

**OREGON HEALTH PLAN
MEDICAID DEMONSTRATION**

Capitation Rate Development

October 2009 – December 2009

Prepared by:

Actuarial Service Unit
Budget Planning and Analysis
Department of Human Services
State of Oregon

July 2009

DATE: July 22, 2009

TO: Kevin Hamler-Dupras
Administrator
Actuarial Services Unit
Oregon Department of Human Services
500 Summer Street N.E.
Salem, Oregon 97301

FROM: X. Dennis Tang, ASA, MAAA
Lead Actuary
Actuarial Services Unit
Oregon Department of Human Services
827 Oregon Street N.E., Suite 220
Portland, Oregon 97232

**RE: Revised Capitation Rates for the Oregon Health Plan Medicaid
Demonstration Effective October 1, 2009 through December 31, 2009**

As directed by you and Division of Medical Assistance Program (DMAP), the Portland office of the DHS Actuarial Services Unit has calculated the capitation rates to be paid to the contracting physical health, physician care, mental health, dental, and chemical dependency plans under the Oregon Health Plan Medicaid Demonstration for October 1, 2009 through December 31, 2009 and attached these capitation rates. This memorandum summarizes the methods and assumptions used to develop these rates.

Methods and Assumptions

The general methodology used to develop the capitation rates are described in detail in the report entitled "Analysis of Calendar Years 2008 – 2009 Average Costs, dated September 22, 2006" and also in the report entitled "Capitation Rate Development January 2009 – December 31 2009" dated November, 2008. Both of these two reports were prepared by PriceWaterhouseCoopers under contract with Oregon Department of Human Services at the time.

The attached capitation rates are based on the capitation rates effective January 1, 2009 through December 31, 2009 with revisions that reflect adjustments for DRG hospitals and proposed administration allowances. These revisions affect statewide capitation rates as well as plan specific capitation rates.

DRG Hospital Cost

As directed by DMAP, the hospital component of the capitation rates includes reimbursement at 100% of DRG cost for hospitals that are not designated as A or B hospitals in Oregon. Previously, the capitation rates reflected reimbursement for non-A/B hospitals at 80% of DRG cost. A set of adjustment ratios had been developed in the January 2009 capitation rate setting to reflect the reduction from 100% of DRG cost to 80% of DRG cost. These ratios are now set to 1.0 so that the capitation rates reflect hospital reimbursement at 100% of DRG cost.

Administrative Allowance

In response to recent legislation, the administrative allowance includes reimbursement for the 1% MCO provider tax that becomes effective October 1, 2009, except for dental plans (DCOs) and the chemical dependency organization (CDO), which are not part of the new provider tax base. Previously, the administrative allowance included reimbursement for a 5.5% MCO provider tax, which also applied to the DCOs and the CDO.

The total administrative allowance for the January 2009 capitation rates was 13.06% for all managed care plans, with the exception of the dual Medicare and Medicaid eligibility categories of physical health plans, which were loaded with 20.90% total administrative allowance for Assistance to Blind and Disabled with Medicare, and with 19.39% total administrative allowance for Old Age Assistance with Medicare. Per DHS policy, the total administrative allowance for the October 2009 capitation rates is now set as follows:

	Physical Health Plans	Physician Care Plan	Mental Health Plans	Dental Plans	Chemical Dependency Plan
Administrative Allowance	8.43%	8.67%	8.78%	8.00%	8.00%

* * *

Please contact me via phone at 503-731-3217 or via email at dennis.tang@state.or.us if you have any questions.

**Actuarial Certification of
Proposed Oregon Health Plan Capitation Rates
October 1, 2009 through December 31, 2009**

I, X. Dennis Tang, am the Lead Actuary in Actuarial Service Unit, Oregon Department of Human Services. I am an Associate of the Society of Actuaries and 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, 2009 through December 31, 2009 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 September 2006 report titled "Analysis of Calendar Years 2008 – 2009 Average Costs" and in the November 2008 report titled "Capitation Rate Development January 2009 – December 2009." Both of the last two reports mentioned above were prepared by PriceWaterhouseCoopers under contract with Oregon Department of Human Services at the time.

In development of the proposed capitation rates, I relied on enrollment, encounter, and other data provided by the data management staff located in the Salem office of Actuarial Service Unit in the Oregon Department of Human Services. I reviewed the data for reasonableness, however, I did not perform 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.



X. Dennis Tang, ASA, MAAA
Member, American Academy of Actuaries

EXHIBITS

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Covered Services by Contract Type - OHP PLUS

EXHIBIT 1-A

Detail Service Category	Rate Sheet Category	CONTRACT TYPE				
		FCHP	PCO	DCO	MHO	CDO
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	Mandatory			
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	Mandatory			
HYSTERECTOMY - PHYS	Physician - Hysterectomy	Mandatory	Mandatory			
IP HOSP - ACUTE DETOX	Inpatient - Basic	Mandatory				
IP HOSP - MATERNITY	Inpatient - Maternity	Mandatory				
IP HOSP - MATERNITY / STERILIZATION	Inpatient - Sterilization	Mandatory				
IP HOSP - MEDICAL/SURGICAL	Inpatient - Basic	Mandatory				
IP HOSP - NEWBORN	Inpatient - Newborn	Mandatory				
IP HOSP - POST HOSP EXTENDED CARE	Inpatient - Basic	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	Mandatory			
OP HOSP - BASIC	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - DENTAL ANESTHESIA	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - DENTAL DIAGNOSTIC	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - DENTAL PREVENTIVE	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - DENTAL RESTORATIVE	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - EMERGENCY ROOM	Outpatient - Emergency Room	Mandatory	Mandatory			
OP HOSP - LAB & RAD	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - MATERNITY	Outpatient - Maternity	Mandatory	Mandatory			
OP HOSP - POST HOSP EXTENDED CARE	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - PRES DRUGS BASIC	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - PRES DRUGS MH/CD	Outpatient - Basic	Mandatory	Mandatory			
OP HOSP - SOMATIC MH	Outpatient - Basic	Mandatory	Mandatory			
OTH MED - DME	DME/Supplies	Mandatory	Mandatory			
OTH MED - HHC/PDN	Home Health/PDN/Hospice	Mandatory	Mandatory			
OTH MED - HOSPICE	Home Health/PDN/Hospice	Mandatory	Mandatory			
OTH MED - MATERNITY MGT	Maternity Management	Optional	Optional			
OTH MED - SUPPLIES	DME/Supplies	Mandatory	Mandatory			
PHYS CONSULTATION, IP & ER VISITS	Physician - Basic	Mandatory	Mandatory			
PHYS HOME OR LONG-TERM CARE VISITS	Physician - Basic	Mandatory	Mandatory			

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Covered Services by Contract Type - OHP PLUS

EXHIBIT 1-A

Detail Service Category	Rate Sheet Category	CONTRACT TYPE				
		FCHP	PCO	DCO	MHO	CDO
PHYSICAL HEALTH						
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			
PRES DRUGS - BASIC	Prescription Drugs - Basic	Mandatory	Mandatory			
PRES DRUGS - FP	Prescription Drugs - Family Planning	Mandatory	Mandatory			
STERILIZATION - ANESTHESIA FEMALE	Physician - Sterilization	Mandatory	Mandatory			
STERILIZATION - ANESTHESIA MALE	Physician - Sterilization	Mandatory	Mandatory			
STERILIZATION - IP HOSP FEMALE	Inpatient - Sterilization	Mandatory				
STERILIZATION - IP HOSP MALE	Inpatient - Sterilization	Mandatory				
STERILIZATION - OP HOSP FEMALE	Outpatient - Sterilization	Mandatory	Mandatory			
STERILIZATION - OP HOSP MALE	Outpatient - Sterilization	Mandatory	Mandatory			
STERILIZATION - PHY FEMALE	Physician - Sterilization	Mandatory	Mandatory			
STERILIZATION - PHY MALE	Physician - Sterilization	Mandatory	Mandatory			
SURGERY	Physician - Basic	Mandatory	Mandatory			
TRANSPORTATION - AMBULANCE	Transportation - Ambulance	Mandatory	Mandatory			
VISION CARE - EXAMS & THERAPY	Vision	Mandatory	Mandatory			
VISION CARE - MATERIALS & FITTING	Vision	Mandatory	Mandatory			
DENTAL						
DENTAL - ADJUNCTIVE GENERAL	Dental			Mandatory		
DENTAL - ANESTHESIA SURGICAL	Dental			Mandatory		
DENTAL - DIAGNOSTIC	Dental			Mandatory		
DENTAL - ENDODONTICS	Dental			Mandatory		
DENTAL - I/P FIXED	Dental			Mandatory		
DENTAL - MAXILLOFACIAL PROS	Dental			Mandatory		
DENTAL - ORAL SURGERY	Dental			Mandatory		
DENTAL - ORTHODONTICS	Dental			Mandatory		
DENTAL - PERIODONTICS	Dental			Mandatory		
DENTAL - PREVENTIVE	Dental			Mandatory		
DENTAL - PROS REMOVABLE	Dental			Mandatory		
DENTAL - RESTORATIVE	Dental			Mandatory		

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Covered Services by Contract Type - OHP PLUS

EXHIBIT 1-A

Detail Service Category	Rate Sheet Category	CONTRACT TYPE				
		FCHP	PCO	DCO	MHO	CDO
CHEMICAL DEPENDENCY						
CD SERVICES - ALTERNATIVE TO DETOX	Chemical Dependency	Mandatory	Mandatory			Mandatory
CD SERVICES - METHADONE	Chemical Dependency	Mandatory	Mandatory			Mandatory
CD SERVICES - OP	Chemical Dependency	Mandatory	Mandatory			Mandatory
MENTAL HEALTH						
MH SERVICES ACUTE INPATIENT	Mental Health - Acute Inpatient				Mandatory	
MH SERVICES ALTERNATIVE TO IP	Mental Health - Alternative to IP				Mandatory	
MH SERVICES ANCILLARY SERVICES	Mental Health - Ancillary Services				Mandatory	
MH SERVICES ASSESS & EVAL	Mental Health - Assess & Eval				Mandatory	
MH SERVICES CASE MANAGEMENT	Mental Health - Case Management				Mandatory	
MH SERVICES CONS ASSESS	Mental Health - CONS Assessments				Mandatory	
MH SERVICES CONSULTATION	Mental Health - Consultation				Mandatory	
MH SERVICES FAMILY SUPPORT	Mental Health - Family Support				Mandatory	
MH SERVICES INTENSIVE TREATMENT SVCS	Mental Health - Intensive Treatment Services				Mandatory	
MH SERVICES MED MANAGEMENT	Mental Health - Med Management				Mandatory	
MH SERVICES OP TREATMENT	Mental Health - OP Therapy				Mandatory	
MH SERVICES OTHER OP	Mental Health - Other OP				Mandatory	
MH SERVICES PEO	Mental Health - PEO				Mandatory	
MH SERVICES PHYS IP	Mental Health - Phys IP				Mandatory	
MH SERVICES PHYS OP	Mental Health - Phys OP				Mandatory	
MH SERVICES SUPPORT DAY PROGRAM	Mental Health - Support Day Program				Mandatory	

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Covered Services by Contract Type - OHP STANDARD

EXHIBIT 1-B

Detail Service Category	Rate Sheet Category	CONTRACT TYPE				
		FCHP	PCO	DCO	MHO	CDO
PHYSICAL HEALTH						
ANESTHESIA	Physician - Basic	Covered	Covered			
EXCEPT NEEDS CARE COORDINATION	Exceptional Needs Care Coordination	Covered	Covered			
FP - IP HOSP	Inpatient - Family Planning	Limited	Limited			
FP - OP HOSP	Outpatient - Family Planning	Limited	Limited			
FP - PHYS	Physician - Family Planning	Covered	Covered			
HYSTERECTOMY - ANESTHESIA	Physician - Hysterectomy	Covered	Covered			
HYSTERECTOMY - IP HOSP	Inpatient - Hysterectomy	Limited	Limited			
HYSTERECTOMY - OP HOSP	Outpatient - Hysterectomy	Limited	Limited			
HYSTERECTOMY - PHYS	Physician - Hysterectomy	Covered	Covered			
IP HOSP - ACUTE DETOX	Inpatient - Basic	Limited	Limited			
IP HOSP - MATERNITY	Inpatient - Maternity	Covered	Covered			
IP HOSP - MATERNITY / STERILIZATION	Inpatient - Sterilization	Covered	Covered			
IP HOSP - MEDICAL/SURGICAL	Inpatient - Basic	Limited	Limited			
IP HOSP - NEWBORN	Inpatient - Newborn	Limited	Limited			
IP HOSP - POST HOSP EXTENDED CARE	Inpatient - Basic	Limited	Limited			
LAB & RAD - DIAGNOSTIC X-RAY	Physician - Basic	Covered	Covered			
LAB & RAD - LAB	Physician - Basic	Covered	Covered			
LAB & RAD - THERAPEUTIC X-RAY	Physician - Basic	Covered	Covered			
OP ER - SOMATIC MH	Outpatient - Emergency Room	Limited	Limited			
OP HOSP - BASIC	Outpatient - Basic	Limited	Limited			
OP HOSP - DENTAL ANESTHESIA	Outpatient - Basic	Limited	Limited			
OP HOSP - DENTAL DIAGNOSTIC	Outpatient - Basic	Limited	Limited			
OP HOSP - DENTAL PREVENTIVE	Outpatient - Basic	Limited	Limited			
OP HOSP - DENTAL RESTORATIVE	Outpatient - Basic	Limited	Limited			
OP HOSP - EMERGENCY ROOM	Outpatient - Emergency Room	Limited	Limited			
OP HOSP - LAB & RAD	Outpatient - Basic	Limited	Limited			
OP HOSP - MATERNITY	Outpatient - Maternity	Covered	Covered			
OP HOSP - POST HOSP EXTENDED CARE	Outpatient - Basic	Limited	Limited			
OP HOSP - PRES DRUGS BASIC	Outpatient - Basic	Limited	Limited			
OP HOSP - PRES DRUGS MH/CD	Outpatient - Basic	Limited	Limited			
OP HOSP - SOMATIC MH	Outpatient - Basic	Limited	Limited			
OTH MED - DME	DME/Supplies	Limited	Limited			
OTH MED - HHC/PDN	Home Health/PDN/Hospice	Limited	Limited			
OTH MED - HOSPICE	Home Health/PDN/Hospice	Limited	Limited			
OTH MED - MATERNITY MGT	Maternity Management	Optional	Optional			
OTH MED - SUPPLIES	DME/Supplies	Limited	Limited			
PHYS CONSULTATION, IP & ER VISITS	Physician - Basic	Covered	Covered			
PHYS HOME OR LONG-TERM CARE VISITS	Physician - Basic	Covered	Covered			

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Covered Services by Contract Type - OHP STANDARD

EXHIBIT 1-B

Detail Service Category	Rate Sheet Category	CONTRACT TYPE				
		FCHP	PCO	DCO	MHO	CDO
PHYSICAL HEALTH						
PHYS MATERNITY	Physician - Maternity	Covered	Covered			
PHYS NEWBORN	Physician - Newborn	Covered	Covered			
PHYS OFFICE VISITS	Physician - Basic	Covered	Covered			
PHYS OTHER	Physician - Basic	Covered	Covered			
PHYS SOMATIC MH	Physician - Basic	Covered	Covered			
PRES DRUGS - BASIC	Prescription Drugs - Basic	Covered	Covered			
PRES DRUGS - FP	Prescription Drugs - Family Planning	Covered	Covered			
STERILIZATION - ANESTHESIA FEMALE	Physician - Sterilization	Covered	Covered			
STERILIZATION - ANESTHESIA MALE	Physician - Sterilization	Covered	Covered			
STERILIZATION - IP HOSP FEMALE	Inpatient - Sterilization	Limited	Limited			
STERILIZATION - IP HOSP MALE	Inpatient - Sterilization	Limited	Limited			
STERILIZATION - OP HOSP FEMALE	Outpatient - Sterilization	Limited	Limited			
STERILIZATION - OP HOSP MALE	Outpatient - Sterilization	Limited	Limited			
STERILIZATION - PHY FEMALE	Physician - Sterilization	Covered	Covered			
STERILIZATION - PHY MALE	Physician - Sterilization	Covered	Covered			
SURGERY	Physician - Basic	Covered	Covered			
TRANSPORTATION - AMBULANCE	Transportation - Ambulance	Limited	Limited			
VISION CARE - EXAMS & THERAPY	Vision	Limited	Limited			
VISION CARE - MATERIALS & FITTING	Vision	Limited	Limited			
DENTAL						
DENTAL - ADJUNCTIVE GENERAL	Dental			Limited		
DENTAL - ANESTHESIA SURGICAL	Dental			Limited		
DENTAL - DIAGNOSTIC	Dental			Limited		
DENTAL - ENDODONTICS	Dental			Limited		
DENTAL - I/P FIXED	Dental			Limited		
DENTAL - MAXILLOFACIAL PROS	Dental			Limited		
DENTAL - ORAL SURGERY	Dental			Limited		
DENTAL - ORTHODONTICS	Dental			Limited		
DENTAL - PERIODONTICS	Dental			Limited		
DENTAL - PREVENTIVE	Dental			Limited		
DENTAL - PROS REMOVABLE	Dental			Limited		
DENTAL - RESTORATIVE	Dental			Limited		

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Covered Services by Contract Type - OHP STANDARD

EXHIBIT 1-B

Detail Service Category	Rate Sheet Category	CONTRACT TYPE				
		FCHP	PCO	DCO	MHO	CDO
CHEMICAL DEPENDENCY						
CD SERVICES - ALTERNATIVE TO DETOX	Chemical Dependency	Covered	Covered			Covered
CD SERVICES - METHADONE	Chemical Dependency	Covered	Covered			Covered
CD SERVICES - OP	Chemical Dependency	Covered	Covered			Covered
MENTAL HEALTH						
MH SERVICES ACUTE INPATIENT	Mental Health - Acute Inpatient				Limited	
MH SERVICES ALTERNATIVE TO IP	Mental Health - Alternative to IP				Covered	
MH SERVICES ANCILLARY SERVICES	Mental Health - Ancillary Services				Covered	
MH SERVICES ASSESS & EVAL	Mental Health - Assess & Eval				Covered	
MH SERVICES CASE MANAGEMENT	Mental Health - Case Management				Covered	
MH SERVICES CONS ASSESS	Mental Health - CONS Assessments				N/A	
MH SERVICES CONSULTATION	Mental Health - Consultation				Covered	
MH SERVICES FAMILY SUPPORT	Mental Health - Family Support				Covered	
MH SERVICES INTENSIVE TREATMENT SVCS	Mental Health - Intensive Treatment Services				N/A	
MH SERVICES MED MANAGEMENT	Mental Health - Med Management				Covered	
MH SERVICES OP TREATMENT	Mental Health - OP Therapy				Covered	
MH SERVICES OTHER OP	Mental Health - Other OP				Covered	
MH SERVICES PEO	Mental Health - PEO				Covered	
MH SERVICES PHYS IP	Mental Health - Phys IP				Covered	
MH SERVICES PHYS OP	Mental Health - Phys OP				Covered	
MH SERVICES SUPPORT DAY PROGRAM	Mental Health - Support Day Program				Covered	

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2009 through December 2009
 Trend Adjustments**

EXHIBIT 2-A

TANF RELATED ADULTS¹

	Annualized Trend Rates ²	Trend Adjustment ³
Inpatient Hospital	3.4%	1.017
Outpatient Hospital	3.4%	1.017
Physician & Other	5.7%	1.028
Prescription Drug	7.7%	1.038
Dental	6.2%	1.030
Mental Health/CD	5.9%	1.029

CHILDREN

	Annualized Trend Rates ²	Trend Adjustment ³
Inpatient Hospital	3.4%	1.017
Outpatient Hospital	7.9%	1.039
Physician & Other	6.4%	1.031
Prescription Drug	7.7%	1.038
Dental	6.2%	1.030
Mental Health/CD	8.6%	1.042

DISABLED-RELATED¹

	Annualized Trend Rates ²	Trend Adjustment ³
Inpatient Hospital	7.9%	1.039
Outpatient Hospital	7.9%	1.039
Physician & Other	6.6%	1.032
Prescription Drug	7.7%	1.038
Dental	6.2%	1.030
Mental Health/CD	2.8%	1.014

DUAL MEDICAID/MEDICARE ELIGIBILITY CATEGORIES¹

	Annualized Trend Rates ²	Trend Adjustment ³
Inpatient Hospital	0.0%	1.000
Outpatient Hospital	7.9%	1.039
Physician & Other	6.2%	1.030
Prescription Drug	7.7%	1.038
Dental	6.2%	1.030
Mental Health/CD	5.9%	1.029

¹ TANF-Related Adult factors apply to the TANF, PLMA, and OHPFAM eligibility categories.
 Disabled-Related factors apply to the AB/AD without Medicare, OAA without Medicare, and OHPAC eligibility categories.
 Dual-Medicaid/Medicare factors apply to the AB/AD with Medicare and OAA with Medicare eligibility categories.

² Annualized trend rates from Exhibit 7-A of "Oregon Health Plan Medicaid Demonstration: Analysis of Calendar Years 2008 - 2009 Average Costs" dated September 22, 2006.

³ Trend factors used to adjust capitation rates from midpoint of biennium (1/1/2009) to midpoint of contract period (7/1/2009).

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Children's Intensive Mental Health Services Costs Per Member Per Month

EXHIBIT 2-B

Eligibility Category	Psychiatric Day Treatment Services PMPM	Psychiatric Residential Treatment Services PMPM	Community Treatment Services PMPM	Total Intensive MH Services PMPM
Temporary Assistance to Needy Families (Adults Only)	\$0.00	\$0.00	\$0.00	\$0.00
Poverty Level Medical Adults	\$0.00	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.64	\$0.00	\$0.29	\$0.93
PLM, TANF, and CHIP Children 6 - 18	\$4.06	\$1.40	\$3.45	\$8.92
Aid to the Blind/Aid to the Disabled with Medicare	\$0.00	\$0.00	\$0.00	\$0.00
Aid to the Blind/Aid to the Disabled without Medicare	\$5.62	\$6.81	\$5.82	\$18.25
Old Age Assistance with Medicare	\$0.00	\$0.00	\$0.00	\$0.00
Old Age Assistance without Medicare	\$0.00	\$0.00	\$0.00	\$0.00
SCF Children	\$28.79	\$45.61	\$21.80	\$96.20
OHP Families	\$0.00	\$0.00	\$0.00	\$0.00
OHP Adults & Couples	\$0.00	\$0.00	\$0.00	\$0.00

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Certificate of Need Assessment Costs Per Member Per Month

EXHIBIT 2-C

Eligibility Category	PMPM
Temporary Assistance to Needy Families (Adults Only)	\$0.00
Poverty Level Medical Adults	\$0.00
PLM, TANF, and CHIP Children < 1	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.03
Aid to the Blind/Aid to the Disabled with Medicare	\$0.00
Aid to the Blind/Aid to the Disabled without Medicare	\$0.06
Old Age Assistance with Medicare	\$0.00
Old Age Assistance without Medicare	\$0.00
SCF Children	\$0.27
OHP Families	\$0.00
OHP Adults & Couples	\$0.00

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Maternity Case Rate Development for FCHPs
Does not include adjustment for Administrative Allowance

EXHIBIT 2-D

	A	B	C	D	E	F	G	H	I	J	K	L	M
										= (B*F+C*G)/A *12000	= (D*H)/A *12000	= (E*I)/A *12000	= J + K + L
	Utilization	October 2009 Statewide PMPM				Percentage of PMPM Related to Maternity Services				Case Cost			
Eligibility Category	Deliveries per 1000	IP HOSP - MATERNITY	IP HOSP - MATERNITY / STERILIZATION	OP HOSP - MATERNITY	PHYS MATERNITY	IP HOSP - MATERNITY	IP HOSP - MATERNITY / STERILIZATION	OP HOSP - MATERNITY	PHYS MATERNITY	IP HOSP MATERNITY	OP HOSP MATERNITY	PHYS MATERNITY	TOTAL
TANF	97.4	\$32.15	\$3.49	\$8.77	\$25.08	100%	60%	100%	100%	\$4,218.86	\$1,080.65	\$3,088.82	\$8,388.34
PLMA	1,235.4	\$489.81	\$29.96	\$78.07	\$312.24	100%	60%	100%	100%	\$4,932.62	\$758.36	\$3,032.85	\$8,723.83
CHILD 06-18	4.8	\$2.12	\$0.01	\$0.79	\$1.33	100%	60%	100%	100%	\$5,254.05	\$1,951.23	\$3,301.66	\$10,506.94
ABAD	7.2	\$4.80	\$0.35	\$1.44	\$2.17	100%	60%	100%	100%	\$8,389.99	\$2,410.39	\$3,638.74	\$14,439.11
SCF	2.0	\$0.92	\$0.10	\$0.48	\$0.59	100%	60%	100%	100%	\$5,767.36	\$2,845.09	\$3,465.12	\$12,077.57
Total	77.2	\$29.69	\$2.09	\$5.87	\$19.73								
									October 2009	\$4,810.29	\$911.85	\$3,066.68	\$8,788.81
									January 2009	\$4,003.99	\$763.71	\$3,066.68	\$7,834.38
									%Change	20.1%	19.4%	0.0%	12.2%

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Maternity Case Rate Development for PCOs
Does not include adjustment for Administrative Allowance

EXHIBIT 2-E

	A	B	C	D	E	F	G	H	I
							= (B*D*(1-F)) /A*12000	= (C*E) /A*12000	= G + H
	Utilization	October 2009 Statewide PMPM		Percentage of PMPM Related to Maternity Services		Expected Decrease in OP Hospital Costs	Case Cost		
Eligibility Category	Deliveries per 1000	OP HOSP - MATERNITY	PHYS MATERNITY	OP HOSP - MATERNITY	PHYS MATERNITY		OP HOSP - MATERNITY	PHYS MATERNITY	TOTAL
TANF	97.4	\$8.77	\$25.08	100%	100%	5%	\$ 1,026.62	\$ 3,088.82	\$ 4,115.44
PLMA	1,235.4	\$78.07	\$312.24	100%	100%		\$720.44	\$3,032.85	\$3,753.29
CHILD 06-18	4.8	\$0.79	\$1.33	100%	100%		\$1,853.67	\$3,301.66	\$5,155.33
ABAD	7.2	\$1.44	\$2.17	100%	100%		\$2,289.87	\$3,638.74	\$5,928.61
SCF	2.0	\$0.48	\$0.59	100%	100%		\$2,702.83	\$3,465.12	\$6,167.96
Total	77.2	\$5.87	\$19.73			October 2009	\$ 866.26	\$ 3,066.68	\$3,932.93
						January 2009	\$ 725.53	\$ 3,066.68	\$3,792.20
						%Change	19.4%	0.0%	3.7%

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Bariatric Surgery Capitation Adjustment and Bariatric Surgery Case Rate

EXHIBIT 2-F

Eligibility Category	Bariatric Surgery Capitation Adjustment ^{1, 2}
Temporary Assistance to Needy Families (Adults Only)	\$0.01
Poverty Level Medical Adults	\$0.00
PLM, TANF, and CHIP Children < 1	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.00
Aid to the Blind/Aid to the Disabled with Medicare	\$0.01
Aid to the Blind/Aid to the Disabled without Medicare	\$0.05
Old Age Assistance with Medicare	\$0.00
Old Age Assistance without Medicare	\$0.02
SCF Children	\$0.00
OHP Families	\$0.02
OHP Adults & Couples	\$0.03

¹ Covers pre-surgical evaluations, testing, and transportation costs.

² Bariatric Surgery Capitation Adjustment is applied to PHYS - OTHER.

Bariatric Surgery Case Rate by Contract Type, with Adjustment for Administrative Allowance		
Eligibility Category	FCHP	PCO
Medicaid Only	\$19,806.95	\$2,674.64
Dual Eligibles	\$1,693.59	\$528.65

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Administrative Allowance by Eligibility Category and Contract Type

DRAFT - FOR DISCUSSION
PURPOSES ONLY
EXHIBIT 2-G

Eligibility Category	FCHP	PCO	CDO	DCO	MHO
Temporary Assistance to Needy Families (Adults Only)	8.43%	8.67%	8.00%	8.00%	8.78%
Poverty Level Medical Adults	8.43%	8.67%	8.00%	8.00%	8.78%
PLM, TANF, and CHIP Children < 1	8.43%	8.67%	8.00%	8.00%	8.78%
PLM, TANF, and CHIP Children 1 - 5	8.43%	8.67%	8.00%	8.00%	8.78%
PLM, TANF, and CHIP Children 6 - 18	8.43%	8.67%	8.00%	8.00%	8.78%
OHP Families	8.43%	8.67%	8.00%	8.00%	8.78%
OHP Adults & Couples	8.43%	8.67%	8.00%	8.00%	8.78%
Aid to the Blind/Aid to the Disabled with Medicare	8.43%	8.67%	8.00%	8.00%	8.78%
Aid to the Blind/Aid to the Disabled without Medicare	8.43%	8.67%	8.00%	8.00%	8.78%
Old Age Assistance with Medicare	8.43%	8.67%	8.00%	8.00%	8.78%
Old Age Assistance without Medicare	8.43%	8.67%	8.00%	8.00%	8.78%
SCF Children	8.43%	8.67%	8.00%	8.00%	8.78%

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs

With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM
Temporary Assistance to Needy Families (Adults Only)								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$4.39	1.028	1.000	0.996	\$4.49		\$4.49
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.07	1.017	1.095	0.996	\$0.08		\$0.08
	FP - PHYS	\$1.14	1.028	1.000	0.996	\$1.17		\$1.17
	HYSTERECTOMY - ANESTHESIA	\$0.09	1.028	1.000	0.996	\$0.09		\$0.09
	HYSTERECTOMY - IP HOSP	\$3.52	1.017	1.005	0.996	\$3.59		\$3.59
	HYSTERECTOMY - OP HOSP	\$0.04	1.017	1.071	0.996	\$0.04		\$0.04
	HYSTERECTOMY - PHYS	\$0.58	1.028	1.000	0.996	\$0.59		\$0.59
	IP HOSP - ACUTE DETOX	\$0.36	1.017	1.004	0.996	\$0.37		\$0.37
	IP HOSP - MATERNITY	\$31.56	1.017	1.005	0.996	\$32.15	-\$32.15	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$3.43	1.017	1.005	0.996	\$3.49	-\$2.10	\$1.39
	IP HOSP - MEDICAL/SURGICAL	\$45.73	1.017	1.012	0.996	\$46.88		\$46.88
	IP HOSP - NEWBORN	\$0.07	1.017	1.010	0.996	\$0.07		\$0.07
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$10.02	1.028	1.000	0.996	\$10.26		\$10.26
	LAB & RAD - LAB	\$7.21	1.028	1.000	0.996	\$7.39		\$7.39
	LAB & RAD - THERAPEUTIC X-RAY	\$0.30	1.028	1.000	0.996	\$0.30		\$0.30
	OP ER - SOMATIC MH	\$0.48	1.017	1.022	0.996	\$0.49		\$0.49
	OP HOSP - BASIC	\$25.49	1.017	1.035	0.996	\$26.73		\$26.73
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$14.53	1.017	1.015	0.996	\$14.94		\$14.94
	OP HOSP - LAB & RAD	\$22.97	1.017	1.031	0.996	\$24.00		\$24.00
	OP HOSP - MATERNITY	\$8.42	1.017	1.028	0.996	\$8.77	-\$8.77	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.01	1.017	1.003	0.996	\$0.01		\$0.01
	OP HOSP - PRES DRUGS BASIC	\$3.15	1.017	1.035	0.996	\$3.30		\$3.30
	OP HOSP - PRES DRUGS MH/CD	\$0.04	1.017	1.016	0.996	\$0.04		\$0.04
	OP HOSP - SOMATIC MH	\$0.49	1.017	1.025	0.996	\$0.51		\$0.51
	OTH MED - DME	\$1.30	1.028	1.000	0.996	\$1.33		\$1.33
	OTH MED - HHC/PDN	\$0.35	1.028	1.028	0.996	\$0.37		\$0.37
	OTH MED - HOSPICE	\$0.07	1.028	1.028	0.996	\$0.07		\$0.07
	OTH MED - MATERNITY MGT	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$0.90	1.028	1.000	0.996	\$0.93		\$0.93
	PHYS CONSULTATION, IP & ER VISITS	\$10.53	1.028	1.000	0.996	\$10.78		\$10.78
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.028	1.000	0.996	\$0.01		\$0.01
	PHYS MATERNITY	\$24.48	1.028	1.000	0.996	\$25.08	-\$25.08	\$0.00
	PHYS NEWBORN	\$0.03	1.028	1.000	0.996	\$0.03		\$0.03
	PHYS OFFICE VISITS	\$25.74	1.028	1.000	0.996	\$26.36		\$26.36
	PHYS OTHER	\$4.99	1.028	1.000	0.996	\$5.11	\$0.01	\$5.12

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs

With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM
Temporary Assistance to Needy Families (Adults Only)								
	PHYS SOMATIC MH	\$2.56	1.028	1.000	0.996	\$2.62		\$2.62
	PRES DRUGS - BASIC	\$38.44	1.038	1.000	0.996	\$39.76		\$39.76
	PRES DRUGS - FP	\$2.15	1.038	1.000	0.996	\$2.23		\$2.23
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.35	1.028	1.000	0.996	\$0.36		\$0.36
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$3.81	1.017	1.006	0.996	\$3.89		\$3.89
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.19	1.017	1.030	0.996	\$0.20		\$0.20
	STERILIZATION - OP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.55	1.028	1.000	0.996	\$0.56		\$0.56
	STERILIZATION - PHY MALE	\$0.08	1.028	1.000	0.996	\$0.08		\$0.08
	SURGERY	\$11.42	1.028	1.000	0.996	\$11.70		\$11.70
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$3.57	1.028	1.000	0.996	\$3.66		\$3.66
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.36	1.028	1.000	0.996	\$2.41		\$2.41
	VISION CARE - MATERIALS & FITTING	\$1.95	1.028	1.000	0.996	\$2.00		\$2.00
	PART A DEDUCTIBLE							
	PART B DEDUCTIBLE							
	PART B COINSURANCE ADJUSTMENT							
	Subtotal Physical Health	\$319.93				\$329.29	-\$68.09	\$261.20
	Subtotal Physical Health with Admin Allowance							\$285.25
CHEMICAL DEPENDENCY								
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.42	1.029	1.000	0.996	\$0.43		\$0.43
	CD SERVICES - METHADONE	\$3.13	1.029	1.000	0.996	\$3.21		\$3.21
	CD SERVICES - OP	\$7.22	1.029	1.000	0.996	\$7.41		\$7.41
	Subtotal Chemical Dependency	\$10.78				\$11.05		\$11.05
	Subtotal Chemical Dependency with Admin Allowance							\$12.01

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs

With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM
Temporary Assistance to Needy Families (Adults Only)								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$2.04	1.030	1.000	1.000	\$2.11		\$2.11
	DENTAL - ANESTHESIA SURGICAL	\$0.30	1.030	1.000	1.000	\$0.30		\$0.30
	DENTAL - DIAGNOSTIC	\$6.27	1.030	1.000	1.000	\$6.46		\$6.46
	DENTAL - ENDODONTICS	\$2.55	1.030	1.000	1.000	\$2.63		\$2.63
	DENTAL - I/P FIXED	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$3.97	1.030	1.000	1.000	\$4.09		\$4.09
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$2.31	1.030	1.000	1.000	\$2.38		\$2.38
	DENTAL - PREVENTIVE	\$1.98	1.030	1.000	1.000	\$2.04		\$2.04
	DENTAL - PROS REMOVABLE	\$3.29	1.030	1.000	1.000	\$3.39		\$3.39
	DENTAL - RESTORATIVE	\$7.59	1.030	1.000	1.000	\$7.82		\$7.82
	Subtotal Dental	\$30.31				\$31.24		\$31.24
	Subtotal Dental with Admin Allowance							\$33.95
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$4.06	1.029	1.005	1.000	\$4.20		\$4.20
	MH SERVICES ALTERNATIVE TO IP	\$0.14	1.029	1.000	1.000	\$0.15		\$0.15
	MH SERVICES ANCILLARY SERVICES	\$0.05	1.029	1.000	1.000	\$0.05		\$0.05
	MH SERVICES ASSESS & EVAL	\$1.63	1.029	1.000	1.000	\$1.68		\$1.68
	MH SERVICES CASE MANAGEMENT	\$1.46	1.029	1.000	1.000	\$1.50		\$1.50
	MH SERVICES CONSULTATION	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02
	MH SERVICES FAMILY SUPPORT	\$0.01	1.029	1.000	1.000	\$0.01		\$0.01
	MH SERVICES MED MANAGEMENT	\$0.34	1.029	1.000	1.000	\$0.35		\$0.35
	MH SERVICES OP THERAPY	\$4.33	1.029	1.000	1.000	\$4.45		\$4.45
	MH SERVICES OTHER OP	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$1.49	1.029	1.000	1.000	\$1.54		\$1.54
	MH SERVICES PHYS OP	\$6.68	1.029	1.000	1.000	\$6.87		\$6.87
	MH SERVICES SUPPORT DAY PROGRAM	\$0.44	1.029	1.000	1.000	\$0.46		\$0.46
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$21.35				\$21.97		\$21.97
	Subtotal Mental Health with Admin Allowance							\$24.09
	Total Services	\$382.37				\$393.54	-\$68.09	\$325.45
	Total Services with Admin Allowance							\$355.29

