

# Rate Year 2023 Coordinated Care Organization Program

## Capitation Rate Development and Certification

**State of Oregon**

October 13, 2022



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## Section 1

# Executive Summary

Capitation rates developed by Mercer are actuarial projections of future contingent events. All estimates are based upon the information and data available at a point in time and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely, and potentially wide, range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use. Actual Coordinated Care Organization (CCO) costs will differ from these projections. Mercer has developed these rates on behalf of the State of Oregon to demonstrate compliance with Centers for Medicare & Medicaid Services (CMS) requirements under 42 CFR § 438.4 and in accordance with applicable laws and regulations. Use of these rates for any purpose beyond that stated may not be appropriate.

CCOs are advised that the use of these rates may not be appropriate for their particular circumstance and Mercer disclaims any responsibility for the use of these rates by CCOs for any purpose. Mercer recommends that any CCO considering contracting with the State should analyze its own projected medical expense, administrative expense, and any other revenue needs for comparison to these rates before deciding whether to contract with the State.

## Background and Methodology Overview

The CCO managed care program within the Oregon Health Plan (OHP) is the second iteration of the CCO program, referred to as “CCO 2.0”, under Oregon’s 1115 Medicaid waiver authority. Under this program, Medicaid covered services are administered to beneficiaries through 16 geographically dispersed CCO contracts. This certification pertains to capitation rates paid to CCOs for all Medicaid members except members enrolled in the Healthier Oregon Project (HOP); Oregon Health Authority (OHA) will issue a separate certification for HOP capitation rates.

For calendar year 2023 (CY23), the capitation rates for the CCO program were developed using a pricing construct consistent with CY22 and prior years under CCO 2.0. The pricing approach consists of developing global budget statewide rates for each covered category of aid (COA) paired with budget-neutral regional and CCO adjustment factors to reflect regional cost differences, risk adjustment factors to reflect regional and CCO-specific risk profiles, and hospital factors reflecting hospital utilization differences across CCOs.

The CCO rate development for CY23 was impacted by the unique circumstances of COVID-19 and the ongoing public health emergency (PHE), as well as a number of new programmatic and policy changes. Key considerations and assumptions affecting CY23 rates are further outlined below.

## New Program and Policy Changes

### Bridge COAs

OHA plans to apply for 1115 Demonstration waiver authority to temporarily expand Medicaid eligibility during the unwinding of the federal COVID-19 PHE. This eligibility expansion is intended to act as a bridge between the end of the PHE and the implementation of a Basic Health Plan in Oregon. This demonstration would enable individuals with incomes between 138%–200% of the federal poverty level (FPL) that were previously and continuously enrolled in OHP through the end of the federal PHE to retain coverage following the expiration of the PHE. American Indian/Alaska Native (AI/AN) members with incomes between 138%–200% of FPL will also be eligible for coverage under these new COAs, regardless of prior OHP coverage during the PHE.

For reasons described further in Section 4, the CY23 capitation rates for these COAs are equal to the corresponding Affordable Care Act (ACA) COA rates for each age group.

### New CCOF Plan Type

OHA is introducing the new CCOF plan type in CY23 that will cover dental and non-emergency medical transportation (NEMT) benefits for eligible members. This new CCO plan type will replace the Dental Care Organization (DCO) program, which will no longer be offered in CY23.

CCOF rates are included in Appendix C.

### Behavioral Health Directed Payment

The Oregon Legislature appropriated funds to increase behavioral health rates in the 2021 to 2023 biennium. OHA intends for these funds to help remedy existing disparities in reimbursement rates among behavioral health providers to create significant and sustained increases in wages, and to address the lack of access to behavioral health providers across the state.

One of the methods OHA is using to achieve higher reimbursement rates for behavioral health providers is by directing CCOs in CY23 to increase payments to behavioral health providers across a broad array of services. OHA separately implemented similar fee schedule increases under the State Plan fee-for-service (FFS) rate schedule in CY22.

The directed payments impact most behavioral health services and will inject over \$200 million in additional funding into the CY23 CCO capitation rates. Additional detail on these directed payments is included in Section 4 and 6.

### DRG Hospital Payment Rates

Due to transitory upward cost pressures faced by hospitals related to workforce challenges and the COVID-19 pandemic and associated PHE, OHA is increasing expectations around CCO payments to diagnosis-related group (DRG) hospitals for CY23. OHA and Mercer expect that CCOs will pay DRG hospital services at rates equivalent to 85% of base Medicare (excluding disproportionate share hospital [DSH] and uncompensated care), which is an increase from the prior expectation in CY22 of 80%.

This increase is intended to be temporary as a response to the increased challenges faced by these hospitals in the near term, with capitation rates for CY24 and future years expected to revert to the 80% of Medicare payment level.

The impact of repricing DRG hospital base experience to 85% of Medicare was applied as a base data adjustment and is described in Section 3. The impact of this adjustment is shown in Appendix B.

## Other New Program Changes

In addition to the items already mentioned, CY23 rates include provisions for new program changes for new benefits and other CCO requirements. These include:

- New covered treatment for problem gambling
- New covered treatment for handicapping malocclusion
- Increased CCO payment requirements for Indian Health Care Providers (IHCP) as required by a minimum fee schedule directed payment

Each of these program changes is described in more detail in Section 4.

## Additional CY23 Considerations

### COVID-19 Public Health Emergency

The federal COVID-19 PHE has been in effect since the first quarter of 2020. There are numerous requirements imposed on state Medicaid programs related to the PHE. Among these is the maintenance of effort (MOE) requirement that prevents states from disenrolling most Medicaid members, which would normally happen through periodic eligibility redetermination processes. These restrictions will continue through the end of the PHE, after which a 12–15 month unwinding process will unfold in which OHA will work through program eligibility redeterminations for currently enrolled members.

Because of the MOE requirement, CCO enrollment has swelled since the start of the PHE, and Mercer projects these higher enrollment levels to continue through the end of the PHE and into the early phases of the unwinding. There is uncertainty around when the COVID-19 PHE will end. The federal government has committed to a 60-day notice to states before the end of the PHE, so states have ample notice to prepare for the PHE unwinding. As of the date of this rate certification, the federal government has not yet provided this 60-day notice to states. For capitation rate development, OHA and Mercer have assumed that the PHE will end in January 2023.

Through analysis of CCO data from CY19 through CY21, Mercer determined that the increased enrollment since the start of the PHE is correlated with lower overall costs and acuity of the covered population for the Parents & Other Caretaker Relatives Adults (PCR) and ACA COAs. Mercer expects these lower acuity levels to persist through the end of the PHE and into the early phases of the PHE unwinding period, coinciding with higher enrollment levels. These lower acuity levels are contributing to lower CY23 rates for these COAs. Additional detail on the acuity adjustments reflected in the capitation rates development is described in Section 4.

## Higher Expected Utilization Trends

Mercer observed notable levels of foregone and/or delayed care in the CY21 base data used for CY23 capitation rate development associated with the ongoing COVID-19 PHE. Mercer expects utilization levels to largely revert to historical levels between CY21 and CY23, resulting in higher than normal utilization trends. Additional detail regarding the drivers of utilization trend is included in Section 4.

## Prior CY22 Behavioral Health Add-Ons

Mercer incorporated what were previously CCO-specific per-member per-month (PMPM) rate add-ons in CY22 for Applied Behavior Analysis (ABA), Assertive Community Treatment and Supported Employment Services (ACT/SE), and Mental Health Children’s Wraparound into the statewide rate for CY23. These services have been covered benefits under the CCO program for multiple years, which has allowed CCOs to build out their provider networks sufficiently for these services. For CY23, OHA and Mercer determined that these services are appropriate to incorporate into the statewide rate development process, similar to all other behavioral health services.

In the statewide rate buildup in Appendix B, ABA is shown as its own category and ACT/SE and Mental Health Children’s Wraparound are included in the “Mental Health Other Non-Inpatient” COS.



## CY23 Statewide Capitation Rate Changes

The statewide average CY23 capitation rate change by COA relative to CY22 is summarized in Table 1.

**Table 1: CY23 Capitation Rate Changes, Statewide Averages Across All CCOs\***

COA	CY22	CY23	Percent Change
PCR	\$516.94	\$537.12	3.9%
PWO	\$504.46	\$490.54	-2.8%
CHILD 00-01	\$712.08	\$862.14	21.1%
CHILD 01-05	\$195.31	\$196.82	0.8%
CHILD 06-18	\$215.07	\$231.82	7.8%
DUAL-MEDS	\$277.51	\$291.89	5.2%
ABAD & OAA	\$1,474.90	\$1,590.16	7.8%
FOSTER	\$624.03	\$697.31	11.7%
ACA 19-44	\$462.68	\$461.30	-0.3%
ACA 45-54	\$775.17	\$778.00	0.4%
ACA 55-64	\$886.40	\$906.54	2.3%
BCCP	\$1,485.38	\$1,613.38	8.6%
Maternity	\$11,921.09	\$12,385.29	3.9%
<b>Total</b>	<b>\$490.27</b>	<b>\$507.90</b>	<b>3.6%</b>

\* Excludes MCO Tax, Quality Pool incentives, and separate payment term directed payments

Noteworthy COA-specific considerations:

- PCR and ACA COAs: These COAs are more heavily impacted by the COVID-19 PHE and the associated enrollment and acuity shifts of the underlying covered population.
- Pregnant Woman (PWO): OHA retroactively expanded postpartum eligibility for this COA effective April 1, 2021, which had a significant downward effect on the projected costs of this population on a PMPM basis.
- CHILD 00 - 01: The significant rate increase for this COA was driven by an increase in the underlying base data for inpatient claims. Mercer attributes this increase to a change in the treatment of high-cost inpatient claims. Mercer reviewed these claims across multiple years and determined it was reasonable to reflect the full value of these claims without adjustment due to the statistical stability and credibility of these claims over time.

Additional detail comparing CY23 rates to CY22 by CCO and COA is shown in Appendix A.

## Section 2

# General Information

OHA contracted with Mercer Government Human Services Consulting (Mercer), as part of Mercer Health & Benefits LLC, to develop actuarially sound<sup>1</sup> capitation rates for the CCO program for contract year 2023 (CY23) beginning January 1, 2023, and ending December 31, 2023. This certification provides an overview of the analyses and methodology used in Mercer's capitation rate development for the purpose of satisfying the requirements of the CMS rate review process.

Per Section 4.2 of ASOP 49, capitation rates for the CCO program were developed in accordance with CMS requirements, and this report provides the certification of actuarial soundness required by 42 CFR § 438.4.

This report follows the general outline of the CMS July 2022 through June 2023 Medicaid Managed Care Rate Development Guide (RDG), which is applicable to contract periods beginning on or after July 1, 2022. A copy of the RDG with documentation references is also attached with this report.

This report is the result of collaboration between OHA and Mercer. It should be read in its entirety and has been prepared under the direction of Scott Katterman, FSA, MAAA, who is a member of the American Academy of Actuaries and meets its US Qualification Standards for issuing the statements of actuarial opinion herein.

To the best of Mercer's knowledge, there are no conflicts of interest in performing this work.

Mercer expressly disclaims responsibility, liability, or both for any reliance on this communication by third parties or the consequences of any unauthorized use.

## Summary of Rate Development Methodology

The CCO program uses a pricing structure that encourages plans to operate under a global budget construct, in which plans manage care to their overall budget in a more predictable way year over year. The rating structure starts with a statewide rate buildup for each COA, to which budget-neutral regional and CCO rating adjustments are then applied.

The approach used to achieve these objectives consists of the following:

- Statewide rates were developed to represent expected costs across all managed care eligible members for each COA for CY23.

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<sup>1</sup> Actuarially sound/actuarial soundness – Medicaid capitation rates are "actuarially sound" if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For the purposes of this definition, other revenue sources include, but are not limited to, governmental stop-loss cash flows, governmental risk adjustment cash flows and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits, health benefit settlement expenses, administrative expenses, the cost of capital, and government-mandated assessments, fees, and taxes.  
[https://www.actuarialstandardsboard.org/wp-content/uploads/2015/03/asop049\\_179.pdf](https://www.actuarialstandardsboard.org/wp-content/uploads/2015/03/asop049_179.pdf)

- Statewide rates were developed using a consolidated base data set inclusive of historical CCO encounter data (see the “Base Data” and “Base Data Adjustments” subsections of Section 3).
- Unit costs across the base data set have been repriced for specific services to reflect reasonable provider reimbursement policy objectives determined in conjunction with OHA. These include DRG hospital reimbursement and dental reimbursement (see the “Repricing Adjustments” subsection of Section 3).
- Statewide rates were adjusted for anticipated utilization, unit cost trends, acuity changes, and to reflect program changes applicable to the managed care eligible population (see the “Trend”, “Population Acuity”, and “Program Changes” subsections of Section 4).
- Statewide rates were adjusted for regional and CCO-specific cost factors, reflecting regional and CCO-specific risk profiles, regional cost differences, and hospital cost and utilization differences (see the “Risk Adjustment”, “Regional Factors”, and “Hospital Factors” subsections of Section 5).
- Rate components excluded from the statewide rate were added on a CCO-specific (behavioral health directed payments) or regional (Hep-C and Dental) basis (see the “Behavioral Health Directed Payments”, “Hep-C”, and “Dental” subsections of Section 5).
- Non-medical expenses were added to the rates (see Section 7).

## Rating Period

For CY23, OHA will use a 12-month rating period, which will run from January 1, 2023 through December 31, 2023.

References to various time periods are made throughout this report. Unless otherwise noted, Table 2 defines the applicable time periods.

**Table 2: Time Period Definitions**

Time Period	Description
<b>CY19</b>	Calendar year 2019: January 1, 2019–December 31, 2019
<b>CY20</b>	Calendar year 2020: January 1, 2020–December 31, 2020
<b>CY21</b>	Calendar year 2021: January 1, 2021–December 31, 2021
<b>CY22</b>	Calendar year 2022: January 1, 2022–December 31, 2022
<b>CY23</b>	Calendar year 2023: January 1, 2023–December 31, 2023

## Categories of Aid

The CCO program serves eligible enrollees throughout the State, categorized into the following 15 distinct COA populations.

**Table 3: Categories of Aid**

COA	Description
<b>PCR</b>	Parents & Other Caretaker Relatives Adults (formerly referred to as Temporary Assistance to Needy Families [TANF]) – Ages 19 years–64 years
<b>PWO</b>	Pregnant (formerly referred to as Poverty Level Medical Adults [PLMA])
<b>CHILD 00 - 01</b>	Medicaid enrolled children (including CHIP) – Age Under 1 year
<b>CHILD 01 - 05</b>	Medicaid enrolled children (including CHIP) – Ages 1 year–5 years
<b>CHILD 06 - 18</b>	Medicaid enrolled children (including CHIP) – Ages 6 years–18 years
<b>DUAL-MEDS</b>	Blind, Disabled, and General Assistance Client (AB/AD) and Old Age Assistance (OAA) – Medicare Eligible
<b>ABAD &amp; OAA</b>	AB/AD and OAA – Non-Medicare Eligible
<b>FOSTER</b>	Children in Adoptive, Substitute, or Foster Care
<b>ACA 19 - 44</b>	ACA Expansion Adults Ages 19 years–44 years
<b>ACA 45 - 54</b>	ACA Expansion Adults Ages 45 years–54 years
<b>ACA 55 - 64</b>	ACA Expansion Adults Ages 55 years–64 years
<b>BRIDGE 19 - 44</b>	Adults between 138%–200% FPL that either: were previously enrolled in OHP under the COVID-19 PHE MOE requirements, or are AI/AN members – Ages 19 years–44 years
<b>BRIDGE 45 - 54</b>	Adults between 138%–200% FPL that either: were previously enrolled in OHP under the COVID-19 PHE MOE requirements, or are AI/AN members – Ages 45 years–54 years
<b>BRIDGE 55 - 64</b>	Adults between 138%–200% FPL that either: were previously enrolled in OHP under the COVID-19 PHE MOE requirements, or are AI/AN members – Ages 55 years–64 years
<b>BCCP</b>	Breast and Cervical Cancer Program

Additionally, the CCO program services the following four regions: Eastern, Northwest, Southwest, Tri-County.

## Covered Services

The covered services under the CCO contracts include acute physical health, behavioral health (BH), prescription drugs, and dental services. Refer to the CCO contracts for a full listing of covered services under the CCO Program.

The services covered under the CCO 2.0 program vary by CCO type. The categories of service (COS) used in the development of the CY23 rates for each CCO type are listed below; a value of “X” indicates that these services are covered by the particular CCO type.

**Table 4: Covered Services by CCO Type**

COS	CCOA	CCOB	CCOE	CCOF	CCOG
Inpatient - A & B Hospital	X	X			
Inpatient - DRG Hospital	X	X			
Inpatient - Other	X	X			
Outpatient - A & B Hospital	X	X			
Outpatient - DRG Hospital	X	X			
Outpatient - Other	X	X			
Physician Services	X	X			
Substance Abuse	X	X	X		X
Prescription Drugs	X	X			
DME and Miscellaneous	X	X			
Mental Health Services Inpatient	X	X	X		X
Applied Behavior Analysis (ABA)	X	X	X		X
Mental Health Other Non-Inpatient	X	X	X		X
A&D Residential	X	X	X		X
NEMT	X	X	X	X	X
Dental	X			X	X

## Regulatory Considerations

OHA is limited in its ability to adjust CCO capitation rates downward during the contract year. Specifically, Oregon Revised Statute (ORS) 414.590 prohibits OHA from a retroactive downward revision to CCO capitation rates unless “The Centers for Medicare and Medicaid Services notifies the authority, in writing, that the amendment is a condition for approval of the contract by the Centers for Medicare and Medicaid Services.” ORS 414.590 also prohibits OHA from amending the CCO contract more than once per year, with limited exceptions.

## Section 3

# Data

### Base Period Considerations

Due to the historical and ongoing impacts of COVID-19 and the associated PHE starting in 2020, Mercer worked thoughtfully in conjunction with OHA to determine the most appropriate and relevant base period to use for the CY23 CCO rate development. In reviewing the most recent and complete three years of data available for rate development, Mercer selected CY21 over CY19 and CY20 due to the following considerations:

- The CY20 data reflects significant temporary aberrant utilization patterns at the onset of the COVID-19 PHE that Mercer determined are not indicative of future expected utilization patterns in CY23.
- OHA launched CCO 2.0 in 2020, which resulted in the exit of some CCOs from the program, the entrance of new CCOs, and significant shifts in enrollment across continuing CCOs. The CY21 base data reflects these shifts across CCOs, whereas the CY19 data does not.
- The CY21 base period data reflects a number of new policy and program changes that are not reflected in prior period data.
- The CY21 base period data includes COVID-19 testing and treatment costs, which are expected to continue in CY23 to some extent, whereas these costs are absent from the CY19 data.
- CCO enrollment has grown significantly since the start of the COVID-19 PHE due to MOE requirements in Medicaid, as previously described. Due to the continuation of the PHE as of the date of this certification, Mercer projects that the CY23 CCO population will be similar to CY21 in terms of overall caseload and average acuity levels. Conversely, CY19 caseload and associated average acuity are significantly different from those anticipated for CY23.

Although Mercer selected CY21 as the most appropriate base period to use for the CY23 rate development, Mercer recognizes that the CY21 base data was significantly affected by COVID-19 and the associated PHE. Consequently, Mercer has considered these effects in the trend assumptions used for rate development, where appropriate, to account for utilization and cost patterns inherent in the base data that are not expected to continue in CY23. These considerations and their impacts are described in the “Trend” subsection in Section 4.

### Base Data

The primary data used to develop the CY23 rates were CCO and DCO encounter data, CCO-reported financial information, and eligibility data provided by OHA. This information was used to develop base period unit cost, utilization, and PMPM cost metrics to analyze various rating variables such as program changes and trend. Using the process described

below, Mercer determined the claims and encounter data to be valid and reasonably complete.

To develop the CY23 base data, Mercer relied on the following eligibility, enrollment, and encounter data provided by OHA:

- Member-level eligibility and enrollment data from the OHA Medicaid management information system (MMIS), including data for enrollment starting January 1, 2016 through December 31, 2021.
- Managed care encounters from CCOs and DCOs, including zero-paid encounters for subcapitated services, for dates of service starting January 1, 2017 through December 31, 2021. The encounter data included runout through March 31, 2022.

Additionally, Mercer relied upon CCO financial reports through CY21 Q4 to supplement various rate development analyses. These financial reports are publicly available and can be found at <https://www.oregon.gov/oha/FOD/Pages/CCO-Financial.aspx>.

Mercer evaluated paid and incurred encounter data for the covered populations for dates of service from January 2017 through December 2021. Mercer reviewed the encounter data for field validity, and compared payment levels to those reported in CCO financial reports for reasonability. Based on these comparisons, Mercer developed under- and over-reporting adjustments as described further below.

Mercer also completed other reviews and analyses when determining the reasonableness and appropriateness of the data used for rate development purposes. These included data validation for overall monthly encounter volume, consistency in reported enrollment over time, consistency in reported encounters by eligible population and service category, referential integrity between the eligibility and encounter data, and reviewed the eligibility and encounter data for valid values. In general, Mercer determined the encounter and eligibility data to be reasonable and appropriate to use for rate development purposes, with CY21 selected as the base data time period for the CY23 rate development process. In accordance with 42 CFR § 438.5(c)(2), the base data time period is no older than the three most recent and complete years prior to the rating period.

In addition to encounter data, Mercer relied on CCO-reported financial statements for non FFS medical payment information, payments for subcapitated services, incentives, other non FFS payments, and pharmacy rebates. The incorporation of these components into the medical base data is described further below.

As already mentioned and as described further below, Mercer used CCO-reported financial statements to develop under-reporting and over-reporting adjustments to the encounter data. To the extent that overpayment recoveries from providers are not reflected in encounter data, Mercer has captured the impact of these recoveries through adjustments to reflect financial statement payment levels, which reflect these amounts.

## Covered Services

OHA applies standard detailed COS logic to the encounter data provided to Mercer, which categorizes encounters for covered services and is then grouped into the COS listed in Table 4. OHA's COS logic also identifies a limited volume of encounters for services not covered

under the managed care contract, as well as wrap services covered under FFS; these encounters are excluded from the capitation rate development.

As described later in this section, members aged 21 years to 64 years receiving non substance use disorder (SUD)-related inpatient mental health services for more than 15 days in a calendar month in an Institution for Mental Disease (IMD), along with their associated claims, are excluded from the base data for the applicable month(s) through a base data adjustment.

A full description of covered services is included in Exhibit B, Part 2, of the CCO contract.

In developing statewide rates, experience for all applicable CCO types is included for each COS. In developing base data PMPMs, the member months used as the denominator in the PMPM calculation varies for each COS based on the eligible CCO types shown in Table 4.

## Eligible Members

Mercer used eligibility data provided by OHA for base data development. Mercer compared these values to CCO-reported financial statements to validate the OHA figures and found them to be reasonably consistent.

In developing base data PMPMs for each COS, the member months used as the denominator in the PMPM calculation varies for each COS based on the eligible CCO types shown in Table 4.

## Subcapitation

Subcapitation is a significant portion of the base. Many of the CCOs contract with providers and facilities to provide services to members via capitated payments. Approximately 15% of the statewide rate base is paid through subcapitated arrangements. The encounter data includes zero-paid encounter data for these subcapitated services. Mercer allocated total subcapitated paid amounts from the CCO-reported financial statements across these zero-paid encounter records in the base development process.

Mercer validated subcapitation spending reported in financial reports by reviewing various metrics for zero-paid encounter data related to subcapitated services, including claim counts and utilization volume, billed amounts, and allowed amounts. Mercer also compared subcapitation amounts from CY21 to CY19 and CY20 and discussed material shifts across years with CCOs to verify and understand changes observed in the CY21 base data. Mercer determined that the reported subcapitation amounts and the associated underlying encounter data volume was reasonably complete to use for rate development purposes.

## Incentives and Other Payments

Mercer included other applicable payments in the base data not otherwise reflected in encounter data for provider incentives and other payments related to the delivery of covered services/benefits under the contract. These payment amounts were obtained from CCO-reported financial statements. Similar to the validation process described above for subcapitated spending, Mercer discussed material shifts in incentives and other payments across CY19 through CY21 with CCOs to verify and understand changes observed in the CY21 base data.



## In Lieu of Services

OHA has authorized CCOs to cover services delivered in IMDs to members aged 21 years to 64 years as in lieu of services, pursuant to 42 CFR § 438.3(e)(2), when the member receives no more than 15 days of inpatient mental health services in an IMD in a calendar month.

## Graduate Medical Education

Graduate medical education costs are not part of the capitation rate development process.

## Base Data Adjustments

### IBNR Medical Expenditures

To account for medical expenditures that are incurred but not reported (IBNR), Mercer applied completion factors to the base data. Mercer reviewed IBNR estimates included in CCO-reported financial statements for CY21, compared these estimates to prior years and reviewed against claim payment patterns as reflected in encounter data, and discussed CCO estimates with CCO representatives to understand drivers of outliers. Based upon this review, Mercer determined that the IBNR estimates provided in CCO-reported financial statements were reasonable and appropriate to use for rate development.

The aggregate impact of IBNR adjustments was 1.8% to the overall base data. IBNR adjustments are CCO-specific, with values ranging from 0.2% to 3.5%.

### Under-Reporting Adjustments

In comparing encounter data to reported FFS payments in CCO-reported financial statements over multiple years, Mercer determined that under-reporting adjustments were appropriate to make to the underlying encounter data. Under-reporting adjustments varied by CCO and ranged from 0.1% to 8.6%, with an overall impact of 2.8%.

### Over-reporting Adjustments

Mercer found that encounters for many CCOs included over-reported unit cost amounts for DUAL-MEDS members in which the paid amount did not reflect offsets for the portion of reimbursement covered by Medicare. Mercer adjusted these encounters to remove the Medicare portion resulting in an overall downward adjustment of 21% to DUAL-MEDS encounter unit costs.

### Carve-Out of Supplemental Maternity Case Rate Claims

Costs included in the supplemental maternity case rate (described in Section 6) were removed from the statewide rate base data. This includes costs for inpatient hospital care for deliveries, as well as maternity-related prenatal care and two months of post-partum care. Non maternity-related costs incurred by pregnant members is retained in the statewide rate base data.

### COVID-19 Vaccine Administration Costs

Mercer removed COVID-19 vaccine administration costs from the development of the PMPM capitation rate, as these claims are covered on a non-risk arrangement basis for CY23.

COVID-19 vaccinations claims were identified based on procedure or National Drug Code (NDC) codes, and excluded from the base costs.

## Prescription Drug Rebates

Mercer adjusted gross paid amounts for pharmacy drug encounters to reflect the impact of pharmacy rebates collected by CCOs. Mercer relied on CCO-reported financial statement information to develop these adjustments. This adjustment resulted in an overall 1.8% reduction to gross prescription drug spend in the base data. The amounts shown in Appendix B in the statewide rate buildup are net of this rebate adjustment.

Mercer reviewed the reported rebates for reasonableness and ensured that each CCO appropriately captured the data in their reported financials.

## Removal of Members with Long-Term Stays at an IMD

Members aged 21 years to 64 years receiving inpatient mental health services in an IMD for more than 15 days in a calendar month were identified in the base data. Such members' eligibility and claims data for the applicable calendar months were excluded from the base data in accordance with 42 CFR § 438.6(e). The impact of this exclusion removed \$0.9 million from the CY21 base data.

## Repricing Adjustments

### Hospital Repricing

As described in Section 1, CY23 capitation rates reflect the expectation that CCOs will reimburse DRG hospitals at rates equivalent to 85% of base Medicare (excluding DSH and uncompensated care). Mercer observed that the payments to hospitals in the CY21 base data reflected average payment rates of 82.2% of Medicare. Therefore, the change to 85% resulted in an increase in the base data.

The impact of this adjustment is shown in Appendix B.

Note that St. Charles Redmond is expected to transition from an A/B hospital type to a DRG hospital for CY23. Therefore, Mercer included CY21 experience for this hospital in the DRG hospital category and repriced the associated encounter data consistent with other DRG hospitals.

Mercer applied no repricing adjustments to the A/B hospital and other hospital base data.

### Dental

Consistent with the CY22 rate development methodology for dental services, Mercer repriced the CY21 base data to a standardized fee schedule across all CCOs and DCOs.

Fees used for repricing are included in Appendix H.

Mercer also excluded certain non-covered dental procedure codes from the base data. These codes are included in Appendix G.

### **Short-Term Stays at an IMD**

Pursuant to 42 CFR § 438.6(e), mental health inpatient stays of 15 days or fewer at an IMD for members aged 21 years to 64 years were priced at the cost of the same services through providers included under the State Plan, which is the DRG hospital equivalent rate.

The impact of this IMD repricing added \$0.3 million to the base data.

## Section 4

# Projected Benefit Costs and Trends – Statewide Rates

## Trend

Mercer reviewed 60 months of encounter data and developed individual unit cost and utilization trend assumptions by COA and COS. CCO encounters reflect a variety of influences, including potential changes in medical management practices, network construction, population risk, COVID-19 PHE effects, as well as changes in subcapitation prevalence over time. Some of these influences may be accounted for in other aspects of statewide rate development, and as such, the base data must be considered within the broader context of other statewide rate development assumptions.

Mercer considers other sources of information as needed, such as regional and national economic indicators, which can provide broad perspectives of industry trends in the United States and in the Northwest. Mercer's proprietary information about other state Medicaid programs can provide additional information about Medicaid patterns of care and how those affect trends. Mercer used these supplemental sources to review the reasonability of the trends developed from Oregon-specific data.

Mercer developed separate trend assumptions for changes in utilization per 1,000 enrollees and unit costs. Utilization trends were developed to account for projected changes in utilization levels of medical services for the covered population reflecting the data sources and considerations outlined above. Unit cost trends include inflationary increases to unit cost levels between the CY21 base period and CY23, as well as changes in costs resulting from changes in the mix of services utilized from the base period to the rating period by the covered population.

Further discussion regarding specific considerations materially affecting CY23 trend assumptions is included below.

Annualized utilization and unit cost trends are shown in Appendix B and were applied for two years to trend the CY21 base data to CY23.

## COVID-19 PHE Considerations

Mercer considered the ongoing impact of the COVID-19 PHE in the development of utilization and unit cost trends. The PHE influenced trend assumptions in numerous ways, including:

- **Utilization per 1,000 rebounds:** Mercer observed significant levels of delayed and/or foregone care in the CY21 base data due to the ongoing effects of the PHE during CY21, even after accounting for lower average acuity levels in CY21 compared to prior years. Mercer anticipates a significant reduction in delayed and foregone care in CY23 compared to CY21 due to the easing of social distancing requirements and a gradual return to in-person work and school since CY21, which results in both a higher

willingness and need for members to seek care, as well as higher provider capacity to provide healthcare services. These expected rebounds in utilization, therefore, resulted in assumed utilization trends that are higher than historical CCO trend patterns.

