

**OREGON HEALTH PLAN
MEDICAID DEMONSTRATION**

**Capitation Rate Development
October 2005 – December 2005**

Submitted by:

**PricewaterhouseCoopers LLP
Three Embarcadero Center
San Francisco, CA 94111**

August 2005

August 10, 2005

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

Dear Wendy:

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

We have calculated the capitation rates to be paid to contracting physical health, physician care, mental health, dental, and chemical dependency plans under the Oregon Health Plan Medicaid Demonstration for October 1, 2005 through December 31, 2005. These capitation payments are based on our previous work described in detail in our report to you entitled Analysis of Federal Fiscal years 2004-2005 Average Costs and dated November 11, 2002 and reflect coverage of services through line 530 of the prioritized list as configured for the 2005-2007 biennium.

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 Manager

**Actuarial Certification of
Proposed Oregon Health Plan Capitation Rates
October 1, 2005 through December 31, 2005**

I, Peter B. Davidson, am associated with the firm PricewaterhouseCoopers. I am a Member of the American Academy of Actuaries and meet its qualification standards to certify as to the actuarial soundness of proposed capitation rates for the period October 1, 2005 through December 31, 2005 developed for contracting managed care plans under the Oregon Medicaid program.

It is my opinion that all requirements of 42 CFR 438.6(c), with respect to the development of Medicaid managed care capitation rates, were satisfied in the development of the proposed capitation rates for contracting Medicaid managed care plans in Oregon. I believe that the capitation rates are appropriate for the populations to be covered and the services to be furnished under the contract. Detailed descriptions of the methodology and assumptions used in the development of the capitation rates are contained in the report to which this certification is attached and in the November 2002 report entitled "Analysis of Federal Fiscal Years 2004 – 2005 Average Costs."

In the development of the proposed capitation rates, I relied on enrollment, encounter, and other data provided by the Oregon Office of Medical Assistance Programs. I reviewed the data for reasonableness; however, I performed no independent verification and take no responsibility as to the accuracy of these data.

The actuarially sound rates shown in the accompanying report are a projection of future events. It may be expected that actual experience will vary from the values shown here. Actuarial methods, considerations, and analyses used in developing the proposed capitation rates conform to the appropriate Standards of Practice promulgated from time to time by the Actuarial Standards Board.

The capitation rates may not be appropriate for any specific managed care plan. Any managed care plan will need to review the rates in relation to the benefits provided. The managed care plan should compare the rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The managed care plan may require rates above, equal to, or below the actuarially sound capitation rates to which this certification is attached.



Peter B. Davidson, M.A.A.A
Member, American Academy of Actuaries

Oregon Health Plan
Summary Calculation of Capitation Rates for
October 2005 – December 2005
PricewaterhouseCoopers LLP
August 2005

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- Exhibit A-2: CMS Managed Care Rate Setting Requirements Not Addressed Elsewhere
- Exhibit A-3i: Description of Steps in Development of Statewide FCHP Rates and References
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- Exhibit A-4: OHP Standard Limited Hospital Benefit Covered Diagnosis Codes

Oregon Health Plan
Summary Calculation of Capitation Rates for
October 2005 – December 2005

PricewaterhouseCoopers LLP
August 2005

This report presents the methods used to develop the capitation rates to be paid to Fully Capitated Health Plans, Physician Care Organizations, Mental Health Organizations, Dental Care Organizations, and Chemical Dependency Organizations participating in the Oregon Health Plan Medicaid Demonstration for the contract period beginning October 1, 2005.

These methods are designed to comply with:

1. The requirements of regulations issued by the Centers for Medicare and Medicaid Services (CMS) governing the development of capitation payments for Medicaid managed care programs, and
2. Relevant Oregon statutory requirements.

The capitation rates shown in this report also include children covered under Title XXI. This report is a follow-up to our detailed report on total 2004-2005 biennial per capita costs for the program dated November 11, 2002, and provides a description of the specific methods used to develop plan-specific capitation rates from the per capita costs.

I. Governing Regulations

PricewaterhouseCoopers LLP (PwC) calculated capitation rates for the Oregon Health Plan for the period October 1, 2005 through December 31, 2005. The rates are structured to comply with CMS regulations governing the development of capitation payments for Medicaid managed care programs that apply to rates paid to health plans after August 2003. These regulations require that rates be “actuarially sound.” While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has issued a checklist that provides guidance.

The final rates will be established through signed contracts with the participating managed care plans, which will ensure that each plan concurs that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care, and that they expect to remain financially sound throughout the contract period.

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

- Data appropriate for the population to be covered by the managed care program should be used for the analysis;
- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, and health status;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;
- Medicaid fee-for-service (FFS) payment rates per unit of service are an appropriate benchmark for developing capitation rates;
- When FFS data are used for the calculations, differences in expected utilization rates between fee-for-service and managed care programs should be accounted for;
- Appropriate levels of health plan administrative costs should be included in the rates;

- Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and
- A range of appropriate rates could emerge from the rate-setting process, and an upper and lower bound may be developed.

These rates are developed to be consistent with the concepts described above. The development of the rates is described in this report and the supporting calculations are shown in the attached exhibits.

In addition to CMS guidelines, Oregon law is considered in developing the payment rates. When the base per capita costs were developed in November 2002 the rates were calculated under the expectations of Senate Bill 27, that “rates cover the cost of providing services.” A thorough description of the methods employed to meet those requirements is provided in our November 2002 report. Oregon House Bills 2511 and 3624 overturned this provision of SB27.

II. Contracting Arrangements

Oregon has modified the OHP over the past two years, and has classified the enrolled population in two groups with different benefit plans. The OHP Plus population is covered for the full range of health care services, while a limited benefit package is offered to the OHP Standard population, comprised of the OHP Families and OHP Adults & Couples eligibility categories. These eligibility categories are shown in the tables below. 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 covered physical health care services, including inpatient, outpatient, physician, prescription drug, and miscellaneous medical services. Physician Care Organization (PCO) plans contract for all services covered by FCHPs with the exception of inpatient services; a number of services may be contracted at the PCO’s option. FCHPs and PCOs 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 shown in this report represent the amounts to be paid to contracting plans. For FCHPs, PCOs, MHOs, and CDOs, separate capitation rates have been calculated for each plan, region and eligibility category (at this time, only one MCO contracts with OMAP under a PCO arrangement). Capitation rates for DCOs vary by region and eligibility category only.

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

OHP Eligibility Categories – OHP Plus	
Temporary Assistance to Needy Families (TANF)	AB/AD with Medicare
PLM Adults	AB/AD without Medicare
PLM, TANF, and CHIP Children Aged 0 < 1	OAA with Medicare
PLM, TANF, and CHIP Children Aged 1 – 5	OAA without Medicare
PLM, TANF, and CHIP Children Aged 6 – 18	SCF Children

OHP Eligibility Categories – OHP Standard	
OHP Families	OHP Adults & Couples

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

Effective February 1, 2003 the General Assistance eligibility category was temporarily suspended. We received guidance from DHS that most former GA eligibles would continue to qualify for Medicaid under AB/AD without Medicare. We blended the per capita costs for AB/AD without Medicare and GA to produce the statewide per capita costs rates for AB/AD without Medicare, which are used in the plan capitation rate development. GA eligibles will continue to be treated as AB/AD without Medicare for all analyses involved in the calculation of the October 2005 rates, and our understanding is that the ABAD without Medicare capitation rates will be paid on their behalf.

Exhibit 1a of this report shows the categories of service that are covered under the FCHP, PCO, DCO, MHO, and CDO capitation contracts, respectively. These services are covered for OHP Plus and are consistent with services covered in the data underlying the 2004-2005 per capita costs. The services covered for OHP Standard are shown in Exhibits 1b, 1c, and in Appendix Exhibit A-4.

III. Statewide Average Capitation Rates

Capitation rates for each plan are based on statewide average rates with adjustments for plan-specific adjustments reflecting geographic variations in input costs and population risk mix, where appropriate. The statewide capitation rates are developed from the 2004-2005 biennial per capita costs, with adjustments for trends and programmatic changes that occurred

between the development of the per capita costs and the capitation rates included in this report. The November 2002 report describes the methodology used to develop the biennial per capita costs in detail, and Exhibit 7-A of that report shows the biennial per capita costs for managed care enrollees.

The 2004-2005 per capita costs for managed care enrollees were developed based on encounter data provided by the managed care plans, as well as additional sources as appropriate. The methods employed in the development of the biennial per capita costs are in compliance with the CMS requirements under 42 CFR 438.6(c). Additional explanations are included in Appendix Exhibit A-2 of this report.

The following sections describe the adjustments made to develop the October 2005 statewide capitation rates from the 2004-2005 biennial per capita costs:

Changes in Covered Services

OHP2

Under the Oregon Health Plan waiver revision of October 2002 (OHP2), the OHP Families and OHP Adults/Couples (called the OHP Standard population) populations became subject to cost sharing requirements. Subsequently, a federal district court ruled that these copayments are not permitted. Additionally, the scope of benefits for this population was significantly reduced. Exhibits 1b and 1c provide a summary of the covered services for the OHP Standard population. Adjustments to the capitation rates were made to reflect the covered benefits. The development of the OHP Standard capitation rates is explained in more detail in a following section.

CMS has approved several modifications to the October 2002 waiver, including the following:

1. Institution of a limited hospital benefit for the OHP Standard population and elimination of certain optional benefits;

2. Expansion of coverage for children in families with income up to 200% of the federal poverty level; and
3. Reduction in Prioritized List coverage to Line 546 on the List as configured for the 2003-2005 biennium.

Pharmacy

Effective October 1, 2003, certain prescription drugs that had been covered on a FFS basis became the responsibility of the FCHPs and covered under their capitation payment. The change relates to the status of certain drugs, including Depakote, that were incorrectly classified under therapeutic classes 7 or 11, and therefore not considered FCHP responsibility. These drugs were placed on a “frozen drug list” until the opportunity to make the correction was available. PwC analyzed the FFS prescription drug data and calculated an adjustment to the per capita cost for prescription drugs that reflects the additional managed care cost of these drugs. The statewide per capita value of the “frozen drugs” can be found in Exhibit 2a, which are consistent with the adjustments made in developing the capitation rates currently in effect.

Effective October 1, 2005, the drug Lamictal will be removed from FCHP/PCO responsibility and paid on a FFS basis. PwC analyzed the managed care plan pharmacy data and calculated an adjustment to the prescription drugs per capita costs for the expected reduction in cost to managed care plans. The statewide per capita value of Lamictal may be found in Exhibit 2b.

Children’s Mental Health Services

Effective October 1, 2005, MHOs will assume financial responsibility for certain intensive treatment services (ITS) for children, which are currently paid on a FFS basis or via enhanced capitation rates for MHOs participating in pilot programs. While there are differences among the MHO populations in the need for these services – Psychiatric Day Treatment and Psychiatric Residential Treatment – the geographic availability of these services also varies widely. It is expected that this disparity will largely continue for the immediate future, with gradual movement to standardized levels of funding occurring over several years.

Data supplied by the Office of Mental Health and Addiction Services (OMHAS) was analyzed to determine the utilization of Day Treatment and Residential services. Historical treatment days were grouped by category of aid and responsibility (i.e., specific MHO or FFS) using eligibility information from the MMIS. OMHAS policy changes regarding future enrollment of children into residential facilities were incorporated. These policy changes fall into two major categories: 1) changes affecting which children are allowed to enroll in MHOs, and 2) changes affecting which MHO has financial responsibility for the child. For the first category of policy changes, we reassigned the utilization and eligibility data for children enrolled in an MHO and receiving Residential Treatment who would not prospectively be enrolled in MHOs to FFS. For the second category, OMHAS policy has been to transfer the enrollment of children receiving Residential Treatment to the MHO geographically closest to the facility. Under the revised policy, OMHAS will cease this practice. Therefore, we reassigned the utilization and eligibility data for any recipient of Residential Treatment outside his or her home county to the MHO covering the home county.

After these adjustments to the data, treatment days were multiplied by prospective per-day costs provided by OMHAS at the facility and service level to yield total treatment costs. Per capita costs for Psychiatric Day and Psychiatric Residential Treatment were calculated by dividing the total treatment cost by member months of eligibility for this time period. This calculation was performed separately for each category of aid.¹ The statewide per capita value of these services are shown in Exhibit 2c.

In tandem with the inclusion of ITS under their capitated responsibility, MHOs will be required to perform Certificate of Need (CONS) assessments. The historical number of assessments as well as the cost per assessment were supplied by OMHAS. We estimated the prospective number of assessments that will be performed by the MHOs based on this information and allocated the cost of these assessments to categories of aid based on the numbers of users of ITS. The allocated dollar amounts were divided by member months of eligibility to yield PMPM costs for CONS assessments. These per capita costs are shown in Exhibit 2d.

¹ The development of the per capita cost for ITS services is further detailed in our June 14, 2005 memo to Nora Leibowitz titled, "Childrens Intensive MH Services"

A new OMHAS administrative rule governing Intensive Community Based Treatment and Support (Care Coordination) Services is expected to result in a significant increase in the provision of certain mental health services to Medicaid-eligible children. Documentation from OMHAS describes two categories of additional services -- one-time services rendered at the time at which contact with the mental health delivery system begins, and ongoing services that will be provided throughout a qualifying individual's period of eligibility for Medicaid. For each of these services OMHAS provided estimates of costs and the number of additional services expected to be provided to each child. We used these estimates as well as Oregon encounter and claims data to develop the estimated per capita cost of these services.

OMHAS staff believe that the additional services will require significant time to be fully implemented. A phase-in factor of 10% of expected ultimate utilization was used to develop the estimated cost of these services for the rates effective October 1, 2005.² The statewide per capita costs for these services are shown in Exhibit 2e.

Prioritized List of Services

The per capita costs for managed care enrollees calculated in our November 2002 report are based on health plan encounter data covering services through the equivalent of line 557 of the prioritized list as configured for the 2003-2005 biennium. Subsequent to the issuance of that report, requests to reduce the coverage level by eleven lines to line 546 of the 2003-2005 list were approved by CMS. We worked with the Oregon Health Services Commission to understand and evaluate the effect of these changes on the 2003-2005 Prioritized List. Adjustment were applied to the 2004-2005 per capita costs to reflect the reduction in coverage.

The Health Services Commission (HSC) has reconfigured the prioritized list for the 2005-2007 biennium and has reduced the number of prioritized list lines from 730 to 710 due primarily to the consolidation of several of the list lines. The coverage threshold on the revised list is line 530. Based upon discussions with HSC representatives and comparisons of the lists, we

² The development of the estimated per capita cost for the Care Coordination is further detailed in our July 6, 2005 memo to Wendy Edwards titled, "Additional Childrens' MH Services"

understand this coverage level is materially similar to coverage through line 546 of the 2003-2005 list. Subsequently, the HSC periodically made numerous technical changes to the prioritized list largely resulting from annual updates of CPT (Current Procedural Terminology) and ICD-9 (International Classification of Diseases, 9th Revision) codes, and efforts to “clean up” inappropriate pairings or improperly omitted pairings of CPT and ICD-9 codes. Based on discussions with HSC and Department of Human Services (DHS) representatives, it is our understanding that the technical corrections have no impact on which services would ultimately be covered. Our assessment of these changes and any impact they may have on the capitation rates is included in Appendix Exhibit A-1.

The factors used to adjust the per capita costs from coverage through line 557 of the 2003-2005 list to coverage through line 530 on the list as configured for the 2005-2007 biennium (equivalent to line 546 on the 2003-2005 list) are shown in Exhibit 2f.

Trend Adjustment

The per capita costs developed in our November 2002 report were calculated to cover the two year time period of October 2003 through September 2005. The 2002-2005 trend rates presented in the per capita cost development have been used to extend the statewide capitation rates beyond the 2003-2005 biennium to the October 2005 – December 2005 rate period.

Trend adjustments for FCHPs, PCOs, and CDOs are calculated using the trending methodology that has been used in the development of prior capitation rates. Specifically, the trend rates that were applied in the per capita cost development are adjusted to move the projected costs from the midpoint of the two year period (October 1, 2004) to the midpoint of the contract period (November 15, 2005). The trend adjustments can be found in Exhibit 2g.

For MHOs and DCOs, statewide capitation rates were developed for the entire 2003-2005 biennium without separate trend adjustments for the first and second years. No additional trend was applied to extend the MHO and DCO capitation rates to the October 2005 – December 2005 rate period.

Pricing the Benefits Under the PCO Contracting Arrangement

The PCO contract is an at-risk arrangement in which the covered services are more limited than under the Fully Capitated Health Plan (FCHP) contract. More specifically, health plans contracted under the PCO model will not be at risk for inpatient hospital services and will assume risk for outpatient hospital and emergency room services at their option. Dental services and mental health services, except for somatic mental health services, are not included under the PCO contract. All Oregon Health Plan (OHP) covered medical services not included under the PCO contract will be covered on a fee-for-service basis. Exhibit 1a shows the covered, optional, and non-covered services under the PCO arrangement.

To develop the PCO rates we began with the same experience data underlying the FCHP capitation rates. Adjustments were made to reflect the services covered under the PCO contract and expected differences in utilization resulting from the elimination of health plan risk for certain services.

We used the October 2005 – December 2005 statewide FCHP utilization and unit cost assumptions as the starting point for pricing the PCO rates. A significant risk in a partial capitation model, such as the PCO model, is that an incentive is created for the health plan to shift the delivery of services from a setting in which the services would be covered under the capitation to a setting in which the services would be covered on a fee-for-service basis. In particular, under the PCO arrangement, there is incentive to shift the provision of services to an inpatient hospital setting if outpatient hospital services are included as a capitated responsibility, or to any hospital setting if they are not. Kaiser Permanente Oregon Plus, LLC (Kaiser) is the only health plan participating in the PCO at this time, and they have elected to cover outpatient hospital and emergency room services. With the assumption that delivery of certain services is likely to shift from an outpatient to inpatient hospital setting, we reduced the outpatient hospital per capita costs by 5% for each rate group. Based on the experience of the PCO program in the late 1980s and early 1990's in Oregon, as well as the experience of implementing modified payment arrangements in numerous settings, we believe there may be a 5% to 15% shift in costs from outpatient to inpatient hospital. The 5% adjustment provides the lowest potential shift,

in part due to the closed structure of the Kaiser's delivery system. Delivery systems that rely on a more open network would be expected to show a greater shift in site of service.

Maternity Case Rate

Maternity services are paid on a case rate basis rather than via capitation. The case rate covers prenatal care, professional services related to pregnancy and delivery, and hospital services arising from the delivery. Payment is made to the plan upon completion of the pregnancy. The per capita value of maternity services have been removed from the statewide capitation rates.

The maternity case rate was developed in the following manner:

1. DHS staff determined the criteria used for identifying deliveries in the encounter data (a case rate payment is made to a health plan upon delivery);
2. PwC identified all deliveries in the encounter data underlying the per capita costs that matched the criteria;
3. Cases were defined as the period beginning 32 weeks prior to delivery and ending 8 weeks after. If an enrollee has multiple cases during the data period analyzed for the per capita cost development, the case begin and end dates are adjusted as necessary to prevent overlap of cases.
4. The total maternity dollars associated with the identified maternity cases were trended to the effective period and divided by the count of cases to produce the unadjusted maternity case rates;
5. A portion of the services mapped to the maternity service categories remain as part of the FCHP and PCO capitation rates because the criteria used to map encounters to service categories captures some services incurred by recipients who do not ultimately deliver. The maternity portion of the capitation rate was accordingly reduced for the amount of the per capita cost redirected to the maternity case rate.

The maternity case rate is uniform for all eligibility categories and varies by FCHP only for differences in geographic input costs. The development of the FCHP maternity case rates is shown in Exhibit 2h.

The PCO maternity case rate was based on the maternity case rate for FCHPs, but excludes the inpatient hospital component. Consistent with the PCO capitation rate development, we applied the 5% reduction to the outpatient hospital component to recognize the expected shift in services toward a non-capitated setting and also applied trend adjustments to project the rates to the effective period. We provide the outpatient hospital and professional components of the maternity case rate separately. If the PCO contractor chooses not to be at risk for outpatient hospital services, only the professional component of the maternity case rate would be paid. Exhibit 2i shows the development of the statewide PCO maternity case rate.

Changes in Underlying Provider Reimbursement

Consistent with the FY2004 rates, a reduction of 28% in funding for DRG hospitals (calculated to result in a 24% reduction in funding for all hospitals) relative to the per capita costs presented in our November 2002 report was maintained in the development of the October 2005 rates. No other changes in reimbursement were assumed beyond that represented in the unit cost component of the trend adjustments.

Pricing the ABAD and OAA with Medicare Benefits

Consistent with recent capitation rates, PwC used simplifying assumptions for pricing the dual eligible benefit, since the precise application of Medicare payment provisions is extremely complex. The simplifying assumptions and pricing methodology are described below.

1. **The capitation rates, prior to the adjustment to reflect Medicare liability for dual eligibles, fund all Medicare Part B services, including outpatient hospital, at Medicare allowable levels.** We believe this assumption is reasonable for professional services since the CCRs were generally developed using Medicare allowable amounts as the base. For outpatient hospital, reimbursement was targeted at hospital costs as reported in the cost reports. Determination of Medicare allowable reimbursement for outpatient

hospital services is complicated due to incomplete reporting of procedure codes in the encounter data necessary for calculation of Medicare Ambulatory Payment Classification (APC) payment amounts. Funding for Durable Medical Equipment was also based on Medicare allowable amounts.

2. **For Part A services, only the Medicare deductible applies, and the deductible applies to each hospital admission.** That is, patient liability for copayments for lengths of stay over 60 days and exhaustion of lifetime reserve days are ignored. Additionally, the waiver of deductibles and copayments for admissions occurring within the same benefit period (a benefit period ends when the patient has not received hospital or skilled nursing care for 60 days in a row) has been ignored.
3. **Every person will satisfy the Part B deductible.** While it is unlikely all dual eligibles will satisfy the deductible, the vast majority will do so given the low value of the deductible and the typical health status of the dual eligible population.
4. **Each service category (OMAP bucket) can be cleanly categorized as Medicare Part A, Part B, or not covered by Medicare.** Clearly, some service categories represent a mix of Part A and Part B claims, but we believe the assumption is generally reasonable and results in limited error in the calculation.
5. **Medicare coverage of certain outpatient prescription drugs (some antigens, osteoporosis drugs, Epogen, hemophilia clotting factors, injectibles, immunosuppressives, oral cancer drugs, oral anti-nausea drugs) was considered immaterial to the rate development, and rates were not adjusted to reflect this coverage.** Detailed pricing and adjudication of these particular services is complex and time consuming and would have only a nominal effect on the final rates.
6. **Certain services, such as DME, are subject to variable copayments. The average copayment for these types of service is difficult to determine. The standard Part B coinsurance was used in these instances.**
7. **The per capita value of copayments for skilled nursing facility stays is immaterial.** Copayments are required for days 21-100 of a

SNF stay. We believe that SNF costs are primarily categorized in the “Post Hospital Extended Care” bucket. Upon analysis of the encounter data, we found that the data quality prevented us from accurately determining lengths of stay in SNFs; thus preventing us from accurately applying copayments. Further, the per capita costs in this bucket were relatively small at \$0.29 and \$0.25 for ABAD with Medicare and OAA with Medicare, respectively. Consequently, we believe omission of SNF copayments will not materially affect the rates.

Pricing Methodology

With the assumptions described above, the procedure used to develop the revised dual eligible capitation rates can be summarized as follows:

1. Begin with projected October 2005 – December 2005 statewide capitation rates by bucket (service category) valued using the same CCRs used for all other eligibility groups.
2. Designate each bucket as Part A, Part B, or not covered by Medicare and assign appropriate coinsurance rates.
3. Multiply the results of Step 1 and Step 2 by bucket to determine FCHP liability by bucket.
4. Add the estimated value of the Part A and Part B deductibles. For the Part A deductible, we determined the number of admissions in the encounter data and applied utilization trend and IBNR adjustments. The projected admissions were applied to a calendar year 2005 Part A deductible of \$912. Under the assumption that everyone satisfies the Part B deductible, the monthly per capita value of the Part B deductible is \$110 divided by 12 months. A final adjustment reflects the fact that the Part B coinsurance amounts calculated in Step 3 for each bucket do not reflect the Part B deductible that must first be satisfied.

Pricing the OHP Standard Benefit

As directed by the 2003 Legislature under House Bill 2511, the OHP Standard benefit package has been redefined. The primary features of the benefit package are the following:

- A limited hospital benefit covering only emergent and urgent conditions, certain conditions if prior authorized, and certain diagnostic services;
- Reductions to certain optional Medicaid services, such as EPIV and medical supplies;
- Exclusion of certain optional Medicaid services.
- Comprehensive mental health and substance abuse benefits; and
- A limited dental benefit.

Exhibits 1b, 1c, and Appendix A-4 show more detailed listings of the covered benefits for OHP Standard, as provided by OMAP.

To estimate the value of the revised benefit package at the statewide level, we applied the detailed definitions of benefit limitations and exclusions prepared by OMAP (as described and defined in Exhibits 1b, 1c, and Appendix A-4) to the historical encounter data underlying the 2004-2005 per capita costs. We made further adjustments to reflect reductions in the utilization of services expected to be actually realized, anticipated shifts in the settings in which services will be provided, and changes in the mix of providers or service types. The following sections describe the development of the adjustments for each of the major benefit categories:

Hospital

OMAP prepared a list of diagnosis codes considered as emergent and urgent conditions, and therefore, covered under the OHP Standard benefit package. Additionally, certain other diagnoses are covered if prior authorized by OMAP. OMAP staff estimated that prior authorization activities would reduce costs 20% on those cases. Services rendered in the initial evaluation and diagnosis of a condition in a hospital setting are fully covered.

The list of covered services is publicly available to all OHP Standard providers and members. We do not believe the full value of savings calculated strictly by applying the list to historical encounter data will be realized, since providers can be expected to modify diagnostic coding practices to some degree in order for their patients' services to be covered.

To develop cost adjustments resulting from the limited hospital benefit, we modeled the utilization reduction using the encounter data and OMAP’s diagnosis code list. We then used actuarial judgment to estimate realized reductions in costs. The expected changes in hospital costs, relative to gross costs, are shown in column I of Exhibits 2j (non-PCO) and 2k (PCO) for OHP Families and OHP Adults and Couples.

Other Services

For all other services, we followed the same methodology as for hospital with the difference that OMAP defines the benefit using CPT-4 procedure or HCPC codes rather than diagnosis codes. In addition to estimating reductions in cost due to benefit limitations on these services, we also estimated reductions in costs for services related to hospitalizations (e.g., reduction in surgeon and anesthesia costs) and increases in costs due to shifts in services from hospital to non-hospital settings. These adjustments are shown in columns I and J of Exhibits 2j (non-PCO) and 2k (PCO) for OHP Families and OHP Adults and Couples.

Hysterectomy/Sterilization Recoupments

OMAP recoups from FCHPs a fixed dollar amount for hysterectomies and sterilizations that do not meet the required consent and documentation criteria. The recoupment amounts are shown in the following table.

Hysterectomy/Sterilization Recoupment	
SERVICE	RECOUPMENT
Hysterectomy	\$5,327
Sterilization – Female	\$1,497
Sterilization – Male	\$479

Administration Cost Allowance

An administration cost allowance of 8% has typically been included in all of the capitation rates. This amount is intended to cover the costs of

administering a mature managed care program that already has information systems in place. Additional costs associated with plan start-up or with marketing individual plans are not intended to be covered by the 8% administrative cost allowance. We reviewed plan financial reports and confirmed that, on average, reported administrative costs ranged around 8%. Administrative requirements were added effective May 1, 2004; consequently, the allocation for managed care plan administrative costs was changed to 13.34% for FCHPs, PCOs, MHOs, DCOs and the CDO.

Statewide Average Capitation Rates

Exhibit 2j shows the application of the adjustments to the 2004-2005 per capita costs to develop the statewide average capitation rates for FCHPs, MHOs, DCOs, and CDOs. These rates form the basis of the plan-specific rates. Appendix A-3i provides a description of each of the steps and a source reference. Similarly, Exhibit 2k shows the development of statewide PCO base rates, and Appendix A-3ii provides a description of each of the steps and a source reference for the PCO rate development.

The adjustments applied in the development of the plan-specific rates are described in the following sections. Exhibit 2l shows, by eligibility group, the adjustment factors that are applied to the statewide capitation rates for each service category.

IV. Plan-Specific FCHP Capitation Rates

Capitation rates for FCHPs are based on the statewide average capitation rates for each eligibility category, modified for certain plan-specific features, including geographic coverage area, 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.

In the development of each of the adjustment factors described in this report, plan configurations and service areas known as of June 30, 2005 are used. In situations where members of a managed care 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, 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 the capitation rates currently in effect, October 1, 2004 for OHP Plus and May 1, 2005 for OHP Standard, are shown in Exhibit 3g. Similar information for the PCO is shown in Exhibit 3h.

Geographic Adjustments

The starting average capitation rate is based on projected costs 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 are treated 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.

Since maternity services are paid on a case rate basis, separate geographic factors were developed for maternity and non-maternity services. The non-maternity geographic factors are applied to the non-maternity hospital services to develop the plan-specific capitation rates. The maternity

geographic factors are used in the development of the plan-specific maternity case rates.

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

1. An analysis of hospital claims data showed that out-of-area hospital admissions often exhibit higher case mix and related higher cost per day than in-area admissions. Consequently, an algorithm was applied to segregate these admissions in instances where cost differences would be expected. 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 reported room and board unit totals that differed substantially from the length of stay calculated using admission 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 the Medicaid hospital cost reports used to develop the 2003-2005 per capita costs. In most cases these represented 1999 cost reports; some hospital's reports were for other years when the 1999 report was not available or a more recent report had been audited. Each hospital was identified as being a Type A, a Type B, a Type C, or a DRG hospital. Type C hospitals are not Type A or Type B hospitals, are located in remote areas greater than 60 miles from the nearest acute care hospital, receive graduate medical education payments for their Medicaid fee-for-service admissions directly from OMAP, and are generally treated as DRG hospitals. For development of the geographic factors, the only hospital identified as Type C was Merle West Medical Center. A special reclassification of Bay Area Hospital's wage index increased Bay Area Hospital's inpatient cost per day used in the calculations by approximately 11%, and their outpatient cost per visit by approximately 9.3%. All average costs per day for DRG hospitals were reduced by 28% due to the changes in underlying provider reimbursement described previously in this report;
6. Each hospital was assigned a cost per day value. For Type A and Type B hospitals the detailed information from the 1999 cost reports was used to determine the value. For DRG hospitals the value was determined based on the statewide average cost per day for all DRG hospitals multiplied by a geographic factor calculated using CMS Diagnosis Related Group payment factors. A separate calculation is made for Merle West hospital to recognize the teaching costs associated with that hospital. The CMS DRG factors have been updated using Oregon specific factors to be in effect for FY 2005;
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 and by eligibility category and expected utilization by eligibility category;
11. For each FCHP and region, we calculated the average cost per day using the distribution of members by county as of May 2005 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 Medicaid 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. Visits solely to receive laboratory and/or radiology services in an outpatient hospital setting are excluded from the calculations.

For type A and B hospitals, the calculation of the outpatient cost per visit includes a corridor of $\pm 25\%$ around the statewide average cost per visit for DRG hospitals. If the cost for a given hospital is outside that allowable corridor, the cost per visit 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. Separate geographic factors are developed and applied for maternity services to recognize the particular mix of hospitals used for these services. Geographic factors for maternity services are shown in Exhibits 3e and 3f, which summarize the calculation of the plan-specific maternity case rates.

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 TANF, OHP Adults & Couples, OHP Families, Children 1-5, Children 6-18, and AB/AD without Medicare groups. Due to concerns about the incompleteness of encounters for Medicaid recipients who are eligible for both Medicare and Medicaid (Dual Eligibles), particularly for encounters for which Medicare would pay the entire amount, the risk adjustment scores calculated for AB/AD with Medicare and OAA with Medicare were not applied. For AB/AD with Medicare, the risk adjustment scores for AB/AD without Medicare were used to adjust the capitation rates. For OAA without Medicare eligibility group, no risk adjustment was applied since the small size of the population results in non-credible CDPS scores.

For the Children 0-1 category, an adjustment (described below under “Newborn Adjustment”) considering the relative propensity of plans to enroll infants at birth, and thus be responsible for initial, often expensive, service costs was developed. It was felt that for this population this adjustment more appropriately reflected expected cost differences between plans than the CDPS risk adjustment. Therefore, no CDPS risk adjustment was applied.

The CDPS system uses an array of 66 disease categories along with projected cost factors for each to evaluate the relative risk experienced among health plans. For the rates effective October 1, 2005, we applied CDPS version 2.0 based on Oregon encounter data. Relative cost weights were developed based on data for the period July 1, 1999 through June 30, 2001. These weights replaced the national weights used in earlier analyses. This version of CDPS incorporates:

- Virtually all current and former diagnosis codes in the ICD-9 coding system;
- 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;
- Imposition of a 3-month minimum length of OHP eligibility in order for an individual to be included in the calculation; and
- No weight assigned to the pregnancy-delivered indicator to accommodate the removal of the maternity portion of the capitation rates.

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 and is not impacted by health plan or whether claims were incurred in the fee-for-service system or under managed care.

OHP Plus Eligibility Groups

Data used to determine CDPS “scores” for each plan include encounter data and FFS data provided by OMAP covering October 2002 through September 2004 dates of service. Separate calculations were performed for the period October 2002 – September 2003 (first year) and the period October 2003 – September 2004 (second year). The first and second year scores were then averaged to produce a final score. The purpose of the two-year calculation is to reduce the volatility of risk scores, particularly for smaller plans.

Since some members move between eligibility categories, the next step in our analysis is to allocate each enrollee's expected cost, as a function of his or her disease history, to the various 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. Using these member month weights, a person's risk profile is allocated to each aid category.

The CDPS scores that result from this process show variation between plans that may not be due solely to health status of enrolled members, but may also be attributable to data issues, such as under-reporting of encounters from capitated providers. For this reason, OMAP has implemented a floor of 0.85 on calculated risk adjustment scores. To implement the floor, the scores of those plans that are below 0.85 are moved to the floor value and the other plans' scores are adjusted by a factor such that the weighted average of all plans' scores equals 1.0. Exhibit 3b shows the final OHP Plus CDPS scores after application of the 0.85 floor.

OHP Standard Eligibility Groups

The OHP Standard delivery system has experienced significant volatility since February 2003. Many plans dropped coverage for the OHP Standard population at this time, and one plan dropped OHP Standard coverage in April 2004. The covered services were in a state of flux, and in particular, clients with mental health or substance abuse treatment needs had little incentive to continue in the OHP. Additionally, member cost sharing was implemented and subsequently eliminated; it is possible that members may have foregone services. Mental Health and Chemical Dependency benefits were restored to OHP Standard members in August 2004 and the Standard population size began to stabilize in early 2005.

The CDPS analysis for OHP standard is based on one year of claims and encounter data (October 2003 – September 2004). Additionally, we attributed each individual's risk score to the plan in which they were enrolled based on the most current information available, which was May 2005 for this analysis. Individuals not enrolled as of this date do not contribute to the relative risk scores of each plan. This approach is similar to that used in developing the April 1, 2005 OHP Standard rates. We also continue to apply a floor of 0.85 and a ceiling of 1.20 in developing the final

OHP Standard risk adjustment factors. Exhibit 3b shows the final OHP Standard CDPS scores after application of the floor and ceiling.

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. Risk adjustment factors were calculated for each plan, region, and eligibility category. 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, 2003 – September 30, 2004.
2. These treatment months are divided by corresponding member months of eligibility to determine a Methadone rate per 1,000 members.
3. Using TANF as an example, Methadone relative prevalence factors are developed for each plan by dividing each plan/region's TANF rate per 1,000 members by the overall average TANF rate per 1,000 members. 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 the contract period, 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. For OHP Standard, Chemical Dependency treatment was not a covered service for 10 of the 12 months used to identify Methadone utilization, and the number of treatment months recorded in the data is accordingly very small. Risk scores calculated on the basis of the very limited OHP Standard

methadone data available may not be indicative of future risk borne by the contracting MCOs. Therefore, all plans receive a Methadone risk score of 1.0 for these eligibility groups.

5. The Methadone utilization factors are applied to the Chemical Dependency – Methadone service category. Other Chemical Dependency service categories receive the CDPS risk adjustment. The Methadone and CDPS factors are blended using the portion of Chemical Dependency costs related to each service category as developed in our November 2002 per capita cost report. The resulting Chemical Dependency adjustment factors are shown in Exhibit 3c.

Newborn Adjustment

The Newborn Adjustment is applied to the statewide average capitation rates for Children 0-1 to adjust for the relative propensity of plans to enroll infants at birth. Since the first days of an infant's life tend to be relatively expensive and since infants not born into a plan cannot be enrolled until after they are discharged from the hospital, the enrollment differences can have a significant effect on the expected cost to each plan.

We identified newborns born into plans by determining whether their date of birth equaled their date of enrollment in the plan. We then segregated the costs and member months for infants born into plans versus those not born into plans and calculated the relative per capita costs. Based upon the data underlying these capitation rates, we determined that infants born into plans were approximately 2.3 times as expensive on a per capita basis as those who were not. Using the October 2003 – September 2004 distribution of member months by plan between infants born into and not born into plans, and the aforementioned cost relationship, we calculated adjustment factors for each plan. These factors are shown in Exhibit 3d, and are applied in lieu of CDPS risk adjustments for the Children 0-1 eligibility category.

Optional Services

Maternity management is an optional responsibility for FCHPs; those choosing to provide maternity management receive an additional capitation amount that varies by eligibility category. Cascade Comprehensive Care is the only plan that elected to provide the optional maternity management service for the rates effective October 1, 2005.

Plan-Specific FCHP Capitation Rates

The plan-specific FCHP capitation rates calculated using the statewide average capitation rates from Exhibit 2j and the adjustments described above are shown in Exhibit 3g. This exhibit also shows comparisons to the capitation rates currently in effect, rates effective October 1, 2004 for OHP Plus and May 1, 2005 for OHP Standard .

V. Plan-Specific PCO Capitation Rates

At this time, Kaiser is the only contracted PCO. Kaiser's service area consists of Clackamas, Multnomah, Marion, and Polk counties. Capitation rates were developed using the standard rate regions applied by OMAP for its FCHP capitation rates; therefore, separate Kaiser capitation rates were developed for the Tri-county (which includes Clackamas and Multnomah counties) and LBMPY (Linn, Benton, Marion, Polk, and Yamhill counties) regions.

Geographic Adjustments

To develop the plan-specific PCO capitation rates, the statewide capitation rates are adjusted for differences in geographic input costs for Kaiser's service areas relative to the statewide average; under the PCO only outpatient hospital services receive the geographic cost adjustment. To calculate the geographic adjustments, we used the outpatient costs per claim for each county developed for the FCHP geographic adjustment. The weight applied to each county's outpatient hospital cost per claim is based on Kaiser's May-June 2005 enrollment distribution by county and mix of members in each eligibility group. The weighted average outpatient cost per claim for each rate region was divided by the statewide outpatient cost per

claim to derive the relative cost factors. The PCO geographic factors are shown in Exhibit 3a.

Optional Services

Kaiser has elected to include all optional PCO services, with the exception of maternity management, and will only contract for individuals covered under the OHP Plus benefit package.

Plan-Specific PCO Capitation Rates

The plan-specific PCO capitation rates calculated using the statewide average capitation rates from Exhibit 2k and the adjustments described above are shown in Exhibit 3h. This exhibit also shows comparisons to the capitation rates effective May 1, 2005.

VI. Plan-Specific MHO Capitation Rates

Similar to the process described above for other contract types, MHO capitation rates are based on statewide average rates, adjusted for geographic and population risk differences. Additionally, the SCF Child group receives an adjustment reflecting the disproportionate enrollment between plans of children living in Residential Medical facilities, who have significantly higher than average costs.

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 IV for FCHP inpatient services. MHO encounter data are used for this analysis.

MHO enrollment as of May 2005 is examined in place of FCHP enrollment to determine enrollment by plan and county. MHO members' counties of residence are matched to the encounter data to calculate the average cost per day for members enrolled in each MHO. Relative cost factors, shown in

Exhibit 4a, are then calculated by comparing each plan's cost/day to the average cost/day for all MHOs.

Mental Health and Substance Abuse Payment System

Working with Dr. Richard Kronick and Dr. Todd Gilmer of the University of California San Diego, we developed a first generation risk assessment and risk adjustment tool for the services covered by the MHO contracts. The tool is based on the principles of the Chronic Illness and Disability Payment System (CDPS) that is used to adjust payments to Fully Capitated Health Plans. This system provides a model whereby the relative expected resource use of different individuals is estimated based on their particular demographic and health status characteristics. The model considers the broad range of diagnostic conditions each individual has, based on encounter record information, and assigns a relative cost weight to each condition. The Mental Health and Substance Abuse Payment System (MHSAPS) provides a means of measuring expected differences in Mental Health services among health plans.

The relative cost weights associated with each condition are developed from a broad database that does not directly consider the treatment costs for any one health plan. A regression model was developed that separately considers relative resource use among broad eligibility categories (Aid to Blind and Disabled and related categories and Temporary Assistance to Needy Families and related categories), age group and diagnostic condition. The model is hierarchical. In other words, particular types of conditions within a broad diagnostic category are ranked by expected cost, and an individual is categorized based on the most severe condition within the grouping (e.g., Psych Very High, High, Medium, Low, Very Low). A separate parameter value was calculated to identify the comorbidity of a Substance Abuse condition. The average expected resource use of each plan's population relative to the overall population is used as a measure of health risk and serves as the basis for adjusting capitation payments made to each plan. Since the relative risk of each plan's population is measured during a time period prior to the capitation period, the MHSAPS model presumes that the average health status of a plan's population remains consistent between the measurement period and the contract period.

No risk adjustment was applied for PLM, TANF, and CHIP Children Aged 0 < 1 due to the very low utilization of these services by recipients in this eligibility category. Risk adjustment was also not applied for OAA due to the lack of a credible number of recipients, for OAA with Medicare since Medicare covers a significant portion of these services, or for OHP Families and OHP Adults and Couples since mental health services were not a covered benefit during a significant part of the risk measurement period.

Mental health risk adjustment factors are not applied to children's Intensive MH Services, Care Coordination Services, or CONS Assessments.

The following steps summarize the calculation of the mental health risk adjustment factors applied in the development of the plan-specific capitation rates:

- A risk assessment score was calculated for each health plan by eligibility category. To develop a score for each plan, a risk assessment score is first calculated for each MHO's enrollees. These values are summed by eligibility category, and an average value is calculated. This value is then divided by the average score for all MHO enrollees to determine an average relative score for each plan that varies around a 1.0 average MHO value.
- The risk assessment scores were moderated by taking the square root of the relative score.
- The resulting scores are normalized to 1.0 to ensure budget neutrality at the start of the contract year.
- The October 2002-September 2003 data period captures a time of significant changes to the composition of and benefits received by the OHP Standard population, including the loss of mental health benefits in February 2003. Mental health benefits were not restored until August 2004, leaving only two months of the October 2003-September 2004 data period in which these benefits were available to OHP Standard members. Risk scores calculated using historical data may not be representative of relative risk within the current OHP Standard population. Therefore, all MHOs receive a 1.0 risk score for the OHP Adults & Couples and OHP Families aid groups.

The mental health risk adjustment factors resulting from the above process are shown for each plan in Exhibit 4b.

SCF Residential Medical Adjustment

The SCF category includes some children who reside in Residential Medical facilities and have costs significantly higher than the average SCF Child rate. The statewide average capitation rate includes 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. Plans with a higher than average proportion of Residential Medical children have adjustment factors that are greater than 1.0; plans with a below-average proportion of these children have factors less than 1.0. OMHAS provided the numbers of Residential Medical enrollees by MHO and the additional costs associated with Residential Medical treatment. The adjustment factors for each plan and region are shown in Exhibit 4c.

Children's Intensive Mental Health Services

Relative utilization factors were developed to reflect the differences in utilization among MHOs of Psychiatric Day Treatment and Residential services provided to children with intensive treatment needs. These factors were calculated by first comparing the utilization of Psychiatric Day Treatment and Residential services for each MHO with the statewide average rate of utilization of these services. These ratios were normalized using the prospective enrollment distribution to yield the preliminary utilization factors shown in Exhibit 4d. These relative utilization factors reflect the historical experience with adjustments for changes in OMHAS policy affecting the enrollment of these children in MHOs.

While each MHO exhibited some Day Treatment utilization, the base data (paid claims for calendar year 2004) reflects significant geographic variation in the utilization of this service. This is primarily due to the distribution of existing programs that are certified by and contracted with OMHAS to provide Day Treatment. Unlike residential services, children must live within reasonable driving distance of the facility that provides the service in order to participate. OMHAS intends to work with health plans and

providers to develop additional services so that, over time, availability of Day Treatment services will be similar across the state. This is expected to be a multi-year effort as needs are identified and additional infrastructure developed.

To facilitate the development of Day Treatment facilities in under-served areas, capitation funds will be redistributed based on OMHAS access objectives. Initially, the capitation funding for Day Treatment will be based 95% on MHO-specific historic utilization and 5% on statewide utilization. The relative weighting is expected to change over time, and will be 90% MHO-specific historic utilization and 10% statewide utilization for the capitation rates that will be effective January 1, 2006. The Day Treatment relative utilization factors used in the development of the MHO capitation rates effective October 1, 2005 are shown in Exhibit 4e.

The base data also reflects significant geographic variability in the utilization of Residential Treatment services, as shown in the relative utilization factors in Exhibit 4d. For these services, travel to locations outside of a daily driving distance is fairly common, when services are not available closer to home. Similar to Day Treatment, OMHAS expects that additional service capacity will become available in areas that currently show lower than average levels of utilization, either in the form of Residential care or alternative services. Development of those additional services is expected to occur over a period of years.

For the MHO capitation rates effective October 1, 2005, Residential Treatment funding will be based 50% on MHO-specific historic utilization and 50% on statewide utilization. For capitation rates effective January 1, 2007 this distribution is expected to shift to 25% MHO-specific historic utilization and 75% statewide utilization. OMHAS intends to distribute Residential Treatment funding based on statewide utilization levels for rates effective January 1, 2008. The relative utilization factors for Residential Treatment used in the development of the MHO capitation rates effective October 1, 2005 are shown in Exhibit 4e.

Plan-Specific MHO Capitation Rates

The plan-specific MHO capitation rates calculated using the statewide average capitation rates from Exhibit 2j and the adjustments described above are shown in Exhibit 4f. This exhibit also shows comparisons to the capitation rates effective October 1, 2004.

VII. 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 2005 Oregon RBRVS factors weighted by the population distribution. These DCO geographic factors are as follows:

Geographic Area	Geographic Factor
Jackson, Josephine and Douglas Counties	0.972
Lane County	0.972
Linn, Benton, Marion, Polk and Yamhill Counties	0.972
Other	0.972
Tri-County (Clackamas, Multnomah and Washington Counties)	1.047

Region-Specific DCO Capitation Rates

The region-specific DCO capitation rates calculated using the statewide average capitation rates from Exhibit 2j and the adjustments described above

are shown in Exhibit 5. This exhibit also shows comparisons to the capitation rates effective October 1, 2004.

VIII. Plan-Specific CDO Capitation Rates

There is one CDO in operation, in Deschutes County. This plan serves as a chemical dependency “carve out” plan, covering all chemical dependency 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 chemical dependency cost by eligibility category, multiplied by that area’s chemical dependency risk adjustment factor, calculated according to the methodology described above in Section IV. The resulting CDO capitation rates are shown in Exhibit 6, along with comparisons to the capitation rates effective October 1, 2004.

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
FCHP, PCO, DCO, MHO and CDO Capitated Services - OHP PLUS

Exhibit 1a

Detail Service Category	Rate Sheet Category	FCHP Capitation	PCO Capitation	DCO Capitation	MHO Capitation	CDO Capitation
PHYSICAL HEALTH						
ANESTHESIA	Physician - Basic	Mandatory	Mandatory			
EXCEPT NEEDS CARE COORDINATION	Exceptional Needs Care Coordination	Mandatory	Mandatory			
FP - IP HOSP	Inpatient - Family Planning	Mandatory				
FP - OP HOSP	Outpatient - Family Planning	Mandatory	Optional			
FP - PHYS	Physician - Family Planning	Mandatory	Mandatory			
HYSTERECTOMY - ANESTHESIA	Physician - Hysterectomy	Mandatory	Mandatory			
HYSTERECTOMY - IP HOSP	Inpatient - Hysterectomy	Mandatory				
HYSTERECTOMY - OP HOSP	Outpatient - Hysterectomy	Mandatory	Optional			
HYSTERECTOMY - PHYS	Physician - Hysterectomy	Mandatory	Mandatory			
IP HOSP - ACUTE DETOX	Inpatient - Basic	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	Mandatory			
LAB & RAD - LAB	Physician - Basic	Mandatory	Mandatory			
LAB & RAD - THERAPEUTIC X-RAY	Physician - Basic	Mandatory	Mandatory			
OP ER - SOMATIC MH	Outpatient - Emergency Room	Mandatory	Optional			
OP HOSP - BASIC	Outpatient - Basic	Mandatory	Optional			
OP HOSP - EMERGENCY ROOM	Outpatient - Emergency Room	Mandatory	Optional			
OP HOSP - LAB & RAD	Outpatient - Basic	Mandatory	Optional			
OP HOSP - MATERNITY	Outpatient - Maternity	Mandatory	Optional			
OP HOSP - SOMATIC MH	Outpatient - Basic	Mandatory	Optional			
OTH MED - DME	DME/Supplies	Mandatory	Mandatory			
OTH MED - HHC/PDN	Home Health/PDN/Hospice	Mandatory	Optional			
OTH MED - HOSPICE	Home Health/PDN/Hospice	Mandatory	Optional			
OTH MED - MATERNITY MGT	Maternity Management	Optional	Optional			
OTH MED - SUPPLIES	DME/Supplies	Mandatory	Mandatory			

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
FCHP, PCO, DCO, MHO and CDO Capitated Services - OHP PLUS

Exhibit 1a

Detail Service Category	Rate Sheet Category	FCHP Capitation	PCO Capitation	DCO Capitation	MHO Capitation	CDO Capitation
PHYSICAL HEALTH						
PHYS CONSULTATION, IP & ER VISITS	Physician - Basic	Mandatory	Mandatory			
PHYS HOME OR LONG-TERM CARE VISITS	Physician - Basic	Mandatory	Mandatory			
PHYS MATERNITY	Physician - Maternity	Mandatory	Mandatory			
PHYS NEWBORN	Physician - Newborn	Mandatory	Mandatory			
PHYS OFFICE VISITS	Physician - Basic	Mandatory	Mandatory			
PHYS OTHER	Physician - Basic	Mandatory	Mandatory			
PHYS SOMATIC MH	Physician - Basic	Mandatory	Mandatory			
POST - HOSP EXTENDED CARE	Inpatient - Basic	Mandatory				
PRES DRUGS - BASIC	Prescription Drugs - Basic	Mandatory	Mandatory			
PRES DRUGS - FP	Prescription Drugs - Family Planning	Mandatory	Mandatory			
PRES DRUGS - NEURONTIN	Prescription Drugs - Basic	Mandatory	Mandatory			
PRES DRUGS - OP HOSP BASIC	Prescription Drugs - Basic	Mandatory	Optional			
PRES DRUGS - OP HOSP FP	Prescription Drugs - Family Planning	Mandatory	Optional			
PRES DRUGS - OP HOSP MH/CD	Prescription Drugs - Basic	Mandatory	Optional			
PRES DRUGS - TOBACCO CESSATION	Prescription Drugs - Basic	Mandatory	Mandatory			
STERILIZATION - ANESTHESIA	Physician - Sterilization	Mandatory	Mandatory			
STERILIZATION - IP HOSP	Inpatient - Sterilization	Mandatory				
STERILIZATION - OP HOSP	Outpatient - Sterilization	Mandatory	Optional			
STERILIZATION - PHY	Physician - Sterilization	Mandatory	Mandatory			
SURGERY	Physician - Basic	Mandatory	Mandatory			
TOBACCO CES-IP HSP	Inpatient - Basic	Mandatory				
TOBACCO CES-OP HSP	Outpatient - Basic	Mandatory	Optional			
TOBACCO CES-PHYS	Physician - Basic	Mandatory	Mandatory			
TRANSPORTATION - AMBULANCE	Transportation - Ambulance	Mandatory	Mandatory			
VISION CARE - EXAMS & THERAPY	Vision	Mandatory	Mandatory			
VISION CARE - MATERIALS & FITTING	Vision	Mandatory	Mandatory			

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
FCHP, PCO, DCO, MHO and CDO Capitated Services - OHP PLUS

Exhibit 1a

Detail Service Category	Rate Sheet Category	FCHP Capitation	PCO Capitation	DCO Capitation	MHO Capitation	CDO Capitation
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 - PERIODONTICS	Dental			Mandatory		
DENTAL - PREVENTIVE	Dental			Mandatory		
DENTAL - PROS REMOVABLE	Dental			Mandatory		
DENTAL - RESTORATIVE	Dental			Mandatory		
DENTAL - TOBACCO CES	Dental			Mandatory		
CHEMICAL DEPENDENCY						
CD SERVICES - ALTERNATIVE TO DETOX	Chemical Dependency	Mandatory				Mandatory
CD SERVICES - METHADONE	Chemical Dependency	Mandatory	Mandatory			Mandatory
CD SERVICES - OP	Chemical Dependency	Mandatory	Mandatory			Mandatory
MENTAL HEALTH						
MH SERVICES ACUTE INPATIENT	MH Services Acute Inpatient				Mandatory	
MH SERVICES ASSESS & EVAL	MH Services Assess & Eval				Mandatory	
MH SERVICES CASE MANAGEMENT	MH Services Case Management				Mandatory	
MH SERVICES CONSULTATION	MH Services Consultation				Mandatory	
MH SERVICES ANCILLARY SERVICES	MH Services Ancillary Services				Mandatory	
MH SERVICES ALTERNATIVE TO IP	MH Services Alternative To IP				Mandatory	
MH SERVICES MED MANAGEMENT	MH Services Med Management				Mandatory	
MH SERVICES FAMILY SUPPORT	MH Services Family Support				Mandatory	
MH SERVICES OP THERAPY	MH Services OP Therapy				Mandatory	
MH SERVICES OTHER OP	MH Services Other OP				Mandatory	
MH SERVICES PHYS IP	MH Services Phys IP				Mandatory	
MH SERVICES PHYS OP	MH Services Phys OP				Mandatory	
MH SERVICES PEO	MH Services PEO				Mandatory	
MH SERVICES SUPPORT DAY PROGRAM	MH Services Support Day Program				Mandatory	
MH SERVICES PSYCH DAY	MH Services Psych Day Treatment				Mandatory	
MH SERVICES RESIDENTIAL	MH Services Residential Treatment				Mandatory	
MH SERVICES CARE COORD	MH Services Care Coordination				Mandatory	
MH SERVICES CONS ASSESS	MH Services CONS Assessments				Mandatory	

Date: July 29, 2004

To:

From: Deborah Cateora & Policy et al

Subject: Excluded Services/Limited Benefits for 03-05 OHP Standard Benefit excluding Limited Hospital.

There are two different lists contained in this document: Excluded Services which lists the specific procedure codes or other coding criteria that are excluded; and Limited Benefit which lists procedure codes or other coding criteria for services that have limited coverage.

The Limited Hospital Benefit information is not listed in this document. Ambulatory Surgical Centers (ASC) will be included in the Limited Hospital Benefit.

OHP Standard clients are excluded from all copayments.

Codes that are identified with an asterisk will require edits in the MMIS system.

Excluded OHP Standard Optional Services

HCPCS G0001-G9016 and S0001-S9999 series: HCPCS codes in the G0001-G9016 series are either not covered (closed for reimbursement or invalid code) or covered within OMAP's payment system. If a HCPCS code is not listed as an excluded service in this document then it's a covered benefit as long as the code is open to the OHP Plus population.

Speech-Language & Audiology - Excluded Services

92506-92508	E2504	L8500-L8501
92510	E2506	L8507
92526	E2508	L8509-L8510
92590-92597	E2510-E2512	L9900
92601-92611	E2599	V5008-V5299
A4649	K0541-K0547	V5336
E2500	L7510	V5362-V5364
E2502	L7520	

CPT 92000 series: All other CPT codes in the 92000-92700 range are either not covered (closed for reimbursement or invalid code) or covered.

HCPCS A4000-A4899 series: All other HCPCS codes in the A4000-A4899 series are excluded in another program area (most of these are excluded under DME), not covered (closed for reimbursement or invalid code) or covered.

HCPCS E2500-E2599 series: These are new codes for DME speech products. None of the codes in this series are covered.