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs

With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM
Poverty Level Medical Adults								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$27.73	1.028	1.000	0.996	\$28.40		\$28.40
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.16	1.017	1.095	0.996	\$0.17		\$0.17
	FP - PHYS	\$4.17	1.028	1.000	0.996	\$4.27		\$4.27
	HYSTERECTOMY - ANESTHESIA	\$0.04	1.028	1.000	0.996	\$0.04		\$0.04
	HYSTERECTOMY - IP HOSP	\$0.82	1.017	1.005	0.996	\$0.84		\$0.84
	HYSTERECTOMY - OP HOSP	\$0.00	1.017	1.071	0.996	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.12	1.028	1.000	0.996	\$0.13		\$0.13
	IP HOSP - ACUTE DETOX	\$0.17	1.017	1.004	0.996	\$0.18		\$0.18
	IP HOSP - MATERNITY	\$480.85	1.017	1.005	0.996	\$489.81	-\$489.81	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$29.42	1.017	1.005	0.996	\$29.96	-\$18.01	\$11.95
	IP HOSP - MEDICAL/SURGICAL	\$12.51	1.017	1.012	0.996	\$12.82		\$12.82
	IP HOSP - NEWBORN	\$0.52	1.017	1.010	0.996	\$0.54		\$0.54
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$30.85	1.028	1.000	0.996	\$31.60		\$31.60
	LAB & RAD - LAB	\$20.76	1.028	1.000	0.996	\$21.26		\$21.26
	LAB & RAD - THERAPEUTIC X-RAY	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	OP ER - SOMATIC MH	\$0.14	1.017	1.022	0.996	\$0.14		\$0.14
	OP HOSP - BASIC	\$14.19	1.017	1.035	0.996	\$14.87		\$14.87
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$5.83	1.017	1.015	0.996	\$6.00		\$6.00
	OP HOSP - LAB & RAD	\$13.91	1.017	1.031	0.996	\$14.54		\$14.54
	OP HOSP - MATERNITY	\$74.94	1.017	1.028	0.996	\$78.07	-\$78.07	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.01	1.017	1.003	0.996	\$0.01		\$0.01
	OP HOSP - PRES DRUGS BASIC	\$4.42	1.017	1.035	0.996	\$4.63		\$4.63
	OP HOSP - PRES DRUGS MH/CD	\$0.01	1.017	1.016	0.996	\$0.01		\$0.01
	OP HOSP - SOMATIC MH	\$0.14	1.017	1.025	0.996	\$0.14		\$0.14
	OTH MED - DME	\$0.56	1.028	1.000	0.996	\$0.57		\$0.57
	OTH MED - HHC/PDN	\$0.36	1.028	1.028	0.996	\$0.38		\$0.38
	OTH MED - HOSPICE	\$0.00	1.028	1.028	0.996	\$0.00		\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$1.20	1.028	1.000	0.996	\$1.23		\$1.23
	PHYS CONSULTATION, IP & ER VISITS	\$6.21	1.028	1.000	0.996	\$6.36		\$6.36
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.028	1.000	0.996	\$0.01		\$0.01
	PHYS MATERNITY	\$304.88	1.028	1.000	0.996	\$312.24	-\$312.24	\$0.00
	PHYS NEWBORN	\$0.14	1.028	1.000	0.996	\$0.14		\$0.14
	PHYS OFFICE VISITS	\$11.96	1.028	1.000	0.996	\$12.24		\$12.24
	PHYS OTHER	\$2.59	1.028	1.000	0.996	\$2.65		\$2.65

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs

With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM
Poverty Level Medical Adults								
	PHYS SOMATIC MH	\$0.76	1.028	1.000	0.996	\$0.78		\$0.78
	PRES DRUGS - BASIC	\$24.47	1.038	1.000	0.996	\$25.30		\$25.30
	PRES DRUGS - FP	\$3.02	1.038	1.000	0.996	\$3.12		\$3.12
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$1.65	1.028	1.000	0.996	\$1.69		\$1.69
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$25.20	1.017	1.006	0.996	\$25.68		\$25.68
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.58	1.017	1.030	0.996	\$0.60		\$0.60
	STERILIZATION - OP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$3.02	1.028	1.000	0.996	\$3.09		\$3.09
	STERILIZATION - PHY MALE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	SURGERY	\$6.01	1.028	1.000	0.996	\$6.16		\$6.16
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$6.01	1.028	1.000	0.996	\$6.15		\$6.15
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.14	1.028	1.000	0.996	\$2.19		\$2.19
	VISION CARE - MATERIALS & FITTING	\$1.80	1.028	1.000	0.996	\$1.84		\$1.84
	PART A DEDUCTIBLE							
	PART B DEDUCTIBLE							
	PART B COINSURANCE ADJUSTMENT							
	Subtotal Physical Health	\$1,124.26				\$1,150.87	-\$898.13	\$252.74
	Subtotal Physical Health with Admin Allowance							\$276.00
	CHEMICAL DEPENDENCY							
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.08	1.029	1.000	0.996	\$0.08		\$0.08
	CD SERVICES - METHADONE	\$1.37	1.029	1.000	0.996	\$1.41		\$1.41
	CD SERVICES - OP	\$4.03	1.029	1.000	0.996	\$4.13		\$4.13
	Subtotal Chemical Dependency	\$5.48				\$5.62		\$5.62
	Subtotal Chemical Dependency with Admin Allowance							\$6.11

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs

With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM
Poverty Level Medical Adults								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$1.34	1.030	1.000	1.000	\$1.38		\$1.38
	DENTAL - ANESTHESIA SURGICAL	\$0.12	1.030	1.000	1.000	\$0.13		\$0.13
	DENTAL - DIAGNOSTIC	\$6.01	1.030	1.000	1.000	\$6.19		\$6.19
	DENTAL - ENDODONTICS	\$2.28	1.030	1.000	1.000	\$2.34		\$2.34
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$2.10	1.030	1.000	1.000	\$2.17		\$2.17
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$1.56	1.030	1.000	1.000	\$1.61		\$1.61
	DENTAL - PREVENTIVE	\$2.69	1.030	1.000	1.000	\$2.77		\$2.77
	DENTAL - PROS REMOVABLE	\$0.39	1.030	1.000	1.000	\$0.40		\$0.40
	DENTAL - RESTORATIVE	\$7.10	1.030	1.000	1.000	\$7.32		\$7.32
	Subtotal Dental	\$23.59				\$24.31		\$24.31
	Subtotal Dental with Admin Allowance							\$26.42
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$1.80	1.029	1.005	1.000	\$1.86		\$1.86
	MH SERVICES ALTERNATIVE TO IP	\$0.09	1.029	1.000	1.000	\$0.10		\$0.10
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00
	MH SERVICES ASSESS & EVAL	\$0.72	1.029	1.000	1.000	\$0.74		\$0.74
	MH SERVICES CASE MANAGEMENT	\$0.44	1.029	1.000	1.000	\$0.45		\$0.45
	MH SERVICES CONSULTATION	\$0.01	1.029	1.000	1.000	\$0.01		\$0.01
	MH SERVICES FAMILY SUPPORT	\$0.00	1.029	1.000	1.000	\$0.01		\$0.01
	MH SERVICES MED MANAGEMENT	\$0.05	1.029	1.000	1.000	\$0.06		\$0.06
	MH SERVICES OP THERAPY	\$1.26	1.029	1.000	1.000	\$1.29		\$1.29
	MH SERVICES OTHER OP	\$0.09	1.029	1.000	1.000	\$0.09		\$0.09
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$0.32	1.029	1.000	1.000	\$0.33		\$0.33
	MH SERVICES PHYS OP	\$2.29	1.029	1.000	1.000	\$2.36		\$2.36
	MH SERVICES SUPPORT DAY PROGRAM	\$0.09	1.029	1.000	1.000	\$0.09		\$0.09
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$7.86				\$8.07		\$8.07
	Subtotal Mental Health with Admin Allowance							\$8.85
	Total Services	\$1,161.19				\$1,188.87	-\$898.13	\$290.74
	Total Services with Admin Allowance							\$317.39

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
PLM, TANF, and CHIP Children < 1								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$2.11	1.031	1.000	0.996	\$2.17		\$2.17
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	FP - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	IP HOSP - MATERNITY	\$0.07	1.017	1.005	0.996	\$0.08		\$0.08
	IP HOSP - MATERNITY / STERILIZATION	\$0.01	1.017	1.005	0.996	\$0.01		\$0.01
	IP HOSP - MEDICAL/SURGICAL	\$70.47	1.017	1.012	0.996	\$72.24		\$72.24
	IP HOSP - NEWBORN	\$193.77	1.017	1.010	0.996	\$198.19		\$198.19
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$3.52	1.031	1.000	0.996	\$3.61		\$3.61
	LAB & RAD - LAB	\$1.22	1.031	1.000	0.996	\$1.26		\$1.26
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01
	OP ER - SOMATIC MH	\$0.01	1.039	1.022	0.996	\$0.01		\$0.01
	OP HOSP - BASIC	\$17.08	1.039	1.035	0.996	\$18.29		\$18.29
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$12.47	1.039	1.015	0.996	\$13.10		\$13.10
	OP HOSP - LAB & RAD	\$9.76	1.039	1.031	0.996	\$10.42		\$10.42
	OP HOSP - MATERNITY	\$0.02	1.039	1.028	0.996	\$0.02		\$0.02
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	0.996	\$0.00		\$0.00
	OP HOSP - PRES DRUGS BASIC	\$1.25	1.039	1.035	0.996	\$1.34		\$1.34
	OP HOSP - PRES DRUGS MH/CD	\$0.00	1.039	1.016	0.996	\$0.00		\$0.00
	OP HOSP - SOMATIC MH	\$0.04	1.039	1.025	0.996	\$0.05		\$0.05
	OTH MED - DME	\$1.41	1.031	1.000	0.996	\$1.45		\$1.45
	OTH MED - HHC/PDN	\$0.40	1.031	1.028	0.996	\$0.42		\$0.42
	OTH MED - HOSPICE	\$0.06	1.031	1.028	0.996	\$0.06		\$0.06
	OTH MED - MATERNITY MGT	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$1.51	1.031	1.000	0.996	\$1.56		\$1.56
	PHYS CONSULTATION, IP & ER VISITS	\$30.85	1.031	1.000	0.996	\$31.70		\$31.70
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.08	1.031	1.000	0.996	\$0.08		\$0.08
	PHYS MATERNITY	\$0.10	1.031	1.000	0.996	\$0.10		\$0.10
	PHYS NEWBORN	\$6.32	1.031	1.000	0.996	\$6.50		\$6.50
	PHYS OFFICE VISITS	\$63.47	1.031	1.000	0.996	\$65.23		\$65.23
	PHYS OTHER	\$7.44	1.031	1.000	0.996	\$7.64		\$7.64

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
PLM, TANF, and CHIP Children < 1								
	PHYS SOMATIC MH	\$0.09	1.031	1.000	0.996	\$0.09		\$0.09
	PRES DRUGS - BASIC	\$12.05	1.038	1.000	0.996	\$12.46		\$12.46
	PRES DRUGS - FP	\$0.01	1.038	1.000	0.996	\$0.01		\$0.01
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP MALE	\$0.01	1.039	1.000	0.996	\$0.01		\$0.01
	STERILIZATION - PHY FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	SURGERY	\$6.65	1.031	1.000	0.996	\$6.83		\$6.83
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$6.49	1.031	1.000	0.996	\$6.67		\$6.67
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.41	1.031	1.000	0.996	\$0.42		\$0.42
	VISION CARE - MATERIALS & FITTING	\$0.02	1.031	1.000	0.996	\$0.02		\$0.02
	PART A DEDUCTIBLE							
	PART B DEDUCTIBLE							
	PART B COINSURANCE ADJUSTMENT							
	Subtotal Physical Health	\$449.18				\$462.04		\$462.04
	Subtotal Physical Health with Admin Allowance							\$504.58
	CHEMICAL DEPENDENCY							
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00
	CD SERVICES - METHADONE	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00
	CD SERVICES - OP	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00
	Subtotal Chemical Dependency	\$0.01				\$0.01		\$0.01
	Subtotal Chemical Dependency with Admin Allowance							\$0.01

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - DIAGNOSTIC	\$0.07	1.030	1.000	1.000	\$0.07		\$0.07
	DENTAL - ENDODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PREVENTIVE	\$0.04	1.030	1.000	1.000	\$0.04		\$0.04
	DENTAL - PROS REMOVABLE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - RESTORATIVE	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	Subtotal Dental	\$0.15				\$0.16		\$0.16
	Subtotal Dental with Admin Allowance							\$0.17
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES ASSESS & EVAL	\$0.01	1.042	1.000	1.000	\$0.02		\$0.02
	MH SERVICES CASE MANAGEMENT	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01
	MH SERVICES CONSULTATION	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES MED MANAGEMENT	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES OP THERAPY	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01
	MH SERVICES OTHER OP	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01
	MH SERVICES PHYS OP	\$0.06	1.042	1.000	1.000	\$0.06		\$0.06
	MH SERVICES SUPPORT DAY PROGRAM	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.02	1.042	1.000	1.000	\$0.03	-\$0.03	\$0.00
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$0.82				\$0.82	-\$0.03	\$0.80
	Subtotal Mental Health with Admin Allowance							\$0.88
	Total Services	\$450.15				\$463.03	-\$0.03	\$463.00
	Total Services with Admin Allowance							\$505.63

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
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Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
PLM, TANF, and CHIP Children 1 - 5								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$1.89	1.031	1.000	0.996	\$1.95		\$1.95
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	FP - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	IP HOSP - MATERNITY	\$0.00	1.017	1.005	0.996	\$0.00		\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$12.90	1.017	1.012	0.996	\$13.22		\$13.22
	IP HOSP - NEWBORN	\$0.04	1.017	1.010	0.996	\$0.04		\$0.04
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.10	1.031	1.000	0.996	\$1.14		\$1.14
	LAB & RAD - LAB	\$0.91	1.031	1.000	0.996	\$0.94		\$0.94
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01
	OP ER - SOMATIC MH	\$0.01	1.039	1.022	0.996	\$0.01		\$0.01
	OP HOSP - BASIC	\$14.91	1.039	1.035	0.996	\$15.97		\$15.97
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$8.10	1.039	1.015	0.996	\$8.52		\$8.52
	OP HOSP - LAB & RAD	\$4.94	1.039	1.031	0.996	\$5.27		\$5.27
	OP HOSP - MATERNITY	\$0.00	1.039	1.028	0.996	\$0.00		\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - PRES DRUGS BASIC	\$1.09	1.039	1.035	0.996	\$1.16		\$1.16
	OP HOSP - PRES DRUGS MH/CD	\$0.00	1.039	1.016	0.996	\$0.00		\$0.00
	OP HOSP - SOMATIC MH	\$0.17	1.039	1.025	0.996	\$0.18		\$0.18
	OTH MED - DME	\$0.30	1.031	1.000	0.996	\$0.31		\$0.31
	OTH MED - HHC/PDN	\$0.13	1.031	1.028	0.996	\$0.13		\$0.13
	OTH MED - HOSPICE	\$0.01	1.031	1.028	0.996	\$0.01		\$0.01
	OTH MED - MATERNITY MGT	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$0.40	1.031	1.000	0.996	\$0.41		\$0.41
	PHYS CONSULTATION, IP & ER VISITS	\$4.54	1.031	1.000	0.996	\$4.67		\$4.67
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01
	PHYS MATERNITY	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01
	PHYS NEWBORN	\$0.05	1.031	1.000	0.996	\$0.06		\$0.06
	PHYS OFFICE VISITS	\$21.43	1.031	1.000	0.996	\$22.02		\$22.02
	PHYS OTHER	\$1.59	1.031	1.000	0.996	\$1.63		\$1.63

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs

With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
PLM, TANF, and CHIP Children 1 - 5								
	PHYS SOMATIC MH	\$0.57	1.031	1.000	0.996	\$0.58		\$0.58
	PRES DRUGS - BASIC	\$7.68	1.038	1.000	0.996	\$7.95		\$7.95
	PRES DRUGS - FP	\$0.00	1.038	1.000	0.996	\$0.00		\$0.00
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	SURGERY	\$3.28	1.031	1.000	0.996	\$3.37		\$3.37
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$1.34	1.031	1.000	0.996	\$1.38		\$1.38
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.69	1.031	1.000	0.996	\$0.71		\$0.71
	VISION CARE - MATERIALS & FITTING	\$0.25	1.031	1.000	0.996	\$0.25		\$0.25
	PART A DEDUCTIBLE							
	PART B DEDUCTIBLE							
	PART B COINSURANCE ADJUSTMENT							
	Subtotal Physical Health	\$88.38				\$91.93		\$91.93
	Subtotal Physical Health with Admin Allowance							\$100.39
	CHEMICAL DEPENDENCY							
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00
	CD SERVICES - METHADONE	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00
	CD SERVICES - OP	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00
	Subtotal Chemical Dependency	\$0.00				\$0.00		\$0.00
	Subtotal Chemical Dependency with Admin Allowance							\$0.00

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$0.61	1.030	1.000	1.000	\$0.62		\$0.62
	DENTAL - ANESTHESIA SURGICAL	\$0.70	1.030	1.000	1.000	\$0.72		\$0.72
	DENTAL - DIAGNOSTIC	\$3.04	1.030	1.000	1.000	\$3.13		\$3.13
	DENTAL - ENDODONTICS	\$1.08	1.030	1.000	1.000	\$1.11		\$1.11
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$0.75	1.030	1.000	1.000	\$0.77		\$0.77
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$0.01	1.030	1.000	1.000	\$0.01		\$0.01
	DENTAL - PREVENTIVE	\$2.70	1.030	1.000	1.000	\$2.78	\$0.16	\$2.94
	DENTAL - PROS REMOVABLE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - RESTORATIVE	\$7.61	1.030	1.000	1.000	\$7.84		\$7.84
	Subtotal Dental	\$16.48				\$16.98	\$0.16	\$17.14
	Subtotal Dental with Admin Allowance							\$18.63
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$0.04	1.042	1.005	1.000	\$0.04		\$0.04
	MH SERVICES ALTERNATIVE TO IP	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00
	MH SERVICES ASSESS & EVAL	\$0.38	1.042	1.000	1.000	\$0.40		\$0.40
	MH SERVICES CASE MANAGEMENT	\$0.26	1.042	1.000	1.000	\$0.27		\$0.27
	MH SERVICES CONSULTATION	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01
	MH SERVICES FAMILY SUPPORT	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01
	MH SERVICES MED MANAGEMENT	\$0.02	1.042	1.000	1.000	\$0.03		\$0.03
	MH SERVICES OP THERAPY	\$0.59	1.042	1.000	1.000	\$0.62		\$0.62
	MH SERVICES OTHER OP	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$0.13	1.042	1.000	1.000	\$0.14		\$0.14
	MH SERVICES PHYS OP	\$1.56	1.042	1.000	1.000	\$1.62		\$1.62
	MH SERVICES SUPPORT DAY PROGRAM	\$0.25	1.042	1.000	1.000	\$0.26		\$0.26
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.042	1.000	1.000	\$0.00	\$0.92	\$0.93
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$3.97				\$4.10	\$0.92	\$5.03
	Subtotal Mental Health with Admin Allowance							\$5.51
	Total Services	\$108.83				\$113.02	\$1.08	\$114.10
	Total Services with Admin Allowance							\$124.54

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
PLM, TANF, and CHIP Children 6 - 18								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$0.99	1.031	1.000	0.996	\$1.02		\$1.02
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.01	1.039	1.095	0.996	\$0.01		\$0.01
	FP - PHYS	\$0.10	1.031	1.000	0.996	\$0.10		\$0.10
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	IP HOSP - ACUTE DETOX	\$0.03	1.017	1.004	0.996	\$0.03		\$0.03
	IP HOSP - MATERNITY	\$2.08	1.017	1.005	0.996	\$2.12	-\$2.12	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.01	1.017	1.005	0.996	\$0.01	-\$0.01	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$12.11	1.017	1.012	0.996	\$12.42		\$12.42
	IP HOSP - NEWBORN	\$0.01	1.017	1.010	0.996	\$0.01		\$0.01
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.89	1.031	1.000	0.996	\$1.94		\$1.94
	LAB & RAD - LAB	\$1.37	1.031	1.000	0.996	\$1.40		\$1.40
	LAB & RAD - THERAPEUTIC X-RAY	\$0.04	1.031	1.000	0.996	\$0.04		\$0.04
	OP ER - SOMATIC MH	\$0.17	1.039	1.022	0.996	\$0.18		\$0.18
	OP HOSP - BASIC	\$8.96	1.039	1.035	0.996	\$9.60		\$9.60
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$5.49	1.039	1.015	0.996	\$5.77		\$5.77
	OP HOSP - LAB & RAD	\$6.55	1.039	1.031	0.996	\$6.99		\$6.99
	OP HOSP - MATERNITY	\$0.74	1.039	1.028	0.996	\$0.79	-\$0.79	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	0.996	\$0.00		\$0.00
	OP HOSP - PRES DRUGS BASIC	\$0.83	1.039	1.035	0.996	\$0.89		\$0.89
	OP HOSP - PRES DRUGS MH/CD	\$0.01	1.039	1.016	0.996	\$0.01		\$0.01
	OP HOSP - SOMATIC MH	\$0.22	1.039	1.025	0.996	\$0.23		\$0.23
	OTH MED - DME	\$0.24	1.031	1.000	0.996	\$0.25		\$0.25
	OTH MED - HHC/PDN	\$0.06	1.031	1.028	0.996	\$0.07		\$0.07
	OTH MED - HOSPICE	\$0.00	1.031	1.028	0.996	\$0.00		\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$0.27	1.031	1.000	0.996	\$0.27		\$0.27
	PHYS CONSULTATION, IP & ER VISITS	\$3.08	1.031	1.000	0.996	\$3.17		\$3.17
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	PHYS MATERNITY	\$1.30	1.031	1.000	0.996	\$1.33	-\$1.33	\$0.00
	PHYS NEWBORN	\$0.06	1.031	1.000	0.996	\$0.06		\$0.06
	PHYS OFFICE VISITS	\$11.98	1.031	1.000	0.996	\$12.31		\$12.31
	PHYS OTHER	\$1.32	1.031	1.000	0.996	\$1.35		\$1.35

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
PLM, TANF, and CHIP Children 6 - 18								
	PHYS SOMATIC MH	\$1.29	1.031	1.000	0.996	\$1.33		\$1.33
	PRES DRUGS - BASIC	\$11.30	1.038	1.000	0.996	\$11.69		\$11.69
	PRES DRUGS - FP	\$0.49	1.038	1.000	0.996	\$0.50		\$0.50
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.017	1.006	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	SURGERY	\$3.26	1.031	1.000	0.996	\$3.35		\$3.35
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$1.02	1.031	1.000	0.996	\$1.05		\$1.05
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.22	1.031	1.000	0.996	\$2.28		\$2.28
	VISION CARE - MATERIALS & FITTING	\$1.66	1.031	1.000	0.996	\$1.70		\$1.70
	PART A DEDUCTIBLE							
	PART B DEDUCTIBLE							
	PART B COINSURANCE ADJUSTMENT							
	Subtotal Physical Health	\$81.16				\$84.29	-\$4.25	\$80.04
	Subtotal Physical Health with Admin Allowance							\$87.41
	CHEMICAL DEPENDENCY							
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.01	1.042	1.000	0.996	\$0.01		\$0.01
	CD SERVICES - METHADONE	\$0.02	1.042	1.000	0.996	\$0.02		\$0.02
	CD SERVICES - OP	\$1.04	1.042	1.000	0.996	\$1.08		\$1.08
	Subtotal Chemical Dependency	\$1.07				\$1.11		\$1.11
	Subtotal Chemical Dependency with Admin Allowance							\$1.20

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$0.35	1.030	1.000	1.000	\$0.36		\$0.36
	DENTAL - ANESTHESIA SURGICAL	\$0.35	1.030	1.000	1.000	\$0.36		\$0.36
	DENTAL - DIAGNOSTIC	\$4.87	1.030	1.000	1.000	\$5.01		\$5.01
	DENTAL - ENDODONTICS	\$1.28	1.030	1.000	1.000	\$1.32		\$1.32
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$1.39	1.030	1.000	1.000	\$1.43		\$1.43
	DENTAL - ORTHODONTICS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	DENTAL - PERIODONTICS	\$0.14	1.030	1.000	1.000	\$0.15		\$0.15
	DENTAL - PREVENTIVE	\$5.28	1.030	1.000	1.000	\$5.44	\$0.51	\$5.95
	DENTAL - PROS REMOVABLE	\$0.04	1.030	1.000	1.000	\$0.04		\$0.04
	DENTAL - RESTORATIVE	\$7.44	1.030	1.000	1.000	\$7.67		\$7.67
	Subtotal Dental	\$21.16				\$21.80	\$0.51	\$22.31
	Subtotal Dental with Admin Allowance							\$24.26
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$3.04	1.042	1.005	1.000	\$3.18		\$3.18
	MH SERVICES ALTERNATIVE TO IP	\$0.27	1.042	1.000	1.000	\$0.28		\$0.28
	MH SERVICES ANCILLARY SERVICES	\$0.02	1.042	1.000	1.000	\$0.02		\$0.02
	MH SERVICES ASSESS & EVAL	\$1.28	1.042	1.000	1.000	\$1.33		\$1.33
	MH SERVICES CASE MANAGEMENT	\$1.64	1.042	1.000	1.000	\$1.71		\$1.71
	MH SERVICES CONSULTATION	\$0.04	1.042	1.000	1.000	\$0.04		\$0.04
	MH SERVICES FAMILY SUPPORT	\$0.04	1.042	1.000	1.000	\$0.04		\$0.04
	MH SERVICES MED MANAGEMENT	\$0.17	1.042	1.000	1.000	\$0.18		\$0.18
	MH SERVICES OP THERAPY	\$2.97	1.042	1.000	1.000	\$3.09		\$3.09
	MH SERVICES OTHER OP	\$0.04	1.042	1.000	1.000	\$0.04		\$0.04
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$1.10	1.042	1.000	1.000	\$1.15		\$1.15
	MH SERVICES PHYS OP	\$6.72	1.042	1.000	1.000	\$7.00		\$7.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.52	1.042	1.000	1.000	\$0.54		\$0.54
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.81	1.042	1.000	1.000	\$0.84	\$8.08	\$8.92
	MH SERVICES CONS ASSESS						\$0.03	\$0.03
	Subtotal Mental Health	\$19.33				\$20.13	\$8.11	\$28.24
	Subtotal Mental Health with Admin Allowance							\$30.95
	Total Services	\$122.72				\$127.32	\$4.37	\$131.70
	Total Services with Admin Allowance							\$143.82

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Aid to the Blind/Aid to the Disabled with Medicare								
	PHYSICAL HEALTH							
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	ANESTHESIA	\$1.03	1.030	1.000	1.000	\$1.06		\$1.06
	EXCEPT NEEDS CARE COORDINATION	\$8.01	1.000	1.000	1.000	\$8.01		\$8.01
	FP - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	FP - OP HOSP	\$0.00	1.039	1.095	1.000	\$0.00		\$0.00
	FP - PHYS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	HYSTERECTOMY - OP HOSP	\$0.01	1.039	1.071	1.000	\$0.01		\$0.01
	HYSTERECTOMY - PHYS	\$0.04	1.030	1.000	1.000	\$0.04		\$0.04
	IP HOSP - ACUTE DETOX	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - MATERNITY	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - NEWBORN	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.28	1.030	1.000	1.000	\$2.35		\$2.35
	LAB & RAD - LAB	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	LAB & RAD - THERAPEUTIC X-RAY	\$0.12	1.030	1.000	1.000	\$0.13		\$0.13
	OP ER - SOMATIC MH	\$0.35	1.039	1.022	1.000	\$0.37		\$0.37
	OP HOSP - BASIC	\$20.16	1.039	1.035	1.000	\$21.67		\$21.67
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$3.27	1.039	1.015	1.000	\$3.45		\$3.45
	OP HOSP - LAB & RAD	\$7.41	1.039	1.031	1.000	\$7.94		\$7.94
	OP HOSP - MATERNITY	\$0.11	1.039	1.028	1.000	\$0.12		\$0.12
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	1.000	\$0.00		\$0.00
	OP HOSP - PRES DRUGS BASIC	\$6.58	1.039	1.035	1.000	\$7.07		\$7.07
	OP HOSP - PRES DRUGS MH/CD	\$0.11	1.039	1.016	1.000	\$0.12		\$0.12
	OP HOSP - SOMATIC MH	\$0.34	1.039	1.025	1.000	\$0.36		\$0.36
	OTH MED - DME	\$4.47	1.030	1.000	1.000	\$4.61		\$4.61
	OTH MED - HHC/PDN	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	OTH MED - HOSPICE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$14.00	1.030	1.000	1.000	\$14.42		\$14.42
	PHYS CONSULTATION, IP & ER VISITS	\$3.60	1.030	1.000	1.000	\$3.70		\$3.70
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.15	1.030	1.000	1.000	\$0.16		\$0.16
	PHYS MATERNITY	\$0.17	1.030	1.000	1.000	\$0.17		\$0.17
	PHYS NEWBORN	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	PHYS OFFICE VISITS	\$6.29	1.030	1.000	1.000	\$6.48		\$6.48
	PHYS OTHER	\$3.70	1.030	1.000	1.000	\$3.81	\$0.01	\$3.82

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Aid to the Blind/Aid to the Disabled with Medicare								
	PHYS SOMATIC MH	\$0.87	1.030	1.000	1.000	\$0.90		\$0.90
	PRES DRUGS - BASIC	\$10.20	1.038	1.000	1.000	\$10.59		\$10.59
	PRES DRUGS - FP	\$0.00	1.038	1.000	1.000	\$0.00		\$0.00
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.030	1.000	\$0.00		\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.01	1.030	1.000	1.000	\$0.01		\$0.01
	STERILIZATION - PHY MALE	\$0.01	1.030	1.000	1.000	\$0.01		\$0.01
	SURGERY	\$3.89	1.030	1.000	1.000	\$4.01		\$4.01
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$1.44	1.030	1.000	1.000	\$1.48		\$1.48
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$3.41	1.030	1.000	1.000	\$3.51		\$3.51
	VISION CARE - MATERIALS & FITTING	\$2.26	1.030	1.000	1.000	\$2.33		\$2.33
	PART A DEDUCTIBLE					\$14.33		\$14.33
	PART B DEDUCTIBLE					\$11.25		\$11.25
	PART B COINSURANCE ADJUSTMENT					-\$4.27		-\$4.27
	Subtotal Physical Health	\$104.33				\$130.25	\$0.01	\$130.26
	Subtotal Physical Health with Admin Allowance							\$142.25
CHEMICAL DEPENDENCY								
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.41	1.029	1.000	1.000	\$0.42		\$0.42
	CD SERVICES - METHADONE	\$3.10	1.029	1.000	1.000	\$3.19		\$3.19
	CD SERVICES - OP	\$1.24	1.029	1.000	1.000	\$1.28		\$1.28
	Subtotal Chemical Dependency	\$4.75				\$4.89		\$4.89
	Subtotal Chemical Dependency with Admin Allowance							\$5.31

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Aid to the Blind/Aid to the Disabled with Medicare								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$2.03	1.030	1.000	1.000	\$2.09		\$2.09
	DENTAL - ANESTHESIA SURGICAL	\$0.34	1.030	1.000	1.000	\$0.35		\$0.35
	DENTAL - DIAGNOSTIC	\$4.83	1.030	1.000	1.000	\$4.97		\$4.97
	DENTAL - ENDODONTICS	\$1.47	1.030	1.000	1.000	\$1.51		\$1.51
	DENTAL - I/P FIXED	\$0.04	1.030	1.000	1.000	\$0.04		\$0.04
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$3.22	1.030	1.000	1.000	\$3.32		\$3.32
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$2.62	1.030	1.000	1.000	\$2.70		\$2.70
	DENTAL - PREVENTIVE	\$2.74	1.030	1.000	1.000	\$2.82		\$2.82
	DENTAL - PROS REMOVABLE	\$5.96	1.030	1.000	1.000	\$6.14		\$6.14
	DENTAL - RESTORATIVE	\$7.02	1.030	1.000	1.000	\$7.23		\$7.23
	Subtotal Dental	\$30.25				\$31.18		\$31.18
	Subtotal Dental with Admin Allowance							\$33.89
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$2.85	1.029	1.000	1.000	\$2.82		\$2.82
	MH SERVICES ALTERNATIVE TO IP	\$1.98	1.029	1.000	1.000	\$2.04		\$2.04
	MH SERVICES ANCILLARY SERVICES	\$0.04	1.029	1.000	1.000	\$0.04		\$0.04
	MH SERVICES ASSESS & EVAL	\$1.52	1.029	1.000	1.000	\$1.56		\$1.56
	MH SERVICES CASE MANAGEMENT	\$18.56	1.029	1.000	1.000	\$19.09		\$19.09
	MH SERVICES CONSULTATION	\$0.05	1.029	1.000	1.000	\$0.05		\$0.05
	MH SERVICES FAMILY SUPPORT	\$1.84	1.029	1.000	1.000	\$1.89		\$1.89
	MH SERVICES MED MANAGEMENT	\$3.64	1.029	1.000	1.000	\$3.74		\$3.74
	MH SERVICES OP THERAPY	\$5.08	1.029	1.000	1.000	\$5.23		\$5.23
	MH SERVICES OTHER OP	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$6.45	1.029	1.000	1.000	\$6.64		\$6.64
	MH SERVICES PHYS OP	\$9.72	1.029	1.000	1.000	\$10.00		\$10.00
	MH SERVICES SUPPORT DAY PROGRAM	\$32.52	1.029	1.000	1.000	\$33.47		\$33.47
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$84.96				\$87.29		\$87.29
	Subtotal Mental Health with Admin Allowance							\$95.70
	Total Services	\$224.29				\$253.61	\$0.01	\$253.62
	Total Services with Admin Allowance							\$277.15

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

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Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Aid to the Blind/Aid to the Disabled without Medicare								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$5.55	1.032	1.000	0.996	\$5.71		\$5.71
	EXCEPT NEEDS CARE COORDINATION	\$8.01	1.000	1.000	0.996	\$7.98		\$7.98
	FP - IP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.03	1.039	1.095	0.996	\$0.04		\$0.04
	FP - PHYS	\$0.23	1.032	1.000	0.996	\$0.23		\$0.23
	HYSTERECTOMY - ANESTHESIA	\$0.05	1.032	1.000	0.996	\$0.05		\$0.05
	HYSTERECTOMY - IP HOSP	\$2.85	1.039	1.005	0.996	\$2.96		\$2.96
	HYSTERECTOMY - OP HOSP	\$0.01	1.039	1.071	0.996	\$0.01		\$0.01
	HYSTERECTOMY - PHYS	\$0.32	1.032	1.000	0.996	\$0.33		\$0.33
	IP HOSP - ACUTE DETOX	\$1.83	1.039	1.004	0.996	\$1.91		\$1.91
	IP HOSP - MATERNITY	\$4.61	1.039	1.005	0.996	\$4.80	-\$4.80	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.33	1.039	1.005	0.996	\$0.35	-\$0.21	\$0.14
	IP HOSP - MEDICAL/SURGICAL	\$292.00	1.039	1.012	0.996	\$305.85		\$305.85
	IP HOSP - NEWBORN	\$0.06	1.039	1.010	0.996	\$0.07		\$0.07
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.010	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$14.41	1.032	1.000	0.996	\$14.82		\$14.82
	LAB & RAD - LAB	\$8.63	1.032	1.000	0.996	\$8.87		\$8.87
	LAB & RAD - THERAPEUTIC X-RAY	\$1.50	1.032	1.000	0.996	\$1.55		\$1.55
	OP ER - SOMATIC MH	\$1.79	1.039	1.022	0.996	\$1.89		\$1.89
	OP HOSP - BASIC	\$68.60	1.039	1.035	0.996	\$73.48		\$73.48
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$18.23	1.039	1.015	0.996	\$19.16		\$19.16
	OP HOSP - LAB & RAD	\$44.80	1.039	1.031	0.996	\$47.83		\$47.83
	OP HOSP - MATERNITY	\$1.35	1.039	1.028	0.996	\$1.44	-\$1.44	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.13	1.039	1.003	0.996	\$0.14		\$0.14
	OP HOSP - PRES DRUGS BASIC	\$7.62	1.039	1.035	0.996	\$8.16		\$8.16
	OP HOSP - PRES DRUGS MH/CD	\$0.13	1.039	1.016	0.996	\$0.13		\$0.13
	OP HOSP - SOMATIC MH	\$2.18	1.039	1.025	0.996	\$2.31		\$2.31
	OTH MED - DME	\$19.77	1.032	1.000	0.996	\$20.33		\$20.33
	OTH MED - HHC/PDN	\$4.75	1.032	1.028	0.996	\$5.02		\$5.02
	OTH MED - HOSPICE	\$2.99	1.032	1.028	0.996	\$3.16		\$3.16
	OTH MED - MATERNITY MGT	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$13.86	1.032	1.000	0.996	\$14.26		\$14.26
	PHYS CONSULTATION, IP & ER VISITS	\$21.63	1.032	1.000	0.996	\$22.25		\$22.25
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.59	1.032	1.000	0.996	\$0.60		\$0.60
	PHYS MATERNITY	\$2.11	1.032	1.000	0.996	\$2.17	-\$2.17	\$0.00
	PHYS NEWBORN	\$0.11	1.032	1.000	0.996	\$0.11		\$0.11
	PHYS OFFICE VISITS	\$39.26	1.032	1.000	0.996	\$40.38		\$40.38
	PHYS OTHER	\$24.97	1.032	1.000	0.996	\$25.68	\$0.05	\$25.73

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Aid to the Blind/Aid to the Disabled without Medicare								
	PHYS SOMATIC MH	\$5.61	1.032	1.000	0.996	\$5.77		\$5.77
	PRES DRUGS - BASIC	\$177.02	1.038	1.000	0.996	\$183.06		\$183.06
	PRES DRUGS - FP	\$0.82	1.038	1.000	0.996	\$0.85		\$0.85
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.04	1.032	1.000	0.996	\$0.04		\$0.04
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.47	1.039	1.006	0.996	\$0.49		\$0.49
	STERILIZATION - IP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.03	1.039	1.030	0.996	\$0.03		\$0.03
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.06	1.032	1.000	0.996	\$0.06		\$0.06
	STERILIZATION - PHY MALE	\$0.01	1.032	1.000	0.996	\$0.01		\$0.01
	SURGERY	\$23.04	1.032	1.000	0.996	\$23.70		\$23.70
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$13.75	1.032	1.000	0.996	\$14.14		\$14.14
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$3.64	1.032	1.000	0.996	\$3.75		\$3.75
	VISION CARE - MATERIALS & FITTING	\$2.47	1.032	1.000	0.996	\$2.54		\$2.54
	PART A DEDUCTIBLE			1.000		\$0.00		\$0.00
	PART B DEDUCTIBLE			1.000		\$0.00		\$0.00
	PART B COINSURANCE ADJUSTMENT			1.000		\$0.00		\$0.00
	Subtotal Physical Health	\$842.26				\$878.49	-\$8.56	\$869.93
	Subtotal Physical Health with Admin Allowance							\$950.02
CHEMICAL DEPENDENCY								
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.42	1.014	1.000	0.996	\$0.43		\$0.43
	CD SERVICES - METHADONE	\$5.07	1.014	1.000	0.996	\$5.12		\$5.12
	CD SERVICES - OP	\$2.55	1.014	1.000	0.996	\$2.58		\$2.58
	Subtotal Chemical Dependency	\$8.04				\$8.12		\$8.12
	Subtotal Chemical Dependency with Admin Allowance							\$8.83

