <b>Statewide</b> Rate Group: <b>TANF Adults</b>
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**Physician**

Basic	\$75.07
Family Planning	\$1.11
Hysterectomy	\$0.65
Maternity	\$0.00
Newborn	\$0.03
Sterilization	\$0.95
<b>Subtotal</b>	<b>\$77.80</b>

**Outpatient**

Basic	\$44.77
Emergency Room	\$12.48
Family Planning	\$0.06
Hysterectomy	\$0.03
Maternity	\$0.00
Sterilization	\$0.16
<b>Subtotal</b>	<b>\$57.51</b>

**Prescription Drugs**

Basic	\$37.04
Family Planning	\$2.07
<b>Subtotal</b>	<b>\$39.11</b>

**Inpatient**

Basic	\$37.59
Family Planning	\$0.00
Hysterectomy	\$2.88
Maternity	\$0.00
Newborn	\$0.05
Sterilization	\$4.29
<b>Subtotal</b>	<b>\$44.81</b>

**Miscellaneous**

Chemical Dependency	\$10.47
DME/Supplies	\$2.15
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.40
Transportation - Ambulance	\$3.48
Vision	\$4.19
<b>Subtotal</b>	<b>\$20.69</b>

<b>Total Basic Services</b>	<b>\$239.93</b>
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**Optional Services**

Maternity Management	\$4.74
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<b>Total Services</b>	<b>\$244.67</b>
<b>Total Services with Admin</b>	<b>\$281.42</b>

**Mental Health**

Acute Inpatient	\$3.20
Alternative to IP	\$0.14
Ancillary Services	\$0.05
Assess & Eval	\$1.59
Case Management	\$1.42
Consultation	\$0.02
Evidence Based Practice	\$0.00
Family Support	\$0.01
Med Management	\$0.33
OP Therapy	\$4.20
Other OP	\$0.01
PEO	\$0.69
Phys IP	\$1.45
Phys OP	\$6.49
Support Day Program	\$0.43
Intensive Treatment Services	\$0.00
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$20.03</b>
<b>Total MH Services with Admin</b>	<b>\$23.03</b>

<b>Dental</b>	<b>\$29.42</b>
<b>Dental Services with Admin</b>	<b>\$33.83</b>

**Oregon Health Plan Medicaid Demonstration  
Capitation Rates for July 2008 through December 2008**

Region: <b>Statewide</b> Rate Group: <b>PLM Adults</b>
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**Physician**

Basic	\$103.98
Family Planning	\$4.05
Hysterectomy	\$0.16
Maternity	\$0.00
Newborn	\$0.14
Sterilization	\$4.54
<b>Subtotal</b>	<b>\$112.87</b>

**Outpatient**

Basic	\$28.04
Emergency Room	\$4.96
Family Planning	\$0.14
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.50
<b>Subtotal</b>	<b>\$33.64</b>

**Prescription Drugs**

Basic	\$23.57
Family Planning	\$2.91
<b>Subtotal</b>	<b>\$26.48</b>

**Inpatient**

Basic	\$10.34
Family Planning	\$0.00
Hysterectomy	\$0.67
Maternity	\$0.00
Newborn	\$0.42
Sterilization	\$30.61
<b>Subtotal</b>	<b>\$42.05</b>

**Miscellaneous**

Chemical Dependency	\$5.33
DME/Supplies	\$1.71
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.34
Transportation - Ambulance	\$5.85
Vision	\$3.83
<b>Subtotal</b>	<b>\$17.06</b>

<b>Total Basic Services</b>	<b>\$232.10</b>
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**Optional Services**

Maternity Management	\$32.25
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<b>Total Services</b>	<b>\$264.34</b>
<b>Total Services with Admin</b>	<b>\$304.05</b>

**Mental Health**

Acute Inpatient	\$1.42
Alternative to IP	\$0.09
Ancillary Services	\$0.00
Assess & Eval	\$0.70
Case Management	\$0.43
Consultation	\$0.01
Evidence Based Practice	\$0.00
Family Support	\$0.00
Med Management	\$0.05
OP Therapy	\$1.22
Other OP	\$0.08
PEO	\$0.69
Phys IP	\$0.31
Phys OP	\$2.23
Support Day Program	\$0.08
Intensive Treatment Services	\$0.00
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$7.32</b>
<b>Total MH Services with Admin</b>	<b>\$8.42</b>