PT/OT - Excluded

97001-97546	*29131 ¹	*Q4023 ¹
97703-97799	*Q4017 ¹	*Q4024 ¹
S8950	*Q4018 ¹	*Q4049 ¹
*29105 ¹	*Q4019 ¹	*Q4051 ¹
*29125 ¹	*Q4020 ¹	*95831-95852 ¹
*29126 ¹	*Q4021 ¹	
*29130 ¹	*Q4022 ¹	

¹ Exclude for PT & OT provider type only (Physician uses as treatment for fractures etc and not therapies. PT/OT cannot provide treatment only therapy)

Acupuncture - Excluded

*97780-97781¹

¹Excluded for all provider types except provider type “AC” (Addictions Services)

Chiropractic/Osteopathic Manipulation-Excluded

98925-98929
98940-98943

Only manipulation services are excluded. For other OHP Standard covered services that are within the scope of practice for Chiropractor or Osteopathic Physician are covered.

Vision Services: Prescription - Excluded

*92002-92015 ¹	*99251-99255 ¹
92065	*99261-99263 ¹
92310-92499	*99271-99275 ¹
*99201-99215 ¹	V2020-V2799
*99241-99245 ¹	

¹ Codes are not covered if paired with ICD-9 codes 367.0-367.9.

Non-Emergency Transportation - Excluded

A0424-A0425*	A0428
A0426	A0430-A0431

***A0424-A0425 is also used for Emergency Medical Transportation. Until these codes are changed to new HCPCS codes TOS D must be used in the criteria.**

Private Duty Nursing - Excluded

T1030-T1031	S9123-S9124
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Home Health Revenue Codes - Excluded

270-272	431	444	571
421	434	551	
424	441	559	

Limited OHP Standard Optional Benefits

Dental – Limited Emergency Package

D0140	D7210
D0170	D7220
D0220	D7230
D0230	D7240
D0240	D7241
D0250	D7250
D0260	D7260
D0270	D7270
D0272	D7510
D0330	D7520
D2910	D7911
D2920	D9110
D2940	D9210 Bundled
D3110 Bundled	D9215 Bundled
D3220 Once per tooth	D9230
D3221	D9410
D6930	D9420
D7111	D9440
D7140	

Limited OHP Standard Optional Benefits

EPIV

A4221-A4222

B4216

S5520

A4305-A4306

B4220

S5521

B4164

B4222

S9325-S9331

B4168

B4224

S9336

B4172

B5000

S9348

B4176

B5100

S9351

B4178

B5200

S9364-S9368

B4180

B9004

S9373-S9377

B4184

B9006

S9379

B4186

B9999

S9494

B4189

E0776-E0780

S9497

B4193

S5035-S5036

S9500-S9504

B4197

S5497-S5498

S9802-S9803

B4199

S5501

T1001

These services are limited to IV injectables in a client's home only and do not include enteral services.

Limited OHP Standard Optional Benefits

Medical Supplies

A4210-A4211	A4422	A7032-A7039
A4245	A4481	A7501-A7509
A4253-A4256	A4483	E0424-E0425
A4258-A4259	A4609-A4613	E0430-E0431
A4310-A4316	A4618	E0439-E0445
A4319-A4320	A4621-A4626	E0444-E0455
A4322-A4328	A4628-A4629	E0457
A4331-A4334	A4772	E0459-E0461
A4338	A4927	E0550
A4340	A5102	E0555
A4344	A5105	E0560
A4346	A5112-A5114	E0600
A4348	A5131	E0607
A4351-A4359		E1390
A4361-A4362	A5051-A5055	E1405-E1406
A4364-A4365	A5062-A5063	E2000
A4367	A5071-A5073	E2100-E2101
A4369	A5081-A5082	K0268
A4371-A4373	A5093	K0531-K0534
A4375-A4393	A5119	K0581-K0597
A4397-A4399	A5121-A5122	S8186
A4404-A4410	A5200	S8189
A4413-A4415	A7000-A7002	S8490

Redefined OHP Standard Benefit Package

As directed by the 2003 Legislature under House Bill 2511, the OHP Standard benefit package will consist of the following core set of services (overlaid by Oregon's Prioritized List of Health Services):¹

- physician services
- ambulance
- prescription drugs
- laboratory and x-ray services
- limited durable medical equipment and supplies²
- outpatient mental health
- outpatient chemical dependency services
- emergency dental services.

Although not part of the core set of services, the Standard benefit package will also include:

- hospice
- limited hospital benefit.

In brief, the limited hospital benefit will include:

- (1) evaluation, lab, x-ray and other diagnostics to determine diagnosis (line zero on the prioritized list);
- (2) hospital treatment for all emergency services;
- (3) urgent conditions for which prompt treatment will prevent life threatening health deterioration;
- (4) a subset of number three that will require prior authorization.

The following optional services will not be included within the redefined Standard benefit package:

- therapy services (physical therapy, speech therapy, occupational therapy)
- acupuncture (except for the treatment of chemical dependency)
- chiropractic services
- home health services / private duty nursing
- vision exams and materials*
- hearing aids and exams for hearing aids*
- non-ambulance medical transportation*

*Not covered today under OHP Standard.

¹ Please see proposed Oregon Administrative Rules (OARs) for program details.

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 Frozen Drug Costs Per Member Per Month**

Exhibit 2a

Eligibility Category	PMPM
TANF Adults	\$0.13
PLM Adults	\$0.10
PLM, CHIP or TANF Children Aged 0-1	\$0.01
PLM, CHIP or TANF Children Aged 1-5	\$0.03
PLM, CHIP or TANF Children Aged 6-18	\$0.02
OHP Families	\$0.08
OHP Adults and Couples	\$0.16
AB/AD with Medicare	\$0.67
AB/AD without Medicare	\$0.41
OAA with Medicare	\$0.34
OAA without Medicare	\$0.36
SCF Children	\$0.08

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
Reduction in Drug Costs Per Member Per Month From Carve-out of Lamictal

Exhibit 2b

Eligibility Category	PMPM
TANF Adults	\$0.12
PLM Adults	\$0.00
PLM, CHIP or TANF Children Aged 0-1	\$0.00
PLM, CHIP or TANF Children Aged 1-5	\$0.01
PLM, CHIP or TANF Children Aged 6-18	\$0.08
OHP Families	\$0.04
OHP Adults and Couples	\$0.21
AB/AD with Medicare	\$3.22
AB/AD without Medicare	\$2.09
OAA with Medicare	\$0.22
OAA without Medicare	\$0.00
SCF Children	\$0.12

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 Children's Intensive Mental Health Services Costs Per Member Per Month**

Exhibit 2c

Eligibility Category	Psychiatric Day Treatment PMPM	Psychiatric Residential Treatment PMPM	Total Intensive MH Services PMPM
TANF Adults	\$0.00	\$0.00	\$0.00
PLM Adults	\$0.00	\$0.00	\$0.00
PLM, CHIP or TANF Children Aged 0-1	\$0.00	\$0.00	\$0.00
PLM, CHIP or TANF Children Aged 1-5	\$0.63	\$0.00	\$0.63
PLM, CHIP or TANF Children Aged 6-18	\$3.29	\$1.01	\$4.30
OHP Families	\$0.00	\$0.00	\$0.00
OHP Adults and Couples	\$0.00	\$0.00	\$0.00
AB/AD with Medicare	\$0.00	\$0.00	\$0.00
AB/AD without Medicare	\$3.58	\$8.60	\$12.18
OAA with Medicare	\$0.00	\$0.00	\$0.00
OAA without Medicare	\$0.00	\$0.00	\$0.00
SCF Children	\$20.01	\$89.92	\$109.93

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 Certificate of Need Assessment Costs Per Member Per Month**

Exhibit 2d

Eligibility Category	PMPM
TANF Adults	\$0.00
PLM Adults	\$0.00
PLM, CHIP or TANF Children Aged 0-1	\$0.00
PLM, CHIP or TANF Children Aged 1-5	\$0.00
PLM, CHIP or TANF Children Aged 6-18	\$0.01
OHP Families	\$0.00
OHP Adults and Couples	\$0.00
AB/AD with Medicare	\$0.00
AB/AD without Medicare	\$0.01
OAA with Medicare	\$0.00
OAA without Medicare	\$0.00
SCF Children	\$0.11

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 Additional Mental Health Care Coordination Services Costs Per Member Per Month**

Exhibit 2e

Eligibility Category	PMPM
TANF Adults	\$0.00
PLM Adults	\$0.00
PLM, CHIP or TANF Children Aged 0-1	\$0.00
PLM, CHIP or TANF Children Aged 1-5	\$0.03
PLM, CHIP or TANF Children Aged 6-18	\$0.12
OHP Families	\$0.00
OHP Adults and Couples	\$0.00
AB/AD with Medicare	\$0.00
AB/AD without Medicare	\$0.09
OAA with Medicare	\$0.00
OAA without Medicare	\$0.00
SCF Children	\$0.58

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
Prioritized List Adjustment Factors
Adjustment for Change in Coverage Threshold

Exhibit 2f

Eligibility Category	Physical Health Services	Chemical Dependency Services	Mental Health Services	Dental Services
TANF Adults	0.9918	1.0000	1.0000	1.0000
PLM Adults	0.9994	1.0000	1.0000	1.0000
PLM, CHIP or TANF Children Aged 0-1	0.9924	1.0000	1.0000	1.0000
PLM, CHIP or TANF Children Aged 1-5	0.9781	1.0000	1.0000	1.0000
PLM, CHIP or TANF Children Aged 6-18	0.9803	1.0000	1.0000	1.0000
OHP Families	0.9850	1.0000	1.0000	1.0000
OHP Adults and Couples	0.9873	1.0000	1.0000	1.0000
AB/AD with Medicare	0.9923	1.0000	1.0000	1.0000
AB/AD without Medicare	0.9921	1.0000	1.0000	1.0000
OAA with Medicare	0.9936	1.0000	1.0000	1.0000
OAA without Medicare	0.9899	1.0000	1.0000	1.0000
SCF Children	0.9858	1.0000	1.0000	1.0000

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 Trend Adjustments from 2004-2005 Per Capita Costs to the Contract Period**

Exhibit 2g

MEDICAID ONLY ELIGIBILITY CATEGORIES

	2002-2005 Trend Rate	Trend Adjustment ¹
IP Hospital	7.4%	1.083
OP Hospital	7.4%	1.083
Physician	8.4%	1.095
Prescription Drug	14.3%	1.162
Dental	N/A	N/A
Mental Health	N/A	N/A
Chemical Dependency	2.5%	1.028

DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES

	2002-2005 Trend Rate	Trend Adjustment ¹
IP Hospital	5.5%	1.062
OP Hospital	5.5%	1.062
Physician	6.3%	1.072
Prescription Drug	14.3%	1.162
Dental	N/A	N/A
Mental Health	N/A	N/A
Chemical Dependency	0.0%	1.000

¹ Adjustment factors used to trend capitation rates from midpoint of biennium (10/1/2004) to midpoint of the contract period (11/15/2005).

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
Maternity Case Rate Development for FCHPs (excluding Administration Allowance)

Exhibit 2h

Eligibility Category	A	B	C	D	E	F	G	H	I	K (B*F/A *12000)	L ((C*G+D*H) /A*12000)	M (E*I/A *12000)	N (K+L+M)
	Utilization	October 2005 Statewide PMPM				Maternity Case Percentages				Cost Rate			
	Deliveries per 1000	IP HOSP - MATERNITY	OP HOSP - MATERNITY	STERILIZATION - OP HOSP FEMALE	PHYS MATERNITY	IP HOSP - MATERNITY	OP HOSP - MATERNITY	STERILIZATION - OP HOSP FEMALE	PHYS MATERNITY	IP HOSP	OP HOSP	PHYS MATERNITY	Total
TANF	138.5	\$34.38	\$1.86	\$6.22	\$35.51	96%	74%	44%	95%	\$2,855.08	\$358.02	\$2,912.51	\$6,125.60
PLMA	1,229.0	\$322.48	\$18.80	\$34.39	\$322.85	98%	83%	70%	96%	\$3,083.68	\$388.92	\$3,033.54	\$6,506.14
CHILDREN 06-18	7.5	\$1.47	\$0.09	\$0.32	\$1.55	95%	66%	53%	92%	\$2,225.42	\$355.34	\$2,283.38	\$4,864.14
OHPFAM	10.9	\$2.57	\$0.44	\$1.06	\$3.61	84%	55%	13%	81%	\$2,380.92	\$416.63	\$3,209.61	\$6,007.16
Total	91.2	\$23.27	\$1.40	\$3.17	\$23.76					\$2,969.18	\$380.71	\$2,975.34	\$6,325.24

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
Maternity Case Rate Development for PCOs (excluding Administration Allowance)

Exhibit 2i

	A	B	C	D	E	F	G	H	I	J	K
									$((B * E + C * F) * (1 - H) / A * 12000)$	$(D * G / A * 12000)$	$(I + J)$
	Utilization	October 2005 Statewide PMPM			Maternity Case Percentages			Expected Decrease in OP Hospital Costs	Cost Rate		
Eligibility Category	Deliveries per 1000	OP HOSP - MATERNITY	OP HOSP - FEMALE	PHYS MATERNITY	OP HOSP - MATERNITY	OP HOSP - FEMALE	PHYS MATERNITY		OP HOSP	PHYS MATERNITY	Total
TANF	138.5	\$1.86	\$6.22	\$35.51	74%	44%	95%	5%	\$340.12	\$2,912.51	\$3,252.62
PLMA	1,229.0	\$18.80	\$34.39	\$322.85	83%	70%	96%		\$369.47	\$3,033.54	\$3,403.01
CHILDREN 06-18	7.5	\$0.09	\$0.32	\$1.55	66%	53%	92%		\$337.57	\$2,283.38	\$2,620.95
OHPFAM	10.9	\$0.44	\$1.06	\$3.61	55%	13%	81%		\$395.80	\$3,209.61	\$3,605.41
Total	91.2	\$0.15	\$0.43	\$1.72					\$361.68	\$2,975.34	\$3,337.02

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
AB/AD without Medicare	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	ANESTHESIA	\$4.48	1.0946	1.00	\$4.90		\$4.90	0.992	\$4.87
	EXCEPT NEEDS CARE COORDINATION	\$8.01	1.0000	1.00	\$8.01		\$8.01	1.000	\$8.01
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	FP - OP HOSP	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.992	\$0.02
	FP - PHYS	\$0.20	1.0946	1.00	\$0.22		\$0.22	0.992	\$0.22
	HYSTERECTOMY - ANESTHESIA	\$0.04	1.0946	1.00	\$0.04		\$0.04	0.992	\$0.04
	HYSTERECTOMY - IP HOSP	\$1.86	1.0832	0.76	\$1.53		\$1.53	0.992	\$1.52
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	HYSTERECTOMY - PHYS	\$0.33	1.0946	1.00	\$0.36		\$0.36	0.992	\$0.35
	IP HOSP - ACUTE DETOX	\$2.23	1.0832	0.76	\$1.84		\$1.84	0.992	\$1.82
	IP HOSP - MATERNITY	\$2.58	1.0832	0.76	\$2.13	-\$1.96	\$0.17	0.992	\$0.17
	IP HOSP - MEDICAL/SURGICAL	\$194.95	1.0832	0.76	\$160.49		\$160.49	0.992	\$159.21
	IP HOSP - NEWBORN	\$1.25	1.0832	0.76	\$1.03		\$1.03	0.992	\$1.02
	LAB & RAD - DIAGNOSTIC X-RAY	\$13.35	1.0946	1.00	\$14.62		\$14.62	0.992	\$14.50
	LAB & RAD - LAB	\$7.65	1.0946	1.00	\$8.37		\$8.37	0.992	\$8.30
	LAB & RAD - THERAPEUTIC X-RAY	\$1.11	1.0946	1.00	\$1.22		\$1.22	0.992	\$1.21
	OP ER - SOMATIC MH	\$0.93	1.0832	0.76	\$0.76		\$0.76	0.992	\$0.76
	OP HOSP - BASIC	\$43.70	1.0832	0.76	\$35.97		\$35.97	0.992	\$35.69
	OP HOSP - EMERGENCY ROOM	\$11.73	1.0832	0.76	\$9.66		\$9.66	0.992	\$9.58
	OP HOSP - LAB & RAD	\$30.74	1.0832	0.76	\$25.31		\$25.31	0.992	\$25.11
	OP HOSP - MATERNITY	\$0.23	1.0832	0.76	\$0.19	-\$0.13	\$0.06	0.992	\$0.06
	OP HOSP - SOMATIC MH	\$1.24	1.0832	0.76	\$1.02		\$1.02	0.992	\$1.01
	OTH MED - DME	\$13.95	1.0946	1.00	\$15.27		\$15.27	0.992	\$15.15
	OTH MED - HHC/PDN	\$9.21	1.0946	1.00	\$10.08		\$10.08	0.992	\$10.00
	OTH MED - HOSPICE	\$1.66	1.0946	1.00	\$1.82		\$1.82	0.992	\$1.81
	OTH MED - MATERNITY MGT	\$0.16	1.0717	1.00	\$0.17		\$0.17	0.992	\$0.17
	OTH MED - SUPPLIES	\$8.71	1.0946	1.00	\$9.53		\$9.53	0.992	\$9.46
	PHYS CONSULTATION, IP & ER VISITS	\$15.39	1.0946	1.00	\$16.85		\$16.85	0.992	\$16.71
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.45	1.0946	1.00	\$0.50		\$0.50	0.992	\$0.49
	PHYS MATERNITY	\$1.51	1.0946	1.00	\$1.65	-\$1.50	\$0.15	0.992	\$0.15
	PHYS NEWBORN	\$0.37	1.0946	1.00	\$0.41		\$0.41	0.992	\$0.41
PHYS OFFICE VISITS	\$31.40	1.0946	1.00	\$34.37		\$34.37	0.992	\$34.10	
PHYS OTHER	\$17.66	1.0946	1.00	\$19.33		\$19.33	0.992	\$19.18	
PHYS SOMATIC MH	\$4.63	1.0946	1.00	\$5.07		\$5.07	0.992	\$5.03	
POST - HOSP EXTENDED CARE	\$0.56	1.0832	0.76	\$0.46		\$0.46	0.992	\$0.46	

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$175.42	1.1624	1.00	\$203.91	-\$1.69	\$202.23	0.992	\$200.62
	PRES DRUGS - FP	\$0.67	1.1624	1.00	\$0.77		\$0.77	0.992	\$0.77
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - NEURONTIN	\$8.56	1.1624	1.00	\$9.95		\$9.95	0.992	\$9.87
	PRES DRUGS - OP HOSP BASIC	\$8.46	1.1624	1.00	\$9.83		\$9.83	0.992	\$9.75
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.26	1.1624	1.00	\$0.30		\$0.30	0.992	\$0.30
	PRES DRUGS - TOBACCO CESSATION	\$1.27	1.1624	1.00	\$1.48		\$1.48	0.992	\$1.47
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.04	1.0946	1.00	\$0.04		\$0.04	0.992	\$0.04
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.22	1.0832	0.76	\$0.18		\$0.18	0.992	\$0.18
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.79	1.0832	0.76	\$0.65	-\$0.26	\$0.38	0.992	\$0.38
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - PHY FEMALE	\$0.04	1.0946	1.00	\$0.05		\$0.05	0.992	\$0.05
	STERILIZATION - PHY MALE	\$0.01	1.0946	1.00	\$0.02		\$0.02	0.992	\$0.02
	SURGERY	\$21.37	1.0946	1.00	\$23.39		\$23.39	0.992	\$23.21
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	TOBACCO CES-IP HSP	\$0.57	1.0832	0.76	\$0.47		\$0.47	0.992	\$0.47
	TOBACCO CES-OP HSP	\$0.17	1.0832	0.76	\$0.14		\$0.14	0.992	\$0.14
	TOBACCO CES-PHYS	\$0.22	1.0946	1.00	\$0.24		\$0.24	0.992	\$0.24
	TRANSPORTATION - AMBULANCE	\$11.06	1.0946	1.00	\$12.11		\$12.11	0.992	\$12.01
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.44	1.0946	1.00	\$2.67		\$2.67	0.992	\$2.65
	VISION CARE - MATERIALS & FITTING	\$1.92	1.0946	1.00	\$2.10		\$2.10	0.992	\$2.08
	Subtotal Physical Health	\$665.81			\$661.51		\$655.97		\$650.84
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.29	1.0279	1.00	\$0.30		\$0.30	1.000	\$0.30
	CD SERVICES - METHADONE	\$5.43	1.0279	1.00	\$5.58		\$5.58	1.000	\$5.58
	CD SERVICES - OP	\$4.95	1.0279	1.00	\$5.08		\$5.08	1.000	\$5.08
	Subtotal Chemical Dependency	\$10.66			\$10.96		\$10.96		\$10.96

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.43	1.0000	1.00	\$0.43		\$0.43	1.000	\$0.43
	DENTAL - ANESTHESIA SURGICAL	\$0.31	1.0000	1.00	\$0.31		\$0.31	1.000	\$0.31
	DENTAL - DIAGNOSTIC	\$3.36	1.0000	1.00	\$3.36		\$3.36	1.000	\$3.36
	DENTAL - ENDODONTICS	\$1.38	1.0000	1.00	\$1.38		\$1.38	1.000	\$1.38
	DENTAL - I/P FIXED	\$0.17	1.0000	1.00	\$0.17		\$0.17	1.000	\$0.17
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$3.18	1.0000	1.00	\$3.18		\$3.18	1.000	\$3.18
	DENTAL - ORTHODONTICS	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04
	DENTAL - PERIODONTICS	\$1.43	1.0000	1.00	\$1.43		\$1.43	1.000	\$1.43
	DENTAL - PREVENTIVE	\$1.54	1.0000	1.00	\$1.54		\$1.54	1.000	\$1.54
	DENTAL - PROS REMOVABLE	\$4.72	1.0000	1.00	\$4.72		\$4.72	1.000	\$4.72
	DENTAL - RESTORATIVE	\$5.12	1.0000	1.00	\$5.12		\$5.12	1.000	\$5.12
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$21.68			\$21.68		\$21.68		\$21.68
	MH SERVICES ACUTE INPATIENT	\$31.34	1.0000	1.00	\$31.34		\$31.34	1.000	\$31.34
	MH SERVICES ASSESS & EVAL	\$3.53	1.0000	1.00	\$3.53		\$3.53	1.000	\$3.53
	MH SERVICES CASE MANAGEMENT	\$9.40	1.0000	1.00	\$9.40		\$9.40	1.000	\$9.40
	MH SERVICES CONSULTATION	\$1.01	1.0000	1.00	\$1.01		\$1.01	1.000	\$1.01
	MH SERVICES ANCILLARY SERVICES	\$0.09	1.0000	1.00	\$0.09		\$0.09	1.000	\$0.09
	MH SERVICES MED MANAGEMENT	\$8.24	1.0000	1.00	\$8.24		\$8.24	1.000	\$8.24
	MH SERVICES ALTERNATIVE TO IP	\$4.59	1.0000	1.00	\$4.59		\$4.59	1.000	\$4.59
	MH SERVICES FAMILY SUPPORT	\$0.89	1.0000	1.00	\$0.89		\$0.89	1.000	\$0.89
	MH SERVICES OP THERAPY	\$17.86	1.0000	1.00	\$17.86		\$17.86	1.000	\$17.86
	MH SERVICES OTHER OP	\$0.22	1.0000	1.00	\$0.22		\$0.22	1.000	\$0.22
	MH SERVICES PHYS IP	\$0.95	1.0000	1.00	\$0.95		\$0.95	1.000	\$0.95
	MH SERVICES PHYS OP	\$2.10	1.0000	1.00	\$2.10		\$2.10	1.000	\$2.10
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$24.78	1.0000	1.00	\$24.78		\$24.78	1.000	\$24.78
	MH SERVICES PSYCH DAY					\$3.58	\$3.58	1.000	\$3.58
	MH SERVICES RESIDENTIAL					\$8.60	\$8.60	1.000	\$8.60
	MH SERVICES CARE COORD					\$0.09	\$0.09	1.000	\$0.09
	MH SERVICES CONS ASSESS					\$0.01	\$0.01	1.000	\$0.01
	Subtotal Mental Health	\$105.58			\$105.58		\$117.87		\$117.87
	Total AB/AD without Medicare	\$803.74			\$799.74		\$806.48		\$801.35

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2J

Eligibility	Service Category	A 03-05 PCC	B Cost to	C Trend	D Hospital	E = A x B x C x D Gross Oct 2005	F Liability for	G = E x F Net Oct	H Program	I = G + H Adjusted	J Prioritized	K = I x J Projected
AB/AD with Medicare	ADMINISTRATIVE EXAMS	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00
	ANESTHESIA	\$0.51	655%	1.0716	1.00	\$3.61	20%	\$0.72		\$0.72	0.992	\$0.72
	EXCEPT NEEDS CARE COORDINATION	\$8.01	100%	1.0000	1.00	\$8.01	100%	\$8.01		\$8.01	1.000	\$8.01
	FP - IP HOSP	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00
	FP - OP HOSP	\$0.00	603%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00
	FP - PHYS	\$0.10	103%	1.0716	1.00	\$0.12	20%	\$0.02		\$0.02	0.992	\$0.02
	HYSTERECTOMY - ANESTHESIA	\$0.00	2159%	1.0716	1.00	\$0.02	20%	\$0.00		\$0.00	0.992	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.03	5646%	1.0617	0.76	\$1.15	0%	\$0.00		\$0.00	0.992	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	132%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	8040%	1.0716	1.00	\$0.19	20%	\$0.04		\$0.04	0.992	\$0.04
	IP HOSP - ACUTE DETOX	\$0.10	1191%	1.0617	0.76	\$0.94	0%	\$0.00		\$0.00	0.992	\$0.00
	IP HOSP - MATERNITY	\$0.15	822%	1.0617	0.76	\$0.97	0%	\$0.00	\$0.00	\$0.00	0.992	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$7.86	2318%	1.0617	0.76	\$147.02	0%	\$0.00		\$0.00	0.992	\$0.00
	IP HOSP - NEWBORN	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.00	934%	1.0716	1.00	\$9.96	20%	\$1.99		\$1.99	0.992	\$1.98
	LAB & RAD - LAB	\$1.15	421%	1.0716	1.00	\$5.17	0%	\$0.00		\$0.00	0.992	\$0.00
	LAB & RAD - THERAPEUTIC X-RAY	\$0.03	2106%	1.0716	1.00	\$0.74	20%	\$0.15		\$0.15	0.992	\$0.15
	OP ER - SOMATIC MH	\$0.81	132%	1.0617	0.76	\$0.86	20%	\$0.17		\$0.17	0.992	\$0.17
	OP HOSP - BASIC	\$12.24	549%	1.0617	0.76	\$54.25	20%	\$10.85		\$10.85	0.992	\$10.77
	OP HOSP - EMERGENCY ROOM	\$2.79	510%	1.0617	0.76	\$11.46	20%	\$2.29		\$2.29	0.992	\$2.27
	OP HOSP - LAB & RAD	\$4.38	684%	1.0617	0.76	\$24.17	20%	\$4.83		\$4.83	0.992	\$4.80
	OP HOSP - MATERNITY	\$0.02	522%	1.0617	0.76	\$0.07	20%	\$0.01	-\$0.01	\$0.00	0.992	\$0.00
	OP HOSP - SOMATIC MH	\$0.12	1128%	1.0617	0.76	\$1.05	20%	\$0.21		\$0.21	0.992	\$0.21
	OTH MED - DME	\$4.91	328%	1.0716	1.00	\$17.28	20%	\$3.46		\$3.46	0.992	\$3.43
	OTH MED - HHC/PDN	\$1.18	781%	1.0716	1.00	\$9.89	0%	\$0.00		\$0.00	0.992	\$0.00
	OTH MED - HOSPICE	\$0.28	100%	1.0716	1.00	\$0.30	0%	\$0.00		\$0.00	0.992	\$0.00
	OTH MED - MATERNITY MGT	\$0.08	100%	1.0714	1.00	\$0.09	100%	\$0.09		\$0.09	0.992	\$0.09
	OTH MED - SUPPLIES	\$7.78	139%	1.0716	1.00	\$11.58	100%	\$11.58		\$11.58	0.992	\$11.49
	PHYS CONSULTATION, IP & ER VISITS	\$1.06	1241%	1.0716	1.00	\$14.13	20%	\$2.83		\$2.83	0.992	\$2.80
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.16	438%	1.0716	1.00	\$0.76	20%	\$0.15		\$0.15	0.992	\$0.15
	PHYS MATERNITY	\$0.22	256%	1.0716	1.00	\$0.60	20%	\$0.12	-\$0.11	\$0.01	0.992	\$0.01
	PHYS NEWBORN	\$0.00	1680%	1.0716	1.00	\$0.08	20%	\$0.02		\$0.02	0.992	\$0.02
	PHYS OFFICE VISITS	\$6.31	421%	1.0716	1.00	\$28.48	20%	\$5.70		\$5.70	0.992	\$5.65
PHYS OTHER	\$5.47	200%	1.0716	1.00	\$11.73	20%	\$2.35		\$2.35	0.992	\$2.33	
PHYS SOMATIC MH	\$2.76	191%	1.0716	1.00	\$5.66	20%	\$1.13		\$1.13	0.992	\$1.12	
POST - HOSP EXTENDED CARE	\$0.37	100%	1.0617	0.76	\$0.30	0%	\$0.00		\$0.00	0.992	\$0.00	

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2J

Eligibility	Service Category	A 03-05 PCC	B Cost to	C Trend	D Hospital	E = A x B x C x D Gross Oct 2005	F Liability for	G= E x F Net Oct	H Program	I = G + H Adjusted	J Prioritized	K = I x J Projected
	PRES DRUGS - BASIC	\$233.02	100%	1.1624	1.00	\$270.87	100%	\$270.87	-\$2.55	\$268.32	0.992	\$266.26
	PRES DRUGS - FP	\$0.91	100%	1.1624	1.00	\$1.06	100%	\$1.06		\$1.06	0.992	\$1.06
	PRES DRUGS - MH/CD	\$0.00	100%	1.1624	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - NEURONTIN	\$8.84	131%	1.1624	1.00	\$13.43	100%	\$13.43		\$13.43	0.992	\$13.33
	PRES DRUGS - OP HOSP BASIC	\$1.98	376%	1.1624	1.00	\$8.63	20%	\$1.73		\$1.73	0.992	\$1.71
	PRES DRUGS - OP HOSP FP	\$0.00	100%	1.1624	1.00	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.21	100%	1.1624	1.00	\$0.25	20%	\$0.05		\$0.05	0.992	\$0.05
	PRES DRUGS - TOBACCO CESSATION	\$1.40	105%	1.1624	1.00	\$1.71	100%	\$1.71		\$1.71	0.992	\$1.69
	SCHOOL-BASED HEALTH SERVICES	\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.01	184%	1.0716	1.00	\$0.02	20%	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.07	548%	1.0617	0.76	\$0.30	20%	\$0.06	-\$0.02	\$0.04	0.992	\$0.04
	STERILIZATION - OP HOSP MALE	\$0.00	142%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - PHY FEMALE	\$0.01	146%	1.0716	1.00	\$0.01	20%	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - PHY MALE	\$0.02	100%	1.0716	1.00	\$0.02	20%	\$0.00		\$0.00	0.992	\$0.00
	SURGERY	\$3.46	427%	1.0716	1.00	\$15.85	20%	\$3.17		\$3.17	0.992	\$3.15
	TARGETED CASE MAN - BABIES FIRST	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	132%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00
	TOBACCO CES-IP HSP	\$0.02	2690%	1.0617	0.76	\$0.35	0%	\$0.00		\$0.00	0.992	\$0.00
	TOBACCO CES-OP HSP	\$0.03	521%	1.0617	0.76	\$0.12	20%	\$0.02		\$0.02	0.992	\$0.02
	TOBACCO CES-PHYS	\$0.09	213%	1.0716	1.00	\$0.19	20%	\$0.04		\$0.04	0.992	\$0.04
	TRANSPORTATION - AMBULANCE	\$4.17	229%	1.0716	1.00	\$10.22	20%	\$2.04		\$2.04	0.992	\$2.03
	TRANSPORTATION - OTHER	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.03	240%	1.0716	1.00	\$2.65	100%	\$2.65		\$2.65	0.992	\$2.63
	VISION CARE - MATERIALS & FITTING	\$1.85	107%	1.0716	1.00	\$2.13	100%	\$2.13		\$2.13	0.992	\$2.12
	PART A DEDUCTIBLE	\$19.40	100%	1.0000	1.00	\$19.40	100%	\$19.40		\$19.40	1.000	\$19.40
	PART B DEDUCTIBLE	\$9.17	100%	1.0000	1.00	\$9.17	100%	\$9.17		\$9.17	1.000	\$9.17
	PART B COINSURANCE ADJUSTMENT	-\$1.85	100%	1.0000	1.00	-\$1.85	100%	-\$1.85		-\$1.85	1.000	-\$1.85
	Subtotal Physical Health	\$353.72				\$725.19				\$379.74		\$377.09
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.04	100%	0.9999	1.00	\$0.04	50%	\$0.02		\$0.02	1.000	\$0.02
	CD SERVICES - METHADONE	\$1.48	107%	0.9999	1.00	\$1.57	50%	\$0.79		\$0.79	1.000	\$0.79
	CD SERVICES - OP	\$3.15	100%	0.9999	1.00	\$3.15	50%	\$1.58		\$1.58	1.000	\$1.58
	Subtotal Chemical Dependency	\$4.67				\$4.77				\$2.38		\$2.38

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2J

Eligibility	Service Category	A 03-05 PCC	B Cost to	C Trend	D Hospital	E = A x B x C x D Gross Oct 2005	F Liability for	G = E x F Net Oct	H Program	I = G + H Adjusted	J Prioritized	K = I x J Projected
	DENTAL - ADJUNCTIVE GENERAL	\$0.53	100%	1.0000	1.00	\$0.53	100%	\$0.53		\$0.53	1.000	\$0.53
	DENTAL - ANESTHESIA SURGICAL	\$0.28	100%	1.0000	1.00	\$0.28	100%	\$0.28		\$0.28	1.000	\$0.28
	DENTAL - DIAGNOSTIC	\$3.57	100%	1.0000	1.00	\$3.57	100%	\$3.57		\$3.57	1.000	\$3.57
	DENTAL - ENDODONTICS	\$1.32	100%	1.0000	1.00	\$1.32	100%	\$1.32		\$1.32	1.000	\$1.32
	DENTAL - I/P FIXED	\$0.26	100%	1.0000	1.00	\$0.26	100%	\$0.26		\$0.26	1.000	\$0.26
	DENTAL - MAXILLOFACIAL PROS	\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$3.23	100%	1.0000	1.00	\$3.23	100%	\$3.23		\$3.23	1.000	\$3.23
	DENTAL - ORTHODONTICS	\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PERIODONTICS	\$1.86	100%	1.0000	1.00	\$1.86	100%	\$1.86		\$1.86	1.000	\$1.86
	DENTAL - PREVENTIVE	\$1.82	100%	1.0000	1.00	\$1.82	100%	\$1.82		\$1.82	1.000	\$1.82
	DENTAL - PROS REMOVABLE	\$4.84	100%	1.0000	1.00	\$4.84	100%	\$4.84		\$4.84	1.000	\$4.84
	DENTAL - RESTORATIVE	\$5.71	100%	1.0000	1.00	\$5.71	100%	\$5.71		\$5.71	1.000	\$5.71
	DENTAL - TOBACCO CES	\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$23.42				\$23.42				\$23.42		\$23.42
	MH SERVICES ACUTE INPATIENT	\$3.13	100%	1.0000	1.00	\$3.13	100%	\$3.13		\$3.13	1.000	\$3.13
	MH SERVICES ASSESS & EVAL	\$1.90	100%	1.0000	1.00	\$1.90	100%	\$1.90		\$1.90	1.000	\$1.90
	MH SERVICES CASE MANAGEMENT	\$8.54	100%	1.0000	1.00	\$8.54	100%	\$8.54		\$8.54	1.000	\$8.54
	MH SERVICES CONSULTATION	\$0.72	100%	1.0000	1.00	\$0.72	100%	\$0.72		\$0.72	1.000	\$0.72
	MH SERVICES ANCILLARY SERVICES	\$0.02	100%	1.0000	1.00	\$0.02	100%	\$0.02		\$0.02	1.000	\$0.02
	MH SERVICES MED MANAGEMENT	\$6.37	100%	1.0000	1.00	\$6.37	100%	\$6.37		\$6.37	1.000	\$6.37
	MH SERVICES ALTERNATIVE TO IP	\$3.88	100%	1.0000	1.00	\$3.88	100%	\$3.88		\$3.88	1.000	\$3.88
	MH SERVICES FAMILY SUPPORT	\$0.12	100%	1.0000	1.00	\$0.12	100%	\$0.12		\$0.12	1.000	\$0.12
	MH SERVICES OP THERAPY	\$10.98	100%	1.0000	1.00	\$10.98	100%	\$10.98		\$10.98	1.000	\$10.98
	MH SERVICES OTHER OP	\$0.14	100%	1.0000	1.00	\$0.14	100%	\$0.14		\$0.14	1.000	\$0.14
	MH SERVICES PHYS IP	\$0.24	100%	1.0000	1.00	\$0.24	100%	\$0.24		\$0.24	1.000	\$0.24
	MH SERVICES PHYS OP	\$0.53	100%	1.0000	1.00	\$0.53	100%	\$0.53		\$0.53	1.000	\$0.53
	MH SERVICES PEO	\$0.57	100%	1.0000	1.00	\$0.57	100%	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$27.64	100%	1.0000	1.00	\$27.64	100%	\$27.64		\$27.64	1.000	\$27.64
	MH SERVICES PSYCH DAY								\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES RESIDENTIAL								\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CARE COORD								\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CONS ASSESS								\$0.00	\$0.00	1.000	\$0.00
	Subtotal Mental Health	\$64.78				\$64.78				\$64.78		\$64.78
	Total AB/AD with Medicare	\$446.59				\$818.16				\$470.33		\$467.68

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 0-1
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
PLM, CHIP, or TANF Children Aged 0-1	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	ANESTHESIA	\$1.61	1.0946	1.00	\$1.76		\$1.76	0.992	\$1.75
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	FP - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	FP - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.02	1.0832	0.76	\$0.01		\$0.01	0.992	\$0.01
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	IP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.992	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$62.91	1.0832	0.76	\$51.79		\$51.79	0.992	\$51.39
	IP HOSP - NEWBORN	\$169.75	1.0832	0.76	\$139.74		\$139.74	0.992	\$138.68
	LAB & RAD - DIAGNOSTIC X-RAY	\$3.48	1.0946	1.00	\$3.80		\$3.80	0.992	\$3.78
	LAB & RAD - LAB	\$1.16	1.0946	1.00	\$1.26		\$1.26	0.992	\$1.25
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.992	\$0.01
	OP ER - SOMATIC MH	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	OP HOSP - BASIC	\$14.75	1.0832	0.76	\$12.14		\$12.14	0.992	\$12.05
	OP HOSP - EMERGENCY ROOM	\$8.73	1.0832	0.76	\$7.19		\$7.19	0.992	\$7.13
	OP HOSP - LAB & RAD	\$6.69	1.0832	0.76	\$5.50		\$5.50	0.992	\$5.46
	OP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.992	\$0.00
	OP HOSP - SOMATIC MH	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.992	\$0.02
	OTH MED - DME	\$1.45	1.0946	1.00	\$1.59		\$1.59	0.992	\$1.58
	OTH MED - HHC/PDN	\$1.80	1.0946	1.00	\$1.97		\$1.97	0.992	\$1.96
	OTH MED - HOSPICE	\$0.05	1.0946	1.00	\$0.05		\$0.05	0.992	\$0.05
	OTH MED - MATERNITY MGT	\$0.00	1.0717	1.00	\$0.00		\$0.00	0.992	\$0.00
	OTH MED - SUPPLIES	\$0.61	1.0946	1.00	\$0.66		\$0.66	0.992	\$0.66
	PHYS CONSULTATION, IP & ER VISITS	\$14.25	1.0946	1.00	\$15.59		\$15.59	0.992	\$15.47
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.04	1.0946	1.00	\$0.04		\$0.04	0.992	\$0.04
	PHYS MATERNITY	\$0.01	1.0946	1.00	\$0.02	\$0.00	\$0.02	0.992	\$0.02
	PHYS NEWBORN	\$19.96	1.0946	1.00	\$21.85		\$21.85	0.992	\$21.69
	PHYS OFFICE VISITS	\$57.78	1.0946	1.00	\$63.25		\$63.25	0.992	\$62.76
	PHYS OTHER	\$11.60	1.0946	1.00	\$12.70		\$12.70	0.992	\$12.60
	PHYS SOMATIC MH	\$0.07	1.0946	1.00	\$0.08		\$0.08	0.992	\$0.08
	POST - HOSP EXTENDED CARE	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.992	\$0.02

Oregon Health Plan Medicaid Demonstration
Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
PLM, CHIP, or TANF Children Aged 0-1
Effective October 1, 2005
Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment - Line 557 to Line 530	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$8.64	1.1624	1.00	\$10.04	\$0.01	\$10.05	0.992	\$9.97
	PRES DRUGS - FP	\$0.01	1.1624	1.00	\$0.01		\$0.01	0.992	\$0.01
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - NEURONTIN	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - OP HOSP BASIC	\$3.26	1.1624	1.00	\$3.79		\$3.79	0.992	\$3.76
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - TOBACCO CESSATION	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.01	1.0832	0.76	\$0.01	\$0.00	\$0.01	0.992	\$0.01
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	SURGERY	\$5.24	1.0946	1.00	\$5.73		\$5.73	0.992	\$5.69
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	TOBACCO CES-IP HSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	TOBACCO CES-OP HSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	TOBACCO CES-PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	TRANSPORTATION - AMBULANCE	\$5.01	1.0946	1.00	\$5.49		\$5.49	0.992	\$5.45
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.29	1.0946	1.00	\$0.32		\$0.32	0.992	\$0.31
	VISION CARE - MATERIALS & FITTING	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.992	\$0.02
	Subtotal Physical Health	\$399.23			\$366.46		\$366.47		\$363.68
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	CD SERVICES - METHADONE	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	CD SERVICES - OP	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Chemical Dependency	\$0.00			\$0.00		\$0.00		\$0.00

Oregon Health Plan Medicaid Demonstration
Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
PLM, CHIP, or TANF Children Aged 0-1
Effective October 1, 2005
Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - DIAGNOSTIC	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04
	DENTAL - ENDODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PERIODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PREVENTIVE	\$0.02	1.0000	1.00	\$0.02		\$0.02	1.000	\$0.02
	DENTAL - PROS REMOVABLE	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - RESTORATIVE	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$0.09			\$0.09		\$0.09		\$0.09
	MH SERVICES ACUTE INPATIENT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES ASSESS & EVAL	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01
	MH SERVICES CASE MANAGEMENT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES CONSULTATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES OP THERAPY	\$0.02	1.0000	1.00	\$0.02		\$0.02	1.000	\$0.02
	MH SERVICES OTHER OP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES PHYS IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES PHYS OP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00
	Subtotal Mental Health	\$0.61			\$0.61		\$0.61		\$0.61
	Total PLM, CHIP, or TANF Children Aged 0-1	\$399.92			\$367.15		\$367.16		\$364.38

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 1-5
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
PLM, CHIP, or TANF Children Aged 1-5	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	ANESTHESIA	\$1.40	1.0946	1.00	\$1.53		\$1.53	0.978	\$1.50
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	FP - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	FP - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	IP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.978	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$11.79	1.0832	0.76	\$9.70		\$9.70	0.978	\$9.49
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.20	1.0946	1.00	\$1.31		\$1.31	0.978	\$1.28
	LAB & RAD - LAB	\$1.00	1.0946	1.00	\$1.09		\$1.09	0.978	\$1.07
	LAB & RAD - THERAPEUTIC X-RAY	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.978	\$0.02
	OP ER - SOMATIC MH	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.978	\$0.01
	OP HOSP - BASIC	\$9.94	1.0832	0.76	\$8.18		\$8.18	0.978	\$8.00
	OP HOSP - EMERGENCY ROOM	\$4.81	1.0832	0.76	\$3.96		\$3.96	0.978	\$3.87
	OP HOSP - LAB & RAD	\$3.14	1.0832	0.76	\$2.59		\$2.59	0.978	\$2.53
	OP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.978	\$0.00
	OP HOSP - SOMATIC MH	\$0.14	1.0832	0.76	\$0.12		\$0.12	0.978	\$0.11
	OTH MED - DME	\$0.27	1.0946	1.00	\$0.29		\$0.29	0.978	\$0.29
	OTH MED - HHC/PDN	\$1.14	1.0946	1.00	\$1.25		\$1.25	0.978	\$1.22
	OTH MED - HOSPICE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.0717	1.00	\$0.00		\$0.00	0.978	\$0.00
	OTH MED - SUPPLIES	\$0.26	1.0946	1.00	\$0.29		\$0.29	0.978	\$0.28
	PHYS CONSULTATION, IP & ER VISITS	\$2.77	1.0946	1.00	\$3.03		\$3.03	0.978	\$2.97
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.978	\$0.01
	PHYS MATERNITY	\$0.01	1.0946	1.00	\$0.01	\$0.00	\$0.01	0.978	\$0.01
PHYS NEWBORN	\$0.08	1.0946	1.00	\$0.09		\$0.09	0.978	\$0.08	
PHYS OFFICE VISITS	\$20.73	1.0946	1.00	\$22.69		\$22.69	0.978	\$22.20	
PHYS OTHER	\$2.71	1.0946	1.00	\$2.96		\$2.96	0.978	\$2.90	
PHYS SOMATIC MH	\$0.46	1.0946	1.00	\$0.50		\$0.50	0.978	\$0.49	
POST - HOSP EXTENDED CARE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 1-5
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment - Line 557 to Line 530	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$7.33	1.1624	1.00	\$8.52	\$0.03	\$8.55	0.978	\$8.37
	PRES DRUGS - FP	\$0.01	1.1624	1.00	\$0.01		\$0.01	0.978	\$0.01
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.978	\$0.00
	PRES DRUGS - NEURONTIN	\$0.00	1.1624	1.00	\$0.01		\$0.01	0.978	\$0.01
	PRES DRUGS - OP HOSP BASIC	\$1.11	1.1624	1.00	\$1.29		\$1.29	0.978	\$1.26
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.978	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.978	\$0.00
	PRES DRUGS - TOBACCO CESSATION	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.978	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.978	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	SURGERY	\$2.38	1.0946	1.00	\$2.60		\$2.60	0.978	\$2.54
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	TOBACCO CES-IP HSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	TOBACCO CES-OP HSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00
	TOBACCO CES-PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	TRANSPORTATION - AMBULANCE	\$1.14	1.0946	1.00	\$1.25		\$1.25	0.978	\$1.23
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.48	1.0946	1.00	\$0.53		\$0.53	0.978	\$0.52
	VISION CARE - MATERIALS & FITTING	\$0.17	1.0946	1.00	\$0.18		\$0.18	0.978	\$0.18
	Subtotal Physical Health	\$74.52			\$74.05		\$74.08		\$72.46
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	CD SERVICES - METHADONE	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	CD SERVICES - OP	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Chemical Dependency	\$0.00			\$0.00		\$0.00		\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 1-5
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.43	1.0000	1.00	\$0.43		\$0.43	1.000	\$0.43
	DENTAL - ANESTHESIA SURGICAL	\$0.43	1.0000	1.00	\$0.43		\$0.43	1.000	\$0.43
	DENTAL - DIAGNOSTIC	\$2.32	1.0000	1.00	\$2.32		\$2.32	1.000	\$2.32
	DENTAL - ENDODONTICS	\$0.94	1.0000	1.00	\$0.94		\$0.94	1.000	\$0.94
	DENTAL - I/P FIXED	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$0.68	1.0000	1.00	\$0.68		\$0.68	1.000	\$0.68
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PERIODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PREVENTIVE	\$1.79	1.0000	1.00	\$1.79		\$1.79	1.000	\$1.79
	DENTAL - PROS REMOVABLE	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - RESTORATIVE	\$5.36	1.0000	1.00	\$5.36		\$5.36	1.000	\$5.36
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$11.97			\$11.97		\$11.97		\$11.97
	MH SERVICES ACUTE INPATIENT	\$0.11	1.0000	1.00	\$0.11		\$0.11	1.000	\$0.11
	MH SERVICES ASSESS & EVAL	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES CASE MANAGEMENT	\$0.21	1.0000	1.00	\$0.21		\$0.21	1.000	\$0.21
	MH SERVICES CONSULTATION	\$0.10	1.0000	1.00	\$0.10		\$0.10	1.000	\$0.10
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.06	1.0000	1.00	\$0.06		\$0.06	1.000	\$0.06
	MH SERVICES ALTERNATIVE TO IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04
	MH SERVICES OP THERAPY	\$1.75	1.0000	1.00	\$1.75		\$1.75	1.000	\$1.75
	MH SERVICES OTHER OP	\$0.02	1.0000	1.00	\$0.02		\$0.02	1.000	\$0.02
	MH SERVICES PHYS IP	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01
	MH SERVICES PHYS OP	\$0.10	1.0000	1.00	\$0.10		\$0.10	1.000	\$0.10
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$0.61	1.0000	1.00	\$0.61		\$0.61	1.000	\$0.61
	MH SERVICES PSYCH DAY					\$0.63	\$0.63	1.000	\$0.63
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CARE COORD					\$0.03	\$0.03	1.000	\$0.03
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00
	Subtotal Mental Health	\$4.14			\$4.14		\$4.79		\$4.79
	Total PLM, CHIP, or TANF Children Aged 1-5	\$90.63			\$90.15		\$90.84		\$89.22

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 6-18
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
PLM, CHIP, or TANF Children Aged 6-18	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	ANESTHESIA	\$0.74	1.0946	1.00	\$0.81		\$0.81	0.980	\$0.79
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	FP - OP HOSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.980	\$0.01
	FP - PHYS	\$0.12	1.0946	1.00	\$0.14		\$0.14	0.980	\$0.13
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	IP HOSP - ACUTE DETOX	\$0.05	1.0832	0.76	\$0.04		\$0.04	0.980	\$0.04
	IP HOSP - MATERNITY	\$1.82	1.0832	0.76	\$1.50	-\$1.42	\$0.07	0.980	\$0.07
	IP HOSP - MEDICAL/SURGICAL	\$9.83	1.0832	0.76	\$8.09		\$8.09	0.980	\$7.93
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.08	1.0946	1.00	\$2.28		\$2.28	0.980	\$2.24
	LAB & RAD - LAB	\$1.39	1.0946	1.00	\$1.52		\$1.52	0.980	\$1.49
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.980	\$0.01
	OP ER - SOMATIC MH	\$0.07	1.0832	0.76	\$0.06		\$0.06	0.980	\$0.06
	OP HOSP - BASIC	\$5.55	1.0832	0.76	\$4.57		\$4.57	0.980	\$4.48
	OP HOSP - EMERGENCY ROOM	\$3.01	1.0832	0.76	\$2.48		\$2.48	0.980	\$2.43
	OP HOSP - LAB & RAD	\$3.95	1.0832	0.76	\$3.25		\$3.25	0.980	\$3.19
	OP HOSP - MATERNITY	\$0.11	1.0832	0.76	\$0.09	-\$0.06	\$0.03	0.980	\$0.03
	OP HOSP - SOMATIC MH	\$0.13	1.0832	0.76	\$0.11		\$0.11	0.980	\$0.11
	OTH MED - DME	\$0.22	1.0946	1.00	\$0.24		\$0.24	0.980	\$0.23
	OTH MED - HHC/PDN	\$0.93	1.0946	1.00	\$1.02		\$1.02	0.980	\$1.00
	OTH MED - HOSPICE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	OTH MED - MATERNITY MGT	\$0.16	1.0717	1.00	\$0.17		\$0.17	0.980	\$0.17
	OTH MED - SUPPLIES	\$0.22	1.0946	1.00	\$0.24		\$0.24	0.980	\$0.24
	PHYS CONSULTATION, IP & ER VISITS	\$1.95	1.0946	1.00	\$2.14		\$2.14	0.980	\$2.10
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.980	\$0.01
	PHYS MATERNITY	\$1.44	1.0946	1.00	\$1.58	-\$1.46	\$0.12	0.980	\$0.12
PHYS NEWBORN	\$0.05	1.0946	1.00	\$0.06		\$0.06	0.980	\$0.06	
PHYS OFFICE VISITS	\$11.24	1.0946	1.00	\$12.30		\$12.30	0.980	\$12.06	
PHYS OTHER	\$1.45	1.0946	1.00	\$1.59		\$1.59	0.980	\$1.56	
PHYS SOMATIC MH	\$1.03	1.0946	1.00	\$1.13		\$1.13	0.980	\$1.10	
POST - HOSP EXTENDED CARE	\$0.01	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	

Oregon Health Plan Medicaid Demonstration
Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
PLM, CHIP, or TANF Children Aged 6-18
Effective October 1, 2005
Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment - Line 557 to Line 530	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$9.87	1.1624	1.00	\$11.47	-\$0.06	\$11.41	0.980	\$11.19
	PRES DRUGS - FP	\$0.37	1.1624	1.00	\$0.43		\$0.43	0.980	\$0.42
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.980	\$0.00
	PRES DRUGS - NEURONTIN	\$0.05	1.1624	1.00	\$0.06		\$0.06	0.980	\$0.06
	PRES DRUGS - OP HOSP BASIC	\$0.86	1.1624	1.00	\$1.00		\$1.00	0.980	\$0.98
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.980	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.01	1.1624	1.00	\$0.01		\$0.01	0.980	\$0.01
	PRES DRUGS - TOBACCO CESSATION	\$0.03	1.1624	1.00	\$0.04		\$0.04	0.980	\$0.04
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.39	1.0832	0.76	\$0.32	-\$0.17	\$0.15	0.980	\$0.15
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	SURGERY	\$2.75	1.0946	1.00	\$3.01		\$3.01	0.980	\$2.96
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	TOBACCO CES-IP HSP	\$0.02	1.0832	0.76	\$0.01		\$0.01	0.980	\$0.01
	TOBACCO CES-OP HSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.980	\$0.01
	TOBACCO CES-PHYS	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.980	\$0.02
	TRANSPORTATION - AMBULANCE	\$0.82	1.0946	1.00	\$0.90		\$0.90	0.980	\$0.88
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.75	1.0946	1.00	\$1.92		\$1.92	0.980	\$1.88
	VISION CARE - MATERIALS & FITTING	\$1.20	1.0946	1.00	\$1.31		\$1.31	0.980	\$1.28
	Subtotal Physical Health	\$65.73			\$65.94		\$62.77		\$61.54
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	CD SERVICES - METHADONE	\$0.02	1.0279	1.00	\$0.02		\$0.02	1.000	\$0.02
	CD SERVICES - OP	\$1.08	1.0279	1.00	\$1.11		\$1.11	1.000	\$1.11
	Subtotal Chemical Dependency	\$1.10			\$1.13		\$1.13		\$1.13

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 6-18
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.17	1.0000	1.00	\$0.17		\$0.17	1.000	\$0.17
	DENTAL - ANESTHESIA SURGICAL	\$0.32	1.0000	1.00	\$0.32		\$0.32	1.000	\$0.32
	DENTAL - DIAGNOSTIC	\$4.20	1.0000	1.00	\$4.20		\$4.20	1.000	\$4.20
	DENTAL - ENDODONTICS	\$1.25	1.0000	1.00	\$1.25		\$1.25	1.000	\$1.25
	DENTAL - I/P FIXED	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$1.55	1.0000	1.00	\$1.55		\$1.55	1.000	\$1.55
	DENTAL - ORTHODONTICS	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03
	DENTAL - PERIODONTICS	\$0.09	1.0000	1.00	\$0.09		\$0.09	1.000	\$0.09
	DENTAL - PREVENTIVE	\$4.11	1.0000	1.00	\$4.11		\$4.11	1.000	\$4.11
	DENTAL - PROS REMOVABLE	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03
	DENTAL - RESTORATIVE	\$6.08	1.0000	1.00	\$6.08		\$6.08	1.000	\$6.08
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$17.83			\$17.83		\$17.83		\$17.83
	MH SERVICES ACUTE INPATIENT	\$2.39	1.0000	1.00	\$2.39		\$2.39	1.000	\$2.39
	MH SERVICES ASSESS & EVAL	\$1.78	1.0000	1.00	\$1.78		\$1.78	1.000	\$1.78
	MH SERVICES CASE MANAGEMENT	\$0.86	1.0000	1.00	\$0.86		\$0.86	1.000	\$0.86
	MH SERVICES CONSULTATION	\$0.38	1.0000	1.00	\$0.38		\$0.38	1.000	\$0.38
	MH SERVICES ANCILLARY SERVICES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01
	MH SERVICES MED MANAGEMENT	\$0.53	1.0000	1.00	\$0.53		\$0.53	1.000	\$0.53
	MH SERVICES ALTERNATIVE TO IP	\$0.16	1.0000	1.00	\$0.16		\$0.16	1.000	\$0.16
	MH SERVICES FAMILY SUPPORT	\$0.17	1.0000	1.00	\$0.17		\$0.17	1.000	\$0.17
	MH SERVICES OP THERAPY	\$7.79	1.0000	1.00	\$7.79		\$7.79	1.000	\$7.79
	MH SERVICES OTHER OP	\$0.11	1.0000	1.00	\$0.11		\$0.11	1.000	\$0.11
	MH SERVICES PHYS IP	\$0.07	1.0000	1.00	\$0.07		\$0.07	1.000	\$0.07
	MH SERVICES PHYS OP	\$0.27	1.0000	1.00	\$0.27		\$0.27	1.000	\$0.27
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$1.15	1.0000	1.00	\$1.15		\$1.15	1.000	\$1.15
	MH SERVICES PSYCH DAY					\$3.29	\$3.29	1.000	\$3.29
	MH SERVICES RESIDENTIAL					\$1.01	\$1.01	1.000	\$1.01
	MH SERVICES CARE COORD					\$0.12	\$0.12	1.000	\$0.12
	MH SERVICES CONS ASSESS					\$0.01	\$0.01	1.000	\$0.01
	Subtotal Mental Health	\$16.24			\$16.24		\$20.67		\$20.67
	Total PLM, CHIP, or TANF Children Aged 6-1	\$100.91			\$101.14		\$102.41		\$101.17