- **COVID-19 testing and treatment:** The CY21 base data includes costs related to COVID-19 screening, testing, and treatment. Mercer expects a lower level of utilization of these services in CY23 compared to the base period. However, Mercer anticipates that the reduced volume of COVID-19-related services will be more than offset by utilization rebounds from reductions and delayed/foregone care during CY21, as described in the previous bullet. Since Mercer projects a net positive increase to overall utilization when evaluating COVID-19 testing and treatment in conjunction with overall utilization rebounds, Mercer did not make any explicit downward adjustments in the utilization trend assumptions related to reductions in COVID-19-related testing and treatment.
- **Inpatient unit costs:** Mercer observed increases in unit cost in CY21 compared to pre-COVID levels due to higher cost/severity treatments related to COVID-19. Mercer projects that inpatient utilization in CY23 will reflect a lower proportion of high-cost/severity COVID-19 treatment, and a higher proportion of lower-cost/severity non COVID-related treatment. The reduction in average severity of inpatient claims is reflected in inpatient unit cost trend assumptions, which partially offset trends reflecting expected inflationary unit cost increases.
- **Acuity:** The COVID-19 PHE contributed to significant increases in CCO caseload, with a concomitant shift on the underlying average acuity of the covered population. Mercer projects continued shifts in caseload and population acuity between CY21 and CY23. These projected acuity shifts were excluded from trend development and assumptions and were, instead, modeled separately as explicit acuity adjustments, as described further in the “Population Acuity” subsection below.

## Behavioral Health Directed Payment Implications on Utilization Trends

As described further in the “Program Changes” subsection of this section, OHA is directing CCOs to make significant unit cost increases across a broad array of behavioral health services. One reason for these increases is to help behavioral health providers respond to workforce challenges, with reduced workforce issues creating significant capacity constraints on these providers over the past couple of years.

Mercer’s utilization per 1,000 trend assumptions for affected COS (i.e., Substance Abuse, ABA, Mental Health Other Non-Inpatient, and A&D Residential) reflect expectations around adequate provider capacity realized through resolving the current workforce challenges. These utilization trends are therefore higher than historical CCO trend patterns.

## Prescription Drugs Trends

CY23 prescription drugs trends reflect expected changes in utilization, unit costs, biosimilar introductions, brand to generic conversions, and the introduction of market breakthrough therapies. Mercer projects cost and utilization growth in several therapeutic drug categories including, but not limited to, those listed in Table 5 below.

**Table 5: Prescription Drugs Trend Drivers – Significant Therapeutic Drug Categories**

Unit Cost	Utilization
Anemia/neutropenia (specialty)	Antipsychotic Injectable (specialty)
Antipsychotic Injectable (specialty)	Blood Modifying (traditional)
Blood Modifying (traditional)	Contraceptives (specialty)
Contraceptives (traditional and specialty)	Diabetic supplies (traditional)
Diabetes (traditional)	Drugs for inflammatory conditions (specialty)
Drugs for inflammatory conditions (specialty)	Enzyme Deficiency (specialty)
Enzyme Deficiency (specialty)	Gastrointestinal disorders (traditional)
Gastrointestinal disorders (traditional)	Growth Hormone (specialty)
Growth Hormone (specialty)	Hereditary Angioedema (specialty)
Hemophilia (specialty)	High cholesterol (specialty)
Hereditary angioedema (specialty)	Infections (traditional)
Human Immunodeficiency Virus (HIV) (specialty)	Medication for SUD treatment (traditional)
Migraine (traditional)	Mental/Neuro (traditional)
Movement/Neuro disorders (specialty)	Migraine (traditional)
Oncology (specialty)	Movement/Neuro disorders (specialty)
Organ transplant/immunosuppressant (specialty)	Oncology (specialty)
Pulmonary (specialty)	Pulmonary (specialty)
	Pulmonary hypertension (specialty)
	Spinal Muscular Atrophy (specialty)

## Population Acuity

Mercer developed the population acuity adjustment to account for increases in Medicaid caseload caused by individuals remaining continually enrolled in Medicaid due to MOE requirements in effect during the federal COVID-19 PHE. Analyses of emerging CCO data after the start of the PHE indicates the individuals protected from disenrollment due to the PHE have significantly lower costs and acuity levels compared to typical Medicaid enrollees for those in the PCR and ACA COAs; these individuals are referred to as excess retained members throughout the rest of this section.

Mercer modeled the proportion of CY23 enrollment attributable to excess retained members compared to the CY21 base period for the PCR and ACA COAs. These projections are dependent on assumed enrollment growth through the end of the PHE and reductions in enrollment after the end of the PHE across a 12–15 month unwinding period. Mercer and OHA have assumed the federal PHE will remain in effect through January 2023 for these modeling purposes. Mercer estimated that total covered member months in CY23 will be higher than CY21, with a higher proportion of CY23 enrollment attributed to excess retained members compared to CY21. For the PCR and ACA COAs, Mercer estimated that the proportion of CY23 enrollment attributed to excess retained members will be 3.2%–4.4% higher than the proportion underlying CY21 base data.

Based on Mercer’s analyses of emerging CCO data after the start of the PHE, Mercer assumed these excess retained members to have 15%–25% lower costs/acuity compared to the average cost/acuity within each COA. Combining the prevalence and relative cost/acuity

assumptions described above resulted in overall rate adjustments of -0.5% to -1.1% for the PCR and ACA COAs, as shown in Appendix B.

Mercer reviewed the emerging data for the excess retained members in other COAs and found that these members had, on average, similar acuity and cost levels compared to the average cost/acuity within each COA. Therefore, Mercer determined that no explicit population acuity adjustments were needed for these other COAs.

## Program Changes

Mercer captures known changes in OHA covered populations, covered services, and payment methodologies effective after the base data period through program change adjustments. OHA and Mercer reviewed known program changes that would have an impact on the cost, utilization, or demographics of the program for CY23 that were not fully accounted for in the base data. Several of these changes were determined to have an impact on the CY23 statewide rate development process, as outlined below.

The PMPM impacts of each program change are shown in Appendix B for most program changes, and Appendix C for the Behavioral Health Directed Payments.

## Problem Gambling

Outpatient treatment for problem gambling/gambling disorder will be a new CCO covered benefit for CY23. OHA provided Mercer with estimates for the cost of this new covered benefit.

## Indian Health Care Providers

For CY23, OHA will require CCOs to pay IHCPs rates at or above applicable Indian Health Services (IHS) and Prospective Payment System (PPS) rates for these providers. This results in higher unit costs for these services than those reflected in the base data or accounted for in unit cost trend assumptions. OHA provided Mercer with estimates for the unit cost impact of this new requirement for CY23 by COA, which Mercer incorporated into the statewide rate development.

## Hernia

In CY22, OHA expanded the types of inguinal and femoral hernias in adults eligible for repair under the CCO program. OHA provided Mercer with estimates for the cost of this expanded benefit by COA, which Mercer incorporated into the statewide rate development.

## Substance Use Disorder Waiver Costs

Oregon's Substance Use Disorder 1115 Demonstration waiver includes provisions allowing for enhanced residential treatment services related to treatment of SUD. This program change reflects the impact of expanding SUD treatment to IMD settings, increasing provider payment rates for select procedure codes, establishing new services for recipients in treatment, and new community supports. OHA provided Mercer with cost estimates by COA for this program change, which Mercer incorporated into the statewide rate development.

## Postpartum Eligibility Expansion

In 2022, OHA expanded eligibility for enrollees under the PWO COA to include twelve months of postpartum coverage compared to the previously covered 60 days. This eligibility expansion was effective retroactively to April 2021.

Mercer analyzed the impact of this eligibility expansion on projected CY23 medical costs. Mercer found that due to the COVID-19 PHE, the additional months of coverage were already included in the CY21 base data due to restrictions on disenrolling Medicaid beneficiaries during the PHE. However, Mercer identified that a proportion of the additional months of coverage were included under the ACA 19-44 COA. Mercer quantified the impact of moving these months of coverage from 60 days to 12 months post-partum out of the ACA COA and into the PWO COA. The costs for these additional months are lower cost months of coverage compared to average PWO and ACA 19-44 PMPM costs. The shift resulted in an upward adjustment to ACA 19-44 (due to removing lower cost member months) and a reduction to PWO.

## Behavioral Health Directed Payments

The Oregon Legislature appropriated funds to increase behavioral health rates in the 2021 to 2023 biennium. These payments are being used to create significant and sustained increases in wages to help remedy existing disparities in reimbursement rates, as well as address the lack of behavioral health providers across the state.

The increased payments will be implemented under multiple directed payments with varying methodologies. Almost all non-inpatient behavioral health services will receive broad payment increases through one of two non-overlapping directed payments:

- A uniform percentage increase to qualified providers for ACT/SE, Mental Health Other Non-Inpatient, and Substance Abuse services
- A minimum fee schedule for A&D Residential, ABA, and Mental Health Children's Wraparound services

Additional, two targeted directed payments will apply for specific services and would be implemented in conjunction with the two directed payments listed above:

- A uniform dollar increase to qualified providers for providing culturally and linguistically specific services (CLSS)
- A uniform dollar increase to qualified providers for treatments to patients with co-occurring disorders (COD)

Due to the degree of variation in CCO costs caused by these directed payments, Mercer elected to reflect the impact of these payments as CCO-specific adjustment rather than a statewide rate adjustment. As such, the impacts of these directed payments are reflected in Appendix C rather than Appendix B.



## **Uniform Percentage Increase for Select Services**

CCOs will classify eligible behavioral health providers into two tiers based on each provider's proportion of total revenue derived from providing Medicaid services in the prior calendar year:

- Tier 1 will include providers with less than 50% of behavioral health service revenue derived from providing Medicaid services in the prior year. CCOs will increase January 1, 2022 negotiated rates for Tier 1 providers by 15%.
- Tier 2 will include providers with more than 50% of behavioral health service revenue derived from providing Medicaid services in the prior year. CCOs will increase January 1, 2022 negotiated rates for Tier 2 providers by 30%.

Uniform percentage increases will apply to ACT/SE, Mental Health Other Non-Inpatient, and Substance Abuse services provided by eligible behavioral health providers.

## **Minimum Fee Schedule for Select Services**

For A&D Residential, ABA, and Mental Health Children's Wraparound services, OHA will require CCOs to pay providers a rate that is equal to or greater than the State Plan FFS rates.

## **Culturally and Linguistically Specific Services**

OHA will require CCOs to implement a uniform dollar increase for payments for CLSS delivered by applicable behavioral health providers. OHA will require CCOs to pay qualifying providers an add-on rate in addition to currently negotiated rates, calculated as 22% of applicable State Plan FFS rates for non-rural providers, and 27% for rural providers. Mercer identified spending during CY21 based on a current list of CLSS providers and developed an assumption as to the percentage of spend anticipated in CY23 at these providers. Additionally, Mercer developed assumptions regarding the percentage of CLSS providers that would be classified as rural and non rural based on the current CLSS provider locations.

## **Co-occurring Disorders**

Starting in CY23, OHA will direct CCOs to pay a uniform dollar increase add-on for behavioral health treatment services provided by qualified providers to members with certain co-occurring disorders, having a SUD or gambling disorder, along with other behavioral health conditions.

The rate add-on that is to be paid above previously negotiated rates will be calculated as follows:

- For applicable services provided by qualifying residential providers, the add-on rate will be equal to 15% of the FFS State Plan rate for the services.
- For applicable services rendered by a provider with a Master's degree or higher in an applicable behavioral health field, the add-on rate will be equal to 20% of the FFS State Plan rate for the services.
- For all other qualifying providers rendering treatment for COD, the add-on rate will be equal to 10% of the FFS State Plan rate for the services.

## Other Non-Material Program Changes

Mercer reviewed several other program changes, including routine updates and changes to OHP covered-benefits through periodic reviews by the Oregon Health Evidence Review Commission (HERC). Mercer determined that these other program changes were immaterial and/or already accounted for through other rate development assumptions such as trend and underwriting margin. Trend assumptions are based on analyses of historical program experience, which reflects impacts due to small historical program changes over time which Mercer could not explicitly parse out from underlying historical trends. Underwriting margin assumptions include a component for risk margin, which was developed in part through a review of historical CCO underwriting margin volatility, which is in turn driven in part by deviations in actual vs. expected impacts of program changes, including those deemed immaterial in prior years' capitation rate development.

## Statewide Rates

The statewide rates were calculated as the projected medical cost after applying all base adjustments, including repricing adjustments, trend, population acuity, and program change adjustments to the base data. The statewide rates were the starting point for developing the final projected medical component of capitation rates for each CCO. Further adjustments were applied to the statewide rates for each CCO to develop final projected medical PMPMs, as described in Section 5.

Statewide rates reflect costs for all COS shown in Table 4 except Dental. Statewide rates also exclude hepatitis C (Hep-C) prescription drug costs, which were developed separately and described in Section 5.

Statewide rates are shown in Appendix B.

## New Bridge COAs

Mercer developed statewide rates for the new Bridge COAs by making appropriate adjustments to the CY23 ACA statewide rates. Mercer selected the ACA rates as the starting point for the Bridge COAs because the enrollees that will move into the Bridge COAs in CY23 are expected to primarily migrate out of the existing ACA COAs population.

Mercer considered adjustments to the ACA rates to reflect differences in acuity between the ACA and Bridge populations in CY23. Mercer assumed that Bridge plan enrollees would reflect acuity levels similar to the subset of "churn" members within the historical ACA population, which are members that had shorter durations of OHP eligibility and enrollment compared to average ACA members. Mercer anticipates that the Bridge population will reflect similar characteristics to the churn population due to the higher income of Bridge enrollees. A review of historical data reveals that the churn population within the ACA COAs had lower than average acuity levels. Therefore, Mercer anticipates that CY23 Bridge enrollees will have lower acuity levels than historical ACA enrollees.

However, due to the effects of the PHE on the ACA COAs, the projected CY23 ACA population already reflects lower acuity than historical ACA experience. Ultimately, Mercer projected that the acuity of the Bridge enrollees would not be statistically different from the projected CY23 ACA population, although both populations are projected to have lower acuity than historical ACA levels. The Bridge plan rates resulting from these acuity

assumptions are therefore equal to the corresponding ACA rates for each age group. Additionally, Mercer also applied the ACA adjustments to statewide rates described in the next section of this certification to the Bridge COAs as well.

Statewide rates for the Bridge COAs are shown in Appendix C.

## Section 5

# Projected Benefit Costs and Trends – Adjustments to Statewide Rates

## Risk Adjustment

Risk adjustment factors were applied in a single prospective adjustment in the CCO capitation rate development. Risk adjustment was applied in two budget-neutral steps:

- Regional risk adjustment accounts for differences in the risk score profile of enrollees across regions
- CCO risk adjustment accounts for differences in the risk score profile of enrollees across CCOs within each region

Risk adjustment factors were developed using risk scores from CDPS+Rx version 6.4. This model was developed to be specific to the Medicaid population, and Mercer therefore deems the use of these risk scores as reasonable for rate development purposes. Risk scores were calculated using prospective risk score model weights based on an eligibility snapshot as of May 2022, and using diagnosis data from CY21 encounter data with paid runout through March 31, 2022. Due to the carve out of maternity costs that fall under the maternity case rate, OHA removed maternity claims and their associated diagnoses in the calculation of risk scores so that these costs were not double-counted through risk adjustment and the maternity case rate. OHA calculated risk scores and provided member-level scores to Mercer for use in the CCO capitation rate development.

In calculating risk adjustment factors, factors were only calculated for certain COAs: PCR, CHILD 01-05, CHILD 06-18, ABAD & OAA, and all ACA COAs. Risk adjustment factors were not developed for PWO and CHILD 00-01 COAs due to the transient nature of eligibility and enrollment in these COAs. Furthermore, risk adjustment factors were not developed for DUAL-MEDS, FOSTER, and BCCP categories due to the unique cost patterns of these populations, for which the CDPS+Rx risk scores are not tailored.

Risk adjustment factors are shown in Appendix C. These factors are only applied to CCOA and CCOB plan types; the factors are not applied to CCOE, CCOF, and CCOG due to the limited benefits included in those plan types, for which CDPS+Rx risk scores are not tailored.

## Regional Risk Adjustment

Regional risk adjustment factors account for differences in prospective risk scores across regions. In developing average risk scores for each region and COA, Mercer applied scoring criteria for each member. Members were included in the regional average risk score calculations if they had three or more complete months of eligibility in the risk score study period of CY21, from which diagnosis data is utilized from member encounter data. Members

with less than three full months of eligibility in CY21 were assigned the average regional risk score based on each region's scored membership.

In order to ensure budget neutrality, Mercer normalized regional risk scores for each COA based on the statewide average risk score, using CY23 projected enrollment as the basis for calculating the statewide average. The resulting regional risk adjustment factors are therefore budget neutral for each COA, as demonstrated in Appendix C, which shows statewide average regional risk adjustment factors of 1.000 at the bottom of the exhibit.

## CCO Risk Adjustment

With the exception of the Tri-County region described further below, Mercer used the same three-month scoring criteria for CCO risk scores, with unscored members receiving the CCO average risk score. These were then combined to calculate a total average risk score for each CCO which was then normalized to ensure budget neutrality within each COA and region. The resulting budget-neutral CCO risk adjustment factors are shown in Appendix C, which shows statewide average CCO risk adjustment factors of 1.000 at the bottom of the exhibit.

### CCO Risk Adjustment in Tri-County

Mercer used a different approach in the Tri-County region to develop CCO risk adjustment factors due to the unique circumstances of the plans in that region. The Tri-County region includes two CCOs: Health Share of Oregon and Trillium Community Health Plan Tri-County (Trillium). The former has a longstanding history in the region as a CCO with high enrollment levels over multiple years, while the latter entered the region as a new CCO in September 2020 and has lower, but quickly growing, enrollment from inception through May 2022. Due to the population and durational differences between the two plans in the 2021 claims/diagnostic data used for prospective risk score development, Mercer modified the CCO risk adjustment methodology as follows:

- Mercer used a six-month threshold to identify scored members for each CCO within the Tri-County region instead of three months to help ameliorate the impact of the durational differences between the two plans.
- Mercer applied the regional average risk score to unscored members with less than six months of eligibility in the CY21 base data period for both plans in the Tri-County region, rather than a CCO-specific average score. Due to the low historical enrollment in Trillium in CY21, Mercer determined that Trillium's own plan-specific scores were not credible to extrapolate to new future enrollees, represented in the unscored population. In addition, Mercer excluded members with 12 full months of eligibility in calculating the regional averages used for unscored members, as Mercer anticipates that new enrollees that enter these plans will look more like the newer members in CY21 rather than the longer-term members with 12 months of eligibility in CY21.

The resulting risk scores were then normalized across the region for each applicable COA to develop budget-neutral adjustment factors.

## Regional Factors

Regional factors were developed to reflect geographic unit cost and utilization differences across the state. These factors were developed using base data for each region after

reflecting base data adjustments, including the 85% hospital DRG adjustment. Regional cost differences were first normalized by concurrent risk score differences by region to remove the proportion of costs already explained by and accounted for through the risk adjustment factors previously described.

Regional factor development is shown in Appendix D.

These factors were normalized to be budget neutral within each COA, as demonstrated at the bottom of Appendix C, which shows 1.000 factors for each COA at the statewide level.

## Hospital Factors

Hospital pricing varies based on whether a facility is a DRG, A/B critical access hospital (A/B), or other type of facility, including out-of-state (other). The average unit costs of hospital services can vary significantly between CCOs based on the geographic coverage areas of each CCO and the corresponding DRG, A/B, and other facilities available in the area. The CCO rate development methodology accounts for these differences in hospital unit pricing through the hospital factor. These factors were developed to be budget neutral within each region since the regional factors described above already account for regional variation in hospital mix and unit pricing.

Mercer calculated separate hospital factors for inpatient and outpatient hospital services, then blended the factors to create an overall hospital factor for each CCO.

### Inpatient Hospital Factors

For inpatient hospital services, Mercer calculated unit cost differences between hospitals and CCOs using DRG-normalized hospital costs per admission. OHA ran grouper logic on the CCO-submitted encounter data for inpatient claims using MS-DRG version 38. Mercer then attached DRG weights to the data using hospital payment weights in effect during the CY21 base period. Normalizing average costs per admission by hospital and CCO removes severity from the cost per admission calculation, leaving a remainder that can be attributed to unit cost differences. Mercer applied this DRG normalization approach to all hospital types for inpatient data.

Note that the underlying base data for DRG hospitals was repriced to 85% of Medicare prior to calculating hospital factors, consistent with the base data adjustment underlying in the statewide rate buildup.

These average per admit costs by hospital type for each CCO were then weighted across all inpatient admissions to create a total normalized cost per admission for each CCO. These CCO-specific amounts were then compared to the corresponding regional average DRG-normalized cost per admission to develop CCO-specific inpatient hospital factors.

### Outpatient Hospital Factors

The outpatient hospital factors were developed using a different methodology than inpatient hospital data. Instead of using a normalized per DRG weight, an average cost per service was developed for each outpatient facility.

To develop an average cost per service for each facility, Mercer calculated facility-specific average costs for each of the procedure codes included in the fixed market basket of codes

shown in Appendix I. Mercer then calculated facility average unit costs across all of these procedure codes using a standardized statewide distribution of procedure code utilization for all facilities. The resulting average outpatient unit costs for each facility is shown in Appendix J.

Mercer next developed average unit costs for A/B and DRG outpatient hospital utilization for each CCO by calculating the weighted average facility-specific unit costs using CCO-specific outpatient hospital visits in CY21. For the Other outpatient hospital category, Mercer did not use the market basket of goods concept, but instead, simply used the average cost per visit.

Mercer then calculated the final outpatient factor based on the average composite outpatient hospital cost per visit weighted by hospital type for each CCO compared to the regional average.

Finally, inpatient and outpatient hospital factors were combined for each CCO to develop total aggregate hospital factors. The final factors incorporate the proportion of total base spend attributable to inpatient and outpatient hospital services in each region, such that the composite factor can be applied to the regionally adjusted total statewide rates, which includes non hospital costs.

From the process above, Mercer calculated a single composite hospital factor for each CCO. This factor was then normalized so that the weighted average factor across all CCOs within each region and COA was budget neutral. Final normalized hospital factors are shown in Appendix C. These factors are only applied to CCOA and CCOB plan types; these factors are not applicable to CCOE, CCOF, and CCOG as these plan types do not include coverage for physical health hospital services.

## **Behavioral Health Directed Payments**

As described in Section 4, these payments were reflected as CCO-specific adjustments rather than statewide rate adjustments. The impact of each of the four directed payments is shown separately in Appendix C. These directed payments are applicable for CCOA, CCOB, CCOE, and CCOG plan types; CCOF does not include coverage for behavioral health services.

## **Hep-C**

Pharmacy drug costs for Hep-C treatment were tracked and projected separately from the rest of the statewide rate. Hep-C costs were separated from the statewide rate as an adjustment to base data, shown in Appendix B. The final projected Hep-C PMPMs are shown in Appendix C. Final rates were projected on a regional basis and reflect an overall total cost trend of 7% from CY21 to CY23, which includes the projected impact of lifting prior authorization requirements on these drugs in CY23.

Due to the uncertainty caused by the lifting of prior authorization requirements, OHA will keep in place the Hep-C risk corridor with the same parameters as for CY22, as described further in Section 6.

Hep-C PMPMs are included in Appendix C for CCOA and CCOB plan types only; CCOE, CCOF, and CCOG plan types do not include coverage for pharmacy drugs.

## Dental

Costs for dental services were developed similar to the medical statewide process. The rate buildup is shown in Appendix E. Final projected dental PMPMs are also included in Appendix C for CCOA, CCOF, and CCOG; CCOB and CCOE plan types do not include coverage for dental services.

The items described in this section focus on the key differences in the dental rate development methodology compared to the statewide rate buildup.

## Regional Rates

Separate rates were developed for Tri-County versus other regions due to the utilization differences historically observed between Tri-County and the rest of the state.

## Base data

Mercer included DCO data in the CY21 base data for development of projected CY23 dental costs. DCO enrollment represents 5% of the overall CY21 base. DCO enrollees were included because DCOs are being discontinued in CY23, with the associated membership expected to transition to the new CCOF plan type covered in this rate certification.

Specific base data adjustments were applied to dental data. Certain non-covered dental procedure codes were excluded from the rate development. These codes are listed in Appendix G. Additionally, all base data used for dental cost projections was repriced using the fees shown in Appendix H.

## Trend

### COVID Impacts

The effects of foregone and delayed care were particularly pronounced for dental services in CY21. Mercer and OHA reviewed observations from the CY21 base data with CCOs and dental providers during the rate development process and received confirmation from these stakeholders that these reductions in utilization were attributable to temporary issues related to the COVID-19 PHE. In particular, dental providers were required to follow certain social distancing protocols that resulted in lower provider capacity to serve patients, paired with a time of significantly increased Medicaid enrollment, which contributed to lower utilization per 1,000 and PMPM levels in CY21. Additionally, Mercer observed that there have been widespread reductions in non-emergent care by Medicaid beneficiaries in CY20 and CY21, both in Oregon and in many other states. Dental services are more apt to be foregone or delayed compared to other medical services. Mercer expects the effects of foregone or delayed care due to the PHE to be temporary, with rebounds in utilization expected as the PHE unwinds.

Due to the considerations outlined above, Mercer expects the reductions in CY21 utilization levels to be temporary and is anticipating strong rebounds in utilization levels between CY21 and CY23 as social distancing lessens and more of the population returns to “normal” life. As such, Mercer is projecting high utilization trends in the dental rate development, as shown in Appendix E. Mercer and OHA will continue to monitor dental utilization experience on an ongoing basis in CY23.



## Population Acuity

Due to the significant and widespread utilization reductions described above across all COAs in CY21, Mercer could not isolate any meaningful and statistically credible impact of population acuity changes on dental spending correlated with the changing population since the start of the COVID-19 PHE. Therefore, Mercer did not apply any population acuity adjustments for dental services in the dental cost projections.

## Program Changes

### Handicapping Malocclusion

For CY23, OHA is adding new coverage for medically necessary orthodontia care considered appropriate for treatment of handicapping malocclusion.

OHA provided estimates to Mercer by COA on the estimated cost of this new benefit for CY23, which Mercer reflected in the dental cost development.

Due to the risk and uncertainty associated with the high cost and low frequency of these new covered services, OHA will administer a new risk corridor for these costs for CY23, described in Section 6.

### IHCP

The dental-related cost impacts associated with the IHCP program change described in Section 4 are reflected in the CY23 dental cost development.

## BCCP Rate Smoothing

BCCP is a high-cost and low-enrollment population, with high resulting PMPM cost volatility from year to year. Mercer attributes low statistical credibility to the BCCP rate cell, and therefore blended the BCCP rate with ABAD & OAA for credibility considerations. The ABAD & OAA COA was selected since it is the most similar high-cost adult population among the COAs. The impact of this rate smoothing is budget neutral for each CCO, as well as on a statewide basis. The impact of this adjustment can be seen in Appendix C.

## Section 6

# Special Contract Provisions Related to Payment

## Supplemental Maternity Case Rate – Per Event Payment

The cost of most maternity care is carved out of the statewide rate development and is, instead, reflected in the maternity case rate payment. This payment is paid to CCOs on a per event basis (i.e., for each applicable delivery) rather than on a PMPM basis. The case rate is triggered by deliveries that occur in a hospital setting and includes costs related to the delivery event, as well as all maternity-related prenatal care and two months of postpartum care. Non maternity-related costs that occur during the case rate window were included in the statewide rate base data.

Considerations regarding the base data, trend, and program changes related to the maternity case rate payment are described below.

The maternity development is shown in Appendix F.

As described below, maternity case rates were developed for each region and then adjusted for each CCO based on each CCO's C-section and hospital mix.

## Regional Case Rate Development

### Base Data

Base data was constructed to include data related to the case payments made in CY21. This includes costs incurred in CY20 during the prenatal period, as well as some postpartum care incurred in early CY22. Mercer included actual CY20 prenatal costs associated with CY21 deliveries in the base, and made a 0.2% upward adjustment to the base data to account for the small amount of postpartum care that occurred after the end of the CY21 base data period.

Maternity costs were segregated into inpatient, outpatient, and professional COS and further sub-categorized based on the type of hospital in which each delivery occurred and whether or not a C-section was administered at the delivery. Costs were also summarized by region.

To ensure that the maternity case rate development did not include case rate counts for delivery events that were incompletely reported in the base data, Mercer excluded case counts and encounter data for case payment events when incomplete encounter base data was observed (i.e., the delivery event was absent from encounter base data).

Resulting base data is shown in Appendix F.

### Trend

Trends applied to the maternity case rate base data represent unit cost trends only. Utilization trends were not applied as the payment is on a per-event basis.

## Program Changes

None of the previously described program changes in this certification were applicable to the maternity case rate.

## CCO-Specific Case Rates

After projecting regional average case rates by hospital type and C-section status, Mercer calculated a single aggregate case rate for each CCO using each CCO’s mix of C-sections and hospital types based on the CY21 case rate payment data. Mercer reviewed the mix for each CCO and determined that the experience for each CCO was statistically credible for the purpose of case rate development.

Final CCO-specific maternity case rates are shown in Appendix C.

## Risk-Sharing Mechanisms

OHA is implementing two risk corridors in CY23 to protect against uncertainty in variation in actual experience versus rate development expectations. OHA will reevaluate these arrangements periodically and adjust them, as necessary, to reflect the changing level of uncertainty as costs for these services stabilize in future years.

### Handicapping Malocclusion Risk Corridor

To reduce risk due to uncertainty surrounding utilization of these low-frequency and high-cost, newly covered services, OHA will provide a two-sided risk corridor arrangement for expenditures related to this new covered benefit in CY23. OHA will share in the gain or loss incurred by CCOs related to the provision of these services. To determine gain or loss, the CCO expenditures for these services will be compared to the proportion of medical capitation rate attributable to these services.

**Table 6: Handicapping Malocclusion Risk Corridor Terms**

Gain or Loss	OHA Share	Contractor Share
Less than or equal to 20% of the handicapping malocclusion revenue	75%	25%
Greater than 20% of the handicapping malocclusion revenue	100%	0%

In determining CCO expenditures under this risk corridor arrangement, OHA will cap payments at 120% of the State Plan FFS rate.

### Hep-C Risk Corridor

Due to the uncertainty around Hep-C pharmacy drug costs resulting from the removal of prior authorization requirements on Hep-C utilization, OHA will continue to provide a risk corridor arrangement specific for Hep-C, similar to the risk corridor arrangement for these services for CY22. The risk corridor arrangement will be calculated by comparing actual Hep-C expenditures to the Hep-C medical component of the capitation rate. The parameters of the Hep-C risk corridor are in Table 7.