<b>Dental</b>	<b>\$22.89</b>
<b>Dental Services with Admin</b>	<b>\$26.33</b>

**Oregon Health Plan Medicaid Demonstration  
 Capitation Rates for July 2008 through December 2008**

Region: <b>Statewide</b> Rate Group: <b>PLM, CHIP, or TANF Children Aged 0-1</b>
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**Physician**

Basic	\$111.93
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.09
Newborn	\$6.13
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$118.15</b>

**Outpatient**

Basic	\$23.71
Emergency Room	\$10.15
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.02
Sterilization	\$0.01
<b>Subtotal</b>	<b>\$33.88</b>

**Prescription Drugs**

Basic	\$11.61
Family Planning	\$0.01
<b>Subtotal</b>	<b>\$11.61</b>

**Inpatient**

Basic	\$57.47
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.06
Newborn	\$156.71
Sterilization	\$0.01
<b>Subtotal</b>	<b>\$214.25</b>

**Miscellaneous**

Chemical Dependency	\$0.01
DME/Supplies	\$2.84
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.43
Transportation - Ambulance	\$6.30
Vision	\$0.41
<b>Subtotal</b>	<b>\$9.98</b>

<b>Total Basic Services</b>	<b>\$387.88</b>
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**Optional Services**

Maternity Management	\$0.04
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<b>Total Services</b>	<b>\$387.92</b>
<b>Total Services with Admin</b>	<b>\$446.20</b>

**Mental Health**

Acute Inpatient	\$0.00
Alternative to IP	\$0.00
Ancillary Services	\$0.00
Assess & Eval	\$0.01
Case Management	\$0.01
Consultation	\$0.00
Evidence Based Practice	\$0.00
Family Support	\$0.00
Med Management	\$0.00
OP Therapy	\$0.01
Other OP	\$0.00
PEO	\$0.69
Phys IP	\$0.01
Phys OP	\$0.06
Support Day Program	\$0.00
Intensive Treatment Services	\$0.00
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$0.79</b>
<b>Total MH Services with Admin</b>	<b>\$0.91</b>

<b>Dental</b>	<b>\$0.15</b>
<b>Dental Services with Admin</b>	<b>\$0.17</b>

**Oregon Health Plan Medicaid Demonstration  
Capitation Rates for July 2008 through December 2008**

Region: <b>Statewide</b> Rate Group: <b>PLM, CHIP, or TANF Children Aged 1-5</b>
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**Physician**

Basic	\$34.27
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.01
Newborn	\$0.05
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$34.33</b>

**Outpatient**

Basic	\$17.84
Emergency Room	\$6.61
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$24.44</b>

**Prescription Drugs**

Basic	\$7.40
Family Planning	\$0.00
<b>Subtotal</b>	<b>\$7.41</b>

**Inpatient**

Basic	\$10.52
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.03
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$10.55</b>

**Miscellaneous**

Chemical Dependency	\$0.00
DME/Supplies	\$0.68
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.12
Transportation - Ambulance	\$1.30
Vision	\$0.91
<b>Subtotal</b>	<b>\$3.02</b>

<b>Total Basic Services</b>	<b>\$79.75</b>
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**Optional Services**

Maternity Management	\$0.04
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<b>Total Services</b>	<b>\$79.80</b>
<b>Total Services with Admin</b>	<b>\$91.78</b>

**Mental Health**

Acute Inpatient	\$0.03
Alternative to IP	\$0.01
Ancillary Services	\$0.00
Assess & Eval	\$0.37
Case Management	\$0.25
Consultation	\$0.01
Evidence Based Practice	\$0.00
Family Support	\$0.01
Med Management	\$0.02
OP Therapy	\$0.57
Other OP	\$0.01
PEO	\$0.69
Phys IP	\$0.13
Phys OP	\$1.50
Support Day Program	\$0.24
Intensive Treatment Services	\$0.50
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$4.33</b>
<b>Total MH Services with Admin</b>	<b>\$4.98</b>

<b>Dental</b>	<b>\$15.99</b>
<b>Dental Services with Admin</b>	<b>\$18.40</b>

**Oregon Health Plan Medicaid Demonstration  
Capitation Rates for July 2008 through December 2008**

Region: <b>Statewide</b> Rate Group: <b>PLM, CHIP, or TANF Children Aged 6-18</b>
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**Physician**

Basic	\$24.45
Family Planning	\$0.09
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.06
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$24.60</b>