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 OAA without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
OAA without Medicare	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	ANESTHESIA	\$4.59	1.0946	1.00	\$5.03		\$5.03	0.990	\$4.98
	EXCEPT NEEDS CARE COORDINATION	\$6.26	1.0000	1.00	\$6.26		\$6.26	1.000	\$6.26
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	FP - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	FP - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.92	1.0832	0.76	\$0.75		\$0.75	0.990	\$0.75
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	HYSTERECTOMY - PHYS	\$0.11	1.0946	1.00	\$0.12		\$0.12	0.990	\$0.12
	IP HOSP - ACUTE DETOX	\$0.06	1.0832	0.76	\$0.05		\$0.05	0.990	\$0.05
	IP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.990	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$218.44	1.0832	0.76	\$179.82		\$179.82	0.990	\$178.00
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$15.54	1.0946	1.00	\$17.01		\$17.01	0.990	\$16.84
	LAB & RAD - LAB	\$6.45	1.0946	1.00	\$7.06		\$7.06	0.990	\$6.99
	LAB & RAD - THERAPEUTIC X-RAY	\$0.83	1.0946	1.00	\$0.91		\$0.91	0.990	\$0.90
	OP ER - SOMATIC MH	\$0.10	1.0832	0.76	\$0.08		\$0.08	0.990	\$0.08
	OP HOSP - BASIC	\$65.32	1.0832	0.76	\$53.78		\$53.78	0.990	\$53.23
	OP HOSP - EMERGENCY ROOM	\$6.93	1.0832	0.76	\$5.70		\$5.70	0.990	\$5.64
	OP HOSP - LAB & RAD	\$30.33	1.0832	0.76	\$24.97		\$24.97	0.990	\$24.72
	OP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.990	\$0.00
	OP HOSP - SOMATIC MH	\$0.34	1.0832	0.76	\$0.28		\$0.28	0.990	\$0.28
	OTH MED - DME	\$8.25	1.0946	1.00	\$9.03		\$9.03	0.990	\$8.94
	OTH MED - HHC/PDN	\$9.36	1.0946	1.00	\$10.25		\$10.25	0.990	\$10.15
	OTH MED - HOSPICE	\$3.35	1.0946	1.00	\$3.67		\$3.67	0.990	\$3.63
	OTH MED - MATERNITY MGT	\$0.00	1.0717	1.00	\$0.00		\$0.00	0.990	\$0.00
	OTH MED - SUPPLIES	\$11.68	1.0946	1.00	\$12.79		\$12.79	0.990	\$12.66
	PHYS CONSULTATION, IP & ER VISITS	\$21.52	1.0946	1.00	\$23.55		\$23.55	0.990	\$23.32
	PHYS HOME OR LONG-TERM CARE VISITS	\$2.38	1.0946	1.00	\$2.61		\$2.61	0.990	\$2.58
	PHYS MATERNITY	\$0.01	1.0946	1.00	\$0.01	\$0.00	\$0.01	0.990	\$0.01
	PHYS NEWBORN	\$0.05	1.0946	1.00	\$0.06		\$0.06	0.990	\$0.06
	PHYS OFFICE VISITS	\$30.30	1.0946	1.00	\$33.17		\$33.17	0.990	\$32.83
	PHYS OTHER	\$12.13	1.0946	1.00	\$13.27		\$13.27	0.990	\$13.14
	PHYS SOMATIC MH	\$1.48	1.0946	1.00	\$1.62		\$1.62	0.990	\$1.60
	POST - HOSP EXTENDED CARE	\$0.28	1.0832	0.76	\$0.23		\$0.23	0.990	\$0.23

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 OAA without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$105.26	1.1624	1.00	\$122.36	\$0.36	\$122.72	0.990	\$121.48
	PRES DRUGS - FP	\$0.07	1.1624	1.00	\$0.08		\$0.08	0.990	\$0.08
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.990	\$0.00
	PRES DRUGS - NEURONTIN	\$0.76	1.1624	1.00	\$0.89		\$0.89	0.990	\$0.88
	PRES DRUGS - OP HOSP BASIC	\$4.89	1.1624	1.00	\$5.68		\$5.68	0.990	\$5.62
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.990	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.09	1.1624	1.00	\$0.10		\$0.10	0.990	\$0.10
	PRES DRUGS - TOBACCO CESSATION	\$0.13	1.1624	1.00	\$0.15		\$0.15	0.990	\$0.15
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.990	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	SURGERY	\$25.26	1.0946	1.00	\$27.65		\$27.65	0.990	\$27.37
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	TOBACCO CES-IP HSP	\$0.18	1.0832	0.76	\$0.15		\$0.15	0.990	\$0.15
	TOBACCO CES-OP HSP	\$0.05	1.0832	0.76	\$0.04		\$0.04	0.990	\$0.04
	TOBACCO CES-PHYS	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.990	\$0.02
	TRANSPORTATION - AMBULANCE	\$16.06	1.0946	1.00	\$17.58		\$17.58	0.990	\$17.40
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00
	VISION CARE - EXAMS & THERAPY	\$3.45	1.0946	1.00	\$3.77		\$3.77	0.990	\$3.74
	VISION CARE - MATERIALS & FITTING	\$2.22	1.0946	1.00	\$2.43		\$2.43	0.990	\$2.41
	Subtotal Physical Health	\$615.45			\$592.98		\$593.35		\$587.41
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	CD SERVICES - METHADONE	\$0.02	1.0279	1.00	\$0.02		\$0.02	1.000	\$0.02
	CD SERVICES - OP	\$0.01	1.0279	1.00	\$0.01		\$0.01	1.000	\$0.01
	Subtotal Chemical Dependency	\$0.03			\$0.03		\$0.03		\$0.03

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 OAA without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.31	1.0000	1.00	\$0.31		\$0.31	1.000	\$0.31
	DENTAL - ANESTHESIA SURGICAL	\$0.02	1.0000	1.00	\$0.02		\$0.02	1.000	\$0.02
	DENTAL - DIAGNOSTIC	\$3.00	1.0000	1.00	\$3.00		\$3.00	1.000	\$3.00
	DENTAL - ENDODONTICS	\$1.19	1.0000	1.00	\$1.19		\$1.19	1.000	\$1.19
	DENTAL - I/P FIXED	\$0.24	1.0000	1.00	\$0.24		\$0.24	1.000	\$0.24
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$3.63	1.0000	1.00	\$3.63		\$3.63	1.000	\$3.63
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PERIODONTICS	\$1.28	1.0000	1.00	\$1.28		\$1.28	1.000	\$1.28
	DENTAL - PREVENTIVE	\$1.08	1.0000	1.00	\$1.08		\$1.08	1.000	\$1.08
	DENTAL - PROS REMOVABLE	\$11.28	1.0000	1.00	\$11.28		\$11.28	1.000	\$11.28
	DENTAL - RESTORATIVE	\$3.05	1.0000	1.00	\$3.05		\$3.05	1.000	\$3.05
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$25.07			\$25.07		\$25.07		\$25.07
	MH SERVICES ACUTE INPATIENT	\$0.58	1.0000	1.00	\$0.58		\$0.58	1.000	\$0.58
	MH SERVICES ASSESS & EVAL	\$0.49	1.0000	1.00	\$0.49		\$0.49	1.000	\$0.49
	MH SERVICES CASE MANAGEMENT	\$0.52	1.0000	1.00	\$0.52		\$0.52	1.000	\$0.52
	MH SERVICES CONSULTATION	\$0.11	1.0000	1.00	\$0.11		\$0.11	1.000	\$0.11
	MH SERVICES ANCILLARY SERVICES	\$0.10	1.0000	1.00	\$0.10		\$0.10	1.000	\$0.10
	MH SERVICES MED MANAGEMENT	\$1.00	1.0000	1.00	\$1.00		\$1.00	1.000	\$1.00
	MH SERVICES ALTERNATIVE TO IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES OP THERAPY	\$0.68	1.0000	1.00	\$0.68		\$0.68	1.000	\$0.68
	MH SERVICES OTHER OP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES PHYS IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES PHYS OP	\$0.40	1.0000	1.00	\$0.40		\$0.40	1.000	\$0.40
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$3.07	1.0000	1.00	\$3.07		\$3.07	1.000	\$3.07
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00
	Subtotal Mental Health	\$7.51			\$7.51		\$7.51		\$7.51
	Total OAA without Medicare	\$648.06			\$625.60		\$625.96		\$620.02

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs

OAA with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D	E = A x B x C x D	F	G = E x F	H	I = G + H	J	K = I x J
		03-05 PCC with Coverage Through Line 557	Cost to Charge Ratio Adjustment	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Gross Oct 2005 PCC With Coverage Through Line 557	Liability for Dual Eligibles	Net Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost
OAA with Medicare	ADMINISTRATIVE EXAMS	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00
	ANESTHESIA	\$0.51	655%	1.0716	1.00	\$3.55	20%	\$0.71		\$0.71	0.994	\$0.71
	EXCEPT NEEDS CARE COORDINATION	\$6.26	100%	1.0000	1.00	\$6.26	100%	\$6.26		\$6.26	1.000	\$6.26
	FP - IP HOSP	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00
	FP - OP HOSP	\$0.00	603%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	FP - PHYS	\$0.00	103%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	2159%	1.0716	1.00	\$0.02	20%	\$0.00		\$0.00	0.994	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.03	5646%	1.0617	0.76	\$1.17	0%	\$0.00		\$0.00	0.994	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	132%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	8040%	1.0716	1.00	\$0.09	20%	\$0.02		\$0.02	0.994	\$0.02
	IP HOSP - ACUTE DETOX	\$0.03	1191%	1.0617	0.76	\$0.25	0%	\$0.00		\$0.00	0.994	\$0.00
	IP HOSP - MATERNITY	\$0.00	822%	1.0617	0.76	\$0.01	0%	\$0.00	\$0.00	\$0.00	0.994	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$11.59	2318%	1.0617	0.76	\$216.76	0%	\$0.00		\$0.00	0.994	\$0.00
	IP HOSP - NEWBORN	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.17	934%	1.0716	1.00	\$11.73	20%	\$2.35		\$2.35	0.994	\$2.33
	LAB & RAD - LAB	\$1.04	421%	1.0716	1.00	\$4.68	0%	\$0.00		\$0.00	0.994	\$0.00
	LAB & RAD - THERAPEUTIC X-RAY	\$0.06	2106%	1.0716	1.00	\$1.33	20%	\$0.27		\$0.27	0.994	\$0.26
	OP ER - SOMATIC MH	\$0.23	132%	1.0617	0.76	\$0.24	20%	\$0.05		\$0.05	0.994	\$0.05
	OP HOSP - BASIC	\$9.85	549%	1.0617	0.76	\$43.66	20%	\$8.73		\$8.73	0.994	\$8.68
	OP HOSP - EMERGENCY ROOM	\$2.44	510%	1.0617	0.76	\$10.02	20%	\$2.00		\$2.00	0.994	\$1.99
	OP HOSP - LAB & RAD	\$5.01	684%	1.0617	0.76	\$27.64	20%	\$5.53		\$5.53	0.994	\$5.49
	OP HOSP - MATERNITY	\$0.00	522%	1.0617	0.76	\$0.00	20%	\$0.00	\$0.00	\$0.00	0.994	\$0.00
	OP HOSP - SOMATIC MH	\$0.06	1128%	1.0617	0.76	\$0.56	20%	\$0.11		\$0.11	0.994	\$0.11
	OTH MED - DME	\$4.45	328%	1.0716	1.00	\$15.66	20%	\$3.13		\$3.13	0.994	\$3.11
	OTH MED - HHC/PDN	\$1.27	781%	1.0716	1.00	\$10.60	0%	\$0.00		\$0.00	0.994	\$0.00
	OTH MED - HOSPICE	\$0.62	100%	1.0716	1.00	\$0.67	0%	\$0.00		\$0.00	0.994	\$0.00
	OTH MED - MATERNITY MGT	\$0.00	100%	1.0714	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00
	OTH MED - SUPPLIES	\$8.27	139%	1.0716	1.00	\$12.30	100%	\$12.30		\$12.30	0.994	\$12.23
	PHYS CONSULTATION, IP & ER VISITS	\$1.28	1241%	1.0716	1.00	\$17.05	20%	\$3.41		\$3.41	0.994	\$3.39
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.70	438%	1.0716	1.00	\$3.28	20%	\$0.66		\$0.66	0.994	\$0.65
	PHYS MATERNITY	\$0.00	256%	1.0716	1.00	\$0.00	20%	\$0.00	\$0.00	\$0.00	0.994	\$0.00
	PHYS NEWBORN	\$0.00	1680%	1.0716	1.00	\$0.06	20%	\$0.01		\$0.01	0.994	\$0.01
PHYS OFFICE VISITS	\$6.24	421%	1.0716	1.00	\$28.19	20%	\$5.64		\$5.64	0.994	\$5.60	
PHYS OTHER	\$5.97	200%	1.0716	1.00	\$12.79	20%	\$2.56		\$2.56	0.994	\$2.54	
PHYS SOMATIC MH	\$1.28	191%	1.0716	1.00	\$2.63	20%	\$0.53		\$0.53	0.994	\$0.52	
POST - HOSP EXTENDED CARE	\$0.32	100%	1.0617	0.76	\$0.26	0%	\$0.00		\$0.00	0.994	\$0.00	

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 OAA with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D	E = A x B x C x D	F	G = E x F	H	I = G + H	J	K = I x J
		03-05 PCC with Coverage Through Line 557	Cost to Charge Ratio Adjustment	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Gross Oct 2005 PCC With Coverage Through Line 557	Liability for Dual Eligibles	Net Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$178.47	100%	1.1624	1.00	\$207.46	100%	\$207.46	\$0.12	\$207.57	0.994	\$206.25
	PRES DRUGS - FP	\$0.04	100%	1.1624	1.00	\$0.04	100%	\$0.04		\$0.04	0.994	\$0.04
	PRES DRUGS - MH/CD	\$0.00	100%	1.1624	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00
	PRES DRUGS - NEURONTIN	\$2.48	131%	1.1624	1.00	\$3.78	100%	\$3.78		\$3.78	0.994	\$3.75
	PRES DRUGS - OP HOSP BASIC	\$1.50	376%	1.1624	1.00	\$6.53	20%	\$1.31		\$1.31	0.994	\$1.30
	PRES DRUGS - OP HOSP FP	\$0.00	100%	1.1624	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.08	100%	1.1624	1.00	\$0.09	20%	\$0.02		\$0.02	0.994	\$0.02
	PRES DRUGS - TOBACCO CESSATION	\$0.23	105%	1.1624	1.00	\$0.28	100%	\$0.28		\$0.28	0.994	\$0.28
	SCHOOL-BASED HEALTH SERVICES	\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	184%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	548%	1.0617	0.76	\$0.00	20%	\$0.00	\$0.00	\$0.00	0.994	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	142%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	146%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	STERILIZATION - PHY MALE	\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	SURGERY	\$4.45	427%	1.0716	1.00	\$20.36	20%	\$4.07		\$4.07	0.994	\$4.05
	TARGETED CASE MAN - BABIES FIRST	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	132%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00
	TOBACCO CES-IP HSP	\$0.01	2690%	1.0617	0.76	\$0.21	0%	\$0.00		\$0.00	0.994	\$0.00
	TOBACCO CES-OP HSP	\$0.01	521%	1.0617	0.76	\$0.05	20%	\$0.01		\$0.01	0.994	\$0.01
	TOBACCO CES-PHYS	\$0.03	213%	1.0716	1.00	\$0.06	20%	\$0.01		\$0.01	0.994	\$0.01
	TRANSPORTATION - AMBULANCE	\$6.11	229%	1.0716	1.00	\$14.98	20%	\$3.00		\$3.00	0.994	\$2.98
	TRANSPORTATION - OTHER	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.42	240%	1.0716	1.00	\$3.65	100%	\$3.65		\$3.65	0.994	\$3.63
	VISION CARE - MATERIALS & FITTING	\$2.04	107%	1.0716	1.00	\$2.35	100%	\$2.35		\$2.35	0.994	\$2.33
	PART A DEDUCTIBLE	\$29.96	100%	1.0000	1.00	\$29.96	100%	\$29.96		\$29.96	1.000	\$29.96
	PART B DEDUCTIBLE	\$9.17	100%	1.0000	1.00	\$9.17	100%	\$9.17		\$9.17	1.000	\$9.17
	PART B COINSURANCE ADJUSTMENT	-\$1.80	100%	1.0000	1.00	-\$1.80	100%	-\$1.80		-\$1.80	1.000	-\$1.80
	Subtotal Physical Health	\$302.85				\$728.62				\$317.68		\$315.93
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	100%	0.9999	1.00	\$0.00	50%	\$0.00		\$0.00	1.000	\$0.00
	CD SERVICES - METHADONE	\$0.07	107%	0.9999	1.00	\$0.07	50%	\$0.04		\$0.04	1.000	\$0.04
	CD SERVICES - OP	\$0.08	100%	0.9999	1.00	\$0.08	50%	\$0.04		\$0.04	1.000	\$0.04
	Subtotal Chemical Dependency	\$0.15				\$0.15				\$0.08		\$0.08

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 OAA with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D	E = A x B x C x D	F	G = E x F	H	I = G + H	J	K = I x J
		03-05 PCC with Coverage Through Line 557	Cost to Charge Ratio Adjustment	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Gross Oct 2005 PCC With Coverage Through Line 557	Liability for Dual Eligibles	Net Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.34	100%	1.0000	1.00	\$0.34	100%	\$0.34		\$0.34	1.000	\$0.34
	DENTAL - ANESTHESIA SURGICAL	\$0.05	100%	1.0000	1.00	\$0.05	100%	\$0.05		\$0.05	1.000	\$0.05
	DENTAL - DIAGNOSTIC	\$1.79	100%	1.0000	1.00	\$1.79	100%	\$1.79		\$1.79	1.000	\$1.79
	DENTAL - ENDODONTICS	\$0.44	100%	1.0000	1.00	\$0.44	100%	\$0.44		\$0.44	1.000	\$0.44
	DENTAL - I/P FIXED	\$0.59	100%	1.0000	1.00	\$0.59	100%	\$0.59		\$0.59	1.000	\$0.59
	DENTAL - MAXILLOFACIAL PROS	\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$1.91	100%	1.0000	1.00	\$1.91	100%	\$1.91		\$1.91	1.000	\$1.91
	DENTAL - ORTHODONTICS	\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PERIODONTICS	\$0.57	100%	1.0000	1.00	\$0.57	100%	\$0.57		\$0.57	1.000	\$0.57
	DENTAL - PREVENTIVE	\$0.76	100%	1.0000	1.00	\$0.76	100%	\$0.76		\$0.76	1.000	\$0.76
	DENTAL - PROS REMOVABLE	\$6.35	100%	1.0000	1.00	\$6.35	100%	\$6.35		\$6.35	1.000	\$6.35
	DENTAL - RESTORATIVE	\$2.20	100%	1.0000	1.00	\$2.20	100%	\$2.20		\$2.20	1.000	\$2.20
	DENTAL - TOBACCO CES	\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$15.01				\$15.01				\$15.01		\$15.01
	MH SERVICES ACUTE INPATIENT	\$0.54	100%	1.0000	1.00	\$0.54	100%	\$0.54		\$0.54	1.000	\$0.54
	MH SERVICES ASSESS & EVAL	\$0.35	100%	1.0000	1.00	\$0.35	100%	\$0.35		\$0.35	1.000	\$0.35
	MH SERVICES CASE MANAGEMENT	\$0.92	100%	1.0000	1.00	\$0.92	100%	\$0.92		\$0.92	1.000	\$0.92
	MH SERVICES CONSULTATION	\$0.20	100%	1.0000	1.00	\$0.20	100%	\$0.20		\$0.20	1.000	\$0.20
	MH SERVICES ANCILLARY SERVICES	\$0.01	100%	1.0000	1.00	\$0.01	100%	\$0.01		\$0.01	1.000	\$0.01
	MH SERVICES MED MANAGEMENT	\$0.67	100%	1.0000	1.00	\$0.67	100%	\$0.67		\$0.67	1.000	\$0.67
	MH SERVICES ALTERNATIVE TO IP	\$0.11	100%	1.0000	1.00	\$0.11	100%	\$0.11		\$0.11	1.000	\$0.11
	MH SERVICES FAMILY SUPPORT	\$0.01	100%	1.0000	1.00	\$0.01	100%	\$0.01		\$0.01	1.000	\$0.01
	MH SERVICES OP THERAPY	\$1.16	100%	1.0000	1.00	\$1.16	100%	\$1.16		\$1.16	1.000	\$1.16
	MH SERVICES OTHER OP	\$0.03	100%	1.0000	1.00	\$0.03	100%	\$0.03		\$0.03	1.000	\$0.03
	MH SERVICES PHYS IP	\$0.04	100%	1.0000	1.00	\$0.04	100%	\$0.04		\$0.04	1.000	\$0.04
	MH SERVICES PHYS OP	\$0.07	100%	1.0000	1.00	\$0.07	100%	\$0.07		\$0.07	1.000	\$0.07
	MH SERVICES PEO	\$0.57	100%	1.0000	1.00	\$0.57	100%	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$3.43	100%	1.0000	1.00	\$3.43	100%	\$3.43		\$3.43	1.000	\$3.43
	MH SERVICES PSYCH DAY								\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES RESIDENTIAL								\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CARE COORD								\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CONS ASSESS								\$0.00	\$0.00	1.000	\$0.00
	Subtotal Mental Health	\$8.12				\$8.12				\$8.12		\$8.12
	Total OAA with Medicare	\$326.12				\$751.89				\$340.88		\$339.14

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs

PLM Adults
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
PLM Adults	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	ANESTHESIA	\$15.25	1.0946	1.00	\$16.69		\$16.69	0.999	\$16.68
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00
	FP - OP HOSP	\$0.04	1.0832	0.76	\$0.03		\$0.03	0.999	\$0.03
	FP - PHYS	\$1.92	1.0946	1.00	\$2.11		\$2.11	0.999	\$2.11
	HYSTERECTOMY - ANESTHESIA	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.999	\$0.02
	HYSTERECTOMY - IP HOSP	\$0.50	1.0832	0.76	\$0.41		\$0.41	0.999	\$0.41
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00
	HYSTERECTOMY - PHYS	\$0.05	1.0946	1.00	\$0.06		\$0.06	0.999	\$0.06
	IP HOSP - ACUTE DETOX	\$0.16	1.0832	0.76	\$0.13		\$0.13	0.999	\$0.13
	IP HOSP - MATERNITY	\$391.96	1.0832	0.76	\$322.67	-\$316.00	\$6.67	0.999	\$6.66
	IP HOSP - MEDICAL/SURGICAL	\$11.87	1.0832	0.76	\$9.77		\$9.77	0.999	\$9.76
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$26.76	1.0946	1.00	\$29.29		\$29.29	0.999	\$29.28
	LAB & RAD - LAB	\$16.41	1.0946	1.00	\$17.96		\$17.96	0.999	\$17.95
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.999	\$0.01
	OP ER - SOMATIC MH	\$0.10	1.0832	0.76	\$0.09		\$0.09	0.999	\$0.09
	OP HOSP - BASIC	\$10.74	1.0832	0.76	\$8.84		\$8.84	0.999	\$8.83
	OP HOSP - EMERGENCY ROOM	\$4.35	1.0832	0.76	\$3.58		\$3.58	0.999	\$3.58
	OP HOSP - LAB & RAD	\$11.51	1.0832	0.76	\$9.47		\$9.47	0.999	\$9.47
	OP HOSP - MATERNITY	\$22.85	1.0832	0.76	\$18.81	-\$15.62	\$3.19	0.999	\$3.19
	OP HOSP - SOMATIC MH	\$0.12	1.0832	0.76	\$0.10		\$0.10	0.999	\$0.10
	OTH MED - DME	\$0.43	1.0946	1.00	\$0.47		\$0.47	0.999	\$0.47
	OTH MED - HHC/PDN	\$2.11	1.0946	1.00	\$2.31		\$2.31	0.999	\$2.31
	OTH MED - HOSPICE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	OTH MED - MATERNITY MGT	\$14.66	1.0717	1.00	\$15.71		\$15.71	0.999	\$15.70
	OTH MED - SUPPLIES	\$0.52	1.0946	1.00	\$0.57		\$0.57	0.999	\$0.57
	PHYS CONSULTATION, IP & ER VISITS	\$8.91	1.0946	1.00	\$9.75		\$9.75	0.999	\$9.74
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.05	1.0946	1.00	\$0.05		\$0.05	0.999	\$0.05
	PHYS MATERNITY	\$295.11	1.0946	1.00	\$323.04	-\$310.87	\$12.17	0.999	\$12.16
	PHYS NEWBORN	\$0.52	1.0946	1.00	\$0.57		\$0.57	0.999	\$0.57
	PHYS OFFICE VISITS	\$10.05	1.0946	1.00	\$11.00		\$11.00	0.999	\$11.00
	PHYS OTHER	\$2.52	1.0946	1.00	\$2.76		\$2.76	0.999	\$2.76
	PHYS SOMATIC MH	\$0.55	1.0946	1.00	\$0.60		\$0.60	0.999	\$0.60
	POST - HOSP EXTENDED CARE	\$0.15	1.0832	0.76	\$0.12		\$0.12	0.999	\$0.12

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM Adults
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment - Line 557 to Line 530	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$21.21	1.1624	1.00	\$24.65	\$0.10	\$24.76	0.999	\$24.74
	PRES DRUGS - FP	\$2.11	1.1624	1.00	\$2.45		\$2.45	0.999	\$2.45
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.999	\$0.00
	PRES DRUGS - NEURONTIN	\$0.06	1.1624	1.00	\$0.07		\$0.07	0.999	\$0.07
	PRES DRUGS - OP HOSP BASIC	\$2.15	1.1624	1.00	\$2.50		\$2.50	0.999	\$2.50
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.999	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.02	1.1624	1.00	\$0.03		\$0.03	0.999	\$0.03
	PRES DRUGS - TOBACCO CESSATION	\$0.28	1.1624	1.00	\$0.32		\$0.32	0.999	\$0.32
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$1.67	1.0946	1.00	\$1.83		\$1.83	0.999	\$1.83
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$23.02	1.0832	0.76	\$18.95		\$18.95	0.999	\$18.94
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$41.80	1.0832	0.76	\$34.41	-\$24.24	\$10.18	0.999	\$10.17
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00
	STERILIZATION - PHY FEMALE	\$2.08	1.0946	1.00	\$2.27		\$2.27	0.999	\$2.27
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	SURGERY	\$5.06	1.0946	1.00	\$5.54		\$5.54	0.999	\$5.53
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	TOBACCO CES-IP HSP	\$0.89	1.0832	0.76	\$0.73		\$0.73	0.999	\$0.73
	TOBACCO CES-OP HSP	\$0.06	1.0832	0.76	\$0.05		\$0.05	0.999	\$0.05
	TOBACCO CES-PHYS	\$0.12	1.0946	1.00	\$0.13		\$0.13	0.999	\$0.13
	TRANSPORTATION - AMBULANCE	\$4.69	1.0946	1.00	\$5.14		\$5.14	0.999	\$5.13
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.62	1.0946	1.00	\$1.78		\$1.78	0.999	\$1.78
	VISION CARE - MATERIALS & FITTING	\$1.40	1.0946	1.00	\$1.53		\$1.53	0.999	\$1.53
	Subtotal Physical Health	\$958.44			\$909.39		\$242.77		\$242.62
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.03	1.0279	1.00	\$0.03		\$0.03	1.000	\$0.03
	CD SERVICES - METHADONE	\$0.52	1.0279	1.00	\$0.54		\$0.54	1.000	\$0.54
	CD SERVICES - OP	\$3.90	1.0279	1.00	\$4.00		\$4.00	1.000	\$4.00
	Subtotal Chemical Dependency	\$4.44			\$4.57		\$4.57		\$4.57

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM Adults
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.31	1.0000	1.00	\$0.31		\$0.31	1.000	\$0.31
	DENTAL - ANESTHESIA SURGICAL	\$0.16	1.0000	1.00	\$0.16		\$0.16	1.000	\$0.16
	DENTAL - DIAGNOSTIC	\$3.78	1.0000	1.00	\$3.78		\$3.78	1.000	\$3.78
	DENTAL - ENDODONTICS	\$1.70	1.0000	1.00	\$1.70		\$1.70	1.000	\$1.70
	DENTAL - I/P FIXED	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$1.78	1.0000	1.00	\$1.78		\$1.78	1.000	\$1.78
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PERIODONTICS	\$0.73	1.0000	1.00	\$0.73		\$0.73	1.000	\$0.73
	DENTAL - PREVENTIVE	\$1.38	1.0000	1.00	\$1.38		\$1.38	1.000	\$1.38
	DENTAL - PROS REMOVABLE	\$0.33	1.0000	1.00	\$0.33		\$0.33	1.000	\$0.33
	DENTAL - RESTORATIVE	\$3.73	1.0000	1.00	\$3.73		\$3.73	1.000	\$3.73
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$13.92			\$13.92		\$13.92		\$13.92
	MH SERVICES ACUTE INPATIENT	\$0.84	1.0000	1.00	\$0.84		\$0.84	1.000	\$0.84
	MH SERVICES ASSESS & EVAL	\$1.25	1.0000	1.00	\$1.25		\$1.25	1.000	\$1.25
	MH SERVICES CASE MANAGEMENT	\$0.16	1.0000	1.00	\$0.16		\$0.16	1.000	\$0.16
	MH SERVICES CONSULTATION	\$0.05	1.0000	1.00	\$0.05		\$0.05	1.000	\$0.05
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.20	1.0000	1.00	\$0.20		\$0.20	1.000	\$0.20
	MH SERVICES ALTERNATIVE TO IP	\$0.07	1.0000	1.00	\$0.07		\$0.07	1.000	\$0.07
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	MH SERVICES OP THERAPY	\$2.80	1.0000	1.00	\$2.80		\$2.80	1.000	\$2.80
	MH SERVICES OTHER OP	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01
	MH SERVICES PHYS IP	\$0.07	1.0000	1.00	\$0.07		\$0.07	1.000	\$0.07
	MH SERVICES PHYS OP	\$0.20	1.0000	1.00	\$0.20		\$0.20	1.000	\$0.20
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$0.08	1.0000	1.00	\$0.08		\$0.08	1.000	\$0.08
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00
	Subtotal Mental Health	\$6.31			\$6.31		\$6.31		\$6.31
	Total PLM Adults	\$983.12			\$934.19		\$267.57		\$267.42

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 SCF Children
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
SCF Children	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	ANESTHESIA	\$1.13	1.0946	1.00	\$1.23		\$1.23	0.986	\$1.21
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	FP - OP HOSP	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.986	\$0.02
	FP - PHYS	\$0.11	1.0946	1.00	\$0.12		\$0.12	0.986	\$0.12
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	IP HOSP - MATERNITY	\$0.88	1.0832	0.76	\$0.72	-\$0.68	\$0.04	0.986	\$0.04
	IP HOSP - MEDICAL/SURGICAL	\$10.77	1.0832	0.76	\$8.87		\$8.87	0.986	\$8.74
	IP HOSP - NEWBORN	\$2.68	1.0832	0.76	\$2.21		\$2.21	0.986	\$2.18
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.15	1.0946	1.00	\$2.35		\$2.35	0.986	\$2.32
	LAB & RAD - LAB	\$1.79	1.0946	1.00	\$1.96		\$1.96	0.986	\$1.93
	LAB & RAD - THERAPEUTIC X-RAY	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	OP ER - SOMATIC MH	\$0.18	1.0832	0.76	\$0.15		\$0.15	0.986	\$0.15
	OP HOSP - BASIC	\$8.96	1.0832	0.76	\$7.37		\$7.37	0.986	\$7.27
	OP HOSP - EMERGENCY ROOM	\$2.63	1.0832	0.76	\$2.17		\$2.17	0.986	\$2.14
	OP HOSP - LAB & RAD	\$4.10	1.0832	0.76	\$3.38		\$3.38	0.986	\$3.33
	OP HOSP - MATERNITY	\$0.14	1.0832	0.76	\$0.12	-\$0.10	\$0.02	0.986	\$0.02
	OP HOSP - SOMATIC MH	\$0.66	1.0832	0.76	\$0.54		\$0.54	0.986	\$0.53
	OTH MED - DME	\$0.72	1.0946	1.00	\$0.79		\$0.79	0.986	\$0.78
	OTH MED - HHC/PDN	\$1.21	1.0946	1.00	\$1.32		\$1.32	0.986	\$1.30
	OTH MED - HOSPICE	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.986	\$0.01
	OTH MED - MATERNITY MGT	\$0.03	1.0717	1.00	\$0.03		\$0.03	0.986	\$0.03
	OTH MED - SUPPLIES	\$0.85	1.0946	1.00	\$0.93		\$0.93	0.986	\$0.92
	PHYS CONSULTATION, IP & ER VISITS	\$2.75	1.0946	1.00	\$3.01		\$3.01	0.986	\$2.97
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.10	1.0946	1.00	\$0.11		\$0.11	0.986	\$0.10
	PHYS MATERNITY	\$0.46	1.0946	1.00	\$0.51	-\$0.42	\$0.08	0.986	\$0.08
	PHYS NEWBORN	\$1.23	1.0946	1.00	\$1.35		\$1.35	0.986	\$1.33
	PHYS OFFICE VISITS	\$15.56	1.0946	1.00	\$17.03		\$17.03	0.986	\$16.79
	PHYS OTHER	\$6.83	1.0946	1.00	\$7.47		\$7.47	0.986	\$7.37
	PHYS SOMATIC MH	\$3.34	1.0946	1.00	\$3.65		\$3.65	0.986	\$3.60
	POST - HOSP EXTENDED CARE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 SCF Children
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment - Line 557 to Line 530	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$26.70	1.1624	1.00	\$31.03	-\$0.04	\$30.99	0.986	\$30.55
	PRES DRUGS - FP	\$0.48	1.1624	1.00	\$0.56		\$0.56	0.986	\$0.55
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.986	\$0.00
	PRES DRUGS - NEURONTIN	\$0.36	1.1624	1.00	\$0.42		\$0.42	0.986	\$0.42
	PRES DRUGS - OP HOSP BASIC	\$0.77	1.1624	1.00	\$0.89		\$0.89	0.986	\$0.88
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.986	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.05	1.1624	1.00	\$0.05		\$0.05	0.986	\$0.05
	PRES DRUGS - TOBACCO CESSATION	\$0.03	1.1624	1.00	\$0.04		\$0.04	0.986	\$0.04
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.15	1.0832	0.76	\$0.13	-\$0.09	\$0.04	0.986	\$0.04
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	SURGERY	\$3.22	1.0946	1.00	\$3.53		\$3.53	0.986	\$3.48
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	TOBACCO CES-IP HSP	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.986	\$0.02
	TOBACCO CES-OP HSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.986	\$0.01
	TOBACCO CES-PHYS	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.986	\$0.02
	TRANSPORTATION - AMBULANCE	\$1.12	1.0946	1.00	\$1.23		\$1.23	0.986	\$1.21
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.70	1.0946	1.00	\$1.86		\$1.86	0.986	\$1.83
	VISION CARE - MATERIALS & FITTING	\$1.19	1.0946	1.00	\$1.30		\$1.30	0.986	\$1.28
	Subtotal Physical Health	\$105.11			\$108.51		\$107.17		\$105.64
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.02	1.0279	1.00	\$0.02		\$0.02	1.000	\$0.02
	CD SERVICES - METHADONE	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00
	CD SERVICES - OP	\$4.43	1.0279	1.00	\$4.55		\$4.55	1.000	\$4.55
	Subtotal Chemical Dependency	\$4.45			\$4.57		\$4.57		\$4.57

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 SCF Children
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.21	1.0000	1.00	\$0.21		\$0.21	1.000	\$0.21
	DENTAL - ANESTHESIA SURGICAL	\$0.40	1.0000	1.00	\$0.40		\$0.40	1.000	\$0.40
	DENTAL - DIAGNOSTIC	\$4.07	1.0000	1.00	\$4.07		\$4.07	1.000	\$4.07
	DENTAL - ENDODONTICS	\$0.94	1.0000	1.00	\$0.94		\$0.94	1.000	\$0.94
	DENTAL - I/P FIXED	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$1.22	1.0000	1.00	\$1.22		\$1.22	1.000	\$1.22
	DENTAL - ORTHODONTICS	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01
	DENTAL - PERIODONTICS	\$0.08	1.0000	1.00	\$0.08		\$0.08	1.000	\$0.08
	DENTAL - PREVENTIVE	\$4.16	1.0000	1.00	\$4.16		\$4.16	1.000	\$4.16
	DENTAL - PROS REMOVABLE	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03
	DENTAL - RESTORATIVE	\$6.04	1.0000	1.00	\$6.04		\$6.04	1.000	\$6.04
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	Subtotal Dental	\$17.16			\$17.16		\$17.16		\$17.16
	MH SERVICES ACUTE INPATIENT	\$14.55	1.0000	1.00	\$14.55		\$14.55	1.000	\$14.55
	MH SERVICES ASSESS & EVAL	\$6.10	1.0000	1.00	\$6.10		\$6.10	1.000	\$6.10
	MH SERVICES CASE MANAGEMENT	\$6.68	1.0000	1.00	\$6.68		\$6.68	1.000	\$6.68
	MH SERVICES CONSULTATION	\$3.62	1.0000	1.00	\$3.62		\$3.62	1.000	\$3.62
	MH SERVICES ANCILLARY SERVICES	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04
	MH SERVICES MED MANAGEMENT	\$4.20	1.0000	1.00	\$4.20		\$4.20	1.000	\$4.20
	MH SERVICES ALTERNATIVE TO IP	\$6.23	1.0000	1.00	\$6.23		\$6.23	1.000	\$6.23
	MH SERVICES FAMILY SUPPORT	\$2.72	1.0000	1.00	\$2.72		\$2.72	1.000	\$2.72
	MH SERVICES OP THERAPY	\$46.88	1.0000	1.00	\$46.88		\$46.88	1.000	\$46.88
	MH SERVICES OTHER OP	\$0.55	1.0000	1.00	\$0.55		\$0.55	1.000	\$0.55
	MH SERVICES PHYS IP	\$0.59	1.0000	1.00	\$0.59		\$0.59	1.000	\$0.59
	MH SERVICES PHYS OP	\$2.30	1.0000	1.00	\$2.30		\$2.30	1.000	\$2.30
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$12.74	1.0000	1.00	\$12.74		\$12.74	1.000	\$12.74
	MH SERVICES PSYCH DAY					\$20.01	\$20.01	1.000	\$20.01
	MH SERVICES RESIDENTIAL					\$89.92	\$89.92	1.000	\$89.92
	MH SERVICES CARE COORD					\$0.58	\$0.58	1.000	\$0.58
	MH SERVICES CONS ASSESS					\$0.11	\$0.11	1.000	\$0.11
	Subtotal Mental Health	\$107.76			\$107.76		\$218.39		\$218.39
	Total SCF Children	\$234.48			\$238.01		\$347.29		\$345.76

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs

TANF Adults

Effective October 1, 2005

Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
TANF Adults	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	ANESTHESIA	\$3.95	1.0946	1.00	\$4.33		\$4.33	0.992	\$4.29
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	FP - OP HOSP	\$0.06	1.0832	0.76	\$0.05		\$0.05	0.992	\$0.05
	FP - PHYS	\$0.99	1.0946	1.00	\$1.08		\$1.08	0.992	\$1.08
	HYSTERECTOMY - ANESTHESIA	\$0.09	1.0946	1.00	\$0.09		\$0.09	0.992	\$0.09
	HYSTERECTOMY - IP HOSP	\$3.63	1.0832	0.76	\$2.99		\$2.99	0.992	\$2.97
	HYSTERECTOMY - OP HOSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.992	\$0.01
	HYSTERECTOMY - PHYS	\$0.72	1.0946	1.00	\$0.79		\$0.79	0.992	\$0.78
	IP HOSP - ACUTE DETOX	\$0.86	1.0832	0.76	\$0.71		\$0.71	0.992	\$0.70
	IP HOSP - MATERNITY	\$42.10	1.0832	0.76	\$34.66	-\$33.23	\$1.43	0.992	\$1.42
	IP HOSP - MEDICAL/SURGICAL	\$45.79	1.0832	0.76	\$37.70		\$37.70	0.992	\$37.39
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$10.61	1.0946	1.00	\$11.62		\$11.62	0.992	\$11.52
	LAB & RAD - LAB	\$7.47	1.0946	1.00	\$8.17		\$8.17	0.992	\$8.11
	LAB & RAD - THERAPEUTIC X-RAY	\$0.22	1.0946	1.00	\$0.24		\$0.24	0.992	\$0.24
	OP ER - SOMATIC MH	\$0.36	1.0832	0.76	\$0.30		\$0.30	0.992	\$0.29
	OP HOSP - BASIC	\$21.69	1.0832	0.76	\$17.86		\$17.86	0.992	\$17.71
	OP HOSP - EMERGENCY ROOM	\$9.98	1.0832	0.76	\$8.22		\$8.22	0.992	\$8.15
	OP HOSP - LAB & RAD	\$18.40	1.0832	0.76	\$15.15		\$15.15	0.992	\$15.03
	OP HOSP - MATERNITY	\$2.27	1.0832	0.76	\$1.87	-\$1.38	\$0.49	0.992	\$0.48
	OP HOSP - SOMATIC MH	\$0.44	1.0832	0.76	\$0.36		\$0.36	0.992	\$0.36
	OTH MED - DME	\$1.21	1.0946	1.00	\$1.32		\$1.32	0.992	\$1.31
	OTH MED - HHC/PDN	\$4.09	1.0946	1.00	\$4.48		\$4.48	0.992	\$4.44
	OTH MED - HOSPICE	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.992	\$0.01
	OTH MED - MATERNITY MGT	\$2.22	1.0717	1.00	\$2.38		\$2.38	0.992	\$2.36
	OTH MED - SUPPLIES	\$0.42	1.0946	1.00	\$0.46		\$0.46	0.992	\$0.46
	PHYS CONSULTATION, IP & ER VISITS	\$7.40	1.0946	1.00	\$8.10		\$8.10	0.992	\$8.04
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.992	\$0.01
	PHYS MATERNITY	\$32.71	1.0946	1.00	\$35.80	-\$33.90	\$1.91	0.992	\$1.89
	PHYS NEWBORN	\$0.09	1.0946	1.00	\$0.10		\$0.10	0.992	\$0.10
	PHYS OFFICE VISITS	\$23.49	1.0946	1.00	\$25.71		\$25.71	0.992	\$25.50
	PHYS OTHER	\$4.77	1.0946	1.00	\$5.22		\$5.22	0.992	\$5.18
	PHYS SOMATIC MH	\$2.49	1.0946	1.00	\$2.72		\$2.72	0.992	\$2.70
	POST - HOSP EXTENDED CARE	\$0.04	1.0832	0.76	\$0.04		\$0.04	0.992	\$0.04

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 TANF Adults
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment - Line 557 to Line 530	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$45.57	1.1624	1.00	\$52.98	\$0.01	\$52.98	0.992	\$52.55
	PRES DRUGS - FP	\$2.03	1.1624	1.00	\$2.36		\$2.36	0.992	\$2.34
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - NEURONTIN	\$1.94	1.1624	1.00	\$2.26		\$2.26	0.992	\$2.24
	PRES DRUGS - OP HOSP BASIC	\$4.11	1.1624	1.00	\$4.78		\$4.78	0.992	\$4.74
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.09	1.1624	1.00	\$0.10		\$0.10	0.992	\$0.10
	PRES DRUGS - TOBACCO CESSATION	\$1.00	1.1624	1.00	\$1.16		\$1.16	0.992	\$1.15
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.43	1.0946	1.00	\$0.48		\$0.48	0.992	\$0.47
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$3.86	1.0832	0.76	\$3.18		\$3.18	0.992	\$3.15
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$7.62	1.0832	0.76	\$6.28	-\$2.78	\$3.49	0.992	\$3.46
	STERILIZATION - OP HOSP MALE	\$0.01	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	STERILIZATION - PHY FEMALE	\$0.49	1.0946	1.00	\$0.53		\$0.53	0.992	\$0.53
	STERILIZATION - PHY MALE	\$0.07	1.0946	1.00	\$0.08		\$0.08	0.992	\$0.08
	SURGERY	\$12.01	1.0946	1.00	\$13.15		\$13.15	0.992	\$13.04
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	TOBACCO CES-IP HSP	\$0.52	1.0832	0.76	\$0.43		\$0.43	0.992	\$0.42
	TOBACCO CES-OP HSP	\$0.18	1.0832	0.76	\$0.15		\$0.15	0.992	\$0.15
	TOBACCO CES-PHYS	\$0.25	1.0946	1.00	\$0.27		\$0.27	0.992	\$0.27
	TRANSPORTATION - AMBULANCE	\$3.28	1.0946	1.00	\$3.59		\$3.59	0.992	\$3.56
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.92	1.0946	1.00	\$2.11		\$2.11	0.992	\$2.09
	VISION CARE - MATERIALS & FITTING	\$1.86	1.0946	1.00	\$2.04		\$2.04	0.992	\$2.02
	Subtotal Physical Health	\$335.88			\$328.48		\$257.20		\$255.09
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.19	1.0279	1.00	\$0.19		\$0.19	1.000	\$0.19
	CD SERVICES - METHADONE	\$3.18	1.0279	1.00	\$3.27		\$3.27	1.000	\$3.27
	CD SERVICES - OP	\$10.58	1.0279	1.00	\$10.88		\$10.88	1.000	\$10.88
	Subtotal Chemical Dependency	\$13.96			\$14.35		\$14.35		\$14.35

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 TANF Adults
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimburse- ment Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment - Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.46	1.0000	1.00	\$0.46		\$0.46	1.000	\$0.46
	DENTAL - ANESTHESIA SURGICAL	\$0.47	1.0000	1.00	\$0.47		\$0.47	1.000	\$0.47
	DENTAL - DIAGNOSTIC	\$5.07	1.0000	1.00	\$5.07		\$5.07	1.000	\$5.07
	DENTAL - ENDODONTICS	\$2.81	1.0000	1.00	\$2.81		\$2.81	1.000	\$2.81
	DENTAL - I/P FIXED	\$0.06	1.0000	1.00	\$0.06		\$0.06	1.000	\$0.06
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - ORAL SURGERY	\$4.77	1.0000	1.00	\$4.77		\$4.77	1.000	\$4.77
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00
	DENTAL - PERIODONTICS	\$2.09	1.0000	1.00	\$2.09		\$2.09	1.000	\$2.09
	DENTAL - PREVENTIVE	\$1.31	1.0000	1.00	\$1.31		\$1.31	1.000	\$1.31
	DENTAL - PROS REMOVABLE	\$3.42	1.0000	1.00	\$3.42		\$3.42	1.000	\$3.42
	DENTAL - RESTORATIVE	\$7.01	1.0000	1.00	\$7.01		\$7.01	1.000	\$7.01
	DENTAL - TOBACCO CES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01
	Subtotal Dental	\$27.47			\$27.47		\$27.47		\$27.47
	MH SERVICES ACUTE INPATIENT	\$4.05	1.0000	1.00	\$4.05		\$4.05	1.000	\$4.05
	MH SERVICES ASSESS & EVAL	\$2.89	1.0000	1.00	\$2.89		\$2.89	1.000	\$2.89
	MH SERVICES CASE MANAGEMENT	\$0.72	1.0000	1.00	\$0.72		\$0.72	1.000	\$0.72
	MH SERVICES CONSULTATION	\$0.23	1.0000	1.00	\$0.23		\$0.23	1.000	\$0.23
	MH SERVICES ANCILLARY SERVICES	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03
	MH SERVICES MED MANAGEMENT	\$1.88	1.0000	1.00	\$1.88		\$1.88	1.000	\$1.88
	MH SERVICES ALTERNATIVE TO IP	\$0.24	1.0000	1.00	\$0.24		\$0.24	1.000	\$0.24
	MH SERVICES FAMILY SUPPORT	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04
	MH SERVICES OP THERAPY	\$10.86	1.0000	1.00	\$10.86		\$10.86	1.000	\$10.86
	MH SERVICES OTHER OP	\$0.05	1.0000	1.00	\$0.05		\$0.05	1.000	\$0.05
	MH SERVICES PHYS IP	\$0.15	1.0000	1.00	\$0.15		\$0.15	1.000	\$0.15
	MH SERVICES PHYS OP	\$0.71	1.0000	1.00	\$0.71		\$0.71	1.000	\$0.71
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$0.53	1.0000	1.00	\$0.53		\$0.53	1.000	\$0.53
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00
	Subtotal Mental Health	\$22.93			\$22.93		\$22.93		\$22.93
	Total TANF Adults	\$400.24			\$393.24		\$321.96		\$319.85

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs

OHP Families
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J
		03-05 PCC Coverage Through Line 557	Trend Adjust-ment to Contract Period	Hospital Reimburse-ment Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Adjusted Costs	Adjustment Due to Benefit Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost
OHP Families	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	ANESTHESIA	\$2.02	1.0946	1.00	\$2.21		\$2.21	0.985	\$2.17	1.00	0.95	\$2.06
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	FP - OP HOSP	\$0.05	1.0832	0.76	\$0.04		\$0.04	0.985	\$0.04	0.48	1.00	\$0.02
	FP - PHYS	\$0.63	1.0946	1.00	\$0.69		\$0.69	0.985	\$0.68	0.98	1.00	\$0.67
	HYSTERECTOMY - ANESTHESIA	\$0.08	1.0946	1.00	\$0.09		\$0.09	0.985	\$0.09	1.00	0.67	\$0.06
	HYSTERECTOMY - IP HOSP	\$3.07	1.0832	0.76	\$2.53		\$2.53	0.985	\$2.49	0.68	1.00	\$1.69
	HYSTERECTOMY - OP HOSP	\$0.04	1.0832	0.76	\$0.03		\$0.03	0.985	\$0.03	0.39	1.00	\$0.01
	HYSTERECTOMY - PHYS	\$0.65	1.0946	1.00	\$0.71		\$0.71	0.985	\$0.70	0.99	0.67	\$0.47
	IP HOSP - ACUTE DETOX	\$0.83	1.0832	0.76	\$0.68		\$0.68	0.985	\$0.67	0.84	1.00	\$0.56
	IP HOSP - MATERNITY	\$3.17	1.0832	0.76	\$2.61	-\$2.20	\$0.40	0.985	\$0.40	1.00	1.00	\$0.40
	IP HOSP - MEDICAL/SURGICAL	\$35.69	1.0832	0.76	\$29.38		\$29.38	0.985	\$28.94	0.81	1.00	\$23.46
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$7.70	1.0946	1.00	\$8.43		\$8.43	0.985	\$8.31	0.99	1.08	\$8.96
	LAB & RAD - LAB	\$5.79	1.0946	1.00	\$6.33		\$6.33	0.985	\$6.24	1.00	1.08	\$6.76
	LAB & RAD - THERAPEUTIC X-RAY	\$0.42	1.0946	1.00	\$0.46		\$0.46	0.985	\$0.45	1.00	1.08	\$0.49
	OP ER - SOMATIC MH	\$0.20	1.0832	0.76	\$0.16		\$0.16	0.985	\$0.16	1.00	1.08	\$0.17
	OP HOSP - BASIC	\$17.67	1.0832	0.76	\$14.55		\$14.55	0.985	\$14.33	0.76	1.00	\$10.93
	OP HOSP - EMERGENCY ROOM	\$5.82	1.0832	0.76	\$4.79		\$4.79	0.985	\$4.72	0.99	1.10	\$5.14
	OP HOSP - LAB & RAD	\$14.62	1.0832	0.76	\$12.03		\$12.03	0.985	\$11.85	0.99	1.08	\$12.72
	OP HOSP - MATERNITY	\$0.54	1.0832	0.76	\$0.44	-\$0.24	\$0.20	0.985	\$0.19	1.00	1.00	\$0.19
	OP HOSP - SOMATIC MH	\$0.25	1.0832	0.76	\$0.20		\$0.20	0.985	\$0.20	0.99	1.00	\$0.20
	OTH MED - DME	\$0.87	1.0946	1.00	\$0.95		\$0.95	0.985	\$0.94	0.36	1.00	\$0.34
	OTH MED - HHC/PDN	\$3.35	1.0946	1.00	\$3.66		\$3.66	0.985	\$3.61	0.00	1.00	\$0.00
	OTH MED - HOSPICE	\$0.07	1.0946	1.00	\$0.07		\$0.07	0.985	\$0.07	0.97	1.00	\$0.07
	OTH MED - MATERNITY MGT	\$0.22	1.0717	1.00	\$0.23		\$0.23	1.000	\$0.23	1.00	1.00	\$0.23
	OTH MED - SUPPLIES	\$0.35	1.0946	1.00	\$0.39		\$0.39	0.985	\$0.38	0.37	1.00	\$0.14
	PHYS CONSULTATION, IP & ER VISITS	\$4.96	1.0946	1.00	\$5.43		\$5.43	0.985	\$5.35	1.00	1.08	\$5.79
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.0946	1.00	\$0.02		\$0.02	0.985	\$0.02	0.99	1.08	\$0.02
	PHYS MATERNITY	\$3.35	1.0946	1.00	\$3.67	-\$2.98	\$0.69	0.985	\$0.68	1.00	1.00	\$0.68
	PHYS NEWBORN	\$0.03	1.0946	1.00	\$0.04		\$0.04	0.985	\$0.03	1.00	1.00	\$0.03
	PHYS OFFICE VISITS	\$21.31	1.0946	1.00	\$23.32		\$23.32	0.985	\$22.97	1.00	1.08	\$24.83
	PHYS OTHER	\$4.52	1.0946	1.00	\$4.94		\$4.94	0.985	\$4.87	0.86	1.08	\$4.56
	PHYS SOMATIC MH	\$1.76	1.0946	1.00	\$1.92		\$1.92	0.985	\$1.89	0.99	1.08	\$2.04
	POST - HOSP EXTENDED CARE	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.985	\$0.01	0.39	1.00	\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs

OHP Families
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J
		03-05 PCC Coverage Through Line 557	Trend Adjust-ment to Contract Period	Hospital Reimburse-ment Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Adjusted Costs	Adjustment Due to Benefit Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$34.45	1.1624	1.00	\$40.05	\$0.04	\$40.09	0.985	\$39.49	1.00	1.08	\$42.80
	PRES DRUGS - FP	\$1.83	1.1624	1.00	\$2.13		\$2.13	0.985	\$2.10	1.00	1.08	\$2.27
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.08	\$0.00
	PRES DRUGS - NEURONTIN	\$1.00	1.1624	1.00	\$1.16		\$1.16	0.985	\$1.15	1.00	1.08	\$1.24
	PRES DRUGS - OP HOSP BASIC	\$3.53	1.1624	1.00	\$4.10		\$4.10	0.985	\$4.04	0.75	1.08	\$3.30
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.985	\$0.00	0.81	1.08	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.05	1.1624	1.00	\$0.06		\$0.06	0.985	\$0.06	1.00	1.08	\$0.06
	PRES DRUGS - TOBACCO CESSATION	\$0.71	1.1624	1.00	\$0.82		\$0.82	0.985	\$0.81	1.00	1.08	\$0.88
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.15	1.0946	1.00	\$0.16		\$0.16	0.985	\$0.16	1.00	0.61	\$0.10
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	0.46	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.38	1.0832	0.76	\$0.31		\$0.31	0.985	\$0.31	0.94	1.00	\$0.29
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$2.36	1.0832	0.76	\$1.94	-\$0.25	\$1.69	0.985	\$1.66	0.55	1.00	\$0.92
	STERILIZATION - OP HOSP MALE	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.985	\$0.01	0.46	1.00	\$0.00
	STERILIZATION - PHY FEMALE	\$0.16	1.0946	1.00	\$0.17		\$0.17	0.985	\$0.17	1.00	0.61	\$0.10
	STERILIZATION - PHY MALE	\$0.25	1.0946	1.00	\$0.28		\$0.28	0.985	\$0.27	1.00	0.46	\$0.12
	SURGERY	\$10.32	1.0946	1.00	\$11.30		\$11.30	0.985	\$11.13	1.00	0.95	\$10.54
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.23	1.0832	0.76	\$0.19		\$0.19	0.985	\$0.19	0.76	1.00	\$0.14
	TOBACCO CES-OP HSP	\$0.12	1.0832	0.76	\$0.10		\$0.10	0.985	\$0.09	0.70	1.00	\$0.07
	TOBACCO CES-PHYS	\$0.20	1.0946	1.00	\$0.22		\$0.22	0.985	\$0.22	0.98	1.00	\$0.21
	TRANSPORTATION - AMBULANCE	\$1.96	1.0946	1.00	\$2.14		\$2.14	0.985	\$2.11	0.98	1.00	\$2.07
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.39	1.0946	1.00	\$2.61		\$2.61	0.985	\$2.57	0.30	1.00	\$0.78
	VISION CARE - MATERIALS & FITTING	\$2.14	1.0946	1.00	\$2.34		\$2.34	0.985	\$2.31	0.01	1.00	\$0.02
	Subtotal Physical Health	\$202.28			\$201.15		\$195.51		\$192.58			\$179.65
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.19	1.0279	1.00	\$0.19		\$0.19	1.000	\$0.19	0.75	1.00	\$0.14
	CD SERVICES - METHADONE	\$2.35	1.0279	1.00	\$2.42		\$2.42	1.000	\$2.42	1.00	1.00	\$2.42
	CD SERVICES - OP	\$4.83	1.0279	1.00	\$4.97		\$4.97	1.000	\$4.97	0.98	1.00	\$4.88
	Subtotal Chemical Dependency	\$7.37			\$7.58		\$7.58		\$7.58			\$7.44

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs

OHP Families
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Adjusted Costs	Adjustment Due to Benefit Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.40	1.0000	1.00	\$0.40		\$0.40	1.000	\$0.40	0.87	1.00	\$0.35
	DENTAL - ANESTHESIA SURGICAL	\$0.47	1.0000	1.00	\$0.47		\$0.47	1.000	\$0.47	0.26	1.00	\$0.12
	DENTAL - DIAGNOSTIC	\$5.78	1.0000	1.00	\$5.78		\$5.78	1.000	\$5.78	0.44	1.00	\$2.56
	DENTAL - ENDODONTICS	\$3.05	1.0000	1.00	\$3.05		\$3.05	1.000	\$3.05	0.03	1.00	\$0.10
	DENTAL - I/P FIXED	\$0.08	1.0000	1.00	\$0.08		\$0.08	1.000	\$0.08	0.09	1.00	\$0.01
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$4.44	1.0000	1.00	\$4.44		\$4.44	1.000	\$4.44	0.98	1.00	\$4.37
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$2.44	1.0000	1.00	\$2.44		\$2.44	1.000	\$2.44	0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.91	1.0000	1.00	\$1.91		\$1.91	1.000	\$1.91	0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$3.37	1.0000	1.00	\$3.37		\$3.37	1.000	\$3.37	0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$8.49	1.0000	1.00	\$8.49		\$8.49	1.000	\$8.49	0.03	1.00	\$0.23
	DENTAL - TOBACCO CES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0.00	1.00	\$0.00
	Subtotal Dental	\$30.46			\$30.46		\$30.46		\$30.46			\$7.75
	MH SERVICES ACUTE INPATIENT	\$2.57	1.0000	1.00	\$2.57		\$2.57	1.000	\$2.57	0.96	1.00	\$2.46
	MH SERVICES ASSESS & EVAL	\$1.55	1.0000	1.00	\$1.55		\$1.55	1.000	\$1.55	1.00	1.00	\$1.55
	MH SERVICES CASE MANAGEMENT	\$0.31	1.0000	1.00	\$0.31		\$0.31	1.000	\$0.31	1.00	1.00	\$0.31
	MH SERVICES CONSULTATION	\$0.07	1.0000	1.00	\$0.07		\$0.07	1.000	\$0.07	1.00	1.00	\$0.07
	MH SERVICES ANCILLARY SERVICES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	1.00	1.00	\$0.01
	MH SERVICES MED MANAGEMENT	\$0.75	1.0000	1.00	\$0.75		\$0.75	1.000	\$0.75	1.00	1.00	\$0.75
	MH SERVICES ALTERNATIVE TO IP	\$0.17	1.0000	1.00	\$0.17		\$0.17	1.000	\$0.17	1.00	1.00	\$0.17
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$4.70	1.0000	1.00	\$4.70		\$4.70	1.000	\$4.70	1.00	1.00	\$4.70
	MH SERVICES OTHER OP	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04	0.99	1.00	\$0.04
	MH SERVICES PHYS IP	\$0.10	1.0000	1.00	\$0.10		\$0.10	1.000	\$0.10	1.00	1.00	\$0.10
	MH SERVICES PHYS OP	\$0.33	1.0000	1.00	\$0.33		\$0.33	1.000	\$0.33	1.00	1.00	\$0.33
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	1.00	1.00	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$0.22	1.0000	1.00	\$0.22		\$0.22	1.000	\$0.22	1.00	1.00	\$0.22
	MH SERVICES PHYS OP					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	MH SERVICES PEO					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	Subtotal Mental Health	\$11.38			\$11.38		\$11.38		\$11.38			\$11.28
	Total OHP Families	\$251.49			\$250.57		\$244.93		\$242.00			\$206.12

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs

OHP Adults & Couples
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J
		03-05 PCC with Coverage Through Line 557	Trend Adjust-ment to Contract Period	Hospital Reimburse-ment Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Adjusted Costs	Adjustment Due to Benefit Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost
OHP Adults & Couples	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	ANESTHESIA	\$3.31	1.0946	1.00	\$3.62		\$3.62	0.987	\$3.57	1.00	0.95	\$3.39
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	FP - OP HOSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.987	\$0.01	0.52	1.00	\$0.01
	FP - PHYS	\$0.13	1.0946	1.00	\$0.15		\$0.15	0.987	\$0.14	0.98	1.00	\$0.14
	HYSTERECTOMY - ANESTHESIA	\$0.06	1.0946	1.00	\$0.07		\$0.07	0.987	\$0.07	1.00	0.77	\$0.05
	HYSTERECTOMY - IP HOSP	\$2.81	1.0832	0.76	\$2.31		\$2.31	0.987	\$2.28	0.77	1.00	\$1.76
	HYSTERECTOMY - OP HOSP	\$0.03	1.0832	0.76	\$0.02		\$0.02	0.987	\$0.02	0.61	1.00	\$0.01
	HYSTERECTOMY - PHYS	\$0.52	1.0946	1.00	\$0.57		\$0.57	0.987	\$0.56	0.99	0.77	\$0.43
	IP HOSP - ACUTE DETOX	\$3.06	1.0832	0.76	\$2.52		\$2.52	0.987	\$2.49	0.84	1.00	\$2.09
	IP HOSP - MATERNITY	\$0.74	1.0832	0.76	\$0.61	-\$0.47	\$0.14	0.987	\$0.14	1.00	1.00	\$0.14
	IP HOSP - MEDICAL/SURGICAL	\$95.35	1.0832	0.76	\$78.50		\$78.50	0.987	\$77.49	0.83	1.00	\$64.02
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$10.97	1.0946	1.00	\$12.01		\$12.01	0.987	\$11.85	0.99	1.08	\$12.69
	LAB & RAD - LAB	\$6.77	1.0946	1.00	\$7.41		\$7.41	0.987	\$7.32	1.00	1.08	\$7.89
	LAB & RAD - THERAPEUTIC X-RAY	\$0.97	1.0946	1.00	\$1.06		\$1.06	0.987	\$1.05	1.00	1.08	\$1.13
	OP ER - SOMATIC MH	\$0.44	1.0832	0.76	\$0.37		\$0.37	0.987	\$0.36	1.00	1.08	\$0.39
	OP HOSP - BASIC	\$28.05	1.0832	0.76	\$23.09		\$23.09	0.987	\$22.79	0.76	1.00	\$17.31
	OP HOSP - EMERGENCY ROOM	\$8.75	1.0832	0.76	\$7.20		\$7.20	0.987	\$7.11	0.99	1.10	\$7.73
	OP HOSP - LAB & RAD	\$22.79	1.0832	0.76	\$18.76		\$18.76	0.987	\$18.52	0.99	1.08	\$19.76
	OP HOSP - MATERNITY	\$0.25	1.0832	0.76	\$0.21	-\$0.11	\$0.09	0.987	\$0.09	0.93	1.00	\$0.09
	OP HOSP - SOMATIC MH	\$0.54	1.0832	0.76	\$0.44		\$0.44	0.987	\$0.44	0.99	1.00	\$0.43
	OTH MED - DME	\$1.79	1.0946	1.00	\$1.96		\$1.96	0.987	\$1.94	0.43	1.00	\$0.84
	OTH MED - HHC/PDN	\$5.08	1.0946	1.00	\$5.56		\$5.56	0.987	\$5.49	0.00	1.00	\$0.00
	OTH MED - HOSPICE	\$0.19	1.0946	1.00	\$0.21		\$0.21	0.987	\$0.21	0.93	1.00	\$0.19
	OTH MED - MATERNITY MGT	\$0.04	1.0717	1.00	\$0.04		\$0.04	1.000	\$0.04	1.00	1.00	\$0.04
	OTH MED - SUPPLIES	\$0.86	1.0946	1.00	\$0.94		\$0.94	0.987	\$0.93	0.37	1.00	\$0.34
	PHYS CONSULTATION, IP & ER VISITS	\$8.69	1.0946	1.00	\$9.52		\$9.52	0.987	\$9.39	1.00	1.08	\$10.13
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.06	1.0946	1.00	\$0.06		\$0.06	0.987	\$0.06	1.00	1.08	\$0.07
	PHYS MATERNITY	\$0.54	1.0946	1.00	\$0.60	-\$0.37	\$0.23	0.987	\$0.23	1.00	1.00	\$0.23
	PHYS NEWBORN	\$0.05	1.0946	1.00	\$0.05		\$0.05	0.987	\$0.05	1.00	1.00	\$0.05
	PHYS OFFICE VISITS	\$24.89	1.0946	1.00	\$27.24		\$27.24	0.987	\$26.90	1.00	1.08	\$28.95
	PHYS OTHER	\$8.92	1.0946	1.00	\$9.77		\$9.77	0.987	\$9.64	0.86	1.08	\$9.00
	PHYS SOMATIC MH	\$2.46	1.0946	1.00	\$2.69		\$2.69	0.987	\$2.66	0.99	1.08	\$2.85
	POST - HOSP EXTENDED CARE	\$0.07	1.0832	0.76	\$0.05		\$0.05	0.987	\$0.05	0.42	1.00	\$0.02

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 OHP Adults & Couples
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J
		03-05 PCC with Coverage Through Line 557	Trend Adjust-ment to Contract Period	Hospital Reimburse-ment Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Adjusted Costs	Adjustment Due to Benefit Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost
	PRES DRUGS - BASIC	\$73.03	1.1624	1.00	\$84.89	-\$0.06	\$84.84	0.987	\$83.76	1.00	1.08	\$90.37
	PRES DRUGS - FP	\$0.74	1.1624	1.00	\$0.86		\$0.86	0.987	\$0.85	1.00	1.08	\$0.92
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.08	\$0.00
	PRES DRUGS - NEURONTIN	\$2.68	1.1624	1.00	\$3.11		\$3.11	0.987	\$3.07	1.00	1.08	\$3.32
	PRES DRUGS - OP HOSP BASIC	\$5.20	1.1624	1.00	\$6.04		\$6.04	0.987	\$5.97	0.77	1.08	\$4.96
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.987	\$0.00	0.81	1.08	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.22	1.1624	1.00	\$0.26		\$0.26	0.987	\$0.25	1.00	1.08	\$0.27
	PRES DRUGS - TOBACCO CESSATION	\$1.29	1.1624	1.00	\$1.50		\$1.50	0.987	\$1.48	1.00	1.08	\$1.60
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.02	1.0946	1.00	\$0.03		\$0.03	0.987	\$0.03	1.00	0.92	\$0.02
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	0.94	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.09	1.0832	0.76	\$0.07		\$0.07	0.987	\$0.07	1.00	1.00	\$0.07
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.78	1.0832	0.76	\$0.64	-\$0.14	\$0.50	0.987	\$0.49	0.91	1.00	\$0.45
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	0.94	1.00	\$0.00
	STERILIZATION - PHY FEMALE	\$0.03	1.0946	1.00	\$0.03		\$0.03	0.987	\$0.03	1.00	0.92	\$0.03
	STERILIZATION - PHY MALE	\$0.04	1.0946	1.00	\$0.04		\$0.04	0.987	\$0.04	1.00	0.94	\$0.04
	SURGERY	\$18.18	1.0946	1.00	\$19.90		\$19.90	0.987	\$19.65	1.00	0.95	\$18.62
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.57	1.0832	0.76	\$0.47		\$0.47	0.987	\$0.46	0.77	1.00	\$0.36
	TOBACCO CES-OP HSP	\$0.19	1.0832	0.76	\$0.16		\$0.16	0.987	\$0.16	0.82	1.00	\$0.13
	TOBACCO CES-PHYS	\$0.28	1.0946	1.00	\$0.31		\$0.31	0.987	\$0.30	0.98	1.00	\$0.30
	TRANSPORTATION - AMBULANCE	\$4.61	1.0946	1.00	\$5.05		\$5.05	0.987	\$4.99	0.99	1.00	\$4.94
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.96	1.0946	1.00	\$3.24		\$3.24	0.987	\$3.20	0.38	1.00	\$1.22
	VISION CARE - MATERIALS & FITTING	\$2.51	1.0946	1.00	\$2.75		\$2.75	0.987	\$2.72	0.01	1.00	\$0.02
	Subtotal Physical Health	\$352.63			\$346.98		\$345.83		\$341.43			\$319.82
	CD SERVICES - ALTERNATIVE TO DETOX	\$1.07	1.0279	1.00	\$1.10		\$1.10	1.000	\$1.10	0.73	1.00	\$0.81
	CD SERVICES - METHADONE	\$9.06	1.0279	1.00	\$9.31		\$9.31	1.000	\$9.31	1.00	1.00	\$9.31
	CD SERVICES - OP	\$13.86	1.0279	1.00	\$14.25		\$14.25	1.000	\$14.25	0.98	1.00	\$13.97
	Subtotal Chemical Dependency	\$23.99			\$24.66		\$24.66		\$24.66			\$24.09

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2004-2005 Per Capita Costs
 OHP Adults & Couples
 Effective October 1, 2005
 Line 530

Exhibit 2j

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Adjusted Costs	Adjustment Due to Benefit Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost
	DENTAL - ADJUNCTIVE GENERAL	\$0.40	1.0000	1.00	\$0.40		\$0.40	1.000	\$0.40	0.81	1.00	\$0.32
	DENTAL - ANESTHESIA SURGICAL	\$0.48	1.0000	1.00	\$0.48		\$0.48	1.000	\$0.48	0.26	1.00	\$0.12
	DENTAL - DIAGNOSTIC	\$5.80	1.0000	1.00	\$5.80		\$5.80	1.000	\$5.80	0.47	1.00	\$2.72
	DENTAL - ENDODONTICS	\$2.65	1.0000	1.00	\$2.65		\$2.65	1.000	\$2.65	0.03	1.00	\$0.09
	DENTAL - I/P FIXED	\$0.24	1.0000	1.00	\$0.24		\$0.24	1.000	\$0.24	0.03	1.00	\$0.01
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$6.43	1.0000	1.00	\$6.43		\$6.43	1.000	\$6.43	0.97	1.00	\$6.26
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$2.56	1.0000	1.00	\$2.56		\$2.56	1.000	\$2.56	0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.78	1.0000	1.00	\$1.78		\$1.78	1.000	\$1.78	0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$7.75	1.0000	1.00	\$7.75		\$7.75	1.000	\$7.75	0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$8.12	1.0000	1.00	\$8.12		\$8.12	1.000	\$8.12	0.03	1.00	\$0.23
	DENTAL - TOBACCO CES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0.00	1.00	\$0.00
	Subtotal Dental	\$36.22			\$36.22		\$36.22		\$36.22			\$9.76
	MH SERVICES ACUTE INPATIENT	\$9.73	1.0000	1.00	\$9.73		\$9.73	1.000	\$9.73	0.96	1.00	\$9.33
	MH SERVICES ASSESS & EVAL	\$2.69	1.0000	1.00	\$2.69		\$2.69	1.000	\$2.69	1.00	1.00	\$2.69
	MH SERVICES CASE MANAGEMENT	\$1.20	1.0000	1.00	\$1.20		\$1.20	1.000	\$1.20	1.00	1.00	\$1.20
	MH SERVICES CONSULTATION	\$0.19	1.0000	1.00	\$0.19		\$0.19	1.000	\$0.19	1.00	1.00	\$0.19
	MH SERVICES ANCILLARY SERVICES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	1.00	1.00	\$0.01
	MH SERVICES MED MANAGEMENT	\$2.00	1.0000	1.00	\$2.00		\$2.00	1.000	\$2.00	1.00	1.00	\$2.00
	MH SERVICES ALTERNATIVE TO IP	\$1.06	1.0000	1.00	\$1.06		\$1.06	1.000	\$1.06	1.00	1.00	\$1.06
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$8.37	1.0000	1.00	\$8.37		\$8.37	1.000	\$8.37	1.00	1.00	\$8.37
	MH SERVICES OTHER OP	\$0.13	1.0000	1.00	\$0.13		\$0.13	1.000	\$0.13	0.98	1.00	\$0.13
	MH SERVICES PHYS IP	\$0.28	1.0000	1.00	\$0.28		\$0.28	1.000	\$0.28	1.00	1.00	\$0.28
	MH SERVICES PHYS OP	\$1.01	1.0000	1.00	\$1.01		\$1.01	1.000	\$1.01	1.00	1.00	\$1.01
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	1.00	1.00	\$0.57
	MH SERVICES SUPPORT DAY PROGRAM	\$1.49	1.0000	1.00	\$1.49		\$1.49	1.000	\$1.49	1.00	1.00	\$1.49
	MH SERVICES PHYS OP					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	MH SERVICES PEO					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00
	Subtotal Mental Health	\$28.73			\$28.73		\$28.73		\$28.73			\$28.33
	Total OHP Families	\$441.57			\$436.60		\$435.45		\$431.04			\$381.99

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
AB/AD without Medicare	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$4.48	1.0946	1.00	\$4.90		\$4.90	0.992	\$4.87	1	\$4.87	1.00	\$4.87
	EXCEPT NEEDS CARE COORDINATION	\$8.01	1.0000	1.00	\$8.01		\$8.01	1.000	\$8.01	1	\$8.01	1.00	\$8.01
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.992	\$0.02	1	\$0.02	0.95	\$0.02
	FP - PHYS	\$0.20	1.0946	1.00	\$0.22		\$0.22	0.992	\$0.22	1	\$0.22	1.00	\$0.22
	HYSTERECTOMY - ANESTHESIA	\$0.04	1.0946	1.00	\$0.04		\$0.04	0.992	\$0.04	1	\$0.04	1.00	\$0.04
	HYSTERECTOMY - IP HOSP	\$1.86	1.0832	0.76	\$1.53		\$1.53	0.992	\$1.52	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.33	1.0946	1.00	\$0.36		\$0.36	0.992	\$0.35	1	\$0.35	1.00	\$0.35
	IP HOSP - ACUTE DETOX	\$2.23	1.0832	0.76	\$1.84		\$1.84	0.992	\$1.82	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$2.58	1.0832	0.76	\$2.13	-\$1.96	\$0.17	0.992	\$0.17	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$194.95	1.0832	0.76	\$160.49		\$160.49	0.992	\$159.21	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$1.25	1.0832	0.76	\$1.03		\$1.03	0.992	\$1.02	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$13.35	1.0946	1.00	\$14.62		\$14.62	0.992	\$14.50	1	\$14.50	1.00	\$14.50
	LAB & RAD - LAB	\$7.65	1.0946	1.00	\$8.37		\$8.37	0.992	\$8.30	1	\$8.30	1.00	\$8.30
	LAB & RAD - THERAPEUTIC X-RAY	\$1.11	1.0946	1.00	\$1.22		\$1.22	0.992	\$1.21	1	\$1.21	1.00	\$1.21
	OP ER - SOMATIC MH	\$0.93	1.0832	0.76	\$0.76		\$0.76	0.992	\$0.76	1	\$0.76	0.95	\$0.72
	OP HOSP - BASIC	\$43.70	1.0832	0.76	\$35.97		\$35.97	0.992	\$35.69	1	\$35.69	0.95	\$33.90
	OP HOSP - EMERGENCY ROOM	\$11.73	1.0832	0.76	\$9.66		\$9.66	0.992	\$9.58	1	\$9.58	0.95	\$9.10
	OP HOSP - LAB & RAD	\$30.74	1.0832	0.76	\$25.31		\$25.31	0.992	\$25.11	1	\$25.11	0.95	\$23.85
	OP HOSP - MATERNITY	\$0.23	1.0832	0.76	\$0.19	-\$0.13	\$0.06	0.992	\$0.06	1	\$0.06	0.95	\$0.05
	OP HOSP - SOMATIC MH	\$1.24	1.0832	0.76	\$1.02		\$1.02	0.992	\$1.01	1	\$1.01	0.95	\$0.96
	OTH MED - DME	\$13.95	1.0946	1.00	\$15.27		\$15.27	0.992	\$15.15	1	\$15.15	1.00	\$15.15
	OTH MED - HHC/PDN	\$9.21	1.0946	1.00	\$10.08		\$10.08	0.992	\$10.00	1	\$10.00	1.00	\$10.00
	OTH MED - HOSPICE	\$1.66	1.0946	1.00	\$1.82		\$1.82	0.992	\$1.81	1	\$1.81	1.00	\$1.81
	OTH MED - MATERNITY MGT	\$0.16	1.0717	1.00	\$0.17		\$0.17	0.992	\$0.17	1	\$0.17	1.00	\$0.17
	OTH MED - SUPPLIES	\$8.71	1.0946	1.00	\$9.53		\$9.53	0.992	\$9.46	1	\$9.46	1.00	\$9.46
	PHYS CONSULTATION, IP & ER VISITS	\$15.39	1.0946	1.00	\$16.85		\$16.85	0.992	\$16.71	1	\$16.71	1.00	\$16.71
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.45	1.0946	1.00	\$0.50		\$0.50	0.992	\$0.49	1	\$0.49	1.00	\$0.49
	PHYS MATERNITY	\$1.51	1.0946	1.00	\$1.65	-\$1.50	\$0.15	0.992	\$0.15	1	\$0.15	1.00	\$0.15
	PHYS NEWBORN	\$0.37	1.0946	1.00	\$0.41		\$0.41	0.992	\$0.41	1	\$0.41	1.00	\$0.41
	PHYS OFFICE VISITS	\$31.40	1.0946	1.00	\$34.37		\$34.37	0.992	\$34.10	1	\$34.10	1.00	\$34.10
	PHYS OTHER	\$17.66	1.0946	1.00	\$19.33		\$19.33	0.992	\$19.18	1	\$19.18	1.00	\$19.18
	PHYS SOMATIC MH	\$4.63	1.0946	1.00	\$5.07		\$5.07	0.992	\$5.03	1	\$5.03	1.00	\$5.03
	POST - HOSP EXTENDED CARE	\$0.56	1.0832	0.76	\$0.46		\$0.46	0.992	\$0.46	0	\$0.00	1.00	\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$175.42	1.1624	1.00	\$203.91	-\$1.69	\$202.23	0.992	\$200.62	1	\$200.62	1.00	\$200.62
	PRES DRUGS - FP	\$0.67	1.1624	1.00	\$0.77		\$0.77	0.992	\$0.77	1	\$0.77	1.00	\$0.77
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$8.56	1.1624	1.00	\$9.95		\$9.95	0.992	\$9.87	1	\$9.87	1.00	\$9.87
	PRES DRUGS - OP HOSP BASIC	\$8.46	1.1624	1.00	\$9.83		\$9.83	0.992	\$9.75	1	\$9.75	1.00	\$9.75
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.26	1.1624	1.00	\$0.30		\$0.30	0.992	\$0.30	1	\$0.30	1.00	\$0.30
	PRES DRUGS - TOBACCO CESSATION	\$1.27	1.1624	1.00	\$1.48		\$1.48	0.992	\$1.47	1	\$1.47	1.00	\$1.47
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.04	1.0946	1.00	\$0.04		\$0.04	0.992	\$0.04	1	\$0.04	1.00	\$0.04
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.22	1.0832	0.76	\$0.18		\$0.18	0.992	\$0.18	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.79	1.0832	0.76	\$0.65	-\$0.26	\$0.38	0.992	\$0.38	1	\$0.38	0.95	\$0.36
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.04	1.0946	1.00	\$0.05		\$0.05	0.992	\$0.05	1	\$0.05	1.00	\$0.05
	STERILIZATION - PHY MALE	\$0.01	1.0946	1.00	\$0.02		\$0.02	0.992	\$0.02	1	\$0.02	1.00	\$0.02
	SURGERY	\$21.37	1.0946	1.00	\$23.39		\$23.39	0.992	\$23.21	1	\$23.21	1.00	\$23.21
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.57	1.0832	0.76	\$0.47		\$0.47	0.992	\$0.47	0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.17	1.0832	0.76	\$0.14		\$0.14	0.992	\$0.14	1	\$0.14	0.95	\$0.13
	TOBACCO CES-PHYS	\$0.22	1.0946	1.00	\$0.24		\$0.24	0.992	\$0.24	1	\$0.24	1.00	\$0.24
	TRANSPORTATION - AMBULANCE	\$11.06	1.0946	1.00	\$12.11		\$12.11	0.992	\$12.01	1	\$12.01	1.00	\$12.01
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.44	1.0946	1.00	\$2.67		\$2.67	0.992	\$2.65	1	\$2.65	1.00	\$2.65
	VISION CARE - MATERIALS & FITTING	\$1.92	1.0946	1.00	\$2.10		\$2.10	0.992	\$2.08	1	\$2.08	1.00	\$2.08
	Subtotal Physical Health	\$665.81			\$661.51		\$655.97		\$650.84		\$485.99		\$482.35
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.29	1.0279	1.00	\$0.30		\$0.30	1.000	\$0.30	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$5.43	1.0279	1.00	\$5.58		\$5.58	1.000	\$5.58	1	\$5.58	1.00	\$5.58
	CD SERVICES - OP	\$4.95	1.0279	1.00	\$5.08		\$5.08	1.000	\$5.08	1	\$5.08	1.00	\$5.08
	Subtotal Chemical Dependency	\$10.66			\$10.96		\$10.96		\$10.96		\$10.66		\$10.66

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.43	1.0000	1.00	\$0.43		\$0.43	1.000	\$0.43	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.31	1.0000	1.00	\$0.31		\$0.31	1.000	\$0.31	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$3.36	1.0000	1.00	\$3.36		\$3.36	1.000	\$3.36	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.38	1.0000	1.00	\$1.38		\$1.38	1.000	\$1.38	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.17	1.0000	1.00	\$0.17		\$0.17	1.000	\$0.17	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$3.18	1.0000	1.00	\$3.18		\$3.18	1.000	\$3.18	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$1.43	1.0000	1.00	\$1.43		\$1.43	1.000	\$1.43	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.54	1.0000	1.00	\$1.54		\$1.54	1.000	\$1.54	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$4.72	1.0000	1.00	\$4.72		\$4.72	1.000	\$4.72	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$5.12	1.0000	1.00	\$5.12		\$5.12	1.000	\$5.12	0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$21.68			\$21.68		\$21.68		\$21.68		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$31.34	1.0000	1.00	\$31.34		\$31.34	1.000	\$31.34	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$3.53	1.0000	1.00	\$3.53		\$3.53	1.000	\$3.53	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$9.40	1.0000	1.00	\$9.40		\$9.40	1.000	\$9.40	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$1.01	1.0000	1.00	\$1.01		\$1.01	1.000	\$1.01	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.09	1.0000	1.00	\$0.09		\$0.09	1.000	\$0.09	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$8.24	1.0000	1.00	\$8.24		\$8.24	1.000	\$8.24	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$4.59	1.0000	1.00	\$4.59		\$4.59	1.000	\$4.59	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.89	1.0000	1.00	\$0.89		\$0.89	1.000	\$0.89	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$17.86	1.0000	1.00	\$17.86		\$17.86	1.000	\$17.86	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.22	1.0000	1.00	\$0.22		\$0.22	1.000	\$0.22	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.95	1.0000	1.00	\$0.95		\$0.95	1.000	\$0.95	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$2.10	1.0000	1.00	\$2.10		\$2.10	1.000	\$2.10	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$24.78	1.0000	1.00	\$24.78		\$24.78	1.000	\$24.78	0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$3.58	\$3.58	1.000	\$3.58	0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$8.60	\$8.60	1.000	\$8.60	0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.09	\$0.09	1.000	\$0.09	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.01	\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$105.58			\$105.58		\$117.87		\$117.87		\$0.00		\$0.00
	Total AB/AD without Medicare	\$803.74			\$799.74		\$806.48		\$801.35		\$496.65		\$493.01

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjus

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Cost to Charge Ratio Adjustment	C Trend Adjustment to Contract Period	D Hospital Reimbursement Adjustment	E = A x B x C x D Gross Oct 2005 PCC With Coverage Through Line 557	F Liability for Dual Eligibles	G = E x F Net Oct 2005 PCC With Coverage Through Line 557	H Program Change Adjustment *	I = G + H Adjusted Cost	J Prioritized List Coverage Adjustment Line 557 to Line 530	K = I x J Projected Statewide PMPM Cost	L Covered Benefit Adjustment (1=Covered, 0=Not covered)	M = K x L Adjusted Cost	N OP Cost Shift Adjustment	O = M x N Projected Statewide PCO Cost PMPM
AB/AD with Medicare	ADMINISTRATIVE EXAMS	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$0.51	655%	1.0716	1.00	\$3.61	20%	\$0.72		\$0.72	0.992	\$0.72	1.0	\$0.72	1.00	\$0.72
	EXCEPT NEEDS CARE COORDINATION	\$8.01	100%	1.0000	1.00	\$8.01	100%	\$8.01		\$8.01	1.000	\$8.01	1.0	\$8.01	1.00	\$8.01
	FP - IP HOSP	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	603%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.10	103%	1.0716	1.00	\$0.12	20%	\$0.02		\$0.02	0.992	\$0.02	1.0	\$0.02	1.00	\$0.02
	HYSTERECTOMY - ANESTHESIA	\$0.00	2159%	1.0716	1.00	\$0.02	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.03	5646%	1.0617	0.76	\$1.15	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	132%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	8040%	1.0716	1.00	\$0.19	20%	\$0.04		\$0.04	0.992	\$0.04	1.0	\$0.04	1.00	\$0.04
	IP HOSP - ACUTE DETOX	\$0.10	1191%	1.0617	0.76	\$0.94	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.15	822%	1.0617	0.76	\$0.97	0%	\$0.00	\$0.00	\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$7.86	2318%	1.0617	0.76	\$147.02	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.00	934%	1.0716	1.00	\$9.96	20%	\$1.99		\$1.99	0.992	\$1.98	1.0	\$1.98	1.00	\$1.98
	LAB & RAD - LAB	\$1.15	421%	1.0716	1.00	\$5.17	0%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
	LAB & RAD - THERAPEUTIC X-RAY	\$0.03	2106%	1.0716	1.00	\$0.74	20%	\$0.15		\$0.15	0.992	\$0.15	1.0	\$0.15	1.00	\$0.15
	OP ER - SOMATIC MH	\$0.81	132%	1.0617	0.76	\$0.86	20%	\$0.17		\$0.17	0.992	\$0.17	1.0	\$0.17	0.95	\$0.16
	OP HOSP - BASIC	\$12.24	549%	1.0617	0.76	\$54.25	20%	\$10.85		\$10.85	0.992	\$10.77	1.0	\$10.77	0.95	\$10.23
	OP HOSP - EMERGENCY ROOM	\$2.79	510%	1.0617	0.76	\$11.46	20%	\$2.29		\$2.29	0.992	\$2.27	1.0	\$2.27	0.95	\$2.16
	OP HOSP - LAB & RAD	\$4.38	684%	1.0617	0.76	\$24.17	20%	\$4.83		\$4.83	0.992	\$4.80	1.0	\$4.80	0.95	\$4.56
	OP HOSP - MATERNITY	\$0.02	522%	1.0617	0.76	\$0.07	20%	\$0.01	-\$0.01	\$0.00	0.992	\$0.00	1.0	\$0.00	0.95	\$0.00
	OP HOSP - SOMATIC MH	\$0.12	1128%	1.0617	0.76	\$1.05	20%	\$0.21		\$0.21	0.992	\$0.21	1.0	\$0.21	0.95	\$0.20
	OTH MED - DME	\$4.91	328%	1.0716	1.00	\$17.28	20%	\$3.46		\$3.46	0.992	\$3.43	1.0	\$3.43	1.00	\$3.43
	OTH MED - HHC/PDN	\$1.18	781%	1.0716	1.00	\$9.89	0%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
	OTH MED - HOSPICE	\$0.28	100%	1.0716	1.00	\$0.30	0%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$0.08	100%	1.0714	1.00	\$0.09	100%	\$0.09		\$0.09	0.992	\$0.09	1.0	\$0.09	1.00	\$0.09
	OTH MED - SUPPLIES	\$7.78	139%	1.0716	1.00	\$11.58	100%	\$11.58		\$11.58	0.992	\$11.49	1.0	\$11.49	1.00	\$11.49
	PHYS CONSULTATION, IP & ER VISITS	\$1.06	1241%	1.0716	1.00	\$14.13	20%	\$2.83		\$2.83	0.992	\$2.80	1.0	\$2.80	1.00	\$2.80
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.16	438%	1.0716	1.00	\$0.76	20%	\$0.15		\$0.15	0.992	\$0.15	1.0	\$0.15	1.00	\$0.15
	PHYS MATERNITY	\$0.22	256%	1.0716	1.00	\$0.60	20%	\$0.12	-\$0.11	\$0.01	0.992	\$0.01	1.0	\$0.01	1.00	\$0.01
	PHYS NEWBORN	\$0.00	1680%	1.0716	1.00	\$0.08	20%	\$0.02		\$0.02	0.992	\$0.02	1.0	\$0.02	1.00	\$0.02
	PHYS OFFICE VISITS	\$6.31	421%	1.0716	1.00	\$28.48	20%	\$5.70		\$5.70	0.992	\$5.65	1.0	\$5.65	1.00	\$5.65
	PHYS OTHER	\$5.47	200%	1.0716	1.00	\$11.73	20%	\$2.35		\$2.35	0.992	\$2.33	1.0	\$2.33	1.00	\$2.33
	PHYS SOMATIC MH	\$2.76	191%	1.0716	1.00	\$5.66	20%	\$1.13		\$1.13	0.992	\$1.12	1.0	\$1.12	1.00	\$1.12
	POST - HOSP EXTENDED CARE	\$0.37	100%	1.0617	0.76	\$0.30	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D	E = A x B x C x D	F	G = E x F Net Oct 2005 PCC With	H	I = G + H	J	K = I x J	L	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Cost to Charge Ratio Adjustment	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Gross Oct 2005 PCC With Coverage Through Line 557	Liability for Dual Eligibles	Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
PRES DRUGS - BASIC		\$233.02	100%	1.1624	1.00	\$270.87	100%	\$270.87	-\$2.55	\$268.32	0.992	\$266.26	1.0	\$266.26	1.00	\$266.26
PRES DRUGS - FP		\$0.91	100%	1.1624	1.00	\$1.06	100%	\$1.06		\$1.06	0.992	\$1.06	1.0	\$1.06	1.00	\$1.06
PRES DRUGS - MH/CD		\$0.00	100%	1.1624	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
PRES DRUGS - NEURONTIN		\$8.84	131%	1.1624	1.00	\$13.43	100%	\$13.43		\$13.43	0.992	\$13.33	1.0	\$13.33	1.00	\$13.33
PRES DRUGS - OP HOSP BASIC		\$1.98	376%	1.1624	1.00	\$8.63	20%	\$1.73		\$1.73	0.992	\$1.71	1.0	\$1.71	1.00	\$1.71
PRES DRUGS - OP HOSP FP		\$0.00	100%	1.1624	1.00	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
PRES DRUGS - OP HOSP MH/CD		\$0.21	100%	1.1624	1.00	\$0.25	20%	\$0.05		\$0.05	0.992	\$0.05	1.0	\$0.05	1.00	\$0.05
PRES DRUGS - TOBACCO CESSATION		\$1.40	105%	1.1624	1.00	\$1.71	100%	\$1.71		\$1.71	0.992	\$1.69	1.0	\$1.69	1.00	\$1.69
SCHOOL-BASED HEALTH SERVICES		\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
STERILIZATION - ANESTHESIA FEMALE		\$0.01	184%	1.0716	1.00	\$0.02	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
STERILIZATION - ANESTHESIA MALE		\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
STERILIZATION - IP HOSP FEMALE		\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
STERILIZATION - IP HOSP MALE		\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
STERILIZATION - OP HOSP FEMALE		\$0.07	548%	1.0617	0.76	\$0.30	20%	\$0.06	-\$0.02	\$0.04	0.992	\$0.04	1.0	\$0.04	0.95	\$0.04
STERILIZATION - OP HOSP MALE		\$0.00	142%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	0.95	\$0.00
STERILIZATION - PHY FEMALE		\$0.01	146%	1.0716	1.00	\$0.01	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
STERILIZATION - PHY MALE		\$0.02	100%	1.0716	1.00	\$0.02	20%	\$0.00		\$0.00	0.992	\$0.00	1.0	\$0.00	1.00	\$0.00
SURGERY		\$3.46	427%	1.0716	1.00	\$15.85	20%	\$3.17		\$3.17	0.992	\$3.15	1.0	\$3.15	1.00	\$3.15
TARGETED CASE MAN - BABIES FIRST		\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
TARGETED CASE MAN - HIV		\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP		\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
THERAPEUTIC ABORTION - OP HOSP		\$0.00	132%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	0.95	\$0.00
THERAPEUTIC ABORTION - PHYS		\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
TOBACCO CES-IP HSP		\$0.02	2690%	1.0617	0.76	\$0.35	0%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
TOBACCO CES-OP HSP		\$0.03	521%	1.0617	0.76	\$0.12	20%	\$0.02		\$0.02	0.992	\$0.02	1.0	\$0.02	0.95	\$0.02
TOBACCO CES-PHYS		\$0.09	213%	1.0716	1.00	\$0.19	20%	\$0.04		\$0.04	0.992	\$0.04	1.0	\$0.04	1.00	\$0.04
TRANSPORTATION - AMBULANCE		\$4.17	229%	1.0716	1.00	\$10.22	20%	\$2.04		\$2.04	0.992	\$2.03	1.0	\$2.03	1.00	\$2.03
TRANSPORTATION - OTHER		\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.992	\$0.00	0.0	\$0.00	1.00	\$0.00
VISION CARE - EXAMS & THERAPY		\$1.03	240%	1.0716	1.00	\$2.65	100%	\$2.65		\$2.65	0.992	\$2.63	1.0	\$2.63	1.00	\$2.63
VISION CARE - MATERIALS & FITTING		\$1.85	107%	1.0716	1.00	\$2.13	100%	\$2.13		\$2.13	0.992	\$2.12	1.0	\$2.12	1.00	\$2.12
PART A DEDUCTIBLE		\$19.40	100%	1.0000	1.00	\$19.40	100%	\$19.40		\$19.40	1.000	\$19.40	0.0	\$0.00	1.00	\$0.00
PART B DEDUCTIBLE		\$9.17	100%	1.0000	1.00	\$9.17	100%	\$9.17		\$9.17	1.000	\$9.17	1.0	\$9.17	1.00	\$9.17
PART B COINSURANCE ADJUSTMENT		-\$1.85	100%	1.0000	1.00	-\$1.85	100%	-\$1.85		-\$1.85	1.000	-\$1.85	1.0	-\$1.85	1.00	-\$1.85
Subtotal Physical Health		\$353.72				\$725.19				\$379.74		\$377.09		\$357.69		\$356.78
CD SERVICES - ALTERNATIVE TO DETOX		\$0.04	100%	0.9999	1.00	\$0.04	50%	\$0.02		\$0.02	1.000	\$0.02	0.0	\$0.00	1.00	\$0.00
CD SERVICES - METHADONE		\$1.48	107%	0.9999	1.00	\$1.57	50%	\$0.79		\$0.79	1.000	\$0.79	1.0	\$0.79	1.00	\$0.79
CD SERVICES - OP		\$3.15	100%	0.9999	1.00	\$3.15	50%	\$1.58		\$1.58	1.000	\$1.58	1.0	\$1.58	1.00	\$1.58
Subtotal Chemical Dependency		\$4.67				\$4.77				\$2.38		\$2.38		\$2.36		\$2.36

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 AB/AD with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D	E = A x B x C x D	F	G = E x F Net Oct 2005 PCC With	H	I = G + H	J	K = I x J	L	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Cost to Charge Ratio Adjustment	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Gross Oct 2005 PCC With Coverage Through Line 557	Liability for Dual Eligibles	Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
DENTAL - ADJUNCTIVE GENERAL		\$0.53	100%	1.0000	1.00	\$0.53	100%	\$0.53		\$0.53	1.000	\$0.53	0.0	\$0.00	1.00	\$0.00
DENTAL - ANESTHESIA SURGICAL		\$0.28	100%	1.0000	1.00	\$0.28	100%	\$0.28		\$0.28	1.000	\$0.28	0.0	\$0.00	1.00	\$0.00
DENTAL - DIAGNOSTIC		\$3.57	100%	1.0000	1.00	\$3.57	100%	\$3.57		\$3.57	1.000	\$3.57	0.0	\$0.00	1.00	\$0.00
DENTAL - ENDODONTICS		\$1.32	100%	1.0000	1.00	\$1.32	100%	\$1.32		\$1.32	1.000	\$1.32	0.0	\$0.00	1.00	\$0.00
DENTAL - I/P FIXED		\$0.26	100%	1.0000	1.00	\$0.26	100%	\$0.26		\$0.26	1.000	\$0.26	0.0	\$0.00	1.00	\$0.00
DENTAL - MAXILLOFACIAL PROS		\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
DENTAL - ORAL SURGERY		\$3.23	100%	1.0000	1.00	\$3.23	100%	\$3.23		\$3.23	1.000	\$3.23	0.0	\$0.00	1.00	\$0.00
DENTAL - ORTHODONTICS		\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
DENTAL - PERIODONTICS		\$1.86	100%	1.0000	1.00	\$1.86	100%	\$1.86		\$1.86	1.000	\$1.86	0.0	\$0.00	1.00	\$0.00
DENTAL - PREVENTIVE		\$1.82	100%	1.0000	1.00	\$1.82	100%	\$1.82		\$1.82	1.000	\$1.82	0.0	\$0.00	1.00	\$0.00
DENTAL - PROS REMOVABLE		\$4.84	100%	1.0000	1.00	\$4.84	100%	\$4.84		\$4.84	1.000	\$4.84	0.0	\$0.00	1.00	\$0.00
DENTAL - RESTORATIVE		\$5.71	100%	1.0000	1.00	\$5.71	100%	\$5.71		\$5.71	1.000	\$5.71	0.0	\$0.00	1.00	\$0.00
DENTAL - TOBACCO CES		\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
Subtotal Dental		\$23.42				\$23.42				\$23.42		\$23.42		\$0.00		\$0.00
MH SERVICES ACUTE INPATIENT		\$3.13	100%	1.0000	1.00	\$3.13	100%	\$3.13		\$3.13	1.000	\$3.13	0.0	\$0.00	1.00	\$0.00
MH SERVICES ASSESS & EVAL		\$1.90	100%	1.0000	1.00	\$1.90	100%	\$1.90		\$1.90	1.000	\$1.90	0.0	\$0.00	1.00	\$0.00
MH SERVICES CASE MANAGEMENT		\$8.54	100%	1.0000	1.00	\$8.54	100%	\$8.54		\$8.54	1.000	\$8.54	0.0	\$0.00	1.00	\$0.00
MH SERVICES CONSULTATION		\$0.72	100%	1.0000	1.00	\$0.72	100%	\$0.72		\$0.72	1.000	\$0.72	0.0	\$0.00	1.00	\$0.00
MH SERVICES ANCILLARY SERVICES		\$0.02	100%	1.0000	1.00	\$0.02	100%	\$0.02		\$0.02	1.000	\$0.02	0.0	\$0.00	1.00	\$0.00
MH SERVICES MED MANAGEMENT		\$6.37	100%	1.0000	1.00	\$6.37	100%	\$6.37		\$6.37	1.000	\$6.37	0.0	\$0.00	1.00	\$0.00
MH SERVICES ALTERNATIVE TO IP		\$3.88	100%	1.0000	1.00	\$3.88	100%	\$3.88		\$3.88	1.000	\$3.88	0.0	\$0.00	1.00	\$0.00
MH SERVICES FAMILY SUPPORT		\$0.12	100%	1.0000	1.00	\$0.12	100%	\$0.12		\$0.12	1.000	\$0.12	0.0	\$0.00	1.00	\$0.00
MH SERVICES OP THERAPY		\$10.98	100%	1.0000	1.00	\$10.98	100%	\$10.98		\$10.98	1.000	\$10.98	0.0	\$0.00	1.00	\$0.00
MH SERVICES OTHER OP		\$0.14	100%	1.0000	1.00	\$0.14	100%	\$0.14		\$0.14	1.000	\$0.14	0.0	\$0.00	1.00	\$0.00
MH SERVICES PHYS IP		\$0.24	100%	1.0000	1.00	\$0.24	100%	\$0.24		\$0.24	1.000	\$0.24	0.0	\$0.00	1.00	\$0.00
MH SERVICES PHYS OP		\$0.53	100%	1.0000	1.00	\$0.53	100%	\$0.53		\$0.53	1.000	\$0.53	0.0	\$0.00	1.00	\$0.00
MH SERVICES PEO		\$0.57	100%	1.0000	1.00	\$0.57	100%	\$0.57		\$0.57	1.000	\$0.57	0.0	\$0.00	1.00	\$0.00
MH SERVICES SUPPORT DAY PROGRAM		\$27.64	100%	1.0000	1.00	\$27.64	100%	\$27.64		\$27.64	1.000	\$27.64	0.0	\$0.00	1.00	\$0.00
MH SERVICES PSYCH DAY									\$0.00	\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
MH SERVICES RESIDENTIAL									\$0.00	\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
MH SERVICES CARE COORD									\$0.00	\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
MH SERVICES CONS ASSESS									\$0.00	\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
Subtotal Mental Health		\$64.78				\$64.78				\$64.78		\$64.78		\$0.00		\$0.00
Total AB/AD with Medicare		\$446.59				\$818.16				\$470.33		\$467.68		\$360.06		\$359.14

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 0-1
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PMPM Cost
PLM, CHIP, or TANF Children Aged 0-1	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$1.61	1.0946	1.00	\$1.76		\$1.76	0.992	\$1.75	1	\$1.75	1.00	\$1.75
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.02	1.0832	0.76	\$0.01		\$0.01	0.992	\$0.01	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$62.91	1.0832	0.76	\$51.79		\$51.79	0.992	\$51.39	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$169.75	1.0832	0.76	\$139.74		\$139.74	0.992	\$138.68	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$3.48	1.0946	1.00	\$3.80		\$3.80	0.992	\$3.78	1	\$3.78	1.00	\$3.78
	LAB & RAD - LAB	\$1.16	1.0946	1.00	\$1.26		\$1.26	0.992	\$1.25	1	\$1.25	1.00	\$1.25
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.992	\$0.01	1	\$0.01	1.00	\$0.01
	OP ER - SOMATIC MH	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	OP HOSP - BASIC	\$14.75	1.0832	0.76	\$12.14		\$12.14	0.992	\$12.05	1	\$12.05	0.95	\$11.45
	OP HOSP - EMERGENCY ROOM	\$8.73	1.0832	0.76	\$7.19		\$7.19	0.992	\$7.13	1	\$7.13	0.95	\$6.78
	OP HOSP - LAB & RAD	\$6.69	1.0832	0.76	\$5.50		\$5.50	0.992	\$5.46	1	\$5.46	0.95	\$5.19
	OP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	OP HOSP - SOMATIC MH	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.992	\$0.02	1	\$0.02	0.95	\$0.02
	OTH MED - DME	\$1.45	1.0946	1.00	\$1.59		\$1.59	0.992	\$1.58	1	\$1.58	1.00	\$1.58
	OTH MED - HHC/PDN	\$1.80	1.0946	1.00	\$1.97		\$1.97	0.992	\$1.96	1	\$1.96	1.00	\$1.96
	OTH MED - HOSPICE	\$0.05	1.0946	1.00	\$0.05		\$0.05	0.992	\$0.05	1	\$0.05	1.00	\$0.05
	OTH MED - MATERNITY MGT	\$0.00	1.0717	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$0.61	1.0946	1.00	\$0.66		\$0.66	0.992	\$0.66	1	\$0.66	1.00	\$0.66
	PHYS CONSULTATION, IP & ER VISITS	\$14.25	1.0946	1.00	\$15.59		\$15.59	0.992	\$15.47	1	\$15.47	1.00	\$15.47
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.04	1.0946	1.00	\$0.04		\$0.04	0.992	\$0.04	1	\$0.04	1.00	\$0.04
PHYS MATERNITY	\$0.01	1.0946	1.00	\$0.02	\$0.00	\$0.02	0.992	\$0.02	1	\$0.02	1.00	\$0.02	
PHYS NEWBORN	\$19.96	1.0946	1.00	\$21.85		\$21.85	0.992	\$21.69	1	\$21.69	1.00	\$21.69	
PHYS OFFICE VISITS	\$57.78	1.0946	1.00	\$63.25		\$63.25	0.992	\$62.76	1	\$62.76	1.00	\$62.76	
PHYS OTHER	\$11.60	1.0946	1.00	\$12.70		\$12.70	0.992	\$12.60	1	\$12.60	1.00	\$12.60	
PHYS SOMATIC MH	\$0.07	1.0946	1.00	\$0.08		\$0.08	0.992	\$0.08	1	\$0.08	1.00	\$0.08	
POST - HOSP EXTENDED CARE	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.992	\$0.02	0	\$0.00	1.00	\$0.00	

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 0-1
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$8.64	1.1624	1.00	\$10.04	\$0.01	\$10.05	0.992	\$9.97	1	\$9.97	1.00	\$9.97
	PRES DRUGS - FP	\$0.01	1.1624	1.00	\$0.01		\$0.01	0.992	\$0.01	1	\$0.01	1.00	\$0.01
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP BASIC	\$3.26	1.1624	1.00	\$3.79		\$3.79	0.992	\$3.76	1	\$3.76	1.00	\$3.76
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - TOBACCO CESSATION	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.01	1.0832	0.76	\$0.01	\$0.00	\$0.01	0.992	\$0.01	1	\$0.01	0.95	\$0.01
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$5.24	1.0946	1.00	\$5.73		\$5.73	0.992	\$5.69	1	\$5.69	1.00	\$5.69
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	TOBACCO CES-PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$5.01	1.0946	1.00	\$5.49		\$5.49	0.992	\$5.45	1	\$5.45	1.00	\$5.45
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.29	1.0946	1.00	\$0.32		\$0.32	0.992	\$0.31	1	\$0.31	1.00	\$0.31
	VISION CARE - MATERIALS & FITTING	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.992	\$0.02	1	\$0.02	1.00	\$0.02
	Subtotal Physical Health	\$399.23			\$366.46		\$366.47		\$363.68		\$173.58		\$172.35
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	CD SERVICES - OP	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	Subtotal Chemical Dependency	\$0.00			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 0-1
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$0.02	1.0000	1.00	\$0.02		\$0.02	1.000	\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$0.09			\$0.09		\$0.09		\$0.09		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$0.02	1.0000	1.00	\$0.02		\$0.02	1.000	\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$0.61			\$0.61		\$0.61		\$0.61		\$0.00		\$0.00
	Total PLM, CHIP, or TANF Children Aged 0-1	\$399.92			\$367.15		\$367.16		\$364.38		\$173.58		\$172.35

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 1-5
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
PLM, CHIP, or TANF Children Aged 1-5	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$1.40	1.0946	1.00	\$1.53		\$1.53	0.978	\$1.50	1	\$1.50	1.00	\$1.50
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$11.79	1.0832	0.76	\$9.70		\$9.70	0.978	\$9.49	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.20	1.0946	1.00	\$1.31		\$1.31	0.978	\$1.28	1	\$1.28	1.00	\$1.28
	LAB & RAD - LAB	\$1.00	1.0946	1.00	\$1.09		\$1.09	0.978	\$1.07	1	\$1.07	1.00	\$1.07
	LAB & RAD - THERAPEUTIC X-RAY	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.978	\$0.02	1	\$0.02	1.00	\$0.02
	OP ER - SOMATIC MH	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.978	\$0.01	1	\$0.01	0.95	\$0.01
	OP HOSP - BASIC	\$9.94	1.0832	0.76	\$8.18		\$8.18	0.978	\$8.00	1	\$8.00	0.95	\$7.60
	OP HOSP - EMERGENCY ROOM	\$4.81	1.0832	0.76	\$3.96		\$3.96	0.978	\$3.87	1	\$3.87	0.95	\$3.68
	OP HOSP - LAB & RAD	\$3.14	1.0832	0.76	\$2.59		\$2.59	0.978	\$2.53	1	\$2.53	0.95	\$2.41
	OP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.978	\$0.00	1	\$0.00	0.95	\$0.00
	OP HOSP - SOMATIC MH	\$0.14	1.0832	0.76	\$0.12		\$0.12	0.978	\$0.11	1	\$0.11	0.95	\$0.11
	OTH MED - DME	\$0.27	1.0946	1.00	\$0.29		\$0.29	0.978	\$0.29	1	\$0.29	1.00	\$0.29
	OTH MED - HHC/PDN	\$1.14	1.0946	1.00	\$1.25		\$1.25	0.978	\$1.22	1	\$1.22	1.00	\$1.22
	OTH MED - HOSPICE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.0717	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$0.26	1.0946	1.00	\$0.29		\$0.29	0.978	\$0.28	1	\$0.28	1.00	\$0.28
	PHYS CONSULTATION, IP & ER VISITS	\$2.77	1.0946	1.00	\$3.03		\$3.03	0.978	\$2.97	1	\$2.97	1.00	\$2.97
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.978	\$0.01	1	\$0.01	1.00	\$0.01
PHYS MATERNITY	\$0.01	1.0946	1.00	\$0.01	\$0.00	\$0.01	0.978	\$0.01	1	\$0.01	1.00	\$0.01	
PHYS NEWBORN	\$0.08	1.0946	1.00	\$0.09		\$0.09	0.978	\$0.08	1	\$0.08	1.00	\$0.08	
PHYS OFFICE VISITS	\$20.73	1.0946	1.00	\$22.69		\$22.69	0.978	\$22.20	1	\$22.20	1.00	\$22.20	
PHYS OTHER	\$2.71	1.0946	1.00	\$2.96		\$2.96	0.978	\$2.90	1	\$2.90	1.00	\$2.90	
PHYS SOMATIC MH	\$0.46	1.0946	1.00	\$0.50		\$0.50	0.978	\$0.49	1	\$0.49	1.00	\$0.49	
POST - HOSP EXTENDED CARE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00	