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Aid to the Blind/Aid to the Disabled without Medicare								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$1.64	1.030	1.000	1.000	\$1.69		\$1.69
	DENTAL - ANESTHESIA SURGICAL	\$0.31	1.030	1.000	1.000	\$0.32		\$0.32
	DENTAL - DIAGNOSTIC	\$4.39	1.030	1.000	1.000	\$4.52		\$4.52
	DENTAL - ENDODONTICS	\$1.36	1.030	1.000	1.000	\$1.40		\$1.40
	DENTAL - I/P FIXED	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$3.01	1.030	1.000	1.000	\$3.10		\$3.10
	DENTAL - ORTHODONTICS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	DENTAL - PERIODONTICS	\$1.76	1.030	1.000	1.000	\$1.82		\$1.82
	DENTAL - PREVENTIVE	\$2.36	1.030	1.000	1.000	\$2.43		\$2.43
	DENTAL - PROS REMOVABLE	\$5.15	1.030	1.000	1.000	\$5.30		\$5.30
	DENTAL - RESTORATIVE	\$6.32	1.030	1.000	1.000	\$6.51		\$6.51
	Subtotal Dental	\$26.34				\$27.14		\$27.14
	Subtotal Dental with Admin Allowance							\$29.50
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$26.01	1.014	1.005	1.000	\$26.49		\$26.49
	MH SERVICES ALTERNATIVE TO IP	\$2.31	1.014	1.000	1.000	\$2.34		\$2.34
	MH SERVICES ANCILLARY SERVICES	\$0.20	1.014	1.000	1.000	\$0.20		\$0.20
	MH SERVICES ASSESS & EVAL	\$2.01	1.014	1.000	1.000	\$2.04		\$2.04
	MH SERVICES CASE MANAGEMENT	\$13.76	1.014	1.000	1.000	\$13.96		\$13.96
	MH SERVICES CONSULTATION	\$0.08	1.014	1.000	1.000	\$0.08		\$0.08
	MH SERVICES FAMILY SUPPORT	\$1.07	1.014	1.000	1.000	\$1.08		\$1.08
	MH SERVICES MED MANAGEMENT	\$3.27	1.014	1.000	1.000	\$3.31		\$3.31
	MH SERVICES OP THERAPY	\$6.48	1.014	1.000	1.000	\$6.57		\$6.57
	MH SERVICES OTHER OP	\$0.08	1.014	1.000	1.000	\$0.08		\$0.08
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$7.05	1.014	1.000	1.000	\$7.15		\$7.15
	MH SERVICES PHYS OP	\$12.62	1.014	1.000	1.000	\$12.80		\$12.80
	MH SERVICES SUPPORT DAY PROGRAM	\$18.67	1.014	1.000	1.000	\$18.93		\$18.93
	MH SERVICES INTENSIVE TREATMENT SVCS	\$2.27	1.014	1.000	1.000	\$2.30	\$15.95	\$18.25
	MH SERVICES CONS ASSESS						\$0.06	\$0.06
	Subtotal Mental Health	\$96.57				\$98.03	\$16.01	\$114.04
	Subtotal Mental Health with Admin Allowance							\$125.01
	Total Services	\$973.21				\$1,011.78	\$7.45	\$1,019.23
	Total Services with Admin Allowance							\$1,113.36

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Old Age Assistance with Medicare								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	ANESTHESIA	\$1.06	1.030	1.000	1.000	\$1.09		\$1.09
	EXCEPT NEEDS CARE COORDINATION	\$6.26	1.000	1.000	1.000	\$6.26		\$6.26
	FP - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	FP - OP HOSP	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	FP - PHYS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	IP HOSP - ACUTE DETOX	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - MATERNITY	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - NEWBORN	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.62	1.030	1.000	1.000	\$2.70		\$2.70
	LAB & RAD - LAB	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	LAB & RAD - THERAPEUTIC X-RAY	\$0.28	1.030	1.000	1.000	\$0.29		\$0.29
	OP ER - SOMATIC MH	\$0.07	1.039	1.022	1.000	\$0.07		\$0.07
	OP HOSP - BASIC	\$17.49	1.039	1.035	1.000	\$18.80		\$18.80
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$2.63	1.039	1.015	1.000	\$2.78		\$2.78
	OP HOSP - LAB & RAD	\$8.29	1.039	1.031	1.000	\$8.88		\$8.88
	OP HOSP - MATERNITY	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	1.000	\$0.00		\$0.00
	OP HOSP - PRES DRUGS BASIC	\$5.00	1.039	1.035	1.000	\$5.38		\$5.38
	OP HOSP - PRES DRUGS MH/CD	\$0.03	1.039	1.016	1.000	\$0.03		\$0.03
	OP HOSP - SOMATIC MH	\$0.15	1.039	1.025	1.000	\$0.16		\$0.16
	OTH MED - DME	\$5.82	1.030	1.000	1.000	\$6.00		\$6.00
	OTH MED - HHC/PDN	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	OTH MED - HOSPICE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$15.80	1.030	1.000	1.000	\$16.28		\$16.28
	PHYS CONSULTATION, IP & ER VISITS	\$4.54	1.030	1.000	1.000	\$4.68		\$4.68
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.57	1.030	1.000	1.000	\$0.58		\$0.58
	PHYS MATERNITY	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	PHYS NEWBORN	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	PHYS OFFICE VISITS	\$5.88	1.030	1.000	1.000	\$6.05		\$6.05
	PHYS OTHER	\$4.75	1.030	1.000	1.000	\$4.89		\$4.89

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Old Age Assistance with Medicare								
	PHYS SOMATIC MH	\$0.52	1.030	1.000	1.000	\$0.54		\$0.54
	PRES DRUGS - BASIC	\$10.06	1.038	1.000	1.000	\$10.45		\$10.45
	PRES DRUGS - FP	\$0.00	1.038	1.000	1.000	\$0.00		\$0.00
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	SURGERY	\$4.83	1.030	1.000	1.000	\$4.97		\$4.97
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$2.54	1.030	1.000	1.000	\$2.62		\$2.62
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$4.51	1.030	1.000	1.000	\$4.65		\$4.65
	VISION CARE - MATERIALS & FITTING	\$2.05	1.030	1.000	1.000	\$2.12		\$2.12
	PART A DEDUCTIBLE					\$26.05		\$26.05
	PART B DEDUCTIBLE					\$11.25		\$11.25
	PART B COINSURANCE ADJUSTMENT					-\$2.50		-\$2.50
	Subtotal Physical Health	\$105.80				\$145.13		\$145.13
	Subtotal Physical Health with Admin Allowance							\$158.49
CHEMICAL DEPENDENCY								
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.04	1.029	1.000	1.000	\$0.04		\$0.04
	CD SERVICES - METHADONE	\$0.29	1.029	1.000	1.000	\$0.30		\$0.30
	CD SERVICES - OP	\$0.06	1.029	1.000	1.000	\$0.06		\$0.06
	Subtotal Chemical Dependency	\$0.40				\$0.41		\$0.41
	Subtotal Chemical Dependency with Admin Allowance							\$0.44

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Old Age Assistance with Medicare								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$1.05	1.030	1.000	1.000	\$1.08		\$1.08
	DENTAL - ANESTHESIA SURGICAL	\$0.07	1.030	1.000	1.000	\$0.07		\$0.07
	DENTAL - DIAGNOSTIC	\$2.44	1.030	1.000	1.000	\$2.51		\$2.51
	DENTAL - ENDODONTICS	\$0.47	1.030	1.000	1.000	\$0.49		\$0.49
	DENTAL - I/P FIXED	\$0.01	1.030	1.000	1.000	\$0.01		\$0.01
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$1.73	1.030	1.000	1.000	\$1.78		\$1.78
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$0.77	1.030	1.000	1.000	\$0.80		\$0.80
	DENTAL - PREVENTIVE	\$1.20	1.030	1.000	1.000	\$1.24		\$1.24
	DENTAL - PROS REMOVABLE	\$7.52	1.030	1.000	1.000	\$7.75		\$7.75
	DENTAL - RESTORATIVE	\$2.72	1.030	1.000	1.000	\$2.80		\$2.80
	Subtotal Dental	\$17.99				\$18.53		\$18.53
	Subtotal Dental with Admin Allowance							\$20.15
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$0.35	1.029	1.000	1.000	\$0.35		\$0.35
	MH SERVICES ALTERNATIVE TO IP	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02
	MH SERVICES ANCILLARY SERVICES	\$0.09	1.029	1.000	1.000	\$0.09		\$0.09
	MH SERVICES ASSESS & EVAL	\$0.35	1.029	1.000	1.000	\$0.36		\$0.36
	MH SERVICES CASE MANAGEMENT	\$1.37	1.029	1.000	1.000	\$1.41		\$1.41
	MH SERVICES CONSULTATION	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02
	MH SERVICES FAMILY SUPPORT	\$0.10	1.029	1.000	1.000	\$0.10		\$0.10
	MH SERVICES MED MANAGEMENT	\$0.33	1.029	1.000	1.000	\$0.33		\$0.33
	MH SERVICES OP THERAPY	\$0.64	1.029	1.000	1.000	\$0.66		\$0.66
	MH SERVICES OTHER OP	\$0.01	1.029	1.000	1.000	\$0.01		\$0.01
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$0.80	1.029	1.000	1.000	\$0.82		\$0.82
	MH SERVICES PHYS OP	\$1.25	1.029	1.000	1.000	\$1.29		\$1.29
	MH SERVICES SUPPORT DAY PROGRAM	\$3.13	1.029	1.000	1.000	\$3.22		\$3.22
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$9.14				\$9.37		\$9.37
	Subtotal Mental Health with Admin Allowance							\$10.27
	Total Services	\$133.32				\$173.45	\$0.00	\$173.45
	Total Services with Admin Allowance							\$189.36

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

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		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Old Age Assistance without Medicare								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$5.41	1.032	1.000	0.996	\$5.56		\$5.56
	EXCEPT NEEDS CARE COORDINATION	\$6.26	1.000	1.000	0.996	\$6.24		\$6.24
	FP - IP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	FP - PHYS	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - IP HOSP	\$0.32	1.039	1.005	0.996	\$0.34		\$0.34
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.07	1.032	1.000	0.996	\$0.07		\$0.07
	IP HOSP - ACUTE DETOX	\$0.45	1.039	1.004	0.996	\$0.46		\$0.46
	IP HOSP - MATERNITY	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$276.53	1.039	1.012	0.996	\$289.64		\$289.64
	IP HOSP - NEWBORN	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$16.80	1.032	1.000	0.996	\$17.28		\$17.28
	LAB & RAD - LAB	\$7.66	1.032	1.000	0.996	\$7.88		\$7.88
	LAB & RAD - THERAPEUTIC X-RAY	\$1.40	1.032	1.000	0.996	\$1.44		\$1.44
	OP ER - SOMATIC MH	\$0.08	1.039	1.022	0.996	\$0.08		\$0.08
	OP HOSP - BASIC	\$75.23	1.039	1.035	0.996	\$80.59		\$80.59
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$7.96	1.039	1.015	0.996	\$8.36		\$8.36
	OP HOSP - LAB & RAD	\$43.71	1.039	1.031	0.996	\$46.66		\$46.66
	OP HOSP - MATERNITY	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - PRES DRUGS BASIC	\$7.93	1.039	1.035	0.996	\$8.50		\$8.50
	OP HOSP - PRES DRUGS MH/CD	\$0.02	1.039	1.016	0.996	\$0.02		\$0.02
	OP HOSP - SOMATIC MH	\$0.22	1.039	1.025	0.996	\$0.23		\$0.23
	OTH MED - DME	\$9.46	1.032	1.000	0.996	\$9.73		\$9.73
	OTH MED - HHC/PDN	\$2.81	1.032	1.028	0.996	\$2.98		\$2.98
	OTH MED - HOSPICE	\$7.28	1.032	1.028	0.996	\$7.70		\$7.70
	OTH MED - MATERNITY MGT	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$6.87	1.032	1.000	0.996	\$7.07		\$7.07
	PHYS CONSULTATION, IP & ER VISITS	\$17.01	1.032	1.000	0.996	\$17.50		\$17.50
	PHYS HOME OR LONG-TERM CARE VISITS	\$1.15	1.032	1.000	0.996	\$1.18		\$1.18
	PHYS MATERNITY	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	PHYS NEWBORN	\$0.13	1.032	1.000	0.996	\$0.13		\$0.13
	PHYS OFFICE VISITS	\$35.15	1.032	1.000	0.996	\$36.16		\$36.16
	PHYS OTHER	\$43.92	1.032	1.000	0.996	\$45.18	\$0.02	\$45.20

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Old Age Assistance without Medicare								
	PHYS SOMATIC MH	\$1.04	1.032	1.000	0.996	\$1.07		\$1.07
	PRES DRUGS - BASIC	\$93.89	1.038	1.000	0.996	\$97.09		\$97.09
	PRES DRUGS - FP	\$0.02	1.038	1.000	0.996	\$0.02		\$0.02
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	SURGERY	\$23.23	1.032	1.000	0.996	\$23.89		\$23.89
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$7.10	1.032	1.000	0.996	\$7.30		\$7.30
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$4.88	1.032	1.000	0.996	\$5.02		\$5.02
	VISION CARE - MATERIALS & FITTING	\$2.78	1.032	1.000	0.996	\$2.86		\$2.86
	PART A DEDUCTIBLE			1.000		\$0.00		\$0.00
	PART B DEDUCTIBLE			1.000		\$0.00		\$0.00
	PART B COINSURANCE ADJUSTMENT			1.000		\$0.00		\$0.00
	Subtotal Physical Health	\$706.77				\$738.24	\$0.02	\$738.26
	Subtotal Physical Health with Admin Allowance							\$806.22
	CHEMICAL DEPENDENCY							
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.03	1.014	1.000	0.996	\$0.03		\$0.03
	CD SERVICES - METHADONE	\$0.00	1.014	1.000	0.996	\$0.00		\$0.00
	CD SERVICES - OP	\$0.01	1.014	1.000	0.996	\$0.01		\$0.01
	Subtotal Chemical Dependency	\$0.04				\$0.04		\$0.04
	Subtotal Chemical Dependency with Admin Allowance							\$0.04

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
Old Age Assistance without Medicare								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$1.06	1.030	1.000	1.000	\$1.10		\$1.10
	DENTAL - ANESTHESIA SURGICAL	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - DIAGNOSTIC	\$3.77	1.030	1.000	1.000	\$3.88		\$3.88
	DENTAL - ENDODONTICS	\$1.16	1.030	1.000	1.000	\$1.19		\$1.19
	DENTAL - I/P FIXED	\$0.08	1.030	1.000	1.000	\$0.08		\$0.08
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$3.23	1.030	1.000	1.000	\$3.33		\$3.33
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$1.78	1.030	1.000	1.000	\$1.84		\$1.84
	DENTAL - PREVENTIVE	\$1.17	1.030	1.000	1.000	\$1.21		\$1.21
	DENTAL - PROS REMOVABLE	\$14.37	1.030	1.000	1.000	\$14.80		\$14.80
	DENTAL - RESTORATIVE	\$3.44	1.030	1.000	1.000	\$3.55		\$3.55
	Subtotal Dental	\$30.06				\$30.98		\$30.98
	Subtotal Dental with Admin Allowance							\$33.67
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$5.41	1.014	1.005	1.000	\$5.51		\$5.51
	MH SERVICES ALTERNATIVE TO IP	\$0.20	1.014	1.000	1.000	\$0.20		\$0.20
	MH SERVICES ANCILLARY SERVICES	\$0.42	1.014	1.000	1.000	\$0.42		\$0.42
	MH SERVICES ASSESS & EVAL	\$0.62	1.014	1.000	1.000	\$0.63		\$0.63
	MH SERVICES CASE MANAGEMENT	\$1.45	1.014	1.000	1.000	\$1.47		\$1.47
	MH SERVICES CONSULTATION	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.20	1.014	1.000	1.000	\$0.21		\$0.21
	MH SERVICES MED MANAGEMENT	\$0.72	1.014	1.000	1.000	\$0.73		\$0.73
	MH SERVICES OP THERAPY	\$0.75	1.014	1.000	1.000	\$0.76		\$0.76
	MH SERVICES OTHER OP	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$0.76	1.014	1.000	1.000	\$0.78		\$0.78
	MH SERVICES PHYS OP	\$2.49	1.014	1.000	1.000	\$2.52		\$2.52
	MH SERVICES SUPPORT DAY PROGRAM	\$4.53	1.014	1.000	1.000	\$4.59		\$4.59
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$18.25				\$18.52		\$18.52
	Subtotal Mental Health with Admin Allowance							\$20.30
	Total Services	\$755.12				\$787.77	\$0.02	\$787.79
	Total Services with Admin Allowance							\$860.24

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
SCF Children	PHYSICAL HEALTH							
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$1.66	1.031	1.000	0.996	\$1.70		\$1.70
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.05	1.039	1.095	0.996	\$0.05		\$0.05
	FP - PHYS	\$0.10	1.031	1.000	0.996	\$0.11		\$0.11
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	IP HOSP - ACUTE DETOX	\$0.05	1.017	1.004	0.996	\$0.05		\$0.05
	IP HOSP - MATERNITY	\$0.90	1.017	1.005	0.996	\$0.92	-\$0.92	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.10	1.017	1.005	0.996	\$0.10	-\$0.06	\$0.04
	IP HOSP - MEDICAL/SURGICAL	\$14.34	1.017	1.012	0.996	\$14.70		\$14.70
	IP HOSP - NEWBORN	\$1.01	1.017	1.010	0.996	\$1.03		\$1.03
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.03	1.031	1.000	0.996	\$2.08		\$2.08
	LAB & RAD - LAB	\$2.09	1.031	1.000	0.996	\$2.14		\$2.14
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01
	OP ER - SOMATIC MH	\$0.47	1.039	1.022	0.996	\$0.50		\$0.50
	OP HOSP - BASIC	\$13.88	1.039	1.035	0.996	\$14.87		\$14.87
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$4.69	1.039	1.015	0.996	\$4.93		\$4.93
	OP HOSP - LAB & RAD	\$7.74	1.039	1.031	0.996	\$8.27		\$8.27
	OP HOSP - MATERNITY	\$0.45	1.039	1.028	0.996	\$0.48	-\$0.48	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	0.996	\$0.00		\$0.00
	OP HOSP - PRES DRUGS BASIC	\$0.71	1.039	1.035	0.996	\$0.76		\$0.76
	OP HOSP - PRES DRUGS MH/CD	\$0.01	1.039	1.016	0.996	\$0.01		\$0.01
	OP HOSP - SOMATIC MH	\$0.95	1.039	1.025	0.996	\$1.00		\$1.00
	OTH MED - DME	\$1.32	1.031	1.000	0.996	\$1.36		\$1.36
	OTH MED - HHC/PDN	\$0.47	1.031	1.028	0.996	\$0.50		\$0.50
	OTH MED - HOSPICE	\$0.02	1.031	1.028	0.996	\$0.02		\$0.02
	OTH MED - MATERNITY MGT	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$1.87	1.031	1.000	0.996	\$1.93		\$1.93
	PHYS CONSULTATION, IP & ER VISITS	\$3.93	1.031	1.000	0.996	\$4.04		\$4.04
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.05	1.031	1.000	0.996	\$0.05		\$0.05
	PHYS MATERNITY	\$0.57	1.031	1.000	0.996	\$0.59	-\$0.59	\$0.00
	PHYS NEWBORN	\$0.23	1.031	1.000	0.996	\$0.23		\$0.23
	PHYS OFFICE VISITS	\$20.89	1.031	1.000	0.996	\$21.47		\$21.47
	PHYS OTHER	\$6.86	1.031	1.000	0.996	\$7.05		\$7.05

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
SCF Children								
	PHYS SOMATIC MH	\$4.33	1.031	1.000	0.996	\$4.45		\$4.45
	PRES DRUGS - BASIC	\$32.63	1.038	1.000	0.996	\$33.74		\$33.74
	PRES DRUGS - FP	\$1.71	1.038	1.000	0.996	\$1.76		\$1.76
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00
	SURGERY	\$3.99	1.031	1.000	0.996	\$4.10		\$4.10
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$1.62	1.031	1.000	0.996	\$1.66		\$1.66
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.63	1.031	1.000	0.996	\$2.70		\$2.70
	VISION CARE - MATERIALS & FITTING	\$1.90	1.031	1.000	0.996	\$1.95		\$1.95
	PART A DEDUCTIBLE							
	PART B DEDUCTIBLE							
	PART B COINSURANCE ADJUSTMENT							
	Subtotal Physical Health	\$136.25				\$141.32	-\$2.05	\$139.28
	Subtotal Physical Health with Admin Allowance							\$152.10
	CHEMICAL DEPENDENCY							
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00
	CD SERVICES - METHADONE	\$0.02	1.042	1.000	0.996	\$0.02		\$0.02
	CD SERVICES - OP	\$5.61	1.042	1.000	0.996	\$5.82		\$5.82
	Subtotal Chemical Dependency	\$5.63				\$5.85		\$5.85
	Subtotal Chemical Dependency with Admin Allowance							\$6.36

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
SCF Children								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$0.43	1.030	1.000	1.000	\$0.44		\$0.44
	DENTAL - ANESTHESIA SURGICAL	\$0.43	1.030	1.000	1.000	\$0.45		\$0.45
	DENTAL - DIAGNOSTIC	\$4.63	1.030	1.000	1.000	\$4.77		\$4.77
	DENTAL - ENDODONTICS	\$1.09	1.030	1.000	1.000	\$1.13		\$1.13
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$1.14	1.030	1.000	1.000	\$1.17		\$1.17
	DENTAL - ORTHODONTICS	\$0.06	1.030	1.000	1.000	\$0.06		\$0.06
	DENTAL - PERIODONTICS	\$0.12	1.030	1.000	1.000	\$0.13		\$0.13
	DENTAL - PREVENTIVE	\$5.21	1.030	1.000	1.000	\$5.37	\$0.58	\$5.95
	DENTAL - PROS REMOVABLE	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	DENTAL - RESTORATIVE	\$7.72	1.030	1.000	1.000	\$7.96		\$7.96
	Subtotal Dental	\$20.86				\$21.50	\$0.58	\$22.08
	Subtotal Dental with Admin Allowance							\$24.00
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$10.57	1.042	1.005	1.000	\$11.06		\$11.06
	MH SERVICES ALTERNATIVE TO IP	\$4.03	1.042	1.000	1.000	\$4.20		\$4.20
	MH SERVICES ANCILLARY SERVICES	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01
	MH SERVICES ASSESS & EVAL	\$4.15	1.042	1.000	1.000	\$4.33		\$4.33
	MH SERVICES CASE MANAGEMENT	\$12.77	1.042	1.000	1.000	\$13.30		\$13.30
	MH SERVICES CONSULTATION	\$0.41	1.042	1.000	1.000	\$0.43		\$0.43
	MH SERVICES FAMILY SUPPORT	\$0.29	1.042	1.000	1.000	\$0.30		\$0.30
	MH SERVICES MED MANAGEMENT	\$1.01	1.042	1.000	1.000	\$1.05		\$1.05
	MH SERVICES OP THERAPY	\$20.84	1.042	1.000	1.000	\$21.71		\$21.71
	MH SERVICES OTHER OP	\$0.08	1.042	1.000	1.000	\$0.08		\$0.08
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$7.40	1.042	1.000	1.000	\$7.71		\$7.71
	MH SERVICES PHYS OP	\$44.87	1.042	1.000	1.000	\$46.75		\$46.75
	MH SERVICES SUPPORT DAY PROGRAM	\$5.01	1.042	1.000	1.000	\$5.22		\$5.22
	MH SERVICES INTENSIVE TREATMENT SVCS	\$28.48	1.042	1.000	1.000	\$29.68	\$66.52	\$96.20
	MH SERVICES CONS ASSESS						\$0.27	\$0.27
	Subtotal Mental Health	\$140.59				\$146.51	\$66.79	\$213.30
	Subtotal Mental Health with Admin Allowance							\$233.83
	Total Services	\$303.34				\$315.17	\$65.32	\$380.50
	Total Services with Admin Allowance							\$416.28

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
OHP Families								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$1.96	1.028	1.000	0.996	\$2.01		\$2.01
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.04	1.017	1.095	0.996	\$0.05		\$0.05
	FP - PHYS	\$0.84	1.028	1.000	0.996	\$0.86		\$0.86
	HYSTERECTOMY - ANESTHESIA	\$0.07	1.028	1.000	0.996	\$0.08		\$0.08
	HYSTERECTOMY - IP HOSP	\$1.03	1.017	1.005	0.996	\$1.05		\$1.05
	HYSTERECTOMY - OP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.40	1.028	1.000	0.996	\$0.41		\$0.41
	IP HOSP - ACUTE DETOX	\$0.15	1.017	1.004	0.996	\$0.15		\$0.15
	IP HOSP - MATERNITY	\$0.62	1.017	1.005	0.996	\$0.63	-\$0.63	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$31.37	1.017	1.012	0.996	\$32.16		\$32.16
	IP HOSP - NEWBORN	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$9.11	1.028	1.000	0.996	\$9.33		\$9.33
	LAB & RAD - LAB	\$6.61	1.028	1.000	0.996	\$6.77		\$6.77
	LAB & RAD - THERAPEUTIC X-RAY	\$0.14	1.028	1.000	0.996	\$0.15		\$0.15
	OP ER - SOMATIC MH	\$0.30	1.017	1.022	0.996	\$0.31		\$0.31
	OP HOSP - BASIC	\$19.81	1.017	1.035	0.996	\$20.76		\$20.76
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$9.02	1.017	1.015	0.996	\$9.28		\$9.28
	OP HOSP - LAB & RAD	\$19.67	1.017	1.031	0.996	\$20.55		\$20.55
	OP HOSP - MATERNITY	\$1.75	1.017	1.028	0.996	\$1.83	-\$1.83	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	OP HOSP - PRES DRUGS BASIC	\$3.21	1.017	1.035	0.996	\$3.36		\$3.36
	OP HOSP - PRES DRUGS MH/CD	\$0.04	1.017	1.016	0.996	\$0.04		\$0.04
	OP HOSP - SOMATIC MH	\$0.47	1.017	1.025	0.996	\$0.48		\$0.48
	OTH MED - DME	\$0.88	1.028	1.000	0.996	\$0.90		\$0.90
	OTH MED - HHC/PDN	\$0.06	1.028	1.028	0.996	\$0.07		\$0.07
	OTH MED - HOSPICE	\$0.04	1.028	1.028	0.996	\$0.04		\$0.04
	OTH MED - MATERNITY MGT	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$1.09	1.028	1.000	0.996	\$1.11		\$1.11
	PHYS CONSULTATION, IP & ER VISITS	\$7.71	1.028	1.000	0.996	\$7.90		\$7.90
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	PHYS MATERNITY	\$1.16	1.028	1.000	0.996	\$1.19	-\$1.19	\$0.00
	PHYS NEWBORN	\$0.01	1.028	1.000	0.996	\$0.01		\$0.01
	PHYS OFFICE VISITS	\$26.28	1.028	1.000	0.996	\$26.91		\$26.91
	PHYS OTHER	\$6.49	1.028	1.000	0.996	\$6.64	\$0.02	\$6.66

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
OHP Families								
	PHYS SOMATIC MH	\$1.98	1.028	1.000	0.996	\$2.03		\$2.03
	PRES DRUGS - BASIC	\$44.19	1.038	1.000	0.996	\$45.70		\$45.70
	PRES DRUGS - FP	\$2.22	1.038	1.000	0.996	\$2.30		\$2.30
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.06	1.028	1.000	0.996	\$0.06		\$0.06
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.21	1.017	1.006	0.996	\$0.22		\$0.22
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.01	1.017	1.030	0.996	\$0.01		\$0.01
	STERILIZATION - OP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.09	1.028	1.000	0.996	\$0.10		\$0.10
	STERILIZATION - PHY MALE	\$0.14	1.028	1.000	0.996	\$0.14		\$0.14
	SURGERY	\$9.50	1.028	1.000	0.996	\$9.73		\$9.73
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$2.21	1.028	1.000	0.996	\$2.26		\$2.26
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.59	1.028	1.000	0.996	\$0.61		\$0.61
	VISION CARE - MATERIALS & FITTING	\$0.03	1.028	1.000	0.996	\$0.03		\$0.03
	PART A DEDUCTIBLE							
	PART B DEDUCTIBLE							
	PART B COINSURANCE ADJUSTMENT							
	Subtotal Physical Health	\$211.61				\$218.25	-\$3.63	\$214.62
	Subtotal Physical Health with Admin Allowance							\$234.38
	CHEMICAL DEPENDENCY							
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.26	1.029	1.000	0.996	\$0.27		\$0.27
	CD SERVICES - METHADONE	\$1.46	1.029	1.000	0.996	\$1.49		\$1.49
	CD SERVICES - OP	\$1.79	1.029	1.000	0.996	\$1.83		\$1.83
	Subtotal Chemical Dependency	\$3.51				\$3.60		\$3.60
	Subtotal Chemical Dependency with Admin Allowance							\$3.91

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
OHP Families								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$0.67	1.030	1.000	1.000	\$0.70		\$0.70
	DENTAL - ANESTHESIA SURGICAL	\$0.03	1.030	1.000	1.000	\$0.03		\$0.03
	DENTAL - DIAGNOSTIC	\$1.54	1.030	1.000	1.000	\$1.58		\$1.58
	DENTAL - ENDODONTICS	\$0.14	1.030	1.000	1.000	\$0.14		\$0.14
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$1.11	1.030	1.000	1.000	\$1.15		\$1.15
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$0.05	1.030	1.000	1.000	\$0.05		\$0.05
	DENTAL - PREVENTIVE	\$0.09	1.030	1.000	1.000	\$0.09		\$0.09
	DENTAL - PROS REMOVABLE	\$0.15	1.030	1.000	1.000	\$0.15		\$0.15
	DENTAL - RESTORATIVE	\$0.64	1.030	1.000	1.000	\$0.66		\$0.66
	Subtotal Dental	\$4.42				\$4.56		\$4.56
	Subtotal Dental with Admin Allowance							\$4.95
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$4.38	1.029	1.005	1.000	\$4.53		\$4.53
	MH SERVICES ALTERNATIVE TO IP	\$0.01	1.029	1.000	1.000	\$0.01		\$0.01
	MH SERVICES ANCILLARY SERVICES	\$0.03	1.029	1.000	1.000	\$0.03		\$0.03
	MH SERVICES ASSESS & EVAL	\$0.51	1.029	1.000	1.000	\$0.53		\$0.53
	MH SERVICES CASE MANAGEMENT	\$0.50	1.029	1.000	1.000	\$0.52		\$0.52
	MH SERVICES CONSULTATION	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.04	1.029	1.000	1.000	\$0.04		\$0.04
	MH SERVICES MED MANAGEMENT	\$0.10	1.029	1.000	1.000	\$0.10		\$0.10
	MH SERVICES OP THERAPY	\$2.11	1.029	1.000	1.000	\$2.17		\$2.17
	MH SERVICES OTHER OP	\$0.11	1.029	1.000	1.000	\$0.12		\$0.12
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$1.09	1.029	1.000	1.000	\$1.12		\$1.12
	MH SERVICES PHYS OP	\$5.60	1.029	1.000	1.000	\$5.76		\$5.76
	MH SERVICES SUPPORT DAY PROGRAM	\$0.15	1.029	1.000	1.000	\$0.15		\$0.15
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$15.31				\$15.75		\$15.75
	Subtotal Mental Health with Admin Allowance							\$17.27
	Total Services	\$234.85				\$242.16	-\$3.63	\$238.53
	Total Services with Admin Allowance							\$260.52

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
OHP Adults & Couples								
PHYSICAL HEALTH								
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	ANESTHESIA	\$3.52	1.032	1.000	0.996	\$3.62		\$3.62
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	FP - IP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	FP - OP HOSP	\$0.03	1.039	1.095	0.996	\$0.03		\$0.03
	FP - PHYS	\$0.15	1.032	1.000	0.996	\$0.15		\$0.15
	HYSTERECTOMY - ANESTHESIA	\$0.07	1.032	1.000	0.996	\$0.08		\$0.08
	HYSTERECTOMY - IP HOSP	\$2.46	1.039	1.005	0.996	\$2.55		\$2.55
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	HYSTERECTOMY - PHYS	\$0.42	1.032	1.000	0.996	\$0.43		\$0.43
	IP HOSP - ACUTE DETOX	\$2.34	1.039	1.004	0.996	\$2.44		\$2.44
	IP HOSP - MATERNITY	\$0.62	1.039	1.005	0.996	\$0.65	-\$0.65	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$129.59	1.039	1.012	0.996	\$135.74		\$135.74
	IP HOSP - NEWBORN	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$14.44	1.032	1.000	0.996	\$14.85		\$14.85
	LAB & RAD - LAB	\$9.52	1.032	1.000	0.996	\$9.79		\$9.79
	LAB & RAD - THERAPEUTIC X-RAY	\$1.42	1.032	1.000	0.996	\$1.46		\$1.46
	OP ER - SOMATIC MH	\$1.17	1.039	1.022	0.996	\$1.24		\$1.24
	OP HOSP - BASIC	\$40.77	1.039	1.035	0.996	\$43.67		\$43.67
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	OP HOSP - EMERGENCY ROOM	\$16.33	1.039	1.015	0.996	\$17.16		\$17.16
	OP HOSP - LAB & RAD	\$40.05	1.039	1.031	0.996	\$42.76		\$42.76
	OP HOSP - MATERNITY	\$0.53	1.039	1.028	0.996	\$0.56	-\$0.56	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	0.996	\$0.01		\$0.01
	OP HOSP - PRES DRUGS BASIC	\$3.85	1.039	1.035	0.996	\$4.13		\$4.13
	OP HOSP - PRES DRUGS MH/CD	\$0.12	1.039	1.016	0.996	\$0.13		\$0.13
	OP HOSP - SOMATIC MH	\$1.25	1.039	1.025	0.996	\$1.33		\$1.33
	OTH MED - DME	\$2.59	1.032	1.000	0.996	\$2.66		\$2.66
	OTH MED - HHC/PDN	\$0.14	1.032	1.028	0.996	\$0.15		\$0.15
	OTH MED - HOSPICE	\$0.38	1.032	1.028	0.996	\$0.41		\$0.41
	OTH MED - MATERNITY MGT	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	OTH MED - SUPPLIES	\$2.42	1.032	1.000	0.996	\$2.49		\$2.49
	PHYS CONSULTATION, IP & ER VISITS	\$15.61	1.032	1.000	0.996	\$16.05		\$16.05
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.03	1.032	1.000	0.996	\$0.03		\$0.03
	PHYS MATERNITY	\$0.30	1.032	1.000	0.996	\$0.31	-\$0.31	\$0.00
	PHYS NEWBORN	\$0.03	1.032	1.000	0.996	\$0.03		\$0.03
	PHYS OFFICE VISITS	\$41.36	1.032	1.000	0.996	\$42.54		\$42.54
	PHYS OTHER	\$12.16	1.032	1.000	0.996	\$12.51	\$0.03	\$12.54

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
OHP Adults & Couples								
	PHYS SOMATIC MH	\$4.05	1.032	1.000	0.996	\$4.17		\$4.17
	PRES DRUGS - BASIC	\$105.42	1.038	1.000	0.996	\$109.02		\$109.02
	PRES DRUGS - FP	\$0.85	1.038	1.000	0.996	\$0.88		\$0.88
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.01	1.032	1.000	0.996	\$0.01		\$0.01
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.04	1.039	1.006	0.996	\$0.04		\$0.04
	STERILIZATION - IP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.03	1.039	1.030	0.996	\$0.03		\$0.03
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00
	STERILIZATION - PHY FEMALE	\$0.02	1.032	1.000	0.996	\$0.02		\$0.02
	STERILIZATION - PHY MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00
	SURGERY	\$19.02	1.032	1.000	0.996	\$19.56		\$19.56
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	TRANSPORTATION - AMBULANCE	\$6.44	1.032	1.000	0.996	\$6.62		\$6.62
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.41	1.032	1.000	0.996	\$1.45		\$1.45
	VISION CARE - MATERIALS & FITTING	\$0.05	1.032	1.000	0.996	\$0.05		\$0.05
	PART A DEDUCTIBLE							
	PART B DEDUCTIBLE							
	PART B COINSURANCE ADJUSTMENT							
	Subtotal Physical Health	\$481.02				\$501.80	-\$1.49	\$500.31
	Subtotal Physical Health with Admin Allowance							\$546.37
	CHEMICAL DEPENDENCY							
	CD SERVICES - ALTERNATIVE TO DETOX	\$1.49	1.014	1.000	0.996	\$1.51		\$1.51
	CD SERVICES - METHADONE	\$12.37	1.014	1.000	0.996	\$12.49		\$12.49
	CD SERVICES - OP	\$5.31	1.014	1.000	0.996	\$5.37		\$5.37
	Subtotal Chemical Dependency	\$19.17				\$19.37		\$19.37
	Subtotal Chemical Dependency with Admin Allowance							\$21.05

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-H

**Development of October 2009 Statewide FCHP, MHO, DCO, and CDO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List**

Eligibility Category	Service Category	A	B	C	D	E = A * B * C * D	F	G = E + F
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve- Out / Program Change ³	2009 Statewide Capitation Rate PMPM
OHP Adults & Couples								
DENTAL								
	DENTAL - ADJUNCTIVE GENERAL	\$0.87	1.030	1.000	1.000	\$0.90		\$0.90
	DENTAL - ANESTHESIA SURGICAL	\$0.05	1.030	1.000	1.000	\$0.05		\$0.05
	DENTAL - DIAGNOSTIC	\$1.73	1.030	1.000	1.000	\$1.78		\$1.78
	DENTAL - ENDODONTICS	\$0.10	1.030	1.000	1.000	\$0.10		\$0.10
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - ORAL SURGERY	\$1.70	1.030	1.000	1.000	\$1.75		\$1.75
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00
	DENTAL - PERIODONTICS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02
	DENTAL - PREVENTIVE	\$0.03	1.030	1.000	1.000	\$0.03		\$0.03
	DENTAL - PROS REMOVABLE	\$0.10	1.030	1.000	1.000	\$0.10		\$0.10
	DENTAL - RESTORATIVE	\$0.42	1.030	1.000	1.000	\$0.43		\$0.43
	Subtotal Dental	\$5.02				\$5.17		\$5.17
	Subtotal Dental with Admin Allowance							\$5.62
MENTAL HEALTH								
	MH SERVICES ACUTE INPATIENT	\$9.76	1.014	1.005	1.000	\$9.94		\$9.94
	MH SERVICES ALTERNATIVE TO IP	\$0.57	1.014	1.000	1.000	\$0.58		\$0.58
	MH SERVICES ANCILLARY SERVICES	\$0.03	1.014	1.000	1.000	\$0.03		\$0.03
	MH SERVICES ASSESS & EVAL	\$1.04	1.014	1.000	1.000	\$1.05		\$1.05
	MH SERVICES CASE MANAGEMENT	\$2.73	1.014	1.000	1.000	\$2.77		\$2.77
	MH SERVICES CONSULTATION	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.06	1.014	1.000	1.000	\$0.06		\$0.06
	MH SERVICES MED MANAGEMENT	\$0.28	1.014	1.000	1.000	\$0.29		\$0.29
	MH SERVICES OP THERAPY	\$3.72	1.014	1.000	1.000	\$3.78		\$3.78
	MH SERVICES OTHER OP	\$0.05	1.014	1.000	1.000	\$0.05		\$0.05
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69
	MH SERVICES PHYS IP	\$2.51	1.014	1.000	1.000	\$2.54		\$2.54
	MH SERVICES PHYS OP	\$8.79	1.014	1.000	1.000	\$8.91		\$8.91
	MH SERVICES SUPPORT DAY PROGRAM	\$2.36	1.014	1.000	1.000	\$2.39		\$2.39
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00
	MH SERVICES CONS ASSESS							\$0.00
	Subtotal Mental Health	\$32.60				\$33.09		\$33.09
	Subtotal Mental Health with Admin Allowance							\$36.28
	Total Services	\$537.81				\$559.43	-\$1.49	\$557.94
	Total Services with Admin Allowance							\$609.32

