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**OREGON HEALTH PLAN  
MEDICAID DEMONSTRATION**

**Analysis of Calendar Years 2010 – 2011  
Average Costs**

**September 15, 2008**



September 15, 2008

Mr. Kevin Hamler-Dupras  
OHP Actuarial Services Unit Manager  
Oregon Department of Human Services  
500 Summer Street N.E.  
Salem, Oregon 97301-1014

Dear Kevin:

**Re: Per Capita Costs for Calendar Years 2010 & 2011**

As requested under contract #PS-NON-IT2665-5, we have prepared this Analysis of Calendar Year 2010 & 2011 Average Costs for the Oregon Health Plan: Medicaid Demonstration. It is our understanding that Department of Human Services staff are refining the projected distribution of Oregon Health Plan participants by eligibility group and delivery system. When these revisions are complete, we anticipate providing an addendum to this report. The change in enrollment projections will affect only the weighted average per capita cost; the underlying costs by eligibility category and delivery system will remain the same as those shown in this report.

This report describes our analysis and approach in detail. Please call Sandi Hunt at 415/498-5365 or Pete Davidson at 415/498-5636 if you have any questions regarding the contents of this report.

Very Truly Yours,

PricewaterhouseCoopers LLP

A handwritten signature in cursive script that reads "Sandra S. Hunt".

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By: Sandra S. Hunt, M.P.A.  
Principal

A handwritten signature in cursive script that reads "Peter B. Davidson".

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Peter B. Davidson, A.S.A., M.A.A.A.  
Director

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# **Oregon Health Plan Medicaid Demonstration Analysis of Calendar Years 2010 & 2011 Average Costs**

## **Executive Summary**

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The following report provides a calculation of estimated average per capita costs for providing healthcare services under the Oregon Health Plan Medicaid Demonstration (OHP) for Calendar Years (CY) 2010 and 2011. These estimates represent our best estimate of costs based on our understanding of Department of Human Services (DHS) policy, the validity and accuracy of underlying data, and the assumptions described in the body of this report. To the extent that any of these change or the assumptions are found to be incorrect, expected costs should be re-examined.

It is our understanding that these estimates will be used to inform State health policy decisions, to determine Medicaid budget appropriations, and to form the basis for the determination of payment rates to participating managed care plans in CY 2010 and 2011. It is our understanding that DHS staff are refining the projected distribution of Oregon Health Plan participants by eligibility group and delivery system. When these revisions are complete, we anticipate providing an addendum to this report. The change in enrollment projections will affect only the weighted average per capita cost; the underlying costs by eligibility category and delivery system will remain the same as those shown in this report.

### ***Methods and Assumptions***

The methods and assumptions used to develop these estimates were designed to comply with the requirements of Oregon Senate Bill 27 (1989 legislature), which extended Medicaid coverage to nearly all Oregonians with incomes below the federal poverty level and stipulated guidelines for determining Medicaid provider reimbursement amounts. Per capita costs for services provided on a fee for service basis were estimated based on historical service payment levels, expected changes in Division of Medical Assistance Programs (DMAP) reimbursement to providers, expected program changes, and other considerations. In general, the per capita costs for managed care services were developed under the expectations of Senate Bill 27, that “rates cover the cost of providing services.” Oregon House Bills 2511 and 3624 overturned this provision of SB27; however, for the rates presented in this report, DHS staff instructed us to use the same basis for rate development as had been used in prior work.

Since the managed care per capita costs included in this report are expected to form the basis for the capitation rates to be paid to managed care plans in CY 2010 and 2011, the methods used here are structured to comply with Centers for Medicare & Medicaid Services (CMS) regulations governing the development of Medicaid capitation payments. These regulations require that rates be “actuarially sound.” While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has provided guidance, and the per capita costs included here provide an appropriate basis for developing actuarially sound capitation rates. The per capita costs are developed on a statewide basis, and their conversion to plan-specific capitation rates will be described in future reports. It should be noted that to the extent that the program or DMAP policy changes, policy application is different than expected, or new data becomes available that indicates costs may be significantly different than expected, adjustments to the per capita costs will be necessary for resultant capitation rates to remain actuarially sound.

### ***Covered Services and Populations***

The per capita costs presented in this report encompass physical health, behavioral health, and dental services. Institutional and long term care

services and populations are not included in the per capita costs, other than those long-term care services covered by managed care plan contracts.

In 2003, the State made a significant change in the structure of the OHP by extending OHP coverage to additional individuals if funds were available in the State's budget. The OHP population was divided into OHP Plus and OHP Standard categories, each with different benefit packages.

The OHP Plus population receives a comprehensive benefit package, and includes:

- The elderly and disabled at the current eligibility levels;
- The Temporary Assistance to Needy Families (TANF) population at the current eligibility levels;
- All Medicaid and SCHIP children in the OHP program up to 185 percent Federal Poverty Level (FPL);
- Pregnant women up to 185 percent FPL.

The OHP Standard population receives a reduced benefit package, which features a hospital benefit limited to coverage of emergent and urgent conditions, and also excludes or limits certain optional Medicaid benefits, as defined by DMAP. A portion of the OHP Standard population is also subject to premium contributions.

The groups covered under OHP Standard include those optional and expansion populations not included in OHP Plus that do not have qualified employer-sponsored insurance (ESI) available. These groups include Parents and Adults/Couples below 100 percent FPL made eligible through the OHP waiver.

### ***Significant Program Changes Affecting Per Capita Costs***

#### ***Sunset of Hospital Tax and Medicaid Managed Care Tax***

Effective October 1, 2009, both the hospital provider tax and the Medicaid managed care plan tax, originally implemented in January 2004, are scheduled to sunset. Elimination of the hospital provider tax is estimated to

reduce fee-for-service per capita costs for inpatient hospital services by an estimated 25% and outpatient hospital by 14%, excluding Dual Eligible costs, relative to their levels had the taxes continued. Elimination of the Medicaid Managed Care Tax reduces total managed care per capita costs by 5.5% relative to their levels had the taxes continued. Note that the 2008-2009 per capita costs includes these taxes.

#### *Graduate Medical Education*

We understand that DMAP submitted a plan amendment to CMS to restore funding for Graduate Medical Education (GME) effective September 1, 2008. Therefore, the 2010-2011 per capita costs were developed to include GME funding for managed care. GME payments in the FFS delivery system are not reported in the FFS claims data and are budgeted by DMAP separately from the per capita costs. Note that the 2008-2009 managed care per capita costs excluded GME funding.

#### *Changes in Mental Health Services*

Significant changes in the availability and delivery of mental health services are impacting the per capita costs. The maturation of the Children's Intensive Treatment Services program, phenomenal growth in case management services, and implementation of Evidence Based Practices have significantly increased projected mental health costs. With the exception of Evidence Based Practices, these changes were not reflected in the 2008-2009 per capita costs to any significant degree.

#### *Prioritized List of Health Care Services*

The Oregon Health Services Commission (HSC) has developed a “prioritized list” of health care services, which ranks medical conditions and treatments in terms of their importance to the OHP population. The services covered and the configuration of the prioritized list have changed over time (see table below). The per capita costs shown in this report reflect estimated costs of coverage through Line 502 of the prioritized list as configured for CY 2010-2011.

The table below summarizes changes in prioritized list coverage levels since implementation of the OHP:

<b>Effective Dates</b>	<b>Prioritized List Version</b>	<b>Coverage Through Line</b>	<b>Reason for Change</b>
2/1/94 – 12/31/94	Physical Health List FFY 1994-1995	565	
1/1/95 – 9/30/95	Integrated List FFY 1994–1995	606	Mental Health lines added to list (no change in physical health benefits)
10/1/95 – 1/31/97	FFY 1996–1997	581	Benefits reduced
2/1/97 – 4/30/98	FFY 1996–1997	578	Benefits reduced
5/1/98 – 9/30/99	FFY 1998–1999	574	List reconfigured (no reduction in benefits)
10/1/99 – 9/30/01	FFY 2000–2001	574	List reconfigured (no reduction in benefits)
10/1/01 – 12/31/02	FFY 2002–2003	566	List reconfigured (no reduction in benefits)
1/1/03 – 9/30/03	FFY 2002–2003	558	Benefits reduced
10/1/03 – 7/31/04	FFY 2004–2005	549	List reconfigured (no reduction in benefits)
8/1/04 – 9/30/05	FFY 2004–2005	546	Benefits reduced
10/1/05 –12/31/07	FFY 2006–2007	530	List reconfigured (no reduction in benefits)
1/1/08 - 12/31/09	CY 2008-2009	503	List reconfigured (no reduction in benefits)
1/1/10*	CY 2010-2011	502	List reconfigured (no reduction in benefits)

\* Pending CMS approval

While the prioritized list forms the basis for the determination of covered services under the OHP, services below the Legislatively-specified threshold may be covered for a number of reasons, including co-morbidities with covered conditions, appeals decisions, and managed care plan payment policies. Should funding become available to expand coverage beyond the level of coverage available during the data period, additional data sources and analysis will be required to calculate the added coverage costs.

### *Estimated Per Capita Costs*

In developing the per capita costs shown in this report, a variety of assumptions have been used, including assumptions relating to the following:

- The relationship between managed care plan billed charge amounts and the “cost” of providing services as provider payment amounts by managed care plans are unknown;
- The distribution of the population among the different groups of people who will be participating in the program;
- Enrollment in managed care plans;
- DMAP policy application; and
- Payment policy under the demonstration project.

Table 1 shows the average expected per capita cost by eligibility category for physical health services only and for all services. Per capita costs for the entire program are also shown.

**Table 1**  
**Estimated Per Capita Cost through Line 502 of the CY 2010–2011**  
**Prioritized List**

Eligibility Category	Physical Health Services <sup>a</sup>	All Services <sup>b</sup>
<b>OHP PLUS</b>		
Temporary Assistance to Needy Families	\$539.49	\$569.11
PLM Adults	\$1,282.25	\$1,292.24
PLM, TANF, and SCHIP Children 0 < 1	\$603.81	\$604.51
PLM, TANF, and SCHIP Children 1 - 5	\$117.99	\$123.53
PLM, TANF, and SCHIP Children 6 - 18	\$124.18	\$154.35
Aid to the Blind/Aid to the Disabled with Medicare	\$232.88	\$324.46
Aid to the Blind/Aid to the Disabled without Medicare	\$1,203.59	\$1,352.31
Old Age Assistance with Medicare	\$171.64	\$180.39
Old Age Assistance without Medicare	\$850.19	\$881.55
SCF Children	\$241.28	\$471.84
CAWEM (Citizen-Alien/Waived Emergency Medical)	\$140.53	\$140.58
<b>OHP Plus Composite</b>	<b>\$362.15</b>	<b>\$408.66</b>

Eligibility Category	Physical Health Services <sup>a</sup>	All Services <sup>b</sup>
<b>OHP STANDARD</b>		
OHP Families	\$312.06	\$328.44
OHP Adults & Couples	\$633.65	\$678.99
<b>OHP Standard Composite</b>	<b>\$510.73</b>	<b>\$545.00</b>
<b>TOTAL OHP</b>	<b>\$369.54</b>	<b>\$415.44</b>
<sup>a</sup> Includes Physical Medicine, Dental Services, Chemical Dependency and administrative costs. <sup>b</sup> Includes Physical Medicine, Dental Services, Chemical Dependency, Mental Health and administrative costs.		

We have also estimated the per capita cost associated with coverage at several threshold levels on the prioritized list of services. These estimates are calculated based on the assumption that all services up to and including the threshold ranking are covered by the demonstration project and that all services below the threshold are not covered. These estimates were developed by assigning patient claim records into prioritized list lines based on HSC definitions, along with assumptions about the allocation of services not explicitly governed by the prioritized list. While these estimates can be used to inform stakeholders about the potential cost impact of reductions in covered prioritized list level, actual cost impacts may differ due to the effect of co-morbidities, individual managed care plan and DMAP claim payment decisions, or other reasons.

The estimated per capita cost associated with ten threshold levels are shown in Table 2 for physical health services (including dental and chemical dependency services) and for all services combined.

**Table 2**

**Per Capita Cost at Various Prioritized List Coverage Thresholds**

Threshold <sup>a</sup>	Physical Health Services <sup>b</sup>	All Services <sup>c</sup>
262	\$292.14	\$324.89
292	\$297.27	\$330.03
322	\$312.98	\$347.45
352	\$316.73	\$351.20
382	\$339.80	\$374.31
412	\$345.73	\$380.38
442	\$353.29	\$390.56
472	\$360.36	\$404.47
502	<b>\$369.54</b>	<b>\$415.44</b>

<sup>a</sup> Threshold ranking on prioritized list below which services would not be covered.  
<sup>b</sup> Includes Physical Medicine, Dental Services, Chemical Dependency, and administrative costs.  
<sup>c</sup> Includes Physical Medicine, Dental Services, Chemical Dependency, Mental Health and administrative costs.

Changes resulting from increasing or decreasing covered services per the prioritized list require federal approval. Following the Legislature’s review of this report and a determination of the funding level and the services to be covered by the OHP we will refine the calculation of the per capita cost. Managed care plan capitation rates will be developed based on the final legislatively-approved funding level.

***Disclaimer***

In performing this analysis, we relied in part on data and other information provided by the State. We understand the State in turn receives this data and other information from health plans and providers who are given an opportunity to confirm that it is complete. We have not audited or verified this data or other information. If the underlying data or information is

inaccurate or incomplete, the results of our analysis may likewise be affected. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and believe the data appear to be reasonable for the per capita cost development. It is possible that a detailed, systematic review and comparison search for data values that are questionable or for relationships that are materially inconsistent may uncover material errors or omissions in the data. Such a review was beyond the scope of our assignment.

Differences between our projections and actual results depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis.

The estimates contained in this report are intended to be used solely for the purposes stated above. They may not be appropriate for other uses. PricewaterhouseCoopers does not intend to benefit and assumes no duty or liability to other parties who receive this work. This report should only be reviewed in its entirety and assumes the reader is familiar with the Oregon Medicaid programs, their benefits, and rate setting principles.

The results presented in this report are technical in nature and are dependent upon specific assumptions and methods, which we have described here. No party should rely upon these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

We are furnishing this disclaimer consistent with actuarial standards and practices and with the disclaimers that are included in rate development for other states' Medicaid programs.

\* \* \*

We appreciate the invaluable assistance provided by Oregon Department of Human Services staff, including members of the Office of Medical Assistance Programs, the Office of Mental Health and Addiction Services, the Actuarial Services Unit, and members of the Rates and Actuarial

Workgroup in developing and reviewing the methods used in calculating the per capita costs for this program.

## **SECTION I: Overview**

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The Oregon Health Plan Medicaid Demonstration was devised as a means of expanding the Medicaid program to additional people while constraining total health care costs. The Medicaid Demonstration is one element in the Oregon Health Plan that is intended to provide health insurance coverage to all Oregonians. Per the 1989 legislation authorizing the demonstration, the Oregon Health Plan has operated under the following guidelines:

1. Medicaid services are to be delivered largely through managed care entities;
2. Health plans are to be paid at “levels necessary to cover the costs of providing services”;
3. A Health Services Commission (HSC) is to develop a list of “Prioritized Health Services” that will serve as the decision making tool for determining the level of covered services;
4. Should budget shortfalls develop, adjustments to the Medicaid budget are to be made by means of changing the level of covered services rather than by changing provider reimbursement levels or by changing the eligibility rules.

The managed care per capita costs presented in this report are based on an assumption that services will be funded at levels necessary to cover the cost of care, as defined in subsequent sections of the report. During FFY 2004-2005, Oregon House Bills 2511 and 3624 overturned the provision of SB27 (1989 Legislative Assembly) requiring that capitation rates be funded at levels necessary to cover the cost of services. One of the outcomes was that funding for Diagnostic Related Group (DRG) hospitals was reduced by 28% during FFY 2004-2005 and FFY 2006-2007, and by 20% during CY 2008-2009. The per capita costs contained in this report assume funding at 100%

of the estimated cost for these services. As such, we have not included any specific reductions to funding for any services, and the per capita costs represent an estimate of costs if cost-based funding for DRG hospital services was fully restored.

## **Program History**

The original OHP legislation applied to the Temporary Assistance to Needy Families (TANF), Poverty Level Medical adults and children, General Assistance, and uninsured Oregonians under 100% of the federal poverty level. These groups are known collectively as the “Phase 1” population.

The “Phase 2” populations include Aid to the Blind and Aid to the Disabled (AB/AD), Old Age Assistance (OAA) and children served by the State Office for Child Welfare (SCF Children), primarily Foster Care. Because of differences in the mix of health services used and the cost to the state of providing services to individuals covered by Medicare, separate calculations are made for the AB/AD and OAA populations for those with and without Medicare coverage. These Phase 2 members became covered under the OHP in January 1995.

Under the original legislation, the OHP did not apply to Mental Health and Chemical Dependency services. Effective January 1, 1995, Chemical Dependency services were added to the Oregon Health Plan, and a phase-in of mental health services was begun on a pilot basis for 25% of the OHP population. Mental Health services were expanded statewide in July 1997.

In 1998, eligibility was expanded to include pregnant women and children in families with income up to 170% of the federal poverty level. In addition, individuals who qualify as Citizen/Alien-Waived Emergency Medical (CAWEM) are explicitly identified; these individuals are eligible only for emergency medical services. This population does not enroll in managed care plans.

In 2003, the State made a significant change in the structure of the OHP. That waiver extended coverage to additional individuals if funds were available in the State's budget. The OHP population was divided into two categories, each with different benefit packages:

- OHP Plus, and
- OHP Standard.

The OHP Plus population receives a comprehensive benefit package. The groups covered by OHP Plus include:

- The elderly and disabled at the current eligibility levels;
- The TANF population at the current eligibility levels;
- All Medicaid and SCHIP children in the program up to 185 percent FPL;
- Pregnant women up to 185 percent FPL.

The OHP Standard population receives a more limited benefit package, which excludes or limits certain optional Medicaid benefits, and which also features a hospital benefit limited to coverage of emergent and urgent conditions, as defined by DMAP. The benefit package also includes premium contributions by or on behalf of certain covered participants, specifically, those with an income above 10% of the FPL.

The groups covered under OHP Standard include those optional and expansion populations not included in OHP Plus that do not have qualified employer-sponsored insurance (ESI) available. These groups include Parents and Adults/Couples below 100 percent FPL made eligible through the OHP waiver.

### **Description of Eligibility Categories**

Common Medicaid eligibility rules limit enrollment in Medicaid based on income and asset restrictions and demographic characteristics. Income limits

are set at varying levels depending on the category of eligibility and are often associated with eligibility to receive a cash grant.

Eligibility groups covered under OHP Plus are as follows:

- The **Temporary Assistance to Needy Families (TANF)** program covers single parent families with children and two-parent families when the primary wage-earner is unemployed. For the TANF program, income limits are set dollar levels that currently reflect approximately 40% to 45% of the Federal Poverty Level (FPL), depending on family size. Under current eligibility rules, this category includes some former recipients with extended Medicaid eligibility.
- The **Poverty Level Medical Program (PLM) for adults** covers pregnant women up to 185% of FPL. Those with an income below 100% of poverty are covered by the OHP eligibility rules providing reassessment of eligibility every six months, while those with an income between 100% and 185% of poverty are eligible through 60 days following the birth of their child.
- **Poverty Level Medical Children** have varying eligibility requirements depending on age:
  - Children age 0 < 1 are covered with family income up to 133% FPL, or if they were born to a mother who was eligible as PLM Adult at the time of the child's birth;
  - Children age 1 – 5 are covered up to 133% FPL; and
  - Children age 6 – 18 are covered up to 100% FPL.
- Title XXI eligibles, known as **SCHIP (State Children's Health Insurance Program)**, include uninsured children through age 18 with family incomes up to 185% FPL who are not covered by any other eligibility category. The Oregon-specific SCHIP program is called the Children's Health Insurance Program (CHIP), and therefore the references are synonymous.

- The **Aid to Blind/Aid to Disabled (AB/AD)** and **Old Age Assistance (OAA)** programs apply to people who are blind, disabled, or over age 65 with an income generally below the Supplemental Security Income (SSI) threshold. Many of these individuals also have Medicare coverage, offsetting a large portion of their medical costs to the State. Individuals participating in the long term care program are eligible with incomes up to 300% of the SSI threshold.
- **Services for Children and Families (SCF) Children** covers children age 18 and younger (a few clients are served until age 21) who are in the legal custody of the Department of Human Services and placed outside the parental home. Custody is obtained either by a voluntary agreement with the child's legal guardian or through a county juvenile court.
- **Citizen/Alien-Waived Emergency Medical (CAWEM)** provides emergency medical coverage to individuals who do not qualify for Medicaid coverage due to their alien status. These individuals receive a restricted set of services, limited to emergency situations, including labor and delivery.

Eligibility groups covered under OHP Standard are as follows:

- The Oregon Health Plan provides coverage for two eligibility groups that are not otherwise Medicaid eligible due to demographic characteristics such as single adults, childless couples and two-parent households with an employed parent. Eligibility requirements for both groups include: aged 19 and over, not eligible for Medicare, uninsured, and family income under 100% FPL.
  - **Oregon Health Plan (OHP) Families** also have a child under age 19 in the household.
  - **Oregon Health Plan (OHP) Adults & Couples** do not have a child under age 19 in the household.

Under the Demonstration Project, the TANF, AB/AD, OAA and SCF Children programs are covered by the traditional eligibility rules. Under traditional eligibility rules for those people who qualify for a cash grant, eligibility is generally reassessed monthly for those cases where the wage earner is or has been employed in the last 12 months. The PLM program for individuals with an income between 100% and 185% of FPL is also governed by the traditional eligibility rules with certain exceptions.<sup>1</sup>

Eligibility for the “demonstration only” eligibles (OHP Adults & Couples and OHP Families), as well as those who qualify for PLM, is re-determined once every six months. Children eligible for coverage through the Children’s Health Insurance Program are covered by these same eligibility rules and, with some exceptions, must have been uninsured for the preceding six months; their eligibility is redetermined annually. The CAWEM population receives eligibility for a six month period for the restricted range of services provided to that group.

Exhibit 1-A provides a matrix of the eligibility categories covered under the Oregon Health Plan Medicaid Demonstration.

### **Expected Population Distribution by Eligibility Category**

The per capita cost of the demonstration program is based in part on assumptions regarding the distribution of eligibles by eligibility category. For this distribution we relied upon estimates made by OHP Actuarial Services Unit (ASU) staff. Exhibit 2 shows the expected distribution of eligibles among the eligibility categories in CY 2010-2011. These percentages, together with expected managed care enrollment percentages provided by ASU staff, are used to calculate weighted average per capita costs across all eligibility categories in later portions of this report. It is our understanding that refinements are being made to the projected distribution of Oregon Health Plan participants by eligibility group and delivery system. When these revisions are completed, we anticipate providing an addendum to this report.

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<sup>1</sup> The eligibility rules for the PLM pregnant women population with incomes from 100% to 185% of FPL are somewhat different than the rules for other categories of eligibility.

## **Delivery Systems**

To accommodate the contracting arrangements used by the OHP, it is necessary to calculate the expected per capita cost for discrete services for several different population groups and delivery systems.

During CY 2010 and 2011 the State expects to use five different delivery systems under the Oregon Health Plan. Some managed care plans contract with the State to provide nearly all physical health and chemical dependency services on a prepaid, capitated basis. These plans are referred to as Fully Capitated Health Plans (FCHPs). Additionally, Physician Care Organizations (PCOs) contract for all services covered by FCHPs with the exception of inpatient hospital services. Chemical Dependency services are integrated with the physical health contract with the exception of one stand-alone Chemical Dependency Organization (CDO). Dental services are all contracted on a stand-alone basis through Dental Care Organizations (DCOs), and Mental health services are similarly contracted through Mental Health Organizations (MHOs). In this report, we collectively refer to these entities as Managed Care Organizations (MCOs).

A portion of OHP members receive all services on a fee-for-service (FFS) basis, and the State contracts with a Primary Care Manager (PCM) to direct physical health services for some of these members. In addition, some services are provided on a FFS basis during the time before an OHP member is enrolled in an MCO. Other services are not covered under managed care contracts and are provided on a FFS basis for all members, such as non-emergency transportation and mental health prescription drugs; these services are referred to in this report as “FFS Wraparound” services because they are provided on a FFS basis to members enrolled in MCOs. Maternity case management services are provided on a FFS basis for all members except the limited number covered by plans that have opted to be capitated for these services.

## **Calculation of Per Capita Cost by Delivery System**

Under the Oregon Health Plan Medicaid Demonstration, payment levels and methods vary based on whether the service is capitated or paid on a FFS basis. Services that are provided through capitation contracts with MCOs are

priced based on “rates necessary to cover the costs of providing services,” while services that are provided on a FFS basis are priced based on the Medicaid fee schedule with adjustments for expected legislative changes and payment levels.

In this analysis, we calculate per capita costs separately for capitated services, for FFS services provided to managed care enrollees, and for individuals covered by the FFS system. A weighted average value is then calculated based on the assumed distribution of enrollees among the delivery systems. Separate assumptions are made regarding the percentage of the population in managed care for physical health, chemical dependency, dental, and mental health services.

The actual per capita cost of the program will vary based on the contracting arrangements entered into between the State and capitated plans, the demographic characteristics of the enrolled population, and the services that the Legislature determines it will fund.

In the following section, Section II, we describe the data sources used in this analysis. In Section III we describe the methods and assumptions used in developing the per capita cost estimates and report on the estimated per capita costs for the program. Section IV describes the methods used to allocate costs to the diagnosis/treatment pairs on the prioritized list and the resulting estimated per capita costs.

## **SECTION II: Data Sources**

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### **Primary Data Sources**

Four primary claims data sources were used for the analysis: encounter data reported by participating MCOs to DMAP, encounter drug data reported by FCHPs to DMAP, FFS data from the Oregon Medicaid Management Information System (MMIS), and information on behavioral health services from Addiction and Mental Health Services (AMH). In addition, detailed Medicaid eligibility, managed care enrollment, and Medicare coverage data are used. Each of the data sources is described below.

- **Encounter data** reported to DMAP are used as the basis for the calculation of FCHP, PCO, CDO, DCO and MHO per capita costs. Claims incurred between July 1, 2005 and June 30, 2007 served as the primary data source for this portion of the analysis.
  - For the July 1, 2005 through June 30, 2007 incurral period, several data sets were provided with inpatient hospital, outpatient hospital, physician, prescription drugs, mental health, and dental claims. Each claim contained the managed care plan's reported billed charge amount; paid amounts are not reported by the MCOs. Each claim also included detailed information about procedure performed, diagnoses, and some patient demographic information such as age, gender, and eligibility category.
  - Managed care plan data were summarized by plan, eligibility category and service category. ASU staff prescreened the data, including procedures to remove duplicate claims and confirmed with managed care plans the validity of their data.

Data for all plans were used in the managed care per capita cost development.

- **Fee for Service claims data** were extracted from the Oregon Medicaid Management Information System (MMIS) by ASU staff. These data are used to estimate FFS system utilization rates and costs by eligibility category and service type. Data for July 1, 2005 through July 31, 2008 were provided, including data for hospital, physician, dental, mental health, and prescription drug data. FFS data incurred May 2008 through July 2008 was substantially incomplete and was excluded from the base data. All of the data included paid amounts for all services. Diagnosis and procedure codes were also provided, as well as patient information such as date of birth, sex, and category of eligibility.

An additional dataset was provided, which included re-priced payment amounts for inpatient and outpatient hospital FFS claims reflecting the removal of the hospital tax, which sunsets October 1, 2009. This dataset was used to adjust the historical hospital claims for projection to the 2010-2011 biennium.

- **Mental Health Intensive Treatment Services data** containing information about children identified as eligible for the mental health integrated service array were provided by AMH staff.
- **AMH** staff provided or facilitated the provision of information about utilization and cost of services not reported through the submitted encounters or the MMIS. Additionally, they prepared estimates of costs for certain programmatic changes not sufficiently defined for actuarial analysis or for which appropriate data were unavailable.
- **Eligibility information from the MMIS** is used to identify the specific eligibility and enrollment for each individual and to determine the correct exposure level associated with each service. The "Capitation Claims" file was used to determine

historical managed care enrollment, and a DHS Decision Support Surveillance and Utilization Review System (DSSURS) extract was used to determine FFS exposure.

As described above, different data sources are used for various components of the per capita cost calculation. However, the data are generally used in a mutually exclusive manner. For example, encounter and managed care enrollment data are used for calculating utilization rates for capitated services, while FFS claims and exposure data are used for calculating utilization rates for services paid on a FFS basis. The calculation of per capita costs for discrete populations and services ensure there is no double counting when total costs are determined.

