

Draft OHP Basic Cost-Sharing Model^A
Oregon Health Services Commission

Categories of Care (listed in priority given by Health Services Comm.)	Service Type										
	Inpatient services	Ambulatory surgery	Office visits	X-ray/ lab	ER	Inpatient MH/CD	Outpatient MH/CD	Oral health	Rx	Ancillary services	Enabling services ^E
Treatable Fatal Conditions	0/0/10%	0/0/10%	0/0/10%	0/0/10%	0/0/10%	0/0/10%	0/0/10%	N/A	0/10/20%	0/10/20%	0/0/10%
Maternity Care	0	0	0	0	0	0	0	N/A	0/10/20%	0/10/20%	0/0/10%
Preventive Care	N/A	0	0	0	N/A	0	0	0	0/10/20%	0/10/20%	0/0/10%
Family Planning	0/0/10%	0/0/10%	0/0/10%	0/0/10%	0/0/10%	N/A	N/A	N/A	0/10/20%	0/10/20%	0/0/10%
Comfort Care	0/0/10%	0/0/10%	0/0/10%	0/0/10%	0/0/10%	0/0/10%	0/0/10%	N/A	0/10/20%	0/10/20%	0/0/10%
Treatable Nonfatal Conditions	0/20/50%	0/20/50%	0/20/50%	0/20/50%	0/20/50%	0/20/50%	0/20/50%	0/20/50%	0/10/20%	0/10/20%	0/0/10%
Self-limited Conditions	X	X	X	X	X	X	X	X	X	X	X
Infertility Services	X	X	X	X	X	X	X	X	X	X	X
Futile Care	X	X	X	X	X	X	X	X	X	X	X

^A Categorical eligibles, children, pregnant women, OHP new eligibles with income <= 50% FPL: no contribution
OHP new eligibles with household incomes between 50-100% FPL: 2nd contribution listed (where more than one)
All other adults with household incomes between 100-250% FPL: 3rd contribution listed (where more than one)

^B Includes non-emergent transportation, interpretive services, and coordination of care.

^C Only includes those services funded on Prioritized List of Health Services by legislature.