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 1-5
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$7.33	1.1624	1.00	\$8.52	\$0.03	\$8.55	0.978	\$8.37	1	\$8.37	1.00	\$8.37
	PRES DRUGS - FP	\$0.01	1.1624	1.00	\$0.01		\$0.01	0.978	\$0.01	1	\$0.01	1.00	\$0.01
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$0.00	1.1624	1.00	\$0.01		\$0.01	0.978	\$0.01	1	\$0.01	1.00	\$0.01
	PRES DRUGS - OP HOSP BASIC	\$1.11	1.1624	1.00	\$1.29		\$1.29	0.978	\$1.26	1	\$1.26	1.00	\$1.26
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - TOBACCO CESSATION	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.978	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$2.38	1.0946	1.00	\$2.60		\$2.60	0.978	\$2.54	1	\$2.54	1.00	\$2.54
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	0.95	\$0.00
	TOBACCO CES-PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	1	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$1.14	1.0946	1.00	\$1.25		\$1.25	0.978	\$1.23	1	\$1.23	1.00	\$1.23
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.978	\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.48	1.0946	1.00	\$0.53		\$0.53	0.978	\$0.52	1	\$0.52	1.00	\$0.52
	VISION CARE - MATERIALS & FITTING	\$0.17	1.0946	1.00	\$0.18		\$0.18	0.978	\$0.18	1	\$0.18	1.00	\$0.18
	Subtotal Physical Health	\$74.52			\$74.05		\$74.08		\$72.46		\$62.96		\$62.24
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	CD SERVICES - OP	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	Subtotal Chemical Dependency	\$0.00			\$0.00		\$0.00		\$0.00		\$0.00		\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 1-5
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.43	1.0000	1.00	\$0.43		\$0.43	1.000	\$0.43	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.43	1.0000	1.00	\$0.43		\$0.43	1.000	\$0.43	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$2.32	1.0000	1.00	\$2.32		\$2.32	1.000	\$2.32	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$0.94	1.0000	1.00	\$0.94		\$0.94	1.000	\$0.94	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$0.68	1.0000	1.00	\$0.68		\$0.68	1.000	\$0.68	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.79	1.0000	1.00	\$1.79		\$1.79	1.000	\$1.79	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$5.36	1.0000	1.00	\$5.36		\$5.36	1.000	\$5.36	0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$11.97			\$11.97		\$11.97		\$11.97		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$0.11	1.0000	1.00	\$0.11		\$0.11	1.000	\$0.11	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.21	1.0000	1.00	\$0.21		\$0.21	1.000	\$0.21	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.10	1.0000	1.00	\$0.10		\$0.10	1.000	\$0.10	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.06	1.0000	1.00	\$0.06		\$0.06	1.000	\$0.06	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$1.75	1.0000	1.00	\$1.75		\$1.75	1.000	\$1.75	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.02	1.0000	1.00	\$0.02		\$0.02	1.000	\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$0.10	1.0000	1.00	\$0.10		\$0.10	1.000	\$0.10	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.61	1.0000	1.00	\$0.61		\$0.61	1.000	\$0.61	0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.63	\$0.63	1.000	\$0.63	0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.03	\$0.03	1.000	\$0.03	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$4.14			\$4.14		\$4.79		\$4.79		\$0.00		\$0.00
	Total PLM, CHIP, or TANF Children Aged 1-5	\$90.63			\$90.15		\$90.84		\$89.22		\$62.97		\$62.24

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Ser

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 6-18
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
PLM, CHIP, or TANF Children Aged 6-18	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$0.74	1.0946	1.00	\$0.81		\$0.81	0.980	\$0.79	1	\$0.79	1.00	\$0.79
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.980	\$0.01	1	\$0.01	0.95	\$0.01
	FP - PHYS	\$0.12	1.0946	1.00	\$0.14		\$0.14	0.980	\$0.13	1	\$0.13	1.00	\$0.13
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	1.00	\$0.00
	IP HOSP - ACUTE DETOX	\$0.05	1.0832	0.76	\$0.04		\$0.04	0.980	\$0.04	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$1.82	1.0832	0.76	\$1.50	-\$1.42	\$0.07	0.980	\$0.07	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$9.83	1.0832	0.76	\$8.09		\$8.09	0.980	\$7.93	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.08	1.0946	1.00	\$2.28		\$2.28	0.980	\$2.24	1	\$2.24	1.00	\$2.24
	LAB & RAD - LAB	\$1.39	1.0946	1.00	\$1.52		\$1.52	0.980	\$1.49	1	\$1.49	1.00	\$1.49
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.980	\$0.01	1	\$0.01	1.00	\$0.01
	OP ER - SOMATIC MH	\$0.07	1.0832	0.76	\$0.06		\$0.06	0.980	\$0.06	1	\$0.06	0.95	\$0.05
	OP HOSP - BASIC	\$5.55	1.0832	0.76	\$4.57		\$4.57	0.980	\$4.48	1	\$4.48	0.95	\$4.25
	OP HOSP - EMERGENCY ROOM	\$3.01	1.0832	0.76	\$2.48		\$2.48	0.980	\$2.43	1	\$2.43	0.95	\$2.31
	OP HOSP - LAB & RAD	\$3.95	1.0832	0.76	\$3.25		\$3.25	0.980	\$3.19	1	\$3.19	0.95	\$3.03
	OP HOSP - MATERNITY	\$0.11	1.0832	0.76	\$0.09	-\$0.06	\$0.03	0.980	\$0.03	1	\$0.03	0.95	\$0.03
	OP HOSP - SOMATIC MH	\$0.13	1.0832	0.76	\$0.11		\$0.11	0.980	\$0.11	1	\$0.11	0.95	\$0.10
	OTH MED - DME	\$0.22	1.0946	1.00	\$0.24		\$0.24	0.980	\$0.23	1	\$0.23	1.00	\$0.23
	OTH MED - HHC/PDN	\$0.93	1.0946	1.00	\$1.02		\$1.02	0.980	\$1.00	1	\$1.00	1.00	\$1.00
	OTH MED - HOSPICE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$0.16	1.0717	1.00	\$0.17		\$0.17	0.980	\$0.17	1	\$0.17	1.00	\$0.17
OTH MED - SUPPLIES	\$0.22	1.0946	1.00	\$0.24		\$0.24	0.980	\$0.24	1	\$0.24	1.00	\$0.24	
PHYS CONSULTATION, IP & ER VISITS	\$1.95	1.0946	1.00	\$2.14		\$2.14	0.980	\$2.10	1	\$2.10	1.00	\$2.10	
PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.980	\$0.01	1	\$0.01	1.00	\$0.01	
PHYS MATERNITY	\$1.44	1.0946	1.00	\$1.58	-\$1.46	\$0.12	0.980	\$0.12	1	\$0.12	1.00	\$0.12	
PHYS NEWBORN	\$0.05	1.0946	1.00	\$0.06		\$0.06	0.980	\$0.06	1	\$0.06	1.00	\$0.06	
PHYS OFFICE VISITS	\$11.24	1.0946	1.00	\$12.30		\$12.30	0.980	\$12.06	1	\$12.06	1.00	\$12.06	
PHYS OTHER	\$1.45	1.0946	1.00	\$1.59		\$1.59	0.980	\$1.56	1	\$1.56	1.00	\$1.56	
PHYS SOMATIC MH	\$1.03	1.0946	1.00	\$1.13		\$1.13	0.980	\$1.10	1	\$1.10	1.00	\$1.10	
POST - HOSP EXTENDED CARE	\$0.01	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00	

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 6-18
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$9.87	1.1624	1.00	\$11.47	-\$0.06	\$11.41	0.980	\$11.19	1	\$11.19	1.00	\$11.19
	PRES DRUGS - FP	\$0.37	1.1624	1.00	\$0.43		\$0.43	0.980	\$0.42	1	\$0.42	1.00	\$0.42
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$0.05	1.1624	1.00	\$0.06		\$0.06	0.980	\$0.06	1	\$0.06	1.00	\$0.06
	PRES DRUGS - OP HOSP BASIC	\$0.86	1.1624	1.00	\$1.00		\$1.00	0.980	\$0.98	1	\$0.98	1.00	\$0.98
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.01	1.1624	1.00	\$0.01		\$0.01	0.980	\$0.01	1	\$0.01	1.00	\$0.01
	PRES DRUGS - TOBACCO CESSATION	\$0.03	1.1624	1.00	\$0.04		\$0.04	0.980	\$0.04	1	\$0.04	1.00	\$0.04
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.39	1.0832	0.76	\$0.32	-\$0.17	\$0.15	0.980	\$0.15	1	\$0.15	0.95	\$0.14
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$2.75	1.0946	1.00	\$3.01		\$3.01	0.980	\$2.96	1	\$2.96	1.00	\$2.96
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.02	1.0832	0.76	\$0.01		\$0.01	0.980	\$0.01	0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.980	\$0.01	1	\$0.01	0.95	\$0.01
	TOBACCO CES-PHYS	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.980	\$0.02	1	\$0.02	1.00	\$0.02
	TRANSPORTATION - AMBULANCE	\$0.82	1.0946	1.00	\$0.90		\$0.90	0.980	\$0.88	1	\$0.88	1.00	\$0.88
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.980	\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.75	1.0946	1.00	\$1.92		\$1.92	0.980	\$1.88	1	\$1.88	1.00	\$1.88
	VISION CARE - MATERIALS & FITTING	\$1.20	1.0946	1.00	\$1.31		\$1.31	0.980	\$1.28	1	\$1.28	1.00	\$1.28
	Subtotal Physical Health	\$65.73			\$65.94		\$62.77		\$61.54		\$53.48		\$52.96
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.02	1.0279	1.00	\$0.02		\$0.02	1.000	\$0.02	1	\$0.02	1.00	\$0.02
	CD SERVICES - OP	\$1.08	1.0279	1.00	\$1.11		\$1.11	1.000	\$1.11	1	\$1.11	1.00	\$1.11
	Subtotal Chemical Dependency	\$1.10			\$1.13		\$1.13		\$1.13		\$1.13		\$1.13

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM, CHIP, or TANF Children Aged 6-18
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.17	1.0000	1.00	\$0.17		\$0.17	1.000	\$0.17	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.32	1.0000	1.00	\$0.32		\$0.32	1.000	\$0.32	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$4.20	1.0000	1.00	\$4.20		\$4.20	1.000	\$4.20	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.25	1.0000	1.00	\$1.25		\$1.25	1.000	\$1.25	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$1.55	1.0000	1.00	\$1.55		\$1.55	1.000	\$1.55	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.09	1.0000	1.00	\$0.09		\$0.09	1.000	\$0.09	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$4.11	1.0000	1.00	\$4.11		\$4.11	1.000	\$4.11	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$6.08	1.0000	1.00	\$6.08		\$6.08	1.000	\$6.08	0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$17.83			\$17.83		\$17.83		\$17.83		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$2.39	1.0000	1.00	\$2.39		\$2.39	1.000	\$2.39	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$1.78	1.0000	1.00	\$1.78		\$1.78	1.000	\$1.78	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.86	1.0000	1.00	\$0.86		\$0.86	1.000	\$0.86	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.38	1.0000	1.00	\$0.38		\$0.38	1.000	\$0.38	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.53	1.0000	1.00	\$0.53		\$0.53	1.000	\$0.53	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.16	1.0000	1.00	\$0.16		\$0.16	1.000	\$0.16	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.17	1.0000	1.00	\$0.17		\$0.17	1.000	\$0.17	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$7.79	1.0000	1.00	\$7.79		\$7.79	1.000	\$7.79	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.11	1.0000	1.00	\$0.11		\$0.11	1.000	\$0.11	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.07	1.0000	1.00	\$0.07		\$0.07	1.000	\$0.07	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$0.27	1.0000	1.00	\$0.27		\$0.27	1.000	\$0.27	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$1.15	1.0000	1.00	\$1.15		\$1.15	1.000	\$1.15	0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$3.29	\$3.29	1.000	\$3.29	0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$1.01	\$1.01	1.000	\$1.01	0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.12	\$0.12	1.000	\$0.12	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.01	\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$16.24			\$16.24		\$20.67		\$20.67		\$0.00		\$0.00
	Total PLM, CHIP, or TANF Children Aged 6-1	\$100.91			\$101.14		\$102.41		\$101.17		\$54.61		\$54.09

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Ser

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 OAA without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
OAA without Medicare	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$4.59	1.0946	1.00	\$5.03		\$5.03	0.990	\$4.98	1	\$4.98	1.00	\$4.98
	EXCEPT NEEDS CARE COORDINATION	\$6.26	1.0000	1.00	\$6.26		\$6.26	1.000	\$6.26	1	\$6.26	1.00	\$6.26
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.92	1.0832	0.76	\$0.75		\$0.75	0.990	\$0.75	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.11	1.0946	1.00	\$0.12		\$0.12	0.990	\$0.12	1	\$0.12	1.00	\$0.12
	IP HOSP - ACUTE DETOX	\$0.06	1.0832	0.76	\$0.05		\$0.05	0.990	\$0.05	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$218.44	1.0832	0.76	\$179.82		\$179.82	0.990	\$178.00	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$15.54	1.0946	1.00	\$17.01		\$17.01	0.990	\$16.84	1	\$16.84	1.00	\$16.84
	LAB & RAD - LAB	\$6.45	1.0946	1.00	\$7.06		\$7.06	0.990	\$6.99	1	\$6.99	1.00	\$6.99
	LAB & RAD - THERAPEUTIC X-RAY	\$0.83	1.0946	1.00	\$0.91		\$0.91	0.990	\$0.90	1	\$0.90	1.00	\$0.90
	OP ER - SOMATIC MH	\$0.10	1.0832	0.76	\$0.08		\$0.08	0.990	\$0.08	1	\$0.08	0.95	\$0.08
	OP HOSP - BASIC	\$65.32	1.0832	0.76	\$53.78		\$53.78	0.990	\$53.23	1	\$53.23	0.95	\$50.57
	OP HOSP - EMERGENCY ROOM	\$6.93	1.0832	0.76	\$5.70		\$5.70	0.990	\$5.64	1	\$5.64	0.95	\$5.36
	OP HOSP - LAB & RAD	\$30.33	1.0832	0.76	\$24.97		\$24.97	0.990	\$24.72	1	\$24.72	0.95	\$23.48
	OP HOSP - MATERNITY	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.990	\$0.00	1	\$0.00	0.95	\$0.00
	OP HOSP - SOMATIC MH	\$0.34	1.0832	0.76	\$0.28		\$0.28	0.990	\$0.28	1	\$0.28	0.95	\$0.26
	OTH MED - DME	\$8.25	1.0946	1.00	\$9.03		\$9.03	0.990	\$8.94	1	\$8.94	1.00	\$8.94
	OTH MED - HHC/PDN	\$9.36	1.0946	1.00	\$10.25		\$10.25	0.990	\$10.15	1	\$10.15	1.00	\$10.15
	OTH MED - HOSPICE	\$3.35	1.0946	1.00	\$3.67		\$3.67	0.990	\$3.63	1	\$3.63	1.00	\$3.63
	OTH MED - MATERNITY MGT	\$0.00	1.0717	1.00	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$11.68	1.0946	1.00	\$12.79		\$12.79	0.990	\$12.66	1	\$12.66	1.00	\$12.66
	PHYS CONSULTATION, IP & ER VISITS	\$21.52	1.0946	1.00	\$23.55		\$23.55	0.990	\$23.32	1	\$23.32	1.00	\$23.32
	PHYS HOME OR LONG-TERM CARE VISITS	\$2.38	1.0946	1.00	\$2.61		\$2.61	0.990	\$2.58	1	\$2.58	1.00	\$2.58
	PHYS MATERNITY	\$0.01	1.0946	1.00	\$0.01	\$0.00	\$0.01	0.990	\$0.01	1	\$0.01	1.00	\$0.01
	PHYS NEWBORN	\$0.05	1.0946	1.00	\$0.06		\$0.06	0.990	\$0.06	1	\$0.06	1.00	\$0.06
	PHYS OFFICE VISITS	\$30.30	1.0946	1.00	\$33.17		\$33.17	0.990	\$32.83	1	\$32.83	1.00	\$32.83
	PHYS OTHER	\$12.13	1.0946	1.00	\$13.27		\$13.27	0.990	\$13.14	1	\$13.14	1.00	\$13.14
	PHYS SOMATIC MH	\$1.48	1.0946	1.00	\$1.62		\$1.62	0.990	\$1.60	1	\$1.60	1.00	\$1.60
	POST - HOSP EXTENDED CARE	\$0.28	1.0832	0.76	\$0.23		\$0.23	0.990	\$0.23	0	\$0.00	1.00	\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 OAA without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$105.26	1.1624	1.00	\$122.36	\$0.36	\$122.72	0.990	\$121.48	1	\$121.48	1.00	\$121.48
	PRES DRUGS - FP	\$0.07	1.1624	1.00	\$0.08		\$0.08	0.990	\$0.08	1	\$0.08	1.00	\$0.08
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$0.76	1.1624	1.00	\$0.89		\$0.89	0.990	\$0.88	1	\$0.88	1.00	\$0.88
	PRES DRUGS - OP HOSP BASIC	\$4.89	1.1624	1.00	\$5.68		\$5.68	0.990	\$5.62	1	\$5.62	1.00	\$5.62
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.09	1.1624	1.00	\$0.10		\$0.10	0.990	\$0.10	1	\$0.10	1.00	\$0.10
	PRES DRUGS - TOBACCO CESSATION	\$0.13	1.1624	1.00	\$0.15		\$0.15	0.990	\$0.15	1	\$0.15	1.00	\$0.15
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00	\$0.00	\$0.00	0.990	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$25.26	1.0946	1.00	\$27.65		\$27.65	0.990	\$27.37	1	\$27.37	1.00	\$27.37
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.18	1.0832	0.76	\$0.15		\$0.15	0.990	\$0.15	0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.05	1.0832	0.76	\$0.04		\$0.04	0.990	\$0.04	1	\$0.04	0.95	\$0.04
	TOBACCO CES-PHYS	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.990	\$0.02	1	\$0.02	1.00	\$0.02
	TRANSPORTATION - AMBULANCE	\$16.06	1.0946	1.00	\$17.58		\$17.58	0.990	\$17.40	1	\$17.40	1.00	\$17.40
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.990	\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$3.45	1.0946	1.00	\$3.77		\$3.77	0.990	\$3.74	1	\$3.74	1.00	\$3.74
	VISION CARE - MATERIALS & FITTING	\$2.22	1.0946	1.00	\$2.43		\$2.43	0.990	\$2.41	1	\$2.41	1.00	\$2.41
	Subtotal Physical Health	\$615.45			\$592.98		\$593.35		\$587.41		\$408.23		\$404.03
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.02	1.0279	1.00	\$0.02		\$0.02	1.000	\$0.02	1	\$0.02	1.00	\$0.02
	CD SERVICES - OP	\$0.01	1.0279	1.00	\$0.01		\$0.01	1.000	\$0.01	1	\$0.01	1.00	\$0.01
	Subtotal Chemical Dependency	\$0.03			\$0.03		\$0.03		\$0.03		\$0.03		\$0.03

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 OAA without Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.31	1.0000	1.00	\$0.31		\$0.31	1.000	\$0.31	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.02	1.0000	1.00	\$0.02		\$0.02	1.000	\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$3.00	1.0000	1.00	\$3.00		\$3.00	1.000	\$3.00	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.19	1.0000	1.00	\$1.19		\$1.19	1.000	\$1.19	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.24	1.0000	1.00	\$0.24		\$0.24	1.000	\$0.24	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$3.63	1.0000	1.00	\$3.63		\$3.63	1.000	\$3.63	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$1.28	1.0000	1.00	\$1.28		\$1.28	1.000	\$1.28	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.08	1.0000	1.00	\$1.08		\$1.08	1.000	\$1.08	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$11.28	1.0000	1.00	\$11.28		\$11.28	1.000	\$11.28	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$3.05	1.0000	1.00	\$3.05		\$3.05	1.000	\$3.05	0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$25.07			\$25.07		\$25.07		\$25.07		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$0.58	1.0000	1.00	\$0.58		\$0.58	1.000	\$0.58	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$0.49	1.0000	1.00	\$0.49		\$0.49	1.000	\$0.49	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.52	1.0000	1.00	\$0.52		\$0.52	1.000	\$0.52	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.11	1.0000	1.00	\$0.11		\$0.11	1.000	\$0.11	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.10	1.0000	1.00	\$0.10		\$0.10	1.000	\$0.10	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$1.00	1.0000	1.00	\$1.00		\$1.00	1.000	\$1.00	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$0.68	1.0000	1.00	\$0.68		\$0.68	1.000	\$0.68	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$0.40	1.0000	1.00	\$0.40		\$0.40	1.000	\$0.40	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$3.07	1.0000	1.00	\$3.07		\$3.07	1.000	\$3.07	0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$7.51			\$7.51		\$7.51		\$7.51		\$0.00		\$0.00
	Total OAA without Medicare	\$648.06			\$625.60		\$625.96		\$620.02		\$408.26		\$404.06

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Ser

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 OAA with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D	E = A x B x C x D	F	G = E x F Net Oct 2005 PCC With	H	I = G + H	J	K = I x J	L	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Cost to Charge Ratio Adjustment	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Gross Oct 2005 PCC With Coverage Through Line 557	Liability for Dual Eligibles	Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
OAA with Medicare	ADMINISTRATIVE EXAMS	\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$0.51	655%	1.0716	1.00	\$3.55	20%	\$0.71		\$0.71	0.994	\$0.71	1.0	\$0.71	1.00	\$0.71
	EXCEPT NEEDS CARE COORDINATION	\$6.26	100%	1.0000	1.00	\$6.26	100%	\$6.26		\$6.26	1.000	\$6.26	1.0	\$6.26	1.00	\$6.26
	FP - IP HOSP	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	603%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.00	103%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	2159%	1.0716	1.00	\$0.02	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.03	5646%	1.0617	0.76	\$1.17	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	132%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	8040%	1.0716	1.00	\$0.09	20%	\$0.02		\$0.02	0.994	\$0.02	1.0	\$0.02	1.00	\$0.02
	IP HOSP - ACUTE DETOX	\$0.03	1191%	1.0617	0.76	\$0.25	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.00	822%	1.0617	0.76	\$0.01	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$11.59	2318%	1.0617	0.76	\$216.76	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.17	934%	1.0716	1.00	\$11.73	20%	\$2.35		\$2.35	0.994	\$2.33	1.0	\$2.33	1.00	\$2.33
	LAB & RAD - LAB	\$1.04	421%	1.0716	1.00	\$4.68	0%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
	LAB & RAD - THERAPEUTIC X-RAY	\$0.06	2106%	1.0716	1.00	\$1.33	20%	\$0.27		\$0.27	0.994	\$0.26	1.0	\$0.26	1.00	\$0.26
	OP ER - SOMATIC MH	\$0.23	132%	1.0617	0.76	\$0.24	20%	\$0.05		\$0.05	0.994	\$0.05	1.0	\$0.05	0.95	\$0.05
	OP HOSP - BASIC	\$9.85	549%	1.0617	0.76	\$43.66	20%	\$8.73		\$8.73	0.994	\$8.68	1.0	\$8.68	0.95	\$8.24
	OP HOSP - EMERGENCY ROOM	\$2.44	510%	1.0617	0.76	\$10.02	20%	\$2.00		\$2.00	0.994	\$1.99	1.0	\$1.99	0.95	\$1.89
	OP HOSP - LAB & RAD	\$5.01	684%	1.0617	0.76	\$27.64	20%	\$5.53		\$5.53	0.994	\$5.49	1.0	\$5.49	0.95	\$5.22
	OP HOSP - MATERNITY	\$0.00	522%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	0.95	\$0.00
	OP HOSP - SOMATIC MH	\$0.06	1128%	1.0617	0.76	\$0.56	20%	\$0.11		\$0.11	0.994	\$0.11	1.0	\$0.11	0.95	\$0.11
	OTH MED - DME	\$4.45	328%	1.0716	1.00	\$15.66	20%	\$3.13		\$3.13	0.994	\$3.11	1.0	\$3.11	1.00	\$3.11
	OTH MED - HHC/PDN	\$1.27	781%	1.0716	1.00	\$10.60	0%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
	OTH MED - HOSPICE	\$0.62	100%	1.0716	1.00	\$0.67	0%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$0.00	100%	1.0714	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$8.27	139%	1.0716	1.00	\$12.30	100%	\$12.30		\$12.30	0.994	\$12.23	1.0	\$12.23	1.00	\$12.23
	PHYS CONSULTATION, IP & ER VISITS	\$1.28	1241%	1.0716	1.00	\$17.05	20%	\$3.41		\$3.41	0.994	\$3.39	1.0	\$3.39	1.00	\$3.39
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.70	438%	1.0716	1.00	\$3.28	20%	\$0.66		\$0.66	0.994	\$0.65	1.0	\$0.65	1.00	\$0.65
PHYS MATERNITY	\$0.00	256%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00	
PHYS NEWBORN	\$0.00	1680%	1.0716	1.00	\$0.06	20%	\$0.01		\$0.01	0.994	\$0.01	1.0	\$0.01	1.00	\$0.01	
PHYS OFFICE VISITS	\$6.24	421%	1.0716	1.00	\$28.19	20%	\$5.64		\$5.64	0.994	\$5.60	1.0	\$5.60	1.00	\$5.60	
PHYS OTHER	\$5.97	200%	1.0716	1.00	\$12.79	20%	\$2.56		\$2.56	0.994	\$2.54	1.0	\$2.54	1.00	\$2.54	
PHYS SOMATIC MH	\$1.28	191%	1.0716	1.00	\$2.63	20%	\$0.53		\$0.53	0.994	\$0.52	1.0	\$0.52	1.00	\$0.52	
POST - HOSP EXTENDED CARE	\$0.32	100%	1.0617	0.76	\$0.26	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00	

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 OAA with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D	E = A x B x C x D	F	G = E x F Net Oct 2005 PCC With	H	I = G + H	J	K = I x J	L	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Cost to Charge Ratio Adjustment	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Gross Oct 2005 PCC With Coverage Through Line 557	Liability for Dual Eligibles	Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
PRES DRUGS - BASIC		\$178.47	100%	1.1624	1.00	\$207.46	100%	\$207.46	\$0.12	\$207.57	0.994	\$206.25	1.0	\$206.25	1.00	\$206.25
PRES DRUGS - FP		\$0.04	100%	1.1624	1.00	\$0.04	100%	\$0.04		\$0.04	0.994	\$0.04	1.0	\$0.04	1.00	\$0.04
PRES DRUGS - MH/CD		\$0.00	100%	1.1624	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
PRES DRUGS - NEURONTIN		\$2.48	131%	1.1624	1.00	\$3.78	100%	\$3.78		\$3.78	0.994	\$3.75	1.0	\$3.75	1.00	\$3.75
PRES DRUGS - OP HOSP BASIC		\$1.50	376%	1.1624	1.00	\$6.53	20%	\$1.31		\$1.31	0.994	\$1.30	1.0	\$1.30	1.00	\$1.30
PRES DRUGS - OP HOSP FP		\$0.00	100%	1.1624	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
PRES DRUGS - OP HOSP MH/CD		\$0.08	100%	1.1624	1.00	\$0.09	20%	\$0.02		\$0.02	0.994	\$0.02	1.0	\$0.02	1.00	\$0.02
PRES DRUGS - TOBACCO CESSATION		\$0.23	105%	1.1624	1.00	\$0.28	100%	\$0.28		\$0.28	0.994	\$0.28	1.0	\$0.28	1.00	\$0.28
SCHOOL-BASED HEALTH SERVICES		\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
STERILIZATION - ANESTHESIA FEMALE		\$0.00	184%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
STERILIZATION - ANESTHESIA MALE		\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
STERILIZATION - IP HOSP FEMALE		\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
STERILIZATION - IP HOSP MALE		\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
STERILIZATION - OP HOSP FEMALE		\$0.00	548%	1.0617	0.76	\$0.00	20%	\$0.00	\$0.00	\$0.00	0.994	\$0.00	1.0	\$0.00	0.95	\$0.00
STERILIZATION - OP HOSP MALE		\$0.00	142%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	0.95	\$0.00
STERILIZATION - PHY FEMALE		\$0.00	146%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
STERILIZATION - PHY MALE		\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	1.0	\$0.00	1.00	\$0.00
SURGERY		\$4.45	427%	1.0716	1.00	\$20.36	20%	\$4.07		\$4.07	0.994	\$4.05	1.0	\$4.05	1.00	\$4.05
TARGETED CASE MAN - BABIES FIRST		\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
TARGETED CASE MAN - HIV		\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
THERAPEUTIC ABORTION - IP HOSP		\$0.00	100%	1.0617	0.76	\$0.00	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
THERAPEUTIC ABORTION - OP HOSP		\$0.00	132%	1.0617	0.76	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	0.95	\$0.00
THERAPEUTIC ABORTION - PHYS		\$0.00	100%	1.0716	1.00	\$0.00	20%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
TOBACCO CES-IP HSP		\$0.01	2690%	1.0617	0.76	\$0.21	0%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
TOBACCO CES-OP HSP		\$0.01	521%	1.0617	0.76	\$0.05	20%	\$0.01		\$0.01	0.994	\$0.01	1.0	\$0.01	0.95	\$0.01
TOBACCO CES-PHYS		\$0.03	213%	1.0716	1.00	\$0.06	20%	\$0.01		\$0.01	0.994	\$0.01	1.0	\$0.01	1.00	\$0.01
TRANSPORTATION - AMBULANCE		\$6.11	229%	1.0716	1.00	\$14.98	20%	\$3.00		\$3.00	0.994	\$2.98	1.0	\$2.98	1.00	\$2.98
TRANSPORTATION - OTHER		\$0.00	100%	1.0716	1.00	\$0.00	100%	\$0.00		\$0.00	0.994	\$0.00	0.0	\$0.00	1.00	\$0.00
VISION CARE - EXAMS & THERAPY		\$1.42	240%	1.0716	1.00	\$3.65	100%	\$3.65		\$3.65	0.994	\$3.63	1.0	\$3.63	1.00	\$3.63
VISION CARE - MATERIALS & FITTING		\$2.04	107%	1.0716	1.00	\$2.35	100%	\$2.35		\$2.35	0.994	\$2.33	1.0	\$2.33	1.00	\$2.33
PART A DEDUCTIBLE		\$29.96	100%	1.0000	1.00	\$29.96	100%	\$29.96		\$29.96	1.000	\$29.96	0.0	\$0.00	1.00	\$0.00
PART B DEDUCTIBLE		\$9.17	100%	1.0000	1.00	\$9.17	100%	\$9.17		\$9.17	1.000	\$9.17	1.0	\$9.17	1.00	\$9.17
PART B COINSURANCE ADJUSTMENT		-\$1.80	100%	1.0000	1.00	-\$1.80	100%	-\$1.80		-\$1.80	1.000	-\$1.80	1.0	-\$1.80	1.00	-\$1.80
Subtotal Physical Health		\$302.85				\$728.62				\$317.68		\$315.93		\$285.97		\$285.16
CD SERVICES - ALTERNATIVE TO DETOX		\$0.00	100%	0.9999	1.00	\$0.00	50%	\$0.00		\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
CD SERVICES - METHADONE		\$0.07	107%	0.9999	1.00	\$0.07	50%	\$0.04		\$0.04	1.000	\$0.04	1.0	\$0.04	1.00	\$0.04
CD SERVICES - OP		\$0.08	100%	0.9999	1.00	\$0.08	50%	\$0.04		\$0.04	1.000	\$0.04	1.0	\$0.04	1.00	\$0.04
Subtotal Chemical Dependency		\$0.15				\$0.15				\$0.08		\$0.08		\$0.08		\$0.08

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 OAA with Medicare
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D	E = A x B x C x D	F	G = E x F Net Oct 2005 PCC With	H	I = G + H	J	K = I x J	L	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Cost to Charge Ratio Adjustment	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Gross Oct 2005 PCC With Coverage Through Line 557	Liability for Dual Eligibles	Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
DENTAL - ADJUNCTIVE GENERAL		\$0.34	100%	1.0000	1.00	\$0.34	100%	\$0.34		\$0.34	1.000	\$0.34	0.0	\$0.00	1.00	\$0.00
DENTAL - ANESTHESIA SURGICAL		\$0.05	100%	1.0000	1.00	\$0.05	100%	\$0.05		\$0.05	1.000	\$0.05	0.0	\$0.00	1.00	\$0.00
DENTAL - DIAGNOSTIC		\$1.79	100%	1.0000	1.00	\$1.79	100%	\$1.79		\$1.79	1.000	\$1.79	0.0	\$0.00	1.00	\$0.00
DENTAL - ENDODONTICS		\$0.44	100%	1.0000	1.00	\$0.44	100%	\$0.44		\$0.44	1.000	\$0.44	0.0	\$0.00	1.00	\$0.00
DENTAL - I/P FIXED		\$0.59	100%	1.0000	1.00	\$0.59	100%	\$0.59		\$0.59	1.000	\$0.59	0.0	\$0.00	1.00	\$0.00
DENTAL - MAXILLOFACIAL PROS		\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
DENTAL - ORAL SURGERY		\$1.91	100%	1.0000	1.00	\$1.91	100%	\$1.91		\$1.91	1.000	\$1.91	0.0	\$0.00	1.00	\$0.00
DENTAL - ORTHODONTICS		\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
DENTAL - PERIODONTICS		\$0.57	100%	1.0000	1.00	\$0.57	100%	\$0.57		\$0.57	1.000	\$0.57	0.0	\$0.00	1.00	\$0.00
DENTAL - PREVENTIVE		\$0.76	100%	1.0000	1.00	\$0.76	100%	\$0.76		\$0.76	1.000	\$0.76	0.0	\$0.00	1.00	\$0.00
DENTAL - PROS REMOVABLE		\$6.35	100%	1.0000	1.00	\$6.35	100%	\$6.35		\$6.35	1.000	\$6.35	0.0	\$0.00	1.00	\$0.00
DENTAL - RESTORATIVE		\$2.20	100%	1.0000	1.00	\$2.20	100%	\$2.20		\$2.20	1.000	\$2.20	0.0	\$0.00	1.00	\$0.00
DENTAL - TOBACCO CES		\$0.00	100%	1.0000	1.00	\$0.00	100%	\$0.00		\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
Subtotal Dental		\$15.01				\$15.01				\$15.01		\$15.01		\$0.00		\$0.00
MH SERVICES ACUTE INPATIENT		\$0.54	100%	1.0000	1.00	\$0.54	100%	\$0.54		\$0.54	1.000	\$0.54	0.0	\$0.00	1.00	\$0.00
MH SERVICES ASSESS & EVAL		\$0.35	100%	1.0000	1.00	\$0.35	100%	\$0.35		\$0.35	1.000	\$0.35	0.0	\$0.00	1.00	\$0.00
MH SERVICES CASE MANAGEMENT		\$0.92	100%	1.0000	1.00	\$0.92	100%	\$0.92		\$0.92	1.000	\$0.92	0.0	\$0.00	1.00	\$0.00
MH SERVICES CONSULTATION		\$0.20	100%	1.0000	1.00	\$0.20	100%	\$0.20		\$0.20	1.000	\$0.20	0.0	\$0.00	1.00	\$0.00
MH SERVICES ANCILLARY SERVICES		\$0.01	100%	1.0000	1.00	\$0.01	100%	\$0.01		\$0.01	1.000	\$0.01	0.0	\$0.00	1.00	\$0.00
MH SERVICES MED MANAGEMENT		\$0.67	100%	1.0000	1.00	\$0.67	100%	\$0.67		\$0.67	1.000	\$0.67	0.0	\$0.00	1.00	\$0.00
MH SERVICES ALTERNATIVE TO IP		\$0.11	100%	1.0000	1.00	\$0.11	100%	\$0.11		\$0.11	1.000	\$0.11	0.0	\$0.00	1.00	\$0.00
MH SERVICES FAMILY SUPPORT		\$0.01	100%	1.0000	1.00	\$0.01	100%	\$0.01		\$0.01	1.000	\$0.01	0.0	\$0.00	1.00	\$0.00
MH SERVICES OP THERAPY		\$1.16	100%	1.0000	1.00	\$1.16	100%	\$1.16		\$1.16	1.000	\$1.16	0.0	\$0.00	1.00	\$0.00
MH SERVICES OTHER OP		\$0.03	100%	1.0000	1.00	\$0.03	100%	\$0.03		\$0.03	1.000	\$0.03	0.0	\$0.00	1.00	\$0.00
MH SERVICES PHYS IP		\$0.04	100%	1.0000	1.00	\$0.04	100%	\$0.04		\$0.04	1.000	\$0.04	0.0	\$0.00	1.00	\$0.00
MH SERVICES PHYS OP		\$0.07	100%	1.0000	1.00	\$0.07	100%	\$0.07		\$0.07	1.000	\$0.07	0.0	\$0.00	1.00	\$0.00
MH SERVICES PEO		\$0.57	100%	1.0000	1.00	\$0.57	100%	\$0.57		\$0.57	1.000	\$0.57	0.0	\$0.00	1.00	\$0.00
MH SERVICES SUPPORT DAY PROGRAM		\$3.43	100%	1.0000	1.00	\$3.43	100%	\$3.43		\$3.43	1.000	\$3.43	0.0	\$0.00	1.00	\$0.00
MH SERVICES PSYCH DAY									\$0.00	\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
MH SERVICES RESIDENTIAL									\$0.00	\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
MH SERVICES CARE COORD									\$0.00	\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
MH SERVICES CONS ASSESS									\$0.00	\$0.00	1.000	\$0.00	0.0	\$0.00	1.00	\$0.00
Subtotal Mental Health		\$8.12				\$8.12				\$8.12		\$8.12		\$0.00		\$0.00
Total OAA with Medicare		\$326.12				\$751.89				\$340.88		\$339.14		\$286.05		\$285.23

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM Adults
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
PLM Adults	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$15.25	1.0946	1.00	\$16.69		\$16.69	0.999	\$16.68	1	\$16.68	1.00	\$16.68
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.04	1.0832	0.76	\$0.03		\$0.03	0.999	\$0.03	1	\$0.03	0.95	\$0.03
	FP - PHYS	\$1.92	1.0946	1.00	\$2.11		\$2.11	0.999	\$2.11	1	\$2.11	1.00	\$2.11
	HYSTERECTOMY - ANESTHESIA	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.999	\$0.02	1	\$0.02	1.00	\$0.02
	HYSTERECTOMY - IP HOSP	\$0.50	1.0832	0.76	\$0.41		\$0.41	0.999	\$0.41	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00	1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.05	1.0946	1.00	\$0.06		\$0.06	0.999	\$0.06	1	\$0.06	1.00	\$0.06
	IP HOSP - ACUTE DETOX	\$0.16	1.0832	0.76	\$0.13		\$0.13	0.999	\$0.13	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$391.96	1.0832	0.76	\$322.67	-\$316.00	\$6.67	0.999	\$6.66	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$11.87	1.0832	0.76	\$9.77		\$9.77	0.999	\$9.76	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$26.76	1.0946	1.00	\$29.29		\$29.29	0.999	\$29.28	1	\$29.28	1.00	\$29.28
	LAB & RAD - LAB	\$16.41	1.0946	1.00	\$17.96		\$17.96	0.999	\$17.95	1	\$17.95	1.00	\$17.95
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.999	\$0.01	1	\$0.01	1.00	\$0.01
	OP ER - SOMATIC MH	\$0.10	1.0832	0.76	\$0.09		\$0.09	0.999	\$0.09	1	\$0.09	0.95	\$0.08
	OP HOSP - BASIC	\$10.74	1.0832	0.76	\$8.84		\$8.84	0.999	\$8.83	1	\$8.83	0.95	\$8.39
	OP HOSP - EMERGENCY ROOM	\$4.35	1.0832	0.76	\$3.58		\$3.58	0.999	\$3.58	1	\$3.58	0.95	\$3.40
	OP HOSP - LAB & RAD	\$11.51	1.0832	0.76	\$9.47		\$9.47	0.999	\$9.47	1	\$9.47	0.95	\$8.99
	OP HOSP - MATERNITY	\$22.85	1.0832	0.76	\$18.81	-\$15.62	\$3.19	0.999	\$3.19	1	\$3.19	0.95	\$3.03
	OP HOSP - SOMATIC MH	\$0.12	1.0832	0.76	\$0.10		\$0.10	0.999	\$0.10	1	\$0.10	0.95	\$0.10
	OTH MED - DME	\$0.43	1.0946	1.00	\$0.47		\$0.47	0.999	\$0.47	1	\$0.47	1.00	\$0.47
	OTH MED - HHC/PDN	\$2.11	1.0946	1.00	\$2.31		\$2.31	0.999	\$2.31	1	\$2.31	1.00	\$2.31
	OTH MED - HOSPICE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$14.66	1.0717	1.00	\$15.71		\$15.71	0.999	\$15.70	1	\$15.70	1.00	\$15.70
	OTH MED - SUPPLIES	\$0.52	1.0946	1.00	\$0.57		\$0.57	0.999	\$0.57	1	\$0.57	1.00	\$0.57
	PHYS CONSULTATION, IP & ER VISITS	\$8.91	1.0946	1.00	\$9.75		\$9.75	0.999	\$9.74	1	\$9.74	1.00	\$9.74
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.05	1.0946	1.00	\$0.05		\$0.05	0.999	\$0.05	1	\$0.05	1.00	\$0.05
	PHYS MATERNITY	\$295.11	1.0946	1.00	\$323.04	-\$310.87	\$12.17	0.999	\$12.16	1	\$12.16	1.00	\$12.16
	PHYS NEWBORN	\$0.52	1.0946	1.00	\$0.57		\$0.57	0.999	\$0.57	1	\$0.57	1.00	\$0.57
	PHYS OFFICE VISITS	\$10.05	1.0946	1.00	\$11.00		\$11.00	0.999	\$11.00	1	\$11.00	1.00	\$11.00
	PHYS OTHER	\$2.52	1.0946	1.00	\$2.76		\$2.76	0.999	\$2.76	1	\$2.76	1.00	\$2.76
	PHYS SOMATIC MH	\$0.55	1.0946	1.00	\$0.60		\$0.60	0.999	\$0.60	1	\$0.60	1.00	\$0.60
	POST - HOSP EXTENDED CARE	\$0.15	1.0832	0.76	\$0.12		\$0.12	0.999	\$0.12	0	\$0.00	1.00	\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM Adults
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$21.21	1.1624	1.00	\$24.65	\$0.10	\$24.76	0.999	\$24.74	1	\$24.74	1.00	\$24.74
	PRES DRUGS - FP	\$2.11	1.1624	1.00	\$2.45		\$2.45	0.999	\$2.45	1	\$2.45	1.00	\$2.45
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$0.06	1.1624	1.00	\$0.07		\$0.07	0.999	\$0.07	1	\$0.07	1.00	\$0.07
	PRES DRUGS - OP HOSP BASIC	\$2.15	1.1624	1.00	\$2.50		\$2.50	0.999	\$2.50	1	\$2.50	1.00	\$2.50
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.999	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.02	1.1624	1.00	\$0.03		\$0.03	0.999	\$0.03	1	\$0.03	1.00	\$0.03
	PRES DRUGS - TOBACCO CESSATION	\$0.28	1.1624	1.00	\$0.32		\$0.32	0.999	\$0.32	1	\$0.32	1.00	\$0.32
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$1.67	1.0946	1.00	\$1.83		\$1.83	0.999	\$1.83	1	\$1.83	1.00	\$1.83
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$23.02	1.0832	0.76	\$18.95		\$18.95	0.999	\$18.94	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$41.80	1.0832	0.76	\$34.41	-\$24.24	\$10.18	0.999	\$10.17	1	\$10.17	0.95	\$9.66
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$2.08	1.0946	1.00	\$2.27		\$2.27	0.999	\$2.27	1	\$2.27	1.00	\$2.27
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$5.06	1.0946	1.00	\$5.54		\$5.54	0.999	\$5.53	1	\$5.53	1.00	\$5.53
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.89	1.0832	0.76	\$0.73		\$0.73	0.999	\$0.73	0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.06	1.0832	0.76	\$0.05		\$0.05	0.999	\$0.05	1	\$0.05	0.95	\$0.05
	TOBACCO CES-PHYS	\$0.12	1.0946	1.00	\$0.13		\$0.13	0.999	\$0.13	1	\$0.13	1.00	\$0.13
	TRANSPORTATION - AMBULANCE	\$4.69	1.0946	1.00	\$5.14		\$5.14	0.999	\$5.13	1	\$5.13	1.00	\$5.13
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.999	\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.62	1.0946	1.00	\$1.78		\$1.78	0.999	\$1.78	1	\$1.78	1.00	\$1.78
	VISION CARE - MATERIALS & FITTING	\$1.40	1.0946	1.00	\$1.53		\$1.53	0.999	\$1.53	1	\$1.53	1.00	\$1.53
	Subtotal Physical Health	\$958.44			\$909.39		\$242.77		\$242.62		\$205.86		\$204.09
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.03	1.0279	1.00	\$0.03		\$0.03	1.000	\$0.03	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.52	1.0279	1.00	\$0.54		\$0.54	1.000	\$0.54	1	\$0.54	1.00	\$0.54
	CD SERVICES - OP	\$3.90	1.0279	1.00	\$4.00		\$4.00	1.000	\$4.00	1	\$4.00	1.00	\$4.00
	Subtotal Chemical Dependency	\$4.44			\$4.57		\$4.57		\$4.57		\$4.54		\$4.54

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 PLM Adults
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.31	1.0000	1.00	\$0.31		\$0.31	1.000	\$0.31	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.16	1.0000	1.00	\$0.16		\$0.16	1.000	\$0.16	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$3.78	1.0000	1.00	\$3.78		\$3.78	1.000	\$3.78	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.70	1.0000	1.00	\$1.70		\$1.70	1.000	\$1.70	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$1.78	1.0000	1.00	\$1.78		\$1.78	1.000	\$1.78	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.73	1.0000	1.00	\$0.73		\$0.73	1.000	\$0.73	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.38	1.0000	1.00	\$1.38		\$1.38	1.000	\$1.38	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.33	1.0000	1.00	\$0.33		\$0.33	1.000	\$0.33	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$3.73	1.0000	1.00	\$3.73		\$3.73	1.000	\$3.73	0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$13.92			\$13.92		\$13.92		\$13.92		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$0.84	1.0000	1.00	\$0.84		\$0.84	1.000	\$0.84	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$1.25	1.0000	1.00	\$1.25		\$1.25	1.000	\$1.25	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.16	1.0000	1.00	\$0.16		\$0.16	1.000	\$0.16	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.05	1.0000	1.00	\$0.05		\$0.05	1.000	\$0.05	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.20	1.0000	1.00	\$0.20		\$0.20	1.000	\$0.20	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.07	1.0000	1.00	\$0.07		\$0.07	1.000	\$0.07	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$2.80	1.0000	1.00	\$2.80		\$2.80	1.000	\$2.80	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.07	1.0000	1.00	\$0.07		\$0.07	1.000	\$0.07	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$0.20	1.0000	1.00	\$0.20		\$0.20	1.000	\$0.20	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.08	1.0000	1.00	\$0.08		\$0.08	1.000	\$0.08	0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$6.31			\$6.31		\$6.31		\$6.31		\$0.00		\$0.00
	Total PLM Adults	\$983.12			\$934.19		\$267.57		\$267.42		\$210.40		\$208.63

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 SCF Children
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
SCF Children	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$1.13	1.0946	1.00	\$1.23		\$1.23	0.986	\$1.21	1	\$1.21	1.00	\$1.21
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.986	\$0.02	1	\$0.02	0.95	\$0.02
	FP - PHYS	\$0.11	1.0946	1.00	\$0.12		\$0.12	0.986	\$0.12	1	\$0.12	1.00	\$0.12
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	1.00	\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.88	1.0832	0.76	\$0.72	-\$0.68	\$0.04	0.986	\$0.04	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$10.77	1.0832	0.76	\$8.87		\$8.87	0.986	\$8.74	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$2.68	1.0832	0.76	\$2.21		\$2.21	0.986	\$2.18	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.15	1.0946	1.00	\$2.35		\$2.35	0.986	\$2.32	1	\$2.32	1.00	\$2.32
	LAB & RAD - LAB	\$1.79	1.0946	1.00	\$1.96		\$1.96	0.986	\$1.93	1	\$1.93	1.00	\$1.93
	LAB & RAD - THERAPEUTIC X-RAY	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	1.00	\$0.00
	OP ER - SOMATIC MH	\$0.18	1.0832	0.76	\$0.15		\$0.15	0.986	\$0.15	1	\$0.15	0.95	\$0.14
	OP HOSP - BASIC	\$8.96	1.0832	0.76	\$7.37		\$7.37	0.986	\$7.27	1	\$7.27	0.95	\$6.91
	OP HOSP - EMERGENCY ROOM	\$2.63	1.0832	0.76	\$2.17		\$2.17	0.986	\$2.14	1	\$2.14	0.95	\$2.03
	OP HOSP - LAB & RAD	\$4.10	1.0832	0.76	\$3.38		\$3.38	0.986	\$3.33	1	\$3.33	0.95	\$3.16
	OP HOSP - MATERNITY	\$0.14	1.0832	0.76	\$0.12	-\$0.10	\$0.02	0.986	\$0.02	1	\$0.02	0.95	\$0.02
	OP HOSP - SOMATIC MH	\$0.66	1.0832	0.76	\$0.54		\$0.54	0.986	\$0.53	1	\$0.53	0.95	\$0.51
	OTH MED - DME	\$0.72	1.0946	1.00	\$0.79		\$0.79	0.986	\$0.78	1	\$0.78	1.00	\$0.78
	OTH MED - HHC/PDN	\$1.21	1.0946	1.00	\$1.32		\$1.32	0.986	\$1.30	1	\$1.30	1.00	\$1.30
	OTH MED - HOSPICE	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.986	\$0.01	1	\$0.01	1.00	\$0.01
	OTH MED - MATERNITY MGT	\$0.03	1.0717	1.00	\$0.03		\$0.03	0.986	\$0.03	1	\$0.03	1.00	\$0.03
	OTH MED - SUPPLIES	\$0.85	1.0946	1.00	\$0.93		\$0.93	0.986	\$0.92	1	\$0.92	1.00	\$0.92
	PHYS CONSULTATION, IP & ER VISITS	\$2.75	1.0946	1.00	\$3.01		\$3.01	0.986	\$2.97	1	\$2.97	1.00	\$2.97
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.10	1.0946	1.00	\$0.11		\$0.11	0.986	\$0.10	1	\$0.10	1.00	\$0.10
	PHYS MATERNITY	\$0.46	1.0946	1.00	\$0.51	-\$0.42	\$0.08	0.986	\$0.08	1	\$0.08	1.00	\$0.08
	PHYS NEWBORN	\$1.23	1.0946	1.00	\$1.35		\$1.35	0.986	\$1.33	1	\$1.33	1.00	\$1.33
	PHYS OFFICE VISITS	\$15.56	1.0946	1.00	\$17.03		\$17.03	0.986	\$16.79	1	\$16.79	1.00	\$16.79
	PHYS OTHER	\$6.83	1.0946	1.00	\$7.47		\$7.47	0.986	\$7.37	1	\$7.37	1.00	\$7.37
	PHYS SOMATIC MH	\$3.34	1.0946	1.00	\$3.65		\$3.65	0.986	\$3.60	1	\$3.60	1.00	\$3.60
	POST - HOSP EXTENDED CARE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 SCF Children
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$26.70	1.1624	1.00	\$31.03	-\$0.04	\$30.99	0.986	\$30.55	1	\$30.55	1.00	\$30.55
	PRES DRUGS - FP	\$0.48	1.1624	1.00	\$0.56		\$0.56	0.986	\$0.55	1	\$0.55	1.00	\$0.55
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$0.36	1.1624	1.00	\$0.42		\$0.42	0.986	\$0.42	1	\$0.42	1.00	\$0.42
	PRES DRUGS - OP HOSP BASIC	\$0.77	1.1624	1.00	\$0.89		\$0.89	0.986	\$0.88	1	\$0.88	1.00	\$0.88
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.05	1.1624	1.00	\$0.05		\$0.05	0.986	\$0.05	1	\$0.05	1.00	\$0.05
	PRES DRUGS - TOBACCO CESSATION	\$0.03	1.1624	1.00	\$0.04		\$0.04	0.986	\$0.04	1	\$0.04	1.00	\$0.04
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.15	1.0832	0.76	\$0.13	-\$0.09	\$0.04	0.986	\$0.04	1	\$0.04	0.95	\$0.04
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$3.22	1.0946	1.00	\$3.53		\$3.53	0.986	\$3.48	1	\$3.48	1.00	\$3.48
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.02	1.0832	0.76	\$0.02		\$0.02	0.986	\$0.02	0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.986	\$0.01	1	\$0.01	0.95	\$0.01
	TOBACCO CES-PHYS	\$0.02	1.0946	1.00	\$0.02		\$0.02	0.986	\$0.02	1	\$0.02	1.00	\$0.02
	TRANSPORTATION - AMBULANCE	\$1.12	1.0946	1.00	\$1.23		\$1.23	0.986	\$1.21	1	\$1.21	1.00	\$1.21
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.986	\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.70	1.0946	1.00	\$1.86		\$1.86	0.986	\$1.83	1	\$1.83	1.00	\$1.83
	VISION CARE - MATERIALS & FITTING	\$1.19	1.0946	1.00	\$1.30		\$1.30	0.986	\$1.28	1	\$1.28	1.00	\$1.28
	Subtotal Physical Health	\$105.11			\$108.51		\$107.17		\$105.64		\$94.67		\$94.00
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.02	1.0279	1.00	\$0.02		\$0.02	1.000	\$0.02	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.00	1.0279	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	CD SERVICES - OP	\$4.43	1.0279	1.00	\$4.55		\$4.55	1.000	\$4.55	1	\$4.55	1.00	\$4.55
	Subtotal Chemical Dependency	\$4.45			\$4.57		\$4.57		\$4.57		\$4.55		\$4.55

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 SCF Children
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.21	1.0000	1.00	\$0.21		\$0.21	1.000	\$0.21	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.40	1.0000	1.00	\$0.40		\$0.40	1.000	\$0.40	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$4.07	1.0000	1.00	\$4.07		\$4.07	1.000	\$4.07	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$0.94	1.0000	1.00	\$0.94		\$0.94	1.000	\$0.94	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$1.22	1.0000	1.00	\$1.22		\$1.22	1.000	\$1.22	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.08	1.0000	1.00	\$0.08		\$0.08	1.000	\$0.08	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$4.16	1.0000	1.00	\$4.16		\$4.16	1.000	\$4.16	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$6.04	1.0000	1.00	\$6.04		\$6.04	1.000	\$6.04	0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$17.16			\$17.16		\$17.16		\$17.16		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$14.55	1.0000	1.00	\$14.55		\$14.55	1.000	\$14.55	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$6.10	1.0000	1.00	\$6.10		\$6.10	1.000	\$6.10	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$6.68	1.0000	1.00	\$6.68		\$6.68	1.000	\$6.68	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$3.62	1.0000	1.00	\$3.62		\$3.62	1.000	\$3.62	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$4.20	1.0000	1.00	\$4.20		\$4.20	1.000	\$4.20	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$6.23	1.0000	1.00	\$6.23		\$6.23	1.000	\$6.23	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$2.72	1.0000	1.00	\$2.72		\$2.72	1.000	\$2.72	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$46.88	1.0000	1.00	\$46.88		\$46.88	1.000	\$46.88	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.55	1.0000	1.00	\$0.55		\$0.55	1.000	\$0.55	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.59	1.0000	1.00	\$0.59		\$0.59	1.000	\$0.59	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$2.30	1.0000	1.00	\$2.30		\$2.30	1.000	\$2.30	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$12.74	1.0000	1.00	\$12.74		\$12.74	1.000	\$12.74	0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$20.01	\$20.01	1.000	\$20.01	0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$89.92	\$89.92	1.000	\$89.92	0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.58	\$0.58	1.000	\$0.58	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.11	\$0.11	1.000	\$0.11	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$107.76			\$107.76		\$218.39		\$218.39		\$0.00		\$0.00
	Total SCF Children	\$234.48			\$238.01		\$347.29		\$345.76		\$99.23		\$98.55