Certain services for managed care enrollees are not covered under MCO capitated contracts and are instead paid on a FFS basis. These services relate primarily to mental health drugs, case management, non-emergency transportation services, and special services, such as school-based health services. For these services, per capita costs are generally calculated using the entire OHP population as the exposure base.

### **Other Data Sources**

Other data sources considered in the development of the per capita costs include the following, which are described in more detail in Section III:

- **Data on cost-to-charge ratios for hospital services in Oregon were obtained from ASU.** These data were used to convert the billed charges for hospital services submitted by MCOs to a measure of cost for these services.
- **Information on Medicare payment levels** was used for establishing benchmark costs for professional and other services provided by MCOs.
- **Data from the federal CMS Office of the Actuary and Express Scripts, Inc.** were used for estimating prospective trend rates.

- **Information on OHP Prescription Drug Pricing** including Average Wholesale Price (AWP), Maximum Allowable Cost (MAC), Federal Upper Limit (FUL) provided by ASU.
- **Information on FCHP Prescription Drug Pricing Arrangements** reported by the FCHPs on Exhibit K and provided in summarized form by ASU.
- **Managed care plan financial reports** were used to analyze the appropriateness of administration allowances incorporated in MCO capitation rates, and to analyze the aggregate reasonableness and adequacy of past capitation rates.
- **Cost allocation analyses performed by MHOs to estimate the actual cost of providing mental health services** were used to determine cost-to-charge ratios for mental health services. These analyses were performed on behalf of the MHOs for the CY 2010-2011 per capita cost development, and they produced estimates of the relationship between the reimbursement amounts included in the Medicaid FFS fee schedule, billed charges, and average costs of their providers for each type of service.
- **Summaries of OHP program changes** provided by ASU.

## **SECTION III: Methods and Assumptions**

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### **Per Capita Costs Defined**

Per capita costs represent the costs incurred during a specified time period per measured unit of population. Per capita costs may be presented on a historical basis, which can be directly measured based on available data, or on a projected basis representing expectations of future events. For the purposes of this report, per capita costs are generally on a projected basis and represent expected average monthly costs per eligible or enrolled person.

Per capita costs can be calculated by dividing the total cost of services over a period of time by the population exposure base during that same period. Since total costs are generated by the number of services provided and the cost of each of those services, per capita costs can be broken down into the utilization rate of services and the average cost per unit of service. This method can be applied to either current or projected utilization and unit costs depending on the purpose.

The utilization rate is often expressed in terms of the annual number of services provided per 1,000 eligibles or enrollees. The expression in terms of "per 1,000 eligibles or enrollees" is made for convenience since utilization rates per person can be very small.

The exposure base, or the number of individuals covered over a period of time, is typically expressed in terms of member-months of eligibility or enrollment. Thus, a person eligible for the entire year would have twelve member-months of eligibility, while a person eligible for only half of the year would have six member-months of eligibility. In our calculation of per capita costs, partial months of eligibility or enrollment were considered.

An example of a calculation of the monthly per capita cost for covered inpatient services is as follows: multiply the number of bed days or admissions per 1,000 members per year by the average cost per day or admission. The result of this calculation is the annual cost per 1,000 members, which is then converted into a monthly per capita cost by dividing by 12,000. Similar calculations are made for all other categories of service, and appropriate adjustments are applied to reflect changes in covered services, eligibility, or the change in the cost per unit of service over time.

The sum of the projected per capita costs for all services is the total per capita cost. Our analysis shows separate per capita costs for 13 different eligibility categories and many detailed service categories. In addition to the per capita cost for health care services, MCOs are paid an allowance for their costs of administering the managed care contract.

### **Regulatory Requirements for Medicaid Managed Care Rate Setting**

Provisions of the Balanced Budget Act of 1997 (BBA) require that capitation rates paid to Medicaid managed care plans subsequent to August 13, 2003 be actuarially sound. The statewide per capita costs for managed care developed in this report are expected to form the basis for the plan-specific capitation rates to be paid in CY 2010 and 2011. Therefore, the methods used to develop the managed care per capita costs were designed to be in compliance with the CMS regulations on actuarial soundness. While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has issued a checklist that provides guidance.

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

- The rates were developed in accordance with generally accepted actuarial principles and practices;
- Data appropriate for the population to be covered by the managed care program should be used for the analysis;

- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, and health status;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;
- Medicaid FFS payment rates per unit of service may be an appropriate benchmark for developing capitation rates;
- When FFS data are used for the calculations, differences in expected utilization rates between FFS and managed care programs should be accounted for;
- Appropriate levels of MCO administrative costs should be included in the rates;
- Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and
- A range of appropriate rates could emerge from the rate-setting process, and an upper and lower bound may be developed.

The per capita costs described in this report reflect our understanding of DMAP policy, in addition to historical experience and expected changes over time. Statewide capitation rates developed for CY 2010 and 2011 will take into account programmatic changes occurring between the development of the per capita costs contained in this report and the effective date of the rates. Additionally, to the extent that DMAP policy changes or is applied differently than represented to us, or new data becomes available that indicates costs may be significantly different than expected, then adjustments may be necessary for the resultant capitation rates to be actuarially sound.

DMAP policy over the past several years has been to develop plan-specific capitation rates based on the statewide managed care per capita costs with adjustments for differences in geographic input costs and differences in population health status among plans. Final rates are established through signed contracts with the participating managed care plans, which ensures that each plan concurs that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care,

and that they expect to remain financially sound throughout the contract period.

### **Methodology Used in Calculating Per Capita Costs**

The projected per capita cost amounts are calculated through a multi-step process, which is briefly described below. Each of the steps is then described in greater detail.

1. Data from each of the data sources is summarized by eligibility category and service category. From this process we obtain information on total charges (encounter data), total paid amounts (FFS data), and total units of service for the data period (encounter and FFS data).
2. Adjustments are made for missing or problematic data or data that is included in the database but not relevant to the per capita costs. These adjustments are referred to as “data issues”.
3. Adjustments are made for changes in covered services, payment levels, or other changes that occurred during or after the data period or that are expected to occur during the projection period. These adjustments are referred to as “budget issues.”
4. Common measures of estimated cost or charges are calculated including the billed charges per person per month for managed care, the paid amount per person per month for FFS, and the annual number of units of service per 1,000 people. For the units per 1,000 people per year, a person is assumed to represent 12 member months. Thus, it is not possible to derive the number of unique people accounted for in the calculation, and for eligibility categories with relatively short lengths of eligibility and episodic cases, such as maternities for the PLM adult population, it is possible to have more than one calculated average case per person per year.

5. Trend rates are estimated for several major service categories, population groups, and by delivery system.
6. For the managed care data, the amounts reported as billed charges serve as the basis of the cost calculations since actual payment amounts are not provided by the MCOs. Cost-to-charge ratios by service category are developed and applied to the encounter data. For services provided on a FFS basis, the average Medicaid paid amount is used in the per capita cost calculation.
7. Total expected per capita costs (costs per person per month) are calculated for each eligibility category and service delivery arrangement.
8. The population distribution estimated for the contract period is arrayed by eligibility category and contract arrangement based on projections made by DHS.
9. The overall per capita cost for the Oregon Health Plan is calculated based on the expected population and contracting mix.
10. Costs are allocated to the various prioritized list lines based on assignment criteria described in detail in Section IV. Separate allocations are made by eligibility category and broad service category (physical health, dental, chemical dependency, and mental health).

### **Measuring Utilization Rates and Average Charges or Payments**

The first step in this analysis is the categorization of claims into the approximately 100 detailed service categories shown in the attached exhibits. Claims are assigned to these categories based on the detailed criteria described in the ASU “bucket book” for encounter and FFS data.

The next step involves calculating utilization rates and the charge or payment amount per unit of service for each category of service, with the data subset

by each eligibility category. The encounter data serves as the primary data source for the analysis of capitated services, with Medicaid FFS data forming the basis for non-capitated services.

Utilization rates are measured by summarizing the utilization counts for each category of service and dividing by the number of member months of eligibility or enrollment for the appropriate population group. For purposes of this report, reported inpatient hospital claims are grouped into admissions, whereas the utilization count for other claims represents the number of claims submitted, services provided, prescriptions filled, or units of service recorded on the claim. For example, a series of office visits for a single condition are counted separately for each visit rather than as one episode of illness. Exhibit 1-B describes the type of units measured for each service category.

Since amounts paid by managed care plans to providers are not reported in the encounter data, average charges per unit of service are calculated. For the FFS delivery system, actual payment amounts are provided, and the average payments per unit of service are calculated. These averages are calculated on the same unit basis as the utilization rates. For example, the average charge for inpatient hospital claims is calculated on a "per admission" basis, since the utilization measure is "admissions per 1,000 persons."

### **Estimating the Cost of Managed Care Plan Services**

The per capita costs shown here were developed to represent "rates necessary to cover the costs of services." However, to date DMAP has not required the managed care plans to provide data representing their costs of providing services. DMAP does not prescribe the methods or levels by which MCOs contract with providers, and there is little information available to determine how MCOs pay for services. Therefore, proxy and benchmark measures of costs have been used, which may not reflect actual MCO payment amounts. In previous reports on per capita costs<sup>2</sup> we described the determination of benchmark managed care cost levels. We have largely retained those same

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<sup>2</sup> Coopers & Lybrand and PricewaterhouseCoopers reports dated May 1, 1991, April 19, 1993, February 10, 1995, December 16, 1996, December 8, 1998, September 21, 2000, November 11, 2002, March 7, 2005, and September 22, 2006.

methods for this analysis, with some exceptions for specific services. To apply the benchmark costs, the charges per unit of service developed from the encounter data are adjusted based on cost-to-charge ratios developed for each category of service. Exhibit 6-A provides the cost-to-charge ratios for each service category; the sections below describe the development of the cost-to-charge ratios for each major type of service.

### Hospital Services

For hospital services, data on hospital costs and charges are reported to state agencies, from which cost-to-charge ratios are calculated. These ratios are used to convert the reported billed charge amounts for inpatient and outpatient hospital services to an estimate of costs for those services.

The most recent available hospital cost reports serve as the basis for the hospital cost-to-charge ratios. These reports ranged from hospital fiscal year 2003 to 2006. A straight average of the midpoint of each hospital's reporting period indicates the average hospital report reflects cost data centered approximately April 1, 2005, which is slightly before the beginning of the per capita cost data period. Hospitals with reported encounter data, but without a corresponding hospital cost report (including out of state hospitals) were assigned the Oregon statewide average hospital cost-to-charge ratio.

Based on our observations of values reported in the hospital cost reports, analysis of encounter data, and changes in hospital cost benchmarks, recent annual trends in hospital billed charges per unit of service have generally outpaced trends in costs per unit of service. Thus, hospital cost-to-charge ratios have generally been declining over time. Since the hospital cost reports represent cost-to-charge ratios at a point that averages 5 to 6 years before the midpoint of the CY 2010/2011 projection period, the compounding effect of differences in charge and cost trends can be significant, and future hospital cost-to-charge ratios may be substantially different than those reported in the currently available hospital reports. For this report, we used the cost to charge ratios as reported, consistent with DMAP policy direction.

We understand that DMAP submitted a plan amendment with CMS to restore funding for Graduate Medical Education (GME) effective September 1, 2008. Since the hospital cost reports used to develop the hospital cost-to-charge

ratios for the 2010-2011 biennium include GME costs and revenues, no adjustment is necessary. Further, GME payments in the FFS delivery system are not reported in the FFS claims data and are separately budgeted by DMAP; therefore, no adjustment is necessary for FFS either.

### Physician Services

We used the Medicare fee schedule as the cost benchmark for physician and certain other services, consistent with the rate setting methods developed in prior biennia. For the CY 2010-2011 per capita cost development, we used the 2008 Medicare relative value units (RVUs), combined with the Medicare conversion factor (\$38.087) in effect for January 2008 - June 2008. We used the Transitioned Practice Expense RVUs, which reflect a 50%/50% blend of the 2006 Practice Expense RVUs and the 2008 Fully Implemented Practice Expense RVUs. As directed by DMAP, we did not apply the Budget Neutrality adjustment (0.8806) to the Work Expense RVU. Future increases in physician costs have been applied in the form of unit cost trend adjustments to project managed care per capita costs for physician services to the CY 2010-2011 biennium.

We used the relationship between 2008 Medicare allowable amounts and billed charges for specific services to develop cost-to-charge ratios for each professional service category. Exceptions were made for Newborn services, as those services are not well represented in Medicare's data and relatively low implied cost-to-charge ratios resulted from our application of the Medicare payment methodology for those services. As a substitute, we assigned the ratio calculated for Physician Office Visits for that service category.

For Maternity services, we also considered the difference in FFS payments for maternity services. For most professional services, FFS reimbursement is determined by multiplying a "conversion factor" by the relative resource value assigned to each service. The relative resource value provides a means of comparing each service based on the relative amount and intensity of the resources required to perform the service. The relative values are multiplied by conversion factors to produce the payment amounts. This method of determining physician reimbursement is also used by Medicare and most private insurers. Under the OHP, the current FFS conversion factor for most

professional services is \$26.88, and the factor for maternity services is \$40.20, which is approximately 49.6% higher. For consistency with FFS payment policy, we increased the base cost-to-charge ratio calculated for Maternity services by 49.6%.

For Anesthesia, we were unable to determine Medicare allowable amounts based on the encounter data. As a proxy, we used the cost-to-charge ratio calculated for Surgery.

### Dental Services

External cost benchmarks for valuing dental services have not been established by DMAP. In the development of previous per capita costs, we observed that the billed amounts reported by those dental plans that serve non-Medicaid members in addition to Medicaid beneficiaries appeared to be a reasonable representation of the costs of those services and used the charges submitted by those plans as an implied fee schedule to establish cost benchmarks. However, in the data underlying the development of the 2010-2011 per capita costs, we observed significant changes in the billed charges submitted by some of the dental plans, and anecdotal information we received implied that there may have been changes in the meaning of the values submitted in the billed charge data field by some plans. Application of these values in a manner similar to past biennia produced anomalous results. Therefore, we reverted to the implied fee schedule used in the development of the 2008-2009 per capita costs and applied that implied fee schedule to the current utilization data. Cost-to-charge ratios were developed by taking the ratio of the implied costs to total billed charges in each dental service category; the resulting cost-to-charge ratios range from 85.5% to 100%.

### Mental Health Services

For mental health, we relied on work performed by Dale Jarvis, CPA, of MCPP Healthcare Consulting, a consultant hired by the MHOs to perform cost studies on their behalf. We had several conversations with Mr. Jarvis to ensure we fully understood his analysis and received supporting documentation for review. Further, Mr. Jarvis performed follow-up surveys with several mental health agencies and modified his analysis in response to our questions and observations. Because the resulting cost-to-charge ratios in the cost reports are above 1.0, we requested policy input from DHS staff.

ASU's review resulted in the following recommendation: "According to a recent cost study by MCPP Healthcare Consulting, costs for non-inpatient mental health services (excluding Intensive Treatment Services) tend to average higher than billed charges. This carefully constructed study gathered data from clinics responsible for providing mental health services, and relies on a combination of factual data, and assumptions where the data are incomplete. The results show wide variation in calculated costs per unit for similar services across clinics. Additionally, while the billed charges reported in the encounter data increased materially since the last cost study performed 4 years ago, the expected costs based on external benchmarks increased at a slower pace. The wide variation in reported costs per unit, in combination with the billed charge trend, suggests additional investigation of the data is warranted. Depending on the interpretation of the data, the final cost to charge ratio may be above or below 1.0. Given this uncertainty, DHS has made the policy decision to use billed charges to represent cost, which yields a cost to charge ratio of 1.0."

### Prescription Drugs

As described in Section II, the FCHPs provided prescription drug data that included billed charge amounts, but not payment amounts. To convert the billed charges to managed care plan cost levels, we applied pricing information provided by the plans and summarized by ASU staff. This information provided the plans' discount arrangements, dispensing fees, administrative fees negotiated by the plans with their PBMs, and rebate amounts. We applied this detailed pricing information to the encounter data for each plan, and developed an aggregate adjustment to convert the billed

charges to FCHP-based costs. Based on our analysis, FCHP average drug unit costs net of rebates are approximately 65.8% of average billed charge amounts. This adjustment was applied as a 65.8% cost-to-charge ratio.

### Other Services

For three service categories: Transportation – Ambulance, Durable Medical Equipment and Supplies, and Home Health, we conducted research on the methods used by Medicare to determine payment. For each of these services we estimated the 2008 Medicare payment amounts, with limited exceptions where the data elements needed to calculate the Medicare reimbursement amount were not available in the encounter data. These data elements would have allowed finer differentiation in the calculation, but were determined to have only a nominal impact on the resulting calculations.

### Dual Eligibles

For individuals who are eligible for both Medicare and Medicaid (Dual Eligibles), managed care plans are responsible only for that portion of costs that are not covered by Medicare.<sup>3</sup> The billed amounts included in the encounter data reflect 100% of charges for the encounter and do not include an offset for payments made by Medicare. To adjust the unit costs for Dual Eligibles, we estimated the average Medicare liability percentage for each category of service and reduced the unit costs by these amounts. Exhibit 6-B contains the estimated managed care plan liability for Dual Eligibles by category of service. We also estimated the per capita value of the Medicare Part A and Part B deductibles for which the managed care plans are responsible based on the estimated future deductibles contained in the most recent Medicare Trustees report.

For mental health services, the percentage of gross per capita costs that Medicare would pay on behalf of Dual Eligibles is difficult to directly estimate due to the prevalence of non-licensed providers, whom Medicare does not reimburse. To estimate the percentage that Medicare would pay, we calculated the ratio of FFS unit costs for individuals with Medicare coverage to the FFS unit costs for individuals without Medicare coverage. By

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<sup>3</sup> OHP plans with Medicare Risk contracts are responsible for all costs, but the services that are covered under the Medicare scope of services are assigned to their Medicare line of business.

examining these ratios in the DMAP FFS payment amount, we estimated the average Medicare payment percentages.<sup>4</sup> Medicare does not cover certain Mental Health services, including Case Management, Alternatives to Inpatient, Family Support, Ancillary Services, and Other Outpatient. In these calculations we have assumed the MHOs will be responsible for all costs for these services. We also incorporated an estimate of the per capita value of the Medicare Part A deductible for mental health inpatient admissions.

## **Data Issues**

Several adjustments were made for services not reported in the encounter or claims data, services inappropriate for inclusion in the base costs, changes in policy during the data period, or services that are reported in the data but are not the responsibility of the OHP. These adjustments are described below.

### *Incurred But Not Reported (IBNR) Services*

The managed care encounter data represents services incurred July 1, 2005 through June 30, 2007, submitted by managed care plans and processed by DMAP through December 31, 2007. The FFS data included claims incurred July 1, 2005 through July 31, 2008 and adjudicated by DMAP through July 31, 2008. FFS data incurred May 2008 through July 2008 was substantially incomplete and was excluded from the base data.

Claims and encounters paid or submitted after the dates specified above are not included in the dataset we received. Therefore, an adjustment for incurred but not reported (IBNR) claims and encounters is necessary to fully reflect the services provided during the data period.

For the FFS claims, the data included both dates of service and dates of payments. We used this data and generally accepted actuarial methods to

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<sup>4</sup> Under both the FFS and managed care delivery systems, many providers choose not to submit claims for services when no payment is anticipated. For example, if Medicare payment is higher than the Medicaid allowed amount, providers often do not submit a separate bill to Medicaid, since the payment amount would be \$0. We confirmed with managed care plans that similar practices occur in that setting, and that the encounter data can be expected to show similar patterns in costs per unit of service. Where the cost-to-charge ratio for services provided to Medicare recipients is equal to the cost-to-charge ratio for non-Medicare recipients, this circumstance is prevalent.

estimate the value of the IBNR claims by analyzing the historical claim payment patterns.

For the encounter data, dates of payment were not available. DMAP provided us with an additional dataset containing encounters incurred during the July 2005 through June 2007 data period and processed by DMAP subsequent to the latest process date in the base data. Using this information, we developed IBNR adjustments to the encounter data. While some additional encounters related to the data period may ultimately be processed, we believe the magnitude of these encounters is immaterial and no further adjustment is necessary.

Exhibit 6-C summarizes the applied managed care and FFS IBNR adjustment factors.

#### *Mental Health Prevention, Education and Outreach*

Mental health plans provide Prevention, Education, and Outreach (PEO) services, both to OHP enrollees, and to the broader community. These services are recorded by MHOs, but are not reflected in encounter data and, according to Mr. Jarvis, are not included in either the costs or the productivity he used to develop the mental health CCRs. MHOs provided reports of their PEO expenditures on a quarterly basis for the data period. The number of MHOs reporting PEO expenditures varied by quarter -- ranging from 4 to 8 of the 9 MHOs; one MHO did not report PEO costs in any quarter. Total reported PEO costs were \$0.20 PMPM in the first year of the data period and \$0.54 PMPM in the second year. Based on past communications with CMS, the following PEO services were identified as appropriate for inclusion in the per capita costs -- Parent/Family Education (PEO 3), Life Skills Development (PEO 6), Prevention Support Activities (PEO 7), and Services Integration (PEO 9). These services comprise approximately 56% of total reported PEO expenditures in both years, or \$0.11 PMPM and \$0.30 PMPM, respectively. These amounts are both significantly below the PEO costs reported in past years; we have no way to know whether past reported PEO costs were inflated, the current costs are under-reported, or there has been a change in the service delivery pattern (e.g., some services may now be provided as individual therapy.) For the PCCs, we assumed that the first year of PEO

costs were incomplete, and added the PEO costs from the eligible service categories for the second year (\$0.30 PMPM) to all eligibility categories.

#### Duplicate Claims and Encounters

ASU employs a variety of data “cleanup” processes to the claim and encounter data. These processes include the identification and removal of duplicate claims and encounters, including encounters that duplicate FFS payments. ASU's cleanup process was limited to the base dataset, and we identified and removed additional duplicate encounters in supplemental datasets provided by ASU.

#### Pharmacy Encounters

Upon review of the FCHP pharmacy data, we observed one plan whose data for the first three months of the data period appeared to be substantially incomplete; therefore, we excluded this data. Additionally, six months into the data period Medicare Part D coverage became effective (January 1, 2006), which substantially reduced the FCHP liability for prescription drugs dispensed to Dual Eligibles. Therefore, adjustments are necessary so that the projected PCCs for prescription drugs appropriately reflect the FCHPs' liability.

We observed the expected reduction in pharmacy encounters beginning January 2006, but some of the plans continued to show unexpectedly high encounter volume through June 2006. It is our understanding that issues with the initial implementation of Medicare Part D caused plans to cover many prescriptions that should have been Medicare's responsibility; those problems have since been resolved. For the base data to more closely reflect the FCHPs' current responsibility, we excluded all pharmacy encounters for Dual Eligibles for the period July 2005 through June 2006. We also excluded enrollment associated with the excluded encounters in calculating utilization rates and PMPMs.

#### Encounters for Individuals Not Enrolled in Managed Care Plans

In preparing the data, ASU performed date sensitive matching of encounters and managed care plan enrollment data to exclude services provided to individuals who appear not to be enrolled in the plan. As there is no

accompanying membership for these individuals, it is inappropriate to include these encounters, and they were excluded from the analysis.

#### Exceptional Needs Care Coordination

State regulations require FCHPs and PCOs to employ Exceptional Needs Care Coordinators (ENCCs) to provide specialized case management services for aged and disabled enrollees. These services include identifying enrollees with disabilities or complex medical needs, ensuring timely access to services, coordinating with providers in treatment planning, and assistance in coordinating linkages between community support and social service systems and medical care systems. Little data is currently available regarding the actual costs of ENCC services as these services are not reported through the encounter data or other sources. Cost estimates for ENCC services were developed by DMAP staff several years ago, and these estimates have been used for past per capita costs. DMAP has directed us to continue to use these estimates (\$8.01 PMPM for AB/AD, and \$6.26 PMPM for OAA), and the per capita value is included in the AB/AD with and without Medicare and OAA with and without Medicare eligibility categories.

### **Budget Issues**

Certain adjustments are made for changes in covered services or other changes that occurred during or subsequent to the data period or are expected to occur during CY 2010-2011; these adjustments are referred to as “budget issues”. The most significant of these changes are described in some detail below.

#### Sunset of Medicaid Managed Care Tax

Effective October 1, 2009, the Medicaid Managed Care Tax is scheduled to sunset. Therefore, the 2010-2011 PCCs were developed excluding the tax allowance.

#### Changes in FFS DRG Hospital Reimbursement

FFS reimbursement for inpatient services changed during the data period. Specifically, effective August 15, 2005, inpatient reimbursement to DRG hospitals was increased from 80% to 100% of Medicare allowable. Thus, the

FFS data represents a mix of reimbursement levels. The adjustment for changes in historical FFS hospital reimbursement is shown in Exhibit 6-D.

In addition, changes in the reimbursement level were implemented following the data period; that is, effective October 1, 2009, the provider tax will sunset resulting in a reduction in DRG hospital reimbursement for inpatient and outpatient services. In order to accurately project the per capita costs for CY 2010–2011, the hospital data must reflect anticipated hospital payment amounts during the period. Based on our understanding of the timing and magnitude of the changes in reimbursement, as well as analysis of the dataset containing FFS hospital claims repriced to remove the provider tax, we developed adjustments to the FFS hospital payment data to reflect anticipated reimbursement during CY 2010-2011. These adjustments are shown in Exhibit 6-E.

#### Managed Care Funding for DRG Hospitals

During previous biennia, the Legislature directed DHS to reduce funding in the capitation rates for DRG hospitals subsequent to the release of our report documenting the development of the per capita costs. At this time, we have been directed not to apply such a reduction in the CY 2010–2011 per capita costs. Therefore, the per capita costs contained in this report assume that managed care plans will be funded at 100% of the expected cost for DRG hospital services.

#### Medicare Part D

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) established Medicare “Part D” coverage that provides most Medicare-eligible individuals access to private Medicare prescription drug plans effective January 1, 2006. The MMA terminates the existing drug coverage for Dual Eligibles and dictates that they must obtain drug coverage by enrolling in one of the new Medicare drug plans. As described in the previous section, we limited the base data to periods subsequent to the implementation of Medicare Part D. Consequently, no further adjustments were necessary. Note that the resultant per capita cost estimates do not consider "clawback" payments that the State must make to the Federal government.

### *Mental Health Intensive Treatment Services*

Effective October 1, 2005, MHOs assumed financial responsibility for certain intensive treatment services (ITS) for children, which were previously paid on a FFS basis or via enhanced capitation rates for MHOs participating in pilot programs. Beginning October 1, 2005, all MHOs received enhanced capitation rates reflecting this additional responsibility, though the level of enhancement varies considerably from plan to plan, based on anticipated enrollment of ITS-eligible children.

To develop projections of mental health ITS costs for the 2010-2011 biennium, we analyzed information on children identified as eligible for the integrated service array during the period July 2005 through June 2007. We believe there is sufficient lag in the data such that data completeness should not be an issue, though the quality of data available for identification of ITS-eligible children has been poor in the past; it is our understanding that significant efforts have been put into improving the data quality and have assumed for the purposes of this analysis that the data are complete and accurate. We observed a steep increase in ITS users over the data period, with an apparent plateau during the last four months of the data period. Absent any information on expected numbers of new ITS eligible children, we assumed that the number of ITS eligible children in the last four months was representative of the average expected numbers during the 2010-2011 biennium.

To estimate the costs of providing care for ITS eligible children, we analyzed the mental health encounters for these children. We applied the mental health cost-to-charge ratio of 100% to the billed charges to value these services. As directed by DHS staff, we applied cost increases equivalent to the FFS cost of living increases (COLAs). ITS costs were then projected by applying the projected number of ITS eligible children, the assumed future distribution of treatment modes (i.e., residential treatment, day treatment, and community-based treatment), and the projected average costs of such treatment. Though ITS eligible children may receive mental health services from a number of the mental health service categories, we applied the adjustment only to the "MH SERVICES INTENSIVE TREATMENT SVCS" service category. The development of the adjustment is shown in Exhibit 6-F.

In tandem with the inclusion of ITS under their capitated responsibility, MHOs are required to perform Certificate of Need (CONS) assessments for members who are expected to be eligible for Psychiatric Residential Treatment Services (PRTS). The cost of assessments for children who are placed in a PRTS setting is included in the ITS experience data. However, the cost of assessments for children who are considered for residential placement but not accepted is not included. Addiction and Mental Health Division (AMH) staff prepared an estimate of the cost of these assessments, which we converted to a per member per month (PMPM) basis and allocated to the relevant categories of aid based on the relative prevalence of ITS users. These PMPM adjustments are shown in Exhibit 6-G.