**Outpatient**

Basic	\$13.94
Emergency Room	\$4.61
Family Planning	\$0.01
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$18.55</b>

**Prescription Drugs**

Basic	\$10.89
Family Planning	\$0.47
<b>Subtotal</b>	<b>\$11.36</b>

**Inpatient**

Basic	\$9.90
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.01
Sterilization	\$0.01
<b>Subtotal</b>	<b>\$9.92</b>

**Miscellaneous**

Chemical Dependency	\$1.02
DME/Supplies	\$0.49
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.06
Transportation - Ambulance	\$0.99
Vision	\$3.76
<b>Subtotal</b>	<b>\$6.33</b>

<b>Total Basic Services</b>	<b>\$70.76</b>
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**Optional Services**

Maternity Management	\$0.90
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<b>Total Services</b>	<b>\$71.66</b>
<b>Total Services with Admin</b>	<b>\$82.43</b>

**Mental Health**

Acute Inpatient	\$2.37
Alternative to IP	\$0.26
Ancillary Services	\$0.02
Assess & Eval	\$1.23
Case Management	\$1.57
Consultation	\$0.03
Evidence Based Practice	\$0.00
Family Support	\$0.03
Med Management	\$0.16
OP Therapy	\$2.85
Other OP	\$0.04
PEO	\$0.69
Phys IP	\$1.06
Phys OP	\$6.45
Support Day Program	\$0.50
Intensive Treatment Services	\$5.33
CONS Assessments	\$0.03

<b>Total MH Services</b>	<b>\$22.61</b>
<b>Total MH Services with Admin</b>	<b>\$26.01</b>

<b>Dental</b>	<b>\$20.53</b>
<b>Dental Services with Admin</b>	<b>\$23.62</b>

# Oregon Health Plan Medicaid Demonstration Capitation Rates for July 2008 through December 2008

On September 1, 2008 the statewide Capitation Rates were amended to include Graduate Medical Expenditures.

Region: <b>Statewide</b> Rate Group: <b>OHP Families</b>
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## Physician

Basic	\$67.92
Family Planning	\$0.82
Hysterectomy	\$0.46
Maternity	\$0.00
Newborn	\$0.01
Sterilization	\$0.29
<b>Subtotal</b>	<b>\$69.50</b>

## Outpatient

Basic	\$37.05
Emergency Room	\$7.76
Family Planning	\$0.04
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.01
<b>Subtotal</b>	<b>\$44.86</b>

## Prescription Drugs

Basic	\$42.58
Family Planning	\$2.14
<b>Subtotal</b>	<b>\$44.72</b>

## Inpatient

Basic	\$25.70
Family Planning	\$0.00
Hysterectomy	\$0.84
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.18
<b>Subtotal</b>	<b>\$26.72</b>

## Miscellaneous

Chemical Dependency	\$3.41
DME/Supplies	\$1.92
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.10
Transportation - Ambulance	\$2.15
Vision	\$0.61
<b>Subtotal</b>	<b>\$8.17</b>

<b>Total Basic Services</b>	<b>\$193.97</b>
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## Optional Services

Maternity Management	\$0.37
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<b>Total Services</b>	<b>\$194.34</b>
<b>Total Services with Admin</b>	<b>\$223.54</b>

## Mental Health

Acute Inpatient	\$3.45
Alternative to IP	\$0.01
Ancillary Services	\$0.03
Assess & Eval	\$0.50
Case Management	\$0.49
Consultation	\$0.00
Evidence Based Practice	\$0.00
Family Support	\$0.04
Med Management	\$0.10
OP Therapy	\$2.05
Other OP	\$0.11
PEO	\$0.69
Phys IP	\$1.06
Phys OP	\$5.44
Support Day Program	\$0.14
Intensive Treatment Services	\$0.00
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$14.09</b>
<b>Total MH Services with Admin</b>	<b>\$16.21</b>

<b>Dental</b>	<b>\$4.29</b>
<b>Dental Services with Admin</b>	<b>\$4.94</b>

# Oregon Health Plan Medicaid Demonstration Capitation Rates for July 2008 through December 2008

On September 1, 2008 the statewide Capitation Rates were amended to include Graduate Medical Expenditures.