**Table 7: Hep-C Risk Corridor Parameters**

Gain or Loss	OHA Share	Contractor Share
Less than or equal to 5% of Hep-C revenue	0%	100%
Greater than 5% of Hep-C revenue	100%	0%

## COVID-19 Vaccine Administration Costs Non-Risk Arrangement

OHA will reimburse CCOs for COVID-19 vaccine administration costs incurred in CY23 on a non-risk basis outside of the capitation rates.

## Medical Loss Ratio Requirements

CCOs are required to report medical loss ratio (MLR) calculations to OHA subsequent to the end of the contract period, in accordance with 42 CFR § 438.8.

As further directed by OHA, the CCO shall maintain a minimum MLR of 85% in aggregate for the CCO’s enrollee population. If the CCO does not maintain such a minimum over the three-year rebate period spanning CY21 through CY23 using the methodology in the CCO contract, the CCO is required to calculate and remit a rebate to OHA. The methodology for calculating the rebate amount is outlined in the CCO contract.

Note that OHA will submit historical MLR calculations to CMS along with this rate certification, using the new template format released by CMS this year.

## Quality Pool Incentive

Using the incentive arrangement authority granted under 42 CFR § 438.6(b), OHA administers the Quality Pool Incentive (QPI) outside of the capitation rates in which CCOs can earn additional incentive payment funding above and beyond the certified capitation rates by meeting certain quality and performance measures. OHA calculates these QPI payments so that funding does not exceed 5% of the certified capitation payments under the contract.

Mercer excluded all historical QPI payments and expenditures from the base data used for medical and non-medical capitation rate development to ensure that these expenses are not double-counted through capitation payments and incentive payments to CCOs.

## State Directed Payments under 42 CFR § 438.6(c)

OHA directs CCOs to pay providers under various directed payments allowed under 42 CFR § 438.6(c). The following tables are provided in compliance with the requirements outlined in the RDG with regard to these State directed payments. Mercer is not aware of any additional directed payment requirements in the CCO contract beyond those outlined below.

**Table 8: Description of State Directed Payments**

Control name of the state directed payment	Type of payment	Brief description	Is the payment included as a rate adjustment or separate payment term?
OR_Fee_IPH.OPH1_Renewal_20230101-20231231	Uniform dollar increase	Rural Type A and Type B hospitals will receive qualified directed payments for each inpatient discharge and outpatient visit of an OHP (Medicaid and CHIP) member enrolled in a CCO.	Separate payment term
OR_Fee_IPH.OPH2_Renewal_20230101-20231231	Uniform dollar increase	DRG hospitals will receive qualified directed payments for each inpatient discharge and outpatient visit of an OHP (Medicaid and CHIP) member enrolled in a CCO.	Separate payment term
OR_Fee_IPH.OPH3_Renewal_20230101-20231231	Uniform dollar Increase	Public Academic Medical Center(s) will receive qualified directed payments for each inpatient discharge and outpatient visit of an OHP (Medicaid and CHIP) member enrolled in a CCO.	Separate payment term
OR_Fee_Oth_Renewal_20230101-20231231	Uniform dollar increase	Ground Emergency Medical Transportation (GEMT) providers will receive qualified directed payments for basic life support or advanced life support emergency services provided to an OHP (Medicaid and CHIP) member enrolled in a CCO.	Separate payment term
OR_Fee_BHO1_New_20230101-20231231	Uniform percentage increase	2-tier uniform percentage increase of 15% or 30% for select behavioral health services at applicable providers above rates in effect as of January 1, 2022.	Rate adjustment
Behavioral health services minimum fee schedule (preprint not required)	Minimum fee schedule	Based on State Plan FFS rate. Applies to A&D residential, ABA, and mental health children's wraparound services. See "Minimum Fee Schedule for Select Services" under the "Behavioral Health Directed Payments" subsection in Section 4.	Rate adjustment
OR_Fee_BHO2_New_20230101-20231231	Uniform dollar increase	Uniform increase per applicable service and qualifying providers delivering CLSS to members, determined as a percentage of the State Plan FFS rate.	Rate adjustment
OR_Fee_BHO3_New_20230101-20231231	Uniform dollar increase	Uniform increase per applicable service and qualifying providers delivering services to members with co-occurring disorders, determined as a percentage of the State Plan FFS rate.	Rate adjustment
IHCP Minimum Fee Schedule (preprint not required)	Minimum fee schedule	Minimum fee schedule based on minimum federal IHS and PPS rates.	Rate adjustment

**Table 9: State Directed Payments – Rate Adjustments**

Control name of the state directed payment	Rate cells affected	Impact	Description of the adjustment	Confirmation the rates are consistent with the preprint	Additional Information for maximum fee schedules
OR_Fee_BHO1_Ne w_20230101-20231231	All rate cells	See Appendix C, “BH Uniform Percent Increase” column	See “Uniform Percentage Increase for Select Services” under the “Behavioral Health Directed Payments” subsection in Section 4.	The rates are consistent with the preprint.	Not applicable
Behavioral health services minimum fee schedule	All rate cells	See Appendix C, “BH Min Fee Schedule” column	See “Minimum Fee Schedule for Select Services” under the “Behavioral Health Directed Payments” subsection in Section 4.	No preprint required for this directed payment. The rates are consistent with this minimum fee schedule requirement.	Not applicable
OR_Fee_BHO2_Ne w_20230101-20231231	All rate cells	See Appendix C, “CLSS” column	See “Culturally and Linguistically Specific Services” under the “Behavioral Health Directed Payments” subsection in Section 4.	The rates are consistent with the preprint.	Not applicable
OR_Fee_BHO3_Ne w_20230101-20231231	All rate cells	See Appendix C, “COD” column	See “Co-occurring Disorders” under the “Behavioral Health Directed Payments” subsection in Section 4.	The rates are consistent with the preprint.	Not applicable
IHCP Minimum Fee Schedule	All rate cells	See Appendix B, “Indian Health Care Providers” column	See “Indian Health Care Providers” subsection in Section 4.	No preprint required for this directed payment. The rates are consistent with this minimum fee schedule requirement.	Not applicable

**Table 10: State Directed Payments – Separate Payment Term**

Control name of the state directed payment	Aggregate amount included in the certification	Statement that the actuary is certifying the separate payment term	The magnitude to a PMPM basis	Confirmation the rate development is consistent with the preprint	Confirmation that the state and actuary will submit required documentation at the end of the rating period (as applicable)
OR_Fee_IPH.OPH 1_Renewal_20230 101-20231231	\$146,000,000	The actuary is certifying to the aggregate amount of the separate payment term	See Appendix L, "Rural A&B" tab	The rate development is consistent with this preprint	Yes, the State/actuary will submit the required documentation at the end of the rating period
OR_Fee_IPH.OPH 2_Renewal_20230 101-20231231	\$600,000,000	The actuary is certifying to the aggregate amount of the separate payment term	See Appendix L, "DRG" tab	The rate development is consistent with this preprint	Yes, the State/actuary will submit the required documentation at the end of the rating period
OR_Fee_IPH.OPH 3_Renewal_20230 101-20231231	\$660,000,000	The actuary is certifying to the aggregate amount of the separate payment term	See Appendix L, "PAMC" tab	The rate development is consistent with this preprint	Yes, the State/actuary will submit the required documentation at the end of the rating period
OR_Fee_Oth_Rene wal_20230101- 20231231	\$20,531,555	The actuary is certifying to the aggregate amount of the separate payment term	See Appendix L, "GEMT" tab	The rate development is consistent with this preprint	Yes, the State/actuary will submit the required documentation at the end of the rating period

## Section 7

# Projected Non-Benefit Costs

Non-benefit costs, also referred to as non-medical costs and non-medical expense load in this certification, include administrative expenses, underwriting margin, Performance Based Reward (PBR), and managed care organization (MCO) tax. Each component was developed separately, as described below.

## Administrative Expenses

Administrative expenses were developed on a percentage of revenue basis, excluding PBR, MCO tax, quality pool incentives, and separate payment term directed payment revenue. Mercer leveraged multiple data sources to develop administrative expense projections, including CCO-reported financial reports and regional and national administrative expense benchmarks for similar Medicaid populations. Mercer reviewed historical CCO-reported financial reports with administrative expenses reported through December 31, 2021. Mercer adjusted historical administrative expense data to exclude non allowable expenses such as broker fees and non Medicaid expenses. Historical administrative expense PMPMs were then projected forward to CY23, taking into consideration cost and wage trends relative to capitation rate growth, additional administrative support needed to implement the new CY23 behavioral health directed payments, demographic and acuity changes of the underlying population, and changes in overall Medicaid enrollment levels. For CY23, the increased administrative efficiencies expected to be gained due to high projected enrollment partially offset the year-over-year administrative cost increases due to trend and inflation.

The overall CY23 administrative expense percentage was then allocated to each CCO based on each CCO's non-medical load tier, which was determined based on the number of enrollees associated with each CCO. The largest CCOs in terms of enrollment are in Tier 1, and the smallest are in Tier 3. Based on a review of both CY21 and projected CY23 enrollment, Mercer categorized each CCO as follows:

- Tier 1:
  - Health Share of Oregon
  - PacificSource (all plans)
- Tier 2:
  - AllCare CCO
  - Columbia Pacific CCO, LLC and Jackson County CCO, LLC (jointly administered)
  - Eastern Oregon Coordinated Care Org., LLC
  - InterCommunity Health Network, Inc.
  - Trillium (all plans)



- Tier 3:
  - Advanced Health, LLC
  - Cascade Health Alliance, LLC
  - Umpqua Health Alliance
  - Yamhill Community Care

Through this allocation, the resulting aggregate administrative expense ratio of 8.2% was allocated across tiers, resulting in tier-specific values of 7.75%, 8.75%, and 9.35% for Tier 1, 2, and 3, respectively. These same percentages were allocated to all COAs and all CCO plan types within each tier, as well as to the maternity case rate.

Administrative expenses exclude health-related services (HRS) as these are accounted for separately through PBR.

Administrative expenses are included in the non-medical load (NML) percentage shown in Appendix C.

## Underwriting Margin

Mercer developed underwriting margin assumptions which implicitly and broadly consider the cost of capital requirements and inherent risk of the CCO program. This analysis used publicly available financial statements, premium and expense information, and enrollment data to determine underwriting margin assumptions that are sufficient to cover at least the minimum cost of capital needs for the typical CCO.

Underwriting margin percentages were determined as a percentage of the CCO capitation rate before PBR, MCO tax, quality pool incentives, and separate payment term directed payment revenue. Final underwriting margin percentages are 2.0% for the PCR, ACA, and Bridge COAs, and 1.5% for all other COAs. The higher percentage applied to PCR, ACA, and Bridge COAs reflects the greater uncertainty and risk associated with the assumed acuity levels for CY23, the magnitude and directional impact of which is dependent on the currently unknown PHE end date and subsequent unwinding period.

Underwriting margin is included in the NML percentage shown in Appendix C.

## Performance Based Rewards

Funding for HRS is included in the capitation rate development through the PBR PMPMs, as allowed by the State's 1115 waiver. The inclusion of these funds in the capitation rate is intended to incentivize CCOs to invest in HRS services with the goal of improving health outcomes and reducing medical costs. Additional detail on PBR and the development of CCO-specific amounts is included in Appendix K.

OHA developed the pool of PBR dollars applicable for each CCO for CY23, as described in Appendix K. Mercer allocated funding for each CCO as a uniform percentage of the capitation rate across all rate cells. PBR is not allocated to the maternity case rate. Final PBR PMPMs by rate cell are shown in Appendix C.

## **Managed Care Organization Tax**

The State of Oregon requires MCOs to pay a 2.0% MCO assessment on premiums/capitation revenue.

The MCO tax is included in the capitation rate development in Appendix C.

## Section 8

# Final Certified Rates

### CCO Final Capitation Rates

The development of capitation rates is shown in Appendix C, which includes separate tabs for each CCO type. The statewide rates were the starting point for developing the final projected medical component of capitation rates for each CCO. Additional adjustments were then applied to the statewide rates to reflect the impact of risk adjustment, regional cost differences, CCO-specific hospital mix, and unit pricing. The costs of the behavioral health directed payments, Hep-C, and dental were then added for applicable CCO types. Non-medical load, PBR, and MCO tax were also added in the calculation of the final rates.

Note that the supplemental maternity case rate is paid separately from PMPM capitation rates. These payment amounts are included in Appendix C and are described in Section 6 of the certification.

Appendix A includes a comparison of CY23 CCOA capitation rates to CY22 rates.

### Certification of Final Rates

This certification assumes items in Oregon's State Plan, including any proposed State Plan Amendments, as well as the CCO contracts, have been, or will be approved by CMS.

In preparing the capitation rates for the Oregon Medicaid CCO Program found in Appendix C, the separate payment term directed payment total opportunity amounts described in Section 6 and the corresponding PMPM estimates by COA found in Appendix L, Mercer used and relied upon enrollment, eligibility, encounters, claims, financial reports, risk scores, budgetary and financial impact analyses, and other information supplied by the State and its contracted CCOs. The State and its contracted CCOs are responsible for the validity and completeness of this supplied data and information. Mercer has reviewed the summarized data and information for internal consistency and reasonableness, but did not audit it. In Mercer's opinion, the data used for the rate development process is appropriate for the intended purposes. If the data and information is incomplete or inaccurate, the values shown in this certification may need to be revised accordingly.

Because modeling all aspects of a situation or scenario is not possible or practical, Mercer may use summary information, estimates, or simplifications of calculations to facilitate the modeling of future events in an efficient and cost-effective manner. Mercer may also exclude factors or data that are immaterial in our judgment. Use of such simplifying techniques does not, in our judgment, affect the reasonableness, appropriateness, or attainability of the results for the Medicaid program. Actuarial assumptions may also be changed from one certification period to the next because of changes in mandated requirements, program experience, changes in expectations about the future, and other factors. A change in assumptions is not an indication that prior assumptions were unreasonable, inappropriate, or unattainable when they were made.

Mercer certifies that the CCO program capitation rates, the separate payment term directed payment total payment opportunity, and the separate payment term directed payment

estimated PMPMs were developed in accordance with generally accepted actuarial practices and principles and in accordance with the financing and funding mechanism for the separate payment term directed payment and are appropriate for the Medicaid covered populations and services under the managed care contract. Any differences in the assumptions, methodologies, or factors between different covered populations/COAs used to develop capitation rates comply with 42 C.F.R. § 438.4(b)(1) and are based on valid rate development standards that represent actual and projected cost and risk differences in providing covered services to each covered population/COA. Mercer did not vary assumptions among each covered population/COA based on the rate of FFP associated with each. The undersigned actuary is a member of the American Academy of Actuaries and meets its qualification standards to certify to the actuarial soundness of Medicaid managed care capitation rates.

Capitation rates developed by Mercer are actuarial projections of future contingent events. All estimates are based upon the information and data available at a point in time and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely, and potentially wide, range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use. Actual CCO costs will differ from these projections. Mercer has developed these rates on behalf of the State to demonstrate compliance with CMS requirements under 42 CFR § 438.4 and in accordance with applicable laws and regulations. Use of these rates for any purpose beyond that stated may not be appropriate.

CCOs are advised that the use of these rates may not be appropriate for their particular circumstance and Mercer disclaims any responsibility for the use of these rates by CCOs for any purpose. Mercer recommends that any CCO considering contracting with the State should analyze its own projected medical expense, administrative expense, and any other revenue needs for comparison to these rates before deciding whether to contract with the State.

The State understands that Mercer is not engaged in the practice of law, or in providing advice on taxation matters. This report, which may include commenting on legal or taxation issues or regulations, does not constitute and is not a substitute for legal or taxation advice. Accordingly, Mercer recommends that the State secure the advice of competent legal and taxation counsel with respect to any legal or taxation matters related to this report or otherwise.

This certification assumes the reader is familiar with the Oregon Medicaid program, Medicaid eligibility rules, and actuarial rating techniques. It has been prepared exclusively for the State and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these results. This report should only be reviewed in its entirety and Mercer is not responsible for, and expressly disclaims liability for, any reliance on this report by third parties.

If you have any questions regarding this certification, please contact Scott Katterman at [scott.katterman@mercer.com](mailto:scott.katterman@mercer.com).

Sincerely,



Scott Katterman, FSA, MAAA  
Principal

Attachments

## **Section 9**

# **List of Appendices (Attached)**

**Appendix A: Comparison to CY22 Rates**

**Appendix B: Statewide Rate Buildup**

**Appendix C: Certified Rates**

**Appendix D: Regional Factor Development**

**Appendix E: Dental Buildup**

**Appendix F: Maternity Case Rate Regional Detail**

**Appendix G: Dental Non-Covered Services**

**Appendix H: Dental Fee Schedule**

**Appendix I: OP Hospital Procedure Codes**

**Appendix J: OP Hospital Average Unit Costs**

**Appendix K: PBR Report**

**Appendix L: Separate Payment Term PMPM Estimates**



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**CY23 CCO Rate Certification**  
**Appendix A: Comparison to CY22 Rates**

CCO	COA <sup>1</sup>	CY23 Caseload Forecast	CY22 Rate Excl. MCO Tax	CY23 Rate Excl. MCO Tax	% Difference
Advanced Health, LLC	PCR	28,030	\$ 517.10	\$ 529.69	2.4%
Advanced Health, LLC	PWO	2,813	\$ 489.02	\$ 484.30	-1.0%
Advanced Health, LLC	CHILD 00-01	4,983	\$ 747.74	\$ 888.99	18.9%
Advanced Health, LLC	CHILD 01-05	25,565	\$ 177.38	\$ 196.17	10.6%
Advanced Health, LLC	CHILD 06-18	60,994	\$ 228.71	\$ 248.21	8.5%
Advanced Health, LLC	DUAL-MEDS	34,430	\$ 279.37	\$ 295.52	5.8%
Advanced Health, LLC	ABAD & OAA	21,263	\$ 1,435.37	\$ 1,517.18	5.7%
Advanced Health, LLC	FOSTER	4,578	\$ 652.27	\$ 716.93	9.9%
Advanced Health, LLC	ACA 19-44	78,918	\$ 490.20	\$ 459.41	-6.3%
Advanced Health, LLC	ACA 45-54	25,041	\$ 836.30	\$ 771.72	-7.7%
Advanced Health, LLC	ACA 55-64	29,556	\$ 949.12	\$ 904.79	-4.7%
Advanced Health, LLC	BCCP	116	\$ 1,435.37	\$ 1,517.18	5.7%
Advanced Health, LLC	Maternity	318	\$ 10,403.34	\$ 10,518.55	1.1%
Advanced Health, LLC	<b>Total</b>	<b>316,285</b>	<b>\$ 544.95</b>	<b>\$ 544.92</b>	<b>0.0%</b>
AllCare CCO	PCR	66,775	\$ 436.92	\$ 476.90	9.2%
AllCare CCO	PWO	8,656	\$ 463.21	\$ 476.35	2.8%
AllCare CCO	CHILD 00-01	11,213	\$ 706.92	\$ 864.79	22.3%
AllCare CCO	CHILD 01-05	54,098	\$ 180.82	\$ 189.85	5.0%
AllCare CCO	CHILD 06-18	135,704	\$ 196.31	\$ 216.61	10.3%
AllCare CCO	DUAL-MEDS	69,930	\$ 245.62	\$ 277.32	12.9%
AllCare CCO	ABAD & OAA	36,312	\$ 1,319.02	\$ 1,481.78	12.3%
AllCare CCO	FOSTER	7,877	\$ 630.43	\$ 678.09	7.6%
AllCare CCO	ACA 19-44	200,831	\$ 402.17	\$ 403.16	0.2%
AllCare CCO	ACA 45-54	55,420	\$ 702.98	\$ 673.39	-4.2%
AllCare CCO	ACA 55-64	60,463	\$ 842.32	\$ 810.93	-3.7%
AllCare CCO	BCCP	119	\$ 1,319.02	\$ 1,481.78	12.3%
AllCare CCO	Maternity	759	\$ 10,552.77	\$ 10,589.04	0.3%
AllCare CCO	<b>Total</b>	<b>707,398</b>	<b>\$ 461.40</b>	<b>\$ 479.79</b>	<b>4.0%</b>
Cascade Health Alliance, LLC	PCR	29,395	\$ 456.88	\$ 503.80	10.3%
Cascade Health Alliance, LLC	PWO	3,980	\$ 459.55	\$ 459.72	0.0%
Cascade Health Alliance, LLC	CHILD 00-01	6,299	\$ 702.83	\$ 850.08	21.0%
Cascade Health Alliance, LLC	CHILD 01-05	29,013	\$ 161.42	\$ 176.35	9.2%
Cascade Health Alliance, LLC	CHILD 06-18	66,480	\$ 195.90	\$ 210.83	7.6%
Cascade Health Alliance, LLC	DUAL-MEDS	24,595	\$ 243.26	\$ 273.64	12.5%
Cascade Health Alliance, LLC	ABAD & OAA	16,629	\$ 1,271.96	\$ 1,305.63	2.6%
Cascade Health Alliance, LLC	FOSTER	3,789	\$ 619.99	\$ 720.23	16.2%
Cascade Health Alliance, LLC	ACA 19-44	73,018	\$ 440.29	\$ 427.97	-2.8%
Cascade Health Alliance, LLC	ACA 45-54	19,755	\$ 774.17	\$ 760.51	-1.8%
Cascade Health Alliance, LLC	ACA 55-64	20,539	\$ 830.75	\$ 840.34	1.2%
Cascade Health Alliance, LLC	BCCP	32	\$ 1,271.96	\$ 1,305.63	2.6%
Cascade Health Alliance, LLC	Maternity	343	\$ 10,573.84	\$ 10,285.00	-2.7%
Cascade Health Alliance, LLC	<b>Total</b>	<b>293,524</b>	<b>\$ 460.09</b>	<b>\$ 474.91</b>	<b>3.2%</b>
Columbia Pacific CCO, LLC	PCR	35,821	\$ 620.09	\$ 601.27	-3.0%
Columbia Pacific CCO, LLC	PWO	4,000	\$ 600.13	\$ 560.01	-6.7%
Columbia Pacific CCO, LLC	CHILD 00-01	6,624	\$ 783.96	\$ 912.68	16.4%
Columbia Pacific CCO, LLC	CHILD 01-05	35,559	\$ 213.25	\$ 206.71	-3.1%
Columbia Pacific CCO, LLC	CHILD 06-18	90,928	\$ 240.97	\$ 238.15	-1.2%
Columbia Pacific CCO, LLC	DUAL-MEDS	35,091	\$ 340.06	\$ 323.45	-4.9%
Columbia Pacific CCO, LLC	ABAD & OAA	19,994	\$ 1,544.45	\$ 1,741.48	12.8%
Columbia Pacific CCO, LLC	FOSTER	5,303	\$ 563.54	\$ 586.13	4.0%
Columbia Pacific CCO, LLC	ACA 19-44	105,077	\$ 546.58	\$ 537.43	-1.7%
Columbia Pacific CCO, LLC	ACA 45-54	31,552	\$ 866.37	\$ 869.44	0.4%
Columbia Pacific CCO, LLC	ACA 55-64	33,686	\$ 1,029.32	\$ 1,032.81	0.3%
Columbia Pacific CCO, LLC	BCCP	53	\$ 1,544.45	\$ 1,741.48	12.8%
Columbia Pacific CCO, LLC	Maternity	372	\$ 14,436.98	\$ 13,869.28	-3.9%
Columbia Pacific CCO, LLC	<b>Total</b>	<b>403,686</b>	<b>\$ 569.74</b>	<b>\$ 574.83</b>	<b>0.9%</b>



**CY23 CCO Rate Certification**  
**Appendix A: Comparison to CY22 Rates**

CCO	COA <sup>1</sup>	CY23 Caseload Forecast	CY22 Rate Excl. MCO Tax	CY23 Rate Excl. MCO Tax	% Difference
Eastern Oregon Coordinated Care Org., LLC	PCR	73,081	\$ 615.98	\$ 597.43	-3.0%
Eastern Oregon Coordinated Care Org., LLC	PWO	10,435	\$ 604.53	\$ 528.19	-12.6%
Eastern Oregon Coordinated Care Org., LLC	CHILD 00-01	18,334	\$ 728.77	\$ 872.10	19.7%
Eastern Oregon Coordinated Care Org., LLC	CHILD 01-05	89,295	\$ 237.19	\$ 221.32	-6.7%
Eastern Oregon Coordinated Care Org., LLC	CHILD 06-18	216,582	\$ 255.81	\$ 262.67	2.7%
Eastern Oregon Coordinated Care Org., LLC	DUAL-MEDS	66,203	\$ 350.22	\$ 371.01	5.9%
Eastern Oregon Coordinated Care Org., LLC	ABAD & OAA	37,992	\$ 1,539.39	\$ 1,699.89	10.4%
Eastern Oregon Coordinated Care Org., LLC	FOSTER	10,906	\$ 535.57	\$ 719.24	34.3%
Eastern Oregon Coordinated Care Org., LLC	ACA 19-44	183,121	\$ 541.40	\$ 512.39	-5.4%
Eastern Oregon Coordinated Care Org., LLC	ACA 45-54	48,188	\$ 945.55	\$ 907.09	-4.1%
Eastern Oregon Coordinated Care Org., LLC	ACA 55-64	49,668	\$ 1,014.43	\$ 1,006.74	-0.8%
Eastern Oregon Coordinated Care Org., LLC	BCCP	42	\$ 1,539.39	\$ 1,699.89	10.4%
Eastern Oregon Coordinated Care Org., LLC	Maternity	1,031	\$ 15,644.31	\$ 16,543.83	5.7%
Eastern Oregon Coordinated Care Org., LLC	<b>Total</b>	<b>803,848</b>	<b>\$ 547.45</b>	<b>\$ 551.69</b>	<b>0.8%</b>
Health Share of Oregon	PCR	390,581	\$ 479.43	\$ 504.71	5.3%
Health Share of Oregon	PWO	52,405	\$ 470.05	\$ 462.27	-1.7%
Health Share of Oregon	CHILD 00-01	81,538	\$ 707.49	\$ 855.33	20.9%
Health Share of Oregon	CHILD 01-05	434,968	\$ 191.01	\$ 189.58	-0.7%
Health Share of Oregon	CHILD 06-18	1,100,298	\$ 193.53	\$ 214.85	11.0%
Health Share of Oregon	DUAL-MEDS	389,448	\$ 256.25	\$ 268.10	4.6%
Health Share of Oregon	ABAD & OAA	247,440	\$ 1,545.76	\$ 1,627.67	5.3%
Health Share of Oregon	FOSTER	44,586	\$ 709.35	\$ 760.81	7.3%
Health Share of Oregon	ACA 19-44	1,480,956	\$ 439.11	\$ 439.09	0.0%
Health Share of Oregon	ACA 45-54	348,196	\$ 723.49	\$ 732.58	1.3%
Health Share of Oregon	ACA 55-64	304,315	\$ 824.35	\$ 863.94	4.8%
Health Share of Oregon	BCCP	421	\$ 1,545.76	\$ 1,627.67	5.3%
Health Share of Oregon	Maternity	4,614	\$ 11,016.94	\$ 11,734.92	6.5%
Health Share of Oregon	<b>Total</b>	<b>4,875,154</b>	<b>\$ 468.51</b>	<b>\$ 486.99</b>	<b>3.9%</b>
InterCommunity Health Network, Inc.	PCR	77,453	\$ 590.05	\$ 577.91	-2.1%
InterCommunity Health Network, Inc.	PWO	10,401	\$ 564.84	\$ 537.80	-4.8%
InterCommunity Health Network, Inc.	CHILD 00-01	15,819	\$ 744.75	\$ 875.26	17.5%
InterCommunity Health Network, Inc.	CHILD 01-05	85,040	\$ 193.79	\$ 202.99	4.7%
InterCommunity Health Network, Inc.	CHILD 06-18	201,867	\$ 232.45	\$ 256.72	10.4%
InterCommunity Health Network, Inc.	DUAL-MEDS	76,942	\$ 323.31	\$ 303.84	-6.0%
InterCommunity Health Network, Inc.	ABAD & OAA	49,385	\$ 1,433.85	\$ 1,532.67	6.9%
InterCommunity Health Network, Inc.	FOSTER	9,578	\$ 528.81	\$ 612.49	15.8%
InterCommunity Health Network, Inc.	ACA 19-44	259,754	\$ 494.76	\$ 507.75	2.6%
InterCommunity Health Network, Inc.	ACA 45-54	62,933	\$ 852.00	\$ 874.54	2.6%
InterCommunity Health Network, Inc.	ACA 55-64	63,052	\$ 960.49	\$ 1,012.66	5.4%
InterCommunity Health Network, Inc.	BCCP	11	\$ 1,433.85	\$ 1,532.67	6.9%
InterCommunity Health Network, Inc.	Maternity	930	\$ 13,367.40	\$ 14,274.03	6.8%
InterCommunity Health Network, Inc.	<b>Total</b>	<b>912,234</b>	<b>\$ 529.09</b>	<b>\$ 550.62</b>	<b>4.1%</b>
Jackson County CCO, LLC	PCR	66,676	\$ 491.69	\$ 543.23	10.5%
Jackson County CCO, LLC	PWO	8,300	\$ 479.64	\$ 477.34	-0.5%
Jackson County CCO, LLC	CHILD 00-01	14,208	\$ 715.98	\$ 865.97	20.9%
Jackson County CCO, LLC	CHILD 01-05	75,804	\$ 188.02	\$ 185.36	-1.4%
Jackson County CCO, LLC	CHILD 06-18	181,028	\$ 206.99	\$ 224.76	8.6%
Jackson County CCO, LLC	DUAL-MEDS	43,754	\$ 256.87	\$ 288.80	12.4%
Jackson County CCO, LLC	ABAD & OAA	30,121	\$ 1,454.02	\$ 1,567.20	7.8%
Jackson County CCO, LLC	FOSTER	9,348	\$ 626.38	\$ 693.95	10.8%
Jackson County CCO, LLC	ACA 19-44	190,565	\$ 462.59	\$ 457.99	-1.0%
Jackson County CCO, LLC	ACA 45-54	50,837	\$ 751.52	\$ 762.29	1.4%
Jackson County CCO, LLC	ACA 55-64	51,021	\$ 869.33	\$ 886.77	2.0%
Jackson County CCO, LLC	BCCP	84	\$ 1,454.02	\$ 1,567.20	7.8%
Jackson County CCO, LLC	Maternity	778	\$ 11,069.64	\$ 10,988.25	-0.7%
Jackson County CCO, LLC	<b>Total</b>	<b>721,746</b>	<b>\$ 469.69</b>	<b>\$ 489.80</b>	<b>4.3%</b>