#### *Mental Health Evidence Based Practices*

It is our understanding that Oregon has a statutory requirement to increase the resources spent on evidence-based mental health and addiction practices. AMH staff have identified two evidence-based practices (EBPs) for adults with Severe and Persistent Mental Illness (SPMI) to be implemented during CY 2008-2009. These EBPs are Assertive Community Treatment and Supported Employment.

As limited data is available on the actual cost of EBPs, AMH directed that they be paid on a FFS basis until sufficient data becomes available to accurately determine costs and provide funding directly to the mental health plans through capitation payments. AMH staff developed cost estimates for CY 2008-2009 based on assumptions regarding numbers of individuals needing services, the number of services to be provided, and the cost of these services; we have not made any determinations regarding the validity or reasonableness of the assumptions or methods used to develop the estimates. The estimated cost during CY 2008-2009 was approximately \$4 million, and since experience data associated with these EBPs is not yet available we have been directed to assume that costs will be at approximately the same level during CY 2010-2011. We have developed FFS per capita costs for the EBPs, and added them to the AB/AD and AB/AD with Medicare eligibility categories since the majority of individuals expected to utilize these services are in those groups. The development of the EBP adjustment is shown in Exhibit 6-H.

### *Mental Health Long Term Care Case Management*

Effective January 1, 2008, new case management requirements will be put in place for long term care clients enrolled in MHOs. Based on estimates developed by AMH staff, we calculated the impact on costs and applied adjustments. These adjustments are shown in Exhibit 6-I.

### *Nutritional Counseling*

In the prioritized list effective January 1, 2008, coverage of nutritional counseling for morbidly obese individuals was expanded. Costs of the expanded benefit were estimated during the development of the 2008-2009 PCCs. Since current data are not available on the utilization of these services, we added the same adjustments to the 2010-2011 PCCs. These adjustments are shown in Exhibit 6-J.

### *Bariatric Surgery*

Effective January 1, 2008, bariatric surgery was added as a covered benefit under the Oregon Health Plan. Under managed care, pre-surgery evaluations, tests, and transportation will be added to FCHP and PCO responsibility. The cost of the surgery itself, post-surgery follow-up, revisions, and complications will be covered via a case rate payment. The array, frequency, and cost of services comprising a bariatric surgery episode were estimated by DMAP staff in collaboration with the Oregon Centers of Excellence at which the surgeries will be performed. Estimates of the number of people expected to receive pre-surgical evaluations and related services were developed using estimates from Washington State's Medicaid program, which appears to apply similar prior authorization criteria as Oregon. The estimated additional costs for the bariatric surgery benefit are shown in Exhibit 6-K.

### *Changes in Dental Benefit for Children*

Effective January 2009, the HSC recommended increasing the prophylactic dental benefit for children under age 19 from one visit per year to two visits per year. Exhibit 6-L shows the adjustments applied for this benefit change.

### *Changes in Prioritized List Configuration*

In July 2008, the HSC released a draft of the new prioritized list, which contains a reconfiguration of the condition-treatment pairs on the list. The HSC determined that coverage through line 502 of the revised list would

result in approximately the same level of benefits as coverage through line 503 of the prioritized list currently in effect. Therefore, no adjustment is necessary. Further, no adjustments were necessary due to past changes in the prioritized list.

### **Method for Trending Data Forward to CY 2010-2011**

The managed care data underlying the CY 2010-2011 per capita costs was generally incurred during the period July 1, 2005 through June 30, 2007; FFS data was generally incurred during the period July 1, 2005 through April 30, 2008. In addition to the adjustments described in the previous sections, trend adjustments must be applied to adjust the per capita costs forward to the CY 2010-2011 period. Total trend rates are made up of two components:

- the increase in cost per unit of service (cost trend), and
- the increase in the number of units of service provided, in the relative intensity of services provided, and in the level of new technology used to provide medical services (utilization trend).

It is important to understand that the length of time between the data period and the projection period is relatively long. From the midpoint of the managed care data period (July 1, 2006) to the midpoint of CY 2010-2011 (January 1, 2011) is 4.5 years; the midpoint of the FFS data period (December 1, 2006) to the midpoint of CY 2010-2011 is just over 4 years. Accurately projecting changes in costs and utilization for specific populations and benefits over such a long period is very difficult due to changes in eligibility rules and coding, changes in policy, changes in provider service patterns, changes in access to care, and numerous other factors. Over the long term, we expect the Oregon Medicaid program costs to change at a rate comparable to the broader health care market. As a result, we believe it is reasonable and appropriate to incorporate outside benchmarks for trends in the projections. However, we believe it is also reasonable and appropriate to give some weight to observed changes over time, particularly those that are sustained over long periods, recognizing that there are natural limits to both increases and decreases that need to be considered.

The trend rates in this analysis are calculated using two different approaches to reflect the differences in contracting arrangements, the availability of relevant data, and payment rates under the OHP. Separate trend rates are developed for discrete eligibility groups that may experience variation in the rate of change in costs and utilization, including TANF and related adults, OHP Standard, Children, and Disabled/OAA eligibles with and without Medicare coverage. The trend rates used in this analysis can be found in Exhibits 7-A and 7-B for managed care and FFS, respectively.

The trend rates for managed care calculations are based on a combination of data including the following three primary data sources:

1. Regression models based on managed care plan encounter data that measure rates of change in utilization of services, costs per unit of service, and costs per member per month, subset by major eligibility category and service type;
2. Information reported by CMS Office of the Actuary in their research on the change in cost of health care services,<sup>5</sup>
3. Information reported by CMS on actual Medicare reimbursement changes, and
4. Published reports on expected rates of change in per capita costs and unit costs for prescription drugs.

In some cases, due to the methods used to establish unit costs for managed care services, cost trends are adjusted. For example, for professional services that are set equal to 2008 Medicare allowable amounts, we do not apply cost trend during the data period and the first year of the projection period, which is 2008. Projected managed care utilization trends were estimated based on benchmark trends, long term average trends observed in the OHP, and expectations of changes in utilization of specific services and populations.

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<sup>5</sup> The forecast of Market Basket Index Levels and 4-Quarter Moving Average Percent Changes were obtained from [https://www.cms.hhs.gov/MedicareProgramRatesStats/04\\_MarketBasketData.asp](https://www.cms.hhs.gov/MedicareProgramRatesStats/04_MarketBasketData.asp) in July 2008.

Trend rates for the FFS delivery system are developed based on expected cost increases provided by DHS staff and estimates of utilization trend based on analysis of OHP experience during the data period, as well as benchmark trend estimates for the projection period. Based on information provided by DHS staff, the following cost of living increases (COLAs) were or are anticipated to be implemented: 3.6% effective January 1, 2008, 3.5% effective January 1, 2009, 2.2% effective January 1, 2010, and 2.15% effective January 1, 2011. These COLAs apply to Physician, Dental, Outpatient Mental Health, Chemical Dependency, and Durable Medical Equipment except for specified codes. Per direction from DHS staff, the 2010 and 2011 COLAs were also applied to Inpatient Hospital services. For specified Durable Medical Equipment and J-Codes (generally, drugs that can be injected subcutaneously, intramuscularly, or intravenously), fee schedule updates were implemented and reflected in the per capita cost projections. The fee schedule adjustments for Durable Medical Equipment and J-Codes are shown in Exhibit 6-M.

### **Third Party Liability Adjustment**

OHP MCOs are required by contract to "take all reasonable actions to pursue recovery of Third Party Resources for Capitated Services." According to ASU, nine FCHPs reported third party liability (TPL) recoveries for the period October 2006 through September 2007; it is unclear whether the other FCHPs, the MHOs, and the DCOs also had TPL recoveries that were not reported. Based on the data provided by ASU, TPL recoveries represented 0.25% of total FCHP revenues or 0.28% of total reported claims expense. A TPL adjustment will not be applied to the Dual Eligible PCCs, however the data provided by ASU does not segregate premiums or claims expense by eligibility category. ASU estimated the impact of excluding Dual Eligibles and instructed us to apply a 0.37% reduction to FCHP service costs. Also as directed by ASU, no TPL adjustment was applied to the MHO or DCO service costs.

## **Administrative Cost Allowance**

The total program cost for the MCO portion of the calculation includes an 8% allowance to cover administrative expenses. This amount is intended to cover the costs of administering a mature managed care program that already has information systems in place. Additional costs associated with plan start-up or with marketing individual plans are not intended to be covered by the administrative cost allowance. The administrative cost allowance is typically applied as a percentage of the capitation payment, not as a percentage of health care costs, and the amount allocated for administrative costs shown in this report for the MCO portion of the program is expressed in those terms.

We reviewed plan financial reports for CY 2007 and determined that FCHP reported administrative costs averaged 10.4% of capitation revenue, ranging from 5.9% to 26.9%. In 2007, MHOs reported administrative costs averaging 9.0% of capitation revenue, ranging from 7.0% to 13.3%; DCOs averaged 14.9% of revenue, ranging from 4.0% to 30.9%. Per DMAP direction, the total administration allowance is 8% of the managed care per capita costs, with the exception of FCHP and PCO Dual Eligible costs. For Dual Eligibles, prescription drug costs have been significantly reduced due to the implementation of Medicare Part D. Higher administration allowances have been developed and applied to the FCHP and PCO per capita costs for Dual Eligibles to recognize that though prescription drugs, which previously comprised the majority of plan service costs for Dual Eligibles, have been largely eliminated plan administration costs are not expected to decrease proportionately. The administrative cost allowances for the AB/AD and OAA with Medicare eligibles are 16.3% and 14.7%, respectively.

For the FFS portion of the program we included a case management fee to be paid to the Primary Care Managers for the portion of the population enrolled with PCMs.

## **Review of Managed Care Plan Financial Reports**

Our review of plan financial reports included review of the net income resulting from Oregon Health Plan operations. This is important to understand the adequacy and reasonableness of capitation rates developed

from the per capita costs. For 2006 and 2007 we noted that FCHPs showed average net income of -0.5% and 2.7%, respectively; in 2007, FCHP net income ranged from -8.2% to 7.7%. DCOs showed average net income of -0.1% in 2006 and 1.1% in 2007. However, one DCO reported extraordinarily high administrative expenses resulting in reported losses of approximately 15% of revenue in both years. Excluding this DCO, the remaining plans averaged net income of 3.0% and 4.3% in 2006 and 2007, respectively. MHOs showed average net income of 7.1% in 2006 and 0.1% in 2007. Results varied widely by plan and by year for each plan. In 2006, MHO reported net income ranged from -23.1% to 42.9%, with an average of 7.1%. In 2007, MHO net income ranged from -3.3% to 16.4%, with an average of 0.1%.

Additionally, we reviewed the restricted reserves held by managed care plans compared to their contractual reserve obligations. Note that information on managed care plan total capital and surplus were not provided for our review and that evaluation of the extent to which the restricted reserve levels make sufficient provision for reasonably adverse deviations in experience was outside the scope of this engagement. The most recent information available to us, 4th quarter 2007, indicated that in aggregate FCHPs held restricted reserves of approximately 123% of their contractual reserve obligations. All FCHPs except for one exceeded their contractual obligation, and that plan was deficient by approximately 6%, or \$131,000. The DCOs, in aggregate, held 122% of their contractual reserve obligations and all exceeded their individual obligation. Information for the MHOs indicated that they all met the minimum requirements.

### **Adjustments for Non-Covered Services**

Under the OHP, only those diagnoses and treatments on the prioritized list through the approved funding line are considered to be covered by the program. Our examination of the data showed some services in both the FFS and encounter data that, under strict application of the prioritized list, would not be eligible for coverage. Based on discussions with managed care plans, DMAP, and the HSC, it is our understanding that these services most likely represent treatment of conditions which are co-morbid with conditions on a

covered prioritized list line, and for which treatment would be covered under OHP coverage rules. As a result, we included 100% of both the FFS and encounter data in the calculation of expected costs, with the exception that actual changes in the coverage threshold are reflected in the projections.

### **Line 502 of the CY 2010-2011 Prioritized List**

The per capita costs contained in this report assume services are covered to a level corresponding to Line 502 of the prioritized list as configured for CY 2010-2011. Given the relatively low likelihood that the legislature will decide to fund additional services beyond Line 502, these calculations have not been expanded to cover services below this line. If additional services are funded, additional calculations will be performed at that time to determine the added cost.

### **Projected Utilization Rates and Costs per Unit of Service**

Exhibits 8-A (managed care) and 8-B (FFS) show the utilization rates by category of service for each of the Medicaid eligibility categories after adjustments for budget issues, data issues, and trends. Similarly, Exhibits 9-A (managed care) and 9-B (FFS) show the projected costs per unit of service. The figures contained in these exhibits underlie the projected CY 2010-2011 per capita costs.

### **Adjustments Related to the PCO**

Under the PCO contract type, plans are not responsible for inpatient hospital services; these services are covered under the FFS delivery system. Since PCO encounter data is not complete, we developed estimates of PCO per capita costs by applying adjustments to FCHP per capita costs. Specifically, we assumed that outpatient hospital costs would be reduced by approximately 5% due to incentives to PCO plans to shift the site of service to an inpatient hospital setting since they are not responsible for those costs.

To recognize the expected increase in FFS per capita costs due to the PCO, we estimated the per capita cost of inpatient hospital services provided to PCO enrollees. These costs are considered to be "FFS Wraparound" services for PCO enrollees.

The overall per capita costs shown in Exhibit 11, 13A, 13B, 13E, 13F, 15A, and 15C reflect the weighted average of the FCHP and PCO per capita costs based on the relative expected enrollment provided by DHS.

### **Final Per Capita Costs through Line 502 of the Prioritized List**

Exhibits 10-A (managed care) and 10-B (FFS) show the detailed calculation of per capita costs through Line 502 of the prioritized list for each of the population groups with the expenditures trended to CY 2010-2011. These per capita costs reflect the expected claims costs per person per month under each delivery system. FFS costs for managed care enrollees are shown in Exhibit 11. Administrative costs for managed care plans or for Primary Care Managers are reflected in the appropriate sections of Exhibit 11 and in Exhibits 13-A through 13-F.

The per capita cost for the demonstration period is based on the distribution of eligibles by eligibility category and delivery system. Exhibits 12-A through 12-C show the expected population distribution during CY 2010-2011; these estimates were provided by DHS staff.

Exhibits 13-A through 13-F show the expected per capita cost for the Oregon Health Plan through Line 502 of the prioritized list, based on the per capita costs developed in Exhibits 10-A and 10-B and the expected population distribution from Exhibits 12-A through 12-C.

## **SECTION IV: Pricing the Prioritized List of Services**

### **Introduction**

The per capita cost for the program will be based on the specific services that the Legislature determines will be covered and the population distribution by eligibility category and delivery system. The rates calculated in this report assume coverage through Line 502 of the prioritized list, as configured for CY 2010-2011. However, the Legislature may decide that funds are not available to fully cover all health care services through that level. Alternatively, the legislature may fund services below Line 502. Should additional funding become available to expand services, additional data and analysis would be required to calculate the added costs above this threshold.

### **Process for Identifying Expenditures by Condition/Treatment Pair**

To determine the per capita costs associated with covering a portion of health care services, we used the condition/treatment pairs developed by the HSC. All of the non-pharmacy expenditures in our databases were allocated to the line items in the prioritized list of services. The specific process used for allocating expenditures to line items is described below.<sup>6</sup> Separate analyses were performed for the managed care encounter and FFS claims databases.

### **Types of Condition/Treatment Pairs**

The HSC developed condition/treatment pairs based on combinations of ICD-9 diagnosis codes and CPT-4 procedure codes. For mental health services,

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<sup>6</sup> The term “line item” is used to describe the condition/treatment pairs developed by the HSC for the prioritized list.

ICD-9-CM diagnosis codes, CPT-4 codes, and Medicaid HCPCS are used, and for dental services HCPCS procedure codes are used. In the prioritized list, the same diagnosis code is often associated with different types of treatments. The primary distinction is among treatments that include a surgery and treatments that are primarily medical in nature. Surgery claims are generally defined by CPT-4 codes in the range of 10000-69999. Medical Therapies are generally defined by CPT-4 codes in the range of 90000-99999. The remaining CPT-4 codes describe Dental (HCPCS codes D0100-D9999), Anesthesia (codes 00100-01999), Radiology (codes 70000-79999) and Pathology and Laboratory (codes 80000-89399) services.

In addition to the services that can be identified based on specific combinations of condition/treatment pairs, there are a large proportion of services that are coded based on a system other than CPT-4 or HCPCS. These include ancillary services as well as hospital inpatient, some hospital outpatient services, and all prescription drugs. In addition, the HSC did not specifically identify the laboratory tests, x-rays, anesthesia, or other ancillary services that are associated with each of the condition/treatment pairs because of the large amount of overlap that occurs (i.e., the same codes would be used for nearly all of the line items).

### **Initial Diagnosis**

Expenditures associated with initial diagnosis are always covered and thus included at the beginning of the list. These expenditures are identified as those with ICD9 codes in the range of 780 through 799, or several other ICD9 codes that are primarily diagnostic in nature, or with CPT-4 codes identified by the HSC as being associated with initial diagnosis. These treatments include biopsies and other diagnostic procedures as well as most lab and x-ray services. A few services, such as Targeted Case Management, Exceptional Needs Care Coordination, and Transportation – Other are allocated to the beginning of the list because diagnostic information is not available and they are assumed to be always covered.

## **Medical and Surgical Therapies**

In some cases the range of diagnoses on the prioritized list provided for a given condition/treatment pair includes some diagnoses that occur for another line item with the same treatment. In other cases, the patient's age or stage of disease is used to differentiate between condition/treatment pairs. Inpatient claims, which lack procedure codes, have a high probability of matching to more than one of the line items on the prioritized list. In any of these cases the same services could theoretically be allocated to more than one condition/treatment pair. As a result, we developed decision rules for allocating the expenditures to each condition/treatment pair.

Medical treatments are those services that do not include a surgery. These services are generally coded with CPT-4 codes in the range 90000-99999. Many of the diagnoses have a primary treatment that is medical only and a companion treatment that is primarily surgical. For example, for most cancer diagnoses patients can receive either medical therapy or surgical therapy, individuals with heart failure can be treated with a heart transplant (surgical treatment) or can be treated by non-invasive medical therapy, and patients with stomach ulcers may receive either surgical or non-invasive treatment. Those individuals who receive a surgical therapy will also generally have some expenditures that may be associated with medical therapy. A prior analysis of members with ulcers and heart failure indicated that approximately 25% of the expenditures associated with medical therapy (services with CPT-4 codes in the range of 90000-99999) are for members who received surgical treatment. The remaining 75% of medical therapy CPT codes are associated with members who did not receive a surgical treatment.

To allocate the physical health expenditures to each of the line items we used the following logic:

1. We identified all claims as fitting into one of several general categories:
  - i. Claims with CPT-4 or ICD9 codes that were identified as “always covered” by the HSC or were otherwise deemed to

- be always covered. These claims were placed on “line zero”.
- ii. Claims with codes in a range that we expected to match exactly with at least one of the condition/treatment pairs.
  - iii. Claims with codes in a range that we did not expect to match exactly with one condition/treatment pair.
  - iv. Claims associated with services that were deemed by the HSC to be “never covered”.
2. Claims with service codes that we expected to exactly match a line item on the prioritized list were further divided into two groups: those that represented evaluation and management (E&M) services, and those that did not. E&M claims were identified as those with CPT-4 codes in the range of 99200-99599. Claims with all other procedure codes were categorized as non-E&M in nature.
  3. Non-E&M claims were matched against the prioritized list and allocated to a specific line item when possible.
  4. E&M claims and claims without procedure codes were matched to determine the first five line items with which the expenditure could be associated based on primary ICD9 code alone.
  5. For the claims matched in step 4, we then determined whether any of the line items represented only “Medical Therapy”. Medical Therapy lines are identified by the HSC.
  6. In cases where the claim’s ICD9 code matched exactly two line items, one of which represented “Medical Therapy” and the other of which represented a form of surgery, 75% of the medical therapy expenditures were allocated to the “Medical Therapy” line item and 25% of the medical therapy expenditures were allocated to the surgical therapy line item

based on our analysis of the “Medical Therapy” expenditures for individuals with Heart Failure and Ulcers.

7. In cases where the ICD9 code matched several line items, all of which represented “Medical Therapy”, the expenditures were distributed equally based on the number of line items.
8. In cases where the ICD9 code matched several line items, all of which represented various surgical therapies, the expenditures were distributed equally based on the number of line items.
9. In cases with multiple medical therapies and one or more surgical therapies, 75% of the medical expenditures were allocated to the medical therapy line items, with the expenditures allocated to each line based on the number of medical therapy lines. The remaining 25% of the medical therapy expenditures were allocated to the surgical therapies, with the expenditures allocated equally to each line based on the number of surgical therapy lines.
10. For the claims matched in step 4 that did not have medical CPT-4 codes, including inpatient hospital, outpatient hospital coded without HCPCS, the expenditures were proportionally distributed across all matched lines to the total dollars by line of claims matched in steps 4 through 9.
11. All allocated services were then summarized to obtain total amounts by line item. Separate totals were calculated for each of Chemical Dependency, Mental Health, Dental, and Physical Health claim types.
12. The total dollars for prescription drug expenditures by line item were calculated separately based on the results of the global per capita cost calculation. From that analysis we identified the percentage of physical health costs associated with prescription drugs for each eligibility category. The prescription drug dollar amount on each line was calculated by multiplying this percentage by the physical health costs that were allocated to

the line through the process described above. (Prescription drug claims do not include diagnosis codes so it is not possible to directly match the expenditures to specific condition/treatment pairs.) A separate calculation is made for mental health drugs and the costs are assigned to the appropriate mental health and chemical dependency lines on the prioritized list.

13. For services matching to line items below the historical or prospective coverage level, we consulted with HSC staff to determine whether these services were likely to be covered due to co-morbidity with covered services or other circumstances. Based on their input, the costs for certain services were reallocated to other line items to more accurately reflect anticipated coverage during CY 2010-2011.
14. The percentage of total dollars represented by each line item was calculated by dividing the dollars for the line item by the total dollars for the entire database.
15. We then calculated the cost per person per month, by delivery system, by multiplying the percentage of the total represented by each line item by the total cost per person per month shown in Exhibits 10-A and 10-B.

The above methodology was used separately for costs under managed care plans (FCHPs, DCOs and MHOs), under the FFS/PCM system, and also for services provided to managed care enrollees on a FFS basis. Within each delivery system, separate percentages were calculated for each eligibility category for each line of the prioritized list. Weighted average percentages were then calculated by delivery system across all eligibility categories for physical medicine, Chemical Dependency, Dental and Mental Health services.

Exhibit 14 provides a summary of the criteria used for assigning claim dollars to each of the condition/treatment pairs.

The HSC introduced several new practice guidelines, which will be made available to the health plans for use as they feel appropriate. The effect of the new practice guidelines is unknown at this time, as studies of the efficacy of the guidelines have not been conducted. Further, the degree to which health plans will implement the guidelines is uncertain. Therefore, we made no adjustment to the per capita costs to reflect these new guidelines, with the exception of new treatment guidelines for Nutritional Therapy related to Morbid Obesity, as described above.

### **Calculating the Cost Per Person Per Month Based on Covered Services**

The cost per person per month for several “threshold” levels of services was calculated by determining the services that would be above and below the line at each threshold. These thresholds were identified by their rank on the prioritized list.

The cost per person per month at each threshold was calculated by summing the cost per person per month for each line item through the threshold. In other words, for the threshold at Line 413, all Lines from 1 through 413 were summed. Exhibits 15-A and 15-B show the per capita cost at each of nine threshold levels based on the expected eligibility distribution for the OHP under each delivery system. Per capita cost estimates are shown separately for broad service categories. Exhibit 15-C shows total program costs at these threshold levels across all eligibility categories and delivery systems.

Should funding become available to expand coverage beyond the level of coverage available during the data period, additional data sources and analysis will be required to calculate the added coverage costs.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
Description of Eligibility Categories

**EXHIBIT 1-A**

	<b>Definition</b>
<b>Temporary Assistance to Needy Families</b>	Recipients of Temporary Assistance to Needy Families under current eligibility rules (including former recipients with extended Medicaid eligibility)
<b>PLM Adults</b>	Pregnant women with family income under 185% of FPL and not eligible for cash assistance
<b>PLM Children under 1 year</b>	Children under one year of age with family income under 133% FPL or born to mothers who were eligible as PLM Adults at the time of the child's birth; and not eligible for cash assistance
<b>PLM Children 1 through 5 years</b>	Children aged at least one but less than six years with family income under 133% FPL and not eligible for cash assistance
<b>PLM Children 6 through 18 years</b>	Children aged at least six but less than nineteen years with family income under 100% FPL and not eligible for cash assistance
<b>AB/AD with Medicare</b>	Recipients of Aid to Blind or Aid to Disabled with concurrent Medicare eligibility
<b>AB/AD without Medicare</b>	Recipients of Aid to Blind or Aid to Disabled without concurrent Medicare eligibility
<b>OAA with Medicare</b>	Recipients of Old Age Assistance with concurrent eligibility for Medicare Part A and/or B
<b>OAA without Medicare</b>	Recipients of Old Age Assistance without concurrent Medicare eligibility
<b>SCF Children</b>	Certain children covered by the Children, Adults and Families Division
<b>CHIP Children under 1 year</b>	Children under one year of age with family income under 185% FPL who do not meet one of the other eligibility classifications
<b>CHIP Children 1 through 5 years</b>	Children aged at least one but less than six years with family income under 185% FPL who do not meet one of the other eligibility classifications
<b>CHIP Children 6 through 18 years</b>	Children aged at least six but less than nineteen years with family income under 185% FPL who do not meet one of the other eligibility classifications
<b>CAWEM (Citizen-Alien Waived Emergency Medical)</b>	Individuals who meet criteria for one of the above eligibility categories except for US citizenship or residency requirements
<b>OHP Adults &amp; Couples</b>	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and do not have an unborn child or a child under age 19 in the household
<b>OHP Families</b>	Eligibles aged 19 or over and not Medicare eligible with income below 100% FPL who do not meet one of the other eligibility classifications, and have an unborn child or a child under age 19 in the household

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Description of Units Associated with Service Categories**

**EXHIBIT 1-B**

CATEGORY OF SERVICE	Type of Units
<b>PHYSICAL HEALTH</b>	
ADMINISTRATIVE EXAMS	Services
ANESTHESIA	Services
EXCEPT NEEDS CARE COORDINATION	N/A
FP - IP HOSP	Admits
FP - OP HOSP	Claims
FP - PHYS	Services
HYSTERECTOMY - ANESTHESIA	Services
HYSTERECTOMY - IP HOSP	Admits
HYSTERECTOMY - OP HOSP	Claims
HYSTERECTOMY - PHYS	Services
IP HOSP - ACUTE DETOX	Admits
IP HOSP - MATERNITY	Admits
IP HOSP - MATERNITY / STERILIZATION	Admits
IP HOSP - MEDICAL/SURGICAL	Admits
IP HOSP - NEWBORN	Admits
IP HOSP - POST HOSP EXTENDED CARE	Days
LAB & RAD - DIAGNOSTIC X-RAY	Coded Units
LAB & RAD - LAB	Services
LAB & RAD - THERAPEUTIC X-RAY	Coded Units
OP ER - SOMATIC MH	Claims
OP HOSP - BASIC	Claims
OP HOSP - EMERGENCY ROOM	Claims
OP HOSP - LAB & RAD	Claims
OP HOSP - MATERNITY	Claims
OP HOSP - POST HOSP EXTENDED CARE	Claims
OP HOSP - PRES DRUGS BASIC	Claims
OP HOSP - PRES DRUGS MH/CD	Claims
OP HOSP - SOMATIC MH	Claims
OTH MED - DME	Services
OTH MED - HHC/PDN	Claims
OTH MED - HOSPICE	Claims
OTH MED - MATERNITY MGT	Claims
OTH MED - SUPPLIES	Coded Units
PHYS CONSULTATION, IP & ER VISITS	Services
PHYS HOME OR LONG-TERM CARE VISITS	Services
PHYS MATERNITY	Services
PHYS NEWBORN	Services
PHYS OFFICE VISITS	Coded Units
PHYS OTHER	Services
PHYS SOMATIC MH	Services
PRES DRUGS - BASIC	Scripts Filled
PRES DRUGS - FP	Scripts Filled
PRES DRUGS - MH/CD	Scripts Filled
SCHOOL-BASED HEALTH SERVICES	Services
STERILIZATION - ANESTHESIA FEMALE	Services
STERILIZATION - ANESTHESIA MALE	Services
STERILIZATION - IP HOSP FEMALE	Admits
STERILIZATION - IP HOSP MALE	Admits
STERILIZATION - OP HOSP FEMALE	Claims
STERILIZATION - OP HOSP MALE	Claims