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

	A	B	C	D	E	F	G	H	I	J	K
					= A * B * C * D		= E + F		= G * H		= I * J
Eligibility Category	08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment	2009 Statewide PCO Capitation Rate PMPM
Temporary Assistance to Needy Families (Adults Only)											
PHYSICAL HEALTH											
ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
ANESTHESIA	\$4.39	1.028	1.000	0.996	\$4.49		\$4.49	1	\$4.49	1.00	\$4.49
EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
FP - OP HOSP	\$0.07	1.017	1.095	0.996	\$0.08		\$0.08	1	\$0.08	0.95	\$0.08
FP - PHYS	\$1.14	1.028	1.000	0.996	\$1.17		\$1.17	1	\$1.17	1.00	\$1.17
HYSTERECTOMY - ANESTHESIA	\$0.09	1.028	1.000	0.996	\$0.09		\$0.09	1	\$0.09	1.00	\$0.09
HYSTERECTOMY - IP HOSP	\$3.52	1.017	1.005	0.996	\$3.59		\$3.59	0	\$0.00	1.00	\$0.00
HYSTERECTOMY - OP HOSP	\$0.04	1.017	1.071	0.996	\$0.04		\$0.04	1	\$0.04	0.95	\$0.04
HYSTERECTOMY - PHYS	\$0.58	1.028	1.000	0.996	\$0.59		\$0.59	1	\$0.59	1.00	\$0.59
IP HOSP - ACUTE DETOX	\$0.36	1.017	1.004	0.996	\$0.37		\$0.37	0	\$0.00	1.00	\$0.00
IP HOSP - MATERNITY	\$31.56	1.017	1.005	0.996	\$32.15	-\$32.15	\$0.00	0	\$0.00	1.00	\$0.00
IP HOSP - MATERNITY / STERILIZATION	\$3.43	1.017	1.005	0.996	\$3.49	-\$2.10	\$1.39	0	\$0.00	1.00	\$0.00
IP HOSP - MEDICAL/SURGICAL	\$45.73	1.017	1.012	0.996	\$46.88		\$46.88	0	\$0.00	1.00	\$0.00
IP HOSP - NEWBORN	\$0.07	1.017	1.010	0.996	\$0.07		\$0.07	0	\$0.00	1.00	\$0.00
IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	\$10.02	1.028	1.000	0.996	\$10.26		\$10.26	1	\$10.26	1.00	\$10.26
LAB & RAD - LAB	\$7.21	1.028	1.000	0.996	\$7.39		\$7.39	1	\$7.39	1.00	\$7.39
LAB & RAD - THERAPEUTIC X-RAY	\$0.30	1.028	1.000	0.996	\$0.30		\$0.30	1	\$0.30	1.00	\$0.30
OP ER - SOMATIC MH	\$0.48	1.017	1.022	0.996	\$0.49		\$0.49	1	\$0.49	0.95	\$0.47
OP HOSP - BASIC	\$25.49	1.017	1.035	0.996	\$26.73		\$26.73	1	\$26.73	0.95	\$25.39
OP HOSP - DENTAL ANESTHESIA	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
OP HOSP - DENTAL PREVENTIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
OP HOSP - DENTAL RESTORATIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
OP HOSP - EMERGENCY ROOM	\$14.53	1.017	1.015	0.996	\$14.94		\$14.94	1	\$14.94	0.95	\$14.19
OP HOSP - LAB & RAD	\$22.97	1.017	1.031	0.996	\$24.00		\$24.00	1	\$24.00	0.95	\$22.80
OP HOSP - MATERNITY	\$8.42	1.017	1.028	0.996	\$8.77	-\$8.77	\$0.00	1	\$0.00	0.95	\$0.00
OP HOSP - POST HOSP EXTENDED CARE	\$0.01	1.017	1.003	0.996	\$0.01		\$0.01	1	\$0.01	0.95	\$0.01
OP HOSP - PRES DRUGS BASIC	\$3.15	1.017	1.035	0.996	\$3.30		\$3.30	1	\$3.30	0.95	\$3.13
OP HOSP - PRES DRUGS MH/CD	\$0.04	1.017	1.016	0.996	\$0.04		\$0.04	1	\$0.04	0.95	\$0.04
OP HOSP - SOMATIC MH	\$0.49	1.017	1.025	0.996	\$0.51		\$0.51	1	\$0.51	0.95	\$0.49
OTH MED - DME	\$1.30	1.028	1.000	0.996	\$1.33		\$1.33	1	\$1.33	1.00	\$1.33
OTH MED - HHC/PDN	\$0.35	1.028	1.028	0.996	\$0.37		\$0.37	1	\$0.37	1.00	\$0.37
OTH MED - HOSPICE	\$0.07	1.028	1.028	0.996	\$0.07		\$0.07	1	\$0.07	1.00	\$0.07
OTH MED - MATERNITY MGT	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
OTH MED - SUPPLIES	\$0.90	1.028	1.000	0.996	\$0.93		\$0.93	1	\$0.93	1.00	\$0.93
PHYS CONSULTATION, IP & ER VISITS	\$10.53	1.028	1.000	0.996	\$10.78		\$10.78	1	\$10.78	1.00	\$10.78
PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.028	1.000	0.996	\$0.01		\$0.01	1	\$0.01	1.00	\$0.01
PHYS MATERNITY	\$24.48	1.028	1.000	0.996	\$25.08	-\$25.08	\$0.00	1	\$0.00	1.00	\$0.00
PHYS NEWBORN	\$0.03	1.028	1.000	0.996	\$0.03		\$0.03	1	\$0.03	1.00	\$0.03
PHYS OFFICE VISITS	\$25.74	1.028	1.000	0.996	\$26.36		\$26.36	1	\$26.36	1.00	\$26.36
PHYS OTHER	\$4.99	1.028	1.000	0.996	\$5.11	\$0.01	\$5.12	1	\$5.12	1.00	\$5.12

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	OP Cost Shift Adjustment
Temporary Assistance to Needy Families (Adults Only)												
	PHYS SOMATIC MH	\$2.56	1.028	1.000	0.996	\$2.62		\$2.62	1	\$2.62	1.00	\$2.62
	PRES DRUGS - BASIC	\$38.44	1.038	1.000	0.996	\$39.76		\$39.76	1	\$39.76	1.00	\$39.76
	PRES DRUGS - FP	\$2.15	1.038	1.000	0.996	\$2.23		\$2.23	1	\$2.23	1.00	\$2.23
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.35	1.028	1.000	0.996	\$0.36		\$0.36	1	\$0.36	1.00	\$0.36
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$3.81	1.017	1.006	0.996	\$3.89		\$3.89	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.19	1.017	1.030	0.996	\$0.20		\$0.20	1	\$0.20	0.95	\$0.19
	STERILIZATION - OP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.55	1.028	1.000	0.996	\$0.56		\$0.56	1	\$0.56	1.00	\$0.56
	STERILIZATION - PHY MALE	\$0.08	1.028	1.000	0.996	\$0.08		\$0.08	1	\$0.08	1.00	\$0.08
	SURGERY	\$11.42	1.028	1.000	0.996	\$11.70		\$11.70	1	\$11.70	1.00	\$11.70
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$3.57	1.028	1.000	0.996	\$3.66		\$3.66	1	\$3.66	1.00	\$3.66
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.36	1.028	1.000	0.996	\$2.41		\$2.41	1	\$2.41	1.00	\$2.41
	VISION CARE - MATERIALS & FITTING	\$1.95	1.028	1.000	0.996	\$2.00		\$2.00	1	\$2.00	1.00	\$2.00
	PART A DEDUCTIBLE											
	PART B DEDUCTIBLE											
	PART B COINSURANCE ADJUSTMENT											
	Subtotal Physical Health	\$319.93				\$329.29	-\$68.09	\$261.20		\$205.01		\$201.50
	Subtotal Physical Health with Admin Allowance											\$220.62
	CHEMICAL DEPENDENCY											
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.42	1.029	1.000	0.996	\$0.43		\$0.43	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$3.13	1.029	1.000	0.996	\$3.21		\$3.21	1	\$3.21	1.00	\$3.21
	CD SERVICES - OP	\$7.22	1.029	1.000	0.996	\$7.41		\$7.41	1	\$7.41	1.00	\$7.41
	Subtotal Chemical Dependency	\$10.78				\$11.05		\$11.05		\$10.61		\$10.61
	Subtotal Chemical Dependency with Admin Allowance											\$11.62

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
Temporary Assistance to Needy Families (Adults Only)												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$2.04	1.030	1.000	1.000	\$2.11		\$2.11	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.30	1.030	1.000	1.000	\$0.30		\$0.30	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$6.27	1.030	1.000	1.000	\$6.46		\$6.46	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$2.55	1.030	1.000	1.000	\$2.63		\$2.63	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$3.97	1.030	1.000	1.000	\$4.09		\$4.09	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$2.31	1.030	1.000	1.000	\$2.38		\$2.38	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.98	1.030	1.000	1.000	\$2.04		\$2.04	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$3.29	1.030	1.000	1.000	\$3.39		\$3.39	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$7.59	1.030	1.000	1.000	\$7.82		\$7.82	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$30.31				\$31.24		\$31.24		\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$4.06	1.029	1.005	1.000	\$4.20		\$4.20	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.14	1.029	1.000	1.000	\$0.15		\$0.15	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.05	1.029	1.000	1.000	\$0.05		\$0.05	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$1.63	1.029	1.000	1.000	\$1.68		\$1.68	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$1.46	1.029	1.000	1.000	\$1.50		\$1.50	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.01	1.029	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.34	1.029	1.000	1.000	\$0.35		\$0.35	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$4.33	1.029	1.000	1.000	\$4.45		\$4.45	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$1.49	1.029	1.000	1.000	\$1.54		\$1.54	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$6.68	1.029	1.000	1.000	\$6.87		\$6.87	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.44	1.029	1.000	1.000	\$0.46		\$0.46	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$21.35				\$21.97		\$21.97		\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$382.37				\$393.54	-\$68.09	\$325.45		\$215.63		\$212.11
	Total Services with Admin Allowance											\$232.25

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	Projected Statewide Cost PMPM for PCO Benefits
Poverty Level Medical Adults												
PHYSICAL HEALTH												
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$27.73	1.028	1.000	0.996	\$28.40		\$28.40	1	\$28.40	1.00	\$28.40
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.16	1.017	1.095	0.996	\$0.17		\$0.17	1	\$0.17	0.95	\$0.16
	FP - PHYS	\$4.17	1.028	1.000	0.996	\$4.27		\$4.27	1	\$4.27	1.00	\$4.27
	HYSTERECTOMY - ANESTHESIA	\$0.04	1.028	1.000	0.996	\$0.04		\$0.04	1	\$0.04	1.00	\$0.04
	HYSTERECTOMY - IP HOSP	\$0.82	1.017	1.005	0.996	\$0.84		\$0.84	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.12	1.028	1.000	0.996	\$0.13		\$0.13	1	\$0.13	1.00	\$0.13
	IP HOSP - ACUTE DETOX	\$0.17	1.017	1.004	0.996	\$0.18		\$0.18	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$489.85	1.017	1.005	0.996	\$489.81	-\$489.81	\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$29.42	1.017	1.005	0.996	\$29.96	-\$18.01	\$11.95	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$12.51	1.017	1.012	0.996	\$12.82		\$12.82	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.52	1.017	1.010	0.996	\$0.54		\$0.54	0	\$0.00	1.00	\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$30.85	1.028	1.000	0.996	\$31.60		\$31.60	1	\$31.60	1.00	\$31.60
	LAB & RAD - LAB	\$20.76	1.028	1.000	0.996	\$21.26		\$21.26	1	\$21.26	1.00	\$21.26
	LAB & RAD - THERAPEUTIC X-RAY	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	OP ER - SOMATIC MH	\$0.14	1.017	1.022	0.996	\$0.14		\$0.14	1	\$0.14	0.95	\$0.14
	OP HOSP - BASIC	\$14.19	1.017	1.035	0.996	\$14.87		\$14.87	1	\$14.87	0.95	\$14.13
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - EMERGENCY ROOM	\$5.83	1.017	1.015	0.996	\$6.00		\$6.00	1	\$6.00	0.95	\$5.70
	OP HOSP - LAB & RAD	\$13.91	1.017	1.031	0.996	\$14.54		\$14.54	1	\$14.54	0.95	\$13.81
	OP HOSP - MATERNITY	\$74.94	1.017	1.028	0.996	\$78.07	-\$78.07	\$0.00	1	\$0.00	0.95	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.01	1.017	1.003	0.996	\$0.01		\$0.01	1	\$0.01	0.95	\$0.00
	OP HOSP - PRES DRUGS BASIC	\$4.42	1.017	1.035	0.996	\$4.63		\$4.63	1	\$4.63	0.95	\$4.40
	OP HOSP - PRES DRUGS MH/CD	\$0.01	1.017	1.016	0.996	\$0.01		\$0.01	1	\$0.01	0.95	\$0.01
	OP HOSP - SOMATIC MH	\$0.14	1.017	1.025	0.996	\$0.14		\$0.14	1	\$0.14	0.95	\$0.14
	OTH MED - DME	\$0.56	1.028	1.000	0.996	\$0.57		\$0.57	1	\$0.57	1.00	\$0.57
	OTH MED - HHC/PDN	\$0.36	1.028	1.028	0.996	\$0.38		\$0.38	1	\$0.38	1.00	\$0.38
	OTH MED - HOSPICE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$1.20	1.028	1.000	0.996	\$1.23		\$1.23	1	\$1.23	1.00	\$1.23
	PHYS CONSULTATION, IP & ER VISITS	\$6.21	1.028	1.000	0.996	\$6.36		\$6.36	1	\$6.36	1.00	\$6.36
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.028	1.000	0.996	\$0.01		\$0.01	1	\$0.01	1.00	\$0.01
	PHYS MATERNITY	\$304.88	1.028	1.000	0.996	\$312.24	-\$312.24	\$0.00	1	\$0.00	1.00	\$0.00
	PHYS NEWBORN	\$0.14	1.028	1.000	0.996	\$0.14		\$0.14	1	\$0.14	1.00	\$0.14
	PHYS OFFICE VISITS	\$11.96	1.028	1.000	0.996	\$12.24		\$12.24	1	\$12.24	1.00	\$12.24
	PHYS OTHER	\$2.59	1.028	1.000	0.996	\$2.65		\$2.65	1	\$2.65	1.00	\$2.65

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-I

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K	
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
Poverty Level Medical Adults													
	PHYS SOMATIC MH	\$0.76	1.028	1.000	0.996	\$0.78		\$0.78		1	\$0.78	1.00	\$0.78
	PRES DRUGS - BASIC	\$24.47	1.038	1.000	0.996	\$25.30		\$25.30		1	\$25.30	1.00	\$25.30
	PRES DRUGS - FP	\$3.02	1.038	1.000	0.996	\$3.12		\$3.12		1	\$3.12	1.00	\$3.12
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$1.65	1.028	1.000	0.996	\$1.69		\$1.69		1	\$1.69	1.00	\$1.69
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$25.20	1.017	1.006	0.996	\$25.68		\$25.68		0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.58	1.017	1.030	0.996	\$0.60		\$0.60		1	\$0.60	0.95	\$0.57
	STERILIZATION - OP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$3.02	1.028	1.000	0.996	\$3.09		\$3.09		1	\$3.09	1.00	\$3.09
	STERILIZATION - PHY MALE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	SURGERY	\$6.01	1.028	1.000	0.996	\$6.16		\$6.16		1	\$6.16	1.00	\$6.16
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$6.01	1.028	1.000	0.996	\$6.15		\$6.15		1	\$6.15	1.00	\$6.15
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.14	1.028	1.000	0.996	\$2.19		\$2.19		1	\$2.19	1.00	\$2.19
	VISION CARE - MATERIALS & FITTING	\$1.80	1.028	1.000	0.996	\$1.84		\$1.84		1	\$1.84	1.00	\$1.84
	PART A DEDUCTIBLE												
	PART B DEDUCTIBLE												
	PART B COINSURANCE ADJUSTMENT												
	Subtotal Physical Health	\$1,124.26				\$1,150.87	-\$898.13	\$252.74			\$200.74		\$198.68
	Subtotal Physical Health with Admin Allowance												\$217.54
	CHEMICAL DEPENDENCY												
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.08	1.029	1.000	0.996	\$0.08		\$0.08		0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$1.37	1.029	1.000	0.996	\$1.41		\$1.41		1	\$1.41	1.00	\$1.41
	CD SERVICES - OP	\$4.03	1.029	1.000	0.996	\$4.13		\$4.13		1	\$4.13	1.00	\$4.13
	Subtotal Chemical Dependency	\$5.48				\$5.62		\$5.62			\$5.54		\$5.54
	Subtotal Chemical Dependency with Admin Allowance												\$6.07

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-1

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

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		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
Poverty Level Medical Adults													
DENTAL													
	DENTAL - ADJUNCTIVE GENERAL	\$1.34	1.030	1.000	1.000	\$1.38		\$1.38	0	\$0.00	1.00	\$0.00	
	DENTAL - ANESTHESIA SURGICAL	\$0.12	1.030	1.000	1.000	\$0.13		\$0.13	0	\$0.00	1.00	\$0.00	
	DENTAL - DIAGNOSTIC	\$6.01	1.030	1.000	1.000	\$6.19		\$6.19	0	\$0.00	1.00	\$0.00	
	DENTAL - ENDODONTICS	\$2.28	1.030	1.000	1.000	\$2.34		\$2.34	0	\$0.00	1.00	\$0.00	
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	DENTAL - ORAL SURGERY	\$2.10	1.030	1.000	1.000	\$2.17		\$2.17	0	\$0.00	1.00	\$0.00	
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	DENTAL - PERIODONTICS	\$1.56	1.030	1.000	1.000	\$1.61		\$1.61	0	\$0.00	1.00	\$0.00	
	DENTAL - PREVENTIVE	\$2.69	1.030	1.000	1.000	\$2.77		\$2.77	0	\$0.00	1.00	\$0.00	
	DENTAL - PROS REMOVABLE	\$0.39	1.030	1.000	1.000	\$0.40		\$0.40	0	\$0.00	1.00	\$0.00	
	DENTAL - RESTORATIVE	\$7.10	1.030	1.000	1.000	\$7.32		\$7.32	0	\$0.00	1.00	\$0.00	
	Subtotal Dental	\$23.59				\$24.31		\$24.31	0	\$0.00		\$0.00	
	Subtotal Dental with Admin Allowance											\$0.00	
MENTAL HEALTH													
	MH SERVICES ACUTE INPATIENT	\$1.80	1.029	1.005	1.000	\$1.86		\$1.86	0	\$0.00	1.00	\$0.00	
	MH SERVICES ALTERNATIVE TO IP	\$0.09	1.029	1.000	1.000	\$0.10		\$0.10	0	\$0.00	1.00	\$0.00	
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	MH SERVICES ASSESS & EVAL	\$0.72	1.029	1.000	1.000	\$0.74		\$0.74	0	\$0.00	1.00	\$0.00	
	MH SERVICES CASE MANAGEMENT	\$0.44	1.029	1.000	1.000	\$0.45		\$0.45	0	\$0.00	1.00	\$0.00	
	MH SERVICES CONSULTATION	\$0.01	1.029	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00	
	MH SERVICES FAMILY SUPPORT	\$0.00	1.029	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00	
	MH SERVICES MED MANAGEMENT	\$0.05	1.029	1.000	1.000	\$0.06		\$0.06	0	\$0.00	1.00	\$0.00	
	MH SERVICES OP THERAPY	\$1.26	1.029	1.000	1.000	\$1.29		\$1.29	0	\$0.00	1.00	\$0.00	
	MH SERVICES OTHER OP	\$0.09	1.029	1.000	1.000	\$0.09		\$0.09	0	\$0.00	1.00	\$0.00	
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00	
	MH SERVICES PHYS IP	\$0.32	1.029	1.000	1.000	\$0.33		\$0.33	0	\$0.00	1.00	\$0.00	
	MH SERVICES PHYS OP	\$2.29	1.029	1.000	1.000	\$2.36		\$2.36	0	\$0.00	1.00	\$0.00	
	MH SERVICES SUPPORT DAY PROGRAM	\$0.09	1.029	1.000	1.000	\$0.09		\$0.09	0	\$0.00	1.00	\$0.00	
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00	
	Subtotal Mental Health	\$7.86				\$8.07		\$8.07	0	\$0.00		\$0.00	
	Subtotal Mental Health with Admin Allowance											\$0.00	
	Total Services	\$1,161.19				\$1,188.87	-\$898.13	\$290.74		\$206.28		\$204.22	
	Total Services with Admin Allowance											\$223.61	

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K	
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
PLM, TANF, and CHIP Children < 1													
PHYSICAL HEALTH													
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$2.11	1.031	1.000	0.996	\$2.17		\$2.17		1	\$2.17	1.00	\$2.17
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.07	1.017	1.005	0.996	\$0.08		\$0.08		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.01	1.017	1.005	0.996	\$0.01		\$0.01		0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$70.47	1.017	1.012	0.996	\$72.24		\$72.24		0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$193.77	1.017	1.010	0.996	\$198.19		\$198.19		0	\$0.00	1.00	\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$3.52	1.031	1.000	0.996	\$3.61		\$3.61		1	\$3.61	1.00	\$3.61
	LAB & RAD - LAB	\$1.22	1.031	1.000	0.996	\$1.26		\$1.26		1	\$1.26	1.00	\$1.26
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01		1	\$0.01	1.00	\$0.01
	OP ER - SOMATIC MH	\$0.01	1.039	1.022	0.996	\$0.01		\$0.01		1	\$0.01	0.95	\$0.01
	OP HOSP - BASIC	\$17.08	1.039	1.035	0.996	\$18.29		\$18.29		1	\$18.29	0.95	\$17.38
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - EMERGENCY ROOM	\$12.47	1.039	1.015	0.996	\$13.10		\$13.10		1	\$13.10	0.95	\$12.45
	OP HOSP - LAB & RAD	\$9.76	1.039	1.031	0.996	\$10.42		\$10.42		1	\$10.42	0.95	\$9.90
	OP HOSP - MATERNITY	\$0.02	1.039	1.028	0.996	\$0.02		\$0.02		1	\$0.02	0.95	\$0.02
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - PRES DRUGS BASIC	\$1.25	1.039	1.035	0.996	\$1.34		\$1.34		1	\$1.34	0.95	\$1.27
	OP HOSP - PRES DRUGS MH/CD	\$0.00	1.039	1.016	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - SOMATIC MH	\$0.04	1.039	1.025	0.996	\$0.05		\$0.05		1	\$0.05	0.95	\$0.04
	OTH MED - DME	\$1.41	1.031	1.000	0.996	\$1.45		\$1.45		1	\$1.45	1.00	\$1.45
	OTH MED - HHC/PDN	\$0.40	1.031	1.028	0.996	\$0.42		\$0.42		1	\$0.42	1.00	\$0.42
	OTH MED - HOSPICE	\$0.06	1.031	1.028	0.996	\$0.06		\$0.06		1	\$0.06	1.00	\$0.06
	OTH MED - MATERNITY MGT	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$1.51	1.031	1.000	0.996	\$1.56		\$1.56		1	\$1.56	1.00	\$1.56
	PHYS CONSULTATION, IP & ER VISITS	\$30.85	1.031	1.000	0.996	\$31.70		\$31.70		1	\$31.70	1.00	\$31.70
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.08	1.031	1.000	0.996	\$0.08		\$0.08		1	\$0.08	1.00	\$0.08
	PHYS MATERNITY	\$0.10	1.031	1.000	0.996	\$0.10		\$0.10		1	\$0.10	1.00	\$0.10
	PHYS NEWBORN	\$6.32	1.031	1.000	0.996	\$6.50		\$6.50		1	\$6.50	1.00	\$6.50
	PHYS OFFICE VISITS	\$63.47	1.031	1.000	0.996	\$65.23		\$65.23		1	\$65.23	1.00	\$65.23
	PHYS OTHER	\$7.44	1.031	1.000	0.996	\$7.64		\$7.64		1	\$7.64	1.00	\$7.64

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Maternity Carve-Out / Program Change Adjustment ³	= E + F	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	OP Cost Shift Adjustment	= I * J
PLM, TANF, and CHIP Children < 1												
	PHYS SOMATIC MH	\$0.09	1.031	1.000	0.996	\$0.09		\$0.09	1	\$0.09	1.00	\$0.09
	PRES DRUGS - BASIC	\$12.05	1.038	1.000	0.996	\$12.46		\$12.46	1	\$12.46	1.00	\$12.46
	PRES DRUGS - FP	\$0.01	1.038	1.000	0.996	\$0.01		\$0.01	1	\$0.01	1.00	\$0.01
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.01	1.039	1.000	0.996	\$0.01		\$0.01	1	\$0.01	0.95	\$0.01
	STERILIZATION - PHY FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$6.65	1.031	1.000	0.996	\$6.83		\$6.83	1	\$6.83	1.00	\$6.83
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$6.49	1.031	1.000	0.996	\$6.67		\$6.67	1	\$6.67	1.00	\$6.67
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.41	1.031	1.000	0.996	\$0.42		\$0.42	1	\$0.42	1.00	\$0.42
	VISION CARE - MATERIALS & FITTING	\$0.02	1.031	1.000	0.996	\$0.02		\$0.02	1	\$0.02	1.00	\$0.02
	PART A DEDUCTIBLE											
	PART B DEDUCTIBLE											
	PART B COINSURANCE ADJUSTMENT											
	Subtotal Physical Health	\$449.18				\$462.04	\$0.00	\$462.04		\$191.53		\$189.36
	Subtotal Physical Health with Admin Allowance											\$207.34
	CHEMICAL DEPENDENCY											
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	CD SERVICES - OP	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	Subtotal Chemical Dependency	\$0.01				\$0.01		\$0.01		\$0.01		\$0.01
	Subtotal Chemical Dependency with Admin Allowance											\$0.01

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
PLM, TANF, and CHIP Children < 1												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$0.07	1.030	1.000	1.000	\$0.07		\$0.07	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$0.04	1.030	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$0.15				\$0.16		\$0.16		\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$0.01	1.042	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$0.06	1.042	1.000	1.000	\$0.06		\$0.06	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.02	1.042	1.000	1.000	\$0.03	-\$0.03	\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$0.82				\$0.82		\$0.80		\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$450.15				\$463.03		-\$0.03	\$463.00		\$191.53	\$189.37
	Total Services with Admin Allowance											\$207.35

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K	
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
PLM, TANF, and CHIP Children 1 - 5													
PHYSICAL HEALTH													
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$1.89	1.031	1.000	0.996	\$1.95		\$1.95		1	\$1.95	1.00	\$1.95
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	IP HOSP - ACUTE DETOX	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.00	1.017	1.005	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$12.90	1.017	1.012	0.996	\$13.22		\$13.22		0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.04	1.017	1.010	0.996	\$0.04		\$0.04		0	\$0.00	1.00	\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.10	1.031	1.000	0.996	\$1.14		\$1.14		1	\$1.14	1.00	\$1.14
	LAB & RAD - LAB	\$0.91	1.031	1.000	0.996	\$0.94		\$0.94		1	\$0.94	1.00	\$0.94
	LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01		1	\$0.01	1.00	\$0.01
	OP ER - SOMATIC MH	\$0.01	1.039	1.022	0.996	\$0.01		\$0.01		1	\$0.01	0.95	\$0.01
	OP HOSP - BASIC	\$14.91	1.039	1.035	0.996	\$15.97		\$15.97		1	\$15.97	0.95	\$15.18
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - EMERGENCY ROOM	\$8.10	1.039	1.015	0.996	\$8.52		\$8.52		1	\$8.52	0.95	\$8.09
	OP HOSP - LAB & RAD	\$4.94	1.039	1.031	0.996	\$5.27		\$5.27		1	\$5.27	0.95	\$5.01
	OP HOSP - MATERNITY	\$0.00	1.039	1.028	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - PRES DRUGS BASIC	\$1.09	1.039	1.035	0.996	\$1.16		\$1.16		1	\$1.16	0.95	\$1.10
	OP HOSP - PRES DRUGS MH/CD	\$0.00	1.039	1.016	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - SOMATIC MH	\$0.17	1.039	1.025	0.996	\$0.18		\$0.18		1	\$0.18	0.95	\$0.17
	OTH MED - DME	\$0.30	1.031	1.000	0.996	\$0.31		\$0.31		1	\$0.31	1.00	\$0.31
	OTH MED - HHC/PDN	\$0.13	1.031	1.028	0.996	\$0.13		\$0.13		1	\$0.13	1.00	\$0.13
	OTH MED - HOSPICE	\$0.01	1.031	1.028	0.996	\$0.01		\$0.01		1	\$0.01	1.00	\$0.01
	OTH MED - MATERNITY MGT	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$0.40	1.031	1.000	0.996	\$0.41		\$0.41		1	\$0.41	1.00	\$0.41
	PHYS CONSULTATION, IP & ER VISITS	\$4.54	1.031	1.000	0.996	\$4.67		\$4.67		1	\$4.67	1.00	\$4.67
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01		1	\$0.01	1.00	\$0.01
	PHYS MATERNITY	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01		1	\$0.01	1.00	\$0.01
	PHYS NEWBORN	\$0.05	1.031	1.000	0.996	\$0.06		\$0.06		1	\$0.06	1.00	\$0.06
	PHYS OFFICE VISITS	\$21.43	1.031	1.000	0.996	\$22.02		\$22.02		1	\$22.02	1.00	\$22.02
	PHYS OTHER	\$1.59	1.031	1.000	0.996	\$1.63		\$1.63		1	\$1.63	1.00	\$1.63

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-1

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Maternity Carve-Out / Program Change Adjustment ³	= E + F	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	OP Cost Shift Adjustment	= I * J
PLM, TANF, and CHIP Children 1 - 5												
	PHYS SOMATIC MH	\$0.57	1.031	1.000	0.996	\$0.58		\$0.58	1	\$0.58	1.00	\$0.58
	PRES DRUGS - BASIC	\$7.68	1.038	1.000	0.996	\$7.95		\$7.95	1	\$7.95	1.00	\$7.95
	PRES DRUGS - FP	\$0.00	1.038	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$3.28	1.031	1.000	0.996	\$3.37		\$3.37	1	\$3.37	1.00	\$3.37
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$1.34	1.031	1.000	0.996	\$1.38		\$1.38	1	\$1.38	1.00	\$1.38
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.69	1.031	1.000	0.996	\$0.71		\$0.71	1	\$0.71	1.00	\$0.71
	VISION CARE - MATERIALS & FITTING	\$0.25	1.031	1.000	0.996	\$0.25		\$0.25	1	\$0.25	1.00	\$0.25
	PART A DEDUCTIBLE											
	PART B DEDUCTIBLE											
	PART B COINSURANCE ADJUSTMENT											
	Subtotal Physical Health	\$88.38				\$91.93	\$0.00	\$91.93		\$78.67		\$77.11
	Subtotal Physical Health with Admin Allowance											\$84.43
CHEMICAL DEPENDENCY												
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	CD SERVICES - OP	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	Subtotal Chemical Dependency	\$0.00				\$0.00		\$0.00		\$0.00		\$0.00
	Subtotal Chemical Dependency with Admin Allowance											\$0.00

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
PLM, TANF, and CHIP Children 1 - 5												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$0.61	1.030	1.000	1.000	\$0.62	\$0.04	\$0.66	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.70	1.030	1.000	1.000	\$0.72	\$0.04	\$0.76	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$3.04	1.030	1.000	1.000	\$3.13	\$0.18	\$3.31	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.08	1.030	1.000	1.000	\$1.11	\$0.06	\$1.18	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$0.75	1.030	1.000	1.000	\$0.77	\$0.04	\$0.81	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00	\$0.00	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.01	1.030	1.000	1.000	\$0.01	\$0.00	\$0.01	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$2.70	1.030	1.000	1.000	\$2.78	\$0.16	\$2.94	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.00	1.030	1.000	1.000	\$0.00	\$0.00	\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$7.61	1.030	1.000	1.000	\$7.84	\$0.44	\$8.28	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$16.48				\$16.98		\$17.94		\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$0.04	1.042	1.005	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.00	1.042	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$0.38	1.042	1.000	1.000	\$0.40		\$0.40	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$0.26	1.042	1.000	1.000	\$0.27		\$0.27	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.02	1.042	1.000	1.000	\$0.03		\$0.03	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$0.59	1.042	1.000	1.000	\$0.62		\$0.62	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.13	1.042	1.000	1.000	\$0.14		\$0.14	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$1.56	1.042	1.000	1.000	\$1.62		\$1.62	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.25	1.042	1.000	1.000	\$0.26		\$0.26	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.042	1.000	1.000	\$0.00	\$0.50	\$0.50	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$3.97				\$4.10		\$4.60		\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$108.83				\$113.02	\$1.46	\$114.48		\$78.67		\$77.11
	Total Services with Admin Allowance											\$84.43

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K	
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
PLM, TANF, and CHIP Children 6 - 18													
PHYSICAL HEALTH													
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$0.99	1.031	1.000	0.996	\$1.02		\$1.02		1	\$1.02	1.00	\$1.02
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.01	1.039	1.095	0.996	\$0.01		\$0.01		1	\$0.01	0.95	\$0.01
	FP - PHYS	\$0.10	1.031	1.000	0.996	\$0.10		\$0.10		1	\$0.10	1.00	\$0.10
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	IP HOSP - ACUTE DETOX	\$0.03	1.017	1.004	0.996	\$0.03		\$0.03		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$2.08	1.017	1.005	0.996	\$2.12	-\$2.12	\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.01	1.017	1.005	0.996	\$0.01	-\$0.01	\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$12.11	1.017	1.012	0.996	\$12.42		\$12.42		0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.01	1.017	1.010	0.996	\$0.01		\$0.01		0	\$0.00	1.00	\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$1.89	1.031	1.000	0.996	\$1.94		\$1.94		1	\$1.94	1.00	\$1.94
	LAB & RAD - LAB	\$1.37	1.031	1.000	0.996	\$1.40		\$1.40		1	\$1.40	1.00	\$1.40
	LAB & RAD - THERAPEUTIC X-RAY	\$0.04	1.031	1.000	0.996	\$0.04		\$0.04		1	\$0.04	1.00	\$0.04
	OP ER - SOMATIC MH	\$0.17	1.039	1.022	0.996	\$0.18		\$0.18		1	\$0.18	0.95	\$0.17
	OP HOSP - BASIC	\$8.96	1.039	1.035	0.996	\$9.60		\$9.60		1	\$9.60	0.95	\$9.12
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - EMERGENCY ROOM	\$5.49	1.039	1.015	0.996	\$5.77		\$5.77		1	\$5.77	0.95	\$5.48
	OP HOSP - LAB & RAD	\$6.55	1.039	1.031	0.996	\$6.99		\$6.99		1	\$6.99	0.95	\$6.64
	OP HOSP - MATERNITY	\$0.74	1.039	1.028	0.996	\$0.79	-\$0.79	\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - PRES DRUGS BASIC	\$0.83	1.039	1.035	0.996	\$0.89		\$0.89		1	\$0.89	0.95	\$0.84
	OP HOSP - PRES DRUGS MH/CD	\$0.01	1.039	1.016	0.996	\$0.01		\$0.01		1	\$0.01	0.95	\$0.01
	OP HOSP - SOMATIC MH	\$0.22	1.039	1.025	0.996	\$0.23		\$0.23		1	\$0.23	0.95	\$0.22
	OTH MED - DME	\$0.24	1.031	1.000	0.996	\$0.25		\$0.25		1	\$0.25	1.00	\$0.25
	OTH MED - HHC/PDN	\$0.06	1.031	1.028	0.996	\$0.07		\$0.07		1	\$0.07	1.00	\$0.07
	OTH MED - HOSPICE	\$0.00	1.031	1.028	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$0.27	1.031	1.000	0.996	\$0.27		\$0.27		1	\$0.27	1.00	\$0.27
	PHYS CONSULTATION, IP & ER VISITS	\$3.08	1.031	1.000	0.996	\$3.17		\$3.17		1	\$3.17	1.00	\$3.17
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	PHYS MATERNITY	\$1.30	1.031	1.000	0.996	\$1.33	-\$1.33	\$0.00		1	\$0.00	1.00	\$0.00
	PHYS NEWBORN	\$0.06	1.031	1.000	0.996	\$0.06		\$0.06		1	\$0.06	1.00	\$0.06
	PHYS OFFICE VISITS	\$11.98	1.031	1.000	0.996	\$12.31		\$12.31		1	\$12.31	1.00	\$12.31
	PHYS OTHER	\$1.32	1.031	1.000	0.996	\$1.35		\$1.35		1	\$1.35	1.00	\$1.35