Region: <b>Statewide</b>
Rate Group: <b>OHP Adults and Couples</b>

### Physician

Basic	\$117.35
Family Planning	\$0.14
Hysterectomy	\$0.48
Maternity	\$0.00
Newborn	\$0.03
Sterilization	\$0.04
<b>Subtotal</b>	<b>\$118.03</b>

### Outpatient

Basic	\$72.25
Emergency Room	\$14.24
Family Planning	\$0.03
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.03
<b>Subtotal</b>	<b>\$86.55</b>

### Prescription Drugs

Basic	\$101.56
Family Planning	\$0.82
<b>Subtotal</b>	<b>\$102.38</b>

### Inpatient

Basic	\$105.28
Family Planning	\$0.00
Hysterectomy	\$1.96
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.03
<b>Subtotal</b>	<b>\$107.27</b>

### Miscellaneous

Chemical Dependency	\$18.91
DME/Supplies	\$4.85
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.48
Transportation - Ambulance	\$6.24
Vision	\$1.42
<b>Subtotal</b>	<b>\$31.89</b>

<b>Total Basic Services</b>	<b>\$446.12</b>
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### Optional Services

Maternity Management	\$0.07
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<b>Total Services</b>	<b>\$446.18</b>
<b>Total Services with Admin</b>	<b>\$513.21</b>

### Mental Health

Acute Inpatient	\$7.81
Alternative to IP	\$0.57
Ancillary Services	\$0.03
Assess & Eval	\$1.03
Case Management	\$2.70
Consultation	\$0.00
Evidence Based Practice	\$0.00
Family Support	\$0.06
Med Management	\$0.28
OP Therapy	\$3.67
Other OP	\$0.05
PEO	\$0.69
Phys IP	\$2.47
Phys OP	\$8.67
Support Day Program	\$2.33
Intensive Treatment Services	\$0.00
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$30.35</b>
<b>Total MH Services with Admin</b>	<b>\$34.91</b>

<b>Dental</b>	<b>\$4.87</b>
<b>Dental Services with Admin</b>	<b>\$5.60</b>

# Oregon Health Plan Medicaid Demonstration Capitation Rates for July 2008 through December 2008

On September 1, 2008 the statewide Capitation Rates were amended to include Graduate Medical Expenditures.

Region: <b>Statewide</b>
Rate Group: <b>AB/AD with Medicare</b>

### Physician

Basic	\$21.28
Family Planning	\$0.02
Hysterectomy	\$0.04
Maternity	\$0.16
Newborn	\$0.02
Sterilization	\$0.02
<b>Subtotal</b>	<b>\$21.54</b>

### Outpatient

Basic	\$29.19
Emergency Room	\$2.95
Family Planning	\$0.00
Hysterectomy	\$0.01
Maternity	\$0.10
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$32.24</b>

### Prescription Drugs

Basic	\$9.83
Family Planning	\$0.00
<b>Subtotal</b>	<b>\$9.83</b>

### Inpatient

Basic	\$0.00
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$0.00</b>

### Miscellaneous

Chemical Dependency	\$4.62
DME/Supplies	\$17.92
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$0.00
Transportation - Ambulance	\$1.40
Vision	\$5.50
Medicare Part A Deductible	\$13.74
Medicare Part B Deductible	\$11.25
Medicare Part B Coinsurance Adjustment	(\$4.29)
<b>Subtotal</b>	<b>\$58.15</b>

<b>Total Basic Services</b>	<b>\$121.77</b>
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### Optional Services

Maternity Management	\$0.15
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<b>Total Services</b>	<b>\$121.91</b>
<b>Total Services with Admin</b>	<b>\$154.13</b>

### Mental Health

Acute Inpatient	\$2.71
Alternative to IP	\$1.93
Ancillary Services	\$0.04
Assess & Eval	\$1.47
Case Management	\$18.03
Consultation	\$0.05
Evidence Based Practice	\$0.00
Family Support	\$1.78
Med Management	\$3.53
OP Therapy	\$4.94
Other OP	\$0.02
PEO	\$0.69
Phys IP	\$6.27
Phys OP	\$9.45
Support Day Program	\$31.61
Intensive Treatment Services	\$0.00
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$82.52</b>
<b>Total MH Services with Admin</b>	<b>\$94.92</b>

<b>Dental</b>	<b>\$29.36</b>
<b>Dental Services with Admin</b>	<b>\$33.77</b>

**Oregon Health Plan Medicaid Demonstration  
Capitation Rates for July 2008 through December 2008**

On September 1, 2008 the statewide Capitation Rates were amended to include Graduate Medical Expenditures.