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Description of Units Associated with Service Categories**

**EXHIBIT 1-B**

CATEGORY OF SERVICE	Type of Units
STERILIZATION - PHY FEMALE	Services
STERILIZATION - PHY MALE	Services
SURGERY	Claims
TARGETED CASE MAN - BABIES FIRST	Claims
TARGETED CASE MAN - HIV	Claims
TARGETED CASE MAN - SUBS ABUSE MOMS	Claims
THERAPEUTIC ABORTION - IP HOSP	Admits
THERAPEUTIC ABORTION - OP HOSP	Claims
THERAPEUTIC ABORTION - PHYS	Services
TRANSPORTATION - AMBULANCE	Services
TRANSPORTATION - OTHER	Services
VISION CARE - EXAMS & THERAPY	Coded Units
VISION CARE - MATERIALS & FITTING	Coded Units
<b>CHEMICAL DEPENDENCY</b>	
CD SERVICES - ALTERNATIVE TO DETOX	Services
CD SERVICES - METHADONE	Services
CD SERVICES - OP	Services
<b>DENTAL</b>	
DENTAL - ADJUNCTIVE GENERAL	Services
DENTAL - ANESTHESIA SURGICAL	Services
DENTAL - DIAGNOSTIC	Services
DENTAL - ENDODONTICS	Services
DENTAL - I/P FIXED	Services
DENTAL - ORAL SURGERY	Services
DENTAL - ORTHODONTICS	Services
DENTAL - PERIODONTICS	Services
DENTAL - PREVENTIVE	Services
DENTAL - PROS REMOVABLE	Services
DENTAL - RESTORATIVE	Services
<b>MENTAL HEALTH</b>	
MH SERVICES ACUTE INPATIENT	Days
MH SERVICES ALTERNATIVE TO IP	Services
MH SERVICES ANCILLARY SERVICES	Services
MH SERVICES ASSESS & EVAL	Services
MH SERVICES CASE MANAGEMENT	Services
MH SERVICES CONS ASSESS	Services
MH SERVICES CONSULTATION	Services
MH SERVICES EVIDENCE BASED PRACTICE	N/A
MH SERVICES FAMILY SUPPORT	Services
MH SERVICES INTENSIVE TREATMENT SVCS	Services
MH SERVICES MED MANAGEMENT	Services
MH SERVICES OP THERAPY	Services
MH SERVICES OTHER OP	Claims
MH SERVICES PEO	N/A
MH SERVICES PHYS IP	Services
MH SERVICES PHYS OP	Services
MH SERVICES SUPPORT DAY PROGRAM	Services

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Expected Distribution of Population to be Covered by the Demonstration Project**  
**For Calendar Years 2010-2011**

**EXHIBIT 2**

	<b>Expected Average Population Distribution <sup>1</sup></b>
Temporary Assistance to Needy Families (Adults Only)	9.4%
Poverty Level Medical Adults	2.5%
PLM, TANF, and CHIP Children < 1	5.8%
PLM, TANF, and CHIP Children 1 - 5	16.8%
PLM, TANF, and CHIP Children 6 - 18	27.7%
Aid to the Blind/Aid to the Disabled with Medicare	6.4%
Aid to the Blind/Aid to the Disabled without Medicare	10.5%
Old Age Assistance with Medicare	7.2%
Old Age Assistance without Medicare	0.2%
SCF Children	4.2%
CAWEM (Citizen-Alien Waived Emergency Medical)	4.3%
<b>OHP PLUS Total</b>	<b>95.0%</b>
OHP Families	1.9%
OHP Adults & Couples	3.1%
<b>OHP STANDARD Total</b>	<b>5.0%</b>
<b>TOTAL</b>	<b>100.0%</b>

<sup>1</sup> Enrollment and eligibility projections provided by DMAP staff as of August 2008. Future projections may be applied, and an addendum of the weighted per capita costs will be provided.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-A**

**Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2010-2011**

**Managed Care Annualized Utilization Rates per 1,000 Members**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>												
ADMINISTRATIVE EXAMS												
ANESTHESIA	156.5	893.6	57.7	68.1	37.1	156.1	168.3	172.7	155.4	62.8	66.0	100.1
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	5.0	13.1	0.0	0.0	0.8	1.4	2.2			2.7	4.7	1.2
FP - PHYS	147.2	375.7	0.1	0.0	22.5	26.8	38.1	0.0		25.4	111.7	26.2
HYSTERECTOMY - ANESTHESIA	2.6	0.5				0.7	0.6	0.5			2.6	0.8
HYSTERECTOMY - IP HOSP	4.8	0.6				1.8	1.8	0.8		0.1	2.3	1.8
HYSTERECTOMY - OP HOSP	0.1						0.1					
HYSTERECTOMY - PHYS	10.4	1.1			0.0	2.8	3.7	1.4		0.1	8.8	4.7
IP HOSP - ACUTE DETOX	1.7	0.3			0.2	2.2	3.5	1.2	1.5		1.0	5.9
IP HOSP - MATERNITY	99.5	1,224.6	0.3		5.2	3.1	8.1			2.4	2.3	0.6
IP HOSP - MATERNITY / STERILIZATION	5.1	36.9			0.0	0.1	0.3					0.1
IP HOSP - MEDICAL/SURGICAL	57.9	16.6	76.6	20.5	13.8	230.2	218.9	394.3	185.1	20.0	35.9	100.7
IP HOSP - NEWBORN	0.0	0.1	633.3	0.0		0.0	0.0			1.2		
IP HOSP - POST HOSP EXTENDED CARE	0.0				0.0			0.0				
LAB & RAD - DIAGNOSTIC X-RAY	2,398.3	4,215.3	1,086.2	365.2	550.7	3,529.9	3,875.8	4,308.7	5,224.9	540.5	2,054.7	3,279.5
LAB & RAD - LAB	4,107.7	12,436.0	880.2	696.9	907.3	3,248.9	4,639.5	3,009.8	4,653.6	1,210.8	3,504.8	4,630.2
LAB & RAD - THERAPEUTIC X-RAY	35.6	4.1	1.2	2.4	1.9	102.3	157.2	173.6	130.2	2.3	34.0	116.5
OP ER - SOMATIC MH	25.5	8.6	0.3	0.4	6.6	70.0	65.0	13.6	6.9	15.5	14.5	41.0
OP HOSP - BASIC	1,198.9	891.9	911.9	488.3	339.7	2,151.3	1,969.7	2,110.9	1,609.4	459.9	828.7	1,355.7
OP HOSP - EMERGENCY ROOM	1,019.0	421.3	858.4	536.6	338.9	892.9	973.1	573.2	325.2	287.8	540.9	799.6
OP HOSP - LAB & RAD	1,518.3	1,629.9	686.0	362.2	410.6	2,053.1	2,183.4	2,332.3	1,902.6	457.7	1,260.9	1,832.1
OP HOSP - MATERNITY	415.8	4,630.0	1.3	0.2	28.5	16.0	48.5	0.1		20.7	65.0	19.9
OP HOSP - POST HOSP EXTENDED CARE	0.6	1.0	1.3	0.1	0.1	8.8	12.2	15.2	15.2	0.1		0.4
OP HOSP - PRES DRUGS BASIC	727.8	908.5	342.8	282.5	179.7	667.3	768.8	494.9	400.6	170.6	390.5	576.4
OP HOSP - PRES DRUGS MH/CD	12.9	3.7	0.3	0.4	1.7	33.4	35.2	6.3	6.1	4.6	8.0	20.3
OP HOSP - SOMATIC MH	37.2	10.6	1.5	9.7	12.5	125.0	125.3	38.5	16.8	66.8	25.8	52.5
OTH MED - DME	164.0	78.6	165.2	64.5	40.8	1,707.5	1,245.2	2,257.4	917.8	93.2	112.4	285.4
OTH MED - HHC/PDN	32.1	27.1	31.0	11.6	6.3	201.5	285.1	191.5	194.2	41.4	9.6	19.8
OTH MED - HOSPICE	0.8	0.1	1.4	0.1	0.0	0.5	20.4	15.6	39.6	0.3	0.4	3.9
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	1,134.9	1,062.7	867.7	375.3	490.5	123,239.4	86,538.3	207,279.6	124,325.2	5,921.0	1,159.0	2,017.8
PHYS CONSULTATION, IP & ER VISITS	1,164.3	642.6	2,207.4	494.6	334.3	2,144.0	2,310.8	2,601.9	1,775.4	394.2	804.2	1,507.9
PHYS HOME OR LONG-TERM CARE VISITS	2.3	0.7	7.8	0.2	0.6	107.1	72.4	413.5	111.2	7.1	0.2	2.7
PHYS MATERNITY	491.9	5,355.5	4.8	0.3	29.9	22.1	58.8	0.4	0.8	13.7	61.3	16.7
PHYS NEWBORN	3.8	21.0	832.4	3.3	3.4	10.8	11.6	11.7	12.9	11.4	4.2	5.6
PHYS OFFICE VISITS	4,851.0	2,659.5	13,544.6	4,409.3	2,161.3	6,788.5	6,823.5	6,036.6	7,209.7	3,591.0	4,681.4	6,548.4
PHYS OTHER	679.6	563.0	5,651.7	1,252.4	371.2	2,033.8	1,842.8	2,242.3	1,601.0	1,160.0	659.3	1,157.3

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-A**

**Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2010-2011**

**Managed Care Annualized Utilization Rates per 1,000 Members**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	514.7	140.4	12.5	85.6	205.0	1,276.9	1,069.8	586.4	285.6	671.0	375.5	667.8
PRES DRUGS - BASIC	13,119.0	9,850.1	3,458.6	2,846.0	2,740.1	4,134.6	35,316.1	4,170.2	31,139.9	5,402.8	13,837.0	29,242.2
PRES DRUGS - FP	514.9	571.3	0.2	0.1	116.5	0.5	183.8		3.1	152.2	596.5	264.1
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	12.1	60.4			0.0	0.6	1.2				3.4	0.6
STERILIZATION - ANESTHESIA MALE	0.0					0.0	0.0					
STERILIZATION - IP HOSP FEMALE	3.9	29.4			0.0	0.3	0.4				0.2	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	3.5	9.7			0.0	0.2	0.4				1.3	0.2
STERILIZATION - OP HOSP MALE	0.1					0.1	0.0				0.1	
STERILIZATION - PHY FEMALE	21.8	126.5			0.0	0.7	1.9				3.7	0.5
STERILIZATION - PHY MALE	1.4					0.3	0.2				1.6	0.0
SURGERY	1,091.2	2,200.9	719.8	230.3	260.5	1,748.9	1,852.6	1,857.5	1,655.0	350.5	1,027.3	1,641.6
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	133.0	172.7	96.6	34.4	31.3	571.3	475.6	771.7	301.6	42.4	83.2	238.1
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	318.3	302.7	49.6	106.5	315.7	481.6	465.4	641.0	649.7	378.7	74.3	160.0
VISION CARE - MATERIALS & FITTING	728.7	773.1	7.5	108.6	677.1	797.3	864.4	683.8	876.7	752.7	11.3	8.7
<b>CHEMICAL DEPENDENCY</b>												
CD SERVICES - ALTERNATIVE TO DETOX	2.2	1.2			0.0	3.1	3.7	0.1			0.7	9.0
CD SERVICES - METHADONE	773.5	256.5	0.1	0.0	2.5	664.6	806.6	52.4	52.7	4.3	430.0	3,321.5
CD SERVICES - OP	2,412.0	1,292.9	0.1	0.5	193.2	1,304.8	1,957.2	77.1	64.9	1,015.6	875.8	5,187.4

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-A**

**Development of Managed Care Organization (MCO) Monthly Per Capita Cost for Calendar Years 2010-2011**

**Managed Care Annualized Utilization Rates per 1,000 Members**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>												
DENTAL - ADJUNCTIVE GENERAL	171.5	112.3	1.2	46.5	28.8	171.8	130.3	98.8	86.6	27.7	59.5	67.7
DENTAL - ANESTHESIA SURGICAL	42.2	23.1	0.3	114.3	82.5	39.7	41.7	5.8	4.1	89.0	8.6	7.1
DENTAL - DIAGNOSTIC	1,863.8	1,919.0	29.1	1,156.6	1,752.4	1,552.3	1,431.9	867.6	1,347.7	1,661.1	650.1	634.8
DENTAL - ENDODONTICS	93.5	93.2	0.3	106.9	67.7	45.8	48.7	16.0	36.8	59.2	16.6	10.3
DENTAL - I/P FIXED	0.5	0.4			0.0	1.1	0.6	1.4	2.0	0.1	0.5	0.2
DENTAL - ORAL SURGERY	413.1	218.3	0.8	87.7	161.8	321.2	313.6	188.2	343.1	117.9	133.2	177.4
DENTAL - ORTHODONTICS	0.0	0.1			0.3	0.0	0.1			0.6		
DENTAL - PERIODONTICS	200.4	172.5	0.1	0.4	14.6	231.7	159.6	91.8	180.7	15.0	7.2	3.1
DENTAL - PREVENTIVE	596.7	861.7	36.8	854.0	1,444.1	620.3	599.3	286.8	317.8	1,317.4	41.8	18.9
DENTAL - PROS REMOVABLE	82.0	12.4	0.1	0.1	1.1	165.2	134.8	229.0	341.7	0.6	8.5	4.3
DENTAL - RESTORATIVE	826.1	887.8	2.1	677.6	824.3	647.9	592.3	286.7	388.8	824.4	97.5	62.3
<b>MENTAL HEALTH</b>												
MH SERVICES ACUTE INPATIENT	43.0	12.7	0.2	0.9	19.5	237.2	318.3	43.9	61.4	68.4	24.6	102.1
MH SERVICES ALTERNATIVE TO IP	4.6	1.7	0.8	0.0	3.0	110.8	101.8	4.9		45.1	0.6	27.5
MH SERVICES ANCILLARY SERVICES	10.4	0.3		0.4	1.5	9.9	40.2	14.0	143.8	2.7	8.6	8.6
MH SERVICES ASSESS & EVAL	118.8	60.0	0.6	23.4	91.7	137.5	196.1	30.3	63.8	391.3	50.9	106.8
MH SERVICES CASE MANAGEMENT	310.7	83.1	3.2	65.8	387.4	3,102.8	2,648.2	259.9	481.6	3,089.8	127.3	639.0
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	1.0	0.3		1.1	4.7	238.5	188.1	10.6		26.9	0.2	59.0
MH SERVICES INTENSIVE TREATMENT SVCS			0.0	1.3	17.9	0.0	33.4			240.1		
MH SERVICES MED MANAGEMENT	40.6	5.9		0.7	7.7	1,016.4	675.9	61.2	77.5	32.4	22.8	98.6
MH SERVICES OP THERAPY	414.8	119.0	0.4	43.9	229.6	976.4	909.1	100.8	53.9	1,361.3	247.8	502.9
MH SERVICES OTHER OP	3.1	1.2		0.2	3.0	2.6	9.9	1.3		7.2	1.4	3.0
MH SERVICES PEO												
MH SERVICES PHYS IP	196.6	40.7	0.4	18.3	140.0	938.3	1,019.1	121.2	144.4	944.6	121.4	379.0
MH SERVICES PHYS OP	855.0	301.9	22.3	207.4	704.8	1,676.4	1,898.5	186.9	602.5	4,142.6	528.3	1,199.0
MH SERVICES SUPPORT DAY PROGRAM	42.0	16.5	0.4	17.4	63.0	2,134.3	1,588.3	210.6	228.7	494.8	20.5	317.7

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Annualized Utilization Rates per 1,000 Members**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	101.5	40.0	3.8	4.8	8.2	23.0	182.6	2.4	7.1	360.5	0.2	20.4	134.9
ANESTHESIA	143.5	483.8	65.4	55.5	33.0	172.7	225.3	110.6	179.2	44.2	139.0	69.0	108.9
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	19.0	23.9	0.1	0.0	2.3	0.9	5.2	0.1		2.6		13.9	3.1
FP - PHYS	1,751.7	1,605.5	3,012.7	385.6	731.7	146.0	317.7	26.4	108.8	506.4	0.4	1,094.6	714.9
HYSTERECTOMY - ANESTHESIA	1.9	0.6				0.3	0.9	0.3			0.1	2.4	1.0
HYSTERECTOMY - IP HOSP	4.1	0.4				1.3	2.1	1.1			0.2	3.5	1.9
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	4.9	1.3				0.4	2.5	0.3			0.2	7.1	3.3
IP HOSP - ACUTE DETOX	1.1		0.1		0.2	2.2	4.4	1.6		0.0		0.9	5.2
IP HOSP - MATERNITY	98.3	859.9			6.2	2.3	4.7	0.3		2.1	297.5	5.9	0.5
IP HOSP - MATERNITY / STERILIZATION	4.4	24.0			0.1	0.0	0.1	0.0			2.0	0.5	
IP HOSP - MEDICAL/SURGICAL	69.0	16.0	80.8	25.2	18.3	228.5	332.7	227.1	310.0	24.7	11.6	52.5	123.0
IP HOSP - NEWBORN	0.1	0.2	1,976.2	0.1			0.9			26.9	0.1		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	2,114.5	3,604.6	1,644.5	293.8	464.8	730.2	4,040.5	715.2	3,411.3	439.6	92.9	1,565.2	2,845.0
LAB & RAD - LAB	3,191.4	9,636.1	730.7	348.5	629.2	206.6	3,436.1	72.2	2,944.1	687.1	32.5	2,482.7	3,579.2
LAB & RAD - THERAPEUTIC X-RAY	42.1	2.0	2.0	1.0	1.1	26.3	309.8	13.5	398.9	0.4	0.6	18.7	82.2
OP ER - SOMATIC MH	31.0	5.9	0.2	0.4	8.0	26.0	65.2	9.4	6.4	13.5		18.3	43.9
OP HOSP - BASIC	2,538.4	1,208.0	1,883.3	774.3	592.2	1,054.4	3,332.5	585.0	1,945.7	607.3	19.3	1,818.7	3,490.9
OP HOSP - EMERGENCY ROOM	1,148.9	366.3	934.7	572.0	384.7	277.5	1,005.0	154.4	475.7	240.0	20.1	750.8	983.7
OP HOSP - LAB & RAD	2,443.8	1,954.7	965.8	385.2	489.7	389.8	3,049.9	270.2	2,314.7	523.1	16.7	1,858.6	3,536.5
OP HOSP - MATERNITY	483.9	4,713.4	1.2	0.2	32.6	4.7	32.5	0.7		14.2	30.4	66.0	28.5
OP HOSP - POST HOSP EXTENDED CARE						0.0							
OP HOSP - PRES DRUGS BASIC	914.2	907.2	403.3	327.9	219.8	94.4	1,063.9	23.4	505.6	160.2	28.8	521.8	683.6
OP HOSP - PRES DRUGS MH/CD	25.6	7.2	0.2	0.3	3.3	9.1	78.4	1.2	130.1	6.1		12.1	45.3
OP HOSP - SOMATIC MH	74.5	15.9	1.0	7.3	25.4	21.9	156.6	10.3	25.6	75.0		69.7	113.0
OTH MED - DME	131.4	31.9	241.0	91.2	39.2	1,765.4	1,431.1	1,457.8	669.9	132.5	0.7	111.6	299.4
OTH MED - HHC/PDN	35.8	11.3	55.9	19.8	9.8	162.9	600.7	107.6	247.5	118.8	0.1	17.2	9.0
OTH MED - HOSPICE	0.4		1.0		0.0	0.4	47.6	6.5	57.6			0.2	3.9
OTH MED - MATERNITY MGT	320.9	2,191.6	12.3	20.8	40.9	10.1	357.1	0.0		60.0	0.5	32.9	6.8
OTH MED - SUPPLIES	1,983.6	1,249.5	701.4	403.7	990.6	142,612.5	139,627.3	154,272.7	51,700.7	12,112.6	0.2	1,164.5	2,610.0
PHYS CONSULTATION, IP & ER VISITS	817.2	386.8	4,096.5	308.0	230.1	288.5	3,380.1	192.0	2,508.9	361.2	78.1	631.4	1,312.4
PHYS HOME OR LONG-TERM CARE VISITS	5.6	26.6	116.5	1.9	0.6	302.5	275.4	358.6	518.4	3.0		0.7	2.7
PHYS MATERNITY	539.8	4,692.0	10.1	0.2	33.6	6.7	30.4	0.6	2.1	14.5	407.7	49.0	20.4
PHYS NEWBORN	10.8	22.7	2,585.1	4.5	4.1	11.3	67.3	2.4	14.9	40.2	0.3	6.0	28.4
PHYS OFFICE VISITS	6,726.6	3,270.2	9,205.3	3,021.5	2,043.5	2,360.8	6,751.1	1,151.0	3,596.9	6,065.5	7.9	5,228.5	9,606.9
PHYS OTHER	1,251.1	867.9	3,073.3	719.0	362.1	2,030.7	3,649.6	1,555.5	3,931.8	1,584.7	6.5	825.6	2,144.8

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Annualized Utilization Rates per 1,000 Members**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	410.0	106.5	31.9	1,468.8	1,632.1	600.5	3,331.9	495.1	362.7	2,404.2	0.8	290.3	586.9
PRES DRUGS - BASIC	11,956.0	6,634.6	3,185.7	2,534.8	2,731.0	10,452.6	33,659.6	7,927.1	36,545.0	5,611.5	0.6	14,875.4	32,946.9
PRES DRUGS - FP	803.5	598.8	0.2	0.2	218.8	3.5	313.4	0.0	10.7	214.4		1,143.5	501.6
PRES DRUGS - MH/CD	4,016.4	913.5	1.3	26.4	523.2	1,677.4	12,292.9	674.7	4,190.3	3,231.7	0.2	4,440.3	8,985.1
SCHOOL-BASED HEALTH SERVICES			13.3	43.8	17.9	7.6	1,158.3	0.0		170.4			
STERILIZATION - ANESTHESIA FEMALE	9.3	25.6				0.9	0.3				0.1	3.5	0.5
STERILIZATION - ANESTHESIA MALE							0.0						
STERILIZATION - IP HOSP FEMALE	4.6	30.0			0.0	0.1	0.1	0.0			1.8	0.4	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	2.4	5.9				0.1	0.1					1.3	0.2
STERILIZATION - OP HOSP MALE	0.0					0.1							
STERILIZATION - PHY FEMALE	14.3	49.7			0.0	0.9	0.6	0.0			0.6	3.8	0.8
STERILIZATION - PHY MALE	1.0					0.3	0.1	0.0				1.6	
SURGERY	707.7	1,585.3	858.2	113.2	150.9	334.6	1,440.6	230.0	1,162.7	173.7	23.7	722.4	1,205.4
TARGETED CASE MAN - BABIES FIRST			1,031.8	147.1	0.0	0.2	42.2			13.4			
TARGETED CASE MAN - HIV	0.1				0.0	0.7	0.9	0.1				0.1	0.6
TARGETED CASE MAN - SUBS ABUSE MOMS	7.3	43.1	0.2		0.3	0.1	0.7	0.0		0.0		3.2	1.0
THERAPEUTIC ABORTION - IP HOSP	0.1	0.8			0.0		0.0				0.1	0.1	0.0
THERAPEUTIC ABORTION - OP HOSP	17.3	70.0			1.1	0.2	0.8			0.5	0.1	5.2	1.8
THERAPEUTIC ABORTION - PHYS	89.2	383.4	0.0	0.0	6.6	0.9	3.3	0.0		3.0	0.5	28.2	12.3
TRANSPORTATION - AMBULANCE	112.4	116.6	122.0	28.0	29.3	149.7	451.8	122.5	366.9	39.9	29.6	61.1	190.5
TRANSPORTATION - OTHER	2,482.2	911.3	292.1	139.2	351.9	18,518.0	12,206.5	7,900.7	6,250.9	1,485.5			
VISION CARE - EXAMS & THERAPY	184.2	113.4	49.4	73.8	169.6	126.3	267.5	84.4	290.1	178.1	0.0	71.5	149.2
VISION CARE - MATERIALS & FITTING	600.8	440.8	10.8	99.8	533.2	605.5	671.3	212.3	441.6	472.3		2.7	0.1
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	679.4	142.1			8.0	656.2	1,046.4	25.3	36.3	2.7		554.9	2,162.9
CD SERVICES - OP	265.2	128.7		0.2	63.5	55.1	80.4	0.7	6.4	199.6		90.5	241.9

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 3-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Annualized Utilization Rates per 1,000 Members**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	14.5	7.9		9.1	2.9	14.7	16.1	1.2	8.6	10.5		7.3	9.3
DENTAL - ANESTHESIA SURGICAL	3.5	0.7		13.9	9.2	3.4	7.7	0.1		53.6			1.7
DENTAL - DIAGNOSTIC	165.5	81.8	2.1	148.5	192.4	153.9	172.4	11.5	34.5	397.0		57.9	47.5
DENTAL - ENDODONTICS	6.7	3.1		17.8	4.9	4.7	6.9	0.5		34.3			0.7
DENTAL - I/P FIXED							0.1						
DENTAL - ORAL SURGERY	27.9	11.0		19.0	25.6	29.1	52.9	2.8	23.0	43.8		32.1	24.9
DENTAL - ORTHODONTICS							0.1						
DENTAL - PERIODONTICS	16.2	5.5			1.1	14.2	9.9	0.9	17.3	0.7		0.5	0.3
DENTAL - PREVENTIVE	25.9	18.9	0.2	106.8	176.4	47.3	76.4	2.3	2.9	281.6		2.4	1.0
DENTAL - PROS REMOVABLE	3.8	1.3			0.1	9.8	8.7	2.6	5.8			0.5	
DENTAL - RESTORATIVE	80.5	40.8		131.1	119.6	83.8	77.2	3.8	5.8	265.2		4.4	3.0
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	63.1	49.0	6.4	3.0	36.1	735.2	746.2	144.5	851.9	271.0	0.7	18.9	251.6
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	2.3			0.1	0.4	1.1	12.9			1.0		1.5	6.3
MH SERVICES ASSESS & EVAL	57.1	11.5	0.5	10.2	42.0	212.4	193.9	3.3	16.4	296.7		29.9	73.3
MH SERVICES CASE MANAGEMENT	124.4	24.8	0.5	20.8	139.7	1,379.8	1,306.8	16.9	43.7	1,330.9		121.0	556.8
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	14.2	2.0		0.1	3.4	5,195.0	2,289.5	13.9	256.7	26.0		10.0	99.2
MH SERVICES OP THERAPY	169.9	31.4		23.4	98.4	15,095.5	6,464.1	85.2	1,277.8	572.1		142.5	458.4
MH SERVICES OTHER OP				2.7	1.7	14.7	9.4	1.7		27.5			5.2
MH SERVICES PEO													
MH SERVICES PHYS IP	96.3	25.9		10.0	79.5	1,106.2	951.7	129.2	180.2	618.2	0.3	125.0	435.5
MH SERVICES PHYS OP	222.7	48.3	2.5	82.1	282.0	1,557.9	1,420.5	124.9	404.1	1,829.5	0.0	191.3	570.5
MH SERVICES SUPPORT DAY PROGRAM	27.1	3.9	1.1	24.6	47.4	13,893.3	6,327.8	98.0	1,064.8	300.4		33.9	405.5

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Managed Care Average Billed Charge per Unit of Service**  
**Unadjusted**