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 TANF Adults
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
TANF Adults	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$3.95	1.0946	1.00	\$4.33		\$4.33	0.992	\$4.29	1	\$4.29	1.00	\$4.29
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.06	1.0832	0.76	\$0.05		\$0.05	0.992	\$0.05	1	\$0.05	0.95	\$0.05
	FP - PHYS	\$0.99	1.0946	1.00	\$1.08		\$1.08	0.992	\$1.08	1	\$1.08	1.00	\$1.08
	HYSTERECTOMY - ANESTHESIA	\$0.09	1.0946	1.00	\$0.09		\$0.09	0.992	\$0.09	1	\$0.09	1.00	\$0.09
	HYSTERECTOMY - IP HOSP	\$3.63	1.0832	0.76	\$2.99		\$2.99	0.992	\$2.97	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.992	\$0.01	1	\$0.01	0.95	\$0.01
	HYSTERECTOMY - PHYS	\$0.72	1.0946	1.00	\$0.79		\$0.79	0.992	\$0.78	1	\$0.78	1.00	\$0.78
	IP HOSP - ACUTE DETOX	\$0.86	1.0832	0.76	\$0.71		\$0.71	0.992	\$0.70	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$42.10	1.0832	0.76	\$34.66	-\$33.23	\$1.43	0.992	\$1.42	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$45.79	1.0832	0.76	\$37.70		\$37.70	0.992	\$37.39	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$10.61	1.0946	1.00	\$11.62		\$11.62	0.992	\$11.52	1	\$11.52	1.00	\$11.52
	LAB & RAD - LAB	\$7.47	1.0946	1.00	\$8.17		\$8.17	0.992	\$8.11	1	\$8.11	1.00	\$8.11
	LAB & RAD - THERAPEUTIC X-RAY	\$0.22	1.0946	1.00	\$0.24		\$0.24	0.992	\$0.24	1	\$0.24	1.00	\$0.24
	OP ER - SOMATIC MH	\$0.36	1.0832	0.76	\$0.30		\$0.30	0.992	\$0.29	1	\$0.29	0.95	\$0.28
	OP HOSP - BASIC	\$21.69	1.0832	0.76	\$17.86		\$17.86	0.992	\$17.71	1	\$17.71	0.95	\$16.83
	OP HOSP - EMERGENCY ROOM	\$9.98	1.0832	0.76	\$8.22		\$8.22	0.992	\$8.15	1	\$8.15	0.95	\$7.74
	OP HOSP - LAB & RAD	\$18.40	1.0832	0.76	\$15.15		\$15.15	0.992	\$15.03	1	\$15.03	0.95	\$14.27
	OP HOSP - MATERNITY	\$2.27	1.0832	0.76	\$1.87	-\$1.38	\$0.49	0.992	\$0.48	1	\$0.48	0.95	\$0.46
	OP HOSP - SOMATIC MH	\$0.44	1.0832	0.76	\$0.36		\$0.36	0.992	\$0.36	1	\$0.36	0.95	\$0.34
	OTH MED - DME	\$1.21	1.0946	1.00	\$1.32		\$1.32	0.992	\$1.31	1	\$1.31	1.00	\$1.31
	OTH MED - HHC/PDN	\$4.09	1.0946	1.00	\$4.48		\$4.48	0.992	\$4.44	1	\$4.44	1.00	\$4.44
	OTH MED - HOSPICE	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.992	\$0.01	1	\$0.01	1.00	\$0.01
	OTH MED - MATERNITY MGT	\$2.22	1.0717	1.00	\$2.38		\$2.38	0.992	\$2.36	1	\$2.36	1.00	\$2.36
	OTH MED - SUPPLIES	\$0.42	1.0946	1.00	\$0.46		\$0.46	0.992	\$0.46	1	\$0.46	1.00	\$0.46
	PHYS CONSULTATION, IP & ER VISITS	\$7.40	1.0946	1.00	\$8.10		\$8.10	0.992	\$8.04	1	\$8.04	1.00	\$8.04
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.0946	1.00	\$0.01		\$0.01	0.992	\$0.01	1	\$0.01	1.00	\$0.01
	PHYS MATERNITY	\$32.71	1.0946	1.00	\$35.80	-\$33.90	\$1.91	0.992	\$1.89	1	\$1.89	1.00	\$1.89
	PHYS NEWBORN	\$0.09	1.0946	1.00	\$0.10		\$0.10	0.992	\$0.10	1	\$0.10	1.00	\$0.10
	PHYS OFFICE VISITS	\$23.49	1.0946	1.00	\$25.71		\$25.71	0.992	\$25.50	1	\$25.50	1.00	\$25.50
	PHYS OTHER	\$4.77	1.0946	1.00	\$5.22		\$5.22	0.992	\$5.18	1	\$5.18	1.00	\$5.18
	PHYS SOMATIC MH	\$2.49	1.0946	1.00	\$2.72		\$2.72	0.992	\$2.70	1	\$2.70	1.00	\$2.70
	POST - HOSP EXTENDED CARE	\$0.04	1.0832	0.76	\$0.04		\$0.04	0.992	\$0.04	0	\$0.00	1.00	\$0.00

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 TANF Adults
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J = H x I	K	L = J * K
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Prioritized List Coverage Adjustment Line 557 to Line 530	Projected Statewide PMPM Cost	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$45.57	1.1624	1.00	\$52.98	\$0.01	\$52.98	0.992	\$52.55	1	\$52.55	1.00	\$52.55
	PRES DRUGS - FP	\$2.03	1.1624	1.00	\$2.36		\$2.36	0.992	\$2.34	1	\$2.34	1.00	\$2.34
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$1.94	1.1624	1.00	\$2.26		\$2.26	0.992	\$2.24	1	\$2.24	1.00	\$2.24
	PRES DRUGS - OP HOSP BASIC	\$4.11	1.1624	1.00	\$4.78		\$4.78	0.992	\$4.74	1	\$4.74	1.00	\$4.74
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.09	1.1624	1.00	\$0.10		\$0.10	0.992	\$0.10	1	\$0.10	1.00	\$0.10
	PRES DRUGS - TOBACCO CESSATION	\$1.00	1.1624	1.00	\$1.16		\$1.16	0.992	\$1.15	1	\$1.15	1.00	\$1.15
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.43	1.0946	1.00	\$0.48		\$0.48	0.992	\$0.47	1	\$0.47	1.00	\$0.47
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$3.86	1.0832	0.76	\$3.18		\$3.18	0.992	\$3.15	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$7.62	1.0832	0.76	\$6.28	-\$2.78	\$3.49	0.992	\$3.46	1	\$3.46	0.95	\$3.29
	STERILIZATION - OP HOSP MALE	\$0.01	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.49	1.0946	1.00	\$0.53		\$0.53	0.992	\$0.53	1	\$0.53	1.00	\$0.53
	STERILIZATION - PHY MALE	\$0.07	1.0946	1.00	\$0.08		\$0.08	0.992	\$0.08	1	\$0.08	1.00	\$0.08
	SURGERY	\$12.01	1.0946	1.00	\$13.15		\$13.15	0.992	\$13.04	1	\$13.04	1.00	\$13.04
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.52	1.0832	0.76	\$0.43		\$0.43	0.992	\$0.42	0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.18	1.0832	0.76	\$0.15		\$0.15	0.992	\$0.15	1	\$0.15	0.95	\$0.14
	TOBACCO CES-PHYS	\$0.25	1.0946	1.00	\$0.27		\$0.27	0.992	\$0.27	1	\$0.27	1.00	\$0.27
	TRANSPORTATION - AMBULANCE	\$3.28	1.0946	1.00	\$3.59		\$3.59	0.992	\$3.56	1	\$3.56	1.00	\$3.56
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.992	\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.92	1.0946	1.00	\$2.11		\$2.11	0.992	\$2.09	1	\$2.09	1.00	\$2.09
	VISION CARE - MATERIALS & FITTING	\$1.86	1.0946	1.00	\$2.04		\$2.04	0.992	\$2.02	1	\$2.02	1.00	\$2.02
	Subtotal Physical Health	\$335.88			\$328.48		\$257.20		\$255.09		\$209.00		\$206.72
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.19	1.0279	1.00	\$0.19		\$0.19	1.000	\$0.19	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$3.18	1.0279	1.00	\$3.27		\$3.27	1.000	\$3.27	1	\$3.27	1.00	\$3.27
	CD SERVICES - OP	\$10.58	1.0279	1.00	\$10.88		\$10.88	1.000	\$10.88	1	\$10.88	1.00	\$10.88
	Subtotal Chemical Dependency	\$13.96			\$14.35		\$14.35		\$14.35		\$14.15		\$14.15

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 Statewide PCO Capitation Rates from the 2004-2005 Per Capita Costs
 TANF Adults
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A 03-05 PCC with Coverage Through Line 557	B Trend Adjustment to Contract Period	C Hospital Reimbursement Adjustment	D = A x B x C Oct 2005 PCC With Coverage Through Line 557	E Program Change Adjustment *	F = D + E Adjusted Cost	G Prioritized List Coverage Adjustment Line 557 to Line 530	H = F x G Projected Statewide PMPM Cost	I Covered Benefit Adjustment (1=Covered, 0=Not covered)	J = H x I Adjusted Cost	K OP Cost Shift Adjustment	L = J * K Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.46	1.0000	1.00	\$0.46		\$0.46	1.000	\$0.46	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.47	1.0000	1.00	\$0.47		\$0.47	1.000	\$0.47	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$5.07	1.0000	1.00	\$5.07		\$5.07	1.000	\$5.07	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$2.81	1.0000	1.00	\$2.81		\$2.81	1.000	\$2.81	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.06	1.0000	1.00	\$0.06		\$0.06	1.000	\$0.06	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$4.77	1.0000	1.00	\$4.77		\$4.77	1.000	\$4.77	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$2.09	1.0000	1.00	\$2.09		\$2.09	1.000	\$2.09	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.31	1.0000	1.00	\$1.31		\$1.31	1.000	\$1.31	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$3.42	1.0000	1.00	\$3.42		\$3.42	1.000	\$3.42	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$7.01	1.0000	1.00	\$7.01		\$7.01	1.000	\$7.01	0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$27.47			\$27.47		\$27.47		\$27.47		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$4.05	1.0000	1.00	\$4.05		\$4.05	1.000	\$4.05	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$2.89	1.0000	1.00	\$2.89		\$2.89	1.000	\$2.89	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.72	1.0000	1.00	\$0.72		\$0.72	1.000	\$0.72	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.23	1.0000	1.00	\$0.23		\$0.23	1.000	\$0.23	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.03	1.0000	1.00	\$0.03		\$0.03	1.000	\$0.03	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$1.88	1.0000	1.00	\$1.88		\$1.88	1.000	\$1.88	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.24	1.0000	1.00	\$0.24		\$0.24	1.000	\$0.24	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$10.86	1.0000	1.00	\$10.86		\$10.86	1.000	\$10.86	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.05	1.0000	1.00	\$0.05		\$0.05	1.000	\$0.05	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.15	1.0000	1.00	\$0.15		\$0.15	1.000	\$0.15	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$0.71	1.0000	1.00	\$0.71		\$0.71	1.000	\$0.71	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.53	1.0000	1.00	\$0.53		\$0.53	1.000	\$0.53	0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$22.93			\$22.93		\$22.93		\$22.93		\$0.00		\$0.00
	Total TANF Adults	\$400.24			\$393.24		\$321.96		\$319.85		\$223.16		\$220.87

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adju

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 OHP Families
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J	L Covered Benefit	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Adjustment from 100% Funding to Line 530	Adjusted Costs	Adjustment Due to Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost	Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
OHP Families	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$2.02	1.0946	1.00	\$2.21		\$2.21	0.985	\$2.17	1.00	0.95	\$2.06	1.0	\$2.06	1.00	\$2.06
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	1.0	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.05	1.0832	0.76	\$0.04		\$0.04	0.985	\$0.04	0.48	1.00	\$0.02	1.0	\$0.02	0.95	\$0.02
	FP - PHYS	\$0.63	1.0946	1.00	\$0.69		\$0.69	0.985	\$0.68	0.98	1.00	\$0.67	1.0	\$0.67	1.00	\$0.67
	HYSTERECTOMY - ANESTHESIA	\$0.08	1.0946	1.00	\$0.09		\$0.09	0.985	\$0.09	1.00	0.67	\$0.06	1.0	\$0.06	1.00	\$0.06
	HYSTERECTOMY - IP HOSP	\$3.07	1.0832	0.76	\$2.53		\$2.53	0.985	\$2.49	0.68	1.00	\$1.69	0.0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.04	1.0832	0.76	\$0.03		\$0.03	0.985	\$0.03	0.39	1.00	\$0.01	1.0	\$0.01	0.95	\$0.01
	HYSTERECTOMY - PHYS	\$0.65	1.0946	1.00	\$0.71		\$0.71	0.985	\$0.70	0.99	0.67	\$0.47	1.0	\$0.47	1.00	\$0.47
	IP HOSP - ACUTE DETOX	\$0.83	1.0832	0.76	\$0.68		\$0.68	0.985	\$0.67	0.84	1.00	\$0.56	0.0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$3.17	1.0832	0.76	\$2.61	-\$2.20	\$0.40	0.985	\$0.40	1.00	1.00	\$0.40	0.0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$35.69	1.0832	0.76	\$29.38		\$29.38	0.985	\$28.94	0.81	1.00	\$23.46	0.0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$7.70	1.0946	1.00	\$8.43		\$8.43	0.985	\$8.31	0.99	1.08	\$8.96	1.0	\$8.96	1.00	\$8.96
	LAB & RAD - LAB	\$5.79	1.0946	1.00	\$6.33		\$6.33	0.985	\$6.24	1.00	1.08	\$6.76	1.0	\$6.76	1.00	\$6.76
	LAB & RAD - THERAPEUTIC X-RAY	\$0.42	1.0946	1.00	\$0.46		\$0.46	0.985	\$0.45	1.00	1.08	\$0.49	1.0	\$0.49	1.00	\$0.49
	OP ER - SOMATIC MH	\$0.20	1.0832	0.76	\$0.16		\$0.16	0.985	\$0.16	1.00	1.08	\$0.17	1.0	\$0.17	0.95	\$0.16
	OP HOSP - BASIC	\$17.67	1.0832	0.76	\$14.55		\$14.55	0.985	\$14.33	0.76	1.00	\$10.93	1.0	\$10.93	0.95	\$10.38
	OP HOSP - EMERGENCY ROOM	\$5.82	1.0832	0.76	\$4.79		\$4.79	0.985	\$4.72	0.99	1.10	\$5.14	1.0	\$5.14	0.95	\$4.88
	OP HOSP - LAB & RAD	\$14.62	1.0832	0.76	\$12.03		\$12.03	0.985	\$11.85	0.99	1.08	\$12.72	1.0	\$12.72	0.95	\$12.08
	OP HOSP - MATERNITY	\$0.54	1.0832	0.76	\$0.44	-\$0.24	\$0.20	0.985	\$0.19	1.00	1.00	\$0.19	1.0	\$0.19	0.95	\$0.18
	OP HOSP - SOMATIC MH	\$0.25	1.0832	0.76	\$0.20		\$0.20	0.985	\$0.20	0.99	1.00	\$0.20	1.0	\$0.20	0.95	\$0.19
	OTH MED - DME	\$0.87	1.0946	1.00	\$0.95		\$0.95	0.985	\$0.94	0.36	1.00	\$0.34	1.0	\$0.34	1.00	\$0.34
	OTH MED - HHC/PDN	\$3.35	1.0946	1.00	\$3.66		\$3.66	0.985	\$3.61	0.00	1.00	\$0.00	1.0	\$0.00	1.00	\$0.00
	OTH MED - HOSPICE	\$0.07	1.0946	1.00	\$0.07		\$0.07	0.985	\$0.07	0.97	1.00	\$0.07	1.0	\$0.07	1.00	\$0.07
	OTH MED - MATERNITY MGT	\$0.22	1.0717	1.00	\$0.23		\$0.23	1.000	\$0.23	1.00	1.00	\$0.23	1.0	\$0.23	1.00	\$0.23
	OTH MED - SUPPLIES	\$0.35	1.0946	1.00	\$0.39		\$0.39	0.985	\$0.38	0.37	1.00	\$0.14	1.0	\$0.14	1.00	\$0.14
	PHYS CONSULTATION, IP & ER VISITS	\$4.96	1.0946	1.00	\$5.43		\$5.43	0.985	\$5.35	1.00	1.08	\$5.79	1.0	\$5.79	1.00	\$5.79
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.0946	1.00	\$0.02		\$0.02	0.985	\$0.02	0.99	1.08	\$0.02	1.0	\$0.02	1.00	\$0.02
	PHYS MATERNITY	\$3.35	1.0946	1.00	\$3.67	-\$2.98	\$0.69	0.985	\$0.68	1.00	1.00	\$0.68	1.0	\$0.68	1.00	\$0.68
	PHYS NEWBORN	\$0.03	1.0946	1.00	\$0.04		\$0.04	0.985	\$0.03	1.00	1.00	\$0.03	1.0	\$0.03	1.00	\$0.03
	PHYS OFFICE VISITS	\$21.31	1.0946	1.00	\$23.32		\$23.32	0.985	\$22.97	1.00	1.08	\$24.83	1.0	\$24.83	1.00	\$24.83
	PHYS OTHER	\$4.52	1.0946	1.00	\$4.94		\$4.94	0.985	\$4.87	0.86	1.08	\$4.56	1.0	\$4.56	1.00	\$4.56
	PHYS SOMATIC MH	\$1.76	1.0946	1.00	\$1.92		\$1.92	0.985	\$1.89	0.99	1.08	\$2.04	1.0	\$2.04	1.00	\$2.04
	POST - HOSP EXTENDED CARE	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.985	\$0.01	0.39	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J	L Covered Benefit Adjustment (1=Covered, 0=Not covered)	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Adjustment from 100% Funding to Line 530	Adjusted Costs	Adjustment Due to Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost	Projected Statewide Adjustment Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM	
	PRES DRUGS - BASIC	\$34.45	1.1624	1.00	\$40.05	\$0.04	\$40.09	0.985	\$39.49	1.00	1.08	\$42.80	1.0	\$42.80	1.00	\$42.80
	PRES DRUGS - FP	\$1.83	1.1624	1.00	\$2.13		\$2.13	0.985	\$2.10	1.00	1.08	\$2.27	1.0	\$2.27	1.00	\$2.27
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.08	\$0.00	0.0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$1.00	1.1624	1.00	\$1.16		\$1.16	0.985	\$1.15	1.00	1.08	\$1.24	1.0	\$1.24	1.00	\$1.24
	PRES DRUGS - OP HOSP BASIC	\$3.53	1.1624	1.00	\$4.10		\$4.10	0.985	\$4.04	0.75	1.08	\$3.30	1.0	\$3.30	1.00	\$3.30
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.985	\$0.00	0.81	1.08	\$0.00	1.0	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.05	1.1624	1.00	\$0.06		\$0.06	0.985	\$0.06	1.00	1.08	\$0.06	1.0	\$0.06	1.00	\$0.06
	PRES DRUGS - TOBACCO CESSATION	\$0.71	1.1624	1.00	\$0.82		\$0.82	0.985	\$0.81	1.00	1.08	\$0.88	1.0	\$0.88	1.00	\$0.88
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.15	1.0946	1.00	\$0.16		\$0.16	0.985	\$0.16	1.00	0.61	\$0.10	1.0	\$0.10	1.00	\$0.10
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	0.46	\$0.00	1.0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.38	1.0832	0.76	\$0.31		\$0.31	0.985	\$0.31	0.94	1.00	\$0.29	0.0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$2.36	1.0832	0.76	\$1.94	-\$0.25	\$1.69	0.985	\$1.66	0.55	1.00	\$0.92	1.0	\$0.92	0.95	\$0.88
	STERILIZATION - OP HOSP MALE	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.985	\$0.01	0.46	1.00	\$0.00	1.0	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.16	1.0946	1.00	\$0.17		\$0.17	0.985	\$0.17	1.00	0.61	\$0.10	1.0	\$0.10	1.00	\$0.10
	STERILIZATION - PHY MALE	\$0.25	1.0946	1.00	\$0.28		\$0.28	0.985	\$0.27	1.00	0.46	\$0.12	1.0	\$0.12	1.00	\$0.12
	SURGERY	\$10.32	1.0946	1.00	\$11.30		\$11.30	0.985	\$11.13	1.00	0.95	\$10.54	1.0	\$10.54	1.00	\$10.54
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.23	1.0832	0.76	\$0.19		\$0.19	0.985	\$0.19	0.76	1.00	\$0.14	0.0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.12	1.0832	0.76	\$0.10		\$0.10	0.985	\$0.09	0.70	1.00	\$0.07	1.0	\$0.07	0.95	\$0.06
	TOBACCO CES-PHYS	\$0.20	1.0946	1.00	\$0.22		\$0.22	0.985	\$0.22	0.98	1.00	\$0.21	1.0	\$0.21	1.00	\$0.21
	TRANSPORTATION - AMBULANCE	\$1.96	1.0946	1.00	\$2.14		\$2.14	0.985	\$2.11	0.98	1.00	\$2.07	1.0	\$2.07	1.00	\$2.07
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.985	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.39	1.0946	1.00	\$2.61		\$2.61	0.985	\$2.57	0.30	1.00	\$0.78	1.0	\$0.78	1.00	\$0.78
	VISION CARE - MATERIALS & FITTING	\$2.14	1.0946	1.00	\$2.34		\$2.34	0.985	\$2.31	0.01	1.00	\$0.02	1.0	\$0.02	1.00	\$0.02
	Subtotal Physical Health	\$202.28			\$201.15		\$195.51		\$192.58			\$179.65		\$153.10		\$151.58
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.19	1.0279	1.00	\$0.19		\$0.19	1.000	\$0.19	0.75	1.00	\$0.14	0.0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$2.35	1.0279	1.00	\$2.42		\$2.42	1.000	\$2.42	1.00	1.00	\$2.42	1.0	\$2.42	1.00	\$2.42
	CD SERVICES - OP	\$4.83	1.0279	1.00	\$4.97		\$4.97	1.000	\$4.97	0.98	1.00	\$4.88	1.0	\$4.88	1.00	\$4.88
	Subtotal Chemical Dependency	\$7.37			\$7.58		\$7.58		\$7.58			\$7.44		\$7.30		\$7.30

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 OHP Families
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J	L	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Adjustment from 100% Funding to Line 530	Adjusted Costs	Adjustment Due to Benefit Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost	L Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.40	1.0000	1.00	\$0.40		\$0.40	1.000	\$0.40	0.87	1.00	\$0.35	0.0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.47	1.0000	1.00	\$0.47		\$0.47	1.000	\$0.47	0.26	1.00	\$0.12	0.0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$5.78	1.0000	1.00	\$5.78		\$5.78	1.000	\$5.78	0.44	1.00	\$2.56	0.0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$3.05	1.0000	1.00	\$3.05		\$3.05	1.000	\$3.05	0.03	1.00	\$0.10	0.0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.08	1.0000	1.00	\$0.08		\$0.08	1.000	\$0.08	0.09	1.00	\$0.01	0.0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$4.44	1.0000	1.00	\$4.44		\$4.44	1.000	\$4.44	0.98	1.00	\$4.37	0.0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$2.44	1.0000	1.00	\$2.44		\$2.44	1.000	\$2.44	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.91	1.0000	1.00	\$1.91		\$1.91	1.000	\$1.91	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$3.37	1.0000	1.00	\$3.37		\$3.37	1.000	\$3.37	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$8.49	1.0000	1.00	\$8.49		\$8.49	1.000	\$8.49	0.03	1.00	\$0.23	0.0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$30.46			\$30.46		\$30.46		\$30.46			\$7.75		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$2.57	1.0000	1.00	\$2.57		\$2.57	1.000	\$2.57	0.96	1.00	\$2.46	0.0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$1.55	1.0000	1.00	\$1.55		\$1.55	1.000	\$1.55	1.00	1.00	\$1.55	0.0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.31	1.0000	1.00	\$0.31		\$0.31	1.000	\$0.31	1.00	1.00	\$0.31	0.0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.07	1.0000	1.00	\$0.07		\$0.07	1.000	\$0.07	1.00	1.00	\$0.07	0.0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	1.00	1.00	\$0.01	0.0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.75	1.0000	1.00	\$0.75		\$0.75	1.000	\$0.75	1.00	1.00	\$0.75	0.0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.17	1.0000	1.00	\$0.17		\$0.17	1.000	\$0.17	1.00	1.00	\$0.17	0.0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$4.70	1.0000	1.00	\$4.70		\$4.70	1.000	\$4.70	1.00	1.00	\$4.70	0.0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.04	1.0000	1.00	\$0.04		\$0.04	1.000	\$0.04	0.99	1.00	\$0.04	0.0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.10	1.0000	1.00	\$0.10		\$0.10	1.000	\$0.10	1.00	1.00	\$0.10	0.0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$0.33	1.0000	1.00	\$0.33		\$0.33	1.000	\$0.33	1.00	1.00	\$0.33	0.0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	1.00	1.00	\$0.57	0.0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.22	1.0000	1.00	\$0.22		\$0.22	1.000	\$0.22	1.00	1.00	\$0.22	0.0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$11.38			\$11.38		\$11.38		\$11.38			\$11.28		\$0.00		\$0.00
	Total OHP Families	\$251.49			\$250.57		\$244.93		\$242.00			\$206.12		\$160.40		\$158.88

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 OHP Adults & Couples
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J	L Covered Benefit	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Adjustment from 100% Funding to Line 530	Adjusted Costs	Adjustment Due to Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost	Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
OHP Adults & Couples	ADMINISTRATIVE EXAMS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$3.31	1.0946	1.00	\$3.62		\$3.62	0.987	\$3.57	1.00	0.95	\$3.39	1.0	\$3.39	1.00	\$3.39
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	1.0	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.01	1.0832	0.76	\$0.01		\$0.01	0.987	\$0.01	0.52	1.00	\$0.01	1.0	\$0.01	0.95	\$0.01
	FP - PHYS	\$0.13	1.0946	1.00	\$0.15		\$0.15	0.987	\$0.14	0.98	1.00	\$0.14	1.0	\$0.14	1.00	\$0.14
	HYSTERECTOMY - ANESTHESIA	\$0.06	1.0946	1.00	\$0.07		\$0.07	0.987	\$0.07	1.00	0.77	\$0.05	1.0	\$0.05	1.00	\$0.05
	HYSTERECTOMY - IP HOSP	\$2.81	1.0832	0.76	\$2.31		\$2.31	0.987	\$2.28	0.77	1.00	\$1.76	0.0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.03	1.0832	0.76	\$0.02		\$0.02	0.987	\$0.02	0.61	1.00	\$0.01	1.0	\$0.01	0.95	\$0.01
	HYSTERECTOMY - PHYS	\$0.52	1.0946	1.00	\$0.57		\$0.57	0.987	\$0.56	0.99	0.77	\$0.43	1.0	\$0.43	1.00	\$0.43
	IP HOSP - ACUTE DETOX	\$3.06	1.0832	0.76	\$2.52		\$2.52	0.987	\$2.49	0.84	1.00	\$2.09	0.0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.74	1.0832	0.76	\$0.61	-\$0.47	\$0.14	0.987	\$0.14	1.00	1.00	\$0.14	0.0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$95.35	1.0832	0.76	\$78.50		\$78.50	0.987	\$77.49	0.83	1.00	\$64.02	0.0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$10.97	1.0946	1.00	\$12.01		\$12.01	0.987	\$11.85	0.99	1.08	\$12.69	1.0	\$12.69	1.00	\$12.69
	LAB & RAD - LAB	\$6.77	1.0946	1.00	\$7.41		\$7.41	0.987	\$7.32	1.00	1.08	\$7.89	1.0	\$7.89	1.00	\$7.89
	LAB & RAD - THERAPEUTIC X-RAY	\$0.97	1.0946	1.00	\$1.06		\$1.06	0.987	\$1.05	1.00	1.08	\$1.13	1.0	\$1.13	1.00	\$1.13
	OP ER - SOMATIC MH	\$0.44	1.0832	0.76	\$0.37		\$0.37	0.987	\$0.36	1.00	1.08	\$0.39	1.0	\$0.39	0.95	\$0.37
	OP HOSP - BASIC	\$28.05	1.0832	0.76	\$23.09		\$23.09	0.987	\$22.79	0.76	1.00	\$17.31	1.0	\$17.31	0.95	\$16.44
	OP HOSP - EMERGENCY ROOM	\$8.75	1.0832	0.76	\$7.20		\$7.20	0.987	\$7.11	0.99	1.10	\$7.73	1.0	\$7.73	0.95	\$7.35
	OP HOSP - LAB & RAD	\$22.79	1.0832	0.76	\$18.76		\$18.76	0.987	\$18.52	0.99	1.08	\$19.76	1.0	\$19.76	0.95	\$18.77
	OP HOSP - MATERNITY	\$0.25	1.0832	0.76	\$0.21	-\$0.11	\$0.09	0.987	\$0.09	0.93	1.00	\$0.09	1.0	\$0.09	0.95	\$0.08
	OP HOSP - SOMATIC MH	\$0.54	1.0832	0.76	\$0.44		\$0.44	0.987	\$0.44	0.99	1.00	\$0.43	1.0	\$0.43	0.95	\$0.41
	OTH MED - DME	\$1.79	1.0946	1.00	\$1.96		\$1.96	0.987	\$1.94	0.43	1.00	\$0.84	1.0	\$0.84	1.00	\$0.84
	OTH MED - HHC/PDN	\$5.08	1.0946	1.00	\$5.56		\$5.56	0.987	\$5.49	0.00	1.00	\$0.00	1.0	\$0.00	1.00	\$0.00
	OTH MED - HOSPICE	\$0.19	1.0946	1.00	\$0.21		\$0.21	0.987	\$0.21	0.93	1.00	\$0.19	1.0	\$0.19	1.00	\$0.19
	OTH MED - MATERNITY MGT	\$0.04	1.0717	1.00	\$0.04		\$0.04	1.000	\$0.04	1.00	1.00	\$0.04	1.0	\$0.04	1.00	\$0.04
	OTH MED - SUPPLIES	\$0.86	1.0946	1.00	\$0.94		\$0.94	0.987	\$0.93	0.37	1.00	\$0.34	1.0	\$0.34	1.00	\$0.34
	PHYS CONSULTATION, IP & ER VISITS	\$8.69	1.0946	1.00	\$9.52		\$9.52	0.987	\$9.39	1.00	1.08	\$10.13	1.0	\$10.13	1.00	\$10.13
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.06	1.0946	1.00	\$0.06		\$0.06	0.987	\$0.06	1.00	1.08	\$0.07	1.0	\$0.07	1.00	\$0.07
	PHYS MATERNITY	\$0.54	1.0946	1.00	\$0.60	-\$0.37	\$0.23	0.987	\$0.23	1.00	1.00	\$0.23	1.0	\$0.23	1.00	\$0.23
	PHYS NEWBORN	\$0.05	1.0946	1.00	\$0.05		\$0.05	0.987	\$0.05	1.00	1.00	\$0.05	1.0	\$0.05	1.00	\$0.05
	PHYS OFFICE VISITS	\$24.89	1.0946	1.00	\$27.24		\$27.24	0.987	\$26.90	1.00	1.08	\$28.95	1.0	\$28.95	1.00	\$28.95
	PHYS OTHER	\$8.92	1.0946	1.00	\$9.77		\$9.77	0.987	\$9.64	0.86	1.08	\$9.00	1.0	\$9.00	1.00	\$9.00
	PHYS SOMATIC MH	\$2.46	1.0946	1.00	\$2.69		\$2.69	0.987	\$2.66	0.99	1.08	\$2.85	1.0	\$2.85	1.00	\$2.85
	POST - HOSP EXTENDED CARE	\$0.07	1.0832	0.76	\$0.05		\$0.05	0.987	\$0.05	0.42	1.00	\$0.02	0.0	\$0.00	1.00	\$0.00

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J	L	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Adjustment from 100% Funding to Line 530	Adjusted Costs	Adjustment Due to Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost	L Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	PRES DRUGS - BASIC	\$73.03	1.1624	1.00	\$84.89	-\$0.06	\$84.84	0.987	\$83.76	1.00	1.08	\$90.37	1.0	\$90.37	1.00	\$90.37
	PRES DRUGS - FP	\$0.74	1.1624	1.00	\$0.86		\$0.86	0.987	\$0.85	1.00	1.08	\$0.92	1.0	\$0.92	1.00	\$0.92
	PRES DRUGS - MH/CD	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.08	\$0.00	0.0	\$0.00	1.00	\$0.00
	PRES DRUGS - NEURONTIN	\$2.68	1.1624	1.00	\$3.11		\$3.11	0.987	\$3.07	1.00	1.08	\$3.32	1.0	\$3.32	1.00	\$3.32
	PRES DRUGS - OP HOSP BASIC	\$5.20	1.1624	1.00	\$6.04		\$6.04	0.987	\$5.97	0.77	1.08	\$4.96	1.0	\$4.96	1.00	\$4.96
	PRES DRUGS - OP HOSP FP	\$0.00	1.1624	1.00	\$0.00		\$0.00	0.987	\$0.00	0.81	1.08	\$0.00	1.0	\$0.00	1.00	\$0.00
	PRES DRUGS - OP HOSP MH/CD	\$0.22	1.1624	1.00	\$0.26		\$0.26	0.987	\$0.25	1.00	1.08	\$0.27	1.0	\$0.27	1.00	\$0.27
	PRES DRUGS - TOBACCO CESSATION	\$1.29	1.1624	1.00	\$1.50		\$1.50	0.987	\$1.48	1.00	1.08	\$1.60	1.0	\$1.60	1.00	\$1.60
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.02	1.0946	1.00	\$0.03		\$0.03	0.987	\$0.03	1.00	0.92	\$0.02	1.0	\$0.02	1.00	\$0.02
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	0.94	\$0.00	1.0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.09	1.0832	0.76	\$0.07		\$0.07	0.987	\$0.07	1.00	1.00	\$0.07	0.0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.78	1.0832	0.76	\$0.64	-\$0.14	\$0.50	0.987	\$0.49	0.91	1.00	\$0.45	1.0	\$0.45	0.95	\$0.42
	STERILIZATION - OP HOSP MALE	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	0.94	1.00	\$0.00	1.0	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.03	1.0946	1.00	\$0.03		\$0.03	0.987	\$0.03	1.00	0.92	\$0.03	1.0	\$0.03	1.00	\$0.03
	STERILIZATION - PHY MALE	\$0.04	1.0946	1.00	\$0.04		\$0.04	0.987	\$0.04	1.00	0.94	\$0.04	1.0	\$0.04	1.00	\$0.04
	SURGERY	\$18.18	1.0946	1.00	\$19.90		\$19.90	0.987	\$19.65	1.00	0.95	\$18.62	1.0	\$18.62	1.00	\$18.62
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.0832	0.76	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	TOBACCO CES-IP HSP	\$0.57	1.0832	0.76	\$0.47		\$0.47	0.987	\$0.46	0.77	1.00	\$0.36	0.0	\$0.00	1.00	\$0.00
	TOBACCO CES-OP HSP	\$0.19	1.0832	0.76	\$0.16		\$0.16	0.987	\$0.16	0.82	1.00	\$0.13	1.0	\$0.13	0.95	\$0.12
	TOBACCO CES-PHYS	\$0.28	1.0946	1.00	\$0.31		\$0.31	0.987	\$0.30	0.98	1.00	\$0.30	1.0	\$0.30	1.00	\$0.30
	TRANSPORTATION - AMBULANCE	\$4.61	1.0946	1.00	\$5.05		\$5.05	0.987	\$4.99	0.99	1.00	\$4.94	1.0	\$4.94	1.00	\$4.94
	TRANSPORTATION - OTHER	\$0.00	1.0946	1.00	\$0.00		\$0.00	0.987	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.96	1.0946	1.00	\$3.24		\$3.24	0.987	\$3.20	0.38	1.00	\$1.22	1.0	\$1.22	1.00	\$1.22
	VISION CARE - MATERIALS & FITTING	\$2.51	1.0946	1.00	\$2.75		\$2.75	0.987	\$2.72	0.01	1.00	\$0.02	1.0	\$0.02	1.00	\$0.02
	Subtotal Physical Health	\$352.63			\$346.98		\$345.83		\$341.43			\$319.82		\$251.35		\$249.04
	CD SERVICES - ALTERNATIVE TO DETOX	\$1.07	1.0279	1.00	\$1.10		\$1.10	1.000	\$1.10	0.73	1.00	\$0.81	0.0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$9.06	1.0279	1.00	\$9.31		\$9.31	1.000	\$9.31	1.00	1.00	\$9.31	1.0	\$9.31	1.00	\$9.31
	CD SERVICES - OP	\$13.86	1.0279	1.00	\$14.25		\$14.25	1.000	\$14.25	0.98	1.00	\$13.97	1.0	\$13.97	1.00	\$13.97
	Subtotal Chemical Dependency	\$23.99			\$24.66		\$24.66		\$24.66			\$24.09		\$23.28		\$23.28

Oregon Health Plan Medicaid Demonstration
 Development of October 2005 PCO Statewide Capitation Rates from the 2004-2005 Per Capita Costs
 OHP Adults & Couples
 Effective October 1, 2005
 Line 530

Exhibit 2k

Eligibility Category	Service Category	A	B	C	D = A x B x C	E	F = D + E	G	H = F x G	I	J	K = H x I x J	L	M = K x L	N	O = M x N
		03-05 PCC with Coverage Through Line 557	Trend Adjustment to Contract Period	Hospital Reimbursement Adjustment	Oct 2005 PCC With Coverage Through Line 557	Program Change Adjustment *	Adjusted Cost	Adjustment from 100% Funding to Line 530	Adjusted Costs	Adjustment Due to Benefit Restrictions	Adjustments Due to Shifting of Site or Category of Service	Projected Statewide PMPM Cost	L Covered Benefit Adjustment (1=Covered, 0=Not covered)	Adjusted Cost	OP Cost Shift Adjustment	Projected Statewide PCO Cost PMPM
	DENTAL - ADJUNCTIVE GENERAL	\$0.40	1.0000	1.00	\$0.40		\$0.40	1.000	\$0.40	0.81	1.00	\$0.32	0.0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.48	1.0000	1.00	\$0.48		\$0.48	1.000	\$0.48	0.26	1.00	\$0.12	0.0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$5.80	1.0000	1.00	\$5.80		\$5.80	1.000	\$5.80	0.47	1.00	\$2.72	0.0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$2.65	1.0000	1.00	\$2.65		\$2.65	1.000	\$2.65	0.03	1.00	\$0.09	0.0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.24	1.0000	1.00	\$0.24		\$0.24	1.000	\$0.24	0.03	1.00	\$0.01	0.0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$6.43	1.0000	1.00	\$6.43		\$6.43	1.000	\$6.43	0.97	1.00	\$6.26	0.0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$2.56	1.0000	1.00	\$2.56		\$2.56	1.000	\$2.56	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.78	1.0000	1.00	\$1.78		\$1.78	1.000	\$1.78	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$7.75	1.0000	1.00	\$7.75		\$7.75	1.000	\$7.75	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$8.12	1.0000	1.00	\$8.12		\$8.12	1.000	\$8.12	0.03	1.00	\$0.23	0.0	\$0.00	1.00	\$0.00
	DENTAL - TOBACCO CES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	0.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$36.22			\$36.22		\$36.22		\$36.22			\$9.76		\$0.00		\$0.00
	MH SERVICES ACUTE INPATIENT	\$9.73	1.0000	1.00	\$9.73		\$9.73	1.000	\$9.73	0.96	1.00	\$9.33	0.0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$2.69	1.0000	1.00	\$2.69		\$2.69	1.000	\$2.69	1.00	1.00	\$2.69	0.0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$1.20	1.0000	1.00	\$1.20		\$1.20	1.000	\$1.20	1.00	1.00	\$1.20	0.0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.19	1.0000	1.00	\$0.19		\$0.19	1.000	\$0.19	1.00	1.00	\$0.19	0.0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.01	1.0000	1.00	\$0.01		\$0.01	1.000	\$0.01	1.00	1.00	\$0.01	0.0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$2.00	1.0000	1.00	\$2.00		\$2.00	1.000	\$2.00	1.00	1.00	\$2.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$1.06	1.0000	1.00	\$1.06		\$1.06	1.000	\$1.06	1.00	1.00	\$1.06	0.0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.0000	1.00	\$0.00		\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$8.37	1.0000	1.00	\$8.37		\$8.37	1.000	\$8.37	1.00	1.00	\$8.37	0.0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.13	1.0000	1.00	\$0.13		\$0.13	1.000	\$0.13	0.98	1.00	\$0.13	0.0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.28	1.0000	1.00	\$0.28		\$0.28	1.000	\$0.28	1.00	1.00	\$0.28	0.0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$1.01	1.0000	1.00	\$1.01		\$1.01	1.000	\$1.01	1.00	1.00	\$1.01	0.0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.57	1.0000	1.00	\$0.57		\$0.57	1.000	\$0.57	1.00	1.00	\$0.57	0.0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$1.49	1.0000	1.00	\$1.49		\$1.49	1.000	\$1.49	1.00	1.00	\$1.49	0.0	\$0.00	1.00	\$0.00
	MH SERVICES PSYCH DAY					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES RESIDENTIAL					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES CARE COORD					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS					\$0.00	\$0.00	1.000	\$0.00	1.00	1.00	\$0.00	0.0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$28.73			\$28.73		\$28.73		\$28.73			\$28.33		\$0.00		\$0.00
	Total OHP Adults & Couples	\$441.57			\$436.60		\$435.45		\$431.04			\$381.99		\$274.63		\$272.32

* Reflects Frozen Drug Adjustment, Lamictal Adjustment, Maternity Case Rate Carve-Out, and Children's Mental Health Services Adjustment

Oregon Health Plan Medicaid Demonstration

Exhibit 21

Capitation Rate Development for October 2005 through December 2005

Adjustments Applied to Develop Plan-specific Capitation Rates from Statewide Capitation Rates

Category of Service	TANF Adults	PLM Adults	PLM, CHIP, and TANF Children Aged 0-1	PLM, CHIP, and TANF Children Aged 1-5	PLM, CHIP, and TANF Children Aged 6-18	AB/AD without Medicare
Physician						
Basic	CDPS	none	Newborn	CDPS	CDPS	CDPS
Family Planning	CDPS	none	Newborn	CDPS	CDPS	CDPS
Hysterectomy	CDPS	none	Newborn	CDPS	CDPS	CDPS
Maternity	CDPS	none	Newborn	CDPS	CDPS	CDPS
Newborn	CDPS	none	Newborn	CDPS	CDPS	CDPS
Sterilization	CDPS	none	Newborn	CDPS	CDPS	CDPS
Outpatient						
Basic	CDPS, OP Geo	OP Geo	Newborn, OP Geo	CDPS, OP Geo	CDPS, OP Geo	CDPS, OP Geo
Emergency Room	CDPS, OP Geo	OP Geo	Newborn, OP Geo	CDPS, OP Geo	CDPS, OP Geo	CDPS, OP Geo
Family Planning	CDPS, OP Geo	OP Geo	Newborn, OP Geo	CDPS, OP Geo	CDPS, OP Geo	CDPS, OP Geo
Hysterectomy	CDPS, OP Geo	OP Geo	Newborn, OP Geo	CDPS, OP Geo	CDPS, OP Geo	CDPS, OP Geo
Maternity	CDPS, OP Geo	OP Geo	Newborn, OP Geo	CDPS, OP Geo	CDPS, OP Geo	CDPS, OP Geo
Sterilization	CDPS, OP Geo	OP Geo	Newborn, OP Geo	CDPS, OP Geo	CDPS, OP Geo	CDPS, OP Geo
Prescription Drugs						
Basic	CDPS	none	Newborn	CDPS	CDPS	CDPS
Family Planning	CDPS	none	Newborn	CDPS	CDPS	CDPS
Inpatient						
Basic	CDPS, IP Geo	IP Geo	Newborn, IP Geo	CDPS, IP Geo	CDPS, IP Geo	CDPS, IP Geo
Family Planning	CDPS, IP Geo	IP Geo	Newborn, IP Geo	CDPS, IP Geo	CDPS, IP Geo	CDPS, IP Geo
Hysterectomy	CDPS, IP Geo	IP Geo	Newborn, IP Geo	CDPS, IP Geo	CDPS, IP Geo	CDPS, IP Geo
Maternity	CDPS, IP Geo	IP Geo	Newborn, IP Geo	CDPS, IP Geo	CDPS, IP Geo	CDPS, IP Geo
Newborn	CDPS, IP Geo	IP Geo	Newborn, IP Geo	CDPS, IP Geo	CDPS, IP Geo	CDPS, IP Geo
Sterilization	CDPS, IP Geo	IP Geo	Newborn, IP Geo	CDPS, IP Geo	CDPS, IP Geo	CDPS, IP Geo
Miscellaneous						
Chemical Dependency	Methadone/CDPS	none	none	CDPS	CDPS	Methadone/CDPS
DME/Supplies	CDPS	none	Newborn	CDPS	CDPS	CDPS
Exceptional Needs Care Coordination	CDPS	none	Newborn	CDPS	CDPS	CDPS
Home Health/PDN/Hospice	CDPS	none	Newborn	CDPS	CDPS	CDPS
Transportation - Ambulance	CDPS	none	Newborn	CDPS	CDPS	CDPS
Vision	CDPS	none	Newborn	CDPS	CDPS	CDPS
Optional Services						
Maternity Management	CDPS	none	Newborn	CDPS	CDPS	CDPS
Mental Health						
Acute Inpatient	MH Risk, MH Geo	MH Risk, MH Geo	MH Geo	MH Risk, MH Geo	MH Risk, MH Geo	MH Risk, MH Geo
Assess & Eval	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Case Management	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Consultation	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Ancillary Services	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Med Management	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Alternative to IP	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Family Support	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
OP Therapy	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Other OP	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
PEO	none	none	none	none	none	none
Phys IP	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Phys OP	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Support Day Program	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Psych Day	none	none	none	MH Psych	MH Psych	MH Psych
Residential	none	none	none	None	MH Resid	MH Resid
Care Coordination	none	none	none	none	none	none
CONS Assess	none	none	none	none	none	none
Dental	Dental Geo	Dental Geo	Dental Geo	Dental Geo	Dental Geo	Dental Geo

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
Adjustments Applied to Develop Plan-specific Capitation Rates from Statewide Capitation Rates

Exhibit 21

Category of Service	AB/AD with Medicare	OAA without Medicare	OAA with Medicare	SCF Children	OHP Families	OHP Adults and Couples
Physician						
Basic	CDPS	none	none	none	CDPS	CDPS
Family Planning	CDPS	none	none	none	CDPS	CDPS
Hysterectomy	CDPS	none	none	none	CDPS	CDPS
Maternity	CDPS	none	none	none	CDPS	CDPS
Newborn	CDPS	none	none	none	CDPS	CDPS
Sterilization	CDPS	none	none	none	CDPS	CDPS
Outpatient						
Basic	CDPS, OP Geo	OP Geo	OP Geo	OP Geo	CDPS, OP Geo	CDPS, OP Geo
Emergency Room	CDPS, OP Geo	OP Geo	OP Geo	OP Geo	CDPS, OP Geo	CDPS, OP Geo
Family Planning	CDPS, OP Geo	OP Geo	OP Geo	OP Geo	CDPS, OP Geo	CDPS, OP Geo
Hysterectomy	CDPS, OP Geo	OP Geo	OP Geo	OP Geo	CDPS, OP Geo	CDPS, OP Geo
Maternity	CDPS, OP Geo	OP Geo	OP Geo	OP Geo	CDPS, OP Geo	CDPS, OP Geo
Sterilization	CDPS, OP Geo	OP Geo	OP Geo	OP Geo	CDPS, OP Geo	CDPS, OP Geo
Prescription Drugs						
Basic	CDPS	none	none	none	CDPS	CDPS
Family Planning	CDPS	none	none	none	CDPS	CDPS
Inpatient						
Basic	CDPS, IP Geo	IP Geo	IP Geo	IP Geo	CDPS, IP Geo	CDPS, IP Geo
Family Planning	CDPS, IP Geo	IP Geo	IP Geo	IP Geo	CDPS, IP Geo	CDPS, IP Geo
Hysterectomy	CDPS, IP Geo	IP Geo	IP Geo	IP Geo	CDPS, IP Geo	CDPS, IP Geo
Hysterectomy	CDPS, IP Geo	IP Geo	IP Geo	IP Geo	CDPS, IP Geo	CDPS, IP Geo
Newborn	CDPS, IP Geo	IP Geo	IP Geo	IP Geo	CDPS, IP Geo	CDPS, IP Geo
Sterilization	CDPS, IP Geo	IP Geo	IP Geo	IP Geo	CDPS, IP Geo	CDPS, IP Geo
Miscellaneous						
Chemical Dependency	Methadone/CDPS	none	none	none	CDPS	CDPS
DME/Supplies	CDPS	none	none	none	CDPS	CDPS
Exceptional Needs Care Coordination	CDPS	none	none	none	CDPS	CDPS
Home Health/PDN/Hospice	CDPS	none	none	none	CDPS	CDPS
Transportation - Ambulance	CDPS	none	none	none	CDPS	CDPS
Vision	CDPS	none	none	none	CDPS	CDPS
Optional Services						
Maternity Management	CDPS	none	none	none	CDPS	CDPS
Mental Health						
Acute Inpatient	MH Risk, MH Geo	MH Geo	MH Geo	ResMed, MH Risk, MH Geo	MH Geo	MH Geo
Assess & Eval	MH Risk	none	none	ResMed, MH Risk	none	none
Case Management	MH Risk	none	none	ResMed, MH Risk	none	none
Consultation	MH Risk	none	none	ResMed, MH Risk	none	none
Ancillary Services	MH Risk	none	none	ResMed, MH Risk	none	none
Med Management	MH Risk	none	none	ResMed, MH Risk	none	none
Alternative to IP	MH Risk	none	none	ResMed, MH Risk	none	none
Family Support	MH Risk	none	none	ResMed, MH Risk	none	none
OP Therapy	MH Risk	none	none	ResMed, MH Risk	none	none
Other OP	MH Risk	none	none	ResMed, MH Risk	none	none
PEO	none	none	none	none	none	none
Phys IP	MH Risk	none	none	ResMed, MH Risk	none	none
Phys OP	MH Risk	none	none	ResMed, MH Risk	none	none
Support Day Program	MH Risk	none	none	ResMed, MH Risk	none	none
Psych Day	none	none	none	MH Psych	none	none
Residential	none	none	none	MH Resid	none	none
Care Coordination	none	none	none	none	none	none
CONS Assess	none	none	none	none	none	none
Dental	Dental Geo	Dental Geo	Dental Geo	Dental Geo	Dental Geo	Dental Geo

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
FCHP and PCO Geographic Factors by Plan

Exhibit 3a

Plan Type	Plan Name	Region	Inpatient	Outpatient
FCHP	CareOregon, Inc.	Jackson/Josephine/Douglas	0.9514	1.0004
	CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	1.0327	1.0142
	CareOregon, Inc.	Other	1.0778	1.0563
	CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.9474	0.9734
	Cascade Comprehensive Care, Inc.	Other	1.1122	0.9469
	Central Oregon Individual Health Solutions, Inc.	Other	1.1519	1.0487
	Douglas County Individual Practice Association, Inc.	Jackson/Josephine/Douglas	1.0276	0.9911
	Southwest Oregon IPA, Inc., abn Doctors of the Oregon Coast South	Other	1.1535	1.1773
	FamilyCare, Inc.	Jackson/Josephine/Douglas	0.9580	0.9546
	FamilyCare, Inc.	Other	1.1769	1.1667
	FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.9471	0.9737
	InterCommunity Health Plans, Inc. abn Intercommunity Health Network	Linn/Benton/Marion/Polk/Yamhill	1.1250	0.9995
	Lane Individual Practice Association, Inc.	Lane	0.9708	0.9903
	Marion/Polk Community Health Plan, LLC	Linn/Benton/Marion/Polk/Yamhill	0.9815	1.0164
	Mid Rogue Independent Physician Association, Inc.	Jackson/Josephine/Douglas	0.9600	0.9532
	Grants Pass Management Services, Inc., abn Oregon Health Management Services	Jackson/Josephine/Douglas	0.9597	0.9530
	Providence Health Assurance	Linn/Benton/Marion/Polk/Yamhill	1.2131	1.0112
	Providence Health Assurance	Tri-County (Clackamas, Multnomah, Washington)	0.9464	0.9732
	Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.9497	0.9734
	PCO	Kaiser Permanente Oregon Plus, LLC	Linn/Benton/Marion/Polk/Yamhill	N/A
Kaiser Permanente Oregon Plus, LLC		Tri-County (Clackamas, Multnomah, Washington)	N/A	0.9732

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
CDPS Risk Adjustment Scores

Exhibit 3b

Plan Name	TANF Adults	AB/AD without Medicare	AB/AD with Medicare	PLM, CHIP, or TANF Children Aged 1-5	PLM, CHIP, or TANF Children Aged 6-18	OHP Adults and Couples	OHP Families
CareOregon, Inc.	0.9598	1.0249	1.0255	1.0227	0.9706	1.0783	0.9526
Cascade Comprehensive Care, Inc.	0.9897	1.0494	1.0500	1.0156	1.0115	1.0743	1.0217
Central Oregon Individual Health Solutions, Inc.	1.0008	1.0700	1.0707	1.0202	1.0509	N/A	N/A
Douglas County Individual Practice Association, Inc.	1.2594	1.2676	1.2684	1.1194	1.1305	1.2000	1.2000
Southwest Oregon IPA, Inc., abn Doctors of the Oregon Coast South	1.0323	0.9545	0.9551	1.0620	1.1439	1.0253	1.2000
FamilyCare, Inc.	0.8738	0.8500	0.8505	0.9337	0.9347	0.8500	1.0465
InterCommunity Health Plans, Inc. abn Intercommunity Health Network	1.1460	1.0120	1.0126	1.0214	1.0838	0.9621	1.0278
Lane Individual Practice Association, Inc.	0.9973	0.8849	0.8855	0.9448	1.0316	0.8936	0.9654
Marion/Polk Community Health Plan, LLC	1.0003	0.9428	0.9434	0.9626	0.9822	1.0387	1.0589
Mid Rogue Independent Physician Association, Inc.	1.1531	1.0809	1.0816	1.0279	1.0010	1.0912	1.0360
Grants Pass Management Services, Inc., abn Oregon Health Management Services	1.1376	1.0668	1.0674	1.0014	1.0577	1.0031	1.2000
Providence Health Assurance	0.8896	0.9812	0.9818	0.9096	0.9183	0.8765	0.8500
Tuality Health Alliance	1.0187	0.9277	0.9283	0.9397	0.9812	0.9568	0.9934

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
Chemical Dependency Risk Adjustment Factors

Exhibit 3c

Plan Name	Region	TANF Adults	AB/AD with Medicare	AB/AD without Medicare	OHP Adults and Couples	OHP Families
CareOregon, Inc.	Jackson/Josephine/Douglas	0.8290	0.6934	0.6587	1.0480	0.9680
CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	0.9368	0.7568	1.0962	1.0480	0.9680
CareOregon, Inc.	Other	0.7682	0.7332	0.6256	1.0480	0.9680
CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.2302	1.6608	1.5885	1.0480	0.9680
Cascade Comprehensive Care, Inc.	Other	0.7684	0.7099	0.5256	1.0456	1.0146
Central Oregon Independent Health Services, Inc.	Other	0.7770	0.7329	0.5357	N/A	N/A
Douglas County Individual Practice Association	Jackson/Josephine/Douglas	0.9766	0.8561	0.6328	1.1227	1.1350
Deschutes County Human Svcs	Other	0.7764	0.6763	0.5013	1.0000	1.0000
Doctors of the Oregon Coast South	Other	0.8723	0.6529	0.5008	1.0155	1.1350
FamilyCare, Inc.	Jackson/Josephine/Douglas	0.8412	0.5762	0.4277	0.9080	1.0314
FamilyCare, Inc.	Other	0.6790	0.5762	0.4277	0.9080	1.0314
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.9601	0.9166	1.6828	0.9080	1.0314
InterCommunity Health Plans, Inc.	Linn/Benton/Marion/Polk/Yamhill	1.0639	0.7774	0.8982	0.9768	1.0188
Lane Individual Practice Association, Inc.	Lane	0.9996	0.8843	0.7730	0.9348	0.9766
Marion-Polk Community Health Plan	Linn/Benton/Marion/Polk/Yamhill	0.9093	0.8153	0.6854	1.0238	1.0398
Mid-Rogue Independent Practice Association	Jackson/Josephine/Douglas	0.9140	0.7444	0.8300	1.0559	1.0243
Oregon Health Management Services	Jackson/Josephine/Douglas	0.8826	0.7215	0.9586	1.0019	1.1350
Providence Health Plan, Inc.	Linn/Benton/Marion/Polk/Yamhill	0.6912	0.6641	0.4921	0.9242	0.8987
Providence Health Plan, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.6961	0.6641	0.5108	0.9242	0.8987
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.8970	0.6283	0.4658	0.9735	0.9955

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 Newborn Adjustment Factors**

Exhibit 3d

Plan Name	Adjustment
CareOregon, Inc.	0.9414
Cascade Comprehensive Care, Inc.	1.1361
Central Oregon Individual Health Solutions, Inc.	1.0446
Douglas County Individual Practice Association, Inc.	1.1457
Southwest Oregon IPA, Inc., abn Doctors of the Oregon Coast South	1.1200
FamilyCare, Inc.	0.9893
InterCommunity Health Plans, Inc. abn Intercommunity Health Network	1.0643
Lane Individual Practice Association, Inc.	1.1030
Marion/Polk Community Health Plan, LLC	0.9827
Mid Rogue Independent Physician Association, Inc.	1.1717
Grants Pass Management Services, Inc., abn Oregon Health Management Services	1.1206
Providence Health Assurance	1.0179
Tuality Health Alliance	0.9608

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
Maternity Case Rate for FCHPs

Exhibit 3e

Oct 2005 Statewide Case Rate				Administration Allowance
IP HOSPITAL	OP HOSPITAL	PHYS MATERNITY	Total	
\$ 2,969.18	\$ 380.71	\$2,975.34	\$6,325.24	13.34%