**CY23 CCO Rate Certification**  
**Appendix A: Comparison to CY22 Rates**

CCO	COA <sup>1</sup>	CY23 Caseload Forecast	CY22 Rate Excl. MCO Tax	CY23 Rate Excl. MCO Tax	% Difference
PacificSource Community Solutions (Central)	PCR	72,307	\$ 588.38	\$ 597.66	1.6%
PacificSource Community Solutions (Central)	PWO	10,706	\$ 570.60	\$ 526.04	-7.8%
PacificSource Community Solutions (Central)	CHILD 00-01	15,279	\$ 686.60	\$ 844.55	23.0%
PacificSource Community Solutions (Central)	CHILD 01-05	80,943	\$ 228.07	\$ 229.92	0.8%
PacificSource Community Solutions (Central)	CHILD 06-18	194,888	\$ 264.69	\$ 278.34	5.2%
PacificSource Community Solutions (Central)	DUAL-MEDS	54,728	\$ 329.47	\$ 358.73	8.9%
PacificSource Community Solutions (Central)	ABAD & OAA	29,942	\$ 1,621.23	\$ 1,825.32	12.6%
PacificSource Community Solutions (Central)	FOSTER	9,066	\$ 559.88	\$ 731.78	30.7%
PacificSource Community Solutions (Central)	ACA 19-44	237,208	\$ 532.84	\$ 529.37	-0.7%
PacificSource Community Solutions (Central)	ACA 45-54	60,406	\$ 870.00	\$ 874.04	0.5%
PacificSource Community Solutions (Central)	ACA 55-64	60,376	\$ 979.33	\$ 975.06	-0.4%
PacificSource Community Solutions (Central)	BCCP	179	\$ 1,621.23	\$ 1,825.32	12.6%
PacificSource Community Solutions (Central)	Maternity	879	\$ 11,102.88	\$ 11,892.30	7.1%
PacificSource Community Solutions (Central)	<b>Total</b>	<b>826,028</b>	<b>\$ 543.52</b>	<b>\$ 561.18</b>	<b>3.2%</b>
PacificSource Community Solutions (Gorge)	PCR	14,633	\$ 589.64	\$ 546.44	-7.3%
PacificSource Community Solutions (Gorge)	PWO	2,444	\$ 586.12	\$ 530.83	-9.4%
PacificSource Community Solutions (Gorge)	CHILD 00-01	3,506	\$ 705.90	\$ 875.12	24.0%
PacificSource Community Solutions (Gorge)	CHILD 01-05	19,544	\$ 226.20	\$ 228.48	1.0%
PacificSource Community Solutions (Gorge)	CHILD 06-18	52,182	\$ 256.07	\$ 250.24	-2.3%
PacificSource Community Solutions (Gorge)	DUAL-MEDS	14,016	\$ 337.01	\$ 365.52	8.5%
PacificSource Community Solutions (Gorge)	ABAD & OAA	7,544	\$ 1,541.26	\$ 1,628.50	5.7%
PacificSource Community Solutions (Gorge)	FOSTER	1,862	\$ 565.78	\$ 783.34	38.5%
PacificSource Community Solutions (Gorge)	ACA 19-44	48,567	\$ 492.91	\$ 472.91	-4.1%
PacificSource Community Solutions (Gorge)	ACA 45-54	11,839	\$ 834.30	\$ 793.42	-4.9%
PacificSource Community Solutions (Gorge)	ACA 55-64	13,819	\$ 951.43	\$ 915.80	-3.7%
PacificSource Community Solutions (Gorge)	BCCP	21	\$ 1,541.26	\$ 1,628.50	5.7%
PacificSource Community Solutions (Gorge)	Maternity	194	\$ 17,491.05	\$ 16,854.68	-3.6%
PacificSource Community Solutions (Gorge)	<b>Total</b>	<b>189,978</b>	<b>\$ 516.44</b>	<b>\$ 510.97</b>	<b>-1.1%</b>
PacificSource Community Solutions (Lane)	PCR	85,568	\$ 500.27	\$ 554.06	10.8%
PacificSource Community Solutions (Lane)	PWO	13,226	\$ 476.35	\$ 485.88	2.0%
PacificSource Community Solutions (Lane)	CHILD 00-01	18,332	\$ 734.91	\$ 873.35	18.8%
PacificSource Community Solutions (Lane)	CHILD 01-05	94,897	\$ 196.28	\$ 194.37	-1.0%
PacificSource Community Solutions (Lane)	CHILD 06-18	220,419	\$ 235.29	\$ 250.19	6.3%
PacificSource Community Solutions (Lane)	DUAL-MEDS	76,635	\$ 249.36	\$ 285.64	14.6%
PacificSource Community Solutions (Lane)	ABAD & OAA	52,343	\$ 1,581.92	\$ 1,667.59	5.4%
PacificSource Community Solutions (Lane)	FOSTER	13,907	\$ 635.07	\$ 707.46	11.4%
PacificSource Community Solutions (Lane)	ACA 19-44	290,790	\$ 473.39	\$ 483.30	2.1%
PacificSource Community Solutions (Lane)	ACA 45-54	69,056	\$ 786.24	\$ 801.03	1.9%
PacificSource Community Solutions (Lane)	ACA 55-64	66,838	\$ 905.90	\$ 921.97	1.8%
PacificSource Community Solutions (Lane)	BCCP	105	\$ 1,581.92	\$ 1,667.59	5.4%
PacificSource Community Solutions (Lane)	Maternity	996	\$ 10,400.61	\$ 10,384.84	-0.2%
PacificSource Community Solutions (Lane)	<b>Total</b>	<b>1,002,116</b>	<b>\$ 505.77</b>	<b>\$ 529.33</b>	<b>4.7%</b>

**CY23 CCO Rate Certification**  
**Appendix A: Comparison to CY22 Rates**

CCO	COA <sup>1</sup>	CY23 Caseload Forecast	CY22 Rate Excl. MCO Tax	CY23 Rate Excl. MCO Tax	% Difference
PacificSource Community Solutions (Marion Polk)	PCR	133,960	\$ 526.27	\$ 550.71	4.6%
PacificSource Community Solutions (Marion Polk)	PWO	19,820	\$ 514.51	\$ 507.60	-1.3%
PacificSource Community Solutions (Marion Polk)	CHILD 00-01	33,789	\$ 676.15	\$ 854.60	26.4%
PacificSource Community Solutions (Marion Polk)	CHILD 01-05	177,679	\$ 184.42	\$ 196.23	6.4%
PacificSource Community Solutions (Marion Polk)	CHILD 06-18	444,022	\$ 205.95	\$ 226.49	10.0%
PacificSource Community Solutions (Marion Polk)	DUAL-MEDS	111,219	\$ 291.06	\$ 299.81	3.0%
PacificSource Community Solutions (Marion Polk)	ABAD & OAA	78,035	\$ 1,393.71	\$ 1,611.45	15.6%
PacificSource Community Solutions (Marion Polk)	FOSTER	13,313	\$ 514.22	\$ 564.14	9.7%
PacificSource Community Solutions (Marion Polk)	ACA 19-44	382,785	\$ 446.25	\$ 477.92	7.1%
PacificSource Community Solutions (Marion Polk)	ACA 45-54	86,922	\$ 777.67	\$ 852.08	9.6%
PacificSource Community Solutions (Marion Polk)	ACA 55-64	85,496	\$ 885.45	\$ 976.76	10.3%
PacificSource Community Solutions (Marion Polk)	BCCP	211	\$ 1,393.71	\$ 1,611.45	15.6%
PacificSource Community Solutions (Marion Polk)	Maternity	1,780	\$ 13,178.23	\$ 13,595.78	3.2%
PacificSource Community Solutions (Marion Polk)	<b>Total</b>	<b>1,567,253</b>	<b>\$ 455.32</b>	<b>\$ 497.56</b>	<b>9.3%</b>
Trillium Community Health Plan, Inc. (Southwest)	PCR	28,531	\$ 490.51	\$ 510.48	4.1%
Trillium Community Health Plan, Inc. (Southwest)	PWO	3,609	\$ 480.23	\$ 489.70	2.0%
Trillium Community Health Plan, Inc. (Southwest)	CHILD 00-01	4,622	\$ 737.38	\$ 880.95	19.5%
Trillium Community Health Plan, Inc. (Southwest)	CHILD 01-05	23,308	\$ 176.79	\$ 182.58	3.3%
Trillium Community Health Plan, Inc. (Southwest)	CHILD 06-18	63,110	\$ 223.02	\$ 225.82	1.3%
Trillium Community Health Plan, Inc. (Southwest)	DUAL-MEDS	54,364	\$ 253.24	\$ 284.27	12.3%
Trillium Community Health Plan, Inc. (Southwest)	ABAD & OAA	33,600	\$ 1,122.22	\$ 1,202.58	7.2%
Trillium Community Health Plan, Inc. (Southwest)	FOSTER	6,121	\$ 633.08	\$ 676.10	6.8%
Trillium Community Health Plan, Inc. (Southwest)	ACA 19-44	144,678	\$ 448.31	\$ 410.25	-8.5%
Trillium Community Health Plan, Inc. (Southwest)	ACA 45-54	33,367	\$ 702.30	\$ 667.31	-5.0%
Trillium Community Health Plan, Inc. (Southwest)	ACA 55-64	29,696	\$ 783.60	\$ 757.96	-3.3%
Trillium Community Health Plan, Inc. (Southwest)	BCCP	21	\$ 1,122.22	\$ 1,202.58	7.2%
Trillium Community Health Plan, Inc. (Southwest)	Maternity	348	\$ 10,524.72	\$ 10,556.52	0.3%
Trillium Community Health Plan, Inc. (Southwest)	<b>Total</b>	<b>425,027</b>	<b>\$ 489.22</b>	<b>\$ 486.41</b>	<b>-0.6%</b>

**CY23 CCO Rate Certification**  
**Appendix A: Comparison to CY22 Rates**

CCO	COA <sup>1</sup>	CY23 Caseload Forecast	CY22 Rate Excl. MCO Tax	CY23 Rate Excl. MCO Tax	% Difference
Trillium Community Health Plan, Inc. (Tri-County)	PCR	19,322	\$ 483.41	\$ 459.03	-5.0%
Trillium Community Health Plan, Inc. (Tri-County)	PWO	4,259	\$ 473.95	\$ 467.09	-1.4%
Trillium Community Health Plan, Inc. (Tri-County)	CHILD 00-01	5,888	\$ 713.36	\$ 865.04	21.3%
Trillium Community Health Plan, Inc. (Tri-County)	CHILD 01-05	19,891	\$ 192.60	\$ 178.23	-7.5%
Trillium Community Health Plan, Inc. (Tri-County)	CHILD 06-18	44,102	\$ 195.14	\$ 195.68	0.3%
Trillium Community Health Plan, Inc. (Tri-County)	DUAL-MEDS	26,542	\$ 258.38	\$ 266.44	3.1%
Trillium Community Health Plan, Inc. (Tri-County)	ABAD & OAA	10,067	\$ 1,558.60	\$ 1,567.11	0.5%
Trillium Community Health Plan, Inc. (Tri-County)	FOSTER	707	\$ 715.24	\$ 731.61	2.3%
Trillium Community Health Plan, Inc. (Tri-County)	ACA 19-44	140,875	\$ 442.75	\$ 403.80	-8.8%
Trillium Community Health Plan, Inc. (Tri-County)	ACA 45-54	24,770	\$ 729.50	\$ 629.18	-13.8%
Trillium Community Health Plan, Inc. (Tri-County)	ACA 55-64	23,408	\$ 831.20	\$ 757.67	-8.8%
Trillium Community Health Plan, Inc. (Tri-County)	BCCP	32	\$ 1,558.60	\$ 1,567.11	0.5%
Trillium Community Health Plan, Inc. (Tri-County)	Maternity	168	\$ 11,139.49	\$ 11,667.98	4.7%
Trillium Community Health Plan, Inc. (Tri-County)	<b>Total</b>	<b>319,863</b>	<b>\$ 477.92</b>	<b>\$ 449.28</b>	<b>-6.0%</b>
Umpqua Health Alliance	PCR	40,458	\$ 489.31	\$ 538.37	10.0%
Umpqua Health Alliance	PWO	4,519	\$ 459.23	\$ 466.82	1.7%
Umpqua Health Alliance	CHILD 00-01	7,835	\$ 701.66	\$ 865.83	23.4%
Umpqua Health Alliance	CHILD 01-05	38,515	\$ 184.46	\$ 188.77	2.3%
Umpqua Health Alliance	CHILD 06-18	87,228	\$ 214.11	\$ 235.94	10.2%
Umpqua Health Alliance	DUAL-MEDS	38,131	\$ 250.69	\$ 272.42	8.7%
Umpqua Health Alliance	ABAD & OAA	26,722	\$ 1,341.65	\$ 1,455.44	8.5%
Umpqua Health Alliance	FOSTER	7,475	\$ 608.08	\$ 673.63	10.8%
Umpqua Health Alliance	ACA 19-44	106,413	\$ 468.94	\$ 467.51	-0.3%
Umpqua Health Alliance	ACA 45-54	31,158	\$ 780.66	\$ 792.06	1.5%
Umpqua Health Alliance	ACA 55-64	33,275	\$ 907.18	\$ 929.01	2.4%
Umpqua Health Alliance	BCCP	63	\$ 1,341.65	\$ 1,455.44	8.5%
Umpqua Health Alliance	Maternity	488	\$ 10,195.02	\$ 10,143.10	-0.5%
Umpqua Health Alliance	<b>Total</b>	<b>421,792</b>	<b>\$ 503.99</b>	<b>\$ 529.23</b>	<b>5.0%</b>
Yamhill Community Care	PCR	33,131	\$ 616.72	\$ 598.40	-3.0%
Yamhill Community Care	PWO	4,474	\$ 553.81	\$ 523.34	-5.5%
Yamhill Community Care	CHILD 00-01	7,814	\$ 727.68	\$ 840.26	15.5%
Yamhill Community Care	CHILD 01-05	40,107	\$ 192.71	\$ 196.71	2.1%
Yamhill Community Care	CHILD 06-18	103,577	\$ 231.60	\$ 232.04	0.2%
Yamhill Community Care	DUAL-MEDS	31,035	\$ 325.06	\$ 298.92	-8.0%
Yamhill Community Care	ABAD & OAA	16,234	\$ 1,572.23	\$ 1,657.08	5.4%
Yamhill Community Care	FOSTER	3,302	\$ 686.23	\$ 630.45	-8.1%
Yamhill Community Care	ACA 19-44	101,995	\$ 504.48	\$ 497.64	-1.4%
Yamhill Community Care	ACA 45-54	24,644	\$ 845.87	\$ 804.86	-4.8%
Yamhill Community Care	ACA 55-64	25,271	\$ 956.99	\$ 949.84	-0.7%
Yamhill Community Care	BCCP	32	\$ 1,572.23	\$ 1,657.08	5.4%
Yamhill Community Care	Maternity	380	\$ 14,744.02	\$ 16,133.41	9.4%
Yamhill Community Care	<b>Total</b>	<b>391,617</b>	<b>\$ 511.55</b>	<b>\$ 509.93</b>	<b>-0.3%</b>

**CY23 CCO Rate Certification**  
**Appendix A: Comparison to CY22 Rates**

CCO	COA <sup>1</sup>	CY23 Caseload Forecast	CY22 Rate Excl. MCO Tax	CY23 Rate Excl. MCO Tax	% Difference
Statewide	PCR	1,195,721	\$ 516.94	\$ 537.12	3.9%
Statewide	PWO	164,047	\$ 504.46	\$ 490.54	-2.8%
Statewide	CHILD 00-01	256,083	\$ 712.08	\$ 862.14	21.1%
Statewide	CHILD 01-05	1,324,227	\$ 195.31	\$ 196.82	0.8%
Statewide	CHILD 06-18	3,263,410	\$ 215.07	\$ 231.82	7.8%
Statewide	DUAL-MEDS	1,147,064	\$ 277.51	\$ 291.89	5.2%
Statewide	ABAD & OAA	713,621	\$ 1,474.90	\$ 1,590.16	7.8%
Statewide	FOSTER	151,717	\$ 624.03	\$ 697.31	11.7%
Statewide	ACA 19-44	4,025,553	\$ 462.68	\$ 461.30	-0.3%
Statewide	ACA 45-54	984,085	\$ 775.17	\$ 778.00	0.4%
Statewide	ACA 55-64	950,479	\$ 886.40	\$ 906.54	2.3%
Statewide	BCCP	1,541	\$ 1,485.38	\$ 1,613.38	8.6%
Statewide	Maternity	14,378	\$ 11,921.09	\$ 12,385.29	3.9%
Statewide	<b>Total</b>	<b>14,177,549</b>	<b>\$ 490.27</b>	<b>\$ 507.90</b>	<b>3.6%</b>

**Footnotes:**

1. Bridge plan COAs were not present in CY22 and are therefore excluded from this exhibit.









**CY23 COA Rate Certification**  
**Appendix B: Statewide Rate Buildup**

COA	COS	2021 Base Data					Annual Trend		Population Acuity	PMPM Subtotal	Program Changes - PMPM Impacts					Statewide Rate PMPM
		MMs	Adj. Base PMPM	DRG Hospital Repricing	Hep-C Removal	Final Base PMPM	Util/1,000	Unit Cost			Problem Gambling	Indian Health Care Providers	Hernia	SUD Waiver Costs	PWO Postpartum Expansion	
PCR	All	980,170	\$ 380.50	\$ 7.04	\$ (3.46)	\$ 384.08	2.9%	2.6%	-0.8%	\$ 424.09	\$ 0.13	\$ 4.09	\$ 0.88	\$ 6.22	\$ -	\$ 435.40
PWO	All	104,901	\$ 423.33	\$ (3.18)	\$ -	\$ 420.15	0.9%	1.6%	0.0%	\$ 441.96	\$ -	\$ 1.15	\$ 0.05	\$ 6.49	\$ (47.80)	\$ 401.85
CHILD 00-01	All	252,461	\$ 728.47	\$ 6.66	\$ -	\$ 735.13	0.2%	2.2%	0.0%	\$ 769.89	\$ -	\$ 2.07	\$ -	\$ 0.00	\$ -	\$ 771.96
CHILD 01-05	All	1,305,499	\$ 125.45	\$ (0.41)	\$ (0.33)	\$ 124.70	7.2%	1.6%	0.0%	\$ 147.99	\$ -	\$ 0.85	\$ -	\$ 0.00	\$ -	\$ 148.84
CHILD 06-18	All	3,217,257	\$ 151.84	\$ 0.52	\$ (0.04)	\$ 152.32	3.3%	1.7%	0.0%	\$ 168.03	\$ -	\$ 0.89	\$ -	\$ 0.42	\$ -	\$ 169.34
DUAL-MEDS	All	1,021,220	\$ 194.51	\$ -	\$ (0.30)	\$ 194.21	4.6%	1.5%	0.0%	\$ 218.74	\$ -	\$ 3.21	\$ 0.35	\$ 2.08	\$ -	\$ 224.37
ABAD & OAA	All	635,330	\$ 1,203.80	\$ 13.02	\$ (9.67)	\$ 1,207.15	2.5%	2.9%	0.0%	\$ 1,340.81	\$ 0.13	\$ 5.68	\$ 3.06	\$ 4.83	\$ -	\$ 1,354.51
FOSTER	All	169,179	\$ 462.98	\$ (0.64)	\$ (1.51)	\$ 460.83	5.4%	1.5%	0.0%	\$ 527.67	\$ -	\$ 4.66	\$ -	\$ 1.50	\$ -	\$ 533.82
ACA 19-44	All	3,701,607	\$ 322.51	\$ 2.03	\$ (3.26)	\$ 321.27	3.3%	2.8%	-1.1%	\$ 358.06	\$ 0.13	\$ 3.19	\$ 1.03	\$ 6.24	\$ 0.79	\$ 369.43
ACA 45-54	All	904,893	\$ 570.95	\$ 5.96	\$ (7.27)	\$ 569.64	2.3%	3.4%	-0.9%	\$ 632.51	\$ 0.13	\$ 5.55	\$ 2.56	\$ 5.34	\$ -	\$ 646.08
ACA 55-64	All	873,992	\$ 685.02	\$ 7.41	\$ (9.34)	\$ 683.08	1.6%	3.5%	-0.5%	\$ 751.72	\$ 0.13	\$ 5.04	\$ 3.93	\$ 2.86	\$ -	\$ 763.67
BCCP	All	1,899	\$ 2,190.18	\$ 185.32	\$ -	\$ 2,375.50	2.5%	5.8%	0.0%	\$ 2,795.78	\$ -	\$ 4.64	\$ -	\$ 0.26	\$ -	\$ 2,800.68
<b>Total</b>	<b>Total</b>	<b>13,168,409</b>	<b>\$ 349.98</b>	<b>\$ 2.83</b>	<b>\$ (2.85)</b>	<b>\$ 349.96</b>	<b>2.9%</b>	<b>2.7%</b>	<b>-0.5%</b>	<b>\$ 388.41</b>	<b>\$ 0.07</b>	<b>\$ 2.85</b>	<b>\$ 0.97</b>	<b>\$ 3.34</b>	<b>\$ (0.16)</b>	<b>\$ 395.48</b>
All	Inpatient - A & B Hospital	13,168,409	\$ 5.98	\$ -	\$ -	\$ 5.98	0.2%	2.9%	-0.5%	\$ 6.31	\$ -	\$ -	\$ -	\$ -	\$ (0.03)	\$ 6.28
All	Inpatient - DRG Hospital	13,168,409	\$ 46.96	\$ 0.25	\$ -	\$ 47.21	0.1%	2.8%	-0.5%	\$ 49.79	\$ -	\$ -	\$ -	\$ -	\$ 0.02	\$ 49.80
All	Inpatient - Other	13,168,409	\$ 3.44	\$ -	\$ -	\$ 3.44	0.1%	2.8%	-0.3%	\$ 3.63	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ 3.64
All	Outpatient - A & B Hospital	13,168,409	\$ 18.55	\$ -	\$ -	\$ 18.55	3.1%	2.7%	-0.6%	\$ 20.67	\$ -	\$ -	\$ -	\$ -	\$ (0.00)	\$ 20.67
All	Outpatient - DRG Hospital	13,168,409	\$ 38.42	\$ 2.58	\$ -	\$ 41.01	3.3%	2.7%	-0.6%	\$ 45.83	\$ -	\$ -	\$ 0.97	\$ -	\$ 0.00	\$ 46.80
All	Outpatient - Other	13,168,409	\$ 8.71	\$ -	\$ -	\$ 8.71	3.3%	2.6%	-0.5%	\$ 9.73	\$ -	\$ -	\$ -	\$ -	\$ 0.02	\$ 9.75
All	Physician Services	13,168,409	\$ 80.09	\$ -	\$ -	\$ 80.09	2.6%	1.4%	-0.5%	\$ 86.21	\$ -	\$ 0.69	\$ -	\$ -	\$ (0.35)	\$ 86.56
All	Substance Abuse	13,168,409	\$ 6.94	\$ -	\$ -	\$ 6.94	13.3%	1.2%	-0.9%	\$ 9.05	\$ -	\$ 0.42	\$ -	\$ 2.54	\$ 0.03	\$ 12.04
All	Prescription Drugs	13,168,409	\$ 58.26	\$ -	\$ (2.85)	\$ 55.41	2.8%	6.7%	-0.6%	\$ 66.33	\$ -	\$ 0.77	\$ -	\$ -	\$ 0.10	\$ 67.20
All	DME and Miscellaneous	13,168,409	\$ 19.68	\$ -	\$ -	\$ 19.68	1.0%	1.3%	-0.4%	\$ 20.54	\$ -	\$ -	\$ -	\$ -	\$ (0.04)	\$ 20.50
All	Mental Health Services Inpatient	13,168,409	\$ 3.90	\$ -	\$ -	\$ 3.90	2.4%	1.1%	-0.6%	\$ 4.15	\$ -	\$ -	\$ -	\$ -	\$ 0.02	\$ 4.18
All	Applied Behavior Analysis (ABA)	13,168,409	\$ 1.99	\$ -	\$ -	\$ 1.99	6.8%	1.0%	0.0%	\$ 2.32	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ 2.32
All	Mental Health Other Non-Inpatient	13,168,409	\$ 46.59	\$ -	\$ -	\$ 46.59	2.8%	1.1%	-0.5%	\$ 50.14	\$ 0.07	\$ 0.97	\$ -	\$ -	\$ 0.08	\$ 51.25
All	A&D Residential	13,168,409	\$ 2.52	\$ -	\$ -	\$ 2.52	9.1%	1.2%	-0.8%	\$ 3.05	\$ -	\$ -	\$ -	\$ 0.79	\$ (0.01)	\$ 3.84
All	NEMT	13,168,409	\$ 7.93	\$ -	\$ -	\$ 7.93	14.5%	1.3%	-0.3%	\$ 10.65	\$ -	\$ -	\$ -	\$ -	\$ 0.01	\$ 10.66
<b>Total</b>	<b>Total</b>	<b>13,168,409</b>	<b>\$ 349.98</b>	<b>\$ 2.83</b>	<b>\$ (2.85)</b>	<b>\$ 349.96</b>	<b>2.9%</b>	<b>2.7%</b>	<b>-0.5%</b>	<b>\$ 388.41</b>	<b>\$ 0.07</b>	<b>\$ 2.85</b>	<b>\$ 0.97</b>	<b>\$ 3.34</b>	<b>\$ (0.16)</b>	<b>\$ 395.48</b>
Non-ACA	All	7,687,918	\$ 299.10	\$ 2.33	\$ (1.39)	\$ 300.05	3.1%	2.2%	-0.1%	\$ 332.99	\$ 0.03	\$ 2.12	\$ 0.41	\$ 1.76	\$ (0.65)	\$ 336.67
ACA	All	5,480,492	\$ 421.34	\$ 3.53	\$ (4.89)	\$ 419.98	2.6%	3.1%	-0.9%	\$ 466.15	\$ 0.13	\$ 3.87	\$ 1.74	\$ 5.55	\$ 0.53	\$ 477.98
<b>Total</b>	<b>Total</b>	<b>13,168,409</b>	<b>\$ 349.98</b>	<b>\$ 2.83</b>	<b>\$ (2.85)</b>	<b>\$ 349.96</b>	<b>2.9%</b>	<b>2.7%</b>	<b>-0.5%</b>	<b>\$ 388.41</b>	<b>\$ 0.07</b>	<b>\$ 2.85</b>	<b>\$ 0.97</b>	<b>\$ 3.34</b>	<b>\$ (0.16)</b>	<b>\$ 395.48</b>

CY23 CCO Rate Certification Appendix C: CCOA Certified Rates

Table with 22 columns: CCO, Region, COA, CY23 Caseload Forecast, Statewide Medical PMPM, Regional Risk Adjustment, CCO Risk Adjustment, Regional Factors, Hospital Factor, PMPM Subtotal, BH Uniform Percent Increase, BH Min Fee Schedule, CLSS, COD, Hep-C PMPM, Dental PMPM, PMPM Subtotal, ABAD/BCCP Blend, NML %, PBR PMPM, PMPM Subtotal, MCO Tax %, Total PMPM. Rows include various CCOs like Advanced Health, LLC, AllCare CCO, Cascade Health Alliance, LLC, and Columbia Pacific CCO, LLC across different regions and COAs.





CY23 CCO Rate Certification Appendix C: CCOA Certified Rates

Table with columns: CCO, Region, COA, CY23 Caseload Forecast, Statewide Medical PMPM, Regional Risk Adjustment, CCO Risk Adjustment, Regional Factors, Hospital Factor, PMPM Subtotal, BH Uniform Percent Increase, BH Min Fee Schedule, CLSS, COD, Hep-C PMPM, Dental PMPM, PMPM Subtotal, ABAD/BCCP Blend, NML %, PBR PMPM, PMPM Subtotal, MCO Tax %, Total PMPM. Rows include Trillium Community Health Plan, Umpqua Health Alliance, and Yamhill Community Care.