Region: <b>Statewide</b> Rate Group: <b>AB/AD without Medicare</b>
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**Physician**

Basic	\$140.69
Family Planning	\$0.22
Hysterectomy	\$0.36
Maternity	\$0.00
Newborn	\$0.10
Sterilization	\$0.11
<b>Subtotal</b>	<b>\$141.48</b>

**Outpatient**

Basic	\$103.90
Emergency Room	\$16.29
Family Planning	\$0.03
Hysterectomy	\$0.01
Maternity	\$0.00
Sterilization	\$0.02
<b>Subtotal</b>	<b>\$120.26</b>

**Prescription Drugs**

Basic	\$170.54
Family Planning	\$0.79
<b>Subtotal</b>	<b>\$171.33</b>

**Inpatient**

Basic	\$234.50
Family Planning	\$0.00
Hysterectomy	\$2.28
Maternity	\$0.00
Newborn	\$0.05
Sterilization	\$0.49
<b>Subtotal</b>	<b>\$237.32</b>

**Miscellaneous**

Chemical Dependency	\$7.93
DME/Supplies	\$32.57
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$7.21
Transportation - Ambulance	\$13.31
Vision	\$5.92
<b>Subtotal</b>	<b>\$74.96</b>

<b>Total Basic Services</b>	<b>\$745.34</b>
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**Optional Services**

Maternity Management	\$1.87
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<b>Total Services</b>	<b>\$747.21</b>
<b>Total Services with Admin</b>	<b>\$859.45</b>

**Mental Health**

Acute Inpatient	\$20.81
Alternative to IP	\$2.28
Ancillary Services	\$0.20
Assess & Eval	\$1.98
Case Management	\$13.58
Consultation	\$0.08
Evidence Based Practice	\$0.00
Family Support	\$1.05
Med Management	\$3.22
OP Therapy	\$6.39
Other OP	\$0.08
PEO	\$0.69
Phys IP	\$6.95
Phys OP	\$12.45
Support Day Program	\$18.41
Intensive Treatment Services	\$14.03
CONS Assessments	\$0.06

<b>Total MH Services</b>	<b>\$102.27</b>
<b>Total MH Services with Admin</b>	<b>\$117.63</b>

<b>Dental</b>	<b>\$25.56</b>
<b>Dental Services with Admin</b>	<b>\$29.40</b>

# Oregon Health Plan Medicaid Demonstration Capitation Rates for July 2008 through December 2008

On September 1, 2008 the statewide Capitation Rates were amended to include Graduate Medical Expenditures.

Region: <b>Statewide</b>
Rate Group: <b>OAA with Medicare</b>

### Physician

Basic	\$24.30
Family Planning	\$0.00
Hysterectomy	\$0.03
Maternity	\$0.00
Newborn	\$0.02
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$24.34</b>

### Outpatient

Basic	\$26.10
Emergency Room	\$2.20
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$28.30</b>

### Prescription Drugs

Basic	\$9.70
Family Planning	\$0.00
<b>Subtotal</b>	<b>\$9.70</b>

### Inpatient

Basic	\$0.00
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$0.00</b>

### Miscellaneous

Chemical Dependency	\$0.38
DME/Supplies	\$20.99
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$0.00
Transportation - Ambulance	\$2.46
Vision	\$6.37
Medicare Part A Deductible	\$24.98
Medicare Part B Deductible	\$11.25
Medicare Part B Coinsurance Adjustment	(\$2.50)
<b>Subtotal</b>	<b>\$70.20</b>

<b>Total Basic Services</b>	<b>\$132.54</b>
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### Optional Services

Maternity Management	\$0.00
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<b>Total Services</b>	<b>\$132.54</b>
<b>Total Services with Admin</b>	<b>\$164.43</b>

### Mental Health

Acute Inpatient	\$0.34
Alternative to IP	\$0.02
Ancillary Services	\$0.09
Assess & Eval	\$0.34
Case Management	\$1.33
Consultation	\$0.01
Evidence Based Practice	\$0.00
Family Support	\$0.09
Med Management	\$0.32
OP Therapy	\$0.62
Other OP	\$0.01
PEO	\$0.69
Phys IP	\$0.78
Phys OP	\$1.22
Support Day Program	\$3.04
Intensive Treatment Services	\$0.00
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$8.90</b>
<b>Total MH Services with Admin</b>	<b>\$10.23</b>

<b>Dental</b>	<b>\$17.45</b>
<b>Dental Services with Admin</b>	<b>\$20.08</b>

# Oregon Health Plan Medicaid Demonstration Capitation Rates for July 2008 through December 2008

On September 1, 2008 the statewide Capitation Rates were amended to include Graduate Medical Expenditures.