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-I

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F 2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment	= I * J 2009 Statewide PCO Capitation Rate PMPM
PLM, TANF, and CHIP Children 6 - 18												
	PHYS SOMATIC MH	\$1.29	1.031	1.000	0.996	\$1.33		\$1.33	1	\$1.33	1.00	\$1.33
	PRES DRUGS - BASIC	\$11.30	1.038	1.000	0.996	\$11.69		\$11.69	1	\$11.69	1.00	\$11.69
	PRES DRUGS - FP	\$0.49	1.038	1.000	0.996	\$0.50		\$0.50	1	\$0.50	1.00	\$0.50
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.017	1.006	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$3.26	1.031	1.000	0.996	\$3.35		\$3.35	1	\$3.35	1.00	\$3.35
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$1.02	1.031	1.000	0.996	\$1.05		\$1.05	1	\$1.05	1.00	\$1.05
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.22	1.031	1.000	0.996	\$2.28		\$2.28	1	\$2.28	1.00	\$2.28
	VISION CARE - MATERIALS & FITTING	\$1.66	1.031	1.000	0.996	\$1.70		\$1.70	1	\$1.70	1.00	\$1.70
	PART A DEDUCTIBLE											
	PART B DEDUCTIBLE											
	PART B COINSURANCE ADJUSTMENT											
	Subtotal Physical Health	\$81.16				\$84.29	-\$4.25	\$80.04		\$67.57		\$66.39
	Subtotal Physical Health with Admin Allowance											\$72.69
	CHEMICAL DEPENDENCY											
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.01	1.042	1.000	0.996	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.02	1.042	1.000	0.996	\$0.02		\$0.02	1	\$0.02	1.00	\$0.02
	CD SERVICES - OP	\$1.04	1.042	1.000	0.996	\$1.08		\$1.08	1	\$1.08	1.00	\$1.08
	Subtotal Chemical Dependency	\$1.07				\$1.11		\$1.11		\$1.10		\$1.10
	Subtotal Chemical Dependency with Admin Allowance											\$1.20

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$0.35	1.030	1.000	1.000	\$0.36		\$0.36	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.35	1.030	1.000	1.000	\$0.36		\$0.36	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$4.87	1.030	1.000	1.000	\$5.01		\$5.01	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.28	1.030	1.000	1.000	\$1.32		\$1.32	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$1.39	1.030	1.000	1.000	\$1.43		\$1.43	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.14	1.030	1.000	1.000	\$0.15		\$0.15	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$5.28	1.030	1.000	1.000	\$5.44		\$5.44	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.04	1.030	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$7.44	1.030	1.000	1.000	\$7.67		\$7.67	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$21.16				\$21.80		\$21.80	0	\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$3.04	1.042	1.005	1.000	\$3.18		\$3.18	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.27	1.042	1.000	1.000	\$0.28		\$0.28	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.02	1.042	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$1.28	1.042	1.000	1.000	\$1.33		\$1.33	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$1.64	1.042	1.000	1.000	\$1.71		\$1.71	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.04	1.042	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.04	1.042	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.17	1.042	1.000	1.000	\$0.18		\$0.18	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$2.97	1.042	1.000	1.000	\$3.09		\$3.09	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.04	1.042	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$1.10	1.042	1.000	1.000	\$1.15		\$1.15	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$6.72	1.042	1.000	1.000	\$7.00		\$7.00	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$0.52	1.042	1.000	1.000	\$0.54		\$0.54	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.81	1.042	1.000	1.000	\$0.84		\$0.84	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.03	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$19.33				\$20.13		\$20.13	0	\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$122.72				\$127.32	-\$4.25	\$123.08		\$68.67		\$67.49
	Total Services with Admin Allowance											\$73.89

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
Aid to the Blind/Aid to the Disabled with Medicare												
PHYSICAL HEALTH												
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$1.03	1.030	1.000	1.000	\$1.06		\$1.06	1	\$1.06	1.00	\$1.06
	EXCEPT NEEDS CARE COORDINATION	\$8.01	1.000	1.000	1.000	\$8.01		\$8.01	1	\$8.01	1.00	\$8.01
	FP - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	1.039	1.095	1.000	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	1	\$0.02	1.00	\$0.02
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.01	1.039	1.071	1.000	\$0.01		\$0.01	1	\$0.01	0.95	\$0.01
	HYSTERECTOMY - PHYS	\$0.04	1.030	1.000	1.000	\$0.04		\$0.04	1	\$0.04	1.00	\$0.04
	IP HOSP - ACUTE DETOX	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.28	1.030	1.000	1.000	\$2.35		\$2.35	1	\$2.35	1.00	\$2.35
	LAB & RAD - LAB	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	LAB & RAD - THERAPEUTIC X-RAY	\$0.12	1.030	1.000	1.000	\$0.13		\$0.13	1	\$0.13	1.00	\$0.13
	OP ER - SOMATIC MH	\$0.35	1.039	1.022	1.000	\$0.37		\$0.37	1	\$0.37	0.95	\$0.35
	OP HOSP - BASIC	\$20.16	1.039	1.035	1.000	\$21.67		\$21.67	1	\$21.67	0.95	\$20.59
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - EMERGENCY ROOM	\$3.27	1.039	1.015	1.000	\$3.45		\$3.45	1	\$3.45	0.95	\$3.28
	OP HOSP - LAB & RAD	\$7.41	1.039	1.031	1.000	\$7.94		\$7.94	1	\$7.94	0.95	\$7.55
	OP HOSP - MATERNITY	\$0.11	1.039	1.028	1.000	\$0.12		\$0.12	1	\$0.12	0.95	\$0.12
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	1.000	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	OP HOSP - PRES DRUGS BASIC	\$6.58	1.039	1.035	1.000	\$7.07		\$7.07	1	\$7.07	0.95	\$6.72
	OP HOSP - PRES DRUGS MH/CD	\$0.11	1.039	1.016	1.000	\$0.12		\$0.12	1	\$0.12	0.95	\$0.11
	OP HOSP - SOMATIC MH	\$0.34	1.039	1.025	1.000	\$0.36		\$0.36	1	\$0.36	0.95	\$0.34
	OTH MED - DME	\$4.47	1.030	1.000	1.000	\$4.61		\$4.61	1	\$4.61	1.00	\$4.61
	OTH MED - HHC/PDN	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - HOSPICE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$14.00	1.030	1.000	1.000	\$14.42		\$14.42	1	\$14.42	1.00	\$14.42
	PHYS CONSULTATION, IP & ER VISITS	\$3.60	1.030	1.000	1.000	\$3.70		\$3.70	1	\$3.70	1.00	\$3.70
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.15	1.030	1.000	1.000	\$0.16		\$0.16	1	\$0.16	1.00	\$0.16
	PHYS MATERNITY	\$0.17	1.030	1.000	1.000	\$0.17		\$0.17	1	\$0.17	1.00	\$0.17
	PHYS NEWBORN	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	1	\$0.02	1.00	\$0.02
	PHYS OFFICE VISITS	\$6.29	1.030	1.000	1.000	\$6.48		\$6.48	1	\$6.48	1.00	\$6.48
	PHYS OTHER	\$3.70	1.030	1.000	1.000	\$3.81	\$0.01	\$3.82	1	\$3.82	1.00	\$3.82

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K		
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
Aid to the Blind/Aid to the Disabled with Medicare														
	PHYS SOMATIC MH	\$0.87	1.030	1.000	1.000	\$0.90		\$0.90	1	\$0.90	1.00	\$0.90		
	PRES DRUGS - BASIC	\$10.20	1.038	1.000	1.000	\$10.59		\$10.59	1	\$10.59	1.00	\$10.59		
	PRES DRUGS - FP	\$0.00	1.038	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00		
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00		
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00		
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	STERILIZATION - IP HOSP MALE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.030	1.000	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00		
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00		
	STERILIZATION - PHY FEMALE	\$0.01	1.030	1.000	1.000	\$0.01		\$0.01	1	\$0.01	1.00	\$0.01		
	STERILIZATION - PHY MALE	\$0.01	1.030	1.000	1.000	\$0.01		\$0.01	1	\$0.01	1.00	\$0.01		
	SURGERY	\$3.89	1.030	1.000	1.000	\$4.01		\$4.01	1	\$4.01	1.00	\$4.01		
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00		
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	TRANSPORTATION - AMBULANCE	\$1.44	1.030	1.000	1.000	\$1.48		\$1.48	1	\$1.48	1.00	\$1.48		
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	VISION CARE - EXAMS & THERAPY	\$3.41	1.030	1.000	1.000	\$3.51		\$3.51	1	\$3.51	1.00	\$3.51		
	VISION CARE - MATERIALS & FITTING	\$2.26	1.030	1.000	1.000	\$2.33		\$2.33	1	\$2.33	1.00	\$2.33		
	PART A DEDUCTIBLE					\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	PART B DEDUCTIBLE					\$11.25		\$11.25	1	\$11.25	1.00	\$11.25		
	PART B COINSURANCE ADJUSTMENT					-\$4.27		-\$4.27	1	-\$4.27	1.00	-\$4.27		
	Subtotal Physical Health	\$104.33				\$115.92	\$0.01	\$115.93		\$115.93		\$113.88		
	Subtotal Physical Health with Admin Allowance											\$124.69		
CHEMICAL DEPENDENCY														
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.41	1.029	1.000	1.000	\$0.42		\$0.42	0	\$0.00	1.00	\$0.00		
	CD SERVICES - METHADONE	\$3.10	1.029	1.000	1.000	\$3.19		\$3.19	1	\$3.19	1.00	\$3.19		
	CD SERVICES - OP	\$1.24	1.029	1.000	1.000	\$1.28		\$1.28	1	\$1.28	1.00	\$1.28		
	Subtotal Chemical Dependency	\$4.75				\$4.89	\$0.00	\$4.89		\$4.47		\$4.47		
	Subtotal Chemical Dependency with Admin Allowance											\$4.89		

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
Aid to the Blind/Aid to the Disabled with Medicare												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$2.03	1.030	1.000	1.000	\$2.09		\$2.09	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.34	1.030	1.000	1.000	\$0.35		\$0.35	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$4.83	1.030	1.000	1.000	\$4.97		\$4.97	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.47	1.030	1.000	1.000	\$1.51		\$1.51	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.04	1.030	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$3.22	1.030	1.000	1.000	\$3.32		\$3.32	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$2.62	1.030	1.000	1.000	\$2.70		\$2.70	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$2.74	1.030	1.000	1.000	\$2.82		\$2.82	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$5.96	1.030	1.000	1.000	\$6.14		\$6.14	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$7.02	1.030	1.000	1.000	\$7.23		\$7.23	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$30.25				\$31.18	\$0.00	\$31.18		\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$2.85	1.029	1.000	1.000	\$2.82		\$2.82	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$1.98	1.029	1.000	1.000	\$2.04		\$2.04	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.04	1.029	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$1.52	1.029	1.000	1.000	\$1.56		\$1.56	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$18.56	1.029	1.000	1.000	\$19.09		\$19.09	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.05	1.029	1.000	1.000	\$0.05		\$0.05	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$1.84	1.029	1.000	1.000	\$1.89		\$1.89	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$3.64	1.029	1.000	1.000	\$3.74		\$3.74	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$5.08	1.029	1.000	1.000	\$5.23		\$5.23	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$6.45	1.029	1.000	1.000	\$6.64		\$6.64	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$9.72	1.029	1.000	1.000	\$10.00		\$10.00	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$32.52	1.029	1.000	1.000	\$33.47		\$33.47	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$84.96				\$87.29	\$0.00	\$87.29		\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$224.29				\$239.28	\$0.01	\$239.29		\$120.40		\$118.35
	Total Services with Admin Allowance											\$129.58

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	OP Cost Shift Adjustment
Aid to the Blind/Aid to the Disabled without Medicare												
PHYSICAL HEALTH												
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$5.55	1.032	1.000	0.996	\$5.71		\$5.71	1	\$5.71	1.00	\$5.71
	EXCEPT NEEDS CARE COORDINATION	\$8.01	1.000	1.000	0.996	\$7.98		\$7.98	1	\$7.98	1.00	\$7.98
	FP - IP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.03	1.039	1.095	0.996	\$0.04		\$0.04	1	\$0.04	0.95	\$0.04
	FP - PHYS	\$0.23	1.032	1.000	0.996	\$0.23		\$0.23	1	\$0.23	1.00	\$0.23
	HYSTERECTOMY - ANESTHESIA	\$0.05	1.032	1.000	0.996	\$0.05		\$0.05	1	\$0.05	1.00	\$0.05
	HYSTERECTOMY - IP HOSP	\$2.85	1.039	1.005	0.996	\$2.96		\$2.96	0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.01	1.039	1.071	0.996	\$0.01		\$0.01	1	\$0.01	0.95	\$0.01
	HYSTERECTOMY - PHYS	\$0.32	1.032	1.000	0.996	\$0.33		\$0.33	1	\$0.33	1.00	\$0.33
	IP HOSP - ACUTE DETOX	\$1.83	1.039	1.004	0.996	\$1.91		\$1.91	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$4.61	1.039	1.005	0.996	\$4.80	-\$4.80	\$0.00	0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.33	1.039	1.005	0.996	\$0.35	-\$0.21	\$0.14	0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$292.00	1.039	1.012	0.996	\$305.85		\$305.85	0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.06	1.039	1.010	0.996	\$0.07		\$0.07	0	\$0.00	1.00	\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.010	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$14.41	1.032	1.000	0.996	\$14.82		\$14.82	1	\$14.82	1.00	\$14.82
	LAB & RAD - LAB	\$8.63	1.032	1.000	0.996	\$8.87		\$8.87	1	\$8.87	1.00	\$8.87
	LAB & RAD - THERAPEUTIC X-RAY	\$1.50	1.032	1.000	0.996	\$1.55		\$1.55	1	\$1.55	1.00	\$1.55
	OP ER - SOMATIC MH	\$1.79	1.039	1.022	0.996	\$1.89		\$1.89	1	\$1.89	0.95	\$1.80
	OP HOSP - BASIC	\$68.60	1.039	1.035	0.996	\$73.48		\$73.48	1	\$73.48	0.95	\$69.81
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	OP HOSP - EMERGENCY ROOM	\$18.23	1.039	1.015	0.996	\$19.16		\$19.16	1	\$19.16	0.95	\$18.20
	OP HOSP - LAB & RAD	\$44.80	1.039	1.031	0.996	\$47.83		\$47.83	1	\$47.83	0.95	\$45.44
	OP HOSP - MATERNITY	\$1.35	1.039	1.028	0.996	\$1.44	-\$1.44	\$0.00	1	\$0.00	0.95	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.13	1.039	1.003	0.996	\$0.14		\$0.14	1	\$0.14	0.95	\$0.13
	OP HOSP - PRES DRUGS BASIC	\$7.62	1.039	1.035	0.996	\$8.16		\$8.16	1	\$8.16	0.95	\$7.75
	OP HOSP - PRES DRUGS MH/CD	\$0.13	1.039	1.016	0.996	\$0.13		\$0.13	1	\$0.13	0.95	\$0.13
	OP HOSP - SOMATIC MH	\$2.18	1.039	1.025	0.996	\$2.31		\$2.31	1	\$2.31	0.95	\$2.19
	OTH MED - DME	\$19.77	1.032	1.000	0.996	\$20.33		\$20.33	1	\$20.33	1.00	\$20.33
	OTH MED - HHC/PDN	\$4.75	1.032	1.028	0.996	\$5.02		\$5.02	1	\$5.02	1.00	\$5.02
	OTH MED - HOSPICE	\$2.99	1.032	1.028	0.996	\$3.16		\$3.16	1	\$3.16	1.00	\$3.16
	OTH MED - MATERNITY MGT	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$13.86	1.032	1.000	0.996	\$14.26		\$14.26	1	\$14.26	1.00	\$14.26
	PHYS CONSULTATION, IP & ER VISITS	\$21.63	1.032	1.000	0.996	\$22.25		\$22.25	1	\$22.25	1.00	\$22.25
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.59	1.032	1.000	0.996	\$0.60		\$0.60	1	\$0.60	1.00	\$0.60
	PHYS MATERNITY	\$2.11	1.032	1.000	0.996	\$2.17	-\$2.17	\$0.00	1	\$0.00	1.00	\$0.00
	PHYS NEWBORN	\$0.11	1.032	1.000	0.996	\$0.11		\$0.11	1	\$0.11	1.00	\$0.11
	PHYS OFFICE VISITS	\$39.26	1.032	1.000	0.996	\$40.38		\$40.38	1	\$40.38	1.00	\$40.38
	PHYS OTHER	\$24.97	1.032	1.000	0.996	\$25.68	\$0.05	\$25.73	1	\$25.73	1.00	\$25.73

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-1

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
Aid to the Blind/Aid to the Disabled without Medicare												
	PHYS SOMATIC MH	\$5.61	1.032	1.000	0.996	\$5.77		\$5.77	1	\$5.77	1.00	\$5.77
	PRES DRUGS - BASIC	\$177.02	1.038	1.000	0.996	\$183.06		\$183.06	1	\$183.06	1.00	\$183.06
	PRES DRUGS - FP	\$0.82	1.038	1.000	0.996	\$0.85		\$0.85	1	\$0.85	1.00	\$0.85
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.04	1.032	1.000	0.996	\$0.04		\$0.04	1	\$0.04	1.00	\$0.04
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.47	1.039	1.006	0.996	\$0.49		\$0.49	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.03	1.039	1.030	0.996	\$0.03		\$0.03	1	\$0.03	0.95	\$0.03
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.06	1.032	1.000	0.996	\$0.06		\$0.06	1	\$0.06	1.00	\$0.06
	STERILIZATION - PHY MALE	\$0.01	1.032	1.000	0.996	\$0.01		\$0.01	1	\$0.01	1.00	\$0.01
	SURGERY	\$23.04	1.032	1.000	0.996	\$23.70		\$23.70	1	\$23.70	1.00	\$23.70
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$13.75	1.032	1.000	0.996	\$14.14		\$14.14	1	\$14.14	1.00	\$14.14
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$3.64	1.032	1.000	0.996	\$3.75		\$3.75	1	\$3.75	1.00	\$3.75
	VISION CARE - MATERIALS & FITTING	\$2.47	1.032	1.000	0.996	\$2.54		\$2.54	1	\$2.54	1.00	\$2.54
	PART A DEDUCTIBLE					\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	PART B DEDUCTIBLE					\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	PART B COINSURANCE ADJUSTMENT					\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
Subtotal Physical Health		\$842.26				\$878.49	-\$8.56	\$869.93		\$558.52		\$550.86
Subtotal Physical Health with Admin Allowance												\$603.15
CHEMICAL DEPENDENCY												
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.42	1.014	1.000	0.996	\$0.43		\$0.43	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$5.07	1.014	1.000	0.996	\$5.12		\$5.12	1	\$5.12	1.00	\$5.12
	CD SERVICES - OP	\$2.55	1.014	1.000	0.996	\$2.58		\$2.58	1	\$2.58	1.00	\$2.58
Subtotal Chemical Dependency		\$8.04				\$8.12		\$8.12		\$7.69		\$7.69
Subtotal Chemical Dependency with Admin Allowance												\$8.42

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
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EXHIBIT 2-1

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
Aid to the Blind/Aid to the Disabled without Medicare												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$1.64	1.030	1.000	1.000	\$1.69		\$1.69	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.31	1.030	1.000	1.000	\$0.32		\$0.32	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$4.39	1.030	1.000	1.000	\$4.52		\$4.52	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.36	1.030	1.000	1.000	\$1.40		\$1.40	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$3.01	1.030	1.000	1.000	\$3.10		\$3.10	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$1.76	1.030	1.000	1.000	\$1.82		\$1.82	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$2.36	1.030	1.000	1.000	\$2.43		\$2.43	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$5.15	1.030	1.000	1.000	\$5.30		\$5.30	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$6.32	1.030	1.000	1.000	\$6.51		\$6.51	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$26.34				\$27.14		\$27.14	0	\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$26.01	1.014	1.005	1.000	\$26.49		\$26.49	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$2.31	1.014	1.000	1.000	\$2.34		\$2.34	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.20	1.014	1.000	1.000	\$0.20		\$0.20	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$2.01	1.014	1.000	1.000	\$2.04		\$2.04	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$13.76	1.014	1.000	1.000	\$13.96		\$13.96	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.08	1.014	1.000	1.000	\$0.08		\$0.08	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$1.07	1.014	1.000	1.000	\$1.08		\$1.08	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$3.27	1.014	1.000	1.000	\$3.31		\$3.31	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$6.48	1.014	1.000	1.000	\$6.57		\$6.57	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.08	1.014	1.000	1.000	\$0.08		\$0.08	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$7.05	1.014	1.000	1.000	\$7.15		\$7.15	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$12.62	1.014	1.000	1.000	\$12.80		\$12.80	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$18.67	1.014	1.000	1.000	\$18.93		\$18.93	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$2.27	1.014	1.000	1.000	\$2.30		\$2.30	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.06	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$96.57				\$98.03		\$98.03	0	\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$973.21				\$1,011.78	-\$8.56	\$1,003.22		\$566.21		\$558.55
	Total Services with Admin Allowance											\$611.58

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-1

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K	
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM	= E + F	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
Old Age Assistance with Medicare													
PHYSICAL HEALTH													
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$1.06	1.030	1.000	1.000	\$1.09		\$1.09		1	\$1.09	1.00	\$1.09
	EXCEPT NEEDS CARE COORDINATION	\$6.26	1.000	1.000	1.000	\$6.26		\$6.26		1	\$6.26	1.00	\$6.26
	FP - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	FP - PHYS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	HYSTERECTOMY - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02		1	\$0.02	1.00	\$0.02
	IP HOSP - ACUTE DETOX	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$2.62	1.030	1.000	1.000	\$2.70		\$2.70		1	\$2.70	1.00	\$2.70
	LAB & RAD - LAB	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	LAB & RAD - THERAPEUTIC X-RAY	\$0.28	1.030	1.000	1.000	\$0.29		\$0.29		1	\$0.29	1.00	\$0.29
	OP ER - SOMATIC MH	\$0.07	1.039	1.022	1.000	\$0.07		\$0.07		1	\$0.07	0.95	\$0.07
	OP HOSP - BASIC	\$17.49	1.039	1.035	1.000	\$18.80		\$18.80		1	\$18.80	0.95	\$17.86
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - EMERGENCY ROOM	\$2.63	1.039	1.015	1.000	\$2.78		\$2.78		1	\$2.78	0.95	\$2.64
	OP HOSP - LAB & RAD	\$8.29	1.039	1.031	1.000	\$8.88		\$8.88		1	\$8.88	0.95	\$8.44
	OP HOSP - MATERNITY	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	1.000	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - PRES DRUGS BASIC	\$5.00	1.039	1.035	1.000	\$5.38		\$5.38		1	\$5.38	0.95	\$5.11
	OP HOSP - PRES DRUGS MH/CD	\$0.03	1.039	1.016	1.000	\$0.03		\$0.03		1	\$0.03	0.95	\$0.03
	OP HOSP - SOMATIC MH	\$0.15	1.039	1.025	1.000	\$0.16		\$0.16		1	\$0.16	0.95	\$0.15
	OTH MED - DME	\$5.82	1.030	1.000	1.000	\$6.00		\$6.00		1	\$6.00	1.00	\$6.00
	OTH MED - HHC/PDN	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	OTH MED - HOSPICE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	OTH MED - MATERNITY MGT	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$15.80	1.030	1.000	1.000	\$16.28		\$16.28		1	\$16.28	1.00	\$16.28
	PHYS CONSULTATION, IP & ER VISITS	\$4.54	1.030	1.000	1.000	\$4.68		\$4.68		1	\$4.68	1.00	\$4.68
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.57	1.030	1.000	1.000	\$0.58		\$0.58		1	\$0.58	1.00	\$0.58
	PHYS MATERNITY	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	PHYS NEWBORN	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02		1	\$0.02	1.00	\$0.02
	PHYS OFFICE VISITS	\$5.88	1.030	1.000	1.000	\$6.05		\$6.05		1	\$6.05	1.00	\$6.05
	PHYS OTHER	\$4.75	1.030	1.000	1.000	\$4.89		\$4.89		1	\$4.89	1.00	\$4.89

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K		
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
Old Age Assistance with Medicare														
	PHYS SOMATIC MH	\$0.52	1.030	1.000	1.000	\$0.54		\$0.54	1	\$0.54	1.00	\$0.54		
	PRES DRUGS - BASIC	\$10.06	1.038	1.000	1.000	\$10.45		\$10.45	1	\$10.45	1.00	\$10.45		
	PRES DRUGS - FP	\$0.00	1.038	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00		
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00		
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00		
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	STERILIZATION - IP HOSP MALE	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00		
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	1.000	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00		
	STERILIZATION - PHY FEMALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00		
	STERILIZATION - PHY MALE	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00		
	SURGERY	\$4.83	1.030	1.000	1.000	\$4.97		\$4.97	1	\$4.97	1.00	\$4.97		
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00		
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	TRANSPORTATION - AMBULANCE	\$2.54	1.030	1.000	1.000	\$2.62		\$2.62	1	\$2.62	1.00	\$2.62		
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	VISION CARE - EXAMS & THERAPY	\$4.51	1.030	1.000	1.000	\$4.65		\$4.65	1	\$4.65	1.00	\$4.65		
	VISION CARE - MATERIALS & FITTING	\$2.05	1.030	1.000	1.000	\$2.12		\$2.12	1	\$2.12	1.00	\$2.12		
	PART A DEDUCTIBLE					\$0.00		\$0.00	0	\$0.00	1.00	\$0.00		
	PART B DEDUCTIBLE					\$11.25		\$11.25	1	\$11.25	1.00	\$11.25		
	PART B COINSURANCE ADJUSTMENT					-\$2.50		-\$2.50	1	-\$2.50	1.00	-\$2.50		
	Subtotal Physical Health	\$105.80				\$119.08	\$0.00	\$119.08		\$119.08		\$117.28		
	Subtotal Physical Health with Admin Allowance											\$128.41		
CHEMICAL DEPENDENCY														
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.04	1.029	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00		
	CD SERVICES - METHADONE	\$0.29	1.029	1.000	1.000	\$0.30		\$0.30	1	\$0.30	1.00	\$0.30		
	CD SERVICES - OP	\$0.06	1.029	1.000	1.000	\$0.06		\$0.06	1	\$0.06	1.00	\$0.06		
	Subtotal Chemical Dependency	\$0.40				\$0.41	\$0.00	\$0.41		\$0.36		\$0.36		
	Subtotal Chemical Dependency with Admin Allowance											\$0.40		

Oregon Health Plan Medicaid Demonstration
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EXHIBIT 2-1

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Old Age Assistance with Medicare												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$1.05	1.030	1.000	1.000	\$1.08		\$1.08	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.07	1.030	1.000	1.000	\$0.07		\$0.07	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$2.44	1.030	1.000	1.000	\$2.51		\$2.51	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$0.47	1.030	1.000	1.000	\$0.49		\$0.49	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.01	1.030	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$1.73	1.030	1.000	1.000	\$1.78		\$1.78	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.77	1.030	1.000	1.000	\$0.80		\$0.80	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.20	1.030	1.000	1.000	\$1.24		\$1.24	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$7.52	1.030	1.000	1.000	\$7.75		\$7.75	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$2.72	1.030	1.000	1.000	\$2.80		\$2.80	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$17.99				\$18.53	\$0.00	\$18.53	\$0.00	\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$0.35	1.029	1.000	1.000	\$0.35		\$0.35	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.09	1.029	1.000	1.000	\$0.09		\$0.09	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$0.35	1.029	1.000	1.000	\$0.36		\$0.36	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$1.37	1.029	1.000	1.000	\$1.41		\$1.41	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.02	1.029	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.10	1.029	1.000	1.000	\$0.10		\$0.10	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.33	1.029	1.000	1.000	\$0.33		\$0.33	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$0.64	1.029	1.000	1.000	\$0.66		\$0.66	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.01	1.029	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.80	1.029	1.000	1.000	\$0.82		\$0.82	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$1.25	1.029	1.000	1.000	\$1.29		\$1.29	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$3.13	1.029	1.000	1.000	\$3.22		\$3.22	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$9.14				\$9.37	\$0.00	\$9.37	\$0.00	\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$133.32				\$147.39	\$0.00	\$147.39	\$119.44			\$117.64
	Total Services with Admin Allowance											\$128.81

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
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		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	Projected Statewide Cost PMPM for PCO Benefits
Old Age Assistance without Medicare													
PHYSICAL HEALTH													
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	ANESTHESIA	\$5.41	1.032	1.000	0.996	\$5.56		\$5.56	1	\$5.56	1.00	\$5.56	
	EXCEPT NEEDS CARE COORDINATION	\$6.26	1.000	1.000	0.996	\$6.24		\$6.24	1	\$6.24	1.00	\$6.24	
	FP - IP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	FP - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00	
	FP - PHYS	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00	
	HYSTERECTOMY - ANESTHESIA	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00	
	HYSTERECTOMY - IP HOSP	\$0.32	1.039	1.005	0.996	\$0.34		\$0.34	0	\$0.00	1.00	\$0.00	
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00	
	HYSTERECTOMY - PHYS	\$0.07	1.032	1.000	0.996	\$0.07		\$0.07	1	\$0.07	1.00	\$0.07	
	IP HOSP - ACUTE DETOX	\$0.45	1.039	1.004	0.996	\$0.46		\$0.46	0	\$0.00	1.00	\$0.00	
	IP HOSP - MATERNITY	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	IP HOSP - MEDICAL/SURGICAL	\$276.53	1.039	1.012	0.996	\$289.64		\$289.64	0	\$0.00	1.00	\$0.00	
	IP HOSP - NEWBORN	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00	
	LAB & RAD - DIAGNOSTIC X-RAY	\$16.80	1.032	1.000	0.996	\$17.28		\$17.28	1	\$17.28	1.00	\$17.28	
	LAB & RAD - LAB	\$7.66	1.032	1.000	0.996	\$7.88		\$7.88	1	\$7.88	1.00	\$7.88	
	LAB & RAD - THERAPEUTIC X-RAY	\$1.40	1.032	1.000	0.996	\$1.44		\$1.44	1	\$1.44	1.00	\$1.44	
	OP ER - SOMATIC MH	\$0.08	1.039	1.022	0.996	\$0.08		\$0.08	1	\$0.08	0.95	\$0.08	
	OP HOSP - BASIC	\$75.23	1.039	1.035	0.996	\$80.59		\$80.59	1	\$80.59	0.95	\$76.56	
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00	
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00	
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00	
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00	
	OP HOSP - EMERGENCY ROOM	\$7.96	1.039	1.015	0.996	\$8.36		\$8.36	1	\$8.36	0.95	\$7.94	
	OP HOSP - LAB & RAD	\$43.71	1.039	1.031	0.996	\$46.66		\$46.66	1	\$46.66	0.95	\$44.33	
	OP HOSP - MATERNITY	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00	
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00	
	OP HOSP - PRES DRUGS BASIC	\$7.93	1.039	1.035	0.996	\$8.50		\$8.50	1	\$8.50	0.95	\$8.07	
	OP HOSP - PRES DRUGS MH/CD	\$0.02	1.039	1.016	0.996	\$0.02		\$0.02	1	\$0.02	0.95	\$0.02	
	OP HOSP - SOMATIC MH	\$0.22	1.039	1.025	0.996	\$0.23		\$0.23	1	\$0.23	0.95	\$0.22	
	OTH MED - DME	\$9.46	1.032	1.000	0.996	\$9.73		\$9.73	1	\$9.73	1.00	\$9.73	
	OTH MED - HHC/PDN	\$2.81	1.032	1.028	0.996	\$2.98		\$2.98	1	\$2.98	1.00	\$2.98	
	OTH MED - HOSPICE	\$7.28	1.032	1.028	0.996	\$7.70		\$7.70	1	\$7.70	1.00	\$7.70	
	OTH MED - MATERNITY MGT	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00	
	OTH MED - SUPPLIES	\$6.87	1.032	1.000	0.996	\$7.07		\$7.07	1	\$7.07	1.00	\$7.07	
	PHYS CONSULTATION, IP & ER VISITS	\$17.01	1.032	1.000	0.996	\$17.50		\$17.50	1	\$17.50	1.00	\$17.50	
	PHYS HOME OR LONG-TERM CARE VISITS	\$1.15	1.032	1.000	0.996	\$1.18		\$1.18	1	\$1.18	1.00	\$1.18	
	PHYS MATERNITY	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00	
	PHYS NEWBORN	\$0.13	1.032	1.000	0.996	\$0.13		\$0.13	1	\$0.13	1.00	\$0.13	
	PHYS OFFICE VISITS	\$35.15	1.032	1.000	0.996	\$36.16		\$36.16	1	\$36.16	1.00	\$36.16	
	PHYS OTHER	\$43.92	1.032	1.000	0.996	\$45.18	\$0.02	\$45.20	1	\$45.20	1.00	\$45.20	

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-1

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
Old Age Assistance without Medicare												
	PHYS SOMATIC MH	\$1.04	1.032	1.000	0.996	\$1.07		\$1.07	1	\$1.07	1.00	\$1.07
	PRES DRUGS - BASIC	\$93.89	1.038	1.000	0.996	\$97.09		\$97.09	1	\$97.09	1.00	\$97.09
	PRES DRUGS - FP	\$0.02	1.038	1.000	0.996	\$0.02		\$0.02	1	\$0.02	1.00	\$0.02
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$23.23	1.032	1.000	0.996	\$23.89		\$23.89	1	\$23.89	1.00	\$23.89
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$7.10	1.032	1.000	0.996	\$7.30		\$7.30	1	\$7.30	1.00	\$7.30
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$4.88	1.032	1.000	0.996	\$5.02		\$5.02	1	\$5.02	1.00	\$5.02
	VISION CARE - MATERIALS & FITTING	\$2.78	1.032	1.000	0.996	\$2.86		\$2.86	1	\$2.86	1.00	\$2.86
	PART A DEDUCTIBLE					\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	PART B DEDUCTIBLE					\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	PART B COINSURANCE ADJUSTMENT					\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	Subtotal Physical Health	\$706.77				\$738.24	\$0.02	\$738.26		\$447.81		\$440.59
	Subtotal Physical Health with Admin Allowance											\$482.42
CHEMICAL DEPENDENCY												
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.03	1.014	1.000	0.996	\$0.03		\$0.03	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.00	1.014	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	CD SERVICES - OP	\$0.01	1.014	1.000	0.996	\$0.01		\$0.01	1	\$0.01	1.00	\$0.01
	Subtotal Chemical Dependency	\$0.04				\$0.04	\$0.00	\$0.04		\$0.01		\$0.01
	Subtotal Chemical Dependency with Admin Allowance											\$0.01

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
Old Age Assistance without Medicare												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$1.06	1.030	1.000	1.000	\$1.10		\$1.10	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$3.77	1.030	1.000	1.000	\$3.88		\$3.88	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.16	1.030	1.000	1.000	\$1.19		\$1.19	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.08	1.030	1.000	1.000	\$0.08		\$0.08	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$3.23	1.030	1.000	1.000	\$3.33		\$3.33	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$1.78	1.030	1.000	1.000	\$1.84		\$1.84	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$1.17	1.030	1.000	1.000	\$1.21		\$1.21	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$14.37	1.030	1.000	1.000	\$14.80		\$14.80	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$3.44	1.030	1.000	1.000	\$3.55		\$3.55	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$30.06				\$30.98	\$0.00	\$30.98	0	\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$5.41	1.014	1.005	1.000	\$5.51		\$5.51	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.20	1.014	1.000	1.000	\$0.20		\$0.20	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.42	1.014	1.000	1.000	\$0.42		\$0.42	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$0.62	1.014	1.000	1.000	\$0.63		\$0.63	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$1.45	1.014	1.000	1.000	\$1.47		\$1.47	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.20	1.014	1.000	1.000	\$0.21		\$0.21	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.72	1.014	1.000	1.000	\$0.73		\$0.73	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$0.75	1.014	1.000	1.000	\$0.76		\$0.76	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$0.76	1.014	1.000	1.000	\$0.78		\$0.78	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$2.49	1.014	1.000	1.000	\$2.52		\$2.52	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$4.53	1.014	1.000	1.000	\$4.59		\$4.59	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$18.25				\$18.52	\$0.00	\$18.52	0	\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$755.12				\$787.77	\$0.02	\$787.79		\$447.82		\$440.60
	Total Services with Admin Allowance											\$482.42

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

	A	B	C	D	E	F	G	H	I	J	K
					= A * B * C * D		= E + F		= G * H		= I * J
Eligibility Category	08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment	2009 Statewide PCO Capitation Rate PMPM
SCF Children											
PHYSICAL HEALTH											
ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
ANESTHESIA	\$1.66	1.031	1.000	0.996	\$1.70		\$1.70	1	\$1.70	1.00	\$1.70
EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
FP - OP HOSP	\$0.05	1.039	1.095	0.996	\$0.05		\$0.05	1	\$0.05	0.95	\$0.05
FP - PHYS	\$0.10	1.031	1.000	0.996	\$0.11		\$0.11	1	\$0.11	1.00	\$0.11
HYSTERECTOMY - ANESTHESIA	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
HYSTERECTOMY - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
HYSTERECTOMY - PHYS	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
IP HOSP - ACUTE DETOX	\$0.05	1.017	1.004	0.996	\$0.05		\$0.05	0	\$0.00	1.00	\$0.00
IP HOSP - MATERNITY	\$0.90	1.017	1.005	0.996	\$0.92	-\$0.92	\$0.00	0	\$0.00	1.00	\$0.00
IP HOSP - MATERNITY / STERILIZATION	\$0.10	1.017	1.005	0.996	\$0.10	-\$0.06	\$0.04	0	\$0.00	1.00	\$0.00
IP HOSP - MEDICAL/SURGICAL	\$14.34	1.017	1.012	0.996	\$14.70		\$14.70	0	\$0.00	1.00	\$0.00
IP HOSP - NEWBORN	\$1.01	1.017	1.010	0.996	\$1.03		\$1.03	0	\$0.00	1.00	\$0.00
IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
LAB & RAD - DIAGNOSTIC X-RAY	\$2.03	1.031	1.000	0.996	\$2.08		\$2.08	1	\$2.08	1.00	\$2.08
LAB & RAD - LAB	\$2.09	1.031	1.000	0.996	\$2.14		\$2.14	1	\$2.14	1.00	\$2.14
LAB & RAD - THERAPEUTIC X-RAY	\$0.01	1.031	1.000	0.996	\$0.01		\$0.01	1	\$0.01	1.00	\$0.01
OP ER - SOMATIC MH	\$0.47	1.039	1.022	0.996	\$0.50		\$0.50	1	\$0.50	0.95	\$0.47
OP HOSP - BASIC	\$13.88	1.039	1.035	0.996	\$14.87		\$14.87	1	\$14.87	0.95	\$14.13
OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
OP HOSP - EMERGENCY ROOM	\$4.69	1.039	1.015	0.996	\$4.93		\$4.93	1	\$4.93	0.95	\$4.68
OP HOSP - LAB & RAD	\$7.74	1.039	1.031	0.996	\$8.27		\$8.27	1	\$8.27	0.95	\$7.85
OP HOSP - MATERNITY	\$0.45	1.039	1.028	0.996	\$0.48	-\$0.48	\$0.00	1	\$0.00	0.95	\$0.00
OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
OP HOSP - PRES DRUGS BASIC	\$0.71	1.039	1.035	0.996	\$0.76		\$0.76	1	\$0.76	0.95	\$0.73
OP HOSP - PRES DRUGS MH/CD	\$0.01	1.039	1.016	0.996	\$0.01		\$0.01	1	\$0.01	0.95	\$0.01
OP HOSP - SOMATIC MH	\$0.95	1.039	1.025	0.996	\$1.00		\$1.00	1	\$1.00	0.95	\$0.95
OTH MED - DME	\$1.32	1.031	1.000	0.996	\$1.36		\$1.36	1	\$1.36	1.00	\$1.36
OTH MED - HHC/PDN	\$0.47	1.031	1.028	0.996	\$0.50		\$0.50	1	\$0.50	1.00	\$0.50
OTH MED - HOSPICE	\$0.02	1.031	1.028	0.996	\$0.02		\$0.02	1	\$0.02	1.00	\$0.02
OTH MED - MATERNITY MGT	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
OTH MED - SUPPLIES	\$1.87	1.031	1.000	0.996	\$1.93		\$1.93	1	\$1.93	1.00	\$1.93
PHYS CONSULTATION, IP & ER VISITS	\$3.93	1.031	1.000	0.996	\$4.04		\$4.04	1	\$4.04	1.00	\$4.04
PHYS HOME OR LONG-TERM CARE VISITS	\$0.05	1.031	1.000	0.996	\$0.05		\$0.05	1	\$0.05	1.00	\$0.05
PHYS MATERNITY	\$0.57	1.031	1.000	0.996	\$0.59	-\$0.59	\$0.00	1	\$0.00	1.00	\$0.00
PHYS NEWBORN	\$0.23	1.031	1.000	0.996	\$0.23		\$0.23	1	\$0.23	1.00	\$0.23
PHYS OFFICE VISITS	\$20.89	1.031	1.000	0.996	\$21.47		\$21.47	1	\$21.47	1.00	\$21.47
PHYS OTHER	\$6.86	1.031	1.000	0.996	\$7.05		\$7.05	1	\$7.05	1.00	\$7.05