**CY23 CCO Rate Certification**  
**Appendix C: CCOA Certified Rates**

CCO	Region	COA <sup>1</sup>	CY23 Caseload Forecast <sup>2</sup>	Statewide Medical PMPM <sup>3</sup>	Regional Risk Adjustment	CCO Risk Adjustment	Regional Factors	Hospital Factor	PMPM Subtotal	BH Uniform Percent Increase	BH Min Fee Schedule	CLSS	COD	Hep-C PMPM	Dental PMPM	PMPM Subtotal	ABAD/BCCP Blend	NML %	PBR PMPM	PMPM Subtotal	MCO Tax %	Total PMPM
Statewide	Statewide	PCR	1,195,721	\$ 435.40	1.000	1.000	1.000	1.000	\$ 435.40	\$ 13.97	\$ 3.47	\$ 0.24	\$ 0.56	\$ 3.70	\$ 22.16	\$ 479.51	\$ 479.51	10.2%	\$ 2.90	\$ 537.12	2.0%	\$ 548.08
Statewide	Statewide	PWO	164,047	\$ 401.85	1.000	1.000	1.000	1.000	\$ 401.85	\$ 10.74	\$ 6.65	\$ 0.20	\$ 0.69	\$ -	\$ 20.44	\$ 440.58	\$ 440.58	9.7%	\$ 2.56	\$ 490.54	2.0%	\$ 500.55
Statewide	Statewide	CHILD 00-01	256,083	\$ 771.96	1.000	1.000	1.000	1.000	\$ 771.96	\$ 0.03	\$ -	\$ 0.00	\$ -	\$ -	\$ 2.21	\$ 774.20	\$ 774.20	9.7%	\$ 4.59	\$ 862.14	2.0%	\$ 879.74
Statewide	Statewide	CHILD 01-05	1,324,227	\$ 148.84	1.000	1.000	1.000	1.000	\$ 148.84	\$ 0.95	\$ 1.85	\$ 0.10	\$ -	\$ 0.09	\$ 24.97	\$ 176.80	\$ 176.80	9.7%	\$ 1.04	\$ 196.82	2.0%	\$ 200.84
Statewide	Statewide	CHILD 06-18	3,263,410	\$ 169.34	1.000	1.000	1.000	1.000	\$ 169.34	\$ 8.23	\$ 0.91	\$ 0.19	\$ 0.01	\$ 0.02	\$ 29.54	\$ 208.23	\$ 208.23	9.7%	\$ 1.22	\$ 231.82	2.0%	\$ 236.55
Statewide	Statewide	DUAL-MEDS	1,147,064	\$ 224.37	1.000	1.000	1.000	1.000	\$ 224.37	\$ 11.42	\$ 0.79	\$ 0.22	\$ 0.19	\$ 0.32	\$ 24.67	\$ 261.98	\$ 261.98	9.8%	\$ 1.56	\$ 291.89	2.0%	\$ 297.85
Statewide	Statewide	ABAD & OAA	713,621	\$ 1,354.51	1.000	1.000	1.000	1.000	\$ 1,354.51	\$ 25.28	\$ 8.52	\$ 0.71	\$ 0.46	\$ 10.34	\$ 25.30	\$ 1,425.12	\$ 1,428.12	9.7%	\$ 8.45	\$ 1,590.16	2.0%	\$ 1,622.62
Statewide	Statewide	FOSTER	151,717	\$ 533.82	1.000	1.000	1.000	1.000	\$ 533.82	\$ 57.11	\$ 2.79	\$ 0.93	\$ 0.13	\$ 1.05	\$ 29.90	\$ 625.73	\$ 625.73	9.8%	\$ 3.89	\$ 697.31	2.0%	\$ 711.54
Statewide	Statewide	ACA 19-44	4,025,553	\$ 369.43	1.000	1.000	1.000	1.000	\$ 369.43	\$ 15.28	\$ 3.28	\$ 0.30	\$ 0.75	\$ 3.49	\$ 19.63	\$ 412.15	\$ 412.15	10.2%	\$ 2.34	\$ 461.30	2.0%	\$ 470.71
Statewide	Statewide	ACA 45-54	984,085	\$ 646.08	1.000	1.000	1.000	1.000	\$ 646.08	\$ 12.48	\$ 3.06	\$ 0.22	\$ 0.75	\$ 7.78	\$ 24.39	\$ 694.76	\$ 694.76	10.2%	\$ 4.09	\$ 778.00	2.0%	\$ 793.88
Statewide	Statewide	ACA 55-64	950,479	\$ 763.67	1.000	1.000	1.000	1.000	\$ 763.67	\$ 7.60	\$ 1.48	\$ 0.13	\$ 0.45	\$ 10.01	\$ 25.76	\$ 809.10	\$ 809.10	10.3%	\$ 4.92	\$ 906.54	2.0%	\$ 925.04
Statewide	Statewide	BRIDGE 19-44	135,769	\$ 369.43	1.000	1.000	1.000	1.000	\$ 369.43	\$ 15.28	\$ 3.28	\$ 0.30	\$ 0.75	\$ 3.49	\$ 19.63	\$ 412.15	\$ 412.15	10.2%	\$ 2.34	\$ 461.30	2.0%	\$ 470.71
Statewide	Statewide	BRIDGE 45-54	31,833	\$ 646.08	1.000	1.000	1.000	1.000	\$ 646.08	\$ 12.48	\$ 3.06	\$ 0.22	\$ 0.75	\$ 7.78	\$ 24.39	\$ 694.76	\$ 694.76	10.2%	\$ 4.09	\$ 778.00	2.0%	\$ 793.88
Statewide	Statewide	BRIDGE 55-64	31,193	\$ 763.67	1.000	1.000	1.000	1.000	\$ 763.67	\$ 7.60	\$ 1.48	\$ 0.13	\$ 0.45	\$ 10.01	\$ 25.76	\$ 809.10	\$ 809.10	10.3%	\$ 4.92	\$ 906.54	2.0%	\$ 925.04
Statewide	Statewide	BCCP	1,541	\$ 2,800.68	1.000	1.000	1.000	1.000	\$ 2,800.68	\$ 10.52	\$ -	\$ 0.14	\$ -	\$ -	\$ 25.22	\$ 2,836.56	\$ 1,448.42	9.7%	\$ 9.24	\$ 1,613.38	2.0%	\$ 1,646.31
Statewide	Statewide	Maternity	14,378	\$ 11,179.54	1.000	1.000	1.000	1.000	\$ 11,179.54	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,179.54	\$ 11,179.54	9.7%	\$ -	\$ 12,385.29	2.0%	\$ 12,638.05
Statewide	Statewide	<b>Total</b>	<b>14,376,344</b>	<b>\$ 413.69</b>	<b>1.000</b>	<b>1.000</b>	<b>1.000</b>	<b>1.000</b>	<b>\$ 413.69</b>	<b>\$ 11.83</b>	<b>\$ 2.52</b>	<b>\$ 0.25</b>	<b>\$ 0.40</b>	<b>\$ 3.11</b>	<b>\$ 23.83</b>	<b>\$ 455.63</b>	<b>\$ 455.63</b>	<b>10.0%</b>	<b>\$ 2.61</b>	<b>\$ 508.93</b>	<b>2.0%</b>	<b>\$ 519.31</b>

Footnotes:  
 1. Bridge plan PMPMs and rating factors are set equal to the corresponding ACA age group values.  
 2. Values for maternity represent 2021 delivery counts.  
 3. Values for maternity are CCO-specific, not statewide figures. See separate maternity exhibits for more detail on the maternity rate buildup.

**CY23 CCO Rate Certification**  
**Appendix D: Regional Factor Development**

Region	COA	CY23 Regional Factors				
		Raw PMPM Relativity	Normalized Risk Score <sup>1</sup>	Regional Factor Before COA Blending	Blended Regional Factor <sup>2</sup>	Final Regional Factors <sup>3</sup>
Eastern	PCR	1.133	1.025	1.105	1.094	1.094
Eastern	PWO	1.002	1.000	1.002	1.094	1.093
Eastern	CHILD 00-01	0.977	1.000	0.977	1.000	1.000
Eastern	CHILD 01-05	1.237	1.003	1.233	1.175	1.175
Eastern	CHILD 06-18	1.182	1.023	1.155	1.175	1.174
Eastern	DUAL-MEDS	1.296	1.000	1.296	1.296	1.294
Eastern	ABAD & OAA	1.093	0.988	1.107	1.101	1.100
Eastern	FOSTER	1.033	1.000	1.033	1.033	1.033
Eastern	ACA 19-44	1.139	1.030	1.106	1.101	1.101
Eastern	ACA 45-54	1.164	1.038	1.122	1.101	1.100
Eastern	ACA 55-64	1.046	0.972	1.076	1.101	1.100
Eastern	BCCP	0.368	1.000	0.368	1.101	1.099
Northwest	PCR	1.048	0.987	1.062	1.068	1.068
Northwest	PWO	1.115	0.998	1.118	1.068	1.067
Northwest	CHILD 00-01	0.946	1.000	0.946	1.000	1.000
Northwest	CHILD 01-05	0.954	0.948	1.006	1.025	1.025
Northwest	CHILD 06-18	1.017	0.987	1.031	1.025	1.024
Northwest	DUAL-MEDS	1.057	1.000	1.057	1.057	1.055
Northwest	ABAD & OAA	1.011	0.986	1.026	1.028	1.028
Northwest	FOSTER	0.825	1.000	0.825	0.825	0.825
Northwest	ACA 19-44	1.039	0.979	1.061	1.078	1.078
Northwest	ACA 45-54	1.099	1.020	1.077	1.078	1.077
Northwest	ACA 55-64	1.129	1.016	1.111	1.078	1.076
Northwest	BCCP	1.440	1.000	1.440	1.028	1.027
Southwest	PCR	0.963	1.007	0.957	0.962	0.962
Southwest	PWO	1.042	1.038	1.004	0.962	0.961
Southwest	CHILD 00-01	1.129	1.000	1.129	1.000	1.000
Southwest	CHILD 01-05	0.921	0.976	0.943	0.965	0.965
Southwest	CHILD 06-18	1.010	1.040	0.972	0.965	0.964
Southwest	DUAL-MEDS	0.963	1.000	0.963	0.963	0.962
Southwest	ABAD & OAA	0.919	0.978	0.940	0.939	0.939
Southwest	FOSTER	1.002	1.000	1.002	1.002	1.002
Southwest	ACA 19-44	0.990	1.036	0.955	0.940	0.940
Southwest	ACA 45-54	0.940	1.026	0.916	0.940	0.939
Southwest	ACA 55-64	0.958	1.029	0.931	0.940	0.938
Southwest	BCCP	0.834	1.000	0.834	0.939	0.938
Tricounty	PCR	0.945	0.993	0.952	0.948	0.948
Tricounty	PWO	0.886	0.970	0.913	0.948	0.947
Tricounty	CHILD 00-01	0.950	1.000	0.950	1.000	1.000
Tricounty	CHILD 01-05	0.995	1.055	0.943	0.936	0.936
Tricounty	CHILD 06-18	0.907	0.972	0.933	0.936	0.935
Tricounty	DUAL-MEDS	0.903	1.000	0.903	0.903	0.902
Tricounty	ABAD & OAA	1.034	1.031	1.003	1.004	1.004
Tricounty	FOSTER	1.104	1.000	1.104	1.104	1.104
Tricounty	ACA 19-44	0.946	0.977	0.968	0.970	0.970
Tricounty	ACA 45-54	0.939	0.957	0.981	0.970	0.969
Tricounty	ACA 55-64	0.938	0.974	0.963	0.970	0.968
Tricounty	BCCP	1.175	1.000	1.175	1.004	1.003

**General Notes:**

- Calculations based on 2021 data
- Final factors in Rate Model will vary due to statewide budget-neutral normalization for each COA

**Footnotes:**

1. Risk scores are concurrent 2021 CDPS+Rx version 6.4; CHILD 00-01, DUAL-MEDS, FOSTER, and BCCP are not risk adjusted
2. Child 00-01 factors set to 1.000 for all regions
3. Final Regional Factors reflect statewide budget neutral normalization for each COA.

**CY23 CCO Rate Certification**  
**Appendix E: Dental Buildup**

Region	COA	Dental COS	2021 Base Data		Annual Trend		PMPM Subtotal	Program Changes		Rate PMPM	ABAD/BCCP Blend
			MMs	Adj. Base PMPM	Utilization	Unit Cost		Handicapping Malocclusions	IHCP		
Tricounty	PCR	Diagnostic Services	353,251	\$ 4.15	13.7%	1.3%	\$ 5.49	\$ -	\$ 0.02	\$ 5.51	
Tricounty	PCR	General Services	353,251	\$ 0.34	2.8%	1.3%	\$ 0.37	\$ -	\$ 0.00	\$ 0.37	
Tricounty	PCR	Oral and Maxillofacial Surgery	353,251	\$ 2.69	15.8%	1.3%	\$ 3.70	\$ -	\$ 0.01	\$ 3.71	
Tricounty	PCR	Periodontics	353,251	\$ 1.88	16.7%	1.3%	\$ 2.63	\$ -	\$ 0.01	\$ 2.64	
Tricounty	PCR	Preventative	353,251	\$ 1.25	17.7%	1.3%	\$ 1.77	\$ -	\$ 0.01	\$ 1.78	
Tricounty	PCR	Restorative	353,251	\$ 4.30	22.6%	1.3%	\$ 6.62	\$ -	\$ 0.03	\$ 6.64	
Tricounty	PCR	Orthodontics	353,251	\$ 0.02	2.3%	1.3%	\$ 0.02	\$ 0.09	\$ 0.00	\$ 0.11	
Tricounty	PCR	Other Misc.	353,251	\$ 1.58	22.3%	1.3%	\$ 2.41	\$ -	\$ 0.01	\$ 2.42	
Tricounty	PWO	Diagnostic Services	40,728	\$ 4.03	15.8%	1.3%	\$ 5.53	\$ -	\$ 0.04	\$ 5.57	
Tricounty	PWO	General Services	40,728	\$ 0.26	2.3%	1.3%	\$ 0.28	\$ -	\$ 0.00	\$ 0.28	
Tricounty	PWO	Oral and Maxillofacial Surgery	40,728	\$ 1.65	3.3%	1.3%	\$ 1.81	\$ -	\$ 0.01	\$ 1.82	
Tricounty	PWO	Periodontics	40,728	\$ 1.93	16.2%	1.3%	\$ 2.67	\$ -	\$ 0.02	\$ 2.69	
Tricounty	PWO	Preventative	40,728	\$ 1.49	20.3%	1.3%	\$ 2.20	\$ -	\$ 0.02	\$ 2.22	
Tricounty	PWO	Restorative	40,728	\$ 4.36	22.3%	1.3%	\$ 6.68	\$ -	\$ 0.05	\$ 6.73	
Tricounty	PWO	Orthodontics	40,728	\$ 0.01	16.2%	1.3%	\$ 0.01	\$ 0.49	\$ 0.00	\$ 0.50	
Tricounty	PWO	Other Misc.	40,728	\$ 0.76	49.0%	1.3%	\$ 1.72	\$ -	\$ 0.01	\$ 1.74	
Tricounty	CHILD 00-01	Diagnostic Services	88,002	\$ 0.29	23.1%	1.3%	\$ 0.45	\$ -	\$ 0.00	\$ 0.45	
Tricounty	CHILD 00-01	General Services	88,002	\$ 0.03	2.3%	1.3%	\$ 0.04	\$ -	\$ 0.00	\$ 0.04	
Tricounty	CHILD 00-01	Oral and Maxillofacial Surgery	88,002	\$ 0.00	23.1%	1.3%	\$ 0.01	\$ -	\$ 0.00	\$ 0.01	
Tricounty	CHILD 00-01	Periodontics	88,002	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Tricounty	CHILD 00-01	Preventative	88,002	\$ 0.20	13.5%	1.3%	\$ 0.26	\$ -	\$ 0.00	\$ 0.26	
Tricounty	CHILD 00-01	Restorative	88,002	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Tricounty	CHILD 00-01	Orthodontics	88,002	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Tricounty	CHILD 00-01	Other Misc.	88,002	\$ 0.71	17.2%	1.3%	\$ 1.00	\$ -	\$ 0.01	\$ 1.00	
Tricounty	CHILD 01-05	Diagnostic Services	473,246	\$ 4.20	14.5%	1.3%	\$ 5.65	\$ -	\$ 0.03	\$ 5.67	
Tricounty	CHILD 01-05	General Services	473,246	\$ 0.80	11.7%	1.3%	\$ 1.03	\$ -	\$ 0.00	\$ 1.03	
Tricounty	CHILD 01-05	Oral and Maxillofacial Surgery	473,246	\$ 1.14	2.3%	1.3%	\$ 1.22	\$ -	\$ 0.01	\$ 1.23	
Tricounty	CHILD 01-05	Periodontics	473,246	\$ 0.00	2.3%	1.3%	\$ 0.00	\$ -	\$ 0.00	\$ 0.00	
Tricounty	CHILD 01-05	Preventative	473,246	\$ 4.09	19.5%	1.3%	\$ 5.99	\$ -	\$ 0.03	\$ 6.01	
Tricounty	CHILD 01-05	Restorative	473,246	\$ 6.59	12.2%	1.3%	\$ 8.50	\$ -	\$ 0.04	\$ 8.54	
Tricounty	CHILD 01-05	Orthodontics	473,246	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Tricounty	CHILD 01-05	Other Misc.	473,246	\$ 1.35	10.4%	1.3%	\$ 1.69	\$ -	\$ 0.01	\$ 1.70	
Tricounty	CHILD 06-18	Diagnostic Services	1,206,400	\$ 5.59	14.0%	1.3%	\$ 7.45	\$ -	\$ 0.04	\$ 7.49	
Tricounty	CHILD 06-18	General Services	1,206,400	\$ 0.58	6.4%	1.3%	\$ 0.67	\$ -	\$ 0.00	\$ 0.67	
Tricounty	CHILD 06-18	Oral and Maxillofacial Surgery	1,206,400	\$ 1.28	15.8%	1.3%	\$ 1.75	\$ -	\$ 0.01	\$ 1.76	
Tricounty	CHILD 06-18	Periodontics	1,206,400	\$ 0.08	16.2%	1.3%	\$ 0.11	\$ -	\$ 0.00	\$ 0.12	
Tricounty	CHILD 06-18	Preventative	1,206,400	\$ 5.47	20.8%	1.3%	\$ 8.19	\$ -	\$ 0.04	\$ 8.23	
Tricounty	CHILD 06-18	Restorative	1,206,400	\$ 5.33	17.0%	1.3%	\$ 7.49	\$ -	\$ 0.04	\$ 7.53	
Tricounty	CHILD 06-18	Orthodontics	1,206,400	\$ 0.08	8.1%	1.3%	\$ 0.10	\$ 3.08	\$ 0.00	\$ 3.18	
Tricounty	CHILD 06-18	Other Misc.	1,206,400	\$ 0.53	21.6%	1.3%	\$ 0.80	\$ -	\$ 0.00	\$ 0.80	
Tricounty	DUAL-MEDS	Diagnostic Services	406,487	\$ 3.94	12.7%	1.3%	\$ 5.13	\$ -	\$ 0.02	\$ 5.15	
Tricounty	DUAL-MEDS	General Services	406,487	\$ 0.97	14.0%	1.3%	\$ 1.29	\$ -	\$ 0.00	\$ 1.29	
Tricounty	DUAL-MEDS	Oral and Maxillofacial Surgery	406,487	\$ 3.26	15.3%	1.3%	\$ 4.43	\$ -	\$ 0.01	\$ 4.45	
Tricounty	DUAL-MEDS	Periodontics	406,487	\$ 2.24	17.2%	1.3%	\$ 3.16	\$ -	\$ 0.01	\$ 3.17	
Tricounty	DUAL-MEDS	Preventative	406,487	\$ 1.26	20.5%	1.3%	\$ 1.87	\$ -	\$ 0.01	\$ 1.88	
Tricounty	DUAL-MEDS	Restorative	406,487	\$ 3.73	17.2%	1.3%	\$ 5.25	\$ -	\$ 0.02	\$ 5.27	
Tricounty	DUAL-MEDS	Orthodontics	406,487	\$ 0.00	2.3%	1.3%	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.01	
Tricounty	DUAL-MEDS	Other Misc.	406,487	\$ 4.23	23.4%	1.3%	\$ 6.60	\$ -	\$ 0.02	\$ 6.62	



**CY23 CCO Rate Certification**  
**Appendix E: Dental Buildup**

Region	COA	Dental COS	2021 Base Data		Annual Trend		PMPM Subtotal	Program Changes		Rate PMPM	ABAD/BCCP Blend
			MMs	Adj. Base PMPM	Utilization	Unit Cost		Handicapping Malocclusions	IHCP		
Tricounty	ABAD & OAA	Diagnostic Services	258,275	\$ 3.98	13.7%	1.3%	\$ 5.27	\$ -	\$ 0.02	\$ 5.29	
Tricounty	ABAD & OAA	General Services	258,275	\$ 0.60	18.5%	1.3%	\$ 0.86	\$ -	\$ 0.00	\$ 0.86	
Tricounty	ABAD & OAA	Oral and Maxillofacial Surgery	258,275	\$ 3.10	13.5%	1.3%	\$ 4.09	\$ -	\$ 0.02	\$ 4.11	
Tricounty	ABAD & OAA	Periodontics	258,275	\$ 1.51	24.0%	1.3%	\$ 2.39	\$ -	\$ 0.01	\$ 2.39	
Tricounty	ABAD & OAA	Preventative	258,275	\$ 1.72	20.3%	1.3%	\$ 2.56	\$ -	\$ 0.01	\$ 2.57	
Tricounty	ABAD & OAA	Restorative	258,275	\$ 3.75	20.3%	1.3%	\$ 5.56	\$ -	\$ 0.02	\$ 5.58	
Tricounty	ABAD & OAA	Orthodontics	258,275	\$ 0.00	42.2%	1.3%	\$ 0.00	\$ 0.73	\$ 0.00	\$ 0.74	
Tricounty	ABAD & OAA	Other Misc.	258,275	\$ 2.82	24.8%	1.3%	\$ 4.50	\$ -	\$ 0.02	\$ 4.52	
Tricounty	FOSTER	Diagnostic Services	62,325	\$ 5.70	7.4%	1.3%	\$ 6.73	\$ -	\$ 0.10	\$ 6.82	
Tricounty	FOSTER	General Services	62,325	\$ 0.62	8.6%	1.3%	\$ 0.75	\$ -	\$ 0.01	\$ 0.76	
Tricounty	FOSTER	Oral and Maxillofacial Surgery	62,325	\$ 1.43	12.2%	1.3%	\$ 1.85	\$ -	\$ 0.03	\$ 1.87	
Tricounty	FOSTER	Periodontics	62,325	\$ 0.13	32.1%	1.3%	\$ 0.23	\$ -	\$ 0.00	\$ 0.23	
Tricounty	FOSTER	Preventative	62,325	\$ 5.33	12.7%	1.3%	\$ 6.93	\$ -	\$ 0.10	\$ 7.03	
Tricounty	FOSTER	Restorative	62,325	\$ 5.59	13.7%	1.3%	\$ 7.40	\$ -	\$ 0.10	\$ 7.51	
Tricounty	FOSTER	Orthodontics	62,325	\$ 0.21	2.3%	1.3%	\$ 0.22	\$ 2.35	\$ 0.00	\$ 2.57	
Tricounty	FOSTER	Other Misc.	62,325	\$ 0.77	10.4%	1.3%	\$ 0.96	\$ -	\$ 0.01	\$ 0.98	
Tricounty	ACA 19-44	Diagnostic Services	1,587,159	\$ 3.45	16.7%	1.3%	\$ 4.83	\$ -	\$ 0.03	\$ 4.85	
Tricounty	ACA 19-44	General Services	1,587,159	\$ 0.30	4.1%	1.3%	\$ 0.33	\$ -	\$ 0.00	\$ 0.33	
Tricounty	ACA 19-44	Oral and Maxillofacial Surgery	1,587,159	\$ 2.02	19.5%	1.3%	\$ 2.96	\$ -	\$ 0.02	\$ 2.97	
Tricounty	ACA 19-44	Periodontics	1,587,159	\$ 1.56	20.3%	1.3%	\$ 2.31	\$ -	\$ 0.01	\$ 2.32	
Tricounty	ACA 19-44	Preventative	1,587,159	\$ 1.35	20.8%	1.3%	\$ 2.02	\$ -	\$ 0.01	\$ 2.03	
Tricounty	ACA 19-44	Restorative	1,587,159	\$ 3.97	20.8%	1.3%	\$ 5.94	\$ -	\$ 0.03	\$ 5.98	
Tricounty	ACA 19-44	Orthodontics	1,587,159	\$ 0.01	2.3%	1.3%	\$ 0.01	\$ 0.44	\$ 0.00	\$ 0.45	
Tricounty	ACA 19-44	Other Misc.	1,587,159	\$ 0.94	23.6%	1.3%	\$ 1.48	\$ -	\$ 0.01	\$ 1.48	
Tricounty	ACA 45-54	Diagnostic Services	359,980	\$ 3.93	16.2%	1.3%	\$ 5.44	\$ -	\$ 0.02	\$ 5.46	
Tricounty	ACA 45-54	General Services	359,980	\$ 0.28	2.3%	1.3%	\$ 0.30	\$ -	\$ 0.00	\$ 0.31	
Tricounty	ACA 45-54	Oral and Maxillofacial Surgery	359,980	\$ 2.93	22.1%	1.3%	\$ 4.48	\$ -	\$ 0.02	\$ 4.50	
Tricounty	ACA 45-54	Periodontics	359,980	\$ 2.67	22.8%	1.3%	\$ 4.12	\$ -	\$ 0.02	\$ 4.14	
Tricounty	ACA 45-54	Preventative	359,980	\$ 1.16	21.8%	1.3%	\$ 1.77	\$ -	\$ 0.01	\$ 1.78	
Tricounty	ACA 45-54	Restorative	359,980	\$ 3.83	22.8%	1.3%	\$ 5.92	\$ -	\$ 0.02	\$ 5.94	
Tricounty	ACA 45-54	Orthodontics	359,980	\$ 0.00	2.3%	1.3%	\$ 0.00	\$ -	\$ 0.00	\$ 0.00	
Tricounty	ACA 45-54	Other Misc.	359,980	\$ 2.37	28.1%	1.3%	\$ 3.99	\$ -	\$ 0.02	\$ 4.01	
Tricounty	ACA 55-64	Diagnostic Services	312,261	\$ 4.30	14.0%	1.3%	\$ 5.72	\$ -	\$ 0.03	\$ 5.76	
Tricounty	ACA 55-64	General Services	312,261	\$ 0.29	2.3%	1.3%	\$ 0.31	\$ -	\$ 0.00	\$ 0.31	
Tricounty	ACA 55-64	Oral and Maxillofacial Surgery	312,261	\$ 3.14	17.2%	1.3%	\$ 4.43	\$ -	\$ 0.03	\$ 4.45	
Tricounty	ACA 55-64	Periodontics	312,261	\$ 3.09	19.5%	1.3%	\$ 4.52	\$ -	\$ 0.03	\$ 4.55	
Tricounty	ACA 55-64	Preventative	312,261	\$ 1.27	19.8%	1.3%	\$ 1.88	\$ -	\$ 0.01	\$ 1.89	
Tricounty	ACA 55-64	Restorative	312,261	\$ 3.88	18.5%	1.3%	\$ 5.58	\$ -	\$ 0.03	\$ 5.61	
Tricounty	ACA 55-64	Orthodontics	312,261	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Tricounty	ACA 55-64	Other Misc.	312,261	\$ 3.31	25.8%	1.3%	\$ 5.38	\$ -	\$ 0.03	\$ 5.41	
Tricounty	BCCP	Diagnostic Services	596	\$ 5.24	13.7%	1.3%	\$ 6.94	\$ -	\$ -	\$ 6.94	
Tricounty	BCCP	General Services	596	\$ 0.25	18.5%	1.3%	\$ 0.37	\$ -	\$ -	\$ 0.37	
Tricounty	BCCP	Oral and Maxillofacial Surgery	596	\$ 0.94	13.5%	1.3%	\$ 1.24	\$ -	\$ -	\$ 1.24	
Tricounty	BCCP	Periodontics	596	\$ 4.42	24.0%	1.3%	\$ 6.97	\$ -	\$ -	\$ 6.97	
Tricounty	BCCP	Preventative	596	\$ 2.02	20.3%	1.3%	\$ 3.00	\$ -	\$ -	\$ 3.00	
Tricounty	BCCP	Restorative	596	\$ 2.72	20.3%	1.3%	\$ 4.04	\$ -	\$ -	\$ 4.04	
Tricounty	BCCP	Orthodontics	596	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Tricounty	BCCP	Other Misc.	596	\$ 0.22	24.8%	1.3%	\$ 0.35	\$ -	\$ -	\$ 0.35	

**CY23 CCO Rate Certification**  
**Appendix E: Dental Buildup**

Region	COA	Dental COS	2021 Base Data		Annual Trend		PMPM Subtotal	Program Changes		Rate PMPM	ABAD/BCCP Blend
			MMs	Adj. Base PMPM	Utilization	Unit Cost		Handicapping Malocclusions	IHCP		
Other	PCR	Diagnostic Services	697,368	\$ 3.41	14.3%	1.3%	\$ 4.57	\$ -	\$ 0.02	\$ 4.59	
Other	PCR	General Services	697,368	\$ 0.30	11.7%	1.3%	\$ 0.39	\$ -	\$ 0.00	\$ 0.39	
Other	PCR	Oral and Maxillofacial Surgery	697,368	\$ 3.78	15.8%	1.3%	\$ 5.19	\$ -	\$ 0.02	\$ 5.21	
Other	PCR	Periodontics	697,368	\$ 1.31	17.0%	1.3%	\$ 1.84	\$ -	\$ 0.01	\$ 1.85	
Other	PCR	Preventative	697,368	\$ 0.99	18.0%	1.3%	\$ 1.41	\$ -	\$ 0.01	\$ 1.42	
Other	PCR	Restorative	697,368	\$ 3.66	17.8%	1.3%	\$ 5.21	\$ -	\$ 0.02	\$ 5.23	
Other	PCR	Orthodontics	697,368	\$ 0.00	2.3%	1.3%	\$ 0.00	\$ 0.09	\$ 0.00	\$ 0.10	
Other	PCR	Other Misc.	697,368	\$ 1.90	20.6%	1.3%	\$ 2.83	\$ -	\$ 0.01	\$ 2.84	
Other	PWO	Diagnostic Services	81,413	\$ 3.77	17.5%	1.3%	\$ 5.34	\$ -	\$ 0.04	\$ 5.38	
Other	PWO	General Services	81,413	\$ 0.24	5.4%	1.3%	\$ 0.28	\$ -	\$ 0.00	\$ 0.28	
Other	PWO	Oral and Maxillofacial Surgery	81,413	\$ 2.18	8.6%	1.3%	\$ 2.63	\$ -	\$ 0.02	\$ 2.65	
Other	PWO	Periodontics	81,413	\$ 1.28	17.8%	1.3%	\$ 1.82	\$ -	\$ 0.01	\$ 1.83	
Other	PWO	Preventative	81,413	\$ 1.40	22.1%	1.3%	\$ 2.14	\$ -	\$ 0.02	\$ 2.15	
Other	PWO	Restorative	81,413	\$ 3.85	17.5%	1.3%	\$ 5.46	\$ -	\$ 0.04	\$ 5.50	
Other	PWO	Orthodontics	81,413	\$ -	0.0%	1.3%	\$ -	\$ 0.49	\$ -	\$ 0.49	
Other	PWO	Other Misc.	81,413	\$ 1.29	8.9%	1.3%	\$ 1.57	\$ -	\$ 0.01	\$ 1.58	
Other	CHILD 00-01	Diagnostic Services	170,540	\$ 0.48	7.2%	1.3%	\$ 0.56	\$ -	\$ 0.00	\$ 0.57	
Other	CHILD 00-01	General Services	170,540	\$ 0.07	2.3%	1.3%	\$ 0.08	\$ -	\$ 0.00	\$ 0.08	
Other	CHILD 00-01	Oral and Maxillofacial Surgery	170,540	\$ 0.02	7.2%	1.3%	\$ 0.02	\$ -	\$ 0.00	\$ 0.02	
Other	CHILD 00-01	Periodontics	170,540	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Other	CHILD 00-01	Preventative	170,540	\$ 0.24	7.2%	1.3%	\$ 0.29	\$ -	\$ 0.00	\$ 0.29	
Other	CHILD 00-01	Restorative	170,540	\$ 0.00	27.4%	1.3%	\$ 0.00	\$ -	\$ 0.00	\$ 0.00	
Other	CHILD 00-01	Orthodontics	170,540	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Other	CHILD 00-01	Other Misc.	170,540	\$ 1.37	2.3%	1.3%	\$ 1.47	\$ -	\$ 0.01	\$ 1.48	
Other	CHILD 01-05	Diagnostic Services	897,195	\$ 4.52	10.7%	1.3%	\$ 5.68	\$ -	\$ 0.03	\$ 5.70	
Other	CHILD 01-05	General Services	897,195	\$ 0.81	18.8%	1.3%	\$ 1.17	\$ -	\$ 0.01	\$ 1.18	
Other	CHILD 01-05	Oral and Maxillofacial Surgery	897,195	\$ 0.91	8.9%	1.3%	\$ 1.10	\$ -	\$ 0.00	\$ 1.11	
Other	CHILD 01-05	Periodontics	897,195	\$ 0.01	2.3%	1.3%	\$ 0.01	\$ -	\$ 0.00	\$ 0.01	
Other	CHILD 01-05	Preventative	897,195	\$ 4.64	11.5%	1.3%	\$ 5.91	\$ -	\$ 0.03	\$ 5.94	
Other	CHILD 01-05	Restorative	897,195	\$ 7.36	11.2%	1.3%	\$ 9.33	\$ -	\$ 0.04	\$ 9.37	
Other	CHILD 01-05	Orthodontics	897,195	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Other	CHILD 01-05	Other Misc.	897,195	\$ 1.82	5.4%	1.3%	\$ 2.07	\$ -	\$ 0.01	\$ 2.08	
Other	CHILD 06-18	Diagnostic Services	2,226,496	\$ 5.42	12.0%	1.3%	\$ 6.97	\$ -	\$ 0.04	\$ 7.01	
Other	CHILD 06-18	General Services	2,226,496	\$ 0.60	19.6%	1.3%	\$ 0.88	\$ -	\$ 0.00	\$ 0.88	
Other	CHILD 06-18	Oral and Maxillofacial Surgery	2,226,496	\$ 1.41	16.5%	1.3%	\$ 1.97	\$ -	\$ 0.01	\$ 1.98	
Other	CHILD 06-18	Periodontics	2,226,496	\$ 0.06	19.3%	1.3%	\$ 0.09	\$ -	\$ 0.00	\$ 0.09	
Other	CHILD 06-18	Preventative	2,226,496	\$ 5.99	17.0%	1.3%	\$ 8.42	\$ -	\$ 0.04	\$ 8.46	
Other	CHILD 06-18	Restorative	2,226,496	\$ 5.14	14.5%	1.3%	\$ 6.91	\$ -	\$ 0.04	\$ 6.95	
Other	CHILD 06-18	Orthodontics	2,226,496	\$ 0.03	25.9%	1.3%	\$ 0.06	\$ 3.08	\$ 0.00	\$ 3.14	
Other	CHILD 06-18	Other Misc.	2,226,496	\$ 0.84	2.3%	1.3%	\$ 0.91	\$ -	\$ 0.00	\$ 0.91	
Other	DUAL-MEDS	Diagnostic Services	688,600	\$ 3.12	11.2%	1.3%	\$ 3.95	\$ -	\$ 0.01	\$ 3.96	
Other	DUAL-MEDS	General Services	688,600	\$ 0.44	21.1%	1.3%	\$ 0.66	\$ -	\$ 0.00	\$ 0.66	
Other	DUAL-MEDS	Oral and Maxillofacial Surgery	688,600	\$ 3.64	14.3%	1.3%	\$ 4.88	\$ -	\$ 0.01	\$ 4.89	
Other	DUAL-MEDS	Periodontics	688,600	\$ 1.61	11.7%	1.3%	\$ 2.06	\$ -	\$ 0.01	\$ 2.07	
Other	DUAL-MEDS	Preventative	688,600	\$ 1.00	18.8%	1.3%	\$ 1.44	\$ -	\$ 0.00	\$ 1.45	
Other	DUAL-MEDS	Restorative	688,600	\$ 2.88	15.6%	1.3%	\$ 3.94	\$ -	\$ 0.01	\$ 3.95	
Other	DUAL-MEDS	Orthodontics	688,600	\$ -	0.0%	1.3%	\$ -	\$ 0.01	\$ -	\$ 0.01	
Other	DUAL-MEDS	Other Misc.	688,600	\$ 4.41	14.0%	1.3%	\$ 5.87	\$ -	\$ 0.02	\$ 5.89	