**EXHIBIT 4-A**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>												
ADMINISTRATIVE EXAMS												
ANESTHESIA	\$912.32	\$972.74	\$1,001.41	\$792.16	\$783.87	\$905.24	\$975.53	\$843.48	\$975.16	\$800.04	\$909.38	\$970.71
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	\$320.65	\$337.63	\$255.00	\$524.37	\$270.98	\$209.15	\$198.98			\$176.68	\$373.46	\$261.18
FP - PHYS	\$184.13	\$291.85	\$36.67	\$66.50	\$85.61	\$89.38	\$90.41	\$240.05		\$73.57	\$164.99	\$105.09
HYSTERECTOMY - ANESTHESIA	\$1,087.36	\$815.00				\$1,045.67	\$1,226.91	\$1,154.32			\$1,101.98	\$1,264.12
HYSTERECTOMY - IP HOSP	\$15,288.73	\$26,077.81				\$15,631.32	\$16,555.90	\$22,426.35		\$11,040.98	\$12,161.41	\$14,084.59
HYSTERECTOMY - OP HOSP	\$10,538.09						\$8,836.49					
HYSTERECTOMY - PHYS	\$1,478.12	\$1,488.44			\$422.00	\$1,546.62	\$1,548.15	\$1,814.48		\$2,106.50	\$1,474.89	\$1,661.85
IP HOSP - ACUTE DETOX	\$5,657.67	\$3,654.16			\$6,223.06	\$8,663.90	\$8,800.30	\$13,745.69	\$10,707.00	\$8,931.63	\$6,846.49	\$7,727.18
IP HOSP - MATERNITY	\$7,552.11	\$7,674.27	\$7,741.67		\$7,871.63	\$9,739.69	\$9,673.14			\$8,500.89	\$8,311.20	\$10,010.79
IP HOSP - MATERNITY / STERILIZATION	\$10,676.31	\$10,821.54			\$16,315.10	\$8,410.59	\$12,054.51					\$9,693.29
IP HOSP - MEDICAL/SURGICAL	\$18,606.17	\$14,410.67	\$18,247.99	\$11,471.75	\$18,089.63	\$21,799.63	\$22,423.31	\$18,209.84	\$28,369.27	\$13,509.71	\$20,551.67	\$21,319.46
IP HOSP - NEWBORN	\$1,684.51	\$1,882.20	\$6,086.11	\$1,069.99		\$20,239.25	\$3,564.82			\$11,488.78		
IP HOSP - POST HOSP EXTENDED CARE	\$152.00				\$152.00			\$315.00				
LAB & RAD - DIAGNOSTIC X-RAY	\$116.15	\$187.43	\$71.13	\$72.77	\$83.28	\$97.59	\$94.23	\$88.35	\$70.42	\$92.10	\$105.79	\$103.72
LAB & RAD - LAB	\$42.90	\$41.40	\$28.84	\$27.27	\$33.93	\$45.39	\$41.95	\$43.78	\$40.94	\$34.86	\$43.63	\$43.21
LAB & RAD - THERAPEUTIC X-RAY	\$403.05	\$152.40	\$311.83	\$329.57	\$282.50	\$374.13	\$377.45	\$382.39	\$359.03	\$210.61	\$345.62	\$351.59
OP ER - SOMATIC MH	\$494.36	\$474.33	\$322.05	\$383.57	\$601.73	\$626.72	\$612.91	\$590.79	\$783.34	\$625.50	\$573.75	\$591.76
OP HOSP - BASIC	\$619.18	\$499.19	\$343.83	\$608.52	\$549.65	\$1,275.81	\$790.51	\$1,129.74	\$918.22	\$641.48	\$692.35	\$667.68
OP HOSP - EMERGENCY ROOM	\$441.56	\$415.34	\$319.69	\$330.63	\$376.12	\$521.96	\$495.41	\$590.07	\$681.51	\$386.27	\$481.30	\$487.98
OP HOSP - LAB & RAD	\$421.67	\$243.41	\$266.89	\$266.05	\$329.35	\$471.03	\$461.28	\$444.86	\$446.87	\$362.37	\$404.12	\$460.10
OP HOSP - MATERNITY	\$525.09	\$422.20	\$323.94	\$283.36	\$513.69	\$684.01	\$578.03	\$706.63		\$472.04	\$680.16	\$776.19
OP HOSP - POST HOSP EXTENDED CARE	\$767.22	\$651.38	\$461.57	\$752.35	\$629.25	\$663.80	\$792.83	\$741.24	\$912.41	\$223.03		\$515.25
OP HOSP - PRES DRUGS BASIC	\$121.91	\$114.83	\$55.09	\$69.14	\$95.64	\$161.43	\$185.63	\$195.83	\$186.53	\$85.14	\$136.79	\$143.83
OP HOSP - PRES DRUGS MH/CD	\$55.02	\$58.32	\$95.52	\$109.67	\$49.57	\$94.35	\$83.94	\$75.77	\$65.62	\$64.10	\$69.02	\$78.92
OP HOSP - SOMATIC MH	\$367.26	\$391.38	\$569.34	\$467.16	\$343.47	\$392.78	\$382.08	\$530.71	\$478.73	\$300.02	\$360.59	\$480.50
OTH MED - DME	\$161.12	\$111.22	\$133.26	\$85.20	\$113.26	\$274.71	\$278.84	\$215.58	\$202.13	\$209.25	\$194.83	\$191.87
OTH MED - HHC/PDN	\$356.20	\$268.88	\$355.83	\$342.11	\$243.91	\$446.58	\$454.48	\$589.15	\$593.57	\$332.28	\$283.13	\$324.59
OTH MED - HOSPICE	\$2,510.80	\$727.50	\$4,212.51	\$4,006.79	\$1,856.67	\$3,266.74	\$3,238.73	\$3,531.68	\$4,565.41	\$3,968.68	\$2,085.83	\$2,538.88
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$16.20	\$16.15	\$12.38	\$9.23	\$9.44	\$1.90	\$2.21	\$1.27	\$0.95	\$3.40	\$15.77	\$20.74
PHYS CONSULTATION, IP & ER VISITS	\$240.01	\$228.98	\$327.13	\$217.06	\$224.32	\$233.82	\$237.21	\$223.55	\$234.09	\$245.79	\$245.29	\$247.57
PHYS HOME OR LONG-TERM CARE VISITS	\$95.69	\$64.26	\$112.96	\$84.09	\$115.03	\$136.20	\$136.71	\$123.99	\$161.86	\$107.54	\$128.50	\$132.97
PHYS MATERNITY	\$774.82	\$849.27	\$449.22	\$462.39	\$612.90	\$493.14	\$535.98	\$129.42	\$599.02	\$294.55	\$281.14	
PHYS NEWBORN	\$150.37	\$128.52	\$120.78	\$213.08	\$238.49	\$153.70	\$174.50	\$156.73	\$211.50	\$221.18	\$156.91	\$142.82
PHYS OFFICE VISITS	\$105.46	\$97.83	\$86.18	\$86.07	\$98.56	\$109.36	\$107.84	\$109.69	\$94.65	\$97.60	\$107.49	\$107.61
PHYS OTHER	\$132.28	\$86.56	\$31.61	\$32.92	\$56.66	\$223.87	\$275.32	\$241.47	\$294.52	\$103.54	\$142.23	\$225.09

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Managed Care Average Billed Charge per Unit of Service**  
**Unadjusted**

**EXHIBIT 4-A**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	\$103.02	\$116.37	\$157.78	\$134.35	\$111.29	\$101.98	\$98.37	\$107.87	\$101.55	\$113.17	\$103.36	\$109.63
PRES DRUGS - BASIC	\$43.77	\$35.61	\$43.01	\$35.33	\$53.56	\$19.41	\$64.69	\$13.77	\$47.87	\$66.17	\$53.40	\$57.23
PRES DRUGS - FP	\$43.52	\$43.61	\$43.78	\$47.48	\$45.34	\$27.46	\$43.22		\$40.50	\$44.83	\$44.48	\$41.16
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$763.85	\$756.22			\$600.00	\$731.25	\$817.37				\$821.16	\$807.57
STERILIZATION - ANESTHESIA MALE	\$531.50					\$432.00	\$56.00					
STERILIZATION - IP HOSP FEMALE	\$12,402.05	\$11,834.51			\$10,285.04	\$13,127.80	\$12,111.03				\$11,846.45	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$3,948.64	\$3,450.13			\$2,727.00	\$1,917.00	\$3,535.03				\$4,772.63	\$3,385.26
STERILIZATION - OP HOSP MALE	\$683.80					\$1,428.00	\$531.00				\$531.00	
STERILIZATION - PHY FEMALE	\$646.78	\$571.45			\$638.00	\$562.05	\$671.03				\$943.57	\$1,094.08
STERILIZATION - PHY MALE	\$897.31					\$1,017.13	\$837.00				\$749.02	\$977.00
SURGERY	\$324.14	\$85.09	\$238.11	\$405.50	\$346.85	\$353.30	\$353.65	\$397.25	\$382.85	\$348.68	\$269.06	\$309.59
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	\$560.51	\$678.80	\$1,101.85	\$615.03	\$612.42	\$460.59	\$548.45	\$460.30	\$518.10	\$632.95	\$514.01	\$515.51
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$92.28	\$90.08	\$125.45	\$86.14	\$83.48	\$100.54	\$98.98	\$109.14	\$105.81	\$83.76	\$109.49	\$116.14
VISION CARE - MATERIALS & FITTING	\$27.37	\$25.94	\$62.68	\$27.97	\$26.49	\$30.44	\$28.76	\$32.11	\$33.41	\$26.44	\$39.71	\$53.99
<b>CHEMICAL DEPENDENCY</b>												
CD SERVICES - ALTERNATIVE TO DETOX	\$1,576.04	\$449.20			\$2,134.33	\$1,037.94	\$1,431.61	\$1,257.00			\$2,297.57	\$1,307.21
CD SERVICES - METHADONE	\$21.49	\$20.53	\$24.50	\$74.25	\$9.81	\$29.40	\$32.54	\$42.84	\$32.98	\$19.37	\$20.93	\$25.20
CD SERVICES - OP	\$51.73	\$54.39	\$41.50	\$55.17	\$69.88	\$44.96	\$42.49	\$48.83	\$39.75	\$60.64	\$45.87	\$44.59

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Managed Care Average Billed Charge per Unit of Service**  
**Unadjusted**

**EXHIBIT 4-A**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>												
DENTAL - ADJUNCTIVE GENERAL	\$138.70	\$139.08	\$99.42	\$152.20	\$124.32	\$127.64	\$134.41	\$101.54	\$114.59	\$141.49	\$153.62	\$160.20
DENTAL - ANESTHESIA SURGICAL	\$79.56	\$61.94	\$45.72	\$60.95	\$45.03	\$94.06	\$78.84	\$87.20	\$64.42	\$52.94	\$76.64	\$74.33
DENTAL - DIAGNOSTIC	\$38.21	\$38.87	\$43.52	\$31.01	\$31.55	\$34.47	\$34.42	\$32.79	\$32.18	\$30.87	\$33.36	\$33.67
DENTAL - ENDODONTICS	\$312.40	\$297.03	\$115.64	\$107.13	\$196.88	\$348.78	\$292.95	\$329.55	\$301.48	\$182.35	\$174.51	\$182.36
DENTAL - I/P FIXED	\$161.13	\$301.57			\$331.00	\$257.61	\$242.47	\$114.22	\$96.67	\$138.00	\$75.88	\$201.42
DENTAL - ORAL SURGERY	\$109.05	\$113.03	\$101.78	\$84.54	\$93.99	\$105.77	\$105.58	\$99.00	\$94.92	\$104.56	\$115.45	\$109.17
DENTAL - ORTHODONTICS	\$80.00	\$250.00			\$638.98	\$250.00	\$2,612.20			\$1,036.88		
DENTAL - PERIODONTICS	\$112.93	\$109.22	\$98.83	\$109.37	\$86.55	\$108.28	\$111.48	\$93.93	\$110.12	\$75.41	\$123.77	\$129.26
DENTAL - PREVENTIVE	\$37.50	\$38.23	\$19.84	\$35.20	\$38.54	\$43.94	\$40.02	\$44.91	\$31.99	\$39.15	\$38.14	\$34.98
DENTAL - PROS REMOVABLE	\$465.79	\$498.11	\$656.00	\$679.00	\$342.09	\$395.25	\$425.92	\$340.03	\$352.67	\$296.03	\$291.75	\$348.77
DENTAL - RESTORATIVE	\$94.89	\$86.14	\$95.47	\$107.88	\$89.61	\$103.95	\$100.21	\$99.55	\$89.46	\$87.88	\$99.87	\$94.13
<b>MENTAL HEALTH</b>												
MH SERVICES ACUTE INPATIENT	\$1,753.66	\$1,624.32	\$1,424.45	\$1,687.25	\$1,627.51	\$1,673.78	\$1,629.32	\$1,649.88	\$2,460.71	\$1,609.54	\$1,828.36	\$1,699.20
MH SERVICES ALTERNATIVE TO IP	\$236.65	\$246.34	\$399.50	\$1,014.00	\$1,294.36	\$244.90	\$316.59	\$250.84		\$961.32	\$240.31	\$226.25
MH SERVICES ANCILLARY SERVICES	\$54.49	\$30.00		\$56.71	\$58.99	\$48.33	\$48.62	\$47.55	\$49.53	\$57.07	\$61.48	\$51.70
MH SERVICES ASSESS & EVAL	\$117.73	\$114.69	\$121.61	\$124.83	\$138.03	\$107.97	\$126.69	\$131.10	\$121.55	\$141.81	\$112.46	\$117.10
MH SERVICES CASE MANAGEMENT	\$52.41	\$61.06	\$164.63	\$108.25	\$123.17	\$65.14	\$81.45	\$67.36	\$66.01	\$118.98	\$53.55	\$63.19
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$131.17	\$50.00		\$71.59	\$105.21	\$33.26	\$33.68	\$34.59		\$113.67	\$234.60	\$20.84
MH SERVICES INTENSIVE TREATMENT SVCS			\$5,185.00	\$240.22	\$496.63	\$109.59	\$1,418.04			\$1,586.94		
MH SERVICES MED MANAGEMENT	\$45.79	\$38.97		\$57.96	\$47.99	\$40.07	\$39.46	\$44.74	\$44.62	\$41.93	\$58.49	\$42.48
MH SERVICES OP THERAPY	\$99.84	\$105.87	\$111.32	\$90.73	\$101.02	\$87.36	\$90.52	\$93.86	\$85.42	\$97.90	\$103.22	\$99.73
MH SERVICES OTHER OP	\$311.53	\$377.08		\$279.39	\$437.11	\$197.20	\$255.25	\$235.00		\$385.70	\$318.79	\$306.22
MH SERVICES PEO												
MH SERVICES PHYS IP	\$98.64	\$109.36	\$125.23	\$90.38	\$96.13	\$96.32	\$103.93	\$98.12	\$104.33	\$91.43	\$102.91	\$102.22
MH SERVICES PHYS OP	\$115.07	\$120.98	\$74.15	\$98.87	\$117.99	\$91.84	\$116.92	\$115.35	\$136.03	\$122.86	\$124.63	\$109.85
MH SERVICES SUPPORT DAY PROGRAM	\$67.78	\$75.17	\$72.78	\$102.13	\$105.17	\$84.94	\$85.22	\$109.44	\$99.75	\$114.90	\$57.52	\$76.12

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Average Payment per Unit of Service**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	\$98.61	\$149.42	\$17.98	\$69.30	\$128.86	\$156.72	\$108.37	\$127.18	\$77.63	\$115.19	\$221.30	\$118.29	\$123.84
ANESTHESIA	\$290.00	\$285.99	\$381.34	\$275.63	\$264.99	\$62.67	\$338.85	\$42.40	\$315.92	\$266.15	\$294.37	\$281.36	\$310.15
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$153.59	\$211.41	\$13.18	\$114.75	\$100.60	\$97.67	\$102.28	\$29.61		\$67.74		\$98.76	\$118.24
FP - PHYS	\$59.62	\$77.88	\$94.30	\$98.56	\$62.34	\$79.13	\$82.76	\$83.69	\$135.25	\$75.62	\$111.40	\$65.10	\$64.89
HYSTERECTOMY - ANESTHESIA	\$345.39	\$406.29				\$54.24	\$414.30	\$48.16			\$332.74	\$339.03	\$443.65
HYSTERECTOMY - IP HOSP	\$6,360.48	\$4,721.26				\$78.27	\$8,523.62	\$369.55			\$19,182.86	\$4,435.54	\$6,618.05
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	\$424.62	\$392.18				\$26.61	\$462.15	\$18.42			\$480.26	\$382.91	\$447.44
IP HOSP - ACUTE DETOX	\$4,252.92		\$3,636.04		\$2,743.92	\$130.28	\$5,088.21	\$120.57		\$3,528.48		\$4,752.69	\$5,659.18
IP HOSP - MATERNITY	\$3,479.70	\$3,059.02			\$3,216.70	\$145.43	\$3,671.26	\$128.19		\$2,853.89	\$3,107.31	\$3,735.87	\$4,248.33
IP HOSP - MATERNITY / STERILIZATION	\$5,222.01	\$4,442.53			\$2,691.23		\$7,031.50				\$3,363.23	\$2,952.74	
IP HOSP - MEDICAL/SURGICAL	\$8,696.86	\$7,653.17	\$7,586.72	\$4,925.73	\$7,239.59	\$192.49	\$12,086.47	\$475.63	\$9,418.97	\$7,185.80	\$11,278.70	\$6,980.00	\$8,032.11
IP HOSP - NEWBORN	\$7,342.50	\$1,005.87	\$3,331.26	\$2,843.64			\$31,876.64			\$7,198.32	\$1,483.32		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$40.07	\$54.96	\$16.74	\$20.77	\$26.84	\$13.19	\$29.20	\$8.59	\$26.56	\$26.39	\$24.03	\$44.36	\$40.22
LAB & RAD - LAB	\$15.25	\$14.89	\$8.09	\$9.62	\$12.15	\$12.00	\$14.99	\$11.73	\$13.56	\$16.19	\$41.33	\$15.37	\$15.09
LAB & RAD - THERAPEUTIC X-RAY	\$66.57	\$38.70	\$45.65	\$52.01	\$48.08	\$25.34	\$71.37	\$22.52	\$59.66	\$34.16	\$45.30	\$55.47	\$93.88
OP ER - SOMATIC MH	\$223.74	\$215.65	\$235.73	\$194.71	\$239.39	\$60.81	\$241.91	\$63.45	\$154.23	\$239.79		\$230.04	\$239.54
OP HOSP - BASIC	\$168.22	\$118.14	\$132.68	\$189.01	\$184.47	\$165.81	\$368.32	\$129.89	\$464.71	\$206.36	\$483.21	\$146.73	\$139.10
OP HOSP - EMERGENCY ROOM	\$160.35	\$153.51	\$114.45	\$122.02	\$137.82	\$65.39	\$190.70	\$73.46	\$202.97	\$147.41	\$249.24	\$165.86	\$182.47
OP HOSP - LAB & RAD	\$124.00	\$89.05	\$62.94	\$86.29	\$117.43	\$107.39	\$155.11	\$99.31	\$160.41	\$97.18	\$199.83	\$137.45	\$118.57
OP HOSP - MATERNITY	\$201.99	\$192.09	\$39.84	\$77.07	\$202.25	\$87.60	\$190.86	\$84.76		\$185.75	\$593.59	\$218.73	\$304.64
OP HOSP - POST HOSP EXTENDED CARE						\$49.90							
OP HOSP - PRES DRUGS BASIC	\$56.54	\$56.98	\$40.55	\$34.02	\$56.65	\$140.53	\$130.62	\$82.68	\$62.69	\$61.99	\$82.26	\$47.82	\$72.11
OP HOSP - PRES DRUGS MH/CD	\$37.30	\$46.16	\$14.97	\$26.04	\$31.17	\$88.46	\$59.91	\$80.85	\$61.74	\$30.82		\$20.05	\$43.36
OP HOSP - SOMATIC MH	\$97.32	\$84.11	\$276.47	\$187.87	\$105.70	\$47.96	\$101.64	\$52.03	\$61.16	\$110.60		\$79.14	\$98.88
OTH MED - DME	\$131.69	\$126.48	\$77.19	\$42.42	\$96.82	\$52.54	\$193.63	\$36.50	\$96.32	\$156.42	\$31.33	\$140.56	\$127.53
OTH MED - HHC/PDN	\$149.08	\$118.82	\$180.43	\$194.94	\$191.73	\$128.17	\$214.52	\$78.69	\$186.72	\$416.99	\$84.35	\$613.67	\$338.95
OTH MED - HOSPICE	\$2,108.22		\$967.79		\$1,301.50	\$3,121.83	\$2,801.90	\$3,128.71	\$2,387.65			\$421.50	\$2,663.42
OTH MED - MATERNITY MGT	\$161.86	\$140.22	\$41.52	\$35.44	\$149.01	\$144.00	\$69.39	\$266.41		\$81.27	\$118.79	\$145.19	\$144.40
OTH MED - SUPPLIES	\$8.43	\$20.40	\$11.15	\$4.72	\$3.84	\$1.20	\$1.71	\$0.98	\$1.76	\$1.77	\$69.97	\$14.36	\$16.33
PHYS CONSULTATION, IP & ER VISITS	\$71.68	\$72.25	\$113.00	\$65.26	\$67.20	\$39.46	\$70.58	\$35.01	\$69.11	\$90.43	\$67.80	\$76.80	\$77.11
PHYS HOME OR LONG-TERM CARE VISITS	\$76.28	\$55.87	\$163.30	\$144.41	\$67.40	\$47.68	\$55.74	\$45.88	\$54.64	\$64.52		\$43.99	\$68.69
PHYS MATERNITY	\$301.65	\$281.40	\$78.84	\$104.73	\$262.55	\$127.98	\$228.29	\$91.74	\$59.94	\$180.21	\$625.95	\$207.70	\$120.09
PHYS NEWBORN	\$93.07	\$64.75	\$58.49	\$73.65	\$76.35	\$52.36	\$120.83	\$21.00	\$78.26	\$56.50	\$64.84	\$81.79	\$104.10
PHYS OFFICE VISITS	\$66.14	\$61.52	\$54.86	\$60.83	\$82.27	\$46.94	\$62.49	\$35.99	\$91.93	\$47.20	\$41.95	\$60.36	\$65.35
PHYS OTHER	\$74.77	\$59.16	\$23.41	\$20.77	\$71.47	\$52.68	\$103.33	\$53.56	\$104.02	\$265.73	\$30.71	\$65.68	\$81.62

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Average Payment per Unit of Service**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$112.11	\$119.01	\$59.64	\$44.42	\$40.74	\$57.34	\$48.57	\$54.62	\$67.78	\$43.25	\$183.86	\$85.30	\$124.74
PRES DRUGS - BASIC	\$39.26	\$22.86	\$39.73	\$28.40	\$39.85	\$15.44	\$74.07	\$10.50	\$43.33	\$76.86	\$25.77	\$49.24	\$51.59
PRES DRUGS - FP	\$41.82	\$40.37	\$32.29	\$43.33	\$40.00	\$36.42	\$38.87	\$27.66	\$34.25	\$38.17		\$40.96	\$40.77
PRES DRUGS - MH/CD	\$70.00	\$58.04	\$37.14	\$109.37	\$97.04	\$21.72	\$124.77	\$16.56	\$88.74	\$109.01	\$35.01	\$71.97	\$80.19
SCHOOL-BASED HEALTH SERVICES			\$68.41	\$49.22	\$38.96	\$170.37	\$89.57	\$62.14		\$76.70			
STERILIZATION - ANESTHESIA FEMALE	\$248.59	\$248.83				\$237.94	\$236.31				\$130.74	\$328.30	\$275.53
STERILIZATION - ANESTHESIA MALE							\$186.80						
STERILIZATION - IP HOSP FEMALE	\$5,077.30	\$3,996.97			\$3,845.03		\$8,271.89				\$3,659.02	\$1,750.58	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$533.12	\$508.00				\$513.00	\$513.00					\$476.36	\$513.00
STERILIZATION - OP HOSP MALE	\$363.00					\$363.00							
STERILIZATION - PHY FEMALE	\$181.91	\$154.53			\$141.79	\$203.77	\$245.57	\$247.56			\$58.04	\$221.87	\$379.57
STERILIZATION - PHY MALE	\$387.00					\$380.84	\$389.90	\$26.30				\$361.51	
SURGERY	\$109.10	\$20.18	\$64.05	\$139.00	\$127.12	\$45.74	\$145.51	\$43.81	\$139.87	\$101.23	\$272.27	\$90.08	\$106.91
TARGETED CASE MAN - BABIES FIRST			\$244.32	\$242.39	\$241.00	\$237.09	\$245.10			\$240.99			
TARGETED CASE MAN - HIV	\$256.00				\$256.00	\$256.00	\$256.00	\$256.00				\$256.00	\$256.00
TARGETED CASE MAN - SUBS ABUSE MOMS	\$101.80	\$97.65	\$110.00		\$87.18	\$125.71	\$95.44	\$160.00		\$80.00		\$101.96	\$95.00
THERAPEUTIC ABORTION - IP HOSP	\$4,022.17	\$2,781.42			\$1,969.17		\$4,589.44				\$2,902.54	\$7,209.83	\$3,161.82
THERAPEUTIC ABORTION - OP HOSP	\$426.94	\$399.17			\$388.75	\$417.27	\$503.91			\$407.08	\$2,377.42	\$392.44	\$379.66
THERAPEUTIC ABORTION - PHYS	\$164.31	\$163.04	\$210.15	\$140.10	\$160.37	\$174.75	\$177.67	\$96.87		\$164.53	\$154.96	\$163.51	\$162.74
TRANSPORTATION - AMBULANCE	\$327.05	\$395.32	\$540.41	\$351.51	\$352.27	\$71.11	\$328.00	\$64.31	\$251.51	\$395.04	\$307.81	\$308.28	\$324.49
TRANSPORTATION - OTHER	\$29.12	\$29.15	\$29.63	\$31.60	\$30.73	\$27.81	\$27.52	\$29.57	\$27.44	\$26.04			
VISION CARE - EXAMS & THERAPY	\$74.49	\$80.45	\$47.75	\$59.49	\$72.84	\$58.96	\$62.69	\$46.30	\$58.23	\$64.35	\$88.49	\$59.46	\$56.48
VISION CARE - MATERIALS & FITTING	\$13.82	\$13.07	\$23.26	\$14.26	\$13.45	\$13.92	\$14.54	\$14.44	\$14.32	\$13.38		\$46.34	\$47.31
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$13.97	\$14.51			\$7.84	\$14.22	\$13.29	\$11.88	\$29.67	\$7.31		\$16.58	\$15.07
CD SERVICES - OP	\$19.09	\$21.37		\$37.51	\$29.82	\$16.33	\$23.88	\$36.24	\$11.21	\$31.05		\$20.42	\$21.30

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 4-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Average Payment per Unit of Service**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	\$79.17	\$80.91			\$89.53	\$71.75	\$80.53	\$83.91	\$82.15	\$85.70		\$79.96	\$81.59
DENTAL - ANESTHESIA SURGICAL	\$27.73	\$8.57			\$21.55	\$15.22	\$21.92	\$23.78	\$8.40			\$18.99	\$31.96
DENTAL - DIAGNOSTIC	\$22.17	\$21.41	\$33.63		\$20.37	\$19.97	\$19.65	\$21.24	\$21.59	\$20.27		\$18.29	\$17.68
DENTAL - ENDODONTICS	\$116.39	\$170.32			\$48.00	\$88.77	\$117.33	\$97.73	\$120.01			\$56.99	\$47.20
DENTAL - I/P FIXED								\$44.99					
DENTAL - ORAL SURGERY	\$69.12	\$76.80		\$70.75	\$72.09	\$72.39		\$77.21	\$74.39	\$70.91		\$71.22	\$74.35
DENTAL - ORTHODONTICS							\$1,800.00						
DENTAL - PERIODONTICS	\$55.04	\$54.65			\$53.99	\$50.68	\$52.86	\$51.30	\$51.86	\$53.48		\$62.01	\$48.20
DENTAL - PREVENTIVE	\$75.46	\$89.81	\$256.00	\$36.68	\$43.06	\$39.93	\$36.61	\$38.48	\$36.50	\$33.52		\$22.24	\$28.58
DENTAL - PROS REMOVABLE	\$203.83	\$262.78			\$155.04	\$190.29	\$213.25	\$216.12	\$187.14			\$152.00	
DENTAL - RESTORATIVE	\$45.33	\$46.47		\$50.79	\$44.08	\$50.61	\$49.00	\$53.22	\$44.24	\$48.30		\$43.57	\$47.16
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	\$761.55	\$836.64	\$1,084.06	\$210.04	\$453.89	\$5.11	\$354.59	\$10.03	\$282.69	\$334.30	\$1,099.56	\$742.95	\$503.74
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	\$23.35			\$30.60	\$24.97	\$20.40	\$29.10			\$34.43		\$15.30	\$15.30
MH SERVICES ASSESS & EVAL	\$81.87	\$88.65	\$79.15	\$91.60	\$88.39	\$87.41	\$85.39	\$78.11	\$74.31	\$91.22		\$90.55	\$84.25
MH SERVICES CASE MANAGEMENT	\$45.43	\$41.75	\$34.88	\$38.60	\$46.28	\$55.02	\$59.33	\$50.29	\$30.07	\$54.87		\$42.95	\$49.37
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	\$24.48	\$25.79		\$29.67	\$30.72	\$39.52	\$41.08	\$23.33	\$50.84	\$21.77		\$28.23	\$24.90
MH SERVICES OP THERAPY	\$75.96	\$75.67		\$62.91	\$74.34	\$44.43	\$37.14	\$51.29	\$32.57	\$75.86		\$79.21	\$75.65
MH SERVICES OTHER OP				\$396.43	\$465.35	\$82.11	\$340.80	\$59.21		\$410.96			\$127.50
MH SERVICES PEO													
MH SERVICES PHYS IP	\$58.00	\$53.15		\$66.84	\$57.97	\$56.05	\$59.68	\$19.97	\$52.12	\$58.64	\$45.29	\$57.31	\$59.21
MH SERVICES PHYS OP	\$81.61	\$85.29	\$65.59	\$89.40	\$90.36	\$69.72	\$82.51	\$26.69	\$45.62	\$84.38	\$131.44	\$88.77	\$83.89
MH SERVICES SUPPORT DAY PROGRAM	\$53.27	\$43.48	\$43.10	\$46.17	\$73.73	\$55.89	\$64.56	\$89.40	\$29.57	\$71.35		\$60.44	\$57.31