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Maternity Carve-Out / Program Change Adjustment ³	= E + F	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	OP Cost Shift Adjustment	= I * J
SCF Children	PHYS SOMATIC MH	\$4.33	1.031	1.000	0.996	\$4.45		\$4.45	1	\$4.45	1.00	\$4.45
	PRES DRUGS - BASIC	\$32.63	1.038	1.000	0.996	\$33.74		\$33.74	1	\$33.74	1.00	\$33.74
	PRES DRUGS - FP	\$1.71	1.038	1.000	0.996	\$1.76		\$1.76	1	\$1.76	1.00	\$1.76
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - PHY MALE	\$0.00	1.031	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	SURGERY	\$3.99	1.031	1.000	0.996	\$4.10		\$4.10	1	\$4.10	1.00	\$4.10
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$1.62	1.031	1.000	0.996	\$1.66		\$1.66	1	\$1.66	1.00	\$1.66
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$2.63	1.031	1.000	0.996	\$2.70		\$2.70	1	\$2.70	1.00	\$2.70
	VISION CARE - MATERIALS & FITTING	\$1.90	1.031	1.000	0.996	\$1.95		\$1.95	1	\$1.95	1.00	\$1.95
	PART A DEDUCTIBLE											
	PART B DEDUCTIBLE											
	PART B COINSURANCE ADJUSTMENT											
	Subtotal Physical Health	\$136.25				\$141.32	-\$2.05	\$139.28		\$123.46		\$121.94
	Subtotal Physical Health with Admin Allowance											\$133.52
	CHEMICAL DEPENDENCY											
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.00	1.042	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$0.02	1.042	1.000	0.996	\$0.02		\$0.02	1	\$0.02	1.00	\$0.02
	CD SERVICES - OP	\$5.61	1.042	1.000	0.996	\$5.82		\$5.82	1	\$5.82	1.00	\$5.82
	Subtotal Chemical Dependency	\$5.63				\$5.85		\$5.85		\$5.85		\$5.85
	Subtotal Chemical Dependency with Admin Allowance											\$6.40

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
SCF Children												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$0.43	1.030	1.000	1.000	\$0.44		\$0.44	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.43	1.030	1.000	1.000	\$0.45		\$0.45	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$4.63	1.030	1.000	1.000	\$4.77		\$4.77	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$1.09	1.030	1.000	1.000	\$1.13		\$1.13	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$1.14	1.030	1.000	1.000	\$1.17		\$1.17	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.06	1.030	1.000	1.000	\$0.06		\$0.06	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.12	1.030	1.000	1.000	\$0.13		\$0.13	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$5.21	1.030	1.000	1.000	\$5.37		\$5.37	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$7.72	1.030	1.000	1.000	\$7.96		\$7.96	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$20.86				\$21.50		\$21.50		\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$10.57	1.042	1.005	1.000	\$11.06		\$11.06	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$4.03	1.042	1.000	1.000	\$4.20		\$4.20	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.01	1.042	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$4.15	1.042	1.000	1.000	\$4.33		\$4.33	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$12.77	1.042	1.000	1.000	\$13.30		\$13.30	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.41	1.042	1.000	1.000	\$0.43		\$0.43	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.29	1.042	1.000	1.000	\$0.30		\$0.30	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$1.01	1.042	1.000	1.000	\$1.05		\$1.05	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$20.84	1.042	1.000	1.000	\$21.71		\$21.71	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.08	1.042	1.000	1.000	\$0.08		\$0.08	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$7.40	1.042	1.000	1.000	\$7.71		\$7.71	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$44.87	1.042	1.000	1.000	\$46.75		\$46.75	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$5.01	1.042	1.000	1.000	\$5.22		\$5.22	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$28.48	1.042	1.000	1.000	\$29.68		\$29.68	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.27	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$140.59				\$146.51		\$146.51		\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$303.34				\$315.17	-\$2.05	\$313.13		\$129.31		\$127.79
	Total Services with Admin Allowance											\$139.92

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
 With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K		
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
OHP Families														
PHYSICAL HEALTH														
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00	
	ANESTHESIA	\$1.96	1.028	1.000	0.996	\$2.01		\$2.01		1	\$2.01	1.00	\$2.01	
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00	
	FP - IP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00	
	FP - OP HOSP	\$0.04	1.017	1.095	0.996	\$0.05		\$0.05		1	\$0.05	0.95	\$0.04	
	FP - PHYS	\$0.84	1.028	1.000	0.996	\$0.86		\$0.86		1	\$0.86	1.00	\$0.86	
	HYSTERECTOMY - ANESTHESIA	\$0.07	1.028	1.000	0.996	\$0.08		\$0.08		1	\$0.08	1.00	\$0.08	
	HYSTERECTOMY - IP HOSP	\$1.03	1.017	1.005	0.996	\$1.05		\$1.05		0	\$0.00	1.00	\$0.00	
	HYSTERECTOMY - OP HOSP	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00	
	HYSTERECTOMY - PHYS	\$0.40	1.028	1.000	0.996	\$0.41		\$0.41		1	\$0.41	1.00	\$0.41	
	IP HOSP - ACUTE DETOX	\$0.15	1.017	1.004	0.996	\$0.15		\$0.15		0	\$0.00	1.00	\$0.00	
	IP HOSP - MATERNITY	\$0.62	1.017	1.005	0.996	\$0.63	-\$0.63	\$0.00		0	\$0.00	1.00	\$0.00	
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00	
	IP HOSP - MEDICAL/SURGICAL	\$31.37	1.017	1.012	0.996	\$32.16		\$32.16		0	\$0.00	1.00	\$0.00	
	IP HOSP - NEWBORN	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00	
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00	
	LAB & RAD - DIAGNOSTIC X-RAY	\$9.11	1.028	1.000	0.996	\$9.33		\$9.33		1	\$9.33	1.00	\$9.33	
	LAB & RAD - LAB	\$6.61	1.028	1.000	0.996	\$6.77		\$6.77		1	\$6.77	1.00	\$6.77	
	LAB & RAD - THERAPEUTIC X-RAY	\$0.14	1.028	1.000	0.996	\$0.15		\$0.15		1	\$0.15	1.00	\$0.15	
	OP ER - SOMATIC MH	\$0.30	1.017	1.022	0.996	\$0.31		\$0.31		1	\$0.31	0.95	\$0.30	
	OP HOSP - BASIC	\$19.81	1.017	1.035	0.996	\$20.76		\$20.76		1	\$20.76	0.95	\$19.72	
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00	
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00	
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00	
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00	
	OP HOSP - EMERGENCY ROOM	\$9.02	1.017	1.015	0.996	\$9.28		\$9.28		1	\$9.28	0.95	\$8.82	
	OP HOSP - LAB & RAD	\$19.67	1.017	1.031	0.996	\$20.55		\$20.55		1	\$20.55	0.95	\$19.52	
	OP HOSP - MATERNITY	\$1.75	1.017	1.028	0.996	\$1.83	-\$1.83	\$0.00		1	\$0.00	0.95	\$0.00	
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00	
	OP HOSP - PRES DRUGS BASIC	\$3.21	1.017	1.035	0.996	\$3.36		\$3.36		1	\$3.36	0.95	\$3.20	
	OP HOSP - PRES DRUGS MH/CD	\$0.04	1.017	1.016	0.996	\$0.04		\$0.04		1	\$0.04	0.95	\$0.04	
	OP HOSP - SOMATIC MH	\$0.47	1.017	1.025	0.996	\$0.48		\$0.48		1	\$0.48	0.95	\$0.46	
	OTH MED - DME	\$0.88	1.028	1.000	0.996	\$0.90		\$0.90		1	\$0.90	1.00	\$0.90	
	OTH MED - HHC/PDN	\$0.06	1.028	1.028	0.996	\$0.07		\$0.07		1	\$0.07	1.00	\$0.07	
	OTH MED - HOSPICE	\$0.04	1.028	1.028	0.996	\$0.04		\$0.04		1	\$0.04	1.00	\$0.04	
	OTH MED - MATERNITY MGT	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00	
	OTH MED - SUPPLIES	\$1.09	1.028	1.000	0.996	\$1.11		\$1.11		1	\$1.11	1.00	\$1.11	
	PHYS CONSULTATION, IP & ER VISITS	\$7.71	1.028	1.000	0.996	\$7.90		\$7.90		1	\$7.90	1.00	\$7.90	
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00	
	PHYS MATERNITY	\$1.16	1.028	1.000	0.996	\$1.19	-\$1.19	\$0.00		1	\$0.00	1.00	\$0.00	
	PHYS NEWBORN	\$0.01	1.028	1.000	0.996	\$0.01		\$0.01		1	\$0.01	1.00	\$0.01	
	PHYS OFFICE VISITS	\$26.28	1.028	1.000	0.996	\$26.91		\$26.91		1	\$26.91	1.00	\$26.91	
	PHYS OTHER	\$6.49	1.028	1.000	0.996	\$6.64	\$0.02	\$6.66		1	\$6.66	1.00	\$6.66	

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-1

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	= G * H	OP Cost Shift Adjustment
OHP Families	PHYS SOMATIC MH	\$1.98	1.028	1.000	0.996	\$2.03		\$2.03	1	\$2.03	1.00	\$2.03
	PRES DRUGS - BASIC	\$44.19	1.038	1.000	0.996	\$45.70		\$45.70	1	\$45.70	1.00	\$45.70
	PRES DRUGS - FP	\$2.22	1.038	1.000	0.996	\$2.30		\$2.30	1	\$2.30	1.00	\$2.30
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.06	1.028	1.000	0.996	\$0.06		\$0.06	1	\$0.06	1.00	\$0.06
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.028	1.000	0.996	\$0.00		\$0.00	1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.21	1.017	1.006	0.996	\$0.22		\$0.22	0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.01	1.017	1.030	0.996	\$0.01		\$0.01	1	\$0.01	0.95	\$0.01
	STERILIZATION - OP HOSP MALE	\$0.00	1.017	1.000	0.996	\$0.00		\$0.00	1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.09	1.028	1.000	0.996	\$0.10		\$0.10	1	\$0.10	1.00	\$0.10
	STERILIZATION - PHY MALE	\$0.14	1.028	1.000	0.996	\$0.14		\$0.14	1	\$0.14	1.00	\$0.14
	SURGERY	\$9.50	1.028	1.000	0.996	\$9.73		\$9.73	1	\$9.73	1.00	\$9.73
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$2.21	1.028	1.000	0.996	\$2.26		\$2.26	1	\$2.26	1.00	\$2.26
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$0.59	1.028	1.000	0.996	\$0.61		\$0.61	1	\$0.61	1.00	\$0.61
	VISION CARE - MATERIALS & FITTING	\$0.03	1.028	1.000	0.996	\$0.03		\$0.03	1	\$0.03	1.00	\$0.03
	PART A DEDUCTIBLE											
	PART B DEDUCTIBLE											
	PART B COINSURANCE ADJUSTMENT											
	Subtotal Physical Health	\$211.61				\$218.25	-\$3.63	\$214.62		\$181.04		\$178.30
	Subtotal Physical Health with Admin Allowance											\$195.23
	CHEMICAL DEPENDENCY											
	CD SERVICES - ALTERNATIVE TO DETOX	\$0.26	1.029	1.000	0.996	\$0.27		\$0.27	0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$1.46	1.029	1.000	0.996	\$1.49		\$1.49	1	\$1.49	1.00	\$1.49
	CD SERVICES - OP	\$1.79	1.029	1.000	0.996	\$1.83		\$1.83	1	\$1.83	1.00	\$1.83
	Subtotal Chemical Dependency	\$3.51				\$3.60		\$3.60		\$3.33		\$3.33
	Subtotal Chemical Dependency with Admin Allowance											\$3.64

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

	A	B	C	D	E = A * B * C * D	F	G = E + F	H	I = G * H	J	K = I * J
Eligibility Category	08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment	2009 Statewide PCO Capitation Rate PMPM
OHP Families											
DENTAL											
DENTAL - ADJUNCTIVE GENERAL	\$0.67	1.030	1.000	1.000	\$0.70		\$0.70	0	\$0.00	1.00	\$0.00
DENTAL - ANESTHESIA SURGICAL	\$0.03	1.030	1.000	1.000	\$0.03		\$0.03	0	\$0.00	1.00	\$0.00
DENTAL - DIAGNOSTIC	\$1.54	1.030	1.000	1.000	\$1.58		\$1.58	0	\$0.00	1.00	\$0.00
DENTAL - ENDODONTICS	\$0.14	1.030	1.000	1.000	\$0.14		\$0.14	0	\$0.00	1.00	\$0.00
DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
DENTAL - ORAL SURGERY	\$1.11	1.030	1.000	1.000	\$1.15		\$1.15	0	\$0.00	1.00	\$0.00
DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
DENTAL - PERIODONTICS	\$0.05	1.030	1.000	1.000	\$0.05		\$0.05	0	\$0.00	1.00	\$0.00
DENTAL - PREVENTIVE	\$0.09	1.030	1.000	1.000	\$0.09		\$0.09	0	\$0.00	1.00	\$0.00
DENTAL - PROS REMOVABLE	\$0.15	1.030	1.000	1.000	\$0.15		\$0.15	0	\$0.00	1.00	\$0.00
DENTAL - RESTORATIVE	\$0.64	1.030	1.000	1.000	\$0.66		\$0.66	0	\$0.00	1.00	\$0.00
Subtotal Dental	\$4.42				\$4.56		\$4.56	0	\$0.00	1.00	\$0.00
Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH											
MH SERVICES ACUTE INPATIENT	\$4.38	1.029	1.005	1.000	\$4.53		\$4.53	0	\$0.00	1.00	\$0.00
MH SERVICES ALTERNATIVE TO IP	\$0.01	1.029	1.000	1.000	\$0.01		\$0.01	0	\$0.00	1.00	\$0.00
MH SERVICES ANCILLARY SERVICES	\$0.03	1.029	1.000	1.000	\$0.03		\$0.03	0	\$0.00	1.00	\$0.00
MH SERVICES ASSESS & EVAL	\$0.51	1.029	1.000	1.000	\$0.53		\$0.53	0	\$0.00	1.00	\$0.00
MH SERVICES CASE MANAGEMENT	\$0.50	1.029	1.000	1.000	\$0.52		\$0.52	0	\$0.00	1.00	\$0.00
MH SERVICES CONSULTATION	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
MH SERVICES FAMILY SUPPORT	\$0.04	1.029	1.000	1.000	\$0.04		\$0.04	0	\$0.00	1.00	\$0.00
MH SERVICES MED MANAGEMENT	\$0.10	1.029	1.000	1.000	\$0.10		\$0.10	0	\$0.00	1.00	\$0.00
MH SERVICES OP THERAPY	\$2.11	1.029	1.000	1.000	\$2.17		\$2.17	0	\$0.00	1.00	\$0.00
MH SERVICES OTHER OP	\$0.11	1.029	1.000	1.000	\$0.12		\$0.12	0	\$0.00	1.00	\$0.00
MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
MH SERVICES PHYS IP	\$1.09	1.029	1.000	1.000	\$1.12		\$1.12	0	\$0.00	1.00	\$0.00
MH SERVICES PHYS OP	\$5.60	1.029	1.000	1.000	\$5.76		\$5.76	0	\$0.00	1.00	\$0.00
MH SERVICES SUPPORT DAY PROGRAM	\$0.15	1.029	1.000	1.000	\$0.15		\$0.15	0	\$0.00	1.00	\$0.00
MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.029	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00
Subtotal Mental Health	\$15.31				\$15.75		\$15.75	0	\$0.00	1.00	\$0.00
Subtotal Mental Health with Admin Allowance											\$0.00
Total Services	\$234.85				\$242.16	-\$3.63	\$238.53		\$184.37		\$181.63
Total Services with Admin Allowance											\$198.87

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K	
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
OHP Adults & Couples													
PHYSICAL HEALTH													
	ADMINISTRATIVE EXAMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	ANESTHESIA	\$3.52	1.032	1.000	0.996	\$3.62		\$3.62		1	\$3.62	1.00	\$3.62
	EXCEPT NEEDS CARE COORDINATION	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	FP - IP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	FP - OP HOSP	\$0.03	1.039	1.095	0.996	\$0.03		\$0.03		1	\$0.03	0.95	\$0.03
	FP - PHYS	\$0.15	1.032	1.000	0.996	\$0.15		\$0.15		1	\$0.15	1.00	\$0.15
	HYSTERECTOMY - ANESTHESIA	\$0.07	1.032	1.000	0.996	\$0.08		\$0.08		1	\$0.08	1.00	\$0.08
	HYSTERECTOMY - IP HOSP	\$2.46	1.039	1.005	0.996	\$2.55		\$2.55		0	\$0.00	1.00	\$0.00
	HYSTERECTOMY - OP HOSP	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	HYSTERECTOMY - PHYS	\$0.42	1.032	1.000	0.996	\$0.43		\$0.43		1	\$0.43	1.00	\$0.43
	IP HOSP - ACUTE DETOX	\$2.34	1.039	1.004	0.996	\$2.44		\$2.44		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY	\$0.62	1.039	1.005	0.996	\$0.65	-\$0.65	\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MATERNITY / STERILIZATION	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - MEDICAL/SURGICAL	\$129.59	1.039	1.012	0.996	\$135.74		\$135.74		0	\$0.00	1.00	\$0.00
	IP HOSP - NEWBORN	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	IP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	LAB & RAD - DIAGNOSTIC X-RAY	\$14.44	1.032	1.000	0.996	\$14.85		\$14.85		1	\$14.85	1.00	\$14.85
	LAB & RAD - LAB	\$9.52	1.032	1.000	0.996	\$9.79		\$9.79		1	\$9.79	1.00	\$9.79
	LAB & RAD - THERAPEUTIC X-RAY	\$1.42	1.032	1.000	0.996	\$1.46		\$1.46		1	\$1.46	1.00	\$1.46
	OP ER - SOMATIC MH	\$1.17	1.039	1.022	0.996	\$1.24		\$1.24		1	\$1.24	0.95	\$1.17
	OP HOSP - BASIC	\$40.77	1.039	1.035	0.996	\$43.67		\$43.67		1	\$43.67	0.95	\$41.49
	OP HOSP - DENTAL ANESTHESIA	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL DIAGNOSTIC	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL PREVENTIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - DENTAL RESTORATIVE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	OP HOSP - EMERGENCY ROOM	\$16.33	1.039	1.015	0.996	\$17.16		\$17.16		1	\$17.16	0.95	\$16.31
	OP HOSP - LAB & RAD	\$40.05	1.039	1.031	0.996	\$42.76		\$42.76		1	\$42.76	0.95	\$40.62
	OP HOSP - MATERNITY	\$0.53	1.039	1.028	0.996	\$0.56	-\$0.56	\$0.00		1	\$0.00	0.95	\$0.00
	OP HOSP - POST HOSP EXTENDED CARE	\$0.00	1.039	1.003	0.996	\$0.01		\$0.01		1	\$0.01	0.95	\$0.00
	OP HOSP - PRES DRUGS BASIC	\$3.85	1.039	1.035	0.996	\$4.13		\$4.13		1	\$4.13	0.95	\$3.92
	OP HOSP - PRES DRUGS MH/CD	\$0.12	1.039	1.016	0.996	\$0.13		\$0.13		1	\$0.13	0.95	\$0.12
	OP HOSP - SOMATIC MH	\$1.25	1.039	1.025	0.996	\$1.33		\$1.33		1	\$1.33	0.95	\$1.26
	OTH MED - DME	\$2.59	1.032	1.000	0.996	\$2.66		\$2.66		1	\$2.66	1.00	\$2.66
	OTH MED - HHC/PDN	\$0.14	1.032	1.028	0.996	\$0.15		\$0.15		1	\$0.15	1.00	\$0.15
	OTH MED - HOSPICE	\$0.38	1.032	1.028	0.996	\$0.41		\$0.41		1	\$0.41	1.00	\$0.41
	OTH MED - MATERNITY MGT	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	OTH MED - SUPPLIES	\$2.42	1.032	1.000	0.996	\$2.49		\$2.49		1	\$2.49	1.00	\$2.49
	PHYS CONSULTATION, IP & ER VISITS	\$15.61	1.032	1.000	0.996	\$16.05		\$16.05		1	\$16.05	1.00	\$16.05
	PHYS HOME OR LONG-TERM CARE VISITS	\$0.03	1.032	1.000	0.996	\$0.03		\$0.03		1	\$0.03	1.00	\$0.03
	PHYS MATERNITY	\$0.30	1.032	1.000	0.996	\$0.31	-\$0.31	\$0.00		1	\$0.00	1.00	\$0.00
	PHYS NEWBORN	\$0.03	1.032	1.000	0.996	\$0.03		\$0.03		1	\$0.03	1.00	\$0.03
	PHYS OFFICE VISITS	\$41.36	1.032	1.000	0.996	\$42.54		\$42.54		1	\$42.54	1.00	\$42.54
	PHYS OTHER	\$12.16	1.032	1.000	0.996	\$12.51	\$0.03	\$12.54		1	\$12.54	1.00	\$12.54

Oregon Health Plan Medicaid Demonstration

EXHIBIT 2-1

Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K	
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits	OP Cost Shift Adjustment
OHP Adults & Couples													
	PHYS SOMATIC MH	\$4.05	1.032	1.000	0.996	\$4.17		\$4.17		1	\$4.17	1.00	\$4.17
	PRES DRUGS - BASIC	\$105.42	1.038	1.000	0.996	\$109.02		\$109.02		1	\$109.02	1.00	\$109.02
	PRES DRUGS - FP	\$0.85	1.038	1.000	0.996	\$0.88		\$0.88		1	\$0.88	1.00	\$0.88
	PRES DRUGS - MH/CD	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	SCHOOL-BASED HEALTH SERVICES	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	STERILIZATION - ANESTHESIA FEMALE	\$0.01	1.032	1.000	0.996	\$0.01		\$0.01		1	\$0.01	1.00	\$0.01
	STERILIZATION - ANESTHESIA MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP FEMALE	\$0.04	1.039	1.006	0.996	\$0.04		\$0.04		0	\$0.00	1.00	\$0.00
	STERILIZATION - IP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	STERILIZATION - OP HOSP FEMALE	\$0.03	1.039	1.030	0.996	\$0.03		\$0.03		1	\$0.03	0.95	\$0.03
	STERILIZATION - OP HOSP MALE	\$0.00	1.039	1.000	0.996	\$0.00		\$0.00		1	\$0.00	0.95	\$0.00
	STERILIZATION - PHY FEMALE	\$0.02	1.032	1.000	0.996	\$0.02		\$0.02		1	\$0.02	1.00	\$0.02
	STERILIZATION - PHY MALE	\$0.00	1.032	1.000	0.996	\$0.00		\$0.00		1	\$0.00	1.00	\$0.00
	SURGERY	\$19.02	1.032	1.000	0.996	\$19.56		\$19.56		1	\$19.56	1.00	\$19.56
	TARGETED CASE MAN - BABIES FIRST	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - HIV	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - IP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	THERAPEUTIC ABORTION - OP HOSP	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	0.95	\$0.00
	THERAPEUTIC ABORTION - PHYS	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	TRANSPORTATION - AMBULANCE	\$6.44	1.032	1.000	0.996	\$6.62		\$6.62		1	\$6.62	1.00	\$6.62
	TRANSPORTATION - OTHER	\$0.00	1.000	1.000	0.996	\$0.00		\$0.00		0	\$0.00	1.00	\$0.00
	VISION CARE - EXAMS & THERAPY	\$1.41	1.032	1.000	0.996	\$1.45		\$1.45		1	\$1.45	1.00	\$1.45
	VISION CARE - MATERIALS & FITTING	\$0.05	1.032	1.000	0.996	\$0.05		\$0.05		1	\$0.05	1.00	\$0.05
	PART A DEDUCTIBLE												
	PART B DEDUCTIBLE												
	PART B COINSURANCE ADJUSTMENT												
	Subtotal Physical Health	\$481.02				\$501.80	-\$1.49	\$500.31			\$359.54		\$354.02
	Subtotal Physical Health with Admin Allowance												\$387.62
	CHEMICAL DEPENDENCY												
	CD SERVICES - ALTERNATIVE TO DETOX	\$1.49	1.014	1.000	0.996	\$1.51		\$1.51		0	\$0.00	1.00	\$0.00
	CD SERVICES - METHADONE	\$12.37	1.014	1.000	0.996	\$12.49		\$12.49		1	\$12.49	1.00	\$12.49
	CD SERVICES - OP	\$5.31	1.014	1.000	0.996	\$5.37		\$5.37		1	\$5.37	1.00	\$5.37
	Subtotal Chemical Dependency	\$19.17				\$19.37		\$19.37			\$17.86		\$17.86
	Subtotal Chemical Dependency with Admin Allowance												\$19.56

Oregon Health Plan Medicaid Demonstration
Development of October 2009 Statewide PCO Capitation Rates from the 2008-2009 Per Capita Costs
With Adjustments for Funding Through Line 503 of the 2008-2009 Prioritized List

EXHIBIT 2-1

Eligibility Category	Service Category	A	B	C	D	E	F	G	H	I	J	K
		08-09 PCC With Coverage Through Line 503	Trend Adjustment to Contract Period	GME Adjustment ¹	Adjustment for Third Party Liability ²	= A * B * C * D	Projected 2009 Statewide Cost PMPM	Maternity Carve-Out / Program Change Adjustment ³	= E + F	2009 Statewide Capitation Rate PMPM	Covered Benefit Adjustment (1=Covered, 0=Not covered)	Projected Statewide Cost PMPM for PCO Benefits
OHP Adults & Couples												
DENTAL												
	DENTAL - ADJUNCTIVE GENERAL	\$0.87	1.030	1.000	1.000	\$0.90		\$0.90	0	\$0.00	1.00	\$0.00
	DENTAL - ANESTHESIA SURGICAL	\$0.05	1.030	1.000	1.000	\$0.05		\$0.05	0	\$0.00	1.00	\$0.00
	DENTAL - DIAGNOSTIC	\$1.73	1.030	1.000	1.000	\$1.78		\$1.78	0	\$0.00	1.00	\$0.00
	DENTAL - ENDODONTICS	\$0.10	1.030	1.000	1.000	\$0.10		\$0.10	0	\$0.00	1.00	\$0.00
	DENTAL - I/P FIXED	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - MAXILLOFACIAL PROS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - ORAL SURGERY	\$1.70	1.030	1.000	1.000	\$1.75		\$1.75	0	\$0.00	1.00	\$0.00
	DENTAL - ORTHODONTICS	\$0.00	1.030	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	DENTAL - PERIODONTICS	\$0.02	1.030	1.000	1.000	\$0.02		\$0.02	0	\$0.00	1.00	\$0.00
	DENTAL - PREVENTIVE	\$0.03	1.030	1.000	1.000	\$0.03		\$0.03	0	\$0.00	1.00	\$0.00
	DENTAL - PROS REMOVABLE	\$0.10	1.030	1.000	1.000	\$0.10		\$0.10	0	\$0.00	1.00	\$0.00
	DENTAL - RESTORATIVE	\$0.42	1.030	1.000	1.000	\$0.43		\$0.43	0	\$0.00	1.00	\$0.00
	Subtotal Dental	\$5.02				\$5.17		\$5.17	0	\$0.00		\$0.00
	Subtotal Dental with Admin Allowance											\$0.00
MENTAL HEALTH												
	MH SERVICES ACUTE INPATIENT	\$9.76	1.014	1.005	1.000	\$9.94		\$9.94	0	\$0.00	1.00	\$0.00
	MH SERVICES ALTERNATIVE TO IP	\$0.57	1.014	1.000	1.000	\$0.58		\$0.58	0	\$0.00	1.00	\$0.00
	MH SERVICES ANCILLARY SERVICES	\$0.03	1.014	1.000	1.000	\$0.03		\$0.03	0	\$0.00	1.00	\$0.00
	MH SERVICES ASSESS & EVAL	\$1.04	1.014	1.000	1.000	\$1.05		\$1.05	0	\$0.00	1.00	\$0.00
	MH SERVICES CASE MANAGEMENT	\$2.73	1.014	1.000	1.000	\$2.77		\$2.77	0	\$0.00	1.00	\$0.00
	MH SERVICES CONSULTATION	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES FAMILY SUPPORT	\$0.06	1.014	1.000	1.000	\$0.06		\$0.06	0	\$0.00	1.00	\$0.00
	MH SERVICES MED MANAGEMENT	\$0.28	1.014	1.000	1.000	\$0.29		\$0.29	0	\$0.00	1.00	\$0.00
	MH SERVICES OP THERAPY	\$3.72	1.014	1.000	1.000	\$3.78		\$3.78	0	\$0.00	1.00	\$0.00
	MH SERVICES OTHER OP	\$0.05	1.014	1.000	1.000	\$0.05		\$0.05	0	\$0.00	1.00	\$0.00
	MH SERVICES PEO	\$0.69	1.000	1.000	1.000	\$0.69		\$0.69	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS IP	\$2.51	1.014	1.000	1.000	\$2.54		\$2.54	0	\$0.00	1.00	\$0.00
	MH SERVICES PHYS OP	\$8.79	1.014	1.000	1.000	\$8.91		\$8.91	0	\$0.00	1.00	\$0.00
	MH SERVICES SUPPORT DAY PROGRAM	\$2.36	1.014	1.000	1.000	\$2.39		\$2.39	0	\$0.00	1.00	\$0.00
	MH SERVICES INTENSIVE TREATMENT SVCS	\$0.00	1.014	1.000	1.000	\$0.00		\$0.00	0	\$0.00	1.00	\$0.00
	MH SERVICES CONS ASSESS							\$0.00	0	\$0.00	1.00	\$0.00
	Subtotal Mental Health	\$32.60				\$33.09		\$33.09	0	\$0.00		\$0.00
	Subtotal Mental Health with Admin Allowance											\$0.00
	Total Services	\$537.81				\$559.43	-\$1.49	\$557.94		\$377.40		\$371.88
	Total Services with Admin Allowance											\$407.18

¹ Reflects adjustment due to inclusion of GME.

² Reflects adjustment due to removal of Third Party Liability recoveries.

³ Reflects Maternity Case Rate Carve-Out, Children's Mental Health Services Adjustment, Bariatric Surgery Adjustment, and Dental Prophylactic benefit increase for children under age 19.

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Adjustments Applied to Develop Plan-specific Capitation Rates from Statewide Capitation Rates

EXHIBIT 2-J

Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD
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	CDPS	none	Newborn	CDPS	CDPS	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	none	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
Alternative to IP	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Ancillary Services	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
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
Family Support	MH Risk	MH Risk	none	MH Risk	MH Risk	MH Risk
Med Management	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
Intensive Treatment Services	none	none	none	MH ITS	MH ITS	MH ITS
Dental	Dental Geo					

¹ No Newborn adjustment applied to PCO rates for PLM, CHIP, and TANF Children ages 0 - 1.

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2009 through December 2009
 Adjustments Applied to Develop Plan-specific Capitation Rates from Statewide Capitation Rates
 (Continued)**

EXHIBIT 2-J

Category of Service	ABAD-MED	OAA	OAA-MED	SCF	OHPFAM	OHPAC
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
Maternity	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	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	BRS, MH Risk, MH Geo	MH Risk, MH Geo	MH Risk, MH Geo
Alternative to IP	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Ancillary Services	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Assess & Eval	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Case Management	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Consultation	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Family Support	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Med Management	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
OP Therapy	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Other OP	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
PEO	none	none	none	none	none	none
Phys IP	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Phys OP	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Support Day Program	MH Risk	none	none	BRS, MH Risk	MH Risk	MH Risk
Intensive Treatment Services	none	none	none	MH ITS	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 2009 through December 2009
FCHP and PCO Geographic Factors

EXHIBIT 3-A

Contract Type	Plan Name	Region	Inpatient	Outpatient
FCHP	CareOregon, Inc.	Jackson/Josephine/Douglas	0.988	0.974
	CareOregon, Inc.	Linn/Benton/Marion/Polk/Yamhill	1.007	1.039
	CareOregon, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.977	0.995
	CareOregon, Inc.	Other	1.055	1.047
	Cascade Comprehensive Care, Inc.	Other	0.974	0.944
	Clear Choice Health Plans Inc.	Other	1.104	1.068
	Clear Choice Health Plans Inc.	Deschutes	1.104	1.068
	DCIPA, LLC	Jackson/Josephine/Douglas	1.017	0.993
	Southwest Oregon Individual Practice Association, Inc., abn Doctors of the Oregon Coast South	Other	1.070	1.025
	FamilyCare, Inc.	Jackson/Josephine/Douglas	0.966	0.948
	FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	0.976	0.994
	FamilyCare, Inc.	Linn/Benton/Marion/Polk/Yamhill	1.144	1.232
	FamilyCare, Inc.	Other	1.138	1.142
	Grants Pass Management Services, Inc., abn Oregon Health Management Services	Jackson/Josephine/Douglas	0.965	0.946
	InterCommunity Health Plans, Inc. abn InterCommunity Health Network	Linn/Benton/Marion/Polk/Yamhill	1.000	0.951
	Lane Individual Practice Association, Inc.	Lane	0.986	0.981
	Marion/Polk Community Health Plan, LLC	Linn/Benton/Marion/Polk/Yamhill	0.985	1.005
	Mid Rogue Independent Physician Association, Inc.	Jackson/Josephine/Douglas	0.972	0.957
	ODS Community Health, Inc.	Jackson/Josephine/Douglas	0.982	0.970
	ODS Community Health, Inc.	Linn/Benton/Marion/Polk/Yamhill	1.144	1.232
ODS Community Health, Inc.	Other	1.006	1.003	
Providence Health Assurance	Linn/Benton/Marion/Polk/Yamhill	1.144	1.232	
Providence Health Assurance	Tri-County (Clackamas, Multnomah, Washington)	0.978	0.995	
Tuality Health Alliance	Tri-County (Clackamas, Multnomah, Washington)	0.986	0.999	
PCO	Kaiser Permanente Oregon Plus, LLC	Linn/Benton/Marion/Polk/Yamhill	N/A	1.007
	Kaiser Permanente Oregon Plus, LLC	Tri-County (Clackamas, Multnomah, Washington)	N/A	0.994

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
FCHP and PCO CDPS Risk Adjustment Factors

EXHIBIT 3-B

Contract Type	Plan Name	TANF	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OHPFAM	OHPAC
FCHP	CareOregon, Inc.	1.002	1.012	0.971	1.040	1.042	0.958	1.088
	Cascade Comprehensive Care, Inc.	1.010	1.082	1.018	1.004	1.006	1.163	1.188
	Clear Choice Health Plans Inc.	1.015	1.019	1.030	0.989	0.991	1.109	1.147
	DCIPA, LLC	1.301	1.079	1.103	1.267	1.269	1.200	1.200
	Southwest Oregon Individual Practice Association, Inc., abn Doctors of the Oregon Coast South	1.004	1.108	1.135	0.938	0.940	1.178	0.883
	FamilyCare, Inc.	0.932	0.953	0.917	0.850	0.850	0.905	0.900
	InterCommunity Health Plans, Inc. abn InterCommunity Health Network	1.029	0.975	1.136	1.026	1.028	0.969	1.023
	Lane Individual Practice Association, Inc.	0.969	1.014	1.020	0.934	0.936	0.955	0.885
	Marion/Polk Community Health Plan, LLC	0.984	0.998	1.003	0.977	0.979	1.010	0.949
	Mid Rogue Independent Physician Association, Inc.	1.073	0.984	1.013	0.981	0.983	1.200	0.871
	ODS Community Health, Inc.	1.000	1.000	1.000	1.000	1.000	1.000	1.000
	Grants Pass Management Services, Inc., abn Oregon Health Management Services	1.024	0.963	1.041	1.067	1.069	1.188	0.851
	Providence Health Assurance	0.850	0.953	0.932	0.887	0.889	0.850	0.850
	Tuality Health Alliance	1.053	0.994	0.963	0.983	0.985	1.117	1.188
PCO	Kaiser Permanente Oregon Plus, LLC	0.850	0.894	0.850	0.850	0.850	1.000	1.000

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2009 through December 2009
 Newborn Adjustment Scores**

EXHIBIT 3-C

Plan Name	Adjustment
CareOregon, Inc.	0.922
Cascade Comprehensive Care, Inc.	1.147
Clear Choice Health Plans Inc.	1.012
DCIPA, LLC	1.179
Southwest Oregon Individual Practice Association, Inc., abn Doctors of the Oregon Coast South	1.166
FamilyCare, Inc.	0.978
InterCommunity Health Plans, Inc. abn InterCommunity Health Network	1.056
Lane Individual Practice Association, Inc.	1.085
Marion/Polk Community Health Plan, LLC	0.964
Mid Rogue Independent Physician Association, Inc.	1.194
ODS Community Health, Inc.	1.000
Grants Pass Management Services, Inc., abn Oregon Health Management Services	1.121
Providence Health Assurance	1.072
Tuality Health Alliance	1.012

**Oregon Health Plan Medicaid Demonstration
 Capitation Rate Development for October 2009 through December 2009
 Maternity Management - Optional Covered Service for FCHPs and PCOs**