**CY23 CCO Rate Certification**  
**Appendix E: Dental Buildup**

Region	COA	Dental COS	2021 Base Data		Annual Trend		PMPM Subtotal	Program Changes		Rate PMPM	ABAD/BCCP Blend
			MMs	Adj. Base PMPM	Utilization	Unit Cost		Handicapping Malocclusions	IHCP		
Other	ABAD & OAA	Diagnostic Services	440,316	\$ 3.60	10.7%	1.3%	\$ 4.52	\$ -	\$ 0.02	\$ 4.54	
Other	ABAD & OAA	General Services	440,316	\$ 0.55	18.3%	1.3%	\$ 0.78	\$ -	\$ 0.00	\$ 0.79	
Other	ABAD & OAA	Oral and Maxillofacial Surgery	440,316	\$ 3.78	14.0%	1.3%	\$ 5.04	\$ -	\$ 0.02	\$ 5.06	
Other	ABAD & OAA	Periodontics	440,316	\$ 1.15	18.3%	1.3%	\$ 1.65	\$ -	\$ 0.01	\$ 1.65	
Other	ABAD & OAA	Preventative	440,316	\$ 1.79	15.6%	1.3%	\$ 2.45	\$ -	\$ 0.01	\$ 2.46	
Other	ABAD & OAA	Restorative	440,316	\$ 3.73	13.8%	1.3%	\$ 4.94	\$ -	\$ 0.02	\$ 4.96	
Other	ABAD & OAA	Orthodontics	440,316	\$ 0.01	50.6%	1.3%	\$ 0.02	\$ 0.73	\$ 0.00	\$ 0.75	
Other	ABAD & OAA	Other Misc.	440,316	\$ 3.44	15.3%	1.3%	\$ 4.68	\$ -	\$ 0.02	\$ 4.70	
Other	FOSTER	Diagnostic Services	142,635	\$ 6.02	9.9%	1.3%	\$ 7.46	\$ -	\$ 0.11	\$ 7.57	
Other	FOSTER	General Services	142,635	\$ 0.75	9.4%	1.3%	\$ 0.93	\$ -	\$ 0.01	\$ 0.94	
Other	FOSTER	Oral and Maxillofacial Surgery	142,635	\$ 1.52	14.8%	1.3%	\$ 2.05	\$ -	\$ 0.03	\$ 2.08	
Other	FOSTER	Periodontics	142,635	\$ 0.12	2.3%	1.3%	\$ 0.13	\$ -	\$ 0.00	\$ 0.13	
Other	FOSTER	Preventative	142,635	\$ 6.52	13.0%	1.3%	\$ 8.53	\$ -	\$ 0.12	\$ 8.65	
Other	FOSTER	Restorative	142,635	\$ 6.10	10.2%	1.3%	\$ 7.60	\$ -	\$ 0.11	\$ 7.71	
Other	FOSTER	Orthodontics	142,635	\$ 0.05	18.5%	1.3%	\$ 0.07	\$ 2.35	\$ 0.00	\$ 2.42	
Other	FOSTER	Other Misc.	142,635	\$ 1.17	4.1%	1.3%	\$ 1.30	\$ -	\$ 0.02	\$ 1.32	
Other	ACA 19-44	Diagnostic Services	2,384,246	\$ 2.86	17.3%	1.3%	\$ 4.04	\$ -	\$ 0.02	\$ 4.06	
Other	ACA 19-44	General Services	2,384,246	\$ 0.24	15.6%	1.3%	\$ 0.33	\$ -	\$ 0.00	\$ 0.33	
Other	ACA 19-44	Oral and Maxillofacial Surgery	2,384,246	\$ 2.97	17.8%	1.3%	\$ 4.23	\$ -	\$ 0.02	\$ 4.26	
Other	ACA 19-44	Periodontics	2,384,246	\$ 1.07	21.1%	1.3%	\$ 1.60	\$ -	\$ 0.01	\$ 1.61	
Other	ACA 19-44	Preventative	2,384,246	\$ 1.02	20.6%	1.3%	\$ 1.52	\$ -	\$ 0.01	\$ 1.53	
Other	ACA 19-44	Restorative	2,384,246	\$ 3.28	22.4%	1.3%	\$ 5.03	\$ -	\$ 0.03	\$ 5.06	
Other	ACA 19-44	Orthodontics	2,384,246	\$ 0.00	29.2%	1.3%	\$ 0.00	\$ 0.44	\$ 0.00	\$ 0.45	
Other	ACA 19-44	Other Misc.	2,384,246	\$ 1.18	21.1%	1.3%	\$ 1.78	\$ -	\$ 0.01	\$ 1.79	
Other	ACA 45-54	Diagnostic Services	588,517	\$ 3.06	16.5%	1.3%	\$ 4.26	\$ -	\$ 0.02	\$ 4.28	
Other	ACA 45-54	General Services	588,517	\$ 0.21	11.2%	1.3%	\$ 0.27	\$ -	\$ 0.00	\$ 0.27	
Other	ACA 45-54	Oral and Maxillofacial Surgery	588,517	\$ 3.86	21.1%	1.3%	\$ 5.80	\$ -	\$ 0.02	\$ 5.82	
Other	ACA 45-54	Periodontics	588,517	\$ 1.67	22.9%	1.3%	\$ 2.58	\$ -	\$ 0.01	\$ 2.59	
Other	ACA 45-54	Preventative	588,517	\$ 0.85	21.9%	1.3%	\$ 1.29	\$ -	\$ 0.01	\$ 1.29	
Other	ACA 45-54	Restorative	588,517	\$ 2.86	22.9%	1.3%	\$ 4.42	\$ -	\$ 0.02	\$ 4.44	
Other	ACA 45-54	Orthodontics	588,517	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Other	ACA 45-54	Other Misc.	588,517	\$ 3.04	21.9%	1.3%	\$ 4.63	\$ -	\$ 0.02	\$ 4.65	
Other	ACA 55-64	Diagnostic Services	591,447	\$ 3.38	14.5%	1.3%	\$ 4.54	\$ -	\$ 0.03	\$ 4.56	
Other	ACA 55-64	General Services	591,447	\$ 0.21	9.4%	1.3%	\$ 0.26	\$ -	\$ 0.00	\$ 0.26	
Other	ACA 55-64	Oral and Maxillofacial Surgery	591,447	\$ 3.85	16.5%	1.3%	\$ 5.36	\$ -	\$ 0.03	\$ 5.39	
Other	ACA 55-64	Periodontics	591,447	\$ 2.03	19.1%	1.3%	\$ 2.95	\$ -	\$ 0.02	\$ 2.96	
Other	ACA 55-64	Preventative	591,447	\$ 0.96	20.1%	1.3%	\$ 1.42	\$ -	\$ 0.01	\$ 1.43	
Other	ACA 55-64	Restorative	591,447	\$ 2.81	21.1%	1.3%	\$ 4.23	\$ -	\$ 0.02	\$ 4.25	
Other	ACA 55-64	Orthodontics	591,447	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Other	ACA 55-64	Other Misc.	591,447	\$ 3.92	19.1%	1.3%	\$ 5.69	\$ -	\$ 0.03	\$ 5.73	
Other	BCCP	Diagnostic Services	1,303	\$ 3.84	10.7%	1.3%	\$ 4.82	\$ -	\$ -	\$ 4.82	
Other	BCCP	General Services	1,303	\$ 0.22	18.3%	1.3%	\$ 0.32	\$ -	\$ -	\$ 0.32	
Other	BCCP	Oral and Maxillofacial Surgery	1,303	\$ 0.64	14.0%	1.3%	\$ 0.85	\$ -	\$ -	\$ 0.85	
Other	BCCP	Periodontics	1,303	\$ 1.87	18.3%	1.3%	\$ 2.69	\$ -	\$ -	\$ 2.69	
Other	BCCP	Preventative	1,303	\$ 1.65	15.6%	1.3%	\$ 2.26	\$ -	\$ -	\$ 2.26	
Other	BCCP	Restorative	1,303	\$ 2.19	13.8%	1.3%	\$ 2.90	\$ -	\$ -	\$ 2.90	
Other	BCCP	Orthodontics	1,303	\$ -	0.0%	1.3%	\$ -	\$ -	\$ -	\$ -	
Other	BCCP	Other Misc.	1,303	\$ 0.58	15.3%	1.3%	\$ 0.79	\$ -	\$ -	\$ 0.79	
<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>14,058,785</b>	<b>\$ 16.46</b>	<b>16.5%</b>	<b>1.3%</b>	<b>\$ 22.91</b>	<b>\$ 0.96</b>	<b>\$ 0.11</b>	<b>\$ 23.99</b>	

**CY23 CCO Rate Certification**  
**Appendix E: Dental Buildup**

Region	COA	Dental COS	2021 Base Data		Annual Trend		PMPM Subtotal	Program Changes		Rate PMPM	ABAD/BCCP Blend
			MMs	Adj. Base PMPM	Utilization	Unit Cost		Handicapping Malocclusions	IHCP		
Tricounty	PCR	All	353,251	\$ 16.20	17.7%	1.3%	\$ 23.01	\$ 0.09	\$ 0.09	\$ 23.19	\$ 23.19
Tricounty	PWO	All	40,728	\$ 14.48	18.7%	1.3%	\$ 20.91	\$ 0.49	\$ 0.15	\$ 21.54	\$ 21.54
Tricounty	CHILD 00-01	All	88,002	\$ 1.24	17.7%	1.3%	\$ 1.76	\$ -	\$ 0.01	\$ 1.77	\$ 1.77
Tricounty	CHILD 01-05	All	473,246	\$ 18.18	13.7%	1.3%	\$ 24.08	\$ -	\$ 0.11	\$ 24.19	\$ 24.19
Tricounty	CHILD 06-18	All	1,206,400	\$ 18.95	16.9%	1.3%	\$ 26.56	\$ 3.08	\$ 0.14	\$ 29.78	\$ 29.78
Tricounty	DUAL-MEDS	All	406,487	\$ 19.62	17.4%	1.3%	\$ 27.74	\$ 0.01	\$ 0.08	\$ 27.83	\$ 27.83
Tricounty	ABAD & OAA	All	258,275	\$ 17.48	18.7%	1.3%	\$ 25.24	\$ 0.73	\$ 0.09	\$ 26.06	\$ 26.05
Tricounty	FOSTER	All	62,325	\$ 19.76	11.2%	1.3%	\$ 25.07	\$ 2.35	\$ 0.35	\$ 27.78	\$ 27.78
Tricounty	ACA 19-44	All	1,587,159	\$ 13.61	19.4%	1.3%	\$ 19.87	\$ 0.44	\$ 0.11	\$ 20.43	\$ 20.43
Tricounty	ACA 45-54	All	359,980	\$ 17.18	21.6%	1.3%	\$ 26.03	\$ -	\$ 0.10	\$ 26.13	\$ 26.13
Tricounty	ACA 55-64	All	312,261	\$ 19.29	18.6%	1.3%	\$ 27.82	\$ -	\$ 0.16	\$ 27.98	\$ 27.98
Tricounty	BCCP	All	596	\$ 15.81	18.9%	1.3%	\$ 22.90	\$ -	\$ -	\$ 22.90	\$ 26.05
Other	PCR	All	697,368	\$ 15.36	16.7%	1.3%	\$ 21.45	\$ 0.09	\$ 0.08	\$ 21.62	\$ 21.62
Other	PWO	All	81,413	\$ 14.01	15.7%	1.3%	\$ 19.24	\$ 0.49	\$ 0.14	\$ 19.86	\$ 19.86
Other	CHILD 00-01	All	170,540	\$ 2.18	4.0%	1.3%	\$ 2.42	\$ -	\$ 0.02	\$ 2.44	\$ 2.44
Other	CHILD 01-05	All	897,195	\$ 20.06	10.9%	1.3%	\$ 25.27	\$ -	\$ 0.11	\$ 25.39	\$ 25.39
Other	CHILD 06-18	All	2,226,496	\$ 19.51	14.4%	1.3%	\$ 26.19	\$ 3.08	\$ 0.14	\$ 29.41	\$ 29.41
Other	DUAL-MEDS	All	688,600	\$ 17.09	14.1%	1.3%	\$ 22.80	\$ 0.01	\$ 0.07	\$ 22.88	\$ 22.88
Other	ABAD & OAA	All	440,316	\$ 18.04	14.1%	1.3%	\$ 24.09	\$ 0.73	\$ 0.09	\$ 24.91	\$ 24.88
Other	FOSTER	All	142,635	\$ 22.25	10.9%	1.3%	\$ 28.06	\$ 2.35	\$ 0.40	\$ 30.81	\$ 30.81
Other	ACA 19-44	All	2,384,246	\$ 12.63	19.7%	1.3%	\$ 18.54	\$ 0.44	\$ 0.11	\$ 19.09	\$ 19.09
Other	ACA 45-54	All	588,517	\$ 15.53	20.8%	1.3%	\$ 23.24	\$ -	\$ 0.09	\$ 23.33	\$ 23.33
Other	ACA 55-64	All	591,447	\$ 17.15	17.9%	1.3%	\$ 24.45	\$ -	\$ 0.14	\$ 24.58	\$ 24.58
Other	BCCP	All	1,303	\$ 11.00	14.0%	1.3%	\$ 14.64	\$ -	\$ -	\$ 14.64	\$ 24.88
<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>14,058,785</b>	<b>\$ 16.46</b>	<b>16.5%</b>	<b>1.3%</b>	<b>\$ 22.91</b>	<b>\$ 0.96</b>	<b>\$ 0.11</b>	<b>\$ 23.99</b>	<b>\$ 23.99</b>
All	All	Diagnostic Services	14,058,785	\$ 3.96	13.9%	1.3%	\$ 5.27	\$ -	\$ 0.03	\$ 5.30	
All	All	General Services	14,058,785	\$ 0.44	13.9%	1.3%	\$ 0.59	\$ -	\$ 0.00	\$ 0.59	
All	All	Oral and Maxillofacial Surgery	14,058,785	\$ 2.37	16.6%	1.3%	\$ 3.31	\$ -	\$ 0.02	\$ 3.32	
All	All	Periodontics	14,058,785	\$ 1.00	19.3%	1.3%	\$ 1.46	\$ -	\$ 0.01	\$ 1.47	
All	All	Preventative	14,058,785	\$ 2.67	17.9%	1.3%	\$ 3.81	\$ -	\$ 0.02	\$ 3.83	
All	All	Restorative	14,058,785	\$ 4.24	17.2%	1.3%	\$ 5.97	\$ -	\$ 0.03	\$ 6.00	
All	All	Orthodontics	14,058,785	\$ 0.02	15.1%	1.3%	\$ 0.02	\$ 0.96	\$ 0.00	\$ 0.98	
All	All	Other Misc.	14,058,785	\$ 1.75	17.7%	1.3%	\$ 2.49	\$ -	\$ 0.01	\$ 2.50	
<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>14,058,785</b>	<b>\$ 16.46</b>	<b>16.5%</b>	<b>1.3%</b>	<b>\$ 22.91</b>	<b>\$ 0.96</b>	<b>\$ 0.11</b>	<b>\$ 23.99</b>	
Tri-County	Non-ACA	All	2,889,309	\$ 17.86	16.6%	1.3%	\$ 24.90	\$ 1.42	\$ 0.12	\$ 26.44	
Tri-County	ACA	All	2,259,400	\$ 14.96	19.6%	1.3%	\$ 21.95	\$ 0.31	\$ 0.12	\$ 22.38	
Other	Non-ACA	All	5,345,867	\$ 18.06	13.8%	1.3%	\$ 23.99	\$ 1.43	\$ 0.12	\$ 25.53	
Other	ACA	All	3,564,209	\$ 13.86	19.5%	1.3%	\$ 20.30	\$ 0.30	\$ 0.11	\$ 20.70	
<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>14,058,785</b>	<b>\$ 16.46</b>	<b>16.5%</b>	<b>1.3%</b>	<b>\$ 22.91</b>	<b>\$ 0.96</b>	<b>\$ 0.11</b>	<b>\$ 23.99</b>	

## CY23 CCO Rate Certification

## Appendix F: Maternity Case Rate Regional Detail

Region	Hosp Type	C-section	COS	2021 Base Data		Annual Trend	CY23 Projected Cost Per Delivery
				Deliveries	Cost per Delivery		
Eastern	A/B Hospital	N	Maternity – Inpatient	743	\$ 10,077	2.8%	\$ 10,651
Eastern	A/B Hospital	N	Maternity – Outpatient	743	\$ 1,806	2.0%	\$ 1,881
Eastern	A/B Hospital	N	Maternity – Physician	743	\$ 2,004	1.0%	\$ 2,045
Eastern	DRG	N	Maternity – Inpatient	571	\$ 4,682	3.3%	\$ 4,998
Eastern	DRG	N	Maternity – Outpatient	571	\$ 712	2.0%	\$ 742
Eastern	DRG	N	Maternity – Physician	571	\$ 3,040	1.0%	\$ 3,103
Eastern	Other	N	Maternity – Inpatient	124	\$ 4,073	2.8%	\$ 4,305
Eastern	Other	N	Maternity – Outpatient	124	\$ 1,938	2.0%	\$ 2,018
Eastern	Other	N	Maternity – Physician	124	\$ 2,318	1.0%	\$ 2,365
Eastern	A/B Hospital	Y	Maternity – Inpatient	215	\$ 16,493	2.5%	\$ 17,346
Eastern	A/B Hospital	Y	Maternity – Outpatient	215	\$ 1,875	2.0%	\$ 1,952
Eastern	A/B Hospital	Y	Maternity – Physician	215	\$ 2,858	1.0%	\$ 2,917
Eastern	DRG	Y	Maternity – Inpatient	262	\$ 7,331	3.0%	\$ 7,787
Eastern	DRG	Y	Maternity – Outpatient	262	\$ 1,258	2.0%	\$ 1,310
Eastern	DRG	Y	Maternity – Physician	262	\$ 4,210	1.0%	\$ 4,297
Eastern	Other	Y	Maternity – Inpatient	56	\$ 7,659	2.5%	\$ 8,055
Eastern	Other	Y	Maternity – Outpatient	56	\$ 1,831	2.0%	\$ 1,907
Eastern	Other	Y	Maternity – Physician	56	\$ 2,898	1.0%	\$ 2,957
Eastern	A/B Hospital	N	Total	743	\$ 13,887	2.4%	\$ 14,577
Eastern	DRG	N	Total	571	\$ 8,435	2.3%	\$ 8,842
Eastern	Other	N	Total	124	\$ 8,329	2.1%	\$ 8,689
Eastern	A/B Hospital	Y	Total	215	\$ 21,225	2.3%	\$ 22,214
Eastern	DRG	Y	Total	262	\$ 12,800	2.2%	\$ 13,394
Eastern	Other	Y	Total	56	\$ 12,388	2.1%	\$ 12,919
<b>Eastern</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>1,971</b>	<b>\$ 12,571</b>	<b>2.3%</b>	<b>\$ 13,174</b>

## CY23 CCO Rate Certification

## Appendix F: Maternity Case Rate Regional Detail

Region	Hosp Type	C-section	COS	2021 Base Data		Annual Trend	CY23 Projected Cost Per Delivery
				Deliveries	Cost per Delivery		
Northwest	A/B Hospital	N	Maternity – Inpatient	990	\$ 8,991	2.8%	\$ 9,503
Northwest	A/B Hospital	N	Maternity – Outpatient	990	\$ 1,473	2.0%	\$ 1,534
Northwest	A/B Hospital	N	Maternity – Physician	990	\$ 2,618	1.0%	\$ 2,672
Northwest	DRG	N	Maternity – Inpatient	1,449	\$ 4,991	3.3%	\$ 5,327
Northwest	DRG	N	Maternity – Outpatient	1,449	\$ 914	2.0%	\$ 951
Northwest	DRG	N	Maternity – Physician	1,449	\$ 3,295	1.0%	\$ 3,362
Northwest	Other	N	Maternity – Inpatient	19	\$ 3,860	2.8%	\$ 4,080
Northwest	Other	N	Maternity – Outpatient	19	\$ 696	2.0%	\$ 725
Northwest	Other	N	Maternity – Physician	19	\$ 2,265	1.0%	\$ 2,311
Northwest	A/B Hospital	Y	Maternity – Inpatient	283	\$ 16,645	2.5%	\$ 17,506
Northwest	A/B Hospital	Y	Maternity – Outpatient	283	\$ 1,630	2.0%	\$ 1,697
Northwest	A/B Hospital	Y	Maternity – Physician	283	\$ 3,384	1.0%	\$ 3,453
Northwest	DRG	Y	Maternity – Inpatient	580	\$ 8,007	3.0%	\$ 8,505
Northwest	DRG	Y	Maternity – Outpatient	580	\$ 1,082	2.0%	\$ 1,127
Northwest	DRG	Y	Maternity – Physician	580	\$ 4,247	1.0%	\$ 4,334
Northwest	Other	Y	Maternity – Inpatient	6	\$ 5,973	2.5%	\$ 6,282
Northwest	Other	Y	Maternity – Outpatient	6	\$ 428	2.0%	\$ 445
Northwest	Other	Y	Maternity – Physician	6	\$ 3,192	1.0%	\$ 3,258
Northwest	A/B Hospital	N	Total	990	\$ 13,083	2.3%	\$ 13,709
Northwest	DRG	N	Total	1,449	\$ 9,199	2.3%	\$ 9,641
Northwest	Other	N	Total	19	\$ 6,820	2.1%	\$ 7,116
Northwest	A/B Hospital	Y	Total	283	\$ 21,659	2.2%	\$ 22,657
Northwest	DRG	Y	Total	580	\$ 13,336	2.3%	\$ 13,966
Northwest	Other	Y	Total	6	\$ 9,593	2.0%	\$ 9,985
<b>Northwest</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>3,327</b>	<b>\$ 12,123</b>	<b>2.3%</b>	<b>\$ 12,699</b>

## CY23 CCO Rate Certification

## Appendix F: Maternity Case Rate Regional Detail

Region	Hosp Type	C-section	COS	2021 Base Data		Annual Trend	CY23 Projected Cost Per Delivery
				Deliveries	Cost per Delivery		
Southwest	A/B Hospital	N	Maternity – Inpatient	89	\$ 8,044	2.8%	\$ 8,502
Southwest	A/B Hospital	N	Maternity – Outpatient	89	\$ 1,738	2.0%	\$ 1,810
Southwest	A/B Hospital	N	Maternity – Physician	89	\$ 2,499	1.0%	\$ 2,551
Southwest	DRG	N	Maternity – Inpatient	2,606	\$ 4,556	3.3%	\$ 4,864
Southwest	DRG	N	Maternity – Outpatient	2,606	\$ 687	2.0%	\$ 715
Southwest	DRG	N	Maternity – Physician	2,606	\$ 2,642	1.0%	\$ 2,696
Southwest	Other	N	Maternity – Inpatient	18	\$ 5,612	2.8%	\$ 5,932
Southwest	Other	N	Maternity – Outpatient	18	\$ 2,159	2.0%	\$ 2,248
Southwest	Other	N	Maternity – Physician	18	\$ 1,110	1.0%	\$ 1,133
Southwest	A/B Hospital	Y	Maternity – Inpatient	27	\$ 13,231	2.5%	\$ 13,915
Southwest	A/B Hospital	Y	Maternity – Outpatient	27	\$ 2,501	2.0%	\$ 2,604
Southwest	A/B Hospital	Y	Maternity – Physician	27	\$ 2,812	1.0%	\$ 2,870
Southwest	DRG	Y	Maternity – Inpatient	1,082	\$ 6,956	3.0%	\$ 7,389
Southwest	DRG	Y	Maternity – Outpatient	1,082	\$ 861	2.0%	\$ 897
Southwest	DRG	Y	Maternity – Physician	1,082	\$ 3,425	1.0%	\$ 3,495
Southwest	Other	Y	Maternity – Inpatient	3	\$ 7,104	2.5%	\$ 7,471
Southwest	Other	Y	Maternity – Outpatient	3	\$ 3,257	2.0%	\$ 3,391
Southwest	Other	Y	Maternity – Physician	3	\$ 1,325	1.0%	\$ 1,353
Southwest	A/B Hospital	N	Total	89	\$ 12,282	2.3%	\$ 12,863
Southwest	DRG	N	Total	2,606	\$ 7,885	2.4%	\$ 8,275
Southwest	Other	N	Total	18	\$ 8,881	2.4%	\$ 9,313
Southwest	A/B Hospital	Y	Total	27	\$ 18,544	2.2%	\$ 19,389
Southwest	DRG	Y	Total	1,082	\$ 11,242	2.3%	\$ 11,781
Southwest	Other	Y	Total	3	\$ 11,686	2.2%	\$ 12,215
<b>Southwest</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>3,825</b>	<b>\$ 9,020</b>	<b>2.4%</b>	<b>\$ 9,460</b>

## CY23 CCO Rate Certification

## Appendix F: Maternity Case Rate Regional Detail

Region	Hosp Type	C-section	COS	2021 Base Data		Annual Trend	CY23 Projected Cost Per Delivery
				Deliveries	Cost per Delivery		
Tricounty	A/B Hospital	N	Maternity – Inpatient	33	\$ 10,820	2.8%	\$ 11,436
Tricounty	A/B Hospital	N	Maternity – Outpatient	33	\$ 760	2.0%	\$ 792
Tricounty	A/B Hospital	N	Maternity – Physician	33	\$ 3,158	1.0%	\$ 3,223
Tricounty	DRG	N	Maternity – Inpatient	3,260	\$ 4,951	3.3%	\$ 5,285
Tricounty	DRG	N	Maternity – Outpatient	3,260	\$ 859	2.0%	\$ 895
Tricounty	DRG	N	Maternity – Physician	3,260	\$ 3,456	1.0%	\$ 3,527
Tricounty	Other	N	Maternity – Inpatient	21	\$ 4,595	2.8%	\$ 4,857
Tricounty	Other	N	Maternity – Outpatient	21	\$ 1,413	2.0%	\$ 1,471
Tricounty	Other	N	Maternity – Physician	21	\$ 3,658	1.0%	\$ 3,734
Tricounty	A/B Hospital	Y	Maternity – Inpatient	7	\$ 15,051	2.5%	\$ 15,829
Tricounty	A/B Hospital	Y	Maternity – Outpatient	7	\$ 873	2.0%	\$ 909
Tricounty	A/B Hospital	Y	Maternity – Physician	7	\$ 3,197	1.0%	\$ 3,263
Tricounty	DRG	Y	Maternity – Inpatient	1,195	\$ 7,353	3.0%	\$ 7,810
Tricounty	DRG	Y	Maternity – Outpatient	1,195	\$ 959	2.0%	\$ 999
Tricounty	DRG	Y	Maternity – Physician	1,195	\$ 4,131	1.0%	\$ 4,216
Tricounty	Other	Y	Maternity – Inpatient	1	\$ 5,097	2.5%	\$ 5,361
Tricounty	Other	Y	Maternity – Outpatient	1	\$ 497	2.0%	\$ 517
Tricounty	Other	Y	Maternity – Physician	1	\$ 1,586	1.0%	\$ 1,619
Tricounty	A/B Hospital	N	Total	33	\$ 14,738	2.3%	\$ 15,451
Tricounty	DRG	N	Total	3,260	\$ 9,266	2.3%	\$ 9,706
Tricounty	Other	N	Total	21	\$ 9,667	2.0%	\$ 10,062
Tricounty	A/B Hospital	Y	Total	7	\$ 19,122	2.2%	\$ 20,001
Tricounty	DRG	Y	Total	1,195	\$ 12,443	2.3%	\$ 13,025
Tricounty	Other	Y	Total	1	\$ 7,180	2.1%	\$ 7,497
<b>Tricounty</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>4,517</b>	<b>\$ 10,163</b>	<b>2.3%</b>	<b>\$ 10,643</b>