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**EXHIBIT 5-A**

**Managed Care Billed Charges Per Member Per Month, Excluding services provided on a Fee-For-Service basis to Managed Care Enrollees**  
**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>												
ADMINISTRATIVE EXAMS												
ANESTHESIA	\$11.90	\$72.43	\$4.81	\$4.49	\$2.42	\$11.78	\$13.68	\$12.14	\$12.63	\$4.19	\$5.00	\$8.10
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	\$0.13	\$0.37	\$0.00	\$0.00	\$0.02	\$0.02	\$0.04			\$0.04	\$0.15	\$0.03
FP - PHYS	\$2.26	\$9.14	\$0.00	\$0.00	\$0.16	\$0.20	\$0.29	\$0.00		\$0.16	\$1.54	\$0.23
HYSTERECTOMY - ANESTHESIA	\$0.24	\$0.04				\$0.06	\$0.07	\$0.04			\$0.24	\$0.08
HYSTERECTOMY - IP HOSP	\$6.14	\$1.30				\$2.36	\$2.55	\$1.47		\$0.05	\$2.34	\$2.13
HYSTERECTOMY - OP HOSP	\$0.08						\$0.04					
HYSTERECTOMY - PHYS	\$1.28	\$0.14			\$0.00	\$0.36	\$0.48	\$0.22		\$0.02	\$1.08	\$0.65
IP HOSP - ACUTE DETOX	\$0.79	\$0.09			\$0.09	\$1.57	\$2.54	\$1.35	\$1.36	\$0.12	\$0.55	\$3.83
IP HOSP - MATERNITY	\$62.64	\$783.16	\$0.18		\$3.43	\$2.53	\$6.53			\$1.70	\$1.60	\$0.49
IP HOSP - MATERNITY / STERILIZATION	\$4.56	\$33.29			\$0.02	\$0.08	\$0.26					\$0.07
IP HOSP - MEDICAL/SURGICAL	\$89.71	\$19.96	\$116.43	\$19.55	\$20.79	\$418.23	\$409.03	\$598.39	\$437.55	\$22.55	\$61.55	\$178.93
IP HOSP - NEWBORN	\$0.00	\$0.01	\$321.20	\$0.00		\$0.06	\$0.01			\$1.20		
IP HOSP - POST HOSP EXTENDED CARE	\$0.00				\$0.00			\$0.00				
LAB & RAD - DIAGNOSTIC X-RAY	\$23.21	\$65.84	\$6.44	\$2.21	\$3.82	\$28.71	\$30.43	\$31.72	\$30.66	\$4.15	\$18.11	\$28.34
LAB & RAD - LAB	\$14.68	\$42.90	\$2.12	\$1.58	\$2.57	\$12.29	\$16.22	\$10.98	\$15.88	\$3.52	\$12.74	\$16.67
LAB & RAD - THERAPEUTIC X-RAY	\$1.20	\$0.05	\$0.03	\$0.06	\$0.05	\$3.19	\$4.94	\$5.53	\$3.90	\$0.04	\$0.98	\$3.41
OP ER - SOMATIC MH	\$1.05	\$0.34	\$0.01	\$0.01	\$0.33	\$3.65	\$3.32	\$0.67	\$0.45	\$0.81	\$0.70	\$2.02
OP HOSP - BASIC	\$61.86	\$37.10	\$26.13	\$24.76	\$15.56	\$228.72	\$129.75	\$198.73	\$123.14	\$24.59	\$47.81	\$75.43
OP HOSP - EMERGENCY ROOM	\$37.50	\$14.58	\$22.87	\$14.78	\$10.62	\$38.84	\$40.17	\$28.19	\$18.47	\$9.27	\$21.70	\$32.51
OP HOSP - LAB & RAD	\$53.35	\$33.06	\$15.26	\$8.03	\$11.27	\$80.59	\$83.93	\$86.46	\$70.85	\$13.82	\$42.46	\$70.25
OP HOSP - MATERNITY	\$18.19	\$162.90	\$0.03	\$0.00	\$1.22	\$0.91	\$2.33	\$0.00		\$0.81	\$3.69	\$1.29
OP HOSP - POST HOSP EXTENDED CARE	\$0.04	\$0.05	\$0.05	\$0.01	\$0.01	\$0.49	\$0.81	\$0.94	\$1.16	\$0.00		\$0.02
OP HOSP - PRES DRUGS BASIC	\$7.39	\$8.69	\$1.57	\$1.63	\$1.43	\$8.98	\$11.89	\$8.08	\$6.23	\$1.21	\$4.45	\$6.91
OP HOSP - PRES DRUGS MH/CD	\$0.06	\$0.02	\$0.00	\$0.00	\$0.01	\$0.26	\$0.25	\$0.04	\$0.03	\$0.02	\$0.05	\$0.13
OP HOSP - SOMATIC MH	\$1.14	\$0.35	\$0.07	\$0.38	\$0.36	\$4.09	\$3.99	\$1.70	\$0.67	\$1.67	\$0.78	\$2.10
OTH MED - DME	\$2.20	\$0.73	\$1.83	\$0.46	\$0.38	\$39.09	\$28.93	\$40.55	\$15.46	\$1.63	\$1.83	\$4.56
OTH MED - HHC/PDN	\$0.95	\$0.61	\$0.92	\$0.33	\$0.13	\$7.50	\$10.80	\$9.40	\$9.61	\$1.15	\$0.23	\$0.54
OTH MED - HOSPICE	\$0.17	\$0.01	\$0.48	\$0.03	\$0.01	\$0.14	\$5.49	\$4.58	\$15.07	\$0.10	\$0.07	\$0.82
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$1.53	\$1.43	\$0.90	\$0.29	\$0.39	\$19.54	\$15.90	\$21.99	\$9.87	\$1.68	\$1.52	\$3.49
PHYS CONSULTATION, IP & ER VISITS	\$23.29	\$12.26	\$60.17	\$8.95	\$6.25	\$41.78	\$45.68	\$48.47	\$34.63	\$8.07	\$16.44	\$31.11
PHYS HOME OR LONG-TERM CARE VISITS	\$0.02	\$0.00	\$0.07	\$0.00	\$0.01	\$1.22	\$0.82	\$4.27	\$1.50	\$0.06	\$0.00	\$0.03
PHYS MATERNITY	\$31.76	\$379.02	\$0.18	\$0.01	\$1.53	\$0.91	\$2.63	\$0.00	\$0.00	\$0.68	\$1.50	\$0.39
PHYS NEWBORN	\$0.05	\$0.22	\$8.38	\$0.06	\$0.07	\$0.14	\$0.17	\$0.15	\$0.23	\$0.21	\$0.06	\$0.07
PHYS OFFICE VISITS	\$42.63	\$21.68	\$97.27	\$31.63	\$17.75	\$61.87	\$61.32	\$55.18	\$56.87	\$29.21	\$41.93	\$58.72
PHYS OTHER	\$7.49	\$4.06	\$14.89	\$3.44	\$1.75	\$37.94	\$42.28	\$45.12	\$39.29	\$10.01	\$7.81	\$21.71

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 5-A**

**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**Managed Care Billed Charges Per Member Per Month, Excluding services provided on a Fee-For-Service basis to Managed Care Enrollees**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	\$4.42	\$1.36	\$0.16	\$0.96	\$1.90	\$10.85	\$8.77	\$5.27	\$2.42	\$6.33	\$3.23	\$6.10
PRES DRUGS - BASIC	\$47.85	\$29.23	\$12.40	\$8.38	\$12.23	\$6.69	\$190.38	\$4.78	\$124.23	\$29.79	\$61.58	\$139.45
PRES DRUGS - FP	\$1.87	\$2.08	\$0.00	\$0.00	\$0.44	\$0.00	\$0.66		\$0.01	\$0.57	\$2.21	\$0.91
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$0.77	\$3.80			\$0.00	\$0.04	\$0.08				\$0.23	\$0.04
STERILIZATION - ANESTHESIA MALE	\$0.00					\$0.00	\$0.00					
STERILIZATION - IP HOSP FEMALE	\$4.05	\$29.02			\$0.01	\$0.36	\$0.40				\$0.19	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$1.15	\$2.80			\$0.00	\$0.03	\$0.10				\$0.50	\$0.05
STERILIZATION - OP HOSP MALE	\$0.00					\$0.01	\$0.00				\$0.00	
STERILIZATION - PHY FEMALE	\$1.17	\$6.02			\$0.00	\$0.03	\$0.11				\$0.29	\$0.05
STERILIZATION - PHY MALE	\$0.10					\$0.02	\$0.01				\$0.10	\$0.00
SURGERY	\$29.47	\$15.61	\$14.28	\$7.78	\$7.53	\$51.49	\$54.60	\$61.49	\$52.80	\$10.18	\$23.03	\$42.35
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	\$6.21	\$9.77	\$8.87	\$1.76	\$1.60	\$21.93	\$21.74	\$29.60	\$13.02	\$2.24	\$3.57	\$10.23
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$2.45	\$2.27	\$0.52	\$0.76	\$2.20	\$4.03	\$3.84	\$5.83	\$5.73	\$2.64	\$0.68	\$1.55
VISION CARE - MATERIALS & FITTING	\$1.66	\$1.67	\$0.04	\$0.25	\$1.49	\$2.02	\$2.07	\$1.83	\$2.44	\$1.66	\$0.04	\$0.04
PART A DEDUCTIBLE												
PART B DEDUCTIBLE												
PART B COINSURANCE ADJUSTMENT												
<b>Total</b>	<b>\$610.69</b>	<b>\$1,809.49</b>	<b>\$738.57</b>	<b>\$142.62</b>	<b>\$129.82</b>	<b>\$1,155.58</b>	<b>\$1,260.32</b>	<b>\$1,325.19</b>	<b>\$1,106.15</b>	<b>\$196.13</b>	<b>\$394.55</b>	<b>\$755.82</b>
<b>CHEMICAL DEPENDENCY</b>												
CD SERVICES - ALTERNATIVE TO DETOX	\$0.30	\$0.04			\$0.00	\$0.26	\$0.44	\$0.02			\$0.13	\$0.98
CD SERVICES - METHADONE	\$1.39	\$0.44	\$0.00	\$0.00	\$0.00	\$1.63	\$2.19	\$0.19	\$0.14	\$0.01	\$0.75	\$6.97
CD SERVICES - OP	\$10.40	\$5.86	\$0.00	\$0.00	\$1.13	\$4.89	\$6.93	\$0.31	\$0.21	\$5.13	\$3.35	\$19.28
<b>Total</b>	<b>\$12.08</b>	<b>\$6.34</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1.13</b>	<b>\$6.78</b>	<b>\$9.56</b>	<b>\$0.52</b>	<b>\$0.36</b>	<b>\$5.14</b>	<b>\$4.23</b>	<b>\$27.23</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 5-A**

**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**Managed Care Billed Charges Per Member Per Month, Excluding services provided on a Fee-For-Service basis to Managed Care Enrollees**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>												
DENTAL - ADJUNCTIVE GENERAL	\$1.98	\$1.30	\$0.01	\$0.59	\$0.30	\$1.83	\$1.46	\$0.84	\$0.83	\$0.33	\$0.76	\$0.90
DENTAL - ANESTHESIA SURGICAL	\$0.28	\$0.12	\$0.00	\$0.58	\$0.31	\$0.31	\$0.27	\$0.04	\$0.02	\$0.39	\$0.06	\$0.04
DENTAL - DIAGNOSTIC	\$5.93	\$6.22	\$0.11	\$2.99	\$4.61	\$4.46	\$4.11	\$2.37	\$3.61	\$4.27	\$1.81	\$1.78
DENTAL - ENDODONTICS	\$2.43	\$2.31	\$0.00	\$0.95	\$1.11	\$1.33	\$1.19	\$0.44	\$0.93	\$0.90	\$0.24	\$0.16
DENTAL - I/P FIXED	\$0.01	\$0.01			\$0.00	\$0.02	\$0.01	\$0.01	\$0.02	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	\$3.75	\$2.06	\$0.01	\$0.62	\$1.27	\$2.83	\$2.76	\$1.55	\$2.71	\$1.03	\$1.28	\$1.61
DENTAL - ORTHODONTICS	\$0.00	\$0.00			\$0.02	\$0.00	\$0.03			\$0.05		
DENTAL - PERIODONTICS	\$1.89	\$1.57	\$0.00	\$0.00	\$0.11	\$2.09	\$1.48	\$0.72	\$1.66	\$0.09	\$0.07	\$0.03
DENTAL - PREVENTIVE	\$1.86	\$2.75	\$0.06	\$2.50	\$4.64	\$2.27	\$2.00	\$1.07	\$0.85	\$4.30	\$0.13	\$0.06
DENTAL - PROS REMOVABLE	\$3.18	\$0.51	\$0.00	\$0.00	\$0.03	\$5.44	\$4.78	\$6.49	\$10.04	\$0.02	\$0.21	\$0.13
DENTAL - RESTORATIVE	\$6.53	\$6.37	\$0.02	\$6.09	\$6.16	\$5.61	\$4.95	\$2.38	\$2.90	\$6.04	\$0.81	\$0.49
<b>Total</b>	<b>\$27.86</b>	<b>\$23.21</b>	<b>\$0.21</b>	<b>\$14.34</b>	<b>\$18.54</b>	<b>\$26.20</b>	<b>\$23.04</b>	<b>\$15.91</b>	<b>\$23.57</b>	<b>\$17.41</b>	<b>\$5.38</b>	<b>\$5.21</b>
<b>MENTAL HEALTH</b>												
MH SERVICES ACUTE INPATIENT	\$6.28	\$1.72	\$0.02	\$0.13	\$2.64	\$33.09	\$43.22	\$6.03	\$12.58	\$9.17	\$3.75	\$14.45
MH SERVICES ALTERNATIVE TO IP	\$0.09	\$0.04	\$0.03	\$0.00	\$0.32	\$2.26	\$2.69	\$0.10		\$3.61	\$0.01	\$0.52
MH SERVICES ANCILLARY SERVICES	\$0.05	\$0.00		\$0.00	\$0.01	\$0.04	\$0.16	\$0.06	\$0.59	\$0.01	\$0.04	\$0.04
MH SERVICES ASSESS & EVAL	\$1.17	\$0.57	\$0.01	\$0.24	\$1.05	\$1.24	\$2.07	\$0.33	\$0.65	\$4.62	\$0.48	\$1.04
MH SERVICES CASE MANAGEMENT	\$1.36	\$0.42	\$0.04	\$0.59	\$3.98	\$16.84	\$17.98	\$1.46	\$2.65	\$30.63	\$0.57	\$3.37
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$0.01	\$0.00		\$0.01	\$0.04	\$0.66	\$0.53	\$0.03		\$0.26	\$0.00	\$0.10
MH SERVICES INTENSIVE TREATMENT SVCS			\$0.01	\$0.03	\$0.74	\$0.00	\$3.94			\$31.75		
MH SERVICES MED MANAGEMENT	\$0.15	\$0.02		\$0.00	\$0.03	\$3.39	\$2.22	\$0.23	\$0.29	\$0.11	\$0.11	\$0.35
MH SERVICES OP THERAPY	\$3.45	\$1.05	\$0.00	\$0.33	\$1.93	\$7.11	\$6.86	\$0.79	\$0.38	\$11.11	\$2.13	\$4.18
MH SERVICES OTHER OP	\$0.08	\$0.04		\$0.00	\$0.11	\$0.04	\$0.21	\$0.03		\$0.23	\$0.04	\$0.08
MH SERVICES PEO												
MH SERVICES PHYS IP	\$1.62	\$0.37	\$0.00	\$0.14	\$1.12	\$7.53	\$8.83	\$0.99	\$1.26	\$7.20	\$1.04	\$3.23
MH SERVICES PHYS OP	\$8.20	\$3.04	\$0.14	\$1.71	\$6.93	\$12.83	\$18.50	\$1.80	\$6.83	\$42.42	\$5.49	\$10.98
MH SERVICES SUPPORT DAY PROGRAM	\$0.24	\$0.10	\$0.00	\$0.15	\$0.55	\$15.11	\$11.28	\$1.92	\$1.90	\$4.74	\$0.10	\$2.02
<b>Total</b>	<b>\$22.69</b>	<b>\$7.38</b>	<b>\$0.26</b>	<b>\$3.34</b>	<b>\$19.46</b>	<b>\$100.14</b>	<b>\$118.48</b>	<b>\$13.76</b>	<b>\$27.13</b>	<b>\$145.86</b>	<b>\$13.76</b>	<b>\$40.34</b>
<b>TOTAL ALL</b>	<b>\$673.31</b>	<b>\$1,846.43</b>	<b>\$739.03</b>	<b>\$160.29</b>	<b>\$168.95</b>	<b>\$1,288.70</b>	<b>\$1,411.40</b>	<b>\$1,355.38</b>	<b>\$1,157.20</b>	<b>\$364.54</b>	<b>\$417.92</b>	<b>\$828.60</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 5-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Payment Per Member Per Month**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	\$0.83	\$0.50	\$0.01	\$0.03	\$0.09	\$0.30	\$1.65	\$0.03	\$0.05	\$3.46	\$0.00	\$0.20	\$1.39
ANESTHESIA	\$3.47	\$11.53	\$2.08	\$1.27	\$0.73	\$0.90	\$6.36	\$0.39	\$4.72	\$0.98	\$3.41	\$1.62	\$2.82
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$0.24	\$0.42	\$0.00	\$0.00	\$0.02	\$0.01	\$0.04	\$0.00		\$0.01		\$0.11	\$0.03
FP - PHYS	\$8.70	\$10.42	\$23.67	\$3.17	\$3.80	\$0.96	\$2.19	\$0.18	\$1.23	\$3.19	\$0.00	\$5.94	\$3.87
HYSTERECTOMY - ANESTHESIA	\$0.05	\$0.02				\$0.00	\$0.03	\$0.00			\$0.00	\$0.07	\$0.04
HYSTERECTOMY - IP HOSP	\$2.19	\$0.17				\$0.01	\$1.47	\$0.03			\$0.35	\$1.28	\$1.03
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	\$0.17	\$0.04				\$0.00	\$0.09	\$0.00			\$0.01	\$0.23	\$0.12
IP HOSP - ACUTE DETOX	\$0.40		\$0.02		\$0.05	\$0.02	\$1.88	\$0.02		\$0.01		\$0.36	\$2.45
IP HOSP - MATERNITY	\$28.49	\$219.21			\$1.65	\$0.03	\$1.42	\$0.00		\$0.51	\$77.03	\$1.82	\$0.18
IP HOSP - MATERNITY / STERILIZATION	\$1.91	\$8.89			\$0.01		\$0.03				\$0.57	\$0.14	
IP HOSP - MEDICAL/SURGICAL	\$50.03	\$10.19	\$51.06	\$10.36	\$11.04	\$3.67	\$335.09	\$9.00	\$243.35	\$14.80	\$10.92	\$30.53	\$82.31
IP HOSP - NEWBORN	\$0.07	\$0.02	\$548.61	\$0.03			\$2.44			\$16.11	\$0.02		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$7.06	\$16.51	\$2.29	\$0.51	\$1.04	\$0.80	\$9.83	\$0.51	\$7.55	\$0.97	\$0.19	\$5.79	\$9.53
LAB & RAD - LAB	\$4.05	\$11.96	\$0.49	\$0.28	\$0.64	\$0.21	\$4.29	\$0.07	\$3.33	\$0.93	\$0.11	\$3.18	\$4.50
LAB & RAD - THERAPEUTIC X-RAY	\$0.23	\$0.01	\$0.01	\$0.00	\$0.00	\$0.06	\$1.84	\$0.03	\$1.98	\$0.00	\$0.00	\$0.09	\$0.64
OP ER - SOMATIC MH	\$0.58	\$0.11	\$0.00	\$0.01	\$0.16	\$0.13	\$1.32	\$0.05	\$0.08	\$0.27		\$0.35	\$0.88
OP HOSP - BASIC	\$35.58	\$11.89	\$20.82	\$12.20	\$9.10	\$14.57	\$102.29	\$6.33	\$75.35	\$10.44	\$0.78	\$22.24	\$40.47
OP HOSP - EMERGENCY ROOM	\$15.35	\$4.69	\$8.91	\$5.82	\$4.42	\$1.51	\$15.97	\$0.95	\$8.05	\$2.95	\$0.42	\$10.38	\$14.96
OP HOSP - LAB & RAD	\$25.25	\$14.51	\$5.07	\$2.77	\$4.79	\$3.49	\$39.42	\$2.24	\$30.94	\$4.24	\$0.28	\$21.29	\$34.94
OP HOSP - MATERNITY	\$8.15	\$75.45	\$0.00	\$0.00	\$0.55	\$0.03	\$0.52	\$0.00		\$0.22	\$1.51	\$1.20	\$0.72
OP HOSP - POST HOSP EXTENDED CARE							\$0.00						
OP HOSP - PRES DRUGS BASIC	\$4.31	\$4.31	\$1.36	\$0.93	\$1.04	\$1.11	\$11.58	\$0.16	\$2.64	\$0.83	\$0.20	\$2.08	\$4.11
OP HOSP - PRES DRUGS MH/CD	\$0.08	\$0.03	\$0.00	\$0.00	\$0.01	\$0.07	\$0.39	\$0.01	\$0.67	\$0.02		\$0.02	\$0.16
OP HOSP - SOMATIC MH	\$0.60	\$0.11	\$0.02	\$0.11	\$0.22	\$0.09	\$1.33	\$0.04	\$0.13	\$0.69		\$0.46	\$0.93
OTH MED - DME	\$1.44	\$0.34	\$1.55	\$0.32	\$0.22	\$0.73	\$23.09	\$4.43	\$5.38	\$1.73	\$0.00	\$1.31	\$3.18
OTH MED - HHC/PDN	\$0.45	\$0.11	\$0.84	\$0.32	\$0.16	\$1.74	\$10.74	\$0.71	\$3.85	\$4.13	\$0.00	\$0.88	\$0.26
OTH MED - HOSPICE	\$0.07		\$0.08	\$0.00	\$0.00	\$0.11	\$11.11	\$1.70	\$11.46			\$0.01	\$0.88
OTH MED - MATERNITY MGT	\$4.33	\$25.61	\$0.04	\$0.06	\$0.51	\$0.12	\$2.07	\$0.00		\$0.41	\$0.00	\$0.40	\$0.08
OTH MED - SUPPLIES	\$1.39	\$2.12	\$0.65	\$0.16	\$0.32	\$14.22	\$19.93	\$12.61	\$7.60	\$1.79	\$0.00	\$1.39	\$3.55
PHYS CONSULTATION, IP & ER VISITS	\$4.88	\$2.33	\$38.58	\$1.67	\$1.29	\$0.95	\$19.88	\$0.56	\$14.45	\$2.72	\$0.44	\$4.04	\$8.43
PHYS HOME OR LONG-TERM CARE VISITS	\$0.04	\$0.12	\$1.59	\$0.02	\$0.00	\$1.20	\$1.28	\$1.37	\$2.36	\$0.02	\$0.00	\$0.00	\$0.02
PHYS MATERNITY	\$13.57	\$110.03	\$0.07	\$0.00	\$0.74	\$0.07	\$0.58	\$0.00	\$0.01	\$0.22	\$21.27	\$0.85	\$0.20
PHYS NEWBORN	\$0.08	\$0.12	\$12.60	\$0.03	\$0.03	\$0.05	\$0.68	\$0.00	\$0.10	\$0.19	\$0.00	\$0.04	\$0.25
PHYS OFFICE VISITS	\$37.07	\$16.76	\$42.08	\$15.32	\$14.01	\$9.23	\$35.16	\$3.45	\$27.56	\$23.86	\$0.03	\$26.30	\$52.32
PHYS OTHER	\$7.79	\$4.28	\$6.00	\$1.24	\$2.16	\$8.91	\$31.43	\$6.94	\$34.08	\$35.09	\$0.02	\$4.52	\$14.59

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 5-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Payment Per Member Per Month**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$3.83	\$1.06	\$0.16	\$5.44	\$5.54	\$2.87	\$13.48	\$2.25	\$2.05	\$8.67	\$0.01	\$2.06	\$6.10
PRES DRUGS - BASIC	\$39.11	\$12.64	\$10.55	\$6.00	\$9.07	\$13.45	\$207.76	\$6.93	\$131.97	\$35.94	\$0.00	\$61.03	\$141.65
PRES DRUGS - FP	\$2.80	\$2.01	\$0.00	\$0.00	\$0.73	\$0.01	\$1.02	\$0.00	\$0.03	\$0.68		\$3.90	\$1.70
PRES DRUGS - MH/CD	\$23.43	\$4.42	\$0.00	\$0.24	\$4.23	\$3.04	\$127.82	\$0.93	\$30.99	\$29.36	\$0.00	\$26.63	\$60.04
SCHOOL-BASED HEALTH SERVICES			\$0.08	\$0.18	\$0.06	\$0.11	\$8.65	\$0.00		\$1.09			
STERILIZATION - ANESTHESIA FEMALE	\$0.19	\$0.53				\$0.02	\$0.01				\$0.00	\$0.10	\$0.01
STERILIZATION - ANESTHESIA MALE							\$0.00						
STERILIZATION - IP HOSP FEMALE	\$1.96	\$10.00			\$0.00		\$0.10				\$0.55	\$0.05	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$0.11	\$0.25				\$0.00	\$0.01					\$0.05	\$0.01
STERILIZATION - OP HOSP MALE	\$0.00					\$0.00							
STERILIZATION - PHY FEMALE	\$0.22	\$0.64			\$0.00	\$0.02	\$0.01	\$0.00			\$0.00	\$0.07	\$0.03
STERILIZATION - PHY MALE	\$0.03					\$0.01	\$0.00	\$0.00				\$0.05	
SURGERY	\$6.43	\$2.67	\$4.58	\$1.31	\$1.60	\$1.28	\$17.47	\$0.84	\$13.55	\$1.46	\$0.54	\$5.42	\$10.74
TARGETED CASE MAN - BABIES FIRST			\$21.01	\$2.97	\$0.00	\$0.00	\$0.86			\$0.27			
TARGETED CASE MAN - HIV	\$0.00				\$0.00	\$0.01	\$0.02	\$0.00				\$0.00	\$0.01
TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.06	\$0.35	\$0.00		\$0.00	\$0.00	\$0.01	\$0.00		\$0.00		\$0.03	\$0.01
THERAPEUTIC ABORTION - IP HOSP	\$0.02	\$0.19			\$0.00		\$0.01				\$0.02	\$0.04	\$0.01
THERAPEUTIC ABORTION - OP HOSP	\$0.62	\$2.33			\$0.04	\$0.01	\$0.03			\$0.02	\$0.02	\$0.17	\$0.06
THERAPEUTIC ABORTION - PHYS	\$1.22	\$5.21	\$0.00	\$0.00	\$0.09	\$0.01	\$0.05	\$0.00		\$0.04	\$0.01	\$0.38	\$0.17
TRANSPORTATION - AMBULANCE	\$3.06	\$3.84	\$5.49	\$0.82	\$0.86	\$0.89	\$12.35	\$0.66	\$7.69	\$1.31	\$0.76	\$1.57	\$5.15
TRANSPORTATION - OTHER	\$6.02	\$2.21	\$0.72	\$0.37	\$0.90	\$42.91	\$27.99	\$19.47	\$14.29	\$3.22			
VISION CARE - EXAMS & THERAPY	\$1.14	\$0.76	\$0.20	\$0.37	\$1.03	\$0.62	\$1.40	\$0.33	\$1.41	\$0.95	\$0.00	\$0.35	\$0.70
VISION CARE - MATERIALS & FITTING	\$0.69	\$0.48	\$0.02	\$0.12	\$0.60	\$0.70	\$0.81	\$0.26	\$0.53	\$0.53		\$0.01	\$0.00
PART A DEDUCTIBLE													
PART B DEDUCTIBLE													
PART B COINSURANCE ADJUSTMENT													
<b>Total</b>	<b>\$359.89</b>	<b>\$612.40</b>	<b>\$811.32</b>	<b>\$74.45</b>	<b>\$83.65</b>	<b>\$138.26</b>	<b>\$1,117.25</b>	<b>\$83.50</b>	<b>\$689.41</b>	<b>\$214.31</b>	<b>\$119.46</b>	<b>\$251.04</b>	<b>\$516.23</b>
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$0.79	\$0.17			\$0.01	\$0.78	\$1.16	\$0.03	\$0.09	\$0.00		\$0.77	\$2.72
CD SERVICES - OP	\$0.42	\$0.23		\$0.00	\$0.16	\$0.08	\$0.16	\$0.00	\$0.01	\$0.52		\$0.15	\$0.43
<b>Total</b>	<b>\$1.21</b>	<b>\$0.40</b>		<b>\$0.00</b>	<b>\$0.16</b>	<b>\$0.85</b>	<b>\$1.32</b>	<b>\$0.03</b>	<b>\$0.10</b>	<b>\$0.52</b>		<b>\$0.92</b>	<b>\$3.14</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 5-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Payment Per Member Per Month**