Plan Name	Region	Oct 2005 Geographic Adjustment Factors		Oct 2005 Adjusted Case Rate				
		IP HOSPITAL	OP HOSPITAL	IP HOSPITAL	OP HOSPITAL	PHYS MATERNITY	Total	Total w/ Admin
CareOregon, Inc.	JJD	0.9564	1.0004	\$ 2,839.79	\$ 380.85	\$ 2,975.34	\$ 6,195.98	\$ 7,149.43
CareOregon, Inc.	LBMPY	1.0558	1.0142	\$ 3,134.95	\$ 386.10	\$ 2,975.34	\$ 6,496.39	\$ 7,496.07
CareOregon, Inc.	OTHER	1.0680	1.0563	\$ 3,171.10	\$ 402.16	\$ 2,975.34	\$ 6,548.61	\$ 7,556.32
CareOregon, Inc.	Tri-County	0.9567	0.9734	\$ 2,840.55	\$ 370.60	\$ 2,975.34	\$ 6,186.50	\$ 7,138.48
Cascade Comprehensive Care, Inc.	OTHER	0.9374	0.9469	\$ 2,783.43	\$ 360.49	\$ 2,975.34	\$ 6,119.26	\$ 7,060.90
Central Oregon Independent Health Services, Inc.	OTHER	1.2117	1.0487	\$ 3,597.89	\$ 399.25	\$ 2,975.34	\$ 6,972.48	\$ 8,045.41
Douglas County Individual Practice Association	JJD	0.9765	0.9911	\$ 2,899.34	\$ 377.34	\$ 2,975.34	\$ 6,252.02	\$ 7,214.09
Doctors of the Oregon Coast South	OTHER	1.0587	1.1773	\$ 3,143.36	\$ 448.22	\$ 2,975.34	\$ 6,566.92	\$ 7,577.45
FamilyCare, Inc.	JJD	0.9313	0.9546	\$ 2,765.22	\$ 363.44	\$ 2,975.34	\$ 6,103.99	\$ 7,043.29
FamilyCare, Inc.	OTHER	1.1980	1.1667	\$ 3,556.97	\$ 444.17	\$ 2,975.34	\$ 6,976.49	\$ 8,050.04
FamilyCare, Inc.	Tri-County	0.9564	0.9737	\$ 2,839.62	\$ 370.72	\$ 2,975.34	\$ 6,185.67	\$ 7,137.54
InterCommunity Health Plans, Inc.	LBMPY	1.1521	0.9995	\$ 3,420.83	\$ 380.53	\$ 2,975.34	\$ 6,776.70	\$ 7,819.51
Lane Individual Practice Association, Inc.	LANE	0.9773	0.9903	\$ 2,901.85	\$ 377.01	\$ 2,975.34	\$ 6,254.21	\$ 7,216.62
Marion-Polk Community Health Plan	LBMPY	0.9798	1.0164	\$ 2,909.19	\$ 386.95	\$ 2,975.34	\$ 6,271.48	\$ 7,236.54
Mid-Rogue Independent Practice Association	JJD	0.9319	0.9532	\$ 2,767.12	\$ 362.91	\$ 2,975.34	\$ 6,105.37	\$ 7,044.88
Oregon Health Management Services	JJD	0.9314	0.9530	\$ 2,765.64	\$ 362.84	\$ 2,975.34	\$ 6,103.82	\$ 7,043.09
Providence Health Plan, Inc.	LBMPY	1.3109	1.0112	\$ 3,892.21	\$ 384.97	\$ 2,975.34	\$ 7,252.52	\$ 8,368.56
Providence Health Plan, Inc.	Tri-County	0.9558	0.9732	\$ 2,838.09	\$ 370.50	\$ 2,975.34	\$ 6,183.93	\$ 7,135.52
Tuality Health Alliance	Tri-County	0.9580	0.9734	\$ 2,844.34	\$ 370.58	\$ 2,975.34	\$ 6,190.27	\$ 7,142.83

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
Maternity Case Rate for PCOs

Exhibit 3f

Oct 2005 Statewide Case Rate			Administration Allowance
OP HOSPITAL	PHYS MATERNITY	Total	
\$361.68	\$2,975.34	\$3,337.02	13.34%

Plan Name	Region	Oct 2005 Geographic Adjustment Factors
		OP HOSPITAL
Kaiser Permanente Oregon Plus, LLC	LBMPY	1.0174
Kaiser Permanente Oregon Plus, LLC	Tri-County	0.9732

Oct 2005 Adjusted Case Rate			
OP HOSPITAL	PHYS MATERNITY	Total	Total w/ Admin
\$ 367.96	\$2,975.34	\$ 3,343.30	\$ 3,857.77
\$ 351.97	\$2,975.34	\$ 3,327.31	\$ 3,839.32

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Statewide FCHP Rates			
Eligibility Category	October 2005	October 2004	% Change
TANF Adults	\$310.90	\$294.70	5.5%
PLM Adults	\$285.23	\$271.02	5.2%
PLM, CHIP, or TANF Children Aged 0-1	\$419.65	\$399.98	4.9%
PLM, CHIP, or TANF Children Aged 1-5	\$83.61	\$79.33	5.4%
PLM, CHIP, or TANF Children Aged 6-18	\$72.32	\$68.56	5.5%
AB/AD with Medicare	\$437.87	\$412.17	6.2%
AB/AD without Medicare	\$763.64	\$722.82	5.6%
OAA with Medicare	\$364.64	\$342.30	6.5%
OAA without Medicare	\$677.83	\$642.05	5.6%
SCF Children	\$127.17	\$120.24	5.8%

Statewide FCHP Rates			
Eligibility Category	October 2005	April 2005	% Change
OHP Families	\$215.88	\$204.18	5.7%
OHP Adults and Couples	\$396.83	\$375.65	5.6%

Weighted Average - May 2005 population	\$249.46	\$236.19	5.6%
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*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

CareOregon, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults	\$291.17	\$283.59	2.7%				\$297.81	\$287.32	3.6%	\$299.45	\$288.20	3.9%	\$296.25	\$284.22	4.2%
PLM Adults	\$265.06	\$251.77	5.3%				\$269.08	\$255.61	5.3%	\$272.72	\$259.06	5.3%	\$263.79	\$250.55	5.3%
PLM, CHIP, or TANF Children Aged 0-1	\$385.01	\$367.35	4.8%				\$402.17	\$383.80	4.8%	\$412.61	\$393.67	4.8%	\$383.46	\$365.87	4.8%
PLM, CHIP, or TANF Children Aged 1-5	\$84.97	\$81.01	4.9%				\$86.12	\$82.12	4.9%	\$87.35	\$83.29	4.9%	\$84.46	\$80.53	4.9%
PLM, CHIP, or TANF Children Aged 6-18	\$69.57	\$67.21	3.5%				\$70.46	\$68.09	3.5%	\$71.36	\$68.96	3.5%	\$69.22	\$66.87	3.5%
AB/AD with Medicare	\$447.25	\$422.22	5.9%				\$447.72	\$423.49	5.7%	\$448.57	\$423.54	5.9%	\$449.33	\$424.58	5.8%
AB/AD without Medicare	\$768.38	\$733.54	4.7%				\$790.95	\$752.38	5.1%	\$797.42	\$758.48	5.1%	\$777.04	\$738.61	5.2%
OAA with Medicare	\$364.64	\$342.34	6.5%				\$364.90	\$342.59	6.5%	\$365.70	\$343.35	6.5%	\$364.14	\$341.84	6.5%
OAA without Medicare	\$667.82	\$633.05	5.5%				\$685.97	\$650.45	5.5%	\$699.38	\$663.13	5.5%	\$664.38	\$629.76	5.5%
SCF Children	\$126.53	\$119.67	5.7%				\$127.77	\$120.86	5.7%	\$129.00	\$122.02	5.7%	\$126.06	\$119.22	5.7%

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families	\$204.12	\$184.93	10.4%				\$206.96	\$187.53	10.4%	\$209.68	\$190.00	10.4%	\$203.11	\$184.00	10.4%
OHP Adults and Couples	\$422.87	\$403.98	4.7%				\$430.60	\$411.45	4.7%	\$436.87	\$417.44	4.7%	\$420.98	\$402.16	4.7%
Weighted Average	\$204.18	\$195.37	4.5%				\$193.40	\$184.71	4.7%	\$250.14	\$238.27	5.0%	\$242.78	\$231.12	5.0%

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Cascade Comprehensive Care, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults										\$307.16	\$324.93	-5.5%			
PLM Adults										\$287.81	\$273.65	5.2%			
PLM, CHIP, or TANF Children Aged 0-1										\$503.01	\$473.44	6.2%			
PLM, CHIP, or TANF Children Aged 1-5										\$85.26	\$70.32	21.2%			
PLM, CHIP, or TANF Children Aged 6-18										\$73.55	\$72.83	1.0%			
AB/AD with Medicare										\$456.12	\$446.19	2.2%			
AB/AD without Medicare										\$812.45	\$802.55	1.2%			
OAA with Medicare										\$363.64	\$341.36	6.5%			
OAA without Medicare										\$695.88	\$659.97	5.4%			
SCF Children										\$127.77	\$120.86	5.7%			

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families										\$222.10	\$246.48	-9.9%			
OHP Adults and Couples										\$432.00	\$410.17	5.3%			
Weighted Average										\$279.59	\$273.38	2.3%			

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Central Oregon Individual Health Solutions, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults										\$315.36	\$300.33	5.0%			
PLM Adults										\$275.55	\$261.82	5.2%			
PLM, CHIP, or TANF Children Aged 0-1										\$474.63	\$444.54	6.8%			
PLM, CHIP, or TANF Children Aged 1-5										\$87.83	\$85.98	2.2%			
PLM, CHIP, or TANF Children Aged 6-18										\$77.89	\$71.19	9.4%			
AB/AD with Medicare										\$466.71	\$462.79	0.8%			
AB/AD without Medicare										\$845.45	\$847.33	-0.2%			
OAA with Medicare										\$365.55	\$343.22	6.5%			
OAA without Medicare										\$713.96	\$677.29	5.4%			
SCF Children										\$129.82	\$122.82	5.7%			

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families										N/A	N/A	N/A			
OHP Adults and Couples										N/A	N/A	N/A			
Weighted Average										\$245.07	\$236.50	3.6%			

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Douglas County Individual Practice Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults	\$384.71	\$342.53	12.3%												
PLM Adults	\$267.92	\$254.46	5.3%												
PLM, CHIP, or TANF Children Aged 0-1	\$487.45	\$460.74	5.8%												
PLM, CHIP, or TANF Children Aged 1-5	\$93.76	\$88.70	5.7%												
PLM, CHIP, or TANF Children Aged 6-18	\$81.70	\$80.56	1.4%												
AB/AD with Medicare	\$545.61	\$497.97	9.6%												
AB/AD without Medicare	\$965.44	\$885.60	9.0%												
OAA with Medicare	\$364.47	\$342.16	6.5%												
OAA without Medicare	\$682.69	\$647.14	5.5%												
SCF Children	\$127.35	\$120.44	5.7%												

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families	\$258.82	\$244.93	5.7%												
OHP Adults and Couples	\$476.04	\$450.89	5.6%												
Weighted Average	\$316.73	\$293.45	7.9%												

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Southwest Oregon IPA, Inc., abn Doctors of the Oregon Coast South															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults										\$333.55	\$300.61	11.0%			
PLM Adults										\$280.89	\$261.59	7.4%			
PLM, CHIP, or TANF Children Aged 0-1										\$513.36	\$478.46	7.3%			
PLM, CHIP, or TANF Children Aged 1-5										\$93.74	\$97.30	-3.7%			
PLM, CHIP, or TANF Children Aged 6-18										\$86.58	\$76.50	13.2%			
AB/AD with Medicare										\$422.25	\$391.49	7.9%			
AB/AD without Medicare										\$765.08	\$697.85	9.6%			
OAA with Medicare										\$367.98	\$344.46	6.8%			
OAA without Medicare										\$726.76	\$669.47	8.6%			
SCF Children										\$131.84	\$122.97	7.2%			

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families										\$271.28	\$251.06	8.1%			
OHP Adults and Couples										\$428.69	\$370.67	15.7%			
Weighted Average										\$312.44	\$286.02	9.2%			

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

FamilyCare, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults	\$264.71	\$246.57	7.4%							\$281.97	\$262.44	7.4%	\$267.05	\$247.45	7.9%
PLM Adults	\$263.47	\$250.24	5.3%							\$281.44	\$267.47	5.2%	\$263.79	\$250.55	5.3%
PLM, CHIP, or TANF Children Aged 0-1	\$404.76	\$413.30	-2.1%							\$458.24	\$468.19	-2.1%	\$402.93	\$411.44	-2.1%
PLM, CHIP, or TANF Children Aged 1-5	\$76.93	\$69.35	10.9%							\$82.49	\$74.41	10.9%	\$77.11	\$69.52	10.9%
PLM, CHIP, or TANF Children Aged 6-18	\$66.53	\$59.41	12.0%							\$70.83	\$63.29	11.9%	\$66.65	\$59.52	12.0%
AB/AD with Medicare	\$375.37	\$353.42	6.2%							\$379.17	\$357.11	6.2%	\$376.65	\$354.27	6.3%
AB/AD without Medicare	\$633.55	\$600.12	5.6%							\$684.08	\$648.26	5.5%	\$649.03	\$603.06	7.6%
OAA with Medicare	\$363.78	\$341.50	6.5%							\$367.78	\$345.37	6.5%	\$364.14	\$341.85	6.5%
OAA without Medicare	\$664.75	\$630.09	5.5%							\$730.56	\$693.20	5.4%	\$664.34	\$629.72	5.5%
SCF Children	\$125.90	\$119.06	5.7%							\$131.97	\$124.89	5.7%	\$126.06	\$119.22	5.7%

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families	\$222.49	\$200.52	11.0%							\$237.29	\$214.03	10.9%	\$222.85	\$200.84	11.0%
OHP Adults and Couples	\$333.99	\$329.26	1.4%							\$358.32	\$353.59	1.3%	\$334.13	\$329.40	1.4%
Weighted Average	\$200.65	\$190.26	5.5%							\$234.21	\$221.67	5.7%	\$222.28	\$210.33	5.7%

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
 Including Administration

Exhibit 3g

InterCommunity Health Plans, Inc. abn Intercommunity Health Network															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults							\$359.39	\$339.34	5.9%						
PLM Adults							\$272.39	\$258.80	5.3%						
PLM, CHIP, or TANF Children Aged 0-1							\$475.82	\$449.34	5.9%						
PLM, CHIP, or TANF Children Aged 1-5							\$86.79	\$83.56	3.9%						
PLM, CHIP, or TANF Children Aged 6-18							\$79.41	\$74.64	6.4%						
AB/AD with Medicare							\$442.24	\$423.57	4.4%						
AB/AD without Medicare							\$795.19	\$768.50	3.5%						
OAA with Medicare							\$364.63	\$342.32	6.5%						
OAA without Medicare							\$703.64	\$667.40	5.4%						
SCF Children							\$128.71	\$121.76	5.7%						

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families							\$225.44	\$238.72	-5.6%						
OHP Adults and Couples							\$391.64	\$362.66	8.0%						
Weighted Average							\$279.07	\$265.97	4.9%						

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Lane Individual Practice Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults				\$305.32	\$280.17	9.0%									
PLM Adults				\$265.47	\$252.16	5.3%									
PLM, CHIP, or TANF Children Aged 0-1				\$455.52	\$423.35	7.6%									
PLM, CHIP, or TANF Children Aged 1-5				\$78.54	\$73.77	6.5%									
PLM, CHIP, or TANF Children Aged 6-18				\$73.99	\$68.26	8.4%									
AB/AD with Medicare				\$390.97	\$363.96	7.4%									
AB/AD without Medicare				\$668.54	\$626.65	6.7%									
OAA with Medicare				\$364.45	\$342.15	6.5%									
OAA without Medicare				\$670.86	\$635.95	5.5%									
SCF Children				\$126.62	\$119.75	5.7%									

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families				\$207.05	\$195.10	6.1%									
OHP Adults and Couples				\$353.20	\$336.33	5.0%									
Weighted Average				\$247.17	\$230.83	7.1%									

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Marion/Polk Community Health Plan, LLC															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults							\$306.63	\$295.33	3.8%						
PLM Adults							\$267.00	\$253.62	5.3%						
PLM, CHIP, or TANF Children Aged 0-1							\$408.85	\$390.56	4.7%						
PLM, CHIP, or TANF Children Aged 1-5							\$80.55	\$76.07	5.9%						
PLM, CHIP, or TANF Children Aged 6-18							\$70.86	\$66.98	5.8%						
AB/AD with Medicare							\$414.71	\$387.03	7.2%						
AB/AD without Medicare							\$714.52	\$671.38	6.4%						
OAA with Medicare							\$364.95	\$342.62	6.5%						
OAA without Medicare							\$675.61	\$640.50	5.5%						
SCF Children							\$127.16	\$120.27	5.7%						

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families							\$228.16	\$209.40	9.0%						
OHP Adults and Couples							\$411.12	\$395.33	4.0%						
Weighted Average							\$233.58	\$221.22	5.6%						

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Mid Rogue Independent Physician Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults	\$346.11	\$303.35	14.1%												
PLM Adults	\$263.50	\$250.27	5.3%												
PLM, CHIP, or TANF Children Aged 0-1	\$479.86	\$447.46	7.2%												
PLM, CHIP, or TANF Children Aged 1-5	\$84.69	\$81.37	4.1%												
PLM, CHIP, or TANF Children Aged 6-18	\$71.25	\$67.39	5.7%												
AB/AD with Medicare	\$468.96	\$428.96	9.3%												
AB/AD without Medicare	\$809.57	\$746.36	8.5%												
OAA with Medicare	\$363.76	\$341.48	6.5%												
OAA without Medicare	\$665.03	\$630.38	5.5%												
SCF Children	\$125.90	\$119.07	5.7%												

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families	\$220.30	\$211.16	4.3%												
OHP Adults and Couples	\$425.80	\$388.50	9.6%												
Weighted Average	\$304.81	\$280.60	8.6%												

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Grants Pass Management Services, Inc., abn Oregon Health Management Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults	\$341.11	\$315.73	8.0%												
PLM Adults	\$263.47	\$250.25	5.3%												
PLM, CHIP, or TANF Children Aged 0-1	\$458.85	\$431.40	6.4%												
PLM, CHIP, or TANF Children Aged 1-5	\$82.49	\$77.97	5.8%												
PLM, CHIP, or TANF Children Aged 6-18	\$75.29	\$74.96	0.4%												
AB/AD with Medicare	\$463.20	\$403.11	14.9%												
AB/AD without Medicare	\$800.66	\$700.35	14.3%												
OAA with Medicare	\$363.75	\$341.47	6.5%												
OAA without Medicare	\$664.95	\$630.30	5.5%												
SCF Children	\$125.90	\$119.06	5.7%												

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families	\$254.72	\$241.04	5.7%												
OHP Adults and Couples	\$392.25	\$343.20	14.3%												
Weighted Average	\$271.59	\$246.94	10.0%												

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Providence Health Assurance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults							\$281.48	\$268.96	4.7%				\$267.16	\$256.78	4.0%
PLM Adults							\$276.61	\$262.83	5.2%				\$263.74	\$250.50	5.3%
PLM, CHIP, or TANF Children Aged 0-1							\$475.05	\$442.95	7.2%				\$414.39	\$386.20	7.3%
PLM, CHIP, or TANF Children Aged 1-5							\$78.34	\$71.12	10.2%				\$75.11	\$68.16	10.2%
PLM, CHIP, or TANF Children Aged 6-18							\$68.17	\$64.31	6.0%				\$65.47	\$61.74	6.1%
AB/AD with Medicare							\$429.71	\$393.21	9.3%				\$428.93	\$392.80	9.2%
AB/AD without Medicare							\$783.59	\$720.24	8.8%				\$730.92	\$672.50	8.7%
OAA with Medicare							\$364.85	\$342.53	6.5%				\$364.13	\$341.84	6.5%
OAA without Medicare							\$722.98	\$685.90	5.4%				\$664.15	\$629.54	5.5%
SCF Children							\$130.01	\$123.00	5.7%				\$126.04	\$119.20	5.7%

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families							\$189.57	\$187.34	1.2%				\$181.49	\$179.26	1.2%
OHP Adults and Couples							\$364.39	\$366.28	-0.5%				\$344.14	\$345.67	-0.4%
Weighted Average							\$209.88	\$197.13	6.5%				\$249.60	\$236.27	5.6%

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004/May 2005 Physical Health Capitation Rates
Including Administration

Exhibit 3g

Tuality Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults													\$307.76	\$294.39	4.5%
PLM Adults													\$263.89	\$250.65	5.3%
PLM, CHIP, or TANF Children Aged 0-1													\$391.87	\$366.89	6.8%
PLM, CHIP, or TANF Children Aged 1-5													\$77.63	\$76.10	2.0%
PLM, CHIP, or TANF Children Aged 6-18													\$69.99	\$67.60	3.5%
AB/AD with Medicare													\$407.23	\$364.77	11.6%
AB/AD without Medicare													\$691.46	\$620.27	11.5%
OAA with Medicare													\$364.14	\$341.84	6.5%
OAA without Medicare													\$664.86	\$630.23	5.5%
SCF Children													\$126.09	\$119.25	5.7%

Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change	October 2005	April 2005	% Change
OHP Families													\$211.74	\$208.10	1.8%
OHP Adults and Couples													\$374.95	\$340.56	10.1%
Weighted Average													\$216.39	\$202.06	7.1%

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and May 2005 PCO Capitation Rates
Including Administration

Exhibit 3h

Statewide PCO Rates			
Eligibility Category	October 2005	May 2005	% Change
TANF Adults	\$254.86	\$247.48	3.0%
PLM Adults	\$240.73	\$234.19	2.8%
PLM, CHIP, or TANF Children Aged 0-1	\$198.87	\$193.43	2.8%
PLM, CHIP, or TANF Children Aged 1-5	\$71.82	\$69.78	2.9%
PLM, CHIP, or TANF Children Aged 6-18	\$62.41	\$60.65	2.9%
OHP Families	\$183.33	\$177.77	3.1%
OHP Adults and Couples	\$314.22	\$304.79	3.1%
AB/AD with Medicare	\$414.40	\$402.30	3.0%
AB/AD without Medicare	\$568.88	\$552.64	2.9%
OAA with Medicare	\$329.12	\$317.29	3.7%
OAA without Medicare	\$466.24	\$452.01	3.1%
SCF Children	\$113.72	\$110.34	3.1%
Weighted Average - May 2005 population	\$264.90	\$257.26	3.0%

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and May 2005 PCO Capitation Rates
Including Administration

Exhibit 3h

Kaiser Permanente Oregon Plus, LLC															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	May 2005	% Change	October 2005	May 2005	% Change	October 2005	May 2005	% Change	October 2005	May 2005	% Change	October 2005	May 2005	% Change
TANF Adults							\$253.00	\$245.71	3.0%				\$250.79	\$243.55	3.0%
PLM Adults							\$223.29	\$217.05	2.9%				\$221.57	\$215.38	2.9%
PLM, CHIP, or TANF Children Aged 0-1							\$199.34	\$193.92	2.8%				\$198.14	\$192.75	2.8%
PLM, CHIP, or TANF Children Aged 1-5							\$72.09	\$70.07	2.9%				\$71.39	\$69.39	2.9%
PLM, CHIP, or TANF Children Aged 6-18							\$62.41	\$60.67	2.9%				\$61.91	\$60.18	2.9%
OHP Families							N/A	N/A	N/A				N/A	N/A	N/A
OHP Adults and Couples							N/A	N/A	N/A				N/A	N/A	N/A
AB/AD with Medicare							\$414.66	\$402.57	3.0%				\$413.77	\$401.71	3.0%
AB/AD without Medicare							\$570.07	\$553.90	2.9%				\$566.54	\$550.47	2.9%
OAA with Medicare							\$329.44	\$317.62	3.7%				\$328.64	\$316.84	3.7%
OAA without Medicare							\$467.84	\$453.68	3.1%				\$463.77	\$449.73	3.1%
SCF Children							\$113.94	\$110.57	3.0%				\$113.28	\$109.94	3.0%
Weighted Average							\$282.12	\$274.05	2.9%				\$258.54	\$251.11	3.0%

*Capitation rates exclude maternity-related services that are paid on a case rate basis.

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 MHO Geographic Factors**

Exhibit 4a

Plan Name	Region	MH Inpatient
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	1.0017
Accountable Behavioral Health Alliance	Other	1.0192
Clackamas County Mental Health	Other	1.0898
Clackamas County Mental Health	Tri-County (Clackamas, Multnomah, Washington)	0.9971
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.9970
Greater Oregon Behavioral Health, Inc.	Other	0.9941
Jefferson Behavioral Health	Jackson/Josephine/Douglas	0.9807
Jefferson Behavioral Health	Other	0.9939
Lane County d.b.a. LaneCare	Lane	1.0116
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	1.0035
Mid-Valley Behavioral Care Network	Other	1.0001
Dept. of County Human Services, Multnomah County abn Verity Integrated Behavioral Health Services	Tri-County (Clackamas, Multnomah, Washington)	0.9971
Washington County Health and Human Services	Tri-County (Clackamas, Multnomah, Washington)	0.9969

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 Mental Health Risk Adjustment Factors**

Exhibit 4b

Plan Name	TANF	PLMA	CHILDREN 01-05	CHILDREN 06-18	ABAD-MED	ABAD	SCF
Accountable Behavioral Health Alliance	0.987	1.000	0.939	1.071	0.940	0.941	1.035
Dept. of County Human Services, Multnomah County abn Verity Integrated Behavioral Health Services	0.942	0.973	1.069	0.906	1.071	1.072	1.137
Clackamas County Mental Health	0.985	0.881	0.898	0.913	0.978	0.979	0.940
FamilyCare, Inc.	0.875	0.956	0.907	0.904	0.949	0.950	1.052
Greater Oregon Behavioral Health, Inc.	1.018	1.051	0.899	1.004	0.921	0.922	0.900
Jefferson Behavioral Health	1.001	0.948	0.958	1.016	0.936	0.937	0.924
Lane County d.b.a. LaneCare	1.079	1.076	1.174	1.157	1.049	1.050	1.010
Mid-Valley Behavioral Care Network	1.059	1.104	1.095	1.058	0.997	0.998	0.970
Washington County Health and Human Services	0.961	0.910	0.830	0.902	1.060	1.062	0.988

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2005 through December 2005
 MHO Residential Medical Adjustment Factors for SCF Children**

Exhibit 4c

Plan Name	Region	Adjustment
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	0.9426
Accountable Behavioral Health Alliance	Other	0.9427
Clackamas County Mental Health	Other	1.3282
Clackamas County Mental Health	Tri-County (Clackamas, Multnomah, Washington)	0.9426
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.9426
Greater Oregon Behavioral Health, Inc.	Other	0.9425
Jefferson Behavioral Health	Jackson/Josephine/Douglas	1.0219
Jefferson Behavioral Health	Other	0.9425
Lane County d.b.a. LaneCare	Lane	0.9810
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	0.9426
Mid-Valley Behavioral Care Network	Other	0.9426
Dept. of County Human Services, Multnomah County abn Verity Integrated Behavioral Health Services	Tri-County (Clackamas, Multnomah, Washington)	1.0115
Washington County Health and Human Services	Tri-County (Clackamas, Multnomah, Washington)	1.2470

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
MHO Psychiatric Day and Residential Treatment Unadjusted Relative Utilization Factors

Exhibit 4d

Plan Name	Region	Psychiatric Day Treatment				Psychiatric Residential Treatment			
		Children 01-05	Children 06-18	ABAD	SCF	Children 01-05	Children 06-18	ABAD	SCF
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	11.812	1.486	0.060	0.914	N/A	2.036	3.275	6.336
Accountable Behavioral Health Alliance	Other	0.482	2.448	0.910	0.813	N/A	0.841	2.155	0.751
Dept. of County Human Services, Multnomah County abn Verity Integrated Behavioral Health Services	Tri-County (Clackamas, Multnomah, Washington)	0.728	0.748	0.893	1.541	N/A	1.989	1.160	1.501
Clackamas County Mental Health	Tri-County (Clackamas, Multnomah, Washington)	-	0.025	0.157	0.471	N/A	0.992	2.849	1.715
Clackamas County Mental Health	Other	6.588	3.134	3.675	0.494	N/A	-	-	0.348
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.044	0.533	0.413	1.734	N/A	1.838	3.398	3.012
Greater Oregon Behavioral Health, Inc.	Other	1.138	0.138	1.034	0.180	N/A	0.034	0.521	0.512
Jefferson Behavioral Health	Jackson/Josephine/Douglas	0.723	1.854	0.892	1.149	N/A	1.412	1.022	1.077
Jefferson Behavioral Health	Other	-	3.372	2.268	1.821	N/A	0.248	0.145	0.595
Lane County d.b.a. LaneCare	Lane	3.568	0.676	1.489	1.051	N/A	0.071	0.531	0.561
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	-	0.388	0.637	0.460	N/A	1.116	0.484	0.574
Mid-Valley Behavioral Care Network	Other	-	-	-	-	N/A	5.134	-	1.561
Washington County Health and Human Services	Tri-County (Clackamas, Multnomah, Washington)	0.934	0.726	0.901	1.375	N/A	0.010	0.706	0.642
Statewide		1.000	1.000	1.000	1.000	N/A	1.000	1.000	1.000

* MHO did not have any psychiatric day utilization during the data period.

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2005 through December 2005
MHO Psychiatric Day and Residential Treatment Adjusted Relative Utilization Factors

Exhibit 4e

Plan Name	Region	Psychiatric Day Treatment				Psychiatric Residential Treatment			
		Children 01-05	Children 06-18	ABAD	SCF	Children 01-05	Children 06-18	ABAD	SCF
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	11.271	1.462	0.107	0.918	N/A	1.518	2.137	3.668
Accountable Behavioral Health Alliance	Other	0.508	2.375	0.915	0.823	N/A	0.920	1.577	0.876
Dept. of County Human Services, Multnomah County abn Verity Integrated Behavioral Health Services	Tri-County (Clackamas, Multnomah, Washington)	0.742	0.761	0.898	1.514	N/A	1.494	1.080	1.251
Clackamas County Mental Health	Tri-County (Clackamas, Multnomah, Washington)	0.050	0.073	0.199	0.498	N/A	0.996	1.925	1.357
Clackamas County Mental Health	Other	6.308	3.027	3.541	0.519	N/A	0.500	0.500	0.674
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.092	0.557	0.443	1.697	N/A	1.419	2.199	2.006
Greater Oregon Behavioral Health, Inc.	Other	1.131	0.181	1.033	0.221	N/A	0.517	0.760	0.756
Jefferson Behavioral Health	Jackson/Josephine/Douglas	0.737	1.811	0.897	1.142	N/A	1.206	1.011	1.039
Jefferson Behavioral Health	Other	0.050	3.254	2.204	1.780	N/A	0.624	0.573	0.798
Lane County d.b.a. LaneCare	Lane	3.439	0.692	1.464	1.048	N/A	0.536	0.766	0.781
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	0.050	0.419	0.655	0.487	N/A	1.058	0.742	0.787
Mid-Valley Behavioral Care Network	Other	0.050	0.050	0.050	0.050	N/A	3.067	0.500	1.281
Washington County Health and Human Services	Tri-County (Clackamas, Multnomah, Washington)	0.937	0.739	0.906	1.357	N/A	0.505	0.853	0.821
Statewide		1.000	1.000	1.000	1.000	N/A	1.000	1.000	1.000

Note: Adjusted Day Treatment relative utilization factors are calculated using 95% of unadjusted plan/region-specific historical utilization shown in Exhibit 4d and 5% of the statewide average (1.000). Similarly, adjusted Residential Treatment utilization factors are calculated using 50% of unadjusted plan/region-specific historical utilization shown in Exhibit 4d and 50% of the statewide average (1.000).

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Statewide MHO Rates			
Eligibility Category	October 2005	October 2004	% Change
TANF Adults	\$26.46	\$26.46	0.0%
PLM Adults	\$7.28	\$7.28	0.0%
PLM, CHIP, or TANF Children Aged 0-1	\$0.70	\$0.70	0.0%
PLM, CHIP, or TANF Children Aged 1-5	\$5.53	\$4.77	15.9%
PLM, CHIP, or TANF Children Aged 6-18	\$23.85	\$18.74	27.3%
OHP Families	\$13.01	\$13.01	0.0%
OHP Adults and Couples	\$32.68	\$32.68	0.0%
AB/AD with Medicare	\$74.75	\$74.75	0.0%
AB/AD without Medicare	\$136.01	\$121.83	11.6%
OAA with Medicare	\$9.36	\$9.36	0.0%
OAA without Medicare	\$8.67	\$8.67	0.0%
SCF Children	\$251.99	\$124.35	102.7%
Weighted Average - May 2005 population	\$41.87	\$33.85	23.7%

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Accountable Behavioral Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults							\$26.14	\$26.03	0.4%	\$26.22	\$26.11	0.4%			
PLM Adults							\$7.29	\$7.50	-2.8%	\$7.30	\$7.52	-2.8%			
PLM, CHIP, or TANF Children Aged 0-1							\$0.70	\$0.70	0.0%	\$0.70	\$0.70	0.0%			
PLM, CHIP, or TANF Children Aged 1-5							\$12.71	\$4.68	171.4%	\$4.93	\$4.68	5.2%			
PLM, CHIP, or TANF Children Aged 6-18							\$27.50	\$19.29	42.6%	\$30.33	\$19.34	56.8%			
OHP Families							\$13.02	\$13.02	0.0%	\$13.07	\$13.07	0.0%			
OHP Adults and Couples							\$32.70	\$32.70	0.0%	\$32.89	\$32.89	0.0%			
AB/AD with Medicare							\$70.32	\$72.71	-3.3%	\$70.38	\$72.78	-3.3%			
AB/AD without Medicare							\$136.53	\$118.66	15.1%	\$134.91	\$119.28	13.1%			
OAA with Medicare							\$9.37	\$9.37	0.0%	\$9.38	\$9.38	0.0%			
OAA without Medicare							\$8.67	\$8.67	0.0%	\$8.68	\$8.68	0.0%			
SCF Children							\$523.95	\$119.51	338.4%	\$232.33	\$119.79	93.9%			
Weighted Average							\$50.06	\$33.09	51.3%	\$41.26	\$32.27	27.9%			

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Dept. of County Human Services, Multnomah County abn Verity Integrated Behavioral Health Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults													\$24.96	\$25.69	-2.8%
PLM Adults													\$7.10	\$7.19	-1.2%
PLM, CHIP, or TANF Children Aged 0-1													\$0.70	\$0.70	0.0%
PLM, CHIP, or TANF Children Aged 1-5													\$5.63	\$4.87	15.6%
PLM, CHIP, or TANF Children Aged 6-18													\$21.82	\$17.88	22.0%
OHP Families													\$13.01	\$13.01	0.0%
OHP Adults and Couples													\$32.65	\$32.65	0.0%
AB/AD with Medicare													\$79.98	\$77.75	2.9%
AB/AD without Medicare													\$145.00	\$126.76	14.4%
OAA with Medicare													\$9.36	\$9.36	0.0%
OAA without Medicare													\$8.67	\$8.67	0.0%
SCF Children													\$308.43	\$134.44	129.4%
Weighted Average													\$47.48	\$37.02	28.3%

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Clackamas County Mental Health															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults										\$26.48	\$26.63	-0.6%	\$26.05	\$26.20	-0.6%
PLM Adults										\$6.58	\$6.94	-5.2%	\$6.50	\$6.85	-5.2%
PLM, CHIP, or TANF Children Aged 0-1										\$0.70	\$0.70	0.0%	\$0.70	\$0.70	0.0%
PLM, CHIP, or TANF Children Aged 1-5										\$8.96	\$4.57	96.0%	\$4.43	\$4.56	-3.0%
PLM, CHIP, or TANF Children Aged 6-18										\$29.62	\$18.32	61.7%	\$18.75	\$18.07	3.8%
OHP Families										\$13.27	\$13.27	0.0%	\$13.01	\$13.01	0.0%
OHP Adults and Couples										\$33.65	\$33.65	0.0%	\$32.65	\$32.65	0.0%
AB/AD with Medicare										\$73.44	\$73.85	-0.6%	\$73.11	\$73.52	-0.6%
AB/AD without Medicare										\$142.21	\$123.15	15.5%	\$139.24	\$119.85	16.2%
OAA with Medicare										\$9.42	\$9.42	0.0%	\$9.36	\$9.36	0.0%
OAA without Medicare										\$8.73	\$8.73	0.0%	\$8.67	\$8.67	0.0%
SCF Children										\$239.63	\$163.97	46.1%	\$263.29	\$115.14	128.7%
Weighted Average										\$38.83	\$30.65	26.7%	\$44.09	\$33.85	30.2%

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

FamilyCare, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults													\$23.24	\$23.80	-2.4%
PLM Adults													\$6.99	\$6.60	5.9%
PLM, CHIP, or TANF Children Aged 0-1													\$0.70	\$0.70	0.0%
PLM, CHIP, or TANF Children Aged 1-5													\$4.49	\$4.66	-3.5%
PLM, CHIP, or TANF Children Aged 6-18													\$20.91	\$17.84	17.2%
OHP Families													\$13.00	\$13.00	0.0%
OHP Adults and Couples													\$32.65	\$32.65	0.0%
AB/AD with Medicare													\$70.97	\$70.30	0.9%
AB/AD without Medicare													\$139.46	\$114.57	21.7%
OAA with Medicare													\$9.36	\$9.36	0.0%
OAA without Medicare													\$8.67	\$8.67	0.0%
SCF Children													\$371.33	\$119.83	209.9%
Weighted Average													\$33.03	\$26.45	24.9%

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Greater Oregon Behavioral Health, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults										\$26.90	\$26.84	0.2%			
PLM Adults										\$7.62	\$7.35	3.5%			
PLM, CHIP, or TANF Children Aged 0-1										\$0.70	\$0.70	0.0%			
PLM, CHIP, or TANF Children Aged 1-5										\$5.21	\$4.53	15.0%			
PLM, CHIP, or TANF Children Aged 6-18										\$20.23	\$18.57	8.9%			
OHP Families										\$13.00	\$13.00	0.0%			
OHP Adults and Couples										\$32.62	\$32.62	0.0%			
AB/AD with Medicare										\$68.85	\$71.25	-3.4%			
AB/AD without Medicare										\$124.09	\$116.03	6.9%			
OAA with Medicare										\$9.36	\$9.36	0.0%			
OAA without Medicare										\$8.66	\$8.66	0.0%			
SCF Children										\$189.91	\$110.41	72.0%			
Weighted Average										\$36.49	\$32.20	13.3%			

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Jefferson Behavioral Health															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults	\$26.39	\$26.40	0.0%							\$26.46	\$26.46	0.0%			
PLM Adults	\$6.92	\$7.11	-2.6%							\$6.93	\$7.12	-2.6%			
PLM, CHIP, or TANF Children Aged 0-1	\$0.70	\$0.70	0.0%							\$0.70	\$0.70	0.0%			
PLM, CHIP, or TANF Children Aged 1-5	\$5.17	\$4.82	7.2%							\$4.67	\$4.82	-3.1%			
PLM, CHIP, or TANF Children Aged 6-18	\$27.41	\$18.92	44.9%							\$32.24	\$18.96	70.1%			
OHP Families	\$12.96	\$12.96	0.0%							\$13.00	\$13.00	0.0%			
OHP Adults and Couples	\$32.48	\$32.48	0.0%							\$32.62	\$32.62	0.0%			
AB/AD with Medicare	\$69.92	\$72.49	-3.5%							\$69.97	\$72.54	-3.5%			
AB/AD without Medicare	\$127.39	\$117.68	8.3%							\$128.89	\$118.14	9.1%			
OAA with Medicare	\$9.35	\$9.35	0.0%							\$9.36	\$9.36	0.0%			
OAA without Medicare	\$8.66	\$8.66	0.0%							\$8.66	\$8.66	0.0%			
SCF Children	\$252.01	\$122.36	106.0%							\$232.92	\$112.73	106.6%			
Weighted Average	\$41.55	\$33.86	22.7%							\$48.22	\$37.83	27.5%			

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Lane County d.b.a. LaneCare															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults				\$28.56	\$27.59	3.5%									
PLM Adults				\$7.80	\$7.86	-0.7%									
PLM, CHIP, or TANF Children Aged 0-1				\$0.70	\$0.70	0.0%									
PLM, CHIP, or TANF Children Aged 1-5				\$8.01	\$5.09	57.5%									
PLM, CHIP, or TANF Children Aged 6-18				\$25.03	\$20.22	23.8%									
OHP Families				\$13.05	\$13.05	0.0%									
OHP Adults and Couples				\$32.81	\$32.81	0.0%									
AB/AD with Medicare				\$78.41	\$76.42	2.6%									
AB/AD without Medicare				\$142.11	\$125.03	13.7%									
OAA with Medicare				\$9.37	\$9.37	0.0%									
OAA without Medicare				\$8.68	\$8.68	0.0%									
SCF Children				\$229.40	\$121.14	89.4%									
Weighted Average				\$47.35	\$38.39	23.3%									

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Mid-Valley Behavioral Care Network															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults							\$28.00	\$27.49	1.9%	\$27.98	\$27.47	1.9%			
PLM Adults							\$7.98	\$7.57	5.3%	\$7.97	\$7.57	5.3%			
PLM, CHIP, or TANF Children Aged 0-1							\$0.70	\$0.70	0.0%	\$0.70	\$0.70	0.0%			
PLM, CHIP, or TANF Children Aged 1-5							\$5.24	\$4.94	6.0%	\$5.24	\$4.94	6.0%			
PLM, CHIP, or TANF Children Aged 6-18							\$22.77	\$19.20	18.6%	\$23.69	\$19.19	23.5%			
OHP Families							\$13.02	\$13.02	0.0%	\$13.01	\$13.01	0.0%			
OHP Adults and Couples							\$32.72	\$32.72	0.0%	\$32.69	\$32.69	0.0%			
AB/AD with Medicare							\$74.56	\$74.73	-0.2%	\$74.54	\$74.72	-0.2%			
AB/AD without Medicare							\$131.95	\$122.02	8.1%	\$126.93	\$121.90	4.1%			
OAA with Medicare							\$9.37	\$9.37	0.0%	\$9.36	\$9.36	0.0%			
OAA without Medicare							\$8.67	\$8.67	0.0%	\$8.67	\$8.67	0.0%			
SCF Children							\$207.52	\$115.44	79.8%	\$248.59	\$115.39	115.4%			
Weighted Average							\$37.52	\$31.83	17.9%	\$39.46	\$33.55	17.6%			

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Mental Health Rates
Including Administration

Exhibit 4f

Washington County Health and Human Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-Counties		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF Adults													\$25.45	\$25.98	-2.0%
PLM Adults													\$6.69	\$6.85	-2.3%
PLM, CHIP, or TANF Children Aged 0-1													\$0.70	\$0.70	0.0%
PLM, CHIP, or TANF Children Aged 1-5													\$4.79	\$4.44	7.8%
PLM, CHIP, or TANF Children Aged 6-18													\$20.51	\$17.96	14.2%
OHP Families													\$13.00	\$13.00	0.0%
OHP Adults and Couples													\$32.65	\$32.65	0.0%
AB/AD with Medicare													\$79.22	\$76.60	3.4%
AB/AD without Medicare													\$141.52	\$124.87	13.3%
OAA with Medicare													\$9.36	\$9.36	0.0%
OAA without Medicare													\$8.67	\$8.67	0.0%
SCF Children													\$270.26	\$155.51	73.8%
Weighted Average													\$35.65	\$29.35	21.5%

* Tuality Health Alliance enrollees have been rolled up to Washington County DHHS for October 2005 Rate Setting

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Dental Rates
Including Administration

Exhibit 5

Statewide DCO Rates			
Eligibility Category	October 2005	October 2004	% Change
TANF	\$31.70	\$31.70	0.0%
PLM Adults	\$16.06	\$16.06	0.0%
PLM, CHIP or TANF Children Aged 0-1	\$0.10	\$0.10	0.0%
PLM, CHIP or TANF Children Aged 1-5	\$13.81	\$13.81	0.0%
PLM, CHIP or TANF Children Aged 6-18	\$20.57	\$20.57	0.0%
OHP Families	\$8.94	\$8.94	0.0%
OHP Adults and Couples	\$11.26	\$11.26	0.0%
AB/AD with Medicare	\$27.03	\$27.03	0.0%
AB/AD without Medicare	\$25.01	\$25.01	0.0%
OAA with Medicare	\$17.32	\$17.32	0.0%
OAA without Medicare	\$28.93	\$28.93	0.0%
SCF Children	\$19.80	\$19.80	0.0%
Weighted Average - May 2005 population	\$19.31	\$19.31	0.0%

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Dental Rates
Including Administration

Exhibit 5

Eligibility Category	Dental														
	JJD			Lane			LBMPY			Other			Tri-County		
	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change	October 2005	October 2004	% Change
TANF	\$26.70	\$26.76	-0.23%	\$26.70	\$26.76	-0.23%	\$26.70	\$26.76	-0.23%	\$26.70	\$26.76	-0.23%	\$28.77	\$28.70	0.27%
PLM Adults	\$13.53	\$13.56	-0.23%	\$13.53	\$13.56	-0.23%	\$13.53	\$13.56	-0.23%	\$13.53	\$13.56	-0.23%	\$14.58	\$14.54	0.27%
PLM, CHIP or TANF Children Aged 0-1	\$0.08	\$0.08	-0.23%	\$0.08	\$0.08	-0.23%	\$0.08	\$0.08	-0.23%	\$0.08	\$0.08	-0.23%	\$0.09	\$0.09	0.27%
PLM, CHIP or TANF Children Aged 1-5	\$11.63	\$11.65	-0.23%	\$11.63	\$11.65	-0.23%	\$11.63	\$11.65	-0.23%	\$11.63	\$11.65	-0.23%	\$12.53	\$12.50	0.27%
PLM, CHIP or TANF Children Aged 6-18	\$17.32	\$17.36	-0.23%	\$17.32	\$17.36	-0.23%	\$17.32	\$17.36	-0.23%	\$17.32	\$17.36	-0.23%	\$18.67	\$18.62	0.27%
OHP Families	\$7.53	\$7.54	-0.23%	\$7.53	\$7.54	-0.23%	\$7.53	\$7.54	-0.23%	\$7.53	\$7.54	-0.23%	\$8.11	\$8.09	0.27%
OHP Adults and Couples	\$9.48	\$9.51	-0.23%	\$9.48	\$9.51	-0.23%	\$9.48	\$9.51	-0.23%	\$9.48	\$9.51	-0.23%	\$10.22	\$10.20	0.27%
AB/AD with Medicare	\$22.76	\$22.81	-0.23%	\$22.76	\$22.81	-0.23%	\$22.76	\$22.81	-0.23%	\$22.76	\$22.81	-0.23%	\$24.53	\$24.47	0.27%
AB/AD without Medicare	\$21.07	\$21.11	-0.23%	\$21.07	\$21.11	-0.23%	\$21.07	\$21.11	-0.23%	\$21.07	\$21.11	-0.23%	\$22.70	\$22.64	0.27%
OAA with Medicare	\$14.59	\$14.62	-0.23%	\$14.59	\$14.62	-0.23%	\$14.59	\$14.62	-0.23%	\$14.59	\$14.62	-0.23%	\$15.72	\$15.68	0.27%
OAA without Medicare	\$24.36	\$24.42	-0.23%	\$24.36	\$24.42	-0.23%	\$24.36	\$24.42	-0.23%	\$24.36	\$24.42	-0.23%	\$26.26	\$26.19	0.27%
SCF Children	\$16.68	\$16.71	-0.23%	\$16.68	\$16.71	-0.23%	\$16.68	\$16.71	-0.23%	\$16.68	\$16.71	-0.23%	\$17.97	\$17.93	0.27%
Weighted Average:	\$16.95	\$16.98	-0.23%	\$17.31	\$17.35	-0.23%	\$16.13	\$16.17	-0.23%	\$16.36	\$16.40	-0.23%	\$17.41	\$17.36	0.27%

Oregon Health Plan Medicaid Demonstration
Comparison of October 2005 and October 2004 Chemical Dependency Rates
Including Administration

Exhibit 6

CDO Rates			
Eligibility Category	October 2005	October 2004	% Change
TANF	\$12.85	\$12.88	-0.2%
PLM Adults	\$5.27	\$5.19	1.5%
PLM, CHIP or TANF Children Aged 0-1	\$0.00	\$0.00	1.5%
PLM, CHIP or TANF Children Aged 1-5	\$0.00	\$0.00	1.5%
PLM, CHIP or TANF Children Aged 6-18	\$1.31	\$1.29	1.5%
OHP Families	\$8.58	\$8.45	1.5%
OHP Adults and Couples	\$27.80	\$27.37	1.5%
AB/AD with Medicare	\$1.86	\$2.10	-11.6%
AB/AD without Medicare	\$6.34	\$7.42	-14.5%
OAA with Medicare	\$0.09	\$0.09	0.0%
OAA without Medicare	\$0.03	\$0.03	1.5%
SCF Children	\$5.27	\$5.19	1.5%
Weighted Average - May 2005 population	\$11.50	\$11.39	1.0%

APPENDIX

per member per month for the Aged population (80 cases per 1000 x \$8,825 average therapy cost per year ÷ 12,000) if all individuals with the condition received these therapies. However, we believe the actual percentage of OHP members with AMD who will receive these therapies in a given year may be significantly less in the early years of implementation. The OHP Aged population is overwhelmingly composed of individuals with Medicare coverage, and it is our understanding that these therapies are covered by Medicare. Further, assuming that only 50% of OHP members with AMD receive one of these therapies in a year and that Medicare will pay 50% of therapy costs (we are unsure what Medicare's actual payment policy for these services is, but believe it is likely that Medicare will pay more than 50% of costs), then the estimated cost increase to the OHP Aged population is approximately \$15 per member per month. The Aged population comprises approximately 5% of the total enrolled FCHP population. When spread over the entire OHP managed care population, the aggregate cost impact under these assumptions is approximately 0.3%, which is less than the 1% threshold required for a capitation rate adjustment.

Finally, the HSC made changes to several practice guidelines, which will be made available to the health plans for use as they feel appropriate.

In our assessment, we relied on discussions with representatives of the HSC and materials that they made available to us. Other than the analysis of the AMD-related costs, we did not conduct any data analysis, since it is our understanding that the changes to the List did not represent material changes in covered services and the results of technical corrections would not be observable in the data.

The effect of the practice guidelines is unknown at this time, as studies of the efficacy of the guidelines have not been conducted. Further, the degree to which health plans utilize the guidelines is uncertain.

Conclusions

Based on our understanding of the changes to the List, we conclude that the cost or savings resulting from these changes will be below the 1% cost threshold that requires adjustment to managed care plan capitation rates.

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

**Oregon Health Plan Medicaid Demonstration
October 2005 Capitation Rate Development
CMS Medicaid Managed Care Rate Setting Requirements Not Addressed
Elsewhere**

- **AA.1.8 – Limit on payment to other providers** – Payments to providers for services related to managed care contracted services are limited to the amounts paid by managed care plans, with one exception: cost settlements to Federally Qualified Health Centers and Rural Health Centers are made by OMAP. Managed care plan capitation rates are developed to allow for average payments to these providers consistent with the community average payment rate for similar services provided by a comparable provider. For these services, managed care plans are provided sufficient capitation revenue to cover the interim payments that are required by law or regulation, and OMAP takes all responsibility for the final cost settlement.

Other direct payments to providers, such as Graduate Medical Education, are made only for the portion of the population that is covered on a Fee-For-Service basis. Disproportionate Share Hospital payments are also made, and are based on the provision of services to individuals who are uninsured. Health plan utilization of hospitals does not affect the calculation of DSH payment amounts.

- **AA.2.0 – Methods used to exclude invalid data** – A brief description of the process for identifying invalid data is provided in the Per Capita Cost report, pages 9 – 11.

Data from all managed care plans is summarized by eligibility category and service type. Reports are generated that allow for comparison of utilization rates and costs per person per month for each combination of data and are provided to managed care plans for comparison and validation. Managed care plans are specifically asked to confirm that the total billed charges are consistent with their internal reports. Data from plans that are unable to confirm the validity of the information is excluded from the per capita cost calculation. Plans typically attempt to match expenditures to the generated reports by major service category and eligibility type, and significant effort is expended to respond to questions regarding non-matching data.

Managed care plan encounter data is submitted at regular intervals to OMAP. Prior to the data reaching PwC, OMAP staff screen the data to ensure OHP enrollment on the date of the claim. In addition, OMAP staff screen the data for missing data elements and for duplicate claims. PwC repeats these steps to confirm duplicates have been removed and that all encounter records relate to individuals enrolled with the managed care plan and the OHP on the date the service was provided.

For these calculations, data for 100% of OHP enrollees contributed to the per capita cost development for medical and dental services. For mental health services, data for nearly 93% of enrollees were included. In some cases, data for certain plans is restricted to specific service categories. The decision regarding which data are valid is made on a case-by-case basis.

- **AA.3.6. – Third Party Liability** – The State allows managed care plans to collect Third Party Liability, and includes documentation of the collected amounts on quarterly financial reports. Collection of TPL is at the managed care plan’s discretion, and the plan retains any amount it collects. Except for Medicare payments, collections for TPL are extraordinarily low in the OHP managed care plans, with total annual collections well below 1% of total health care costs.
- **AA.3.8. – Graduate Medical Education** – GME payments are made in two forms. For services covered on a fee-for-service basis, additional payments are made per discharge to teaching hospitals to cover medical education costs. For services covered through managed care plans, the health plans are paid a capitation rate that is calculated to cover average hospital costs, including education expense. Managed care plans and hospitals negotiate specific payment amounts; the state does not enter into these negotiations.
- **AA.3.9. - FQHC & RHC reimbursement** – Services provided through FQHCs and RHCs are valued in the same manner as services provided by any other comparable provider. Specifically, each service is described based on HCPCS code, which may reference the Current Procedural Terminology (CPT), American Dental Association (ADA), or other coding scheme. OMAP performs a cost settlement with each FQHC or RHC considering total costs and payments made by managed care plans. Managed care plans are required to pay FQHCs a rate that is equivalent to that paid to other community providers for comparable services.
- **AA.3.10 – Cost trending/inflation** – Trend rates were derived from a combination of information on expected changes in health care costs developed by the Centers for Medicare and Medicaid Services Office of the Actuary, combined with PwC experience with Medicaid managed care plans. The trend rates were selected to recognize expected changes in the costs per unit of service based on health policy research, changes in costs in commercial health plans, and typical changes in payment rates. Among the considerations in assessing the cost component of trend were changes under consideration for Fee-for-Service unit costs.

Unit cost trend was derived largely from various CMS cost indices, a well respected indicator of underlying cost trend. Prescription drug cost trend was derived from

recent industry reports that describe in detail the factors affecting changes in costs and utilization of those services.

- **AA.3.14 – Financial Experience Adjustment** – No adjustment is made for the financial experience of managed care plans. However, average managed care plan loss ratios are considered in determining appropriate trend rates. OMAP collects financial experience data from managed care plans on a quarterly basis. This information is used to assess whether managed care plan expenditures are within expected ranges and to determine whether trend rates chosen in prior years were reasonable. To the extent managed care plan expenditures vary significantly from prior projections, trend rates may be reconsidered in the per capita cost development process.
- **AA.5.0 - AA.5.2 – Data Smoothing** – Data smoothing issues are largely addressed by ensuring the rate cells used to develop the per capita costs have sufficient population size. No data smoothing was required for this per capita cost calculation.

Various risk adjustment factors are applied to the statewide per capita costs to derive capitation rates. These adjustments are described in the capitation report. For these calculations, the adjustment factors are explicitly calculated to be budget neutral on the date of the calculation. (Note that when adjustment factors are used to determine payment rates, final budget neutrality cannot be ensured because enrollment patterns throughout the year are unknown. Inevitably, there is some shift in enrollment mix between the time the rates are developed and the end of the contract period.)

- **AA.7.0 / AA.10.1 – Projection of Expenditures** – Per capita expenditures are calculated and compared in Exhibits 3e, 4d, 5, and 6 of the capitation rate report. The weighted average rate of change calculation uses the most recent population distribution information available at the time the calculation is made.