**CY23 CCO Rate Certification****Appendix G: Dental Non-Covered Services**

Procedure Code	Code Type	COS
D0470	Excluded	Other Misc.
D1352	Excluded	Preventative
D1515	Excluded	Preventative
D0260	Excluded	Diagnostic Services
D0351	Excluded	Diagnostic Services
D0380	Excluded	Other Misc.
D0381	Excluded	Other Misc.
D0382	Excluded	Other Misc.
D0383	Excluded	Other Misc.
D0384	Excluded	Other Misc.
D0391	Excluded	Other Misc.
D0425	Excluded	Other Misc.
D0460	Excluded	Other Misc.
D0600	Excluded	Other Misc.
D0999	Excluded	Other Misc.
D1201	Excluded	Preventative
D1203	Excluded	Preventative
D1204	Excluded	Preventative
D1205	Excluded	Preventative
D1353	Excluded	Preventative
D1525	Excluded	Preventative
D1999	Excluded	Other Misc.
D4265	Excluded	Periodontics
D4266	Excluded	Periodontics
D4267	Excluded	Periodontics
D4921	Excluded	Periodontics
D5510	Excluded	Other Misc.
D5610	Excluded	Other Misc.
D5620	Excluded	Other Misc.
D7411	Excluded	Oral and Maxillofacial Surgery
D9240	Excluded	General Services
D9450	Excluded	General Services
D9613	Excluded	General Services
D9931	Excluded	General Services
D9986	Excluded	General Services
D9987	Excluded	General Services
D9998	Excluded	General Services
D2740	Excluded	Restorative
D2750	Excluded	Restorative
D2790	Excluded	Restorative
D2792	Excluded	Restorative
D2799	Excluded	Restorative
D2929	Excluded	Restorative
D2934	Excluded	Restorative

**CY23 CCO Rate Certification****Appendix G: Dental Non-Covered Services**

Procedure Code	Code Type	COS
D2952	Excluded	Restorative
D2962	Excluded	Restorative
D3347	Excluded	Other Misc.
D3348	Excluded	Other Misc.
D3355	Excluded	Other Misc.
D3357	Excluded	Other Misc.
D4249	Excluded	Periodontics
D4263	Excluded	Periodontics
D4277	Excluded	Periodontics
D4278	Excluded	Periodontics
D4321	Excluded	Periodontics
D4381	Excluded	Periodontics
D5213	Excluded	Other Misc.
D5214	Excluded	Other Misc.
D5225	Excluded	Other Misc.
D5226	Excluded	Other Misc.
D5810	Excluded	Other Misc.
D5811	Excluded	Other Misc.
D6010	Excluded	Other Misc.
D6013	Excluded	Other Misc.
D6056	Excluded	Other Misc.
D6057	Excluded	Other Misc.
D6058	Excluded	Other Misc.
D6061	Excluded	Other Misc.
D6090	Excluded	Other Misc.
D6092	Excluded	Other Misc.
D6093	Excluded	Other Misc.
D6111	Excluded	Other Misc.
D6240	Excluded	Other Misc.
D6242	Excluded	Other Misc.
D6245	Excluded	Other Misc.
D6545	Excluded	Other Misc.
D6740	Excluded	Other Misc.
D6750	Excluded	Other Misc.
D6752	Excluded	Other Misc.
D7460	Excluded	Oral and Maxillofacial Surgery
D7880	Excluded	Oral and Maxillofacial Surgery
D7940	Excluded	Oral and Maxillofacial Surgery
D7972	Excluded	Oral and Maxillofacial Surgery
D9910	Excluded	General Services
D9911	Excluded	General Services
D9940	Excluded	General Services
D9941	Excluded	General Services
D9943	Excluded	General Services

**CY23 CCO Rate Certification****Appendix G: Dental Non-Covered Services**

Procedure Code	Code Type	COS
D9944	Excluded	General Services
D9946	Excluded	General Services
D9951	Excluded	General Services
D9952	Excluded	General Services
D9972	Excluded	General Services
D9974	Excluded	General Services
D9975	Excluded	General Services
D2949	Excluded	Restorative
D4320	Excluded	Periodontics
D5982	Excluded	Other Misc.
D6011	Excluded	Other Misc.
D6085	Excluded	Other Misc.
D6103	Excluded	Other Misc.
D6104	Excluded	Other Misc.
D6793	Excluded	Other Misc.
D7294	Excluded	Oral and Maxillofacial Surgery
D7899	Excluded	Oral and Maxillofacial Surgery
D9932	Excluded	General Services
D9933	Excluded	General Services
D9935	Excluded	General Services
D9945	Excluded	General Services
D9950	Excluded	General Services
D9970	Excluded	General Services
D9971	Excluded	General Services
D0171	NTBBS	Diagnostic Services
D0414	NTBBS	Other Misc.
D0601	NTBBS	Other Misc.
D0602	NTBBS	Other Misc.
D0603	NTBBS	Other Misc.
D1310	NTBBS	Preventative
D1330	NTBBS	Preventative
D1550	NTBBS	Preventative
D1555	NTBBS	Preventative
D2970	NTBBS	Restorative
D2971	NTBBS	Restorative
D2999	NTBBS	Restorative
D3120	NTBBS	Other Misc.
D3999	NTBBS	Other Misc.
D4212	NTBBS	Periodontics
D4999	NTBBS	Periodontics
D5899	NTBBS	Other Misc.
D5993	NTBBS	Other Misc.
D6100	NTBBS	Other Misc.
D6199	NTBBS	Other Misc.

**CY23 CCO Rate Certification**  
**Appendix G: Dental Non-Covered Services**

Procedure Code	Code Type	COS
D6999	NTBBS	Other Misc.
D7310	NTBBS	Oral and Maxillofacial Surgery
D7311	NTBBS	Oral and Maxillofacial Surgery
D7410	NTBBS	Oral and Maxillofacial Surgery
D7952	NTBBS	Oral and Maxillofacial Surgery
D7953	NTBBS	Oral and Maxillofacial Surgery
D7999	NTBBS	Oral and Maxillofacial Surgery
D8692	NTBBS	Other Misc.
D8693	NTBBS	Other Misc.
D8695	NTBBS	Other Misc.
D9110	NTBBS	General Services
D9210	NTBBS	General Services
D9215	NTBBS	General Services
D9219	NTBBS	General Services
D9220	NTBBS	General Services
D9221	NTBBS	General Services
D9223	NTBBS	General Services
D9243	NTBBS	General Services
D9311	NTBBS	General Services

**CY23 CCO Rate Certification****Appendix H: Dental Fee Schedule**

Procedure Code	Code Type	COS	Fees
D0120	Dental Code	Diagnostic Services	\$ 43.06
D0140	Dental Code	Diagnostic Services	\$ 52.71
D0145	Dental Code	Diagnostic Services	\$ 43.58
D0150	Dental Code	Diagnostic Services	\$ 61.50
D0160	Dental Code	Diagnostic Services	\$ 95.51
D0170	Dental Code	Diagnostic Services	\$ 45.33
D0180	Dental Code	Diagnostic Services	\$ 65.73
D0190	Dental Code	Diagnostic Services	\$ 36.25
D0191	Dental Code	Diagnostic Services	\$ 23.87
D0210	Dental Code	Diagnostic Services	\$ 76.86
D0220	Dental Code	Diagnostic Services	\$ 19.30
D0230	Dental Code	Diagnostic Services	\$ 14.65
D0240	Dental Code	Diagnostic Services	\$ 20.76
D0250	Dental Code	Diagnostic Services	\$ 30.01
D0251	Dental Code	Diagnostic Services	\$ 15.09
D0270	Dental Code	Diagnostic Services	\$ 16.94
D0272	Dental Code	Diagnostic Services	\$ 29.60
D0273	Dental Code	Diagnostic Services	\$ 34.42
D0274	Dental Code	Diagnostic Services	\$ 42.22
D0277	Dental Code	Diagnostic Services	\$ 55.27
D0310	Dental Code	Diagnostic Services	\$ 108.98
D0320	Dental Code	Diagnostic Services	\$ 192.91
D0321	Dental Code	Diagnostic Services	\$ 70.34
D0330	Dental Code	Diagnostic Services	\$ 67.55
D0340	Dental Code	Diagnostic Services	\$ 64.09
D0350	Dental Code	Diagnostic Services	\$ 39.03
D0364	Dental Code	Other Misc.	\$ 200.12
D0365	Dental Code	Other Misc.	\$ 231.19
D0366	Dental Code	Other Misc.	\$ 230.51
D0367	Dental Code	Other Misc.	\$ 237.94
D0415	Dental Code	Other Misc.	\$ 103.40
D0486	Dental Code	Other Misc.	\$ 203.35
D1110	Dental Code	Preventative	\$ 67.76
D1120	Dental Code	Preventative	\$ 52.24
D1206	Dental Code	Preventative	\$ 30.03
D1208	Dental Code	Preventative	\$ 30.03
D1320	Dental Code	Preventative	\$ 19.53
D1351	Dental Code	Preventative	\$ 39.67
D1354	Dental Code	Preventative	\$ 21.33
D1510	Dental Code	Preventative	\$ 202.36
D1516	Dental Code	Preventative	\$ 284.12
D1517	Dental Code	Preventative	\$ 283.86
D1520	Dental Code	Preventative	\$ 224.05
D1526	Dental Code	Preventative	\$ 221.68

**CY23 CCO Rate Certification****Appendix H: Dental Fee Schedule**

Procedure Code	Code Type	COS	Fees
D1527	Dental Code	Preventative	\$ 221.68
D1575	Dental Code	Other Misc.	\$ 169.00
D2140	Dental Code	Restorative	\$ 86.14
D2150	Dental Code	Restorative	\$ 106.27
D2160	Dental Code	Restorative	\$ 127.90
D2161	Dental Code	Restorative	\$ 152.31
D2330	Dental Code	Restorative	\$ 98.33
D2331	Dental Code	Restorative	\$ 125.99
D2332	Dental Code	Restorative	\$ 155.44
D2335	Dental Code	Restorative	\$ 183.94
D2390	Dental Code	Restorative	\$ 235.51
D2391	Dental Code	Restorative	\$ 105.61
D2392	Dental Code	Restorative	\$ 135.94
D2393	Dental Code	Restorative	\$ 160.61
D2394	Dental Code	Restorative	\$ 183.07
D2710	Dental Code	Restorative	\$ 377.17
D2751	Dental Code	Restorative	\$ 598.05
D2752	Dental Code	Restorative	\$ 616.35
D2910	Dental Code	Restorative	\$ 50.44
D2915	Dental Code	Restorative	\$ 62.22
D2920	Dental Code	Restorative	\$ 59.00
D2921	Dental Code	Restorative	\$ 98.39
D2930	Dental Code	Restorative	\$ 178.14
D2931	Dental Code	Restorative	\$ 194.29
D2932	Dental Code	Restorative	\$ 186.06
D2933	Dental Code	Restorative	\$ 197.83
D2940	Dental Code	Restorative	\$ 67.07
D2941	Dental Code	Restorative	\$ 67.77
D2950	Dental Code	Restorative	\$ 138.52
D2951	Dental Code	Restorative	\$ 47.56
D2954	Dental Code	Restorative	\$ 171.71
D2955	Dental Code	Restorative	\$ 152.83
D2957	Dental Code	Restorative	\$ 111.21
D2980	Dental Code	Restorative	\$ 155.56
D3110	Dental Code	Other Misc.	\$ 114.68
D3220	Dental Code	Other Misc.	\$ 121.18
D3221	Dental Code	Other Misc.	\$ 123.47
D3222	Dental Code	Other Misc.	\$ 137.94
D3230	Dental Code	Other Misc.	\$ 128.22
D3240	Dental Code	Other Misc.	\$ 131.44
D3310	Dental Code	Other Misc.	\$ 432.43
D3320	Dental Code	Other Misc.	\$ 501.68
D3330	Dental Code	Other Misc.	\$ 638.64
D3331	Dental Code	Other Misc.	\$ 323.55

**CY23 CCO Rate Certification****Appendix H: Dental Fee Schedule**

Procedure Code	Code Type	COS	Fees
D3332	Dental Code	Other Misc.	\$ 265.32
D3333	Dental Code	Other Misc.	\$ 219.78
D3346	Dental Code	Other Misc.	\$ 475.77
D3351	Dental Code	Other Misc.	\$ 218.63
D3352	Dental Code	Other Misc.	\$ 126.72
D3353	Dental Code	Other Misc.	\$ 259.58
D3410	Dental Code	Other Misc.	\$ 443.36
D3430	Dental Code	Other Misc.	\$ 262.51
D4210	Dental Code	Periodontics	\$ 333.39
D4211	Dental Code	Periodontics	\$ 168.34
D4240	Dental Code	Periodontics	\$ 326.90
D4241	Dental Code	Periodontics	\$ 221.82
D4261	Dental Code	Periodontics	\$ 437.58
D4268	Dental Code	Periodontics	\$ 243.41
D4341	Dental Code	Periodontics	\$ 173.74
D4342	Dental Code	Periodontics	\$ 109.10
D4346	Dental Code	Periodontics	\$ 82.34
D4355	Dental Code	Periodontics	\$ 110.11
D4910	Dental Code	Periodontics	\$ 100.24
D5110	Dental Code	Other Misc.	\$ 924.81
D5120	Dental Code	Other Misc.	\$ 922.84
D5130	Dental Code	Other Misc.	\$ 938.71
D5140	Dental Code	Other Misc.	\$ 925.59
D5211	Dental Code	Other Misc.	\$ 722.24
D5212	Dental Code	Other Misc.	\$ 746.05
D5221	Dental Code	Other Misc.	\$ 620.92
D5222	Dental Code	Other Misc.	\$ 634.05
D5410	Dental Code	Other Misc.	\$ 49.11
D5411	Dental Code	Other Misc.	\$ 48.54
D5421	Dental Code	Other Misc.	\$ 48.64
D5422	Dental Code	Other Misc.	\$ 50.73
D5511	Dental Code	Other Misc.	\$ 111.02
D5512	Dental Code	Other Misc.	\$ 127.05
D5520	Dental Code	Other Misc.	\$ 98.74
D5611	Dental Code	Other Misc.	\$ 102.43
D5612	Dental Code	Other Misc.	\$ 119.26
D5621	Dental Code	Other Misc.	\$ 131.72
D5622	Dental Code	Other Misc.	\$ 142.80
D5630	Dental Code	Other Misc.	\$ 137.32
D5640	Dental Code	Other Misc.	\$ 96.84
D5650	Dental Code	Other Misc.	\$ 121.34
D5660	Dental Code	Other Misc.	\$ 154.32
D5670	Dental Code	Other Misc.	\$ 385.13
D5671	Dental Code	Other Misc.	\$ 402.96

**CY23 CCO Rate Certification****Appendix H: Dental Fee Schedule**

Procedure Code	Code Type	COS	Fees
D5710	Dental Code	Other Misc.	\$ 340.71
D5711	Dental Code	Other Misc.	\$ 335.84
D5720	Dental Code	Other Misc.	\$ 331.78
D5721	Dental Code	Other Misc.	\$ 330.98
D5730	Dental Code	Other Misc.	\$ 182.14
D5731	Dental Code	Other Misc.	\$ 169.98
D5740	Dental Code	Other Misc.	\$ 152.29
D5741	Dental Code	Other Misc.	\$ 159.00
D5750	Dental Code	Other Misc.	\$ 270.34
D5751	Dental Code	Other Misc.	\$ 271.72
D5760	Dental Code	Other Misc.	\$ 262.13
D5761	Dental Code	Other Misc.	\$ 263.53
D5820	Dental Code	Other Misc.	\$ 339.24
D5821	Dental Code	Other Misc.	\$ 334.74
D5850	Dental Code	Other Misc.	\$ 75.11
D5851	Dental Code	Other Misc.	\$ 75.11
D5876	Dental Code	Other Misc.	\$ 181.31
D5922	Dental Code	Other Misc.	\$ 1,422.74
D5986	Dental Code	Other Misc.	\$ 138.44
D6930	Dental Code	Other Misc.	\$ 93.74
D6980	Dental Code	Other Misc.	\$ 197.45
D7111	Dental Code	Oral and Maxillofacial Surgery	\$ 79.76
D7140	Dental Code	Oral and Maxillofacial Surgery	\$ 132.93
D7210	Dental Code	Oral and Maxillofacial Surgery	\$ 185.69
D7220	Dental Code	Oral and Maxillofacial Surgery	\$ 210.91
D7230	Dental Code	Oral and Maxillofacial Surgery	\$ 279.24
D7240	Dental Code	Oral and Maxillofacial Surgery	\$ 332.50
D7241	Dental Code	Oral and Maxillofacial Surgery	\$ 329.86
D7250	Dental Code	Oral and Maxillofacial Surgery	\$ 231.47
D7251	Dental Code	Oral and Maxillofacial Surgery	\$ 316.84
D7260	Dental Code	Oral and Maxillofacial Surgery	\$ 570.90
D7261	Dental Code	Oral and Maxillofacial Surgery	\$ 461.01
D7270	Dental Code	Oral and Maxillofacial Surgery	\$ 275.30
D7280	Dental Code	Oral and Maxillofacial Surgery	\$ 295.86
D7282	Dental Code	Oral and Maxillofacial Surgery	\$ 538.76
D7283	Dental Code	Oral and Maxillofacial Surgery	\$ 197.94
D7285	Dental Code	Oral and Maxillofacial Surgery	\$ 303.91
D7286	Dental Code	Oral and Maxillofacial Surgery	\$ 198.78
D7287	Dental Code	Oral and Maxillofacial Surgery	\$ 103.21
D7288	Dental Code	Oral and Maxillofacial Surgery	\$ 96.19
D7320	Dental Code	Oral and Maxillofacial Surgery	\$ 230.94
D7321	Dental Code	Oral and Maxillofacial Surgery	\$ 149.40
D7340	Dental Code	Oral and Maxillofacial Surgery	\$ 923.61
D7350	Dental Code	Oral and Maxillofacial Surgery	\$ 1,037.16



**CY23 CCO Rate Certification****Appendix H: Dental Fee Schedule**

Procedure Code	Code Type	COS	Fees
D7450	Dental Code	Oral and Maxillofacial Surgery	\$ 343.97
D7451	Dental Code	Oral and Maxillofacial Surgery	\$ 466.90
D7465	Dental Code	Oral and Maxillofacial Surgery	\$ 264.49
D7471	Dental Code	Oral and Maxillofacial Surgery	\$ 298.48
D7472	Dental Code	Oral and Maxillofacial Surgery	\$ 344.89
D7473	Dental Code	Oral and Maxillofacial Surgery	\$ 466.86
D7510	Dental Code	Oral and Maxillofacial Surgery	\$ 150.80
D7511	Dental Code	Oral and Maxillofacial Surgery	\$ 226.69
D7520	Dental Code	Oral and Maxillofacial Surgery	\$ 160.87
D7521	Dental Code	Oral and Maxillofacial Surgery	\$ 302.40
D7530	Dental Code	Oral and Maxillofacial Surgery	\$ 183.28
D7540	Dental Code	Oral and Maxillofacial Surgery	\$ 303.52
D7550	Dental Code	Oral and Maxillofacial Surgery	\$ 238.41
D7560	Dental Code	Oral and Maxillofacial Surgery	\$ 441.21
D7670	Dental Code	Oral and Maxillofacial Surgery	\$ 673.91
D7910	Dental Code	Oral and Maxillofacial Surgery	\$ 177.85
D7911	Dental Code	Oral and Maxillofacial Surgery	\$ 234.18
D7912	Dental Code	Oral and Maxillofacial Surgery	\$ 371.25
D7950	Dental Code	Oral and Maxillofacial Surgery	\$ 896.71
D7960	Dental Code	Oral and Maxillofacial Surgery	\$ 247.49
D7970	Dental Code	Oral and Maxillofacial Surgery	\$ 224.22
D7971	Dental Code	Oral and Maxillofacial Surgery	\$ 193.28
D7980	Dental Code	Oral and Maxillofacial Surgery	\$ 306.17
D7997	Dental Code	Oral and Maxillofacial Surgery	\$ 138.00
D8020	Dental Code	Other Misc.	\$ 1,698.14
D8030	Dental Code	Other Misc.	\$ 3,308.62
D8040	Dental Code	Other Misc.	\$ 1,734.38
D8050	Dental Code	Other Misc.	\$ 1,755.90
D8060	Dental Code	Other Misc.	\$ 1,315.69
D8070	Dental Code	Other Misc.	\$ 1,984.77
D8080	Dental Code	Other Misc.	\$ 2,745.91
D8090	Dental Code	Other Misc.	\$ 2,097.62
D8220	Dental Code	Other Misc.	\$ 449.69
D8660	Dental Code	Other Misc.	\$ 212.07
D8670	Dental Code	Other Misc.	\$ 264.07
D8680	Dental Code	Other Misc.	\$ 294.02
D8681	Dental Code	Other Misc.	\$ 213.06
D8690	Dental Code	Other Misc.	\$ 182.28
D8999	Dental Code	Other Misc.	\$ 284.57
D9120	Dental Code	General Services	\$ 106.19
D9211	Dental Code	General Services	\$ 58.06
D9222	Dental Code	General Services	\$ 129.07
D9230	Dental Code	General Services	\$ 40.76
D9239	Dental Code	General Services	\$ 104.82

**CY23 CCO Rate Certification**

**Appendix H: Dental Fee Schedule**

Procedure Code	Code Type	COS	Fees
D9248	Dental Code	General Services	\$ 125.39
D9310	Dental Code	General Services	\$ 69.58
D9410	Dental Code	General Services	\$ 125.87
D9420	Dental Code	General Services	\$ 201.45
D9430	Dental Code	General Services	\$ 46.72
D9440	Dental Code	General Services	\$ 80.50
D9610	Dental Code	General Services	\$ 44.43
D9612	Dental Code	General Services	\$ 64.28
D9630	Dental Code	General Services	\$ 48.19
D9920	Dental Code	General Services	\$ 61.79
D9930	Dental Code	General Services	\$ 71.95
D9992	Dental Code	General Services	\$ 69.71
D9995	Dental Code	General Services	\$ 34.07
D9996	Dental Code	General Services	\$ 46.98
D9999	Dental Code	General Services	\$ 62.52
Other	Non-Dental	Other Misc.	\$ 30.57

## CY23 CCO Rate Certification

## Appendix I: Outpatient Hospital Procedure Codes

Code	Description
10060	DRAINAGE OF ABSCESS
10061	DRAINAGE OF MULTIPLE ABSCESS
12001	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, UNDERARMS, TRUNK, ARMS AND/OR LEGS
12002	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS, TRUNK, ARMS AND/OR LEGS
12011	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, AND/OR MUCOUS MEMBRANES
20610	ASPIRATION AND/OR INJECTION OF LARGE JOINT OR JOINT CAPSULE
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)
29125	APPLICATION OF NON-MOVEABLE, SHORT ARM SPLINT (FOREARM TO HAND)
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)
36415	INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE
36430	TRANSFUSION OF BLOOD OR BLOOD PRODUCTS
36600	ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOR DIAGNOSIS
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE
45378	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE
45380	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE
45385	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE
47562	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE
51702	INSERTION OF INDWELLING BLADDER CATHETER
70360	X-RAY OF SOFT TISSUE OF NECK
10060	DRAINAGE OF ABSCESS
10061	DRAINAGE OF MULTIPLE ABSCESS
12001	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, UNDERARMS, TRUNK, ARMS AND/OR LEGS
12002	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS, TRUNK, ARMS AND/OR LEGS
12011	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, AND/OR MUCOUS MEMBRANES
20610	ASPIRATION AND/OR INJECTION OF LARGE JOINT OR JOINT CAPSULE
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)
29125	APPLICATION OF NON-MOVEABLE, SHORT ARM SPLINT (FOREARM TO HAND)
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)
36415	INSERTION OF NEEDLE INTO VEIN FOR COLLECTION OF BLOOD SAMPLE
36430	TRANSFUSION OF BLOOD OR BLOOD PRODUCTS
36600	ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOR DIAGNOSIS
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE
45378	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE
45380	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE
45385	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE
47562	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE
51702	INSERTION OF INDWELLING BLADDER CATHETER
70360	X-RAY OF SOFT TISSUE OF NECK
70450	CT SCAN HEAD OR BRAIN
70486	CT SCAN OF FACE
70491	CT SCAN OF NECK WITH CONTRAST
70496	CT SCAN OF BLOOD VESSEL OF HEAD WITH CONTRAST
70498	CT SCAN OF NECK BLOOD VESSELS WITH CONTRAST
70551	MRI SCAN BRAIN
70553	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST
71045	X-RAY OF CHEST, 1 VIEW
71046	X-RAY OF CHEST, 2 VIEWS
71101	X-RAY OF RIBS ON ONE SIDE OF BODY INCLUDING THE CHEST, MINIMUM OF 3 VIEWS
71250	CT SCAN CHEST
71260	CT SCAN CHEST WITH CONTRAST
71275	CT SCAN OF BLOOD VESSELS IN CHEST WITH CONTRAST
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS
72050	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS
72070	X-RAY OF MIDDLE SPINE, 3 VIEWS
72072	X-RAY OF MIDDLE SPINE, 3 VIEWS
72100	X-RAY OF LOWER AND SACRAL SPINE, 2 OR 3 VIEWS
72110	X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS
72125	CT SCAN OF UPPER SPINE
45378	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE
45380	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE
45385	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE
47562	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE
51702	INSERTION OF INDWELLING BLADDER CATHETER
70360	X-RAY OF SOFT TISSUE OF NECK

## CY23 CCO Rate Certification

## Appendix I: Outpatient Hospital Procedure Codes

Code	Description
70450	CT SCAN HEAD OR BRAIN
70486	CT SCAN OF FACE
70491	CT SCAN OF NECK WITH CONTRAST
70496	CT SCAN OF BLOOD VESSEL OF HEAD WITH CONTRAST
70498	CT SCAN OF NECK BLOOD VESSELS WITH CONTRAST
70551	MRI SCAN BRAIN
70553	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST
71045	X-RAY OF CHEST, 1 VIEW
71046	X-RAY OF CHEST, 2 VIEWS
71101	X-RAY OF RIBS ON ONE SIDE OF BODY INCLUDING THE CHEST, MINIMUM OF 3 VIEWS
71250	CT SCAN CHEST
71260	CT SCAN CHEST WITH CONTRAST
71275	CT SCAN OF BLOOD VESSELS IN CHEST WITH CONTRAST
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS
72050	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS
72070	X-RAY OF MIDDLE SPINE, 3 VIEWS
72072	X-RAY OF MIDDLE SPINE, 3 VIEWS
72100	X-RAY OF LOWER AND SACRAL SPINE, 2 OR 3 VIEWS
72110	X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS
72125	CT SCAN OF UPPER SPINE
45378	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE
45380	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE
45385	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE
47562	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE
51702	INSERTION OF INDWELLING BLADDER CATHETER
70360	X-RAY OF SOFT TISSUE OF NECK
70450	CT SCAN HEAD OR BRAIN
70486	CT SCAN OF FACE
70491	CT SCAN OF NECK WITH CONTRAST
70496	CT SCAN OF BLOOD VESSEL OF HEAD WITH CONTRAST
70498	CT SCAN OF NECK BLOOD VESSELS WITH CONTRAST
70551	MRI SCAN BRAIN
70553	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST
71045	X-RAY OF CHEST, 1 VIEW
71046	X-RAY OF CHEST, 2 VIEWS
71101	X-RAY OF RIBS ON ONE SIDE OF BODY INCLUDING THE CHEST, MINIMUM OF 3 VIEWS
71250	CT SCAN CHEST
71260	CT SCAN CHEST WITH CONTRAST
71275	CT SCAN OF BLOOD VESSELS IN CHEST WITH CONTRAST
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS
72050	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS
72070	X-RAY OF MIDDLE SPINE, 3 VIEWS
72072	X-RAY OF MIDDLE SPINE, 3 VIEWS
72100	X-RAY OF LOWER AND SACRAL SPINE, 2 OR 3 VIEWS
72110	X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS
72125	CT SCAN OF UPPER SPINE
45378	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE
45380	BIOPSY OF LARGE BOWEL USING AN ENDOSCOPE
45385	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE
47562	REMOVAL OF GALLBLADDER USING AN ENDOSCOPE
51702	INSERTION OF INDWELLING BLADDER CATHETER
70360	X-RAY OF SOFT TISSUE OF NECK
70450	CT SCAN HEAD OR BRAIN
70486	CT SCAN OF FACE
70491	CT SCAN OF NECK WITH CONTRAST
70496	CT SCAN OF BLOOD VESSEL OF HEAD WITH CONTRAST
70498	CT SCAN OF NECK BLOOD VESSELS WITH CONTRAST
70551	MRI SCAN BRAIN
70553	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST
71045	X-RAY OF CHEST, 1 VIEW
71046	X-RAY OF CHEST, 2 VIEWS
71101	X-RAY OF RIBS ON ONE SIDE OF BODY INCLUDING THE CHEST, MINIMUM OF 3 VIEWS
71250	CT SCAN CHEST
71260	CT SCAN CHEST WITH CONTRAST
71275	CT SCAN OF BLOOD VESSELS IN CHEST WITH CONTRAST
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS
72050	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS
72070	X-RAY OF MIDDLE SPINE, 3 VIEWS
72072	X-RAY OF MIDDLE SPINE, 3 VIEWS
72100	X-RAY OF LOWER AND SACRAL SPINE, 2 OR 3 VIEWS
72110	X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS
72125	CT SCAN OF UPPER SPINE
72128	CT SCAN OF MIDDLE SPINE
72131	CT SCAN OF LOWER SPINE
72141	MRI SCAN OF UPPER SPINAL CANAL
72146	MRI SCAN OF MIDDLE SPINAL CANAL
72148	MRI SCAN OF LOWER SPINAL CANAL
72156	MRI SCAN OF UPPER SPINAL CANAL BEFORE AND AFTER CONTRAST
72158	MRI SCAN OF LOWER SPINAL CANAL BEFORE AND AFTER CONTRAST
72170	X-RAY OF PELVIS, 1 OR 2 VIEWS

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## Appendix I: Outpatient Hospital Procedure Codes