EXHIBIT 3-D

Eligibility Category	Maternity Management PMPM
Temporary Assistance to Needy Families (Adults Only)	\$4.95
Poverty Level Medical Adults	\$33.67
PLM, TANF, and CHIP Children < 1	\$0.04
PLM, TANF, and CHIP Children 1 - 5	\$0.05
PLM, TANF, and CHIP Children 6 - 18	\$0.94
Aid to the Blind/Aid to the Disabled with Medicare	\$0.15
Aid to the Blind/Aid to the Disabled without Medicare	\$1.95
Old Age Assistance with Medicare	\$0.00
Old Age Assistance without Medicare	\$0.00
SCF Children	\$5.89
OHP Families	\$0.39
OHP Adults & Couples	\$0.07

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Maternity Case Rate for FCHPs

EXHIBIT 3-E

Base Case Rate				
IP Maternity	OP Maternity	Phys Maternity	Total Maternity	Admin Allowance
\$ 4,810.29	\$ 911.85	\$ 3,066.68	\$8,788.81	8.43%

Plan	Region	October 2009 Maternity Geographic Adjustment Factors		Adjusted Case Rate				Total w/ Admin Allowance
		IP Geo	OP Geo	IP Maternity	OP Maternity	Phys Maternity	Total Maternity	
CareOregon	JJD	0.983	0.971	\$4,730.35	\$885.60	\$3,066.68	\$8,682.63	\$9,481.96
CareOregon	LBMPY	1.041	1.036	\$5,007.10	\$944.69	\$3,066.68	\$9,018.46	\$9,848.71
CareOregon	OTHER	1.043	1.044	\$5,017.26	\$952.29	\$3,066.68	\$9,036.22	\$9,868.11
CareOregon	Tri-County	0.980	0.992	\$4,712.38	\$904.54	\$3,066.68	\$8,683.60	\$9,483.01
Cascade	OTHER	0.920	0.941	\$4,427.14	\$858.42	\$3,066.68	\$8,352.23	\$9,121.15
Clear Choice	OTHER	1.158	1.065	\$5,572.54	\$970.84	\$3,066.68	\$9,610.06	\$10,494.77
Clear Choice	DESCHUTES	1.158	1.065	\$5,572.54	\$970.84	\$3,066.68	\$9,610.06	\$10,494.77
DCIPA	JJD	0.964	0.990	\$4,635.35	\$902.61	\$3,066.68	\$8,604.64	\$9,396.79
DOCS	OTHER	0.995	1.022	\$4,785.25	\$932.36	\$3,066.68	\$8,784.28	\$9,592.97
FamilyCare	JJD	0.929	0.945	\$4,468.52	\$861.99	\$3,066.68	\$8,397.19	\$9,170.24
FamilyCare	LBMPY	1.479	1.229	\$7,113.96	\$1,120.32	\$3,066.68	\$11,300.96	\$12,341.33
FamilyCare	OTHER	1.115	1.139	\$5,363.25	\$1,038.91	\$3,066.68	\$9,468.83	\$10,340.54
FamilyCare	Tri-County	0.978	0.992	\$4,704.74	\$904.28	\$3,066.68	\$8,675.70	\$9,474.39
Intercommunity	LBMPY	1.012	0.948	\$4,869.89	\$864.56	\$3,066.68	\$8,801.13	\$9,611.37
LIPA	LANE	0.961	0.978	\$4,624.77	\$891.72	\$3,066.68	\$8,583.17	\$9,373.34
MPCHP	LBMPY	0.982	1.003	\$4,725.04	\$914.26	\$3,066.68	\$8,705.97	\$9,507.45
MRIPA	JJD	0.959	0.955	\$4,614.55	\$870.37	\$3,066.68	\$8,551.60	\$9,338.86
ODS Community Health	JJD	0.987	0.967	\$4,746.17	\$882.11	\$3,066.68	\$8,694.95	\$9,495.42
ODS Community Health	LBMPY	1.479	1.229	\$7,113.96	\$1,120.32	\$3,066.68	\$11,300.96	\$12,341.33
ODS Community Health	OTHER	0.998	1.000	\$4,800.08	\$912.04	\$3,066.68	\$8,778.80	\$9,586.98
OHMS	JJD	0.924	0.944	\$4,446.83	\$860.40	\$3,066.68	\$8,373.91	\$9,144.81
Providence	LBMPY	1.479	1.229	\$7,113.96	\$1,120.32	\$3,066.68	\$11,300.96	\$12,341.33
Providence	Tri-County	0.980	0.992	\$4,714.39	\$904.68	\$3,066.68	\$8,685.75	\$9,485.37
Tuality	Tri-County	0.990	0.996	\$4,762.83	\$908.30	\$3,066.68	\$8,737.80	\$9,542.21

October 2009 Adjusted Case Rate - Weighted Average :	\$4,810.18	\$911.85	\$3,066.68	\$8,788.70	\$9,597.80
January 2009 Adjusted Case Rate - Weighted Average :	\$4,003.91	\$763.71	\$3,066.68	\$7,834.29	\$9,011.15
%Change:	20.1%	19.4%	0.0%	12.2%	6.5%

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Maternity Case Rate for PCO

EXHIBIT 3-F

Base Case Rate			
OP Maternity	Phys Maternity	Total Maternity	Admin Allowance
\$ 866.26	\$ 3,066.68	\$3,932.93	8.67%

Plan	Region	October 2009 Maternity Geographic Adjustment Factors		Adjusted Case Rate			
		IP Geo	OP Geo	OP Maternity	Phys Maternity	Total Maternity	Total w/ Admin Allowance
Kaiser Permanente	LBMPY	0.9826	1.004	\$869.92	\$3,066.68	\$3,936.60	\$4,310.30
Kaiser Permanente	Tri-County	1.0402	0.991	\$858.49	\$3,066.68	\$3,925.17	\$4,297.79

October 2009 Adjusted Case Rate - Weighted Average : \$ 866.26 \$ 3,066.68 \$3,932.93 \$4,306.29
 January 2009 Adjusted Case Rate - Weighted Average : \$ 725.53 \$ 3,066.68 \$3,792.20 \$4,361.86
 %Change: 19.4% 0.0% 3.7% -1.3%

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Without Adjustment for Administrative Allowance

EXHIBIT 3-G (i)

Statewide FCHP Rates			
Eligibility Category	October 2009 (Without Admin Allowance)	January 2009 (Without Admin Allowance)	% Change
Temporary Assistance to Needy Families (Adults Only)	\$272.25	\$251.11	8.4%
Poverty Level Medical Adults	\$258.36	\$243.19	6.2%
PLM, TANF, and CHIP Children < 1	\$462.05	\$405.43	14.0%
PLM, TANF, and CHIP Children 1 - 5	\$91.93	\$84.70	8.5%
PLM, TANF, and CHIP Children 6 - 18	\$81.15	\$75.16	8.0%
Aid to the Blind/Aid to the Disabled with Medicare	\$135.15	\$128.83	4.9%
Aid to the Blind/Aid to the Disabled without Medicare	\$878.05	\$797.49	10.1%
Old Age Assistance with Medicare	\$145.54	\$139.98	4.0%
Old Age Assistance without Medicare	\$738.30	\$662.81	11.4%
SCF Children	\$145.12	\$137.50	5.5%
OHP Families	\$218.22	\$203.52	7.2%
OHP Adults & Couples	\$519.68	\$476.83	9.0%
Weighted Average ¹	\$242.00	\$221.34	9.3%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-G (ii)

Statewide FCHP Rates			
Eligibility Category	October 2009 (Including Admin Allowance)	January 2009 (Including Admin Allowance)	% Change
Temporary Assistance to Needy Families (Adults Only)	\$297.31	\$288.83	2.9%
Poverty Level Medical Adults	\$282.14	\$279.72	0.9%
PLM, TANF, and CHIP Children < 1	\$504.58	\$466.33	8.2%
PLM, TANF, and CHIP Children 1 - 5	\$100.40	\$97.42	3.1%
PLM, TANF, and CHIP Children 6 - 18	\$88.62	\$86.46	2.5%
Aid to the Blind/Aid to the Disabled with Medicare	\$147.59	\$162.88	-9.4%
Aid to the Blind/Aid to the Disabled without Medicare	\$958.88	\$917.29	4.5%
Old Age Assistance with Medicare	\$158.94	\$173.66	-8.5%
Old Age Assistance without Medicare	\$806.27	\$762.38	5.8%
SCF Children	\$158.48	\$158.15	0.2%
OHP Families	\$238.31	\$234.09	1.8%
OHP Adults & Couples	\$567.52	\$548.46	3.5%
Weighted Average ¹	\$264.28	\$255.95	3.3%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

CareOregon, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$295.13	\$286.96	2.8%				\$301.30	\$292.41	3.0%	\$304.91	\$295.54	3.2%	\$296.06	\$287.80	2.9%
Poverty Level Medical Adults	\$280.29	\$278.09	0.8%				\$284.29	\$281.63	0.9%	\$287.40	\$284.36	1.1%	\$280.61	\$278.37	0.8%
PLM, TANF, and CHIP Children < 1	\$460.77	\$426.09	8.1%				\$468.79	\$433.06	8.2%	\$482.28	\$444.66	8.5%	\$458.71	\$424.35	8.1%
PLM, TANF, and CHIP Children 1 - 5	\$100.56	\$97.67	3.0%				\$103.08	\$99.90	3.2%	\$104.07	\$100.77	3.3%	\$101.12	\$98.17	3.0%
PLM, TANF, and CHIP Children 6 - 18	\$85.27	\$83.27	2.4%				\$87.16	\$84.94	2.6%	\$88.01	\$85.67	2.7%	\$85.65	\$83.61	2.4%
Aid to the Blind/Aid to the Disabled with Medicare	\$151.37	\$167.15	-9.4%				\$154.41	\$170.12	-9.2%	\$154.80	\$170.51	-9.2%	\$152.35	\$168.10	-9.4%
Aid to the Blind/Aid to the Disabled without Medicare	\$990.62	\$948.35	4.5%				\$1,008.70	\$964.25	4.6%	\$1,027.25	\$980.30	4.8%	\$990.39	\$948.25	4.4%
Old Age Assistance with Medicare	\$157.91	\$172.67	-8.5%				\$160.47	\$175.13	-8.4%	\$160.80	\$175.45	-8.3%	\$158.73	\$173.46	-8.5%
Old Age Assistance without Medicare	\$798.37	\$755.45	5.7%				\$814.66	\$769.79	5.8%	\$831.27	\$784.16	6.0%	\$798.20	\$755.39	5.7%
SCF Children	\$157.41	\$157.20	0.1%				\$159.90	\$159.40	0.3%	\$161.01	\$160.37	0.4%	\$157.91	\$157.65	0.2%
OHP Families	\$226.39	\$222.58	1.7%				\$230.79	\$226.47	1.9%	\$232.96	\$228.35	2.0%	\$227.21	\$223.31	1.7%
OHP Adults & Couples	\$612.15	\$592.06	3.4%				\$623.86	\$602.38	3.6%	\$633.02	\$610.32	3.7%	\$613.06	\$592.91	3.4%
Weighted Average ¹	\$249.16	\$240.77	3.5%				\$234.82	\$225.96	3.9%	\$273.54	\$265.00	3.2%	\$263.91	\$255.93	3.1%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

Cascade Comprehensive Care, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)										\$299.66	\$292.09	2.6%			
Poverty Level Medical Adults										\$314.91	\$314.91	0.0%			
PLM, TANF, and CHIP Children < 1										\$567.08	\$524.78	8.1%			
PLM, TANF, and CHIP Children 1 - 5										\$106.22	\$103.28	2.8%			
PLM, TANF, and CHIP Children 6 - 18										\$89.38	\$87.45	2.2%			
Aid to the Blind/Aid to the Disabled with Medicare										\$145.73	\$161.14	-9.6%			
Aid to the Blind/Aid to the Disabled without Medicare										\$948.39	\$908.93	4.3%			
Old Age Assistance with Medicare										\$156.73	\$171.53	-8.6%			
Old Age Assistance without Medicare										\$789.17	\$747.37	5.6%			
SCF Children										\$162.61	\$162.89	-0.2%			
OHP Families										\$272.65	\$268.36	1.6%			
OHP Adults & Couples										\$661.77	\$640.68	3.3%			
Weighted Average ¹										\$292.28	\$283.66	3.0%			

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Note: Includes Maternity Management and excludes per capita value of maternity services.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

DRAFT - FOR DISCUSSION PURPOSES ONLY
EXHIBIT 3-H

Clear Choice Health Plans Inc.																		
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County			Deschutes		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)										\$313.52	\$303.44	3.3%				\$301.27	\$290.54	3.7%
Poverty Level Medical Adults										\$291.09	\$287.60	1.2%				\$284.95	\$281.13	1.4%
PLM, TANF, and CHIP Children < 1										\$544.94	\$501.49	8.7%				\$544.93	\$501.49	8.7%
PLM, TANF, and CHIP Children 1 - 5										\$106.13	\$102.63	3.4%				\$106.13	\$102.63	3.4%
PLM, TANF, and CHIP Children 6 - 18										\$94.53	\$91.91	2.9%				\$93.29	\$90.60	3.0%
Aid to the Blind/Aid to the Disabled with Medicare										\$149.18	\$164.27	-9.2%				\$143.90	\$158.16	-9.0%
Aid to the Blind/Aid to the Disabled without Medicare										\$996.05	\$948.81	5.0%				\$987.26	\$939.56	5.1%
Old Age Assistance with Medicare										\$161.60	\$176.22	-8.3%				\$161.16	\$175.71	-8.3%
Old Age Assistance without Medicare										\$849.93	\$800.37	6.2%				\$849.89	\$800.32	6.2%
SCF Children										\$162.52	\$161.70	0.5%				\$156.14	\$154.97	0.8%
OHP Families										\$273.10	\$267.34	2.2%				\$268.74	\$262.74	2.3%
OHP Adults & Couples										\$678.38	\$652.96	3.9%				\$654.13	\$627.42	4.3%
Weighted Average ¹										\$264.20	\$254.59	3.8%				\$260.41	\$250.57	3.9%

¹Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

DCIPA, LLC															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$387.28	\$376.15	3.0%												
Poverty Level Medical Adults	\$282.77	\$280.27	0.9%												
PLM, TANF, and CHIP Children < 1	\$600.19	\$554.33	8.3%												
PLM, TANF, and CHIP Children 1 - 5	\$108.32	\$105.10	3.1%												
PLM, TANF, and CHIP Children 6 - 18	\$97.76	\$95.36	2.5%												
Aid to the Blind/Aid to the Disabled with Medicare	\$180.31	\$198.70	-9.3%												
Aid to the Blind/Aid to the Disabled without Medicare	\$1,222.55	\$1,168.94	4.6%												
Old Age Assistance with Medicare	\$158.64	\$173.38	-8.5%												
Old Age Assistance without Medicare	\$810.46	\$765.96	5.8%												
SCF Children	\$158.53	\$158.18	0.2%												
OHP Families	\$286.18	\$281.08	1.8%												
OHP Adults & Couples	\$683.07	\$659.89	3.5%												
Weighted Average ¹	\$337.81	\$327.57	3.1%												

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.
 Note: Includes Maternity Management and excludes per capita value of maternity services.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

Southwest Oregon Individual Practice Association, Inc., abn Doctors of the Oregon Coast South															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)										\$304.80	\$295.48	3.2%			
Poverty Level Medical Adults										\$287.24	\$284.20	1.1%			
PLM, TANF, and CHIP Children < 1										\$613.63	\$565.51	8.5%			
PLM, TANF, and CHIP Children 1 - 5										\$113.29	\$109.73	3.2%			
PLM, TANF, and CHIP Children 6 - 18										\$102.36	\$99.67	2.7%			
Aid to the Blind/Aid to the Disabled with Medicare										\$141.00	\$155.54	-9.4%			
Aid to the Blind/Aid to the Disabled without Medicare										\$927.81	\$885.21	4.8%			
Old Age Assistance with Medicare										\$159.93	\$174.62	-8.4%			
Old Age Assistance without Medicare										\$832.38	\$785.03	6.0%			
SCF Children										\$160.53	\$159.94	0.4%			
OHP Families										\$285.48	\$279.90	2.0%			
OHP Adults & Couples										\$513.16	\$494.73	3.7%			
Weighted Average ¹										\$314.84	\$304.67	3.3%			

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.
 Note: Includes Maternity Management and excludes per capita value of maternity services.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

FamilyCare, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$271.41	\$264.19	2.7%				\$301.91	\$291.03	3.7%	\$295.18	\$285.06	3.5%	\$275.34	\$267.67	2.9%
Poverty Level Medical Adults	\$277.87	\$275.94	0.7%				\$300.71	\$296.12	1.6%	\$296.37	\$292.27	1.4%	\$280.55	\$278.32	0.8%
PLM, TANF, and CHIP Children < 1	\$481.34	\$445.57	8.0%				\$545.81	\$501.35	8.9%	\$540.04	\$496.28	8.8%	\$486.53	\$450.10	8.1%
PLM, TANF, and CHIP Children 1 - 5	\$93.51	\$90.92	2.8%				\$105.17	\$101.23	3.9%	\$102.19	\$98.58	3.7%	\$95.16	\$92.39	3.0%
PLM, TANF, and CHIP Children 6 - 18	\$79.60	\$77.82	2.3%				\$88.56	\$85.71	3.3%	\$86.36	\$83.77	3.1%	\$80.84	\$78.91	2.4%
Aid to the Blind/Aid to the Disabled with Medicare	\$126.95	\$140.54	-9.7%				\$137.80	\$151.16	-8.8%	\$134.38	\$147.81	-9.1%	\$128.73	\$142.28	-9.5%
Aid to the Blind/Aid to the Disabled without Medicare	\$797.78	\$764.59	4.3%				\$889.54	\$844.85	5.3%	\$875.17	\$832.12	5.2%	\$807.44	\$773.10	4.4%
Old Age Assistance with Medicare	\$156.88	\$171.68	-8.6%				\$168.08	\$182.45	-7.9%	\$164.55	\$179.06	-8.1%	\$158.72	\$173.45	-8.5%
Old Age Assistance without Medicare	\$787.23	\$745.71	5.6%				\$888.40	\$834.29	6.5%	\$872.48	\$820.16	6.4%	\$797.91	\$755.14	5.7%
SCF Children	\$156.17	\$156.10	0.0%				\$168.66	\$167.13	0.9%	\$165.59	\$164.41	0.7%	\$157.89	\$157.63	0.2%
OHP Families	\$211.77	\$208.43	1.6%				\$233.08	\$227.19	2.6%	\$228.04	\$222.72	2.4%	\$214.65	\$210.97	1.7%
OHP Adults & Couples	\$500.65	\$484.77	3.3%				\$556.11	\$533.39	4.3%	\$545.60	\$524.08	4.1%	\$507.16	\$490.51	3.4%
Weighted Average ¹	\$214.76	\$207.96	3.3%				\$296.99	\$280.26	6.0%	\$242.42	\$233.24	3.9%	\$255.23	\$246.71	3.5%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

² Plan expanded into LBMPY region in September 2008

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

InterCommunity Health Plans, Inc. abn InterCommunity Health Network															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)							\$301.91	\$293.63	2.8%						
Poverty Level Medical Adults							\$279.94	\$277.77	0.8%						
PLM, TANF, and CHIP Children < 1							\$530.49	\$490.36	8.2%						
PLM, TANF, and CHIP Children 1 - 5							\$96.24	\$93.51	2.9%						
PLM, TANF, and CHIP Children 6 - 18							\$99.21	\$96.91	2.4%						
Aid to the Blind/Aid to the Disabled with Medicare							\$148.59	\$164.23	-9.5%						
Aid to the Blind/Aid to the Disabled without Medicare							\$977.61	\$935.76	4.5%						
Old Age Assistance with Medicare							\$156.99	\$171.79	-8.6%						
Old Age Assistance without Medicare							\$798.57	\$755.52	5.7%						
SCF Children							\$156.85	\$156.70	0.1%						
OHP Families							\$228.17	\$224.40	1.7%						
OHP Adults & Couples							\$574.37	\$555.56	3.4%						
Weighted Average ¹							\$288.54	\$279.87	3.1%						

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

Lane Individual Practice Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)				\$285.81	\$277.86	2.9%									
Poverty Level Medical Adults				\$280.49	\$278.26	0.8%									
PLM, TANF, and CHIP Children < 1				\$542.30	\$501.52	8.1%									
PLM, TANF, and CHIP Children 1 - 5				\$100.94	\$98.02	3.0%									
PLM, TANF, and CHIP Children 6 - 18				\$89.70	\$87.58	2.4%									
Aid to the Blind/Aid to the Disabled with Medicare				\$138.55	\$153.09	-9.5%									
Aid to the Blind/Aid to the Disabled without Medicare				\$889.76	\$851.77	4.5%									
Old Age Assistance with Medicare				\$158.17	\$172.92	-8.5%									
Old Age Assistance without Medicare				\$798.83	\$755.87	5.7%									
SCF Children				\$157.60	\$157.37	0.1%									
OHP Families				\$226.03	\$222.20	1.7%									
OHP Adults & Couples				\$498.55	\$482.16	3.4%									
Weighted Average ¹				\$282.29	\$273.38	3.3%									

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

Marion/Polk Community Health Plan, LLC															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)							\$291.98	\$283.71	2.9%						
Poverty Level Medical Adults							\$281.55	\$279.21	0.8%						
PLM, TANF, and CHIP Children < 1							\$482.50	\$446.19	8.1%						
PLM, TANF, and CHIP Children 1 - 5							\$100.17	\$97.21	3.0%						
PLM, TANF, and CHIP Children 6 - 18							\$88.84	\$86.68	2.5%						
Aid to the Blind/Aid to the Disabled with Medicare							\$144.93	\$159.94	-9.4%						
Aid to the Blind/Aid to the Disabled without Medicare							\$934.34	\$894.20	4.5%						
Old Age Assistance with Medicare							\$159.15	\$173.86	-8.5%						
Old Age Assistance without Medicare							\$802.48	\$759.14	5.7%						
SCF Children							\$158.41	\$158.09	0.2%						
OHP Families							\$240.55	\$236.32	1.8%						
OHP Adults & Couples							\$537.12	\$519.25	3.4%						
Weighted Average ¹							\$237.61	\$230.48	3.1%						

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

Mid Rogue Independent Physician Association, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$313.56	\$305.11	2.8%												
Poverty Level Medical Adults	\$278.64	\$276.63	0.7%												
PLM, TANF, and CHIP Children < 1	\$590.07	\$546.06	8.1%												
PLM, TANF, and CHIP Children 1 - 5	\$96.95	\$94.23	2.9%												
PLM, TANF, and CHIP Children 6 - 18	\$88.24	\$86.23	2.3%												
Aid to the Blind/Aid to the Disabled with Medicare	\$143.36	\$158.46	-9.5%												
Aid to the Blind/Aid to the Disabled without Medicare	\$926.30	\$887.46	4.4%												
Old Age Assistance with Medicare	\$157.25	\$172.03	-8.6%												
Old Age Assistance without Medicare	\$790.70	\$748.75	5.6%												
SCF Children	\$156.58	\$156.47	0.1%												
OHP Families	\$281.66	\$277.12	1.6%												
OHP Adults & Couples	\$486.05	\$470.46	3.3%												
Weighted Average ¹	\$269.81	\$261.55	3.2%												

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.
 Note: Includes Maternity Management and excludes per capita value of maternity services.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

ODS Community Health, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$293.89	\$285.82	2.8%				\$323.94	\$312.26	3.7%	\$297.88	\$289.32	3.0%			
Poverty Level Medical Adults	\$279.76	\$277.62	0.8%				\$300.71	\$296.12	1.6%	\$282.59	\$280.12	0.9%			
PLM, TANF, and CHIP Children < 1	\$497.80	\$460.46	8.1%				\$557.95	\$512.51	8.9%	\$506.38	\$467.88	8.2%			
PLM, TANF, and CHIP Children 1 - 5	\$99.11	\$96.28	2.9%				\$110.36	\$106.23	3.9%	\$100.58	\$97.58	3.1%			
PLM, TANF, and CHIP Children 6 - 18	\$87.59	\$85.55	2.4%				\$96.57	\$93.47	3.3%	\$88.77	\$86.59	2.5%			
Aid to the Blind/Aid to the Disabled with Medicare	\$146.25	\$161.56	-9.5%				\$158.01	\$173.08	-8.7%	\$147.72	\$163.01	-9.4%			
Aid to the Blind/Aid to the Disabled without Medicare	\$947.69	\$907.49	4.4%				\$1,046.51	\$993.94	5.3%	\$961.28	\$919.37	4.6%			
Old Age Assistance with Medicare	\$157.76	\$172.52	-8.6%				\$168.08	\$182.45	-7.9%	\$159.05	\$173.77	-8.5%			
Old Age Assistance without Medicare	\$795.78	\$753.19	5.7%				\$888.40	\$834.29	6.5%	\$808.51	\$764.33	5.8%			
SCF Children	\$157.17	\$157.00	0.1%				\$168.66	\$167.13	0.9%	\$158.68	\$158.32	0.2%			
OHP Families	\$235.84	\$231.92	1.7%				\$257.47	\$250.97	2.6%	\$238.69	\$234.42	1.8%			
OHP Adults & Couples	\$561.11	\$542.84	3.4%				\$617.58	\$592.34	4.3%	\$568.74	\$549.52	3.5%			
Weighted Average ¹	\$221.40	\$212.92	4.0%				\$376.14	\$354.94	6.0%	\$219.14	\$211.04	3.8%			

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

² Plan expanded into LBMPY region in September 2008

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

Grants Pass Management Services, Inc., abn Oregon Health Management Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$298.09	\$290.18	2.7%												
Poverty Level Medical Adults	\$277.73	\$275.82	0.7%												
PLM, TANF, and CHIP Children < 1	\$551.15	\$510.22	8.0%												
PLM, TANF, and CHIP Children 1 - 5	\$94.43	\$91.82	2.8%												
PLM, TANF, and CHIP Children 6 - 18	\$90.27	\$88.25	2.3%												
Aid to the Blind/Aid to the Disabled with Medicare	\$153.34	\$169.46	-9.5%												
Aid to the Blind/Aid to the Disabled without Medicare	\$1,002.69	\$961.04	4.3%												
Old Age Assistance with Medicare	\$156.81	\$171.62	-8.6%												
Old Age Assistance without Medicare	\$786.62	\$745.18	5.6%												
SCF Children	\$156.09	\$156.04	0.0%												
OHP Families	\$277.69	\$273.33	1.6%												
OHP Adults & Couples	\$472.81	\$457.84	3.3%												
Weighted Average ¹	\$294.51	\$285.92	3.0%												

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Note: Includes Maternity Management and excludes per capita value of maternity services.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

Providence Health Assurance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)							\$275.34	\$265.42	3.7%				\$251.21	\$244.20	2.9%
Poverty Level Medical Adults							\$300.71	\$296.12	1.6%				\$280.65	\$278.41	0.8%
PLM, TANF, and CHIP Children < 1							\$598.24	\$549.51	8.9%				\$533.71	\$493.71	8.1%
PLM, TANF, and CHIP Children 1 - 5							\$105.22	\$101.27	3.9%				\$95.24	\$92.46	3.0%
PLM, TANF, and CHIP Children 6 - 18							\$89.98	\$87.08	3.3%				\$82.16	\$80.20	2.4%
Aid to the Blind/Aid to the Disabled with Medicare							\$142.82	\$156.60	-8.8%				\$133.37	\$147.35	-9.5%
Aid to the Blind/Aid to the Disabled without Medicare							\$930.30	\$883.57	5.3%				\$844.91	\$808.93	4.4%
Old Age Assistance with Medicare							\$168.08	\$182.45	-7.9%				\$158.73	\$173.46	-8.5%
Old Age Assistance without Medicare							\$888.40	\$834.29	6.5%				\$798.39	\$755.56	5.7%
SCF Children							\$168.66	\$167.13	0.9%				\$157.93	\$157.67	0.2%
OHP Families							\$218.85	\$213.32	2.6%				\$201.60	\$198.15	1.7%
OHP Adults & Couples							\$524.94	\$503.49	4.3%				\$478.95	\$463.21	3.4%
Weighted Average ¹							\$243.19	\$233.31	4.2%				\$251.57	\$243.95	3.1%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-H

Tuality Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)													\$312.08	\$303.28	2.9%
Poverty Level Medical Adults													\$281.31	\$278.99	0.8%
PLM, TANF, and CHIP Children < 1													\$506.35	\$468.23	8.1%
PLM, TANF, and CHIP Children 1 - 5													\$99.58	\$96.65	3.0%
PLM, TANF, and CHIP Children 6 - 18													\$85.12	\$83.07	2.5%
Aid to the Blind/Aid to the Disabled with Medicare													\$145.43	\$160.52	-9.4%
Aid to the Blind/Aid to the Disabled without Medicare													\$939.64	\$899.33	4.5%
Old Age Assistance with Medicare													\$158.89	\$173.61	-8.5%
Old Age Assistance without Medicare													\$801.70	\$758.43	5.7%
SCF Children													\$158.21	\$157.91	0.2%
OHP Families													\$265.64	\$261.02	1.8%
OHP Adults & Couples													\$671.52	\$649.24	3.4%
Weighted Average ¹													\$234.61	\$228.14	2.8%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 PCO Capitation Rates
Without Adjustment for Administrative Allowance

EXHIBIT 3-I (i)

Statewide PCO Rates			
Eligibility Category	October 2009 (Without Admin Allowance)	January 2009 (Without Admin Allowance)	% Change
Temporary Assistance to Needy Families (Adults Only)	\$212.11	\$201.54	5.2%
Poverty Level Medical Adults	\$204.22	\$198.06	3.1%
PLM, TANF, and CHIP Children < 1	\$189.37	\$182.89	3.5%
PLM, TANF, and CHIP Children 1 - 5	\$77.11	\$72.51	6.3%
PLM, TANF, and CHIP Children 6 - 18	\$67.49	\$63.94	5.5%
Aid to the Blind/Aid to the Disabled with Medicare	\$118.35	\$113.84	4.0%
Aid to the Blind/Aid to the Disabled without Medicare	\$558.55	\$535.36	4.3%
Old Age Assistance with Medicare	\$117.64	\$114.51	2.7%
Old Age Assistance without Medicare	\$440.60	\$418.63	5.2%
SCF Children	\$127.79	\$123.26	3.7%
OHP Families	\$181.63	\$173.41	4.7%
OHP Adults & Couples	\$371.88	\$355.30	4.7%

Weighted Average ¹	\$167.15	\$159.75	4.6%
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¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 PCO Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-I (ii)

Statewide PCO Rates			
Eligibility Category	October 2009 (including Admin Allowance)	January 2009 (including Admin Allowance)	% Change
Temporary Assistance to Needy Families (Adults Only)	\$232.25	\$231.82	0.2%
Poverty Level Medical Adults	\$223.61	\$227.81	-1.8%
PLM, TANF, and CHIP Children < 1	\$207.35	\$210.36	-1.4%
PLM, TANF, and CHIP Children 1 - 5	\$84.43	\$83.40	1.2%
PLM, TANF, and CHIP Children 6 - 18	\$73.89	\$73.55	0.5%
Aid to the Blind/Aid to the Disabled with Medicare	\$129.58	\$143.92	-10.0%
Aid to the Blind/Aid to the Disabled without Medicare	\$611.58	\$615.78	-0.7%
Old Age Assistance with Medicare	\$128.81	\$142.05	-9.3%
Old Age Assistance without Medicare	\$482.42	\$481.52	0.2%
SCF Children	\$139.92	\$141.77	-1.3%
OHP Families	\$198.87	\$199.46	-0.3%
OHP Adults & Couples	\$407.18	\$408.67	-0.4%
Weighted Average ¹	\$183.02	\$184.91	-1.0%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 FCHP Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 3-J

Kaiser Permanente Oregon Plus, LLC															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan-09	% Change	Oct 2009	Jan-09	% Change	Oct 2009	Jan-09	% Change	Oct 2009	Jan-09	% Change	Oct 2009	Jan-09	% Change
Temporary Assistance to Needy Families (Adults Only)							\$197.84	\$197.43	0.2%				\$197.02	\$196.70	0.2%
Poverty Level Medical Adults							\$223.90	\$228.08	-1.8%				\$223.34	\$227.58	-1.9%
PLM, TANF, and CHIP Children < 1							\$207.66	\$210.64	-1.4%				\$207.06	\$210.11	-1.4%
PLM, TANF, and CHIP Children 1 - 5							\$75.66	\$74.72	1.3%				\$75.28	\$74.38	1.2%
PLM, TANF, and CHIP Children 6 - 18							\$62.96	\$62.64	0.5%				\$62.68	\$62.40	0.4%
Aid to the Blind/Aid to the Disabled with Medicare							\$111.54	\$123.92	-10.0%				\$111.06	\$123.45	-10.0%
Aid to the Blind/Aid to the Disabled without Medicare							\$520.78	\$524.25	-0.7%				\$518.98	\$522.66	-0.7%
Old Age Assistance with Medicare							\$129.07	\$142.31	-9.3%				\$128.57	\$141.82	-9.3%
Old Age Assistance without Medicare							\$483.46	\$482.44	0.2%				\$481.48	\$480.68	0.2%
SCF Children							\$140.14	\$141.96	-1.3%				\$139.72	\$141.59	-1.3%
OHP Families							N/A	N/A	N/A				N/A	N/A	N/A
OHP Adults & Couples							N/A	N/A	N/A				N/A	N/A	N/A
Weighted Average ¹							\$171.56	\$173.64	-1.2%				\$177.28	\$179.62	-1.3%

¹Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Mental Health Acute Inpatient Geographic Factors

EXHIBIT 4-A

Plan Name	Region	MH Inpatient
Accountable Behavioral Health Alliance	Linn/Benton/Marion/Polk/Yamhill	0.981
Accountable Behavioral Health Alliance	Other	0.994
Clackamas County	Other	0.973
Clackamas County	Tri-County (Clackamas, Multnomah, Washington)	1.013
FamilyCare, Inc.	Tri-County (Clackamas, Multnomah, Washington)	1.012
Greater Oregon Behavioral Health, Inc.	Jackson/Josephine/Douglas	1.000
Greater Oregon Behavioral Health, Inc.	Other	0.985
Jefferson Behavioral Health	Jackson/Josephine/Douglas	0.971
Jefferson Behavioral Health	Other	1.000
Lane County acting by and through its Department of County Human Services	Lane	1.000
Mid-Valley Behavioral Care Network	Linn/Benton/Marion/Polk/Yamhill	1.002
Mid-Valley Behavioral Care Network	Other	0.979
Multnomah County by and through its Department of County Human Services	Tri-County (Clackamas, Multnomah, Washington)	1.012
Washington County by and through its Department of Health and Human Services	Tri-County (Clackamas, Multnomah, Washington)	1.012

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Mental Health Diagnostic Risk Adjustment Factors

EXHIBIT 4-B

Plan Name	TANF	PLMA	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	SCF	OHPFAM	OHPAC
Accountable Behavioral Health Alliance	1.044	0.974	0.900	1.107	0.903	0.902	0.983	0.999	0.849
Clackamas County	0.969	0.865	0.900	0.900	0.967	0.967	0.900	0.933	0.952
FamilyCare, Inc.	1.013	0.850	0.942	0.938	1.103	1.103	1.154	1.042	1.300
Greater Oregon Behavioral Health, Inc.	1.032	0.918	0.900	1.007	0.874	0.873	0.900	1.052	0.825
Jefferson Behavioral Health	0.952	0.980	1.026	0.951	0.876	0.876	0.900	1.101	0.828
Lane County acting by and through its Department of County Human Services	1.103	1.368	1.380	1.282	1.091	1.090	1.119	1.166	1.006
Mid-Valley Behavioral Care Network	1.015	1.090	1.068	1.044	0.988	0.987	0.990	1.101	1.044
Multnomah County by and through its Department of County Human Services	0.939	0.919	0.944	0.900	1.148	1.147	1.133	0.708	1.221
Washington County by and through its Department of Health and Human Services	1.008	0.823	0.900	0.900	1.011	1.010	0.951	0.994	0.919

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Mental Health Diagnostic and BRS Risk Adjustment Factors - SCF Children

EXHIBIT 4-C

Relative Cost Factors				
Non-BRS	BRS			Total
	CAF	OYA	Total BRS	
A	B	C	D = [(BxS)+(CxT)] / U	E = [(AxR)+(DxU)] / V
0.888	4.207	1.523	3.016	1.000

Plan Name	Region	Average Monthly Members: January 2006 through December 2007					Relative Risk Factors				Composite MH/BRS Risk Adjustment	June 2008 Enrollees	Normalized Risk Adjustment Factors
		Non-BRS	BRS			Total	Non-BRS	BRS					
			CAF	OYA	Total BRS			CAF	OYA	Total BRS			
		F	G	H	I = G + H	J = F + I	K	L = B / D	M = C / D	N = [(GxL)+(HxM)] / I	O = [(AxFxK)+(DxIxN)] / J	P	Q = O / W
ABHA	LBMPY	143	4	0	4	146	0.983	1.395	0.505	1.388	0.955	171	0.955
ABHA	OTHER	739	27	25	52	791	0.983	1.395	0.505	0.963	1.006	926	1.006
Clackamas	OTHER	146	11	12	23	169	0.900	1.395	0.505	0.939	1.076	198	1.076
Clackamas	Tri-County	1,040	23	25	48	1,088	0.900	1.395	0.505	0.928	0.888	1,274	0.889
FamilyCare BH	Tri-County	164	-	0	0	164	1.154	1.395	0.505	0.505	1.026	192	1.026
GOBH	JJD	421	7	0	7	429	0.900	1.395	0.505	1.383	0.856	502	0.857
GOBH	OTHER	1,123	41	21	62	1,185	0.900	1.395	0.505	1.098	0.930	1,387	0.931
JBH	JJD	1,048	22	25	47	1,095	0.900	1.395	0.505	0.927	0.884	1,282	0.885
JBH	OTHER	821	22	27	48	870	0.900	1.395	0.505	0.906	0.907	1,018	0.907
LaneCare	LANE	1,590	22	26	48	1,639	1.119	1.395	0.505	0.919	1.047	1,919	1.047
MVBCN	LBMPY	2,545	83	39	123	2,668	0.990	1.395	0.505	1.109	0.993	3,124	0.993
MVBCN	OTHER	73	2	0	2	75	0.990	1.395	0.505	1.378	0.955	88	0.955
Verity	Tri-County	2,534	111	102	213	2,747	1.133	1.395	0.505	0.968	1.155	3,217	1.155
Washington County DHHS	Tri-County	1,139	42	31	73	1,212	0.951	1.395	0.505	1.018	0.979	1,420	0.980
Plan Average		13,528	417	333	750	14,278	1.000	1.395	0.505	1.000	1.000	16,717	1.000
		R	S	T	U	V					W		

- Notes:
- 1) Non-BRS risk factors based on diagnostic risk model.
 - 2) The formula for the composite MH/BRS Risk Adjustment factors is:

$$\frac{[(\text{Non-BRS Relative Cost Factor} \times \text{Non-BRS Relative Risk Factor} \times \text{Non-BRS Ave Monthly Members}) + (\text{Total BRS Relative Cost Factor} \times \text{Total BRS Relative Risk Factor} \times \text{Total BRS Ave Monthly Members})]}{[\text{Total Ave Monthly Members}]}$$
 - 3) The BRS Relative Risk Factor for each program represents the cost of each BRS program relative to Total BRS costs. For example, the Relative Risk Factor for CAF = 4.207 / 3.016. The Total BRS Relative Risk Factor for each plan/region represents the relative risk based on their risk based on their distribution of BRS users among CAF and OYA.