**Oregon Health Plan
Statewide FCHP Capitation Rates**

**Explanation of Exhibits Showing the Development of Statewide Capitation Rates
from 2003-2005 Per Capita Costs**

OHP Plus – Medicaid ONLY Eligibles (Exhibit 2j)

Column	Description	Source	
		Report/Memo	Exhibit or Page Number
A	2003-2005 per capita costs for managed care plans. These costs are representative of coverage up to the prioritized list line in effect during the underlying data period.	2003-2005 Per Capita Cost report	Exhibit 7A
B	Trend adjustment from the midpoint of the 2003-2005 biennium (10/1/04) to the midpoint of the October – December 2005 contract period (11/15/05)	October 2005 Capitation Rate Development report	Exhibit 2g
C	Adjustment to reflect reduced funding for DRG hospitals. The 2003-2005 per capita costs did not include this reduction.	October 2005 Capitation Rate Development report	Page 13
D	Product of Columns A, B, and C		
E	Adjustment for frozen drugs, Lamictal, maternity case rate carve-out, and Children’s Mental Health services. Certain drugs became the responsibility of FCHPs after the development of the 2003-2005 per capita costs and the estimated cost of the drugs was added. Lamictal will be carved out from FCHP/PCO responsibility. Maternity shifted from being paid on a capitated basis to a case rate basis subsequent to the development of the 2003-2005 per capita costs. The provision of additional Children’s Mental Health Services has been added to the MHOs’ responsibility.	October 2005 Capitation Rate Development report	Frozen drug adjustment: Page 7 and Exhibit 2a Lamictal adjustment: Page 7 and Exhibit 2b. Maternity case rate: Pages 12-13 Children’s Mental Health Services: Pages 7-9 and Exhibits 2c-2e
F	Sum of Columns D and E		

G	Adjustment to reflect coverage to Line 546 of the prioritized list	October 2005 Capitation Rate Development report	Pages 9-10 and Exhibit 2f
H	Product of Columns F and G. Ties to the October 2005 statewide capitation rate for FCHPs, MHOs, DCOs, and CDOs		

OHP Plus – Dual Medicaid / Medicare Eligibles (Exhibit 2j)

Column	Description	Source	
		Report/Memo	Exhibit or Page Number
A	2003-2005 per capita costs for managed care plans. These costs are representative of coverage up to the prioritized list line in effect during the underlying data period.	2003-2005 Per Capita Cost report	Exhibit 7A
B	Adjustment due to change in methodology for pricing Dual Eligibles. The 2003-2005 per capita costs reflect a methodology where the unit costs for Dual Eligibles after Medicare payments were determined indirectly using fee-for-service data. Subsequently, a change in methodology was made. The adjustment in Column B represents the ratio of the revised cost-to-charge ratio to the previous cost-to-charge ratio, which incorporated coordination with Medicare. The revised method utilizes the same cost-to-charge ratios as used for all other eligibility groups. A separate adjustment (Column F) adjusts for Medicare payments.	October 2005 Capitation Rate Development report	Pages 13-15
C	Trend adjustment from the midpoint of the 2003-2005 biennium (10/1/04) to the midpoint of the October – December 2005 contract period (11/15/05)	October 2005 Capitation Rate Development report	Exhibit 2g
D	Adjustment to reflect reduced funding for DRG hospitals. The 2003-2005 per capita costs did not include this reduction.	October 2005 Capitation Rate Development report	Page 13
E	Product of Columns A, B, C, and D		

F	Adjustment to recognize the reduced liability of managed care plans when Medicare is the primary payor for Dual Eligibles.	October 2005 Capitation Rate Development report	Pages 13-15
G	Product of Columns E and F		
H	Adjustment for frozen drugs, Lamictal, maternity case rate carve-out, and Children’s Mental Health services. Certain drugs became the responsibility of FCHPs after the development of the 2003-2005 per capita costs and the estimated cost of the drugs was added. Lamictal will be carved out from FCHP/PCO responsibility. Maternity shifted from being paid on a capitated basis to a case rate basis subsequent to the development of the 2003-2005 per capita costs. The provision of additional Children’s Mental Health Services has been added to the MHOs’ responsibility	October 2005 Capitation Rate Development report	Frozen drug adjustment: Page 7 and Exhibit 2a Lamictal adjustment: Page 7 and Exhibit 2b. Maternity case rate: Pages 12-13 Children’s Mental Health Services: Pages 7-9 and Exhibits 2c-2e
I	Sum of Columns G and H		
J	Adjustment to reflect coverage to Line 546 of the prioritized list	October 2005 Capitation Rate Development report	Pages 9-10 and Exhibit 2f
K	Product of Columns I and J. Ties to the FY 2005 statewide capitation rate for FCHPs, MHOs, DCOs, and CDOs		

OHP Standard (Exhibit 2j)

Column	Description	Source	
		Report/Memo	Exhibit or Page Number
A	2003-2005 per capita costs for managed care plans. These costs are representative of coverage at the prioritized list line in effect during the underlying data period.	2003-2005 Per Capita Cost report	Exhibit 7A

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B	Trend adjustment from the midpoint of the 2003-2005 biennium (10/1/04) to the midpoint of the October – December 2005 contract period (11/15/05)	October 2005 Capitation Rate Development report	Exhibit 2g
C	Adjustment to reflect reduced funding for DRG hospitals. The 2003-2005 per capita costs did not include this reduction.	October 2005 Capitation Rate Development report	Page 13
D	Product of Columns A, B, and C		
E	Adjustment for frozen drugs, Lamictal, maternity case rate carve-out, and Children’s Mental Health services. Certain drugs became the responsibility of FCHPs after the development of the 2003-2005 per capita costs and the estimated cost of the drugs was added. Lamictal will be carved out from FCHP/PCO responsibility. Maternity shifted from being paid on a capitated basis to a case rate basis subsequent to the development of the 2003-2005 per capita costs. The provision of additional Children’s Mental Health Services has been added to the MHOs’ responsibility	October 2005 Capitation Rate Development report	Frozen drug adjustment: Page 7 and Exhibit 2a Lamictal adjustment: Page 7 and Exhibit 2b. Maternity case rate: Pages 12-13 Children’s Mental Health Services: Pages 7-9 and Exhibits 2c-2e
F	Sum of Columns D and E		
G	Adjustment to reflect coverage to Line 546 of the prioritized list	October 2005 Capitation Rate Development report	Pages 9-10 and Exhibit 2f
H	Product of Columns F and G		
I	Adjustment for reduction in OHP Standard benefits subsequent to the development of the 2003-2005 per capita costs.	October 2005 Capitation Rate Development report	Pages 15-17
J	Adjustment for reflect expected shifts in the site of service as a result of the reduction in OHP Standard benefits.	October 2005 Capitation Rate Development report	Pages 15-17
K	Product of Columns H, I, and J		

**Oregon Health Plan
Statewide PCO Capitation Rates**

**Explanation of Exhibits Showing the Development of Statewide Capitation Rates
from 2003-2005 Per Capita Costs**

OHP Plus – Medicaid ONLY Eligibles (Exhibit 2k)

Column	Description	Source	
		Report/Memo	Exhibit or Page Number
A	2003-2005 per capita costs for managed care plans. These costs are representative of coverage up to the prioritized list line in effect during the underlying data period.	2003-2005 Per Capita Cost report	Exhibit 7A
B	Trend adjustment from the midpoint of the 2003-2005 biennium (10/1/04) to the midpoint of the October – December 2005 contract period (11/15/05)	October 2005 Capitation Rate Development report	Exhibit 2g
C	Adjustment to reflect reduced funding for DRG hospitals. The 2003-2005 per capita costs did not include this reduction.	October 2005 Capitation Rate Development report	Page 13
D	Product of Columns A, B, and C		
E	Adjustment for frozen drugs, Lamictal, maternity case rate carve-out, and Children’s Mental Health services. Certain drugs became the responsibility of FCHPs after the development of the 2003-2005 per capita costs and the estimated cost of the drugs was added. Lamictal will be carved out from FCHP/PCO responsibility. Maternity shifted from being paid on a capitated basis to a case rate basis subsequent to the development of the 2003-2005 per capita costs. The provision of additional Children’s Mental Health Services has been added to the MHOs’ responsibility.	October 2005 Capitation Rate Development report	Frozen drug adjustment: Page 7 and Exhibit 2a Lamictal adjustment: Page 7 and Exhibit 2b. Maternity case rate: Pages 12-13 Children’s Mental Health Services: Pages 7-9 and Exhibits 2c-2e
F	Sum of Columns D and E		

G	Adjustment to reflect coverage to Line 546 of the prioritized list	October 2005 Capitation Rate Development report	Pages 9-10 and Exhibit 2f
H	Product of Columns F and G. Ties to the October 2005 statewide capitation rate for FCHPs, MHOs, DCOs, and CDOs		
I	Adjustment to reflect services covered under the PCO contract. This adjustment is applied as a multiplier. Covered services receive a factor of 1; non-covered services receive a factor of 0.	October 2005 Capitation Rate Development report	Pages 11-12 and Exhibit 1a
J	Product of Columns H and I		
K	Adjustment to reflect an expected shift of services from outpatient hospital to inpatient hospital setting since the PCO is not responsible for inpatient services	October 2005 Capitation Rate Development report	Pages 11-12
L	Product of Columns J and K		

OHP Plus – Dual Medicaid / Medicare Eligibles (Exhibit 2k)

Column	Description	Source	
		Report/Memo	Exhibit or Page Number
A	2003-2005 per capita costs for managed care plans. These costs are representative of coverage up to the prioritized list line in effect during the underlying data period.	2003-2005 Per Capita Cost report	Exhibit 7A
B	Adjustment due to change in methodology for pricing Dual Eligibles. The 2003-2005 per capita costs reflect a methodology where the unit costs for Dual Eligibles after Medicare payments were determined indirectly using fee-for-service data. Subsequently, a change in methodology was made. The adjustment in Column B represents the ratio of the revised cost-to-charge ratio to the prior cost-to-charge ratio, which incorporated coordination with Medicare. The revised method utilizes the same cost-to-charge ratios as used for all other eligibility groups. A separate adjustment (Column F) adjusts for Medicare payments.	October 2005 Capitation Rate Development report	Pages 13-15

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C	Trend adjustment from the midpoint of the 2003-2005 biennium (10/1/04) to the midpoint of the October – December 2005 contract period (11/15/05)	October 2005 Capitation Rate Development report	Exhibit 2g
D	Adjustment to reflect reduced funding for DRG hospitals. The 2003-2005 per capita costs did not include this reduction.	October 2005 Capitation Rate Development report	Page 13
E	Product of Columns A, B, C, and D		
F	Adjustment to recognize the reduced liability of managed care plans when Medicare is the primary payor for Dual Eligibles.	October 2005 Capitation Rate Development report	Pages 13-15
G	Product of Columns E and F		
H	Adjustment for frozen drugs, Lamictal, maternity case rate carve-out, and Children’s Mental Health services. Certain drugs became the responsibility of FCHPs after the development of the 2003-2005 per capita costs and the estimated cost of the drugs was added. Lamictal will be carved out from FCHP/PCO responsibility. Maternity shifted from being paid on a capitated basis to a case rate basis subsequent to the development of the 2003-2005 per capita costs. The provision of additional Children’s Mental Health Services has been added to the MHOs’ responsibility.	October 2005 Capitation Rate Development report	Frozen drug adjustment: Page 7 and Exhibit 2a Lamictal adjustment: Page 7 and Exhibit 2b Maternity case rate: Pages 12 – 13. Children’s Mental Health Services: Pages 7-9 and Exhibits 2c-2e
I	Sum of Columns G and H		
J	Adjustment to reflect coverage to Line 546 of the prioritized list	October 2005 Capitation Rate Development report	Pages 9-10 and Exhibit 2f
K	Product of Columns I and J. Ties to the FY 2005 statewide capitation rate for FCHPs, MHOs, DCOs, and CDOs		
L	Adjustment to reflect services covered under the PCO contract. This adjustment is applied as a multiplier. Covered services receive a factor of 1; non-covered services receive a factor of 0.	October 2005 Capitation Rate Development report	Pages 11-12 and Exhibit 1a
M	Product of Columns K and L		

N	Adjustment to reflect an expected shift of services from outpatient hospital to inpatient hospital setting since the PCO is not responsible for inpatient services	October 2005 Capitation Rate Development report	Pages 11-12
O	Product of Columns M and N		

OHP Standard (Exhibit 2k)

Column	Description	Source	
		Report/Memo	Exhibit or Page Number
A	2003-2005 per capita costs for managed care plans. These costs are representative of coverage at the prioritized list line in effect during the underlying data period.	2003-2005 Per Capita Cost report	Exhibit 7A
B	Trend adjustment from the midpoint of the 2003-2005 biennium (10/1/04) to the midpoint of the October – December 2005 contract period (11/15/05)	October 2005 Capitation Rate Development report	Exhibit 2g
C	Adjustment to reflect reduced funding for DRG hospitals. The 2003-2005 per capita costs did not include this reduction.	October 2005 Capitation Rate Development report	Page 13
D	Product of Columns A, B, and C		
E	Adjustment for frozen drugs, Lamictal, maternity case rate carve-out, and Children’s Mental Health services. Certain drugs became the responsibility of FCHPs after the development of the 2003-2005 per capita costs and the estimated cost of the drugs was added. Lamictal will be carved out from FCHP/PCO responsibility. Maternity shifted from being paid on a capitated basis to a case rate basis subsequent to the development of the 2003-2005 per capita costs. The provision of additional Children’s Mental Health Services has been added to the MHOs’ responsibility.	October 2005 Capitation Rate Development report	Frozen drug adjustment: Page 7 and Exhibit 2a Lamictal adjustment: Page 7 and Exhibit 2b. Maternity case rate: Pages 12-13 Children’s Mental Health Services: Pages 7-9 and Exhibits 2c-2e
F	Sum of Columns D and E		

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G	Adjustment to reflect coverage to Line 546 of the prioritized list	October 2005 Capitation Rate Development report	Pages 9-10 and Exhibit 2f
H	Product of Columns F and G		
I	Adjustment for reduction in OHP Standard benefits subsequent to the development of the 2003-2005 per capita costs.	October 2005 Capitation Rate Development report	Pages 15-17
J	Adjustment for reflect expected shifts in the site of service as a result of the reduction in OHP Standard benefits.	October 2005 Capitation Rate Development report	Pages 15-17
K	Product of Columns H, I, and J		
L	Adjustment to reflect services covered under the PCO contract. This adjustment is applied as a multiplier. Covered services receive a factor of 1; non-covered services receive a factor of 0.	October 2005 Capitation Rate Development report	Pages 11-12 and Exhibit 1a
M	Product of Columns K and L		
N	Adjustment to reflect an expected shift of services from outpatient hospital to inpatient hospital setting since the PCO is not responsible for inpatient services	October 2005 Capitation Rate Development report	Pages 11-12
O	Product of Columns M and N		

Oregon Health Plan Medicaid Demonstration
OHP Standard
Limited Hospital Benefit
Covered Diagnosis Codes

Exhibit A-4

EMERGENT/URGENT

003.1	011.70	036.81	065.9	145.2	151.9
003.21	011.73	036.82	066.0	145.3	152.0
003.22	011.74	036.89	066.1	145.4	152.1
005.0	011.75	036.9	066.2	145.6	152.2
005.1	011.76	037	066.3	145.8	152.3
005.2	011.85	038.0	066.4	146.0	152.8
005.3	011.86	038.11	066.8	146.1	152.9
005.4	012.80	038.19	066.9	146.2	153.0
006.0	012.83	038.2	086.0	146.3	153.1
006.3	012.84	038.3	112.5	146.4	153.2
006.4	012.85	038.40	112.81	146.5	153.3
006.5	012.86	038.41	112.83	146.6	153.4
011.00	013.03	038.42	117.5	146.7	153.5
011.03	013.05	038.43	117.9	146.8	153.6
011.04	013.06	038.44	130.8	146.9	153.7
011.05	013.13	038.49	140.0	147.0	153.8
011.06	013.15	038.8	140.1	147.1	153.9
011.10	013.16	038.9	140.3	147.2	154.0
011.13	013.23	040.0	140.4	147.3	154.1
011.14	013.25	040.82	140.5	147.8	154.2
011.15	013.26	053.0	140.6	147.9	154.3
011.16	013.33	054.3	140.8	148.0	154.8
011.20	013.35	054.5	140.9	148.1	155.0
011.23	013.36	054.72	141.0	148.2	155.1
011.24	013.43	060.0	141.1	148.3	156.0
011.25	013.45	060.1	141.2	148.8	156.1
011.26	013.46	060.9	141.3	148.9	156.2
011.30	013.53	062.0	141.4	149.0	156.8
011.33	013.55	062.1	141.5	149.1	156.9
011.34	013.56	062.2	141.6	149.8	157.0
011.35	013.63	062.3	141.8	149.9	157.1
011.36	013.65	062.4	141.9	150.0	157.2
011.40	013.66	062.5	142.0	150.1	157.3
011.43	013.83	062.8	142.1	150.2	157.4
011.44	013.85	062.9	142.2	150.3	157.8
011.45	013.86	063.0	142.8	150.4	157.9
011.46	013.93	063.1	142.9	150.5	158.0
011.50	013.95	063.2	143.0	150.8	158.8
011.53	013.96	063.8	143.1	150.9	158.9
011.54	036.0	063.9	143.8	151.0	160.0
011.55	036.1	064	143.9	151.1	160.1
011.56	036.2	065.0	144.0	151.2	160.2
011.60	036.3	065.1	144.1	151.3	160.3
011.63	036.40	065.2	144.8	151.4	160.4
011.64	036.41	065.3	144.9	151.5	160.5
011.65	036.42	065.4	145.0	151.6	160.8
011.66	036.43	065.8	145.1	151.8	160.9

Oregon Health Plan Medicaid Demonstration
OHP Standard
Limited Hospital Benefit
Covered Diagnosis Codes

Exhibit A-4

EMERGENT/URGENT

161.0	174.5	188.6	200.21	206.00	230.1
161.1	174.6	188.7	200.22	206.20	230.2
161.2	174.8	188.8	200.23	208.00	230.3
161.3	174.9	188.9	200.24	208.10	230.4
161.8	175.0	189.0	200.25	208.20	230.5
161.9	175.9	189.1	200.26	208.80	230.6
162.0	179	189.2	200.27	208.90	230.8
162.2	180.0	189.3	200.28	212.0	230.9
162.3	180.1	189.4	202.00	212.1	231.0
162.4	180.8	189.8	202.01	212.2	231.1
162.5	180.9	189.9	202.02	212.3	231.2
162.8	181	191.0	202.03	212.4	231.8
162.9	182.0	191.1	202.04	212.5	231.9
163.0	182.1	191.2	202.05	212.6	232.0
163.1	182.8	191.3	202.06	212.7	232.1
163.8	183.0	191.4	202.07	212.8	232.2
163.9	183.2	191.5	202.08	212.9	232.3
164.0	183.3	191.6	202.10	218.0	232.4
164.1	183.4	191.7	202.11	218.1	232.5
164.2	183.5	191.8	202.12	218.2	232.6
164.3	183.8	191.9	202.13	218.9	232.7
164.8	183.9	192.0	202.14	219.0	232.8
164.9	184.0	192.1	202.15	219.1	232.9
170.0	184.1	192.2	202.16	219.8	233.0
170.1	184.2	192.3	202.17	219.9	233.1
170.2	184.3	192.8	202.18	220	233.2
170.3	184.4	192.9	202.30	221.0	233.3
170.4	184.8	193	202.31	223.0	233.4
170.5	184.9	194.0	202.32	223.1	233.5
170.6	185	194.1	202.33	223.2	233.6
170.7	186.0	194.3	202.34	223.3	233.7
170.8	186.9	194.4	202.35	223.81	233.9
170.9	187.1	194.5	202.36	223.89	234.0
171.0	187.2	194.6	202.37	223.9	234.8
171.2	187.3	194.8	202.38	225.8	235.0
171.3	187.4	195.1	202.60	225.9	235.1
171.4	187.5	195.2	202.61	226	235.2
171.5	187.6	200.00	202.62	227.0	235.3
171.6	187.7	200.01	202.63	227.1	235.4
171.7	187.8	200.02	202.64	227.4	235.5
171.8	187.9	200.03	202.65	227.5	235.6
171.9	188.0	200.04	202.66	227.6	235.7
174.0	188.1	200.05	202.67	227.8	235.8
174.1	188.2	200.06	202.68	227.9	235.9
174.2	188.3	200.07	204.00	228.03	236.0
174.3	188.4	200.08	205.00	228.04	236.1
174.4	188.5	200.20	205.30	230.0	236.2

**Oregon Health Plan Medicaid Demonstration
OHP Standard
Limited Hospital Benefit
Covered Diagnosis Codes**

Exhibit A-4

EMERGENT/URGENT

236.3	244.9	250.93	270.5	276.8	281.9
236.4	245.0	251.0	270.6	276.9	282.0
236.5	245.4	251.3	270.7	277.00	282.1
236.6	245.8	251.4	270.8	277.01	282.2
236.7	245.9	251.5	270.9	277.02	282.3
236.90	246.0	251.8	271.0	277.03	282.41
236.91	246.1	251.9	271.1	277.09	282.42
236.99	246.8	252.0	271.2	277.1	282.49
237.0	250.00	252.1	271.3	277.2	282.5
237.1	250.01	252.8	271.4	277.4	282.60
237.2	250.02	252.9	271.8	277.5	282.61
237.3	250.03	253.0	271.9	277.6	282.62
237.4	250.10	253.1	272.3	277.7	282.63
237.5	250.11	253.2	272.4	277.81	282.64
237.6	250.12	253.3	272.5	277.82	282.68
237.70	250.13	253.4	272.6	277.83	282.69
237.71	250.20	253.5	272.7	277.84	282.7
237.72	250.21	253.6	272.8	277.89	282.8
237.9	250.22	253.7	273.0	277.9	282.9
238.0	250.23	253.8	273.1	278.2	283.0
238.1	250.30	253.9	273.2	278.4	283.10
238.2	250.31	255.2	273.3	279.00	283.11
238.3	250.32	255.4	273.8	279.01	283.19
238.4	250.33	255.5	273.9	279.02	283.2
238.5	250.40	255.9	274.0	279.03	283.9
238.6	250.41	256.0	274.10	279.04	284.0
238.7	250.42	256.1	274.11	279.05	284.8
238.8	250.43	256.31	274.19	279.06	284.9
242.00	250.50	256.4	274.89	279.09	285.0
242.01	250.51	257.9	275.0	279.10	285.1
242.10	250.52	258.0	275.1	279.11	285.8
242.11	250.53	258.1	275.2	279.12	286.0
242.20	250.60	258.8	275.3	279.13	286.1
242.21	250.61	258.9	275.40	279.19	286.2
242.31	250.62	259.2	275.41	279.2	286.3
242.40	250.63	259.3	275.42	279.3	286.4
242.41	250.70	260	275.49	279.4	286.5
242.80	250.71	261	275.8	279.8	286.6
242.81	250.72	262	275.9	279.9	286.7
242.90	250.73	263.2	276.0	280.0	286.9
242.91	250.80	263.8	276.1	280.8	287.0
243	250.81	263.9	276.2	281.0	288.0
244.0	250.82	269.3	276.3	281.1	288.1
244.1	250.83	270.0	276.4	281.2	288.2
244.2	250.90	270.2	276.5	281.3	288.3
244.3	250.91	270.3	276.6	281.4	289.0
244.8	250.92	270.4	276.7	281.8	289.1

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Exhibit A-4

EMERGENT/URGENT

289.2	293.82	296.22	299.00	345.40	391.1
289.3	293.83	296.23	299.01	345.41	391.2
289.4	293.84	296.24	299.10	345.50	391.8
289.50	293.89	296.25	299.11	345.51	391.9
289.51	294.0	296.30	299.80	345.60	392.0
289.52	294.10	296.31	299.81	345.61	401.0
289.59	294.11	296.32	299.90	345.70	403.00
289.6	294.8	296.33	299.91	345.71	403.01
289.81	294.9	296.34	300.00	345.80	403.10
289.82	295.03	296.35	300.01	345.81	403.11
289.89	295.04	296.40	300.02	348.4	403.90
290.0	295.13	296.41	300.09	348.5	403.91
290.10	295.14	296.42	300.12	348.9	410.00
290.11	295.23	296.43	300.13	349.81	410.01
290.12	295.24	296.44	300.15	349.82	410.02
290.13	295.30	296.45	300.4	349.89	410.10
290.20	295.33	296.50	303.00	357.0	410.11
290.21	295.34	296.51	303.01	357.7	410.12
290.3	295.40	296.52	303.02	371.42	410.20
290.40	295.41	296.53	307.1	376.00	410.21
290.41	295.42	296.54	307.51	376.01	410.22
290.42	295.43	296.55	309.0	376.02	410.30
290.43	295.44	296.60	309.1	376.03	410.31
290.8	295.53	296.61	309.3	376.04	410.32
290.9	295.54	296.62	309.4	376.10	410.40
291.0	295.60	296.63	310.0	376.11	410.41
291.1	295.63	296.64	311	376.12	410.42
291.2	295.64	296.65	316	376.13	410.50
291.3	295.70	296.7	320.0	376.21	410.51
291.4	295.73	296.80	320.1	376.22	410.52
291.5	295.74	296.81	320.2	376.30	410.60
291.81	295.80	296.82	320.3	376.31	410.61
291.89	295.83	296.89	320.7	376.32	410.62
291.9	295.84	296.90	320.81	376.33	410.70
292.0	295.90	296.99	320.82	376.34	410.71
292.11	295.93	297.0	320.89	376.35	410.72
292.12	295.94	297.1	320.9	376.36	410.80
292.2	296.00	297.2	322.0	376.41	410.81
292.81	296.03	297.3	322.1	376.43	410.82
292.82	296.04	297.8	322.9	376.44	410.90
292.83	296.05	297.9	324.0	376.45	410.91
292.84	296.10	298.0	324.1	376.46	410.92
292.89	296.13	298.1	324.9	376.47	411.0
292.9	296.14	298.2	325	376.6	411.1
293.0	296.15	298.3	345.11	376.81	411.81
293.1	296.20	298.4	345.2	386.33	411.89
293.81	296.21	298.9	345.3	391.0	412

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Exhibit A-4

EMERGENT/URGENT

413.0	426.0	429.0	442.0	464.11	506.4
413.1	426.10	429.2	442.1	464.21	506.9
413.9	426.11	429.4	442.2	464.31	507.0
414.00	426.12	429.5	442.3	464.51	507.1
414.01	426.13	429.6	442.81	475	507.8
414.02	426.2	429.71	442.82	478.22	508.0
414.03	426.3	429.79	442.83	478.24	508.9
414.04	426.4	430	442.84	478.29	510.0
414.05	426.50	431	442.89	481	510.9
414.06	426.51	432.0	443.1	482.0	511.1
414.07	426.52	432.1	443.21	482.1	511.8
414.10	426.53	432.9	443.22	482.2	512.0
414.11	426.54	433.00	443.23	482.30	512.1
414.12	426.6	433.01	443.24	482.31	512.8
414.19	426.7	433.10	443.29	482.32	513.0
414.8	426.81	433.11	444.0	482.39	513.1
414.9	426.89	433.20	444.1	482.40	514
415.0	426.9	433.21	444.21	482.41	516.3
415.11	427.0	433.30	444.22	482.49	518.0
415.19	427.1	433.31	444.81	482.81	518.4
416.0	427.2	433.80	444.89	482.82	518.5
416.1	427.31	433.81	445.01	482.83	518.81
416.8	427.32	433.90	445.02	482.84	518.82
416.9	427.41	433.91	445.81	482.89	518.83
420.90	427.42	434.00	446.1	482.9	518.84
420.91	427.5	434.01	446.20	483.0	528.1
420.99	427.60	434.10	446.21	483.1	530.4
421.0	427.61	434.11	446.29	483.8	530.7
421.9	427.69	434.90	446.4	491.1	531.00
422.0	427.81	434.91	446.5	493.00	531.01
422.90	427.89	436	447.2	493.01	531.10
422.91	427.9	437.0	451.11	493.02	531.11
422.92	428.0	437.1	451.19	493.10	531.20
422.93	428.1	437.2	451.81	493.11	531.21
422.99	428.20	437.3	451.83	493.12	532.01
423.0	428.21	437.6	452	493.20	532.10
423.1	428.22	440.24	453.0	493.21	532.11
423.2	428.23	441.00	453.1	493.22	532.20
425.0	428.30	441.01	453.2	493.81	532.21
425.1	428.31	441.02	453.3	493.82	533.00
425.2	428.32	441.03	453.8	493.90	533.01
425.3	428.33	441.1	456.0	493.91	534.00
425.4	428.40	441.2	456.1	493.92	534.01
425.5	428.41	441.3	456.20	506.0	534.10
425.7	428.42	441.5	456.21	506.1	534.11
425.8	428.43	441.6	461.0	506.2	534.20
425.9	428.9	441.7	464.01	506.3	534.21

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EMERGENT/URGENT

535.01	556.6	576.3	633.90	641.31	646.61
535.31	556.8	577.0	633.91	641.33	646.62
537.3	557.0	580.0	634.00	641.80	646.81
537.83	560.0	580.4	634.01	641.81	646.82
540.0	560.1	580.81	634.02	641.83	646.91
540.1	560.2	580.89	634.10	641.91	647.02
540.9	560.31	580.9	634.11	642.01	647.12
541	560.81	581.0	634.12	642.02	647.22
542	560.89	583.0	634.20	642.11	647.32
543.0	560.9	583.1	634.21	642.12	647.42
543.9	562.00	583.2	634.22	642.21	647.52
550.00	562.01	583.4	634.30	642.22	647.62
550.01	562.02	583.6	634.31	642.31	647.82
550.02	562.03	583.7	634.32	642.32	647.92
550.03	562.10	584.5	634.40	642.41	648.02
550.10	562.11	584.6	634.41	642.42	648.12
550.11	562.12	584.7	634.42	642.50	648.22
550.12	562.13	584.8	634.50	642.51	648.32
550.13	566	584.9	634.51	642.52	648.41
550.92	567.0	590.10	634.52	642.53	648.42
551.00	567.1	590.11	634.60	642.54	648.52
551.01	567.2	590.2	634.61	642.60	648.62
551.02	568.81	590.3	634.62	642.61	648.72
551.03	569.3	591	634.70	642.62	648.82
551.1	569.5	592.1	634.71	642.63	648.92
551.20	569.83	596.1	634.72	642.64	650
551.21	569.85	596.6	634.80	642.70	651.01
551.29	569.86	601.0	634.81	642.71	651.11
551.3	570	601.2	634.82	642.72	651.21
551.8	572.0	608.2	634.91	642.73	651.31
551.9	572.1	614.0	634.92	642.74	651.41
552.00	572.2	614.2	638.5	642.91	651.51
552.01	574.00	614.3	639.0	642.92	651.61
552.02	574.01	614.4	639.3	643.01	651.81
552.03	574.10	615.0	639.6	643.11	651.91
552.1	574.11	620.5	640.01	643.21	652.01
552.20	574.30	630	640.81	643.81	652.11
552.21	574.31	631	641.00	643.91	652.21
552.29	574.60	632	641.01	644.00	652.31
552.3	574.61	633.00	641.03	644.03	652.41
555.0	574.80	633.01	641.10	644.21	652.51
555.1	574.81	633.10	641.11	645.11	652.61
555.2	575.0	633.11	641.13	645.21	652.71
555.9	575.12	633.20	641.20	646.12	652.81
556.0	575.2	633.21	641.21	646.22	652.91
556.1	575.4	633.80	641.23	646.42	653.01
556.5	576.2	633.81	641.30	646.52	653.11

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Exhibit A-4

EMERGENT/URGENT

653.21	656.91	660.93	663.51	665.44	668.92
653.31	657.01	661.00	663.53	665.50	668.93
653.41	658.01	661.01	663.60	665.51	668.94
653.51	658.11	661.03	663.61	665.54	669.00
653.61	658.21	661.10	663.63	665.60	669.01
653.71	658.31	661.11	663.80	665.61	669.02
653.81	658.41	661.13	663.81	665.64	669.03
653.90	658.81	661.20	663.83	665.71	669.04
653.91	658.91	661.21	663.90	665.72	669.10
653.93	659.01	661.23	663.91	665.81	669.11
654.01	659.11	661.30	663.93	665.82	669.12
654.02	659.21	661.31	664.00	665.91	669.13
654.11	659.31	661.33	664.01	665.92	669.14
654.12	659.41	661.40	664.04	666.00	669.20
654.21	659.51	661.41	664.10	666.02	669.21
654.31	659.61	661.43	664.11	666.04	669.22
654.32	659.71	661.90	664.14	666.10	669.23
654.41	659.81	661.91	664.20	666.12	669.24
654.42	660.00	661.93	664.21	666.20	669.30
654.51	660.01	662.00	664.24	666.22	669.32
654.52	660.03	662.01	664.30	666.24	669.34
654.61	660.10	662.03	664.31	666.32	669.40
654.62	660.11	662.10	664.34	667.02	669.41
654.71	660.13	662.11	664.40	667.12	669.42
654.72	660.20	662.13	664.41	667.14	669.43
654.81	660.21	662.20	664.44	668.00	669.44
654.82	660.23	662.21	664.50	668.01	669.50
654.91	660.30	662.23	664.51	668.02	669.51
654.92	660.31	662.30	664.54	668.03	669.60
655.01	660.33	662.31	664.80	668.04	669.61
655.11	660.40	662.33	664.81	668.10	669.70
655.21	660.41	663.00	664.84	668.11	669.71
655.31	660.43	663.01	664.90	668.12	669.80
655.41	660.50	663.03	664.91	668.13	669.81
655.51	660.51	663.10	664.94	668.14	669.82
655.61	660.53	663.11	665.00	668.20	669.83
655.71	660.60	663.13	665.01	668.21	669.84
655.81	660.61	663.20	665.03	668.22	669.90
655.91	660.63	663.21	665.10	668.23	669.91
656.01	660.70	663.23	665.11	668.24	669.92
656.11	660.71	663.30	665.22	668.80	669.93
656.21	660.73	663.31	665.24	668.81	669.94
656.31	660.80	663.33	665.30	668.82	670.00
656.41	660.81	663.40	665.31	668.83	670.02
656.61	660.83	663.41	665.34	668.84	670.04
656.71	660.90	663.43	665.40	668.90	671.01
656.81	660.91	663.50	665.41	668.91	671.11

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Exhibit A-4

EMERGENT/URGENT

671.21	730.09	772.6	800.41	801.02	801.61
671.31	733.11	776.5	800.42	801.03	801.62
671.42	733.12	776.6	800.43	801.04	801.63
671.51	733.13	777.5	800.44	801.05	801.64
671.52	733.14	779.0	800.45	801.06	801.65
671.81	733.15	779.2	800.46	801.09	801.66
671.91	733.16	780.01	800.49	801.10	801.69
672.02	733.19	780.31	800.50	801.11	801.70
672.04	745.2	780.39	800.51	801.12	801.71
673.01	745.4	784.7	800.52	801.13	801.72
673.02	745.5	784.8	800.53	801.14	801.73
673.11	745.61	785.4	800.54	801.15	801.74
673.12	745.69	785.50	800.55	801.16	801.75
673.21	745.7	785.51	800.56	801.19	801.76
673.22	745.8	785.52	800.59	801.20	801.79
673.31	746.1	785.59	800.60	801.21	801.80
673.32	746.3	800.02	800.61	801.22	801.81
673.81	746.4	800.03	800.62	801.23	801.82
673.82	746.5	800.04	800.63	801.24	801.83
674.01	746.6	800.05	800.64	801.25	801.84
674.02	746.86	800.06	800.65	801.26	801.85
674.12	747.10	800.09	800.66	801.29	801.86
674.20	747.11	800.10	800.69	801.30	801.89
674.22	747.3	800.11	800.70	801.31	801.90
674.24	747.42	800.12	800.71	801.32	801.91
674.32	747.81	800.13	800.72	801.33	801.92
674.42	747.83	800.14	800.73	801.34	801.93
674.51	747.89	800.15	800.74	801.35	801.94
674.52	767.0	800.16	800.75	801.36	801.95
674.82	769	800.19	800.76	801.39	801.96
674.92	770.0	800.20	800.79	801.40	801.99
675.01	770.1	800.21	800.80	801.41	802.1
675.02	770.2	800.22	800.81	801.42	802.21
675.11	770.3	800.23	800.82	801.43	802.22
675.12	770.4	800.24	800.83	801.44	802.23
728.0	770.5	800.25	800.84	801.45	802.24
728.81	770.7	800.26	800.85	801.46	802.25
728.88	772.0	800.29	800.86	801.49	802.26
730.00	772.10	800.30	800.89	801.50	802.27
730.01	772.11	800.31	800.90	801.51	802.28
730.02	772.12	800.32	800.91	801.52	802.29
730.03	772.13	800.33	800.92	801.53	802.30
730.04	772.14	800.34	800.93	801.54	802.31
730.05	772.2	800.35	800.94	801.55	802.32
730.06	772.3	800.36	800.95	801.56	802.33
730.07	772.4	800.39	800.96	801.59	802.34
730.08	772.5	800.40	800.99	801.60	802.35

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Exhibit A-4

EMERGENT/URGENT

802.36	803.49	804.06	804.65	805.4	806.60
802.37	803.50	804.09	804.66	805.5	806.61
802.38	803.51	804.10	804.69	805.7	806.62
802.39	803.52	804.11	804.70	805.8	806.69
802.4	803.53	804.12	804.71	805.9	806.70
802.5	803.54	804.13	804.72	806.00	806.71
802.6	803.55	804.14	804.73	806.01	806.72
802.7	803.56	804.15	804.74	806.02	806.79
802.8	803.59	804.16	804.75	806.03	806.8
802.9	803.60	804.19	804.76	806.04	806.9
803.02	803.61	804.20	804.79	806.05	807.10
803.03	803.62	804.21	804.80	806.06	807.11
803.04	803.63	804.22	804.81	806.07	807.12
803.05	803.64	804.23	804.82	806.08	807.13
803.06	803.65	804.24	804.83	806.09	807.14
803.09	803.66	804.25	804.84	806.10	807.15
803.10	803.69	804.26	804.85	806.11	807.16
803.11	803.70	804.29	804.86	806.12	807.17
803.12	803.71	804.30	804.89	806.13	807.18
803.13	803.72	804.31	804.90	806.14	807.19
803.14	803.73	804.32	804.91	806.15	807.3
803.15	803.74	804.33	804.92	806.16	807.4
803.16	803.75	804.34	804.93	806.17	807.5
803.19	803.76	804.35	804.94	806.18	807.6
803.20	803.79	804.36	804.95	806.19	808.0
803.21	803.80	804.39	804.96	806.20	808.1
803.22	803.81	804.40	804.99	806.21	808.2
803.23	803.82	804.41	805.00	806.22	808.3
803.24	803.83	804.42	805.01	806.23	808.41
803.25	803.84	804.43	805.02	806.24	808.42
803.26	803.85	804.44	805.03	806.25	808.43
803.29	803.86	804.45	805.04	806.26	808.49
803.30	803.89	804.46	805.05	806.27	808.51
803.31	803.90	804.49	805.06	806.28	808.52
803.32	803.91	804.50	805.07	806.29	808.53
803.33	803.92	804.51	805.08	806.30	808.59
803.34	803.93	804.52	805.10	806.31	808.8
803.35	803.94	804.53	805.11	806.32	808.9
803.36	803.95	804.54	805.12	806.33	809.0
803.39	803.96	804.55	805.13	806.34	809.1
803.40	803.99	804.56	805.14	806.35	810.00
803.41	804.00	804.59	805.15	806.36	810.01
803.42	804.01	804.60	805.16	806.37	810.02
803.43	804.02	804.61	805.17	806.38	810.03
803.44	804.03	804.62	805.18	806.39	810.10
803.45	804.04	804.63	805.2	806.4	810.11
803.46	804.05	804.64	805.3	806.5	810.12

Oregon Health Plan Medicaid Demonstration
OHP Standard
Limited Hospital Benefit
Covered Diagnosis Codes

Exhibit A-4

EMERGENT/URGENT

810.13	813.11	814.12	820.30	824.8	832.14
811.00	813.12	814.13	820.31	824.9	832.19
811.01	813.13	814.14	820.32	825.0	833.00
811.02	813.14	814.15	820.8	825.1	833.01
811.03	813.15	814.16	820.9	825.20	833.02
811.09	813.16	814.17	821.00	825.21	833.03
811.10	813.17	814.18	821.01	825.22	833.04
811.11	813.18	814.19	821.10	825.23	833.05
811.12	813.20	815.00	821.11	825.24	833.09
811.13	813.21	815.01	821.20	825.25	833.10
811.19	813.22	815.02	821.21	825.29	833.11
812.00	813.23	815.03	821.22	825.30	833.12
812.01	813.30	815.04	821.23	825.31	833.13
812.02	813.31	815.09	821.29	825.32	833.14
812.03	813.32	815.10	821.30	825.33	833.15
812.09	813.33	815.11	821.31	825.34	833.19
812.10	813.40	815.12	821.32	825.35	834.00
812.11	813.41	815.13	821.33	825.39	834.01
812.12	813.42	815.14	821.39	826.1	834.02
812.13	813.43	815.19	822.0	827.0	834.10
812.19	813.44	816.00	822.1	827.1	834.11
812.20	813.45	816.01	823.00	828.0	834.12
812.21	813.50	816.02	823.01	828.1	835.00
812.30	813.51	816.03	823.02	830.0	835.01
812.31	813.52	816.10	823.10	830.1	835.02
812.40	813.53	816.11	823.11	831.00	835.03
812.41	813.54	816.12	823.12	831.01	835.10
812.42	813.80	816.13	823.20	831.02	835.11
812.43	813.81	817.0	823.21	831.03	835.12
812.44	813.82	817.1	823.22	831.04	835.13
812.49	813.83	818.0	823.30	831.09	836.0
812.50	813.90	818.1	823.31	831.10	836.1
812.51	813.91	819.0	823.32	831.11	836.2
812.52	813.92	819.1	823.80	831.12	836.3
812.53	813.93	820.00	823.81	831.13	836.4
812.54	814.00	820.01	823.82	831.14	836.50
812.59	814.01	820.02	823.90	831.19	836.51
813.00	814.02	820.03	823.91	832.00	836.52
813.01	814.03	820.09	823.92	832.01	836.53
813.02	814.04	820.10	824.0	832.02	836.54
813.03	814.05	820.11	824.1	832.03	836.59
813.04	814.06	820.12	824.2	832.04	836.60
813.05	814.07	820.13	824.3	832.09	836.61
813.06	814.08	820.19	824.4	832.10	836.62
813.07	814.09	820.20	824.5	832.11	836.63
813.08	814.10	820.21	824.6	832.12	836.64
813.10	814.11	820.22	824.7	832.13	836.69

**Oregon Health Plan Medicaid Demonstration
OHP Standard
Limited Hospital Benefit
Covered Diagnosis Codes**

Exhibit A-4

EMERGENT/URGENT

837.0	839.71	851.49	852.06	853.05	862.0
837.1	839.79	851.50	852.09	853.06	862.1
838.00	839.8	851.51	852.10	853.09	862.21
838.01	839.9	851.52	852.11	853.10	862.22
838.02	850.11	851.53	852.12	853.11	862.29
838.03	850.12	851.54	852.13	853.12	862.31
838.04	850.2	851.55	852.14	853.13	862.32
838.05	850.3	851.56	852.15	853.14	862.39
838.06	850.4	851.59	852.16	853.15	862.8
838.09	850.5	851.60	852.19	853.16	862.9
838.10	851.02	851.61	852.20	853.19	863.0
838.11	851.03	851.62	852.21	854.00	863.1
838.12	851.04	851.63	852.22	854.01	863.20
838.13	851.05	851.64	852.23	854.02	863.21
838.14	851.06	851.65	852.24	854.03	863.29
838.15	851.09	851.66	852.25	854.04	863.30
838.16	851.10	851.69	852.26	854.05	863.31
838.19	851.11	851.70	852.29	854.06	863.39
839.00	851.12	851.71	852.30	854.09	863.40
839.01	851.13	851.72	852.31	854.10	863.41
839.02	851.14	851.73	852.32	854.11	863.42
839.03	851.15	851.74	852.33	854.12	863.43
839.04	851.16	851.75	852.34	854.13	863.44
839.05	851.19	851.76	852.35	854.14	863.45
839.06	851.20	851.79	852.36	854.15	863.46
839.07	851.21	851.80	852.39	854.16	863.49
839.08	851.22	851.81	852.40	854.19	863.50
839.10	851.23	851.82	852.41	860.0	863.51
839.11	851.24	851.83	852.42	860.1	863.52
839.12	851.25	851.84	852.43	860.2	863.53
839.13	851.26	851.85	852.44	860.3	863.54
839.14	851.29	851.86	852.45	860.4	863.55
839.15	851.30	851.89	852.46	860.5	863.56
839.16	851.31	851.90	852.49	861.00	863.59
839.17	851.32	851.91	852.50	861.01	863.80
839.18	851.33	851.92	852.51	861.02	863.81
839.30	851.34	851.93	852.52	861.03	863.82
839.31	851.35	851.94	852.53	861.10	863.83
839.40	851.36	851.95	852.54	861.11	863.84
839.42	851.39	851.96	852.55	861.12	863.85
839.49	851.40	851.99	852.56	861.13	863.89
839.50	851.41	852.00	852.59	861.20	863.90
839.51	851.42	852.01	853.00	861.21	863.91
839.52	851.43	852.02	853.01	861.22	863.92
839.59	851.44	852.03	853.02	861.30	863.93
839.61	851.45	852.04	853.03	861.31	863.94
839.69	851.46	852.05	853.04	861.32	863.95

**Oregon Health Plan Medicaid Demonstration
OHP Standard
Limited Hospital Benefit
Covered Diagnosis Codes**

Exhibit A-4

EMERGENT/URGENT

863.99	868.02	873.20	877.0	882.1	897.6
864.00	868.03	873.21	877.1	882.2	897.7
864.01	868.04	873.22	878.0	883.0	900.00
864.02	868.09	873.23	878.1	883.1	900.01
864.03	868.10	873.29	878.2	883.2	900.02
864.04	868.11	873.30	878.3	884.0	900.03
864.05	868.12	873.31	878.4	884.1	900.1
864.09	868.13	873.32	878.5	884.2	900.81
864.10	868.14	873.33	878.6	885.0	900.82
864.11	868.19	873.39	878.7	885.1	900.89
864.12	869.0	873.40	878.8	886.0	900.9
864.13	869.1	873.41	878.9	886.1	901.0
864.14	870.0	873.42	879.0	887.0	901.1
864.15	870.1	873.43	879.1	887.1	901.2
864.19	870.3	873.44	879.2	887.2	901.3
865.00	870.4	873.49	879.3	887.3	901.40
865.01	870.8	873.50	879.4	887.4	901.41
865.02	870.9	873.51	879.5	887.5	901.42
865.03	871.0	873.52	879.6	887.6	901.81
865.04	871.1	873.53	879.7	887.7	901.82
865.09	871.2	873.54	879.8	890.0	901.83
865.10	871.3	873.59	879.9	890.1	901.89
865.11	871.4	873.70	880.00	890.2	901.9
865.12	871.5	873.71	880.01	891.0	902.0
865.13	871.6	873.72	880.02	891.1	902.10
865.14	871.7	873.73	880.03	891.2	902.11
865.19	871.9	873.74	880.09	892.0	902.19
866.00	872.00	873.75	880.10	892.1	902.20
866.01	872.01	873.79	880.11	892.2	902.21
866.02	872.02	873.8	880.12	893.0	902.22
866.03	872.10	873.9	880.13	893.1	902.23
866.10	872.11	874.00	880.19	893.2	902.24
866.11	872.12	874.01	880.20	894.0	902.25
866.12	872.61	874.02	880.21	894.1	902.26
866.13	872.62	874.10	880.22	894.2	902.27
867.0	872.63	874.11	880.23	895.0	902.29
867.1	872.64	874.12	880.29	895.1	902.31
867.2	872.69	874.2	881.00	896.0	902.32
867.3	872.71	874.3	881.01	896.1	902.33
867.4	872.72	874.4	881.02	896.2	902.34
867.5	872.73	874.5	881.10	896.3	902.39
867.6	872.74	874.8	881.11	897.0	902.40
867.7	872.79	874.9	881.12	897.1	902.41
867.8	872.8	875.0	881.20	897.2	902.42
867.9	872.9	875.1	881.21	897.3	902.49
868.00	873.0	876.0	881.22	897.4	902.50
868.01	873.1	876.1	882.0	897.5	902.51
902.52	927.02	941.38	943.34	945.30	951.6
902.53	927.03	941.39	943.35	945.31	951.7
902.54	927.09	941.40	943.36	945.32	951.8

Oregon Health Plan Medicaid Demonstration
OHP Standard
Limited Hospital Benefit
Covered Diagnosis Codes

Exhibit A-4

EMERGENT/URGENT

902.55	927.10	941.41	943.39	945.33	951.9
902.56	927.11	941.42	943.40	945.34	952.00
902.59	927.20	941.43	943.41	945.35	952.01
902.81	927.21	941.44	943.42	945.36	952.02
902.82	927.3	941.45	943.43	945.39	952.03
902.87	927.8	941.46	943.44	945.40	952.04
902.89	927.9	941.47	943.45	945.41	952.05
902.9	928.00	941.48	943.46	945.42	952.06
903.00	928.01	941.49	943.49	945.43	952.07
903.01	928.10	941.50	943.50	945.44	952.08
903.02	928.11	941.51	943.51	945.45	952.09
903.1	928.20	941.52	943.52	945.46	952.10
903.2	928.21	941.53	943.53	945.49	952.11
903.3	928.3	941.54	943.54	945.50	952.12
903.4	928.8	941.55	943.55	945.51	952.13
903.5	928.9	941.56	943.56	945.52	952.14
903.8	929.0	941.57	943.59	945.53	952.15
903.9	933.0	941.58	944.30	945.54	952.16
904.0	933.1	941.59	944.31	945.55	952.17
904.1	934.0	942.30	944.32	945.56	952.18
904.2	935.1	942.31	944.33	945.59	952.19
904.3	940.0	942.32	944.34	946.3	952.2
904.40	940.1	942.33	944.35	946.4	952.3
904.41	940.2	942.34	944.36	946.5	952.4
904.42	940.3	942.35	944.37	947.0	952.8
904.50	940.4	942.39	944.38	947.1	952.9
904.51	940.5	942.40	944.40	947.2	953.0
904.52	940.9	942.41	944.41	947.3	953.1
904.53	941.22	942.42	944.42	947.4	953.2
904.54	941.23	942.43	944.43	947.8	953.3
904.6	941.24	942.44	944.44	949.3	953.4
904.7	941.25	942.45	944.45	949.4	953.5
904.8	941.26	942.49	944.46	949.5	953.8
904.9	941.27	942.50	944.47	950.0	953.9
925.1	941.28	942.51	944.48	950.1	954.0
925.2	941.29	942.52	944.50	950.2	954.1
926.0	941.30	942.53	944.51	950.3	954.8
926.11	941.31	942.54	944.52	950.9	954.9
926.12	941.32	942.55	944.53	951.0	955.0
926.19	941.33	942.59	944.54	951.1	955.1
926.8	941.34	943.30	944.55	951.2	955.2
926.9	941.35	943.31	944.56	951.3	955.3
927.00	941.36	943.32	944.57	951.4	955.4
927.01	941.37	943.33	944.58	951.5	955.5
955.6	962.2	967.4	973.4	978.9	987.6
955.7	962.3	967.5	973.5	979.0	987.7
955.8	962.4	967.6	973.6	979.1	987.8
955.9	962.5	967.8	973.8	979.2	987.9
956.0	962.6	967.9	973.9	979.3	988.0
956.1	962.7	968.0	974.0	979.4	988.1

Exhibits Oct 2005.xls
 Exhibit-Emerg
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**Oregon Health Plan Medicaid Demonstration
OHP Standard
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Covered Diagnosis Codes**

Exhibit A-4

EMERGENT/URGENT

956.2	962.8	968.1	974.1	979.5	988.2
956.3	962.9	968.2	974.2	979.6	988.8
956.4	963.0	968.3	974.3	979.7	988.9
956.5	963.1	968.4	974.4	979.9	989.0
956.8	963.2	968.5	974.5	980.0	989.1
956.9	963.3	968.6	974.6	980.1	989.2
957.0	963.4	968.7	974.7	980.2	989.3
957.1	963.5	968.9	975.0	980.3	989.4
957.8	963.8	969.0	975.1	980.8	989.5
957.9	963.9	969.1	975.2	980.9	989.6
958.0	964.0	969.2	975.3	981	989.7
958.1	964.1	969.3	975.4	982.0	989.81
958.2	964.2	969.4	975.5	982.1	989.82
958.3	964.3	969.5	975.6	982.2	989.83
958.4	964.4	969.6	975.7	982.3	989.84
958.5	964.5	969.7	975.8	982.4	989.89
958.6	964.6	969.8	976.0	982.8	989.9
958.7	964.7	969.9	976.1	983.0	991.0
958.8	964.8	970.0	976.2	983.1	991.1
960.0	964.9	970.1	976.3	983.2	991.2
960.1	965.00	970.8	976.4	983.9	991.3
960.2	965.01	970.9	976.5	984.0	991.4
960.3	965.02	971.0	976.6	984.1	991.5
960.4	965.09	971.1	976.7	984.8	991.6
960.5	965.1	971.2	976.8	984.9	991.8
960.6	965.4	971.3	976.9	985.0	991.9
960.7	965.5	971.9	977.0	985.1	992.0
960.8	965.61	972.0	977.1	985.2	992.1
960.9	965.69	972.1	977.2	985.3	992.2
961.0	965.7	972.2	977.3	985.4	992.3
961.1	965.8	972.3	977.4	985.5	992.4
961.2	965.9	972.4	977.8	985.6	992.5
961.3	966.0	972.5	977.9	985.8	992.6
961.4	966.1	972.6	978.0	985.9	992.7
961.5	966.2	972.7	978.1	986	992.8
961.6	966.3	972.8	978.2	987.0	992.9
961.7	966.4	972.9	978.3	987.1	993.2
961.8	967.0	973.0	978.4	987.2	993.3
961.9	967.1	973.1	978.5	987.3	994.0
962.0	967.2	973.2	978.6	987.4	994.1
962.1	967.3	973.3	978.8	987.5	994.4

**Oregon Health Plan Medicaid Demonstration
 OHP Standard
 Limited Hospital Benefit
 Covered Diagnosis Codes**

Exhibit A-4

EMERGENT/URGENT

994.5	996.51	V34.2
994.7	996.52	V35.00
994.8	996.53	V35.01
994.9	996.54	V35.1
995.0	996.56	V35.2
995.1	996.57	V36.00
995.2	996.59	V36.01
995.3	996.60	V36.1
995.4	996.61	V36.2
995.50	996.62	V37.00
995.51	996.63	V37.01
995.52	996.64	V37.1
995.53	996.65	V37.2
995.54	996.66	
995.55	996.67	
995.59	996.68	
995.60	996.69	
995.61	996.70	
995.62	996.71	
995.63	996.72	
995.64	996.73	
995.65	996.74	
995.66	998.7	
995.67	998.82	
995.68	998.83	
995.69	998.89	
995.80	999.0	
995.81	999.1	
995.82	V30.00	
995.83	V30.01	
995.84	V30.1	
995.85	V30.2	
995.86	V31.00	
995.89	V31.01	
996.00	V31.1	
996.01	V31.2	
996.02	V32.00	
996.03	V32.01	
996.04	V32.1	
996.09	V32.2	
996.1	V33.00	
996.2	V33.01	
996.30	V33.1	
996.31	V33.2	
996.32	V34.00	
996.39	V34.01	
996.4	V34.1	

**Oregon Health Plan Medicaid Demonstration
OHP Standard
Limited Hospital Benefit
Covered Diagnosis Codes**

Exhibit A-4

PRIOR AUTHORIZATION

045.00	115.01	198.3	267	686.1
045.01	115.02	198.4	268.0	710.0
045.02	115.03	198.5	268.1	710.1
045.03	115.04	198.6	268.2	710.2
045.10	115.05	198.7	268.9	710.3
045.11	115.09	203.00	269.0	710.4
045.12	115.10	203.10	269.1	710.5
045.13	115.11	204.10	285.21	710.8
045.20	115.12	204.20	285.22	710.9
045.21	115.13	205.10	285.29	996.82
045.22	115.14	205.20	287.1	996.84
045.23	115.15	206.10	287.3	
045.90	115.19	207.00	287.4	
045.91	115.90	225.0	287.5	
045.92	115.91	225.1	348.0	
045.93	115.92	225.2	348.1	
084.0	115.93	225.3	348.2	
084.1	115.94	225.4	348.30	
084.2	115.95	227.3	348.31	
084.3	115.99	228.02	348.39	
084.4	116.0	255.0	417.0	
084.5	117.0	255.10	417.1	
084.6	117.1	255.11	417.8	
084.7	117.2	255.12	440.0	
084.8	117.3	255.13	440.1	
084.9	117.4	255.14	441.4	
086.1	117.6	255.3	447.3	
086.2	117.7	255.6	447.4	
086.3	117.8	255.8	478.21	
086.4	118	263.0	518.6	
086.5	190.0	264.0	537.4	
100.0	190.1	264.1	556.3	
100.81	190.2	264.2	569.81	
100.89	190.3	264.3	572.3	
100.9	190.4	264.4	573.3	
110.0	190.5	264.5	573.4	
110.2	190.6	264.6	576.8	
110.5	190.7	264.7	582.0	
110.6	190.8	264.8	582.1	
114.0	190.9	264.9	582.2	
114.1	197.5	265.0	582.4	
114.2	197.6	265.1	585	
114.3	197.7	265.2	592.0	
114.4	197.8	266.0	593.3	
114.5	198.0	266.1	686.00	
114.9	198.1	266.2	686.01	
115.00	198.2	266.9	686.09	