**Unadjusted**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	\$0.10	\$0.05		\$0.07	\$0.02	\$0.10	\$0.11	\$0.01	\$0.06	\$0.08		\$0.05	\$0.06
DENTAL - ANESTHESIA SURGICAL	\$0.01	\$0.00		\$0.02	\$0.01	\$0.01	\$0.02	\$0.00		\$0.08			\$0.00
DENTAL - DIAGNOSTIC	\$0.31	\$0.15	\$0.01	\$0.25	\$0.32	\$0.25	\$0.31	\$0.02	\$0.06	\$0.61		\$0.09	\$0.07
DENTAL - ENDODONTICS	\$0.07	\$0.04		\$0.07	\$0.04	\$0.05	\$0.06	\$0.00		\$0.16			\$0.00
DENTAL - I/P FIXED							\$0.00						
DENTAL - ORAL SURGERY	\$0.16	\$0.07		\$0.11	\$0.15	\$0.18	\$0.34	\$0.02	\$0.14	\$0.27		\$0.19	\$0.15
DENTAL - ORTHODONTICS							\$0.01						
DENTAL - PERIODONTICS	\$0.07	\$0.02			\$0.00	\$0.06	\$0.04	\$0.00	\$0.07	\$0.00		\$0.00	\$0.00
DENTAL - PREVENTIVE	\$0.16	\$0.14	\$0.00	\$0.33	\$0.63	\$0.16	\$0.23	\$0.01	\$0.01	\$0.79		\$0.00	\$0.00
DENTAL - PROS REMOVABLE	\$0.06	\$0.03			\$0.00	\$0.15	\$0.15	\$0.05	\$0.09			\$0.01	
DENTAL - RESTORATIVE	\$0.30	\$0.16		\$0.55	\$0.44	\$0.35	\$0.32	\$0.02	\$0.02	\$1.07		\$0.02	\$0.01
<b>Total</b>	<b>\$1.24</b>	<b>\$0.67</b>	<b>\$0.01</b>	<b>\$1.41</b>	<b>\$1.62</b>	<b>\$1.30</b>	<b>\$1.59</b>	<b>\$0.12</b>	<b>\$0.45</b>	<b>\$3.06</b>		<b>\$0.36</b>	<b>\$0.31</b>
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	\$4.01	\$3.41	\$0.58	\$0.05	\$1.36	\$0.31	\$22.05	\$0.12	\$20.07	\$7.55	\$0.06	\$1.17	\$10.56
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	\$0.00			\$0.00	\$0.00	\$0.00	\$0.03			\$0.00		\$0.00	\$0.01
MH SERVICES ASSESS & EVAL	\$0.39	\$0.09	\$0.00	\$0.08	\$0.31	\$1.55	\$1.38	\$0.02	\$0.10	\$2.26		\$0.23	\$0.51
MH SERVICES CASE MANAGEMENT	\$0.47	\$0.09	\$0.00	\$0.07	\$0.54	\$6.33	\$6.46	\$0.07	\$0.11	\$6.09		\$0.43	\$2.29
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	\$0.03	\$0.00		\$0.00	\$0.01	\$17.11	\$7.84	\$0.03	\$1.09	\$0.05		\$0.02	\$0.21
MH SERVICES OP THERAPY	\$1.08	\$0.20		\$0.12	\$0.61	\$55.89	\$20.01	\$0.36	\$3.47	\$3.62		\$0.94	\$2.89
MH SERVICES OTHER OP				\$0.09	\$0.07	\$0.10	\$0.27	\$0.01		\$0.94			\$0.06
MH SERVICES PEO													
MH SERVICES PHYS IP	\$0.47	\$0.11		\$0.06	\$0.38	\$5.17	\$4.73	\$0.22	\$0.78	\$3.02	\$0.00	\$0.60	\$2.15
MH SERVICES PHYS OP	\$1.51	\$0.34	\$0.01	\$0.61	\$2.12	\$9.05	\$9.77	\$0.28	\$1.54	\$12.86	\$0.00	\$1.42	\$3.99
MH SERVICES SUPPORT DAY PROGRAM	\$0.12	\$0.01	\$0.00	\$0.09	\$0.29	\$64.71	\$34.05	\$0.73	\$2.62	\$1.79		\$0.17	\$1.94
<b>Total</b>	<b>\$8.08</b>	<b>\$4.26</b>	<b>\$0.60</b>	<b>\$1.17</b>	<b>\$5.70</b>	<b>\$160.22</b>	<b>\$106.58</b>	<b>\$1.84</b>	<b>\$29.78</b>	<b>\$38.17</b>	<b>\$0.06</b>	<b>\$4.98</b>	<b>\$24.60</b>
<b>TOTAL ALL</b>	<b>\$370.42</b>	<b>\$617.72</b>	<b>\$811.93</b>	<b>\$77.04</b>	<b>\$91.12</b>	<b>\$300.63</b>	<b>\$1,226.74</b>	<b>\$85.48</b>	<b>\$719.74</b>	<b>\$256.06</b>	<b>\$119.52</b>	<b>\$257.29</b>	<b>\$544.28</b>

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 6-A

## Per Capita Cost Development for Calendar Years 2010-2011

### Adjustments to Convert Reported Billed Charges to Estimated Managed Care Costs

CATEGORY OF SERVICE	COST-TO-CHARGE RATIO
<b>PHYSICAL HEALTH</b>	
ADMINISTRATIVE EXAMS	N/A
ANESTHESIA	0.356
EXCEPT NEEDS CARE COORDINATION	N/A
FP - IP HOSP	0.554
FP - OP HOSP	0.439
FP - PHYS	0.423
HYSTERECTOMY - ANESTHESIA	0.356
HYSTERECTOMY - IP HOSP	0.569
HYSTERECTOMY - OP HOSP	0.416
HYSTERECTOMY - PHYS	0.380
IP HOSP - ACUTE DETOX	0.573
IP HOSP - MATERNITY	0.576
IP HOSP - MATERNITY / STERILIZATION	0.548
IP HOSP - MEDICAL/SURGICAL	0.551
IP HOSP - NEWBORN	0.552
IP HOSP - POST HOSP EXTENDED CARE	0.775
LAB & RAD - DIAGNOSTIC X-RAY	0.379
LAB & RAD - LAB	0.466
LAB & RAD - THERAPEUTIC X-RAY	0.324
OP ER - SOMATIC MH	0.392
OP HOSP - BASIC	0.420
OP HOSP - EMERGENCY ROOM	0.396
OP HOSP - LAB & RAD	0.405
OP HOSP - MATERNITY	0.411
OP HOSP - POST HOSP EXTENDED CARE	0.403
OP HOSP - PRES DRUGS BASIC	0.420
OP HOSP - PRES DRUGS MH/CD	0.395
OP HOSP - SOMATIC MH	0.406
OTH MED - DME	0.628
OTH MED - HHC/PDN	0.421
OTH MED - HOSPICE	0.373
OTH MED - MATERNITY MGT	N/A
OTH MED - SUPPLIES	0.715
PHYS CONSULTATION, IP & ER VISITS	0.452
PHYS HOME OR LONG-TERM CARE VISITS	0.640
PHYS MATERNITY	0.710
PHYS NEWBORN	0.585
PHYS OFFICE VISITS	0.585
PHYS OTHER	0.471
PHYS SOMATIC MH	0.576
PRES DRUGS - BASIC	0.658
PRES DRUGS - FP	0.658
PRES DRUGS - MH/CD	N/A
SCHOOL-BASED HEALTH SERVICES	N/A
STERILIZATION - ANESTHESIA FEMALE	0.356
STERILIZATION - ANESTHESIA MALE	0.356
STERILIZATION - IP HOSP FEMALE	0.550
STERILIZATION - IP HOSP MALE	0.554
STERILIZATION - OP HOSP FEMALE	0.414
STERILIZATION - OP HOSP MALE	0.411

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 6-A**

**Per Capita Cost Development for Calendar Years 2010-2011**

**Adjustments to Convert Reported Billed Charges to Estimated Managed Care Costs**

CATEGORY OF SERVICE	COST-TO-CHARGE RATIO
STERILIZATION - PHY FEMALE	0.379
STERILIZATION - PHY MALE	0.548
SURGERY	0.356
TARGETED CASE MAN - BABIES FIRST	N/A
TARGETED CASE MAN - HIV	N/A
TARGETED CASE MAN - SUBS ABUSE MOMS	N/A
THERAPEUTIC ABORTION - IP HOSP	N/A
THERAPEUTIC ABORTION - OP HOSP	N/A
THERAPEUTIC ABORTION - PHYS	N/A
TRANSPORTATION - AMBULANCE	0.531
TRANSPORTATION - OTHER	N/A
VISION CARE - EXAMS & THERAPY	0.787
VISION CARE - MATERIALS & FITTING	0.893
<b>CHEMICAL DEPENDENCY</b>	
CD SERVICES - ALTERNATIVE TO DETOX	1.000
CD SERVICES - METHADONE	1.000
CD SERVICES - OP	1.000
<b>DENTAL</b>	
DENTAL - ADJUNCTIVE GENERAL	0.855
DENTAL - ANESTHESIA SURGICAL	0.997
DENTAL - DIAGNOSTIC	0.878
DENTAL - ENDODONTICS	0.885
DENTAL - I/P FIXED	1.000
DENTAL - ORAL SURGERY	0.910
DENTAL - ORTHODONTICS	0.998
DENTAL - PERIODONTICS	0.891
DENTAL - PREVENTIVE	0.859
DENTAL - PROS REMOVABLE	0.911
DENTAL - RESTORATIVE	0.960
<b>MENTAL HEALTH</b>	
MH SERVICES ACUTE INPATIENT	0.535
MH SERVICES ALTERNATIVE TO IP	1.000
MH SERVICES ANCILLARY SERVICES	1.000
MH SERVICES ASSESS & EVAL	1.000
MH SERVICES CASE MANAGEMENT	1.000
MH SERVICES CONS ASSESS	1.000
MH SERVICES CONSULTATION	1.000
MH SERVICES EVIDENCE BASED PRACTICE	N/A
MH SERVICES FAMILY SUPPORT	1.000
MH SERVICES INTENSIVE TREATMENT SVCS	1.000
MH SERVICES MED MANAGEMENT	1.000
MH SERVICES OP THERAPY	1.000
MH SERVICES OTHER OP	1.000
MH SERVICES PEO	1.000
MH SERVICES PHYS IP	1.000
MH SERVICES PHYS OP	1.000
MH SERVICES SUPPORT DAY PROGRAM	1.000

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Assumed Average Managed Care Organization Liability for Dual Eligibles**

**EXHIBIT 6-B**

**Assumes all Part B Costs Valued at Medicare Allowable**

CATEGORY OF SERVICE	Part A, B, Not Covered (NC)	Approximate Managed Care Liability
<b>PHYSICAL HEALTH</b>		
ADMINISTRATIVE EXAMS	NC	N/A
ANESTHESIA	B	20%
EXCEPT NEEDS CARE COORDINATION	NC	100%
FP - IP HOSP	A	0%
FP - OP HOSP	B	20%
FP - PHYS	B	20%
HYSTERECTOMY - ANESTHESIA	B	20%
HYSTERECTOMY - IP HOSP	A	0%
HYSTERECTOMY - OP HOSP	B	20%
HYSTERECTOMY - PHYS	B	20%
IP HOSP - ACUTE DETOX	A	0%
IP HOSP - MATERNITY	A	0%
IP HOSP - MATERNITY / STERILIZATION	A	0%
IP HOSP - MEDICAL/SURGICAL	A	0%
IP HOSP - NEWBORN	A	0%
IP HOSP - POST HOSP EXTENDED CARE	A	0%
LAB & RAD - DIAGNOSTIC X-RAY	B	20%
LAB & RAD - LAB	B	0%
LAB & RAD - THERAPEUTIC X-RAY	B	20%
OP ER - SOMATIC MH	B	20%
OP HOSP - BASIC	B	20%
OP HOSP - EMERGENCY ROOM	B	20%
OP HOSP - LAB & RAD	B	20%
OP HOSP - MATERNITY	B	20%
OP HOSP - POST HOSP EXTENDED CARE	B	20%
OP HOSP - PRES DRUGS BASIC	NC	100%
OP HOSP - PRES DRUGS MH/CD	NC	N/A
OP HOSP - SOMATIC MH	B	20%
OTH MED - DME	B	20%
OTH MED - HHC/PDN	A	0%
OTH MED - HOSPICE	A	0%
OTH MED - MATERNITY MGT	B	20%
OTH MED - SUPPLIES	NC	100%
PHYS CONSULTATION, IP & ER VISITS	B	20%
PHYS HOME OR LONG-TERM CARE VISITS	B	20%
PHYS MATERNITY	B	20%
PHYS NEWBORN	B	20%
PHYS OFFICE VISITS	B	20%
PHYS OTHER	B	20%
PHYS SOMATIC MH	B	20%
PRES DRUGS - BASIC	NC	100%
PRES DRUGS - FP	NC	100%
PRES DRUGS - MH/CD	NC	N/A
SCHOOL-BASED HEALTH SERVICES	NC	N/A
STERILIZATION - ANESTHESIA FEMALE	B	20%
STERILIZATION - ANESTHESIA MALE	B	20%
STERILIZATION - IP HOSP FEMALE	A	0%
STERILIZATION - IP HOSP MALE	A	0%
STERILIZATION - OP HOSP FEMALE	B	20%
STERILIZATION - OP HOSP MALE	B	20%

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Assumed Average Managed Care Organization Liability for Dual Eligibles**

**EXHIBIT 6-B**

**Assumes all Part B Costs Valued at Medicare Allowable**

CATEGORY OF SERVICE	Part A, B, Not Covered (NC)	Approximate Managed Care Liability
STERILIZATION - PHY FEMALE	B	20%
STERILIZATION - PHY MALE	B	20%
SURGERY	B	20%
TARGETED CASE MAN - BABIES FIRST	NC	N/A
TARGETED CASE MAN - HIV	NC	N/A
TARGETED CASE MAN - SUBS ABUSE MOMS	NC	N/A
THERAPEUTIC ABORTION - IP HOSP	NC	N/A
THERAPEUTIC ABORTION - OP HOSP	NC	N/A
THERAPEUTIC ABORTION - PHYS	NC	N/A
TRANSPORTATION - AMBULANCE	B	20%
TRANSPORTATION - OTHER	NC	N/A
VISION CARE - EXAMS & THERAPY	NC	100%
VISION CARE - MATERIALS & FITTING	NC	100%
<b>CHEMICAL DEPENDENCY</b>		
CD SERVICES - ALTERNATIVE TO DETOX	B	100%
CD SERVICES - METHADONE	B	100%
CD SERVICES - OP	B	50%
<b>DENTAL</b>		
DENTAL - ADJUNCTIVE GENERAL	NC	100%
DENTAL - ANESTHESIA SURGICAL	NC	100%
DENTAL - DIAGNOSTIC	NC	100%
DENTAL - ENDODONTICS	NC	100%
DENTAL - I/P FIXED	NC	100%
DENTAL - ORAL SURGERY	NC	100%
DENTAL - ORTHODONTICS	NC	100%
DENTAL - PERIODONTICS	NC	100%
DENTAL - PREVENTIVE	NC	100%
DENTAL - PROS REMOVABLE	NC	100%
DENTAL - RESTORATIVE	NC	100%
<b>MENTAL HEALTH</b>		
MH SERVICES ACUTE INPATIENT	A	0%
MH SERVICES ALTERNATIVE TO IP	B	100%
MH SERVICES ANCILLARY SERVICES	B	100%
MH SERVICES ASSESS & EVAL	B	80%
MH SERVICES CASE MANAGEMENT	B	100%
MH SERVICES CONS ASSESS	NC	100%
MH SERVICES CONSULTATION	B	80%
MH SERVICES EVIDENCE BASED PRACTICE	NC	100%
MH SERVICES FAMILY SUPPORT	B	100%
MH SERVICES INTENSIVE TREATMENT SVCS	B	100%
MH SERVICES MED MANAGEMENT	B	80%
MH SERVICES OP THERAPY	B	80%
MH SERVICES OTHER OP	B	100%
MH SERVICES PEO	NC	100%
MH SERVICES PHYS IP	B	80%
MH SERVICES PHYS OP	B	80%
MH SERVICES SUPPORT DAY PROGRAM	B	100%

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustments for Incurred But Not Reported (IBNR) Claims**

**EXHIBIT 6-C**

<b>MANAGED CARE IBNR ADJUSTMENTS</b>			
<b>Service Category</b>	<b>DUAL-MED</b>	<b>OHP STANDARD</b>	<b>ALL OTHER</b>
Inpatient Hospital	1.012	1.006	1.005
Outpatient Hospital	1.014	1.003	1.003
Physician & Other	1.012	1.003	1.004
Prescription Drug	1.000	1.000	1.000
Dental	1.014	1.016	1.016
Mental Health	1.015	1.004	1.003

<b>FEE-FOR-SERVICE IBNR ADJUSTMENTS</b>			
<b>Service Category</b>	<b>DUAL-MED</b>	<b>OHP STANDARD</b>	<b>ALL OTHER</b>
Inpatient Hospital	1.081	1.004	1.021
Outpatient Hospital	1.056	1.011	1.015
Physician & Other	1.012	1.016	1.026
Prescription Drug	1.002	1.000	1.000
Dental	1.054	1.013	1.025
Mental Health	1.036	1.014	1.042

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustment for Changes in DRG Hospital Payment Rates - Fee-for-Service**

**EXHIBIT 6-D**

Service Category	Eligibility Category		
	OHP PLUS [NON DUALS]	DUAL-MED	OHP STANDARD
Inpatient Hospital	1.008	1.000	1.008
Mental Health (Inpatient only)	1.008	1.000	1.008

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustment for Sunset of Hospital Provider Tax - Fee-for-Service**

**EXHIBIT 6-E**

Service Category	Eligibility Category	
	CHILD	ADULT
Inpatient Hospital	0.700	0.790
Outpatient Hospital	0.864	0.864
Mental Health (Inpatient only)	0.691	0.691

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustment for Mental Health Intensive Treatment Services**

**EXHIBIT 6-F**

MH-ITS Treatment Setting	(1) Unadjusted Monthly User Cost <sup>1</sup>	(2) Cost Trend Adjustment <sup>2</sup>	(3) Projected Monthly Cost per User
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(3) = (1) x (2)

Community Based Treatment	\$1,038	1.108	\$1,149
Day Treatment	\$3,566	1.108	\$3,950
Residential Treatment	\$7,816	1.108	\$8,657

ABAD	CHILD 01-05	CHILD 06-18	SCF	Total
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**(4) Historical Average Monthly ITS Users for the Period March 2007 through June 2007**

Community Based Treatment	159.3	15.6	259.5	310.7	<b>745.2</b>
Day Treatment	37.4	8.3	75.1	99.4	<b>220.1</b>
Residential Treatment	17.4	0.0	12.3	61.8	<b>91.5</b>
<b>Total</b>	<b>214.1</b>	<b>23.8</b>	<b>346.9</b>	<b>471.9</b>	<b>1,056.8</b>

**(5) Projected Average Monthly ITS Users<sup>3</sup>**

Community Based Treatment	159.3	15.6	259.5	310.7	<b>745.2</b>
Day Treatment	37.4	8.3	75.1	99.4	<b>220.1</b>
Residential Treatment	17.4	0.0	12.3	61.8	<b>91.5</b>
<b>Total</b>	<b>214.1</b>	<b>23.8</b>	<b>346.9</b>	<b>471.9</b>	<b>1,056.8</b>

**(6) Projected Costs and Calculation of Adjustments**

(a) Projected 2010-2011 MH-ITS Costs	\$11,557,241	\$1,211,720	\$16,824,940	\$30,832,823	<b>\$60,426,724</b>	(a) = sumproduct[(3) x (5)] x 24months
(b) Historical MH-ITS Costs July 2005-June 2007	\$8,578,695	\$825,240	\$11,237,383	\$24,796,828	<b>\$45,438,146</b>	Reported from encounter data
(c) Projected MH-ITS Costs in Excess of Historical Costs	\$2,978,547	\$386,480	\$5,587,557	\$6,035,995	<b>\$14,988,578</b>	(c) = (a) - (b)
(d) Total Historical Costs Reported in MH-ITS Bucket	\$4,353,006	\$51,847	\$2,390,341	\$16,390,556	<b>\$23,185,749</b>	Reported from encounter data

**(7) Adjustment Applied to MH-ITS Bucket<sup>4</sup>**

<b>1.684</b>	<b>8.454</b>	<b>3.338</b>	<b>1.368</b>	<b>1.646</b>	(7) = 1 + (c) / (d)
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<sup>1</sup> Unadjusted Monthly User Cost is based on 100% of billed charges over the period March 2007 through June 2007.

<sup>2</sup> As directed by DHS staff, the cost trend adjustment is based on the following FFS COLAs: 3.6% effective January 1, 2008, 3.5% effective January 1, 2009, 2.2% effective January 1, 2010, and 2.15% effective January 1, 2011.

<sup>3</sup> Projected Average Monthly Users assumed to equal historical user counts for the March 2007 through June 2007 period. This period was chosen because the number of users appeared to plateau during this period after several months of steep increases.

<sup>4</sup> Though MH-ITS related services occur in many buckets, for simplicity the adjustment is only applied to the MH-ITS bucket.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustment for Mental Health Certificate of Need Assessment (CONS)**

**EXHIBIT 6-G**

<b>Eligibility Category</b>	<b>Applied to Managed Care</b>
	<b>PMPM ADJUSTMENT TO "MH SERVICES CONS ASSESS" SERVICE CATEGORY</b>
PLM, TANF, and CHIP Children 1 - 5	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.03
Aid to the Blind/Aid to the Disabled without Medicare	\$0.06
SCF Children	\$0.27

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustment for Mental Health Evidence Based Practices**

**EXHIBIT 6-H**

Eligibility Category	Applied to Fee-for-Service Wrap-around
	PMPM ADJUSTMENT TO "MH SERVICES EVIDENCE BASED PRACTICE" SERVICE CATEGORY
Aid to the Blind/Aid to the Disabled with Medicare	\$2.40
Aid to the Blind/Aid to the Disabled without Medicare	\$2.40

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustment for Mental Health Long Term Care Case Management - Managed Care**

**EXHIBIT 6-I**

Service Category	All Eligibility Categories
MH SERVICES CASE MANAGEMENT	1.019

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustment for Nutritional Counseling Services for Morbid Obesity**

**EXHIBIT 6-J**

<b>Eligibility Category</b>	<b>Applied to Managed Care and Fee-for-Service</b>
	<b>PMPM ADJUSTMENT TO "PHYS OTHER" SERVICE CATEGORY</b>
Temporary Assistance to Needy Families (Adults Only)	\$0.28
Poverty Level Medical Adults	\$0.28
PLM, TANF, and CHIP Children < 1	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.14
Aid to the Blind/Aid to the Disabled with Medicare	\$0.28
Aid to the Blind/Aid to the Disabled without Medicare	\$0.28
Old Age Assistance with Medicare	\$0.28
Old Age Assistance without Medicare	\$0.28
SCF Children	\$0.14
OHP Families	\$0.28
OHP Adults & Couples	\$0.28

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustment For Bariatric Surgery Coverage**

**EXHIBIT 6-K**

Eligibility Category	Managed Care PMPM Adjustment	
	IP HOSP - MEDICAL/SURGICAL	PHYS OTHER
Temporary Assistance to Needy Families (Adults Only)	\$0.14	\$0.01
Poverty Level Medical Adults	\$0.04	\$0.00
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.00	\$0.00
Aid to the Blind/Aid to the Disabled with Medicare	\$0.05	\$0.01
Aid to the Blind/Aid to the Disabled without Medicare	\$0.50	\$0.05
Old Age Assistance with Medicare	\$0.02	\$0.00
Old Age Assistance without Medicare	\$0.21	\$0.02
SCF Children	\$0.00	\$0.00
OHP Families	Ineligible for bariatric surgery	Ineligible for bariatric surgery
OHP Adults & Couples	Ineligible for bariatric surgery	Ineligible for bariatric surgery

Eligibility Category	Fee-for-Service PMPM Adjustment	
	IP HOSP - MEDICAL/SURGICAL	PHYS OTHER
Temporary Assistance to Needy Families (Adults Only)	\$0.16	\$0.01
Poverty Level Medical Adults	\$0.06	\$0.00
PLM, TANF, and CHIP Children < 1	\$0.00	\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$0.00	\$0.00
Aid to the Blind/Aid to the Disabled with Medicare	\$0.06	\$0.01
Aid to the Blind/Aid to the Disabled without Medicare	\$0.55	\$0.04
Old Age Assistance with Medicare	\$0.04	\$0.01
Old Age Assistance without Medicare	\$0.10	\$0.01
SCF Children	\$0.00	\$0.00
CAWEM (Citizen-Alien Waived Emergency Medical)	Ineligible for bariatric surgery	Ineligible for bariatric surgery
OHP Families	Ineligible for bariatric surgery	Ineligible for bariatric surgery
OHP Adults & Couples	Ineligible for bariatric surgery	Ineligible for bariatric surgery

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustments for Dental Benefit Change for Children**

**EXHIBIT 6-L**

Delivery System	Applied to All Dental Service Categories	
	Managed Care	Fee-for-Service
PLM, TANF, and CHIP Children 1 - 5	1.009	1.021
PLM, TANF, and CHIP Children 6 - 18	1.024	1.027
SCF Children	1.027	1.025

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost Development for Calendar Years 2010-2011**  
**Adjustments for Non-COLA Fee Schedule Changes for Durable Medical Equipment**  
**and J-Codes - Fee-for-Service**

**EXHIBIT 6-M**

Service Category	All Eligibility Categories
FP - OP HOSP	0.957
OP HOSP - BASIC	0.963
OP HOSP - PRES DRUGS BASIC	0.973
OTH MED - DME	0.989
OTH MED - SUPPLIES	0.985
PHYS OTHER	0.905

Note: Changes in reimbursement for certain durable medical equipment and J-codes were implemented via changes to the Fee-for-Service fee schedule rather than cost of living adjustments (COLAs). The affected HCPCS codes are within service categories also affected by the COLAs. The adjustments in the table above, combined with the COLA adjustments, produce adjustments reflecting the net impact of the fee schedule changes and the COLAs to the relevant service categories

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Managed Care Data to Calendar Years 2010-2011**

**EXHIBIT 7-A**

**TANF RELATED ADULTS<sup>1</sup>**

**Data Period Trend:** From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	14.9%	3.8%	19.3%
Outpatient Hospital	7.2%	3.8%	11.3%
Physician & Other	9.5%	0.0%	9.5%
Prescription Drug	10.1%	0.0%	10.1%
Chemical Dependency	9.5%	1.9%	11.6%
Dental	8.8%	1.9%	10.9%
Mental Health	18.5%	1.9%	20.8%

**Projection Period Trend:** From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	3.0%	3.1%	6.2%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	3.0%	2.6%	5.7%
Chemical Dependency	3.0%	1.7%	4.7%
Dental	2.0%	1.7%	3.7%
Mental Health	3.0%	1.7%	4.7%

<sup>1</sup> These factors apply to the TANF and PLM Adults eligibility categories

<sup>2</sup> For PLM Adults, a data period utilization trend of 0.0% was applied to IP-Maternity and IP-Maternity/Sterilization.