Code	Description
72220	X-RAY OF PELVIS, MINIMUM OF 2 VIEWS
73000	X-RAY OF COLLAR BONE
73030	X-RAY OF SHOULDER, MINIMUM OF 2 VIEWS
73060	X-RAY OF UPPER ARM, MINIMUM OF 2 VIEWS
73070	X-RAY OF ELBOW, 2 VIEWS
73080	X-RAY OF ELBOW, MINIMUM OF 3 VIEWS
73090	X-RAY OF FOREARM, 2 VIEWS
73100	X-RAY OF WRIST, 2 VIEWS
73110	X-RAY OF WRIST, MINIMUM OF 3 VIEWS
73120	X-RAY OF HAND, 2 VIEWS
73130	X-RAY OF HAND, MINIMUM OF 3 VIEWS
73140	X-RAY OF FINGERS, MINIMUM OF 2 VIEWS
73221	MRI SCAN OF ARM JOINT
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS
73560	X-RAY OF KNEE, 1 OR 2 VIEWS
73562	X-RAY OF KNEE, 3 VIEWS
73564	X-RAY OF KNEE, 4 OR MORE VIEWS
73590	X-RAY OF LOWER LEG, 2 VIEWS
73600	X-RAY OF ANKLE, 2 VIEWS
73610	X-RAY OF ANKLE, MINIMUM OF 3 VIEWS
73620	X-RAY OF FOOT, 2 VIEWS
73630	X-RAY OF FOOT, MINIMUM OF 3 VIEWS
73660	X-RAY OF TOES, MINIMUM OF 2 VIEWS
73700	CT SCAN LEG
73721	MRI SCAN OF LEG JOINT
74018	X-RAY OF ABDOMEN, 1 VIEW
74019	X-RAY OF ABDOMEN, 2 VIEWS
74022	IMAGING OF ABDOMEN AND CHEST
74176	CT SCAN OF ABDOMEN AND PELVIS
74177	CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST
74178	CT SCAN OF ABDOMEN AND PELVIS BEFORE AND AFTER CONTRAST
74183	MRI SCAN OF ABDOMEN BEFORE AND AFTER CONTRAST
76536	ULTRASOUND OF HEAD AND NECK
76700	ULTRASOUND OF ABDOMEN
76705	ULTRASOUND OF ABDOMEN
76770	ULTRASOUND BEHIND ABDOMINAL CAVITY
76801	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (LESS THAN 14 WEEKS 0 DAYS) SINGLE OR FIRST FETUS
76830	ULTRASOUND PELVIS THROUGH VAGINA
76856	ULTRASOUND OF PELVIS
76857	ULTRASOUND OF PELVIS
76870	ULTRASOUND OF SCROTUM
76882	PARTIAL ULTRASOUND OF JOINT OR OTHER NON-BLOOD VESSEL STRUCTURE OF ARM OR LEG
76942	ULTRASONIC GUIDANCE IMAGING SUPERVISION AND INTERPRETATION FOR INSERTION OF NEEDLE
77067	MAMMOGRAPHY OF BOTH BREASTS
77080	BONE DENSITY MEASUREMENT USING DEDICATED X-RAY MACHINE
80048	BLOOD TEST, BASIC GROUP OF BLOOD CHEMICALS
80053	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS
80061	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)
80069	KIDNEY FUNCTION BLOOD TEST PANEL
80076	LIVER FUNCTION BLOOD TEST PANEL
80164	VALPROIC ACID LEVEL
80177	LEVETIRACETAM LEVEL
80178	LITHIUM LEVEL
80307	TESTING FOR PRESENCE OF DRUG
81001	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE
81003	AUTOMATED URINALYSIS TEST
81025	URINE PREGNANCY TEST
82010	KETONE BODIES ANALYSIS
82043	URINE MICROALBUMIN (PROTEIN) LEVEL
82105	ALPHA-FETOPROTEIN (AFP) LEVEL, SERUM
82140	AMMONIA LEVEL
82150	AMYLASE (ENZYME) LEVEL
82247	BILIRUBIN LEVEL
82248	BILIRUBIN LEVEL
82306	VITAMIN D-3 LEVEL
82330	CALCIUM LEVEL
82533	CORTISOL (HORMONE) MEASUREMENT
82550	CREATINE KINASE (CARDIAC ENZYME) LEVEL
82565	BLOOD CREATININE LEVEL
82570	CREATININE LEVEL TO TEST FOR KIDNEY FUNCTION OR MUSCLE INJURY
82607	CYANOCOBALAMIN (VITAMIN B-12) LEVEL
82728	FERRITIN (BLOOD PROTEIN) LEVEL
82746	FOLIC ACID LEVEL
82784	GAMMAGLOBULIN (IMMUNE SYSTEM PROTEIN) MEASUREMENT
82803	BLOOD GASES MEASUREMENT
82945	GLUCOSE (SUGAR) LEVEL ON BODY FLUID
82947	BLOOD GLUCOSE (SUGAR) LEVEL
82977	GLUTAMYLTRANSFERASE (LIVER ENZYME) LEVEL
83036	HEMOGLOBIN A1C LEVEL

## CY23 CCO Rate Certification

## Appendix I: Outpatient Hospital Procedure Codes

Code	Description
83516	ANALYSIS OF SUBSTANCE USING IMMUNOASSAY TECHNIQUE
83540	IRON LEVEL
83605	LACTIC ACID LEVEL
83615	LACTATE DEHYDROGENASE (ENZYME) LEVEL
83690	LIPASE (FAT ENZYME) LEVEL
83735	MAGNESIUM LEVEL
83880	NATRIURETIC PEPTIDE (HEART AND BLOOD VESSEL PROTEIN) LEVEL
83970	PARATHORMONE (PARATHYROID HORMONE) LEVEL
84100	PHOSPHATE LEVEL
84132	BLOOD POTASSIUM LEVEL
84146	PROLACTIN (MILK PRODUCING HORMONE) LEVEL
84153	PSA (PROSTATE SPECIFIC ANTIGEN) MEASUREMENT
84156	TOTAL PROTEIN LEVEL, URINE
84157	TOTAL PROTEIN LEVEL, BODY FLUID
84165	PROTEIN MEASUREMENT, SERUM
84403	TESTOSTERONE (HORMONE) LEVEL
84439	THYROXINE (THYROID CHEMICAL) MEASUREMENT
84443	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)
84484	TROPONIN (PROTEIN) ANALYSIS
84550	URIC ACID LEVEL, BLOOD
84702	GONADOTROPIN, CHORIONIC (REPRODUCTIVE HORMONE) LEVEL
84703	GONADOTROPIN (REPRODUCTIVE HORMONE) ANALYSIS
85014	RED BLOOD CELL CONCENTRATION MEASUREMENT
85018	HEMOGLOBIN MEASUREMENT
85025	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST
85027	COMPLETE BLOOD CELL COUNT (RED CELLS, WHITE BLOOD CELL, PLATELETS), AUTOMATED TEST
85379	COAGULATION FUNCTION MEASUREMENT
85610	BLOOD TEST, CLOTTING TIME
85730	COAGULATION ASSESSMENT BLOOD TEST
86038	SCREENING TEST FOR AUTOIMMUNE DISORDER
86140	MEASUREMENT C-REACTIVE PROTEIN FOR DETECTION OF INFECTION OR INFLAMMATION
86308	SCREENING TEST FOR MONONUCLEOSIS (MONO)
86480	TUBERCULOSIS TEST
86592	SYPHILIS DETECTION TEST
86704	HEPATITIS B CORE ANTIBODY MEASUREMENT
86706	HEPATITIS B SURFACE ANTIBODY MEASUREMENT
86708	MEASUREMENT OF HEPATITIS A ANTIBODY
86709	MEASUREMENT OF HEPATITIS A ANTIBODY (IGM)
86780	ANALYSIS FOR ANTIBODY, TREPONEMA PALLIDUM
86803	HEPATITIS C ANTIBODY MEASUREMENT
86850	SCREENING TEST FOR RED BLOOD CELL ANTIBODIES
86900	BLOOD GROUP TYPING (ABO)
86901	BLOOD TYPING FOR RH (D) ANTIGEN
87040	BACTERIAL BLOOD CULTURE
87070	BACTERIAL CULTURE
87075	BACTERIAL CULTURE
87077	BACTERIAL CULTURE FOR AEROBIC ISOLATES
87081	SCREENING TEST FOR PATHOGENIC ORGANISMS
87086	BACTERIAL COLONY COUNT, URINE
87177	SMEAR FOR PARASITES
87186	EVALUATION OF ANTIMICROBIAL DRUG (ANTIBIOTIC, ANTIFUNGAL, ANTIVIRAL)
87205	SPECIAL STAIN FOR MICROORGANISM
87340	DETECTION TEST FOR HEPATITIS B SURFACE ANTIGEN
87389	DETECTION TEST FOR HIV-1 AND HIV-2
87491	DETECTION TEST FOR CHLAMYDIA
87493	DETECTION TEST FOR CLOSTRIDIUM DIFFICILE
87522	DETECTION TEST FOR HEPATITIS C VIRUS
87591	DETECTION TEST FOR NEISSERIA GONORRHOEAE (GONORRHOEAE BACTERIA)
87798	DETECTION TEST FOR ORGANISM
88304	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY LOW COMPLEXITY
88305	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, INTERMEDIATE COMPLEXITY
88307	PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE, MODERATELY HIGH COMPLEXITY
88342	TISSUE OR CELL ANALYSIS BY IMMUNOLOGIC TECHNIQUE
89051	BODY FLUID CELL COUNT WITH CELL IDENTIFICATION
90471	ADMINISTRATION OF 1 VACCINE
90715	VACCINE FOR TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS (WHOOPIING COUGH) FOR INJECTION INTO MUSCLE, PA
93005	ROUTINE ELECTROCARDIOGRAM (EKG) WITH TRACING USING AT LEAST 12 LEADS
93306	ULTRASOUND EXAMINATION OF HEART INCLUDING COLOR-DEPICTED BLOOD FLOW RATE, DIRECTION, AND VALVE FUNCTION
93880	ULTRASOUND SCANNING OF BLOOD FLOW (OUTSIDE THE BRAIN) ON BOTH SIDES OF HEAD AND NECK
93970	ULTRASOUND SCAN OF VEINS OF BOTH ARMS OR LEGS INCLUDING ASSESSMENT OF COMPRESSION AND FUNCTIONAL MANEUVERS
93971	ULTRASOUND SCAN OF VEINS OF ONE ARM OR LEG OR LIMITED INCLUDING ASSESSMENT OF COMPRESSION AND FUNCTIONAL
94060	MANUVER AND GRAPHIC RECORDING OF THE AMOUNT AND SPEED OF BREATHED AIR, BEFORE AND FOLLOWING
94640	MEDICATION ADMINISTRATION, POSITIVE OR NEGATIVE PRESSURE TREATMENT TO RELIEVE AIRWAY OBSTRUCTION OR FOR SPUTUM
96360	HYDRATION INFUSION INTO A VEIN 31 MINUTES TO 1 HOUR
96361	HYDRATION INFUSION INTO A VEIN
96365	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS UP TO 1 HOUR
96366	INFUSION INTO A VEIN FOR THERAPY, PREVENTION, OR DIAGNOSIS
96367	INFUSION INTO A VEIN FOR THERAPY PREVENTION OR DIAGNOSIS ADDITIONAL SEQUENTIAL INFUSION UP TO 1 HOUR
96372	INJECTION BENEATH THE SKIN OR INTO MUSCLE FOR THERAPY, DIAGNOSIS, OR PREVENTION

## CY23 CCO Rate Certification

## Appendix I: Outpatient Hospital Procedure Codes

Code	Description
96374	INJECTION OF DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR PREVENTION
96375	INJECTION OF DIFFERENT DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR PREVENTION
96376	INJECTION OF DRUG OR SUBSTANCE INTO A VEIN FOR THERAPY, DIAGNOSIS, OR PREVENTION, IN A FACILITY
97110	THERAPEUTIC EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY, EACH 15 MINUTES
97116	WALKING TRAINING TO 1 OR MORE AREAS, EACH 15 MINUTES
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES
97530	THERAPEUTIC ACTIVITIES TO IMPROVE FUNCTION, WITH ONE-ON-ONE CONTACT BETWEEN PATIENT AND PROVIDER, EACH 15 MINUTES
99281	EMERGENCY DEPARTMENT VISIT, SELF LIMITED OR MINOR PROBLEM
99282	EMERGENCY DEPARTMENT VISIT, LOW TO MODERATELY SEVERE PROBLEM
99283	EMERGENCY DEPARTMENT VISIT, MODERATELY SEVERE PROBLEM
99284	EMERGENCY DEPARTMENT VISIT, PROBLEM OF HIGH SEVERITY
99285	EMERGENCY DEPARTMENT VISIT, PROBLEM WITH SIGNIFICANT THREAT TO LIFE OR FUNCTION
99291	CRITICAL CARE DELIVERY CRITICALLY ILL OR INJURED PATIENT, FIRST 30-74 MINUTES
G0378	HOSPITAL OBSERVATION SERVICE, PER HOUR
G0480	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 1-7 DRUG CLASS(ES), INCLUDING
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML

**CY23 CCO Rate Certification****Appendix J: Outpatient Hospital Average Unit Costs**

Type	Hospital	2021 Unit Costs
A&B	Ashland Community Hospital	\$ 76.71
A&B	Blue Mountain Hospital	\$ 27.19
A&B	Columbia Memorial Hospital	\$ 71.62
A&B	Coquille Valley Hospital	\$ 61.18
A&B	Cottage Grove Community Hospital	\$ 112.01
A&B	Curry General Hospital	\$ 76.64
A&B	Good Shepherd Medical Center	\$ 35.68
A&B	Grande Ronde Hospital	\$ 39.33
A&B	Harney District Hospital	\$ 38.35
A&B	Lake District Hospital	\$ 82.87
A&B	Lower Umpqua Hospital	\$ 82.15
A&B	Mid-Columbia Medical Center	\$ 46.70
A&B	Peace Harbor Hospital	\$ 83.77
A&B	Pioneer Memorial Hospital (H)	\$ 52.88
A&B	Providence Hood River Memorial Hospital	\$ 67.06
A&B	Providence Newberg Hospital	\$ 43.13
A&B	Providence Seaside Hospital	\$ 52.74
A&B	Saint Anthony Hospital	\$ 67.44
A&B	St. Charles - Madras	\$ 26.86
A&B	Samaritan Lebanon Community Hospital	\$ 51.38
A&B	Samaritan North Lincoln Hospital	\$ 60.24
A&B	Samaritan Pacific Communities Hospital	\$ 46.61
A&B	Santiam Memorial Hospital	\$ 52.63
A&B	Silverton Hospital	\$ 40.73
A&B	Southern Coos Hospital & Med Ctr	\$ 96.39
A&B	St. Alphonsus - Baker City	\$ 55.48
A&B	St. Alphonsus - Ontario	\$ 42.68
A&B	St. Charles - Prineville	\$ 51.50
A&B	Tillamook County General Hospital	\$ 58.97
A&B	Wallowa Memorial Hospital	\$ 55.63
A&B	West Valley Community Hospital	\$ 36.58
A&B	Willamette Valley Medial Center	\$ 32.20



**CY23 CCO Rate Certification****Appendix J: Outpatient Hospital Average Unit Costs**

Type	Hospital	2021 Unit Costs
DRG	Adventist Medical Center	\$ 35.75
DRG	Albany General Hospital	\$ 35.67
DRG	Bay Area Hospital	\$ 37.56
DRG	Good Samaritan Regional Medical Center	\$ 37.08
DRG	Kaiser Foundation Hospital Westside	\$ 39.32
DRG	Kaiser Permanente	\$ 42.11
DRG	Legacy Emanuel Hospital & Health Center	\$ 36.02
DRG	Legacy Good Samaritan Hospital	\$ 35.28
DRG	Legacy Meridian Park Hospital	\$ 36.12
DRG	Legacy Mt. Hood Medical Center	\$ 35.59
DRG	Mckenzie-Willamette Regional Medical Ctr	\$ 33.98
DRG	Mercy Medical Center	\$ 36.75
DRG	OHSU Hospital	\$ 41.53
DRG	Providence Medford Medical Center	\$ 36.42
DRG	Providence Milwaukie Hospital	\$ 35.25
DRG	Providence Portland Medical	\$ 35.63
DRG	Providence St. Vincent Medical Center	\$ 36.16
DRG	Rogue Valley Medical Center	\$ 36.08
DRG	Sacred Heart Medical Center	\$ 36.54
DRG	Sacred Heart Riverbend	\$ 35.49
DRG	Saint Charles Medical Center (Redmond)	\$ 51.15
DRG	Salem Hospital	\$ 35.55
DRG	Shriners Hospitals for Children	\$ 43.07
DRG	Sky Lakes Medical Center	\$ 33.76
DRG	St. Charles Medical Center	\$ 36.63
DRG	Three Rivers Community Hospital	\$ 33.25
DRG	Tuality Community Hospital	\$ 34.58
DRG	Willamette Falls Community Hospital	\$ 34.62

# PERFORMANCE BASED REWARD REPORT

## INTRODUCTION

As part of the 2017 1115 waiver, Oregon Health Authority (OHA) implemented a performance-based reward (PBR) initiative as a component of the 2020-2024 CCO 2.0 Contract. The waiver specified that OHA will fund health-related services (HRS) through Oregon Health Plan and establish financial incentives for successful HRS spending.

The purpose of the PBR program is to incentivize CCOs to pay for HRS that will improve health and reduce medical cost. PBR is calculated as part of the capitation rate-setting process to counteract decreases in capitation rates that might otherwise occur on account of successful HRS investments. The program pays a variable profit margin to the Coordinated Care Organizations (CCOs) based on their HRS investments and success in controlling overall cost growth. In addition, CCOs are expected to maintain quality metric performances and participate in an efficiency program called the Medicaid Efficiency and Performance Program (MEPP).

OHA established a statewide pool of PBR funds based on historical HRS spending and then allocates those funds to CCO capitation rates through the PBR formula. The PBR formula contains limits to ensure that the impact on the capitation rates remains within actuarially sound limits.

## PBR FORMULA

The PBR formula allocates a statewide pool of funds to CCOs based on the following factors. Actual results of the PBR calculation are shown in the next section.

- HRS spending: CCOs' individual HRS expenditures for 2021 were reviewed and approved by OHA. Non-approved HRS expenditures claimed by CCOs were not considered directly in the 2023 PBR allocation.
- Risk-adjusted rate of growth (RAROG): A memo summarizing the 2021 RAROG results can be found at OHA's [CCO financial website](#). The resulting CCOs' rates of growth are incorporated into the PBR calculation as follows:
  - First, a three-year average of RAROG is calculated by CCO.
  - Next, a RAROG factor is calculated for each CCO. That factor is 1.0 at the statewide three-year average RAROG, up to 1.5 for average RAROG 3.4% lower than the statewide average, and down to 0.5 for average RAROG 3.4% higher than the statewide average. RAROG factors are interpolated within this range.

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- Finally, that factor is applied against the CCO's approved HRS spending to determine a CCO's "eligibility dollars", which are the basis for allocating the statewide PBR pool.
- Quality scaling factor: To ensure that pursuit of PBR does not result in a dilution of quality, CCOs are expected to maintain quality metrics captured through OHA's quality pool program. CCOs' PBR quality scores are the same as for their 2021 quality pool program distribution, except that metrics which did not decline in 2021 are deemed to pass under the PBR formula.
- MEPP participation factor: As a condition of receiving PBR, CCOs are expected to participate in the Medicaid Efficiency and Performance Program (MEPP). Please see below for a separate MEPP discussion section.

To help ensure that PBR results remain actuarially sound, the following limits are placed on PBR for any individual CCO:

- A maximum return on investment of 100% (i.e. doubling the HRS investment) over two years
- PBR will not account for more than a 3% margin within capitation rates

The statewide pool amount of \$40 million was established as a budgetary decision made by the state in light of several considerations, including:

- Staying within sustainable rate of growth parameters committed to in the 2017 1115 waiver
- The appropriateness of statewide average return on investment, as well as by CCO
- The reasonableness of the resulting margins within the CCOs' capitation rates

Once PBR dollar amounts are calculated by CCO, they are applied to CCO capitation rates as a uniform percentage of expected capitation payments across all rate groups, using projected 2023 enrollment figures provided by the state and adapted by Mercer for the 2023 capitation rates. The results of this calculation can be seen in [Appendix I](#).

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PBR CALCULATIONS

The following table contains details of the 2023 PBR calculation by CCO. MEPP scores are not shown, as they were 100% for all CCOs. RAROG was defined as 3.4% for years prior to the current contract. Newer CCOs received a rate of growth modifier equal to the statewide average for years during which an RAROG measurement is not available.

CCO	Approved 2021 HRS Expenditures	2021 Quality Score	RAROG 2021	RAROG 2020	RAROG 2019	Average RAROG	Rate of Growth Modifier	HRS Allocation Dollars	Percent of HRS Allocation	2023 PBR Dollars	PBR/HRS ratio
Advanced Health	\$1,634,265	60%	8.0%	7.1%	3.4%	6.15%	0.60	\$977,916	3.21%	\$771,401	47.2%
Allcare CCO	\$2,797,002	100%	5.0%	3.3%	3.4%	3.91%	0.93	\$2,594,025	8.53%	\$3,410,368	121.9%
Cascade Health Alliance	\$293,593	100%	-1.3%	2.3%	3.4%	1.42%	1.29	\$379,844	1.25%	\$499,381	170.1%
Columbia-Pacific CCO	\$1,409,903	100%	-2.0%	2.7%	3.4%	1.35%	1.30	\$1,838,794	6.04%	\$2,417,464	171.5%
Eastern Oregon CCO	\$970,201	100%	5.2%	-0.2%	3.4%	2.77%	1.09	\$1,062,359	3.49%	\$1,396,684	144.0%
Health Share of Oregon	\$6,027,915	100%	1.6%	5.0%	3.4%	3.32%	1.01	\$6,110,084	20.08%	\$8,032,934	133.3%
InterComm Health Network	\$1,133,006	70%	3.5%	6.0%	3.4%	4.29%	0.87	\$987,433	3.25%	\$908,725	80.2%
Jackson Care Connect	\$2,537,147	100%	1.5%	2.5%	3.4%	2.47%	1.14	\$2,891,219	9.50%	\$3,801,089	149.8%
PacificSource (Central)	\$1,244,377	100%	-2.7%	13.8%	3.4%	4.61%	0.82	\$1,025,578	3.37%	\$1,348,329	108.4%
PacificSource (Gorge)	\$499,938	100%	2.2%	5.0%	3.4%	3.53%	0.98	\$491,875	1.62%	\$646,669	129.3%
PacificSource (Lane)	\$994,041	100%	1.3%	N/A	N/A	1.27%	1.09	\$1,084,361	3.56%	\$1,425,611	143.4%
PacificSource (MarionPolk)	\$4,450,980	100%	4.2%	N/A	N/A	4.22%	0.95	\$4,212,482	13.85%	\$5,538,154	124.4%
Trillium (Southwest)	\$824,166	100%	-3.1%	-1.2%	3.4%	-0.31%	1.50	\$1,236,249	4.06%	\$1,625,298	197.2%
Trillium (Tri-County)	\$102,832	70%	N/A	N/A	N/A	N/A	0.98	\$100,633	0.33%	\$92,612	90.1%
Umpqua Health Alliance	\$4,259,883	80%	-0.7%	7.6%	3.4%	3.38%	1.01	\$4,284,425	14.08%	\$4,506,190	105.8%
Yamhill Community Care	\$1,943,113	100%	9.4%	5.9%	3.4%	6.20%	0.59	\$1,147,890	3.77%	\$1,509,132	77.7%
<b>Statewide Total / Average</b>	<b>\$31,122,363</b>	<b>94.8%</b>	<b>2.1%</b>	<b>4.8%</b>	<b>3.4%</b>	<b>3.4%</b>	<b>0.98</b>	<b>\$30,425,169</b>	<b>100%</b>	<b>\$37,930,041</b>	<b>121.9%</b>

## MEDICAID EFFICIENCY AND PERFORMANCE PROGRAM (MEPP)

The Medicaid Efficiency and Performance Program (MEPP) is a health care analytics tool comprised of CCO-specific provider and member level data where each individual CCO is provided access to their own dashboard. MEPP is used to identify causality and develop appropriate interventions that impact the underlying causes of Adverse Actionable Event (AAE) costs. AAE includes clinically relevant services for each episode of care analyzed by the dashboard.

MEPP is charged with informing strategies to best utilize the tool to improve health outcomes and improve delivery system efficiency. CCOs are provided updated dashboard results on an annual basis, using data from the most recent three calendar years. In 2021, MEPP participation consisted of designing, implementing, and measuring three interventions designed to reduce potentially avoidable downstream complications (AAE costs) through better upstream care.

## CERTIFICATION

We prepared the foregoing calculation of 2023 Performance Based Reward (PBR) results for Mercer, which is intended for the use in developing 2023 CCO capitation rates. This report is not intended for the reliance of other parties, nor for other purposes. Other parties receiving this work may wish to perform or commission independent studies.

In preparing this analysis, we relied upon data provided by CCOs in their cost growth template and Exhibit L financial reports. We also relied upon CCOs' Health Related Services (HRS) spending as reported by CCOs and reviewed by OHA's HRS team. In developing concurrent risk scores under the CDPS+Rx v6.4 model, we relied upon data extracted from OHA's HAL (MMIS) database. We also relied upon 2021 outcomes of OHA's Quality Pool program, and the CCOs' completion of MEPP requirements as detailed in this report. In relying on this information, we assessed reasonability where possible and are comfortable using the data as provided. The enclosed calculations depend on the integrity of this information. To the extent that any of this information is inaccurate or incomplete, the calculations would be affected accordingly.

As part of preparing PBR calculations, we separately calculated and published 2021 Risk-Adjusted Rate of Growth (RAROG) findings. A memo summarizing the results can be found at OHA's [CCO financial website](#).

These calculations follow Standards of Practice issued by the Actuarial Standards Board, and were prepared by the following OAFAs team members, who are the actuaries responsible for this report. Nancy Li, ASA, MAAA performed the RAROG and PBR analyses. Will Clark-Shim, FSA, MAAA, reviewed these analyses. Sam Smith, ASA, MAAA reviewed the RAROG analysis as well. They are Members of the American Academy of Actuaries and meet the qualification standards to render the opinion herein.

**CY23 CCO Rate Certification****Appendix L: Separate Payment Term PMPM Estimates - DRG**

<b>COA</b>	<b>CY23 Total</b>	<b>CY23 MMs</b>	<b>CY23 PMPM</b>
ABAD & OAA	\$ 62,668,166	713,621	\$ 87.82
ACA 19-44	\$ 116,775,294	4,025,553	\$ 29.01
ACA 45-54	\$ 50,360,008	984,085	\$ 51.17
ACA 55-64	\$ 58,467,240	950,479	\$ 61.51
BCCP	\$ 277,820	1,541	\$ 180.27
BRIDGE 19-44	\$ 3,988,858	135,769	\$ 29.38
BRIDGE 45-54	\$ 1,649,877	31,833	\$ 51.83
BRIDGE 55-64	\$ 1,943,372	31,193	\$ 62.30
CHILD 00-01	\$ 49,068,242	256,083	\$ 191.61
CHILD 01-05	\$ 12,800,262	1,324,227	\$ 9.67
CHILD 06-18	\$ 31,436,630	3,263,410	\$ 9.63
DUAL-MEDS	\$ 115,427,876	1,147,064	\$ 100.63
FOSTER	\$ 3,611,710	151,717	\$ 23.81
PCR	\$ 57,856,803	1,195,721	\$ 48.39
PWO	\$ 33,667,842	164,047	\$ 205.23
<b>Total</b>	<b>\$ 600,000,000</b>	<b>14,376,344</b>	<b>\$ 41.74</b>

**CY23 CCO Rate Certification****Appendix L: Separate Payment Term PMPM Estimates - Rural A&B**

<b>COA</b>	<b>CY23 Total</b>	<b>CY23 MMs</b>	<b>CY23 PMPM</b>
ABAD & OAA	\$ 12,902,439	713,621	\$ 18.08
ACA 19-44	\$ 31,050,907	4,025,553	\$ 7.71
ACA 45-54	\$ 13,814,471	984,085	\$ 14.04
ACA 55-64	\$ 16,481,315	950,479	\$ 17.34
BCCP	\$ 31,919	1,541	\$ 20.71
BRIDGE 19-44	\$ 1,062,265	135,769	\$ 7.82
BRIDGE 45-54	\$ 453,274	31,833	\$ 14.24
BRIDGE 55-64	\$ 548,651	31,193	\$ 17.59
CHILD 00-01	\$ 5,560,477	256,083	\$ 21.71
CHILD 01-05	\$ 5,447,651	1,324,227	\$ 4.11
CHILD 06-18	\$ 13,098,502	3,263,410	\$ 4.01
DUAL-MEDS	\$ 24,177,679	1,147,064	\$ 21.08
FOSTER	\$ 1,034,354	151,717	\$ 6.82
PCR	\$ 15,150,722	1,195,721	\$ 12.67
PWO	\$ 5,185,374	164,047	\$ 31.61
<b>Total</b>	<b>\$ 146,000,000</b>	<b>14,376,344</b>	<b>\$ 10.16</b>

**CY23 CCO Rate Certification**

**Appendix L: Separate Payment Term PMPM Estimates - PAMC**

<b>COA</b>	<b>CY23 Total</b>	<b>CY23 MMs</b>	<b>CY23 PMPM</b>
ABAD & OAA	\$ 81,061,860	713,621	\$ 113.59
ACA 19-44	\$ 139,973,671	4,025,553	\$ 34.77
ACA 45-54	\$ 48,188,707	984,085	\$ 48.97
ACA 55-64	\$ 54,727,352	950,479	\$ 57.58
BCCP	\$ 426,648	1,541	\$ 276.84
BRIDGE 19-44	\$ 4,780,080	135,769	\$ 35.21
BRIDGE 45-54	\$ 1,578,346	31,833	\$ 49.58
BRIDGE 55-64	\$ 1,818,608	31,193	\$ 58.30
CHILD 00-01	\$ 47,506,875	256,083	\$ 185.51
CHILD 01-05	\$ 35,532,675	1,324,227	\$ 26.83
CHILD 06-18	\$ 74,114,104	3,263,410	\$ 22.71
DUAL-MEDS	\$ 93,164,886	1,147,064	\$ 81.22
FOSTER	\$ 8,371,781	151,717	\$ 55.18
PCR	\$ 45,738,314	1,195,721	\$ 38.25
PWO	\$ 23,016,095	164,047	\$ 140.30
<b>Total</b>	<b>\$ 660,000,000</b>	<b>14,376,344</b>	<b>\$ 45.91</b>



**CY23 CCO Rate Certification**

**Appendix L: Separate Payment Term PMPM Estimates - GEMT**

<b>COA</b>	<b>CY23 Total</b>	<b>CY23 MMs</b>	<b>CY23 PMPM</b>
ABAD & OAA	\$ 5,456,519	713,621	\$ 7.65
ACA 19-44	\$ 5,639,084	4,025,553	\$ 1.40
ACA 45-54	\$ 2,793,080	984,085	\$ 2.84
ACA 55-64	\$ 2,674,811	950,479	\$ 2.81
BCCP	\$ 1,202	1,541	\$ 0.78
BRIDGE 19-44	\$ 193,728	135,769	\$ 1.43
BRIDGE 45-54	\$ 92,031	31,833	\$ 2.89
BRIDGE 55-64	\$ 89,418	31,193	\$ 2.87
CHILD 00-01	\$ 115,870	256,083	\$ 0.45
CHILD 01-05	\$ 376,661	1,324,227	\$ 0.28
CHILD 06-18	\$ 955,721	3,263,410	\$ 0.29
DUAL-MEDS	\$ 1,202	1,147,064	\$ 0.00
FOSTER	\$ 169,763	151,717	\$ 1.12
PCR	\$ 1,746,410	1,195,721	\$ 1.46
PWO	\$ 226,055	164,047	\$ 1.38
<b>Total</b>	<b>\$ 20,531,555</b>	<b>14,376,344</b>	<b>\$ 1.43</b>