Region: <b>Statewide</b>
Rate Group: <b>OAA without Medicare</b>

### Physician

Basic	\$148.01
Family Planning	\$0.00
Hysterectomy	\$0.07
Maternity	\$0.00
Newborn	\$0.13
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$148.20</b>

### Outpatient

Basic	\$107.09
Emergency Room	\$6.54
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$113.64</b>

### Prescription Drugs

Basic	\$90.45
Family Planning	\$0.02
<b>Subtotal</b>	<b>\$90.47</b>

### Inpatient

Basic	\$221.07
Family Planning	\$0.00
Hysterectomy	\$0.26
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$221.32</b>

### Miscellaneous

Chemical Dependency	\$0.04
DME/Supplies	\$15.82
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$9.26
Transportation - Ambulance	\$6.88
Vision	\$7.42
<b>Subtotal</b>	<b>\$45.66</b>

<b>Total Basic Services</b>	<b>\$619.29</b>
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### Optional Services

Maternity Management	\$0.00
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<b>Total Services</b>	<b>\$619.29</b>
<b>Total Services with Admin</b>	<b>\$712.32</b>

### Mental Health

Acute Inpatient	\$4.33
Alternative to IP	\$0.20
Ancillary Services	\$0.41
Assess & Eval	\$0.61
Case Management	\$1.43
Consultation	\$0.00
Evidence Based Practice	\$0.00
Family Support	\$0.20
Med Management	\$0.71
OP Therapy	\$0.74
Other OP	\$0.00
PEO	\$0.69
Phys IP	\$0.75
Phys OP	\$2.45
Support Day Program	\$4.47
Intensive Treatment Services	\$0.00
CONS Assessments	\$0.00

<b>Total MH Services</b>	<b>\$17.00</b>
<b>Total MH Services with Admin</b>	<b>\$19.55</b>

<b>Dental</b>	<b>\$29.17</b>
<b>Dental Services with Admin</b>	<b>\$33.55</b>

# Oregon Health Plan Medicaid Demonstration Capitation Rates for July 2008 through December 2008

On September 1, 2008 the statewide Capitation Rates were amended to include Graduate Medical Expenditures.

Region: <b>Statewide</b> Rate Group: <b>SCF Children</b>
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### Physician

Basic	\$44.44
Family Planning	\$0.10
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.22
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$44.77</b>

### Outpatient

Basic	\$19.61
Emergency Room	\$4.20
Family Planning	\$0.04
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
<b>Subtotal</b>	<b>\$23.85</b>

### Prescription Drugs

Basic	\$31.43
Family Planning	\$1.64
<b>Subtotal</b>	<b>\$33.07</b>

### Inpatient

Basic	\$11.73
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.81
Sterilization	\$0.03
<b>Subtotal</b>	<b>\$12.58</b>

### Miscellaneous

Chemical Dependency	\$5.41
DME/Supplies	\$3.10
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.46
Transportation - Ambulance	\$1.57
Vision	\$4.39
<b>Subtotal</b>	<b>\$14.93</b>

<b>Total Basic Services</b>	<b>\$129.20</b>
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### Optional Services

Maternity Management	\$5.65
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<b>Total Services</b>	<b>\$134.84</b>
<b>Total Services with Admin</b>	<b>\$155.10</b>

### Mental Health

Acute Inpatient	\$8.23
Alternative to IP	\$3.87
Ancillary Services	\$0.01
Assess & Eval	\$3.99
Case Management	\$12.25
Consultation	\$0.39
Evidence Based Practice	\$0.00
Family Support	\$0.28
Med Management	\$0.97
OP Therapy	\$20.00
Other OP	\$0.07
PEO	\$0.69
Phys IP	\$7.10
Phys OP	\$43.06
Support Day Program	\$4.81
Intensive Treatment Services	\$76.12
CONS Assessments	\$0.27

<b>Total MH Services</b>	<b>\$182.10</b>
<b>Total MH Services with Admin</b>	<b>\$209.45</b>

<b>Dental</b>	<b>\$20.24</b>
<b>Dental Services with Admin</b>	<b>\$23.28</b>