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
ITS Risk Adjustment Factors
PLM, CHIP, or TANF Children Aged 1-5

EXHIBIT 4-D (i)

	Psychiatric Day Treatment Services (PDTS)	Psychiatric Residential Treatment Services (PRTS)	Community Health Treatment Services (CHTS)	Composite ITS
	A	B	C	D = $\frac{[(AxV) + (BxW) + (CxX)]}{Y}$
ITS Cost Per User Per Month	\$3,520	\$7,914	\$1,014	\$1,993
Relative Cost Factor	1.766	3.972	0.509	1.000
	E	F	G	H = $\frac{[(ExV) + (FxF) + (GxX)]}{Y}$

Plan Name	Region	June 2008 Enrollees	TOTAL MHO MEMBER MONTHS	March 2007- June 2007 ITS Member Months				Prevalence Factor (per 1,000 Members)						Composite ITS Adjustment (w Glide Path Adjust)	Normalized Risk Adjustment Factors (w Glide Path Adjust)
				PDTS	PRTS	CHTS	Total ITS	PDTS		PRTS		CHTS	Total ITS		
								Unadjusted	w/ Glide Path Adjust	Unadjusted	w/ Glide Path Adjust				
I	J	K	L	M	N = K + L + M	O	P	Q	R	S	S = P + R + S	T = $\frac{[(ExP) + (FxF)]}{Z}$	U = T / AH		
ABHA	LBMPY	780	2,853	12	-	5	17	50.5	45.6	0.0	0.0	21.0	66.7	16.381	16.351
ABHA	OTHER	3,788	12,958	-	-	1	1	0.0	0.2	0.0	0.0	0.9	1.1	0.154	0.153
Clackamas	OTHER	1,130	4,218	3	-	-	3	7.3	6.8	0.0	0.0	0.0	6.8	2.162	2.158
Clackamas	Tri-County	3,165	11,861	3	-	3	6	3.0	2.9	0.0	0.0	3.0	6.0	1.211	1.209
FamilyCare BH	Tri-County	1,887	6,800	-	-	-	-	0.0	0.2	0.0	0.0	0.0	0.2	0.069	0.069
GOBH	JJD	1,831	6,652	-	-	-	-	0.0	0.2	0.0	0.0	0.0	0.2	0.069	0.069
GOBH	OTHER	5,293	19,372	4	-	27	31	2.5	2.4	0.0	0.0	16.5	19.0	2.282	2.278
JBH	JJD	5,222	18,415	8	-	1	9	5.1	4.8	0.0	0.0	0.7	5.4	1.579	1.576
JBH	OTHER	2,588	10,055	-	-	-	-	0.0	0.2	0.0	0.0	0.0	0.2	0.069	0.069
LaneCare	LANE	4,999	18,542	4	-	10	14	2.4	2.3	0.0	0.0	6.5	8.8	1.332	1.330
MVBCN	LBMPY	13,875	51,175	-	-	2	2	0.0	0.2	0.0	0.0	0.5	0.7	0.112	0.112
MVBCN	OTHER	441	1,610	-	-	-	-	0.0	0.2	0.0	0.0	0.0	0.2	0.069	0.069
Verity	Tri-County	11,843	44,785	4	-	18	22	1.1	1.2	0.0	0.0	4.8	6.0	0.815	0.813
Washington County DHHS	Tri-County	7,122	26,025	6	-	-	6	2.6	2.6	0.0	0.0	0.0	2.6	0.814	0.812
Grand Total		63,964	235,319	43	-	67	109	2.2	2.2	0.0	0.0	3.4	5.6	1.002	1.000
				V	W	X	Y					Z		AH	

- Notes:
- The Composite ITS Adjustment factors are calculated as follows:

$$\frac{[(PDTS \text{ Relative Cost Factor} * PDTS \text{ Prevalence}) + (PRTS \text{ Relative Cost Factor} * PRTS \text{ Prevalence}) + (CHTS \text{ Relative Cost Factor} * CHTS \text{ Prevalence})]}{\text{Statewide average prevalence}}$$
 - PRTS with Glide Path Adjustment is a 75% - 25% blend of statewide and plan-specific prevalence

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
ITS Risk Adjustment Factors
PLM, CHIP, or TANF Children Aged 6-18

EXHIBIT 4-D (ii)

	Psychiatric Day Treatment Services (PDTS)	Psychiatric Residential Treatment Services (PRTS)	Community Health Treatment Services (CHTS)	Composite ITS
	A	B	C	$D = \frac{[(A \times V) + (B \times W) + (C \times X)]}{Y}$
ITS Cost Per User Per Month	\$3,520	\$7,914	\$1,014	\$1,883
Relative Cost Factor	1.869	4.203	0.539	1.000
	E	F	G	$H = \frac{[(E \times V) + (F \times W) + (G \times X)]}{Y}$

Plan Name	Region	June 2008 Enrollees	TOTAL MHO MEMBER MONTHS	March 2007- June 2007 ITS Member Months				Prevalence Factor (per 1,000 Members)						Composite ITS Adjustment (w/ Glide Path Adjust)	Normalized Risk Adjustment Factors (w/ Glide Path Adjust)
				PDTS	PRTS	CHTS	Total ITS	PDTS		PRTS		CHTS	Total ITS		
								Unadjusted	w/ Glide Path Adjust	Unadjusted	w/ Glide Path Adjust				
I	J	K	L	M	N = K + L + M	O	P	Q	R	S	S = P + R + S	T = $\frac{[(E \times P) + (F \times R) + (G \times S)]}{Z}$	U = T / AH		
ABHA	LBMPY	1,231	4,612	-	3	29	32	0.0	1.4	7.8	3.5	76.0	80.9	1.028	1.034
ABHA	OTHER	6,241	22,533	33	7	116	157	17.7	17.3	3.7	2.5	61.9	81.8	1.344	1.351
Clackamas	OTHER	1,855	6,919	13	-	39	52	22.5	21.7	0.0	1.6	67.0	90.2	1.466	1.474
Clackamas	Tri-County	5,369	18,777	11	0	67	78	7.0	7.7	0.1	1.6	42.7	52.1	0.779	0.783
FamilyCare BH	Tri-County	2,762	10,608	-	4	30	34	0.0	1.4	4.8	2.8	34.1	38.2	0.575	0.578
GOBH	JJD	3,470	13,242	64	4	11	79	58.2	53.8	3.6	2.5	9.7	65.9	2.045	2.056
GOBH	OTHER	8,826	33,036	20	8	287	315	7.1	7.8	2.9	2.3	104.4	114.5	1.417	1.424
JBH	JJD	9,190	33,199	35	7	108	150	12.6	12.8	2.5	2.2	38.9	53.9	0.953	0.958
JBH	OTHER	4,781	18,286	89	0	31	120	58.4	53.9	0.3	1.7	20.2	75.8	2.089	2.100
LaneCare	LANE	8,992	34,217	47	3	152	203	16.3	16.1	1.2	1.9	53.5	71.5	1.177	1.183
MVBCN	LBMPY	20,897	76,709	32	5	148	185	5.0	5.9	0.8	1.8	23.2	30.9	0.547	0.550
MVBCN	OTHER	643	2,418	-	-	20	20	0.0	1.4	0.0	1.6	99.2	102.2	1.104	1.110
Verity	Tri-County	18,604	69,970	62	21	195	278	10.7	11.0	3.7	2.5	33.4	46.9	0.865	0.869
Washington County DHHS	Tri-County	9,296	32,953	29	3	52	85	10.7	11.0	1.1	1.9	19.1	31.9	0.681	0.685
Grand Total		102,157	377,480	435	67	1,285	1,787	13.8	13.8	2.1	2.1	40.8	56.8	0.995	1.000
				V	W	X	Y					Z		AH	

1 The Composite ITS Adjustment factors are calculated as follows:

$$\frac{[(PDTS \text{ Relative Cost Factor} * PDTS \text{ Prevalence}) + (PRTS \text{ Relative Cost Factor} * PRTS \text{ Prevalence}) + (CHTS \text{ Relative Cost Factor} * CHTS \text{ Prevalence})]}{\text{Statewide average prevalence}}$$

2 PRTS with Glide Path Adjustment is a 75% - 25% blend of statewide and plan-specific prevalence

Notes:

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
ITS Risk Adjustment Factors
AB/AD without Medicare

EXHIBIT 4-D (iii)

	Psychiatric Day Treatment Services (PDTS)	Psychiatric Residential Treatment Services (PRTS)	Community Health Treatment Services (CHTS)	Composite ITS
	A	B	C	$D = \frac{[(A \times V) + (B \times W) + (C \times X)]}{Y}$
ITS Cost Per User Per Month	\$3,520	\$7,914	\$1,014	\$2,227
Relative Cost Factor	1.581	3.554	0.455	1.000
	E	F	G	$H = \frac{[(E \times V) + (F \times W) + (G \times X)]}{Y}$

Plan Name	Region	June 2008 Enrollees	TOTAL MHO MEMBER MONTHS	March 2007- June 2007 ITS Member Months				Prevalence Factor (per 1,000 Members)						Composite ITS Adjustment (w Glide Path Adjust)	Normalized Risk Adjustment Factors (w Glide Path Adjust)
				PDTS	PRTS	CHTS	Total ITS	PDTS		PRTS		CHTS	Total ITS		
								Unadjusted	w/ Glide Path Adjust	Unadjusted	w/ Glide Path Adjust				
I	J	K	L	M	N = K + L + M	O	P	Q	R	S	S = P + R + S	T = $\frac{[(E \times P) + (F \times R) + (G \times S)]}{Z}$	U = T / AH		
ABHA	LBMPY	478	1,749	-	-	14	14	0.0	1.9	0.0	7.7	96.1	105.7	0.755	0.756
ABHA	OTHER	1,996	7,613	9	11	48	68	13.4	14.0	17.9	12.2	75.8	102.0	1.017	1.017
Clackamas	OTHER	436	1,709	17	-	23	40	119.4	109.4	0.0	7.7	161.5	278.6	2.785	2.785
Clackamas	Tri-County	1,854	6,740	16	1	40	58	28.5	27.6	2.4	8.3	71.8	107.7	1.077	1.077
FamilyCare BH	Tri-County	842	3,411	5	6	9	20	17.6	17.7	22.4	13.3	31.7	62.7	0.914	0.914
GOBH	JJD	1,384	5,311	8	4	21	34	19.1	19.1	10.1	10.3	47.4	76.8	0.897	0.897
GOBH	OTHER	3,026	11,595	8	3	113	124	8.3	9.4	2.9	8.5	116.9	134.8	0.998	0.998
JBH	JJD	3,388	12,662	26	19	42	86	24.3	23.8	17.7	12.2	39.6	75.5	1.005	1.005
JBH	OTHER	2,479	9,569	18	27	30	75	22.6	22.2	33.9	16.2	37.6	76.1	1.117	1.117
LaneCare	LANE	4,229	15,913	37	16	76	129	27.7	26.8	12.2	10.8	57.6	95.2	1.088	1.088
MVBCN	LBMPY	6,126	22,893	27	9	135	172	14.3	14.8	4.9	9.0	71.0	94.7	0.890	0.890
MVBCN	OTHER	233	1,059	-	-	1	1	0.0	1.9	0.0	7.7	11.3	21.0	0.363	0.363
Verity	Tri-County	8,097	31,050	41	12	218	271	15.7	16.1	4.6	8.9	84.3	109.3	0.969	0.970
Washington County DHHS	Tri-County	2,348	8,548	12	11	31	55	17.2	17.4	15.4	11.6	43.9	72.9	0.902	0.902
Grand Total		36,916	139,823	223	120	803	1,146	19.2	19.2	10.3	10.3	68.9	98.4	1.000	1.000
				V	W	X	Y					Z		AH	

1 The Composite ITS Adjustment factors are calculated as follows:

$$\frac{[(PDTS \text{ Relative Cost Factor} * PDTS \text{ Prevalence}) + (PRTS \text{ Relative Cost Factor} * PRTS \text{ Prevalence}) + (CHTS \text{ Relative Cost Factor} * CHTS \text{ Prevalence})]}{\text{Statewide average prevalence}}$$

2 PRTS with Glide Path Adjustment is a 75% - 25% blend of statewide and plan-specific prevalence

Notes:

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
ITS Risk Adjustment Factors
SCF Children

EXHIBIT 4-D (iv)

	Psychiatric Day Treatment Services (PDTS)	Psychiatric Residential Treatment Services (PRTS)	Community Health Treatment Services (CHTS)	Composite ITS
	A	B	C	$D = \frac{[(AxV) + (BxW) + (CxX)]}{Y}$
ITS Cost Per User Per Month	\$3,520	\$7,914	\$1,014	\$2,715
Relative Cost Factor	1.296	2.915	0.374	1.000
	E	F	G	$H = \frac{[(ExV) + (FxW) + (GxX)]}{Y}$

Plan Name	Region	June 2008 Enrollees	TOTAL MHO MEMBER MONTHS	March 2007- June 2007 ITS Member Months				Prevalence Factor (per 1,000 Members)						Composite ITS Adjustment (w Glide Path Adjust)	Normalized Risk Adjustment Factors (w Glide Path Adjust)
				PDTS	PRTS	CHTS	Total ITS	PDTS		PRTS		CHTS	Total ITS		
								Unadjusted	w/ Glide Path Adjust	Unadjusted	w/ Glide Path Adjust				
I	J	K	L	M	N = K + L + M	O	P	Q	R	S	S = P + R + S	T = $\frac{[(ExP) + (FxR) + (GxS)]}{Z}$	U = T / AH		
ABHA	LBMPY	171	806	8	-	16	24	115.1	113.4	0.0	51.9	238.2	403.4	0.911	0.910
ABHA	OTHER	926	3,401	32	29	66	127	112.9	111.4	104.0	77.9	231.8	421.1	1.077	1.076
Clackamas	OTHER	198	808	6	-	19	25	89.1	90.0	0.0	51.9	282.2	424.1	0.878	0.877
Clackamas	Tri-County	1,274	4,976	24	7	98	129	56.7	60.8	17.0	56.1	236.3	353.3	0.778	0.777
FamilyCare BH	Tri-County	192	709	8	9	9	26	135.5	131.7	152.4	90.0	152.4	374.1	1.152	1.151
GOBH	JJD	502	2,140	49	34	12	95	274.8	257.2	188.0	98.9	67.3	423.3	1.521	1.519
GOBH	OTHER	1,387	5,213	10	22	235	267	23.0	30.5	51.2	64.7	540.2	635.4	1.011	1.010
JBH	JJD	1,282	5,212	44	26	39	109	101.3	101.0	60.0	66.9	89.2	257.0	0.845	0.844
JBH	OTHER	1,018	3,788	60	34	35	128	188.6	179.6	106.8	78.6	109.8	368.0	1.183	1.181
LaneCare	LANE	1,919	7,746	66	60	245	372	102.3	101.8	93.4	75.2	379.9	557.0	1.160	1.159
MVBCN	LBMPY	3,124	12,386	43	53	240	336	41.6	47.3	51.1	64.6	232.5	344.4	0.792	0.791
MVBCN	OTHER	88	314	-	-	6	6	0.0	9.8	0.0	51.9	229.5	291.2	0.587	0.586
Verity	Tri-County	3,217	11,697	109	67	286	461	112.2	110.8	68.3	69.0	293.0	472.7	1.068	1.067
Washington County DHHS	Tri-County	1,420	5,355	70	31	83	184	156.7	150.9	70.3	69.4	185.7	406.0	1.099	1.098
Grand Total		16,717	64,550	528	372	1,387	2,287	98.2	98.2	69.2	69.2	257.9	425.2	1.001	1.000
				V	W	X	Y					Z		AH	

1 The Composite ITS Adjustment factors are calculated as follows:

$$\frac{[(PDTS \text{ Relative Cost Factor} * PDTS \text{ Prevalence}) + (PRTS \text{ Relative Cost Factor} * PRTS \text{ Prevalence}) + (CHTS \text{ Relative Cost Factor} * CHTS \text{ Prevalence})]}{\text{Statewide average prevalence}}$$

2 PRTS with Glide Path Adjustment is a 75% - 25% blend of statewide and plan-specific prevalence

Notes:

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Without Adjustment for Administrative Allowance

EXHIBIT 4-E (i)

Statewide MHO Rates			
Eligibility Category	October 2009 (Without Admin Allowance)	January 2009 (Without Admin Allowance)	% Change
Temporary Assistance to Needy Families (Adults Only)	\$21.97	\$21.16	3.8%
Poverty Level Medical Adults	\$8.07	\$7.71	4.6%
PLM, TANF, and CHIP Children < 1	\$0.80	\$0.80	0.0%
PLM, TANF, and CHIP Children 1 - 5	\$5.03	\$5.02	0.2%
PLM, TANF, and CHIP Children 6 - 18	\$28.24	\$27.62	2.2%
Aid to the Blind/Aid to the Disabled with Medicare	\$87.29	\$87.29	0.0%
Aid to the Blind/Aid to the Disabled without Medicare	\$114.04	\$108.94	4.7%
Old Age Assistance with Medicare	\$9.37	\$9.37	0.0%
Old Age Assistance without Medicare	\$18.52	\$17.46	6.1%
SCF Children	\$213.30	\$211.17	1.0%
OHP Families	\$15.75	\$14.88	5.9%
OHP Adults & Couples	\$33.09	\$31.18	6.1%
Weighted Average ¹	\$40.99	\$39.99	2.5%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Includes Adjustment for Administrative Allowance

EXHIBIT 4-E (ii)

Statewide MHO Rates			
Eligibility Category	October 2009 (including Admin Allowance)	January 2009 (including Admin Allowance)	% Change
Temporary Assistance to Needy Families (Adults Only)	\$24.09	\$24.34	-1.1%
Poverty Level Medical Adults	\$8.85	\$8.87	-0.3%
PLM, TANF, and CHIP Children < 1	\$0.88	\$0.92	-4.7%
PLM, TANF, and CHIP Children 1 - 5	\$5.51	\$5.77	-4.5%
PLM, TANF, and CHIP Children 6 - 18	\$30.95	\$31.77	-2.6%
Aid to the Blind/Aid to the Disabled with Medicare	\$95.70	\$100.41	-4.7%
Aid to the Blind/Aid to the Disabled without Medicare	\$125.01	\$125.30	-0.2%
Old Age Assistance with Medicare	\$10.27	\$10.78	-4.7%
Old Age Assistance without Medicare	\$20.30	\$20.08	1.1%
SCF Children	\$233.83	\$242.89	-3.7%
OHP Families	\$17.27	\$17.12	0.9%
OHP Adults & Couples	\$36.28	\$35.86	1.2%
Weighted Average ¹	\$44.94	\$46.00	-2.3%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

Accountable Behavioral Health Alliance															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)							\$25.02	\$25.30	-1.1%	\$25.09	\$25.36	-1.1%			
Poverty Level Medical Adults							\$8.60	\$8.63	-0.3%	\$8.63	\$8.65	-0.3%			
PLM, TANF, and CHIP Children < 1							\$0.88	\$0.92	-4.7%	\$0.88	\$0.92	-4.7%			
PLM, TANF, and CHIP Children 1 - 5							\$20.72	\$21.73	-4.7%	\$4.28	\$4.48	-4.5%			
PLM, TANF, and CHIP Children 6 - 18							\$33.35	\$34.26	-2.6%	\$36.51	\$37.55	-2.8%			
Aid to the Blind/Aid to the Disabled with Medicare							\$86.39	\$90.64	-4.7%	\$86.43	\$90.68	-4.7%			
Aid to the Blind/Aid to the Disabled without Medicare							\$109.36	\$109.63	-0.2%	\$114.94	\$115.41	-0.4%			
Old Age Assistance with Medicare							\$10.27	\$10.77	-4.7%	\$10.27	\$10.78	-4.7%			
Old Age Assistance without Medicare							\$20.18	\$19.98	1.0%	\$20.26	\$20.05	1.1%			
SCF Children							\$218.06	\$226.81	-3.9%	\$242.25	\$252.04	-3.9%			
OHP Families							\$17.15	\$17.02	0.8%	\$17.22	\$17.07	0.9%			
OHP Adults & Couples							\$30.75	\$30.43	1.1%	\$30.87	\$30.53	1.1%			
Weighted Average ¹							\$46.89	\$48.13	-2.6%	\$42.94	\$44.03	-2.5%			

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

Clackamas County															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)										\$23.25	\$23.51	-1.1%	\$23.42	\$23.66	-1.0%
Poverty Level Medical Adults										\$7.71	\$7.74	-0.4%	\$7.78	\$7.80	-0.3%
PLM, TANF, and CHIP Children < 1										\$0.88	\$0.92	-4.7%	\$0.88	\$0.92	-4.7%
PLM, TANF, and CHIP Children 1 - 5										\$6.31	\$6.61	-4.6%	\$5.35	\$5.60	-4.6%
PLM, TANF, and CHIP Children 6 - 18										\$33.43	\$34.49	-3.1%	\$26.80	\$27.50	-2.6%
Aid to the Blind/Aid to the Disabled with Medicare										\$92.50	\$97.06	-4.7%	\$92.62	\$97.18	-4.7%
Aid to the Blind/Aid to the Disabled without Medicare										\$156.46	\$158.72	-1.4%	\$123.38	\$123.79	-0.3%
Old Age Assistance with Medicare										\$10.26	\$10.77	-4.7%	\$10.28	\$10.79	-4.7%
Old Age Assistance without Medicare										\$20.14	\$19.94	1.0%	\$20.38	\$20.14	1.2%
SCF Children										\$229.87	\$238.93	-3.8%	\$195.95	\$203.71	-3.8%
OHP Families										\$16.03	\$15.91	0.8%	\$16.22	\$16.07	0.9%
OHP Adults & Couples										\$34.31	\$33.96	1.0%	\$34.72	\$34.31	1.2%
Weighted Average ¹										\$43.32	\$44.55	-2.8%	\$45.17	\$46.35	-2.5%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

FamilyCare, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)													\$24.44	\$24.69	-1.0%
Poverty Level Medical Adults													\$7.66	\$7.68	-0.3%
PLM, TANF, and CHIP Children < 1													\$0.88	\$0.92	-4.7%
PLM, TANF, and CHIP Children 1 - 5													\$4.35	\$4.55	-4.5%
PLM, TANF, and CHIP Children 6 - 18													\$25.57	\$26.19	-2.4%
Aid to the Blind/Aid to the Disabled with Medicare													\$105.52	\$110.72	-4.7%
Aid to the Blind/Aid to the Disabled without Medicare													\$134.31	\$134.45	-0.1%
Old Age Assistance with Medicare													\$10.28	\$10.79	-4.7%
Old Age Assistance without Medicare													\$20.37	\$20.14	1.2%
SCF Children													\$252.92	\$263.14	-3.9%
OHP Families													\$18.02	\$17.85	1.0%
OHP Adults & Couples													\$47.12	\$46.54	1.2%
Weighted Average ¹													\$35.48	\$36.07	-1.6%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

Greater Oregon Behavioral Health, Inc.															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$24.84	\$25.10	-1.1%							\$24.77	\$25.05	-1.1%			
Poverty Level Medical Adults	\$8.18	\$8.21	-0.3%							\$8.15	\$8.18	-0.3%			
PLM, TANF, and CHIP Children < 1	\$0.88	\$0.92	-4.7%							\$0.88	\$0.92	-4.7%			
PLM, TANF, and CHIP Children 1 - 5	\$4.19	\$4.39	-4.5%							\$6.43	\$6.74	-4.6%			
PLM, TANF, and CHIP Children 6 - 18	\$41.39	\$42.75	-3.2%							\$35.17	\$36.23	-2.9%			
Aid to the Blind/Aid to the Disabled with Medicare	\$83.70	\$87.82	-4.7%							\$83.66	\$87.78	-4.7%			
Aid to the Blind/Aid to the Disabled without Medicare	\$109.67	\$110.02	-0.3%							\$111.34	\$111.85	-0.5%			
Old Age Assistance with Medicare	\$10.27	\$10.78	-4.7%							\$10.27	\$10.77	-4.7%			
Old Age Assistance without Medicare	\$20.30	\$20.08	1.1%							\$20.21	\$20.00	1.0%			
SCF Children	\$270.02	\$281.53	-4.1%							\$225.57	\$234.74	-3.9%			
OHP Families	\$18.13	\$17.97	0.9%							\$18.05	\$17.90	0.8%			
OHP Adults & Couples	\$30.04	\$29.71	1.1%							\$29.91	\$29.60	1.1%			
Weighted Average ¹	\$48.28	\$49.56	-2.6%							\$43.54	\$44.70	-2.6%			

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

Jefferson Behavioral Health															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$22.85	\$23.11	-1.1%							\$22.98	\$23.22	-1.1%			
Poverty Level Medical Adults	\$8.63	\$8.66	-0.4%							\$8.69	\$8.71	-0.3%			
PLM, TANF, and CHIP Children < 1	\$0.88	\$0.92	-4.7%							\$0.88	\$0.92	-4.7%			
PLM, TANF, and CHIP Children 1 - 5	\$6.19	\$6.49	-4.6%							\$4.66	\$4.88	-4.5%			
PLM, TANF, and CHIP Children 6 - 18	\$29.41	\$30.24	-2.7%							\$40.67	\$42.03	-3.2%			
Aid to the Blind/Aid to the Disabled with Medicare	\$83.85	\$87.98	-4.7%							\$83.93	\$88.07	-4.7%			
Aid to the Blind/Aid to the Disabled without Medicare	\$111.36	\$111.93	-0.5%							\$114.36	\$114.92	-0.5%			
Old Age Assistance with Medicare	\$10.26	\$10.77	-4.7%							\$10.27	\$10.78	-4.7%			
Old Age Assistance without Medicare	\$20.12	\$19.93	1.0%							\$20.30	\$20.08	1.1%			
SCF Children	\$202.02	\$210.18	-3.9%							\$240.80	\$250.74	-4.0%			
OHP Families	\$18.79	\$18.64	0.8%							\$18.95	\$18.78	0.9%			
OHP Adults & Couples	\$29.91	\$29.61	1.0%							\$30.17	\$29.84	1.1%			
Weighted Average ¹	\$40.91	\$41.92	-2.4%							\$51.40	\$52.74	-2.5%			

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

Lane County acting by and through its Department of County Human Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)				\$26.48	\$26.76	-1.0%									
Poverty Level Medical Adults				\$11.83	\$11.85	-0.2%									
PLM, TANF, and CHIP Children < 1				\$0.88	\$0.92	-4.7%									
PLM, TANF, and CHIP Children 1 - 5				\$7.27	\$7.61	-4.5%									
PLM, TANF, and CHIP Children 6 - 18				\$38.46	\$39.48	-2.6%									
Aid to the Blind/Aid to the Disabled with Medicare				\$104.31	\$109.44	-4.7%									
Aid to the Blind/Aid to the Disabled without Medicare				\$136.11	\$136.49	-0.3%									
Old Age Assistance with Medicare				\$10.27	\$10.78	-4.7%									
Old Age Assistance without Medicare				\$20.30	\$20.08	1.1%									
SCF Children				\$256.22	\$266.59	-3.9%									
OHP Families				\$20.01	\$19.83	0.9%									
OHP Adults & Couples				\$36.49	\$36.07	1.2%									
Weighted Average ¹				\$57.95	\$59.37	-2.4%									

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

Mid-Valley Behavioral Care Network															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)							\$24.45	\$24.71	-1.0%	\$24.34	\$24.62	-1.1%			
Poverty Level Medical Adults							\$9.58	\$9.60	-0.2%	\$9.53	\$9.56	-0.3%			
PLM, TANF, and CHIP Children < 1							\$0.88	\$0.92	-4.7%	\$0.88	\$0.92	-4.7%			
PLM, TANF, and CHIP Children 1 - 5							\$4.86	\$5.09	-4.5%	\$4.82	\$5.05	-4.5%			
PLM, TANF, and CHIP Children 6 - 18							\$27.42	\$28.07	-2.3%	\$32.82	\$33.74	-2.7%			
Aid to the Blind/Aid to the Disabled with Medicare							\$94.54	\$99.20	-4.7%	\$94.47	\$99.12	-4.7%			
Aid to the Blind/Aid to the Disabled without Medicare							\$121.51	\$121.76	-0.2%	\$110.28	\$110.11	0.2%			
Old Age Assistance with Medicare							\$10.28	\$10.78	-4.7%	\$10.27	\$10.77	-4.7%			
Old Age Assistance without Medicare							\$20.31	\$20.09	1.1%	\$20.17	\$19.97	1.0%			
SCF Children							\$210.63	\$218.87	-3.8%	\$183.94	\$191.02	-3.7%			
OHP Families							\$18.96	\$18.78	0.9%	\$18.83	\$18.67	0.8%			
OHP Adults & Couples							\$37.85	\$37.42	1.2%	\$37.59	\$37.19	1.1%			
Weighted Average ¹							\$39.99	\$40.93	-2.3%	\$39.94	\$40.87	-2.3%			

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

Multnomah County by and through its Department of County Human Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)													\$22.72	\$22.96	-1.0%
Poverty Level Medical Adults													\$8.22	\$8.24	-0.3%
PLM, TANF, and CHIP Children < 1													\$0.88	\$0.92	-4.7%
PLM, TANF, and CHIP Children 1 - 5													\$5.11	\$5.36	-4.5%
PLM, TANF, and CHIP Children 6 - 18													\$27.64	\$28.39	-2.6%
Aid to the Blind/Aid to the Disabled with Medicare													\$109.77	\$115.18	-4.7%
Aid to the Blind/Aid to the Disabled without Medicare													\$140.09	\$140.25	-0.1%
Old Age Assistance with Medicare													\$10.28	\$10.79	-4.7%
Old Age Assistance without Medicare													\$20.37	\$20.14	1.1%
SCF Children													\$260.45	\$270.72	-3.8%
OHP Families													\$12.50	\$12.40	0.8%
OHP Adults & Couples													\$44.30	\$43.76	1.2%
Weighted Average ¹													\$48.62	\$49.72	-2.2%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 MHO Capitation Rates
Includes Adjustment for Administrative Allowance Including MCO Tax

EXHIBIT 4-F

Washington County by and through its Department of Health and Human Services															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)													\$24.34	\$24.59	-1.0%
Poverty Level Medical Adults													\$7.44	\$7.46	-0.3%
PLM, TANF, and CHIP Children < 1													\$0.88	\$0.92	-4.7%
PLM, TANF, and CHIP Children 1 - 5													\$4.95	\$5.18	-4.5%
PLM, TANF, and CHIP Children 6 - 18													\$25.84	\$26.50	-2.5%
Aid to the Blind/Aid to the Disabled with Medicare													\$96.75	\$101.51	-4.7%
Aid to the Blind/Aid to the Disabled without Medicare													\$124.43	\$124.62	-0.2%
Old Age Assistance with Medicare													\$10.28	\$10.79	-4.7%
Old Age Assistance without Medicare													\$20.37	\$20.14	1.2%
SCF Children													\$241.40	\$251.17	-3.9%
OHP Families													\$17.23	\$17.07	0.9%
OHP Adults & Couples													\$33.51	\$33.11	1.2%
Weighted Average ¹													\$37.84	\$38.82	-2.5%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 DCO Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 5-A

Statewide DCO Rates			
Eligibility Category	October 2009 (including Admin Allowance)	January 2009 (including Admin Allowance)	% Change
Temporary Assistance to Needy Families (Adults Only)	\$33.95	\$35.93	-5.5%
Poverty Level Medical Adults	\$26.42	\$27.96	-5.5%
PLM, TANF, and CHIP Children < 1	\$0.17	\$0.18	-5.5%
PLM, TANF, and CHIP Children 1 - 5	\$18.63	\$19.72	-5.5%
PLM, TANF, and CHIP Children 6 - 18	\$24.26	\$25.67	-5.5%
Aid to the Blind/Aid to the Disabled with Medicare	\$33.89	\$35.86	-5.5%
Aid to the Blind/Aid to the Disabled without Medicare	\$29.50	\$31.22	-5.5%
Old Age Assistance with Medicare	\$20.15	\$21.32	-5.5%
Old Age Assistance without Medicare	\$33.67	\$35.63	-5.5%
SCF Children	\$24.00	\$25.39	-5.5%
OHP Families	\$4.95	\$5.24	-5.5%
OHP Adults & Couples	\$5.62	\$5.94	-5.5%
Weighted Average ¹	\$22.16	\$23.46	-5.5%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Dental Prophylaxis Benefit Adjustment

EXHIBIT 5-B

Delivery System	Applied to "Dental - Preventive" Service Category
PLM, TANF, and CHIP Children 1 - 5	1.056
PLM, TANF, and CHIP Children 6 - 18	1.094
SCF Children	1.108

**Oregon Health Plan Medicaid Demonstration
Capitation Rate Development for October 2009 through December 2009
Dental Geographic Adjustment**

EXHIBIT 5-C

Region	Factor
Deschutes County	0.970
Jackson/Josephine/Douglas	0.970
Lane	0.970
Linn/Benton/Marion/Polk/Yamhill	0.970
Tri-County (Clackamas, Multnomah, Washington)	1.052
Other	0.970

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 DCO Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 5-D

Dental															
Eligibility Category	JJD			Lane			LBMPY			Other			Tri-County		
	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change	Oct 2009	Jan 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$32.93	\$34.85	-5.5%	\$32.93	\$34.85	-5.5%	\$32.93	\$34.85	-5.5%	\$32.93	\$34.85	-5.5%	\$35.73	\$37.81	-5.5%
Poverty Level Medical Adults	\$25.63	\$27.12	-5.5%	\$25.63	\$27.12	-5.5%	\$25.63	\$27.12	-5.5%	\$25.63	\$27.12	-5.5%	\$27.80	\$29.42	-5.5%
PLM, TANF, and CHIP Children < 1	\$0.17	\$0.18	-5.5%	\$0.17	\$0.18	-5.5%	\$0.17	\$0.18	-5.5%	\$0.17	\$0.18	-5.5%	\$0.18	\$0.19	-5.5%
PLM, TANF, and CHIP Children 1 - 5	\$18.07	\$19.12	-5.5%	\$18.07	\$19.12	-5.5%	\$18.07	\$19.12	-5.5%	\$18.07	\$19.12	-5.5%	\$19.61	\$20.75	-5.5%
PLM, TANF, and CHIP Children 6 - 18	\$23.53	\$24.90	-5.5%	\$23.53	\$24.90	-5.5%	\$23.53	\$24.90	-5.5%	\$23.53	\$24.90	-5.5%	\$25.52	\$27.01	-5.5%
Aid to the Blind/Aid to the Disabled with Medicare	\$32.87	\$34.78	-5.5%	\$32.87	\$34.78	-5.5%	\$32.87	\$34.78	-5.5%	\$32.87	\$34.78	-5.5%	\$35.66	\$37.73	-5.5%
Aid to the Blind/Aid to the Disabled without Medicare	\$28.62	\$30.28	-5.5%	\$28.62	\$30.28	-5.5%	\$28.62	\$30.28	-5.5%	\$28.62	\$30.28	-5.5%	\$31.04	\$32.85	-5.5%
Old Age Assistance with Medicare	\$19.54	\$20.68	-5.5%	\$19.54	\$20.68	-5.5%	\$19.54	\$20.68	-5.5%	\$19.54	\$20.68	-5.5%	\$21.20	\$22.43	-5.5%
Old Age Assistance without Medicare	\$32.66	\$34.56	-5.5%	\$32.66	\$34.56	-5.5%	\$32.66	\$34.56	-5.5%	\$32.66	\$34.56	-5.5%	\$35.43	\$37.49	-5.5%
SCF Children	\$23.28	\$24.63	-5.5%	\$23.28	\$24.63	-5.5%	\$23.28	\$24.63	-5.5%	\$23.28	\$24.63	-5.5%	\$25.25	\$26.72	-5.5%
OHP Families	\$4.81	\$5.09	-5.5%	\$4.81	\$5.09	-5.5%	\$4.81	\$5.09	-5.5%	\$4.81	\$5.09	-5.5%	\$5.21	\$5.52	-5.5%
OHP Adults & Couples	\$5.45	\$5.77	-5.5%	\$5.45	\$5.77	-5.5%	\$5.45	\$5.77	-5.5%	\$5.45	\$5.77	-5.5%	\$5.91	\$6.26	-5.5%
Weighted Average ¹	\$21.61	\$22.87	-5.5%	\$21.81	\$23.08	-5.5%	\$21.40	\$22.65	-5.5%	\$21.44	\$22.69	-5.5%	\$23.29	\$24.64	-5.5%

¹ Weighted average capitation rates are based on June through November 2008 enrollment distributions.

Oregon Health Plan Medicaid Demonstration
Comparison of October 2009 and January 2009 CDO Capitation Rates
Includes Adjustment for Administrative Allowance

EXHIBIT 6

Chemical Dependency Organizations			
Eligibility Category	October 2009	January 2009	% Change
Temporary Assistance to Needy Families (Adults Only)	\$12.19	\$12.90	-5.5%
Poverty Level Medical Adults	\$6.11	\$6.47	-5.5%
PLM, TANF, and CHIP Children < 1	\$0.01	\$0.01	-5.5%
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	-5.5%
PLM, TANF, and CHIP Children 6 - 18	\$1.24	\$1.31	-5.5%
Aid to the Blind/Aid to the Disabled with Medicare	\$5.25	\$5.56	-5.5%
Aid to the Blind/Aid to the Disabled without Medicare	\$8.74	\$9.25	-5.5%
Old Age Assistance with Medicare	\$0.44	\$0.47	-5.5%
Old Age Assistance without Medicare	\$0.04	\$0.05	-5.5%
SCF Children	\$6.36	\$6.73	-5.5%
OHP Families	\$4.34	\$4.59	-5.5%
OHP Adults & Couples	\$24.13	\$25.54	-5.5%
Weighted Average ¹	\$3.77	\$3.99	-5.5%

¹Weighted average capitation rates are based on June through November 2008 enrollment distributions.