**CHILDREN<sup>3</sup>**

**Data Period Trend:** From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.3%	3.8%	6.2%
Outpatient Hospital	-3.1%	3.8%	0.6%
Physician & Other	6.5%	0.0%	6.5%
Prescription Drug	2.4%	0.0%	2.4%
Chemical Dependency	6.5%	1.9%	8.5%
Dental	15.1%	1.9%	17.3%
Mental Health	19.7%	1.9%	22.0%

**Projection Period Trend:** From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	3.1%	5.2%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	3.0%	2.6%	5.7%
Chemical Dependency	4.0%	1.7%	5.8%
Dental	3.0%	1.7%	4.7%
Mental Health	3.0%	1.7%	4.7%

<sup>3</sup> These factors apply to the CHILDREN and SCF eligibility categories

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Managed Care Data to Calendar Years 2010-2011**

**EXHIBIT 7-A**

**DISABLED RELATED<sup>4</sup>**

**Data Period Trend:** From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	1.5%	3.8%	5.4%
Outpatient Hospital	3.8%	3.8%	7.7%
Physician & Other	0.9%	0.0%	0.9%
Prescription Drug	2.3%	0.0%	2.3%
Chemical Dependency	0.9%	1.9%	2.8%
Dental	3.3%	1.9%	5.3%
Mental Health	12.2%	1.9%	14.3%

**Projection Period Trend:** From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	3.1%	5.2%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	3.0%	2.6%	5.7%
Chemical Dependency	3.0%	1.7%	4.7%
Dental	2.0%	1.7%	3.7%
Mental Health	3.0%	1.7%	4.7%

<sup>4</sup> These factors apply to the AB/AD without Medicare and OAA without Medicare eligibility categories

**DISABLED RELATED - DUAL MEDICAID/MEDICARE<sup>5</sup>**

**Data Period Trend:** From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	0.0%	0.0%	0.0%
Outpatient Hospital	4.1%	3.8%	8.1%
Physician & Other	6.4%	0.0%	6.4%
Prescription Drug <sup>6</sup>	55.6%	0.0%	55.6%
Chemical Dependency	6.4%	1.9%	8.4%
Dental	3.5%	1.9%	5.5%
Mental Health	3.4%	1.9%	5.4%

**Projection Period Trend:** From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	0.0%	0.0%	0.0%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	0.0%	2.6%	2.6%
Chemical Dependency	3.0%	1.7%	4.7%
Dental	2.0%	1.7%	3.7%
Mental Health	2.0%	1.7%	3.7%

<sup>5</sup> These factors apply to the AB/AD with Medicare and OAA with Medicare eligibility categories.

<sup>6</sup> The data period for Dual Eligible prescription drugs is 7/1/2006 to 6/30/2007. Therefore, the data period trend is applied from 1/1/2007 to 6/30/2007.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Managed Care Data to Calendar Years 2010-2011**

**EXHIBIT 7-A**

**OHP STANDARD<sup>7</sup>**

**Data Period Trend:** From Midpoint of Data Period (7/1/2006) to End of Data Period (6/30/2007)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	-8.0%	3.8%	-4.5%
Outpatient Hospital	2.4%	3.8%	6.3%
Physician & Other	1.0%	0.0%	1.0%
Prescription Drug	2.1%	0.0%	2.1%
Chemical Dependency	1.0%	1.9%	2.9%
Dental	8.1%	1.9%	10.2%
Mental Health	3.7%	1.9%	5.7%

**Projection Period Trend:** From End of Data Period (6/30/2007) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	0.0%	3.1%	3.1%
Outpatient Hospital	4.0%	3.1%	7.2%
Physician & Other	4.0%	1.2%	5.2%
Prescription Drug	3.0%	2.6%	5.7%
Chemical Dependency	3.0%	1.7%	4.7%
Dental	2.0%	1.7%	3.7%
Mental Health	3.0%	1.7%	4.7%

<sup>7</sup> These factors apply to the OHP Families and OHP Adults and Couples eligibility categories.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Fee-for-Service Data to Calendar Years 2010-2011**

**EXHIBIT 7-B**

**TANF RELATED ADULTS<sup>1</sup>**

**Data Period Trend:** From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	7.6%	5.9%	13.9%
Outpatient Hospital	1.8%	5.0%	6.9%
Physician & Other	-0.1%	5.7%	5.6%
Prescription Drug	-1.2%	3.1%	1.9%
Chemical Dependency	-0.1%	5.7%	5.6%
Dental	2.1%	1.9%	4.0%
Mental Health	-14.8%	3.0%	-12.2%

**Projection Period Trend:** From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	3.0%	3.0%	6.0%
Outpatient Hospital	4.0%	2.5%	6.6%
Physician & Other	3.0%	2.7%	5.8%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	2.7%	5.8%
Dental	2.0%	2.7%	4.8%
Mental Health	3.0%	2.7%	5.8%

<sup>1</sup> These factors apply to the TANF and PLM Adults eligibility categories

**CHILDREN<sup>2</sup>**

**Data Period Trend:** From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	6.4%	0.7%	7.1%
Outpatient Hospital	1.7%	2.2%	3.9%
Physician & Other	-0.3%	3.5%	3.2%
Prescription Drug	1.4%	6.7%	8.2%
Chemical Dependency	-0.3%	3.5%	3.2%
Dental	-3.9%	7.4%	3.2%
Mental Health	-20.0%	4.7%	-16.2%

**Projection Period Trend:** From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	0.7%	2.7%
Outpatient Hospital	4.0%	2.2%	6.3%
Physician & Other	3.0%	2.7%	5.8%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	2.7%	5.8%
Dental	3.0%	2.7%	5.8%
Mental Health	3.0%	2.7%	5.8%

<sup>2</sup> These factors apply to the CHILD and SCF eligibility categories

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Fee-for-Service Data to Calendar Years 2010-2011**

**EXHIBIT 7-B**

**DISABLED RELATED<sup>3</sup>**

**Data Period Trend:** From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	4.6%	2.5%	7.2%
Outpatient Hospital	2.5%	0.4%	2.9%
Physician & Other	-1.2%	5.0%	3.7%
Prescription Drug	0.1%	6.8%	6.9%
Chemical Dependency	-1.2%	5.0%	3.7%
Dental	9.6%	5.7%	15.8%
Mental Health	-3.9%	-1.1%	-5.0%

**Projection Period Trend:** From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	2.5%	4.6%
Outpatient Hospital	2.0%	0.4%	2.4%
Physician & Other	3.0%	2.7%	5.8%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	2.7%	5.8%
Dental	2.0%	2.7%	4.8%
Mental Health	3.0%	2.7%	5.8%

<sup>3</sup> These factors apply to the AB/AD without Medicare and OAA without Medicare eligibility categories

**DISABLED RELATED - DUAL MEDICAID/MEDICARE<sup>4</sup>**

**Data Period Trend:** From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	18.1%	-20.6%	-6.2%
Outpatient Hospital	-23.4%	7.0%	-18.0%
Physician & Other	0.1%	0.1%	0.2%
Prescription Drug	-14.8%	5.3%	-10.3%
Chemical Dependency	0.1%	0.1%	0.2%
Dental	7.9%	-1.9%	5.8%
Mental Health	2.2%	-4.0%	-1.9%

**Projection Period Trend:** From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	3.0%	3.4%	6.5%
Outpatient Hospital	4.0%	3.5%	7.7%
Physician & Other	3.0%	0.1%	3.1%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	0.1%	3.1%
Dental	2.0%	2.7%	4.8%
Mental Health	0.0%	2.7%	2.7%

<sup>5</sup> These factors apply to the AB/AD with Medicare and OAA with Medicare eligibility categories.

<sup>6</sup> The data period for Dual Eligible prescription drugs is 1/1/2006 to 4/30/2008. Therefore, the data period trend is applied from 3/1/2007 to 3/30/2008.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Annual Trend Factors Used to Update Fee-for-Service Data to Calendar Years 2010-2011**

**EXHIBIT 7-B**

**OHP STANDARD<sup>6</sup>**

**Data Period Trend:** From Midpoint of Data Period (12/1/2006) to End of Data Period (4/30/2008)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	-6.4%	1.4%	-5.1%
Outpatient Hospital	11.6%	0.1%	11.7%
Physician & Other	3.8%	-3.1%	0.6%
Prescription Drug	6.8%	5.2%	12.4%
Chemical Dependency	3.8%	-3.1%	0.6%
Dental	0.0%	0.0%	0.0%
Mental Health	-21.7%	4.5%	-18.2%

**Projection Period Trend:** From End of Data Period (4/30/2008) to Midpoint of Projection Period (1/1/2011)

CATEGORY OF SERVICE	Utilization	Cost	Total
Inpatient Hospital	2.0%	1.4%	3.4%
Outpatient Hospital	4.0%	0.1%	4.1%
Physician & Other	3.0%	2.7%	5.8%
Prescription Drug	3.1%	3.7%	6.9%
Chemical Dependency	3.0%	2.7%	5.8%
Dental	2.0%	2.7%	4.8%
Mental Health	3.0%	2.7%	5.8%

<sup>6</sup> These factors apply to the OHP Families and OHP Adults and Couples eligibility categories.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 8-A**

**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**Managed Care Annualized Utilization Rates per 1,000 Members**

**With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>												
ADMINISTRATIVE EXAMS												
ANESTHESIA	197.5	1,127.6	70.8	83.5	45.6	192.9	195.7	213.3	180.7	77.1	76.7	116.4
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	6.2	16.2	0.0	0.0	0.9	1.7	2.6			3.0	5.6	1.4
FP - PHYS	185.7	474.1	0.1	0.0	27.6	33.1	44.3	0.0		31.2	129.8	30.4
HYSTERECTOMY - ANESTHESIA	3.3	0.7				0.9	0.8	0.6			3.0	0.9
HYSTERECTOMY - IP HOSP	6.2	0.8				1.8	2.0	0.8		0.1	2.1	1.7
HYSTERECTOMY - OP HOSP	0.1						0.1					
HYSTERECTOMY - PHYS	13.1	1.4			0.0	3.4	4.3	1.8		0.1	10.2	5.4
IP HOSP - ACUTE DETOX	2.2	0.4			0.2	2.2	3.8	1.2	1.7	0.2	0.9	5.5
IP HOSP - MATERNITY	127.4	1,230.2	0.3		5.8	3.2	8.8			2.6	2.1	0.5
IP HOSP - MATERNITY / STERILIZATION	6.6	37.1			0.0	0.1	0.3					0.1
IP HOSP - MEDICAL/SURGICAL	74.1	21.3	84.3	22.5	15.2	232.9	239.2	398.9	202.3	22.1	33.3	93.2
IP HOSP - NEWBORN	0.0	0.1	697.6	0.0		0.0	0.0			1.4		
IP HOSP - POST HOSP EXTENDED CARE	0.0				0.0			0.0				
LAB & RAD - DIAGNOSTIC X-RAY	3,026.6	5,319.6	1,333.2	448.3	676.0	4,360.4	4,506.9	5,322.3	6,075.7	663.4	2,388.8	3,812.7
LAB & RAD - LAB	5,183.7	15,693.6	1,080.3	855.3	1,113.7	4,013.2	5,395.0	3,717.8	5,411.4	1,486.1	4,074.6	5,383.0
LAB & RAD - THERAPEUTIC X-RAY	44.9	5.2	1.4	2.9	2.4	126.4	182.8	214.5	151.4	2.8	39.5	135.4
OP ER - SOMATIC MH	31.5	10.6	0.3	0.4	7.3	84.8	77.7	16.4	8.2	17.3	17.1	48.3
OP HOSP - BASIC	1,479.1	1,100.3	1,016.9	544.5	378.8	2,605.4	2,352.9	2,556.5	1,922.4	512.9	976.6	1,597.7
OP HOSP - EMERGENCY ROOM	1,257.1	519.7	957.2	598.3	378.0	1,081.3	1,162.4	694.2	388.5	321.0	637.5	942.3
OP HOSP - LAB & RAD	1,873.0	2,010.7	765.0	403.9	457.9	2,486.4	2,608.2	2,824.6	2,272.7	510.4	1,485.9	2,159.1
OP HOSP - MATERNITY	512.9	5,711.9	1.4	0.2	31.7	19.3	57.9	0.1		23.0	76.6	23.4
OP HOSP - POST HOSP EXTENDED CARE	0.7	1.2	1.5	0.1	0.1	10.7	14.6	18.4	18.2	0.1		0.4
OP HOSP - PRES DRUGS BASIC	897.9	1,120.8	382.2	315.0	200.4	808.2	918.4	599.3	478.6	190.2	460.2	679.2
OP HOSP - PRES DRUGS MH/CD	16.0	4.5	0.3	0.4	1.9	40.5	42.0	7.6	7.3	5.1	9.4	23.9
OP HOSP - SOMATIC MH	45.9	13.1	1.7	10.8	13.9	151.4	149.7	46.7	20.0	74.5	30.4	61.9
OTH MED - DME	206.9	99.2	202.8	79.2	50.0	2,109.2	1,447.9	2,788.5	1,067.2	114.4	130.7	331.8
OTH MED - HHC/PDN	40.5	34.2	38.1	14.3	7.8	248.8	331.5	236.6	225.8	50.8	11.2	23.0
OTH MED - HOSPICE	1.1	0.2	1.7	0.1	0.0	0.6	23.7	19.2	46.1	0.4	0.4	4.5
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	1,432.2	1,341.1	1,065.0	460.7	602.0	152,231.7	100,630.4	256,042.6	144,570.6	7,267.3	1,347.5	2,345.8
PHYS CONSULTATION, IP & ER VISITS	1,469.3	811.0	2,709.3	607.1	410.3	2,648.4	2,687.1	3,214.0	2,064.5	483.9	934.9	1,753.1
PHYS HOME OR LONG-TERM CARE VISITS	2.9	0.9	9.6	0.3	0.8	132.2	84.2	510.7	129.3	8.7	0.2	3.1
PHYS MATERNITY	620.7	6,758.5	5.8	0.4	36.7	27.2	68.4	0.4	0.9	16.8	71.2	19.4
PHYS NEWBORN	4.8	26.5	1,021.7	4.1	4.1	13.4	13.5	14.5	15.1	14.0	4.9	6.5
PHYS OFFICE VISITS	6,121.7	3,356.1	16,624.4	5,411.8	2,652.8	8,385.6	7,934.6	7,456.7	8,383.8	4,407.5	5,442.5	7,613.0
PHYS OTHER	908.6	788.4	6,936.8	1,537.2	515.2	2,662.9	2,167.3	2,909.4	1,884.6	1,456.3	813.9	1,375.4

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 8-A**

**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**Managed Care Annualized Utilization Rates per 1,000 Members**

**With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	649.5	177.2	15.3	105.0	251.6	1,577.3	1,244.1	724.3	332.1	823.6	436.5	776.4
PRES DRUGS - BASIC	16,022.2	12,030.0	3,928.6	3,232.7	3,112.4	5,158.9	40,076.0	5,203.2	35,337.0	6,137.0	15,674.7	33,125.7
PRES DRUGS - FP	628.9	697.7	0.2	0.2	132.3	0.6	208.6		3.5	172.9	675.8	299.2
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	15.3	76.2			0.0	0.8	1.4				3.9	0.7
STERILIZATION - ANESTHESIA MALE	0.0					0.0	0.0					
STERILIZATION - IP HOSP FEMALE	5.0	37.7			0.0	0.3	0.4				0.2	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	4.3	12.0			0.0	0.3	0.4				1.5	0.2
STERILIZATION - OP HOSP MALE	0.1					0.1	0.0				0.1	
STERILIZATION - PHY FEMALE	27.5	159.6			0.0	0.9	2.2				4.3	0.6
STERILIZATION - PHY MALE	1.7					0.4	0.2				1.9	0.1
SURGERY	1,377.0	2,777.4	883.4	282.6	319.8	2,160.3	2,154.2	2,294.5	1,924.6	430.2	1,194.3	1,908.5
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	167.9	217.9	118.5	42.2	38.4	705.7	553.0	953.3	350.7	52.0	96.8	276.8
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	401.6	382.0	60.8	130.7	387.4	594.9	541.1	791.7	755.5	464.8	86.4	186.0
VISION CARE - MATERIALS & FITTING	919.6	975.7	9.3	133.3	831.0	984.8	1,005.2	844.7	1,019.4	923.8	13.1	10.1
<b>CHEMICAL DEPENDENCY</b>												
CD SERVICES - ALTERNATIVE TO DETOX	2.7	1.4			0.0	3.7	4.2	0.2			0.8	10.1
CD SERVICES - METHADONE	943.5	312.9	0.1	0.0	3.1	793.6	906.7	62.5	59.2	5.2	483.3	3,732.8
CD SERVICES - OP	2,942.4	1,577.2	0.1	0.6	237.2	1,558.0	2,200.1	92.0	72.9	1,246.6	984.2	5,829.7

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 8-A**

**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**Managed Care Annualized Utilization Rates per 1,000 Members**

**With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>												
DENTAL - ADJUNCTIVE GENERAL	203.3	133.1	1.5	60.4	37.4	193.3	146.6	111.1	97.5	35.9	70.0	79.7
DENTAL - ANESTHESIA SURGICAL	50.0	27.3	0.4	148.3	107.0	44.6	46.9	6.5	4.6	115.5	10.1	8.4
DENTAL - DIAGNOSTIC	2,209.0	2,274.5	37.8	1,500.6	2,273.6	1,745.7	1,611.3	975.7	1,516.6	2,155.3	764.9	746.9
DENTAL - ENDODONTICS	110.8	110.5	0.4	138.7	87.8	51.5	54.8	18.0	41.4	76.8	19.5	12.1
DENTAL - I/P FIXED	0.6	0.5			0.0	1.3	0.7	1.5	2.3	0.1	0.6	0.3
DENTAL - ORAL SURGERY	489.6	258.7	1.1	113.8	209.9	361.2	352.8	211.6	386.1	152.9	156.7	208.7
DENTAL - ORTHODONTICS	0.0	0.1			0.4	0.0	0.2			0.7		
DENTAL - PERIODONTICS	237.5	204.4	0.2	0.6	19.0	260.6	179.6	103.3	203.4	19.4	8.4	3.6
DENTAL - PREVENTIVE	707.2	1,021.3	47.7	1,108.0	1,873.6	697.6	674.4	322.6	357.7	1,709.3	49.2	22.3
DENTAL - PROS REMOVABLE	97.2	14.7	0.1	0.1	1.4	185.8	151.7	257.5	384.5	0.8	10.1	5.1
DENTAL - RESTORATIVE	979.1	1,052.3	2.7	879.2	1,069.5	728.6	666.5	322.4	437.5	1,069.6	114.7	73.3
<b>MENTAL HEALTH</b>												
MH SERVICES ACUTE INPATIENT	56.6	16.8	0.3	1.2	25.9	266.7	397.4	49.3	76.6	91.0	28.4	117.9
MH SERVICES ALTERNATIVE TO IP	6.1	2.3	1.1	0.1	4.0	124.5	127.1	5.5		60.1	0.7	31.8
MH SERVICES ANCILLARY SERVICES	13.7	0.4		0.6	2.0	11.2	50.1	15.8	179.5	3.6	9.9	10.0
MH SERVICES ASSESS & EVAL	156.6	79.0	0.8	31.2	122.1	154.6	244.8	34.0	79.7	521.1	58.8	123.4
MH SERVICES CASE MANAGEMENT	417.3	111.6	4.3	89.3	525.7	3,554.6	3,368.4	297.7	612.6	4,192.8	149.8	751.9
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	1.3	0.4		1.4	6.3	268.2	234.8	11.9		35.9	0.2	68.1
MH SERVICES INTENSIVE TREATMENT SVCS			0.0	14.6	79.5	0.0	70.1			437.5		
MH SERVICES MED MANAGEMENT	53.5	7.8		0.9	10.3	1,142.7	843.7	68.8	96.7	43.2	26.3	113.9
MH SERVICES OP THERAPY	546.8	156.9	0.5	58.5	305.8	1,097.8	1,134.9	113.4	67.3	1,813.0	286.1	580.8
MH SERVICES OTHER OP	4.0	1.6		0.2	4.0	2.9	12.4	1.5		9.5	1.6	3.5
MH SERVICES PEO												
MH SERVICES PHYS IP	259.2	53.6	0.5	24.3	186.5	1,055.0	1,272.2	136.2	180.3	1,258.1	140.2	437.6
MH SERVICES PHYS OP	1,127.3	398.1	29.7	276.3	938.6	1,884.9	2,370.1	210.1	752.1	5,517.2	610.1	1,384.6
MH SERVICES SUPPORT DAY PROGRAM	55.4	21.7	0.6	23.2	84.0	2,399.7	1,982.7	236.7	285.5	658.9	23.7	366.9

# OREGON HEALTH PLAN: MEDICAID DEMONSTRATION

EXHIBIT 8-B

## Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011

### Fee-for-Service Annualized Utilization Rates per 1,000 Members

#### With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	112.6	44.3	4.2	5.3	9.1	25.2	199.3	2.7	7.8	398.6	0.2	23.7	156.3
ANESTHESIA	159.1	536.4	72.4	61.4	36.5	189.4	245.9	121.3	195.6	48.8	154.1	79.9	126.3
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	22.0	27.7	0.1	0.0	2.7	0.7	5.7	0.1		3.0		18.2	4.1
FP - PHYS	1,942.1	1,780.1	3,330.7	426.3	808.9	160.1	346.8	28.9	118.8	559.9	0.4	1,268.8	828.7
HYSTERECTOMY - ANESTHESIA	2.1	0.6				0.3	1.0	0.4			0.1	2.8	1.2
HYSTERECTOMY - IP HOSP	5.1	0.5				1.9	2.4	1.6			0.3	3.3	1.8
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	5.4	1.5				0.5	2.7	0.4			0.2	8.3	3.9
IP HOSP - ACUTE DETOX	1.4		0.1		0.3	3.2	5.1	2.3		0.1		0.9	5.0
IP HOSP - MATERNITY	120.4	878.0			7.2	3.4	5.3	0.5		2.5	364.6	5.6	0.5
IP HOSP - MATERNITY / STERILIZATION	5.4	24.5			0.1	0.1	0.1	0.0			2.5	0.5	
IP HOSP - MEDICAL/SURGICAL	84.6	19.6	94.9	29.7	21.5	338.4	381.7	336.3	355.7	29.0	14.2	50.6	118.5
IP HOSP - NEWBORN	0.1	0.3	2,322.7	0.2			1.1			31.6	0.2		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	2,344.4	3,996.4	1,818.1	324.8	513.8	800.8	4,409.9	784.4	3,723.3	486.0	103.0	1,814.3	3,297.6
LAB & RAD - LAB	3,538.3	10,683.6	807.8	385.3	695.6	226.5	3,750.3	79.2	3,213.3	759.6	36.0	2,877.7	4,148.7
LAB & RAD - THERAPEUTIC X-RAY	46.6	2.2	2.2	1.1	1.2	28.8	338.1	14.8	435.4	0.4	0.6	21.6	95.3
OP ER - SOMATIC MH	35.8	6.8	0.2	0.5	9.2	20.9	72.3	7.5	7.1	15.6		24.0	57.5
OP HOSP - BASIC	2,934.4	1,396.5	2,174.1	893.8	683.6	847.6	3,693.0	470.2	2,156.2	701.1	22.3	2,385.4	4,578.5
OP HOSP - EMERGENCY ROOM	1,328.1	423.5	1,079.0	660.3	444.0	223.1	1,113.7	124.1	527.2	277.1	23.3	984.7	1,290.2
OP HOSP - LAB & RAD	2,825.0	2,259.6	1,114.9	444.7	565.4	313.3	3,379.9	217.2	2,565.2	603.9	19.3	2,437.7	4,638.3
OP HOSP - MATERNITY	559.4	5,448.6	1.4	0.2	37.6	3.8	36.0	0.5		16.4	35.2	86.6	37.4
OP HOSP - POST HOSP EXTENDED CARE						0.0							
OP HOSP - PRES DRUGS BASIC	1,056.8	1,048.7	465.6	378.6	253.8	75.9	1,179.1	18.8	560.3	184.9	33.3	684.4	896.6
OP HOSP - PRES DRUGS MH/CD	29.6	8.3	0.2	0.3	3.8	7.4	86.9	1.0	144.2	7.0		15.8	59.4
OP HOSP - SOMATIC MH	86.1	18.4	1.2	8.4	29.3	17.6	173.6	8.2	28.4	86.6		91.4	148.2
OTH MED - DME	145.6	35.3	266.4	100.8	43.4	1,936.1	1,562.0	1,598.7	731.1	146.4	0.7	129.3	347.0
OTH MED - HHC/PDN	39.7	12.5	61.8	21.9	10.8	178.7	655.6	118.0	270.1	131.3	0.1	19.9	10.5
OTH MED - HOSPICE	0.4		1.1		0.0	0.5	51.9	7.1	62.9			0.2	4.6
OTH MED - MATERNITY MGT	355.8	2,429.8	13.6	22.9	45.2	11.0	389.8	0.0		66.4	0.5	38.2	7.8
OTH MED - SUPPLIES	2,199.3	1,385.3	775.4	446.3	1,095.2	156,399.9	152,395.9	169,187.3	56,428.6	13,391.2	0.3	1,349.8	3,025.3
PHYS CONSULTATION, IP & ER VISITS	906.0	428.8	4,528.9	340.5	254.4	316.4	3,689.2	210.6	2,738.3	399.4	86.6	731.8	1,521.2
PHYS HOME OR LONG-TERM CARE VISITS	6.2	29.5	128.8	2.1	0.6	331.7	300.5	393.3	565.8	3.3		0.8	3.1
PHYS MATERNITY	598.5	5,202.0	11.2	0.2	37.2	7.4	33.1	0.7	2.3	16.0	452.0	56.8	23.6
PHYS NEWBORN	12.0	25.2	2,858.0	5.0	4.6	12.4	73.5	2.6	16.3	44.4	0.4	7.0	32.9
PHYS OFFICE VISITS	7,457.8	3,625.7	10,177.1	3,340.5	2,259.3	2,589.0	7,368.5	1,262.2	3,925.8	6,705.7	8.8	6,060.4	11,135.4
PHYS OTHER	1,429.1	1,015.5	3,397.7	794.9	423.0	2,296.1	4,014.1	1,773.8	4,321.9	1,758.1	7.2	1,011.1	2,529.6

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 8-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Annualized Utilization Rates per 1,000 Members**

**With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	454.5	118.1	35.2	1,623.9	1,804.4	658.6	3,636.6	543.0	395.8	2,658.0	0.9	336.4	680.2
PRES DRUGS - BASIC	12,765.9	7,084.1	3,529.0	2,807.9	3,025.3	9,437.0	36,611.6	7,156.8	39,750.1	6,216.3	0.6	17,735.4	39,281.2
PRES DRUGS - FP	858.0	639.3	0.2	0.2	242.4	3.2	340.9	0.0	11.6	237.5		1,363.3	598.1
PRES DRUGS - MH/CD	4,288.5	975.4	1.5	29.2	579.6	1,514.5	13,371.0	609.1	4,557.8	3,580.0	0.3	5,293.9	10,712.6
SCHOOL-BASED HEALTH SERVICES			14.7	48.4	19.7	8.4	1,264.2	0.0		188.4			
STERILIZATION - ANESTHESIA FEMALE	10.3	28.4				1.0	0.4				0.1	4.0	0.6
STERILIZATION - ANESTHESIA MALE							0.0						
STERILIZATION - IP HOSP FEMALE	5.7	36.8			0.0	0.2	0.2	0.0			2.2	0.4	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	2.8	6.8				0.1	0.1					1.7	0.3
STERILIZATION - OP HOSP MALE	0.0					0.1							
STERILIZATION - PHY FEMALE	15.9	55.2			0.0	1.0	0.6	0.0			0.7	4.5	1.0
STERILIZATION - PHY MALE	1.1					0.3	0.1	0.0				1.9	
SURGERY	784.6	1,757.6	948.8	125.2	166.8	366.9	1,572.3	252.3	1,269.0	192.0	26.3	837.4	1,397.2
TARGETED CASE MAN - BABIES FIRST			1,140.8	162.6	0.0	0.2	46.0			14.8			
TARGETED CASE MAN - HIV	0.1				0.0	0.8	1.0	0.1				0.1	0.7
TARGETED CASE MAN - SUBS ABUSE MOMS	8.1	47.8	0.2		0.4	0.1	0.7	0.0		0.1		3.7	1.2
THERAPEUTIC ABORTION - IP HOSP	0.1	1.0			0.0		0.0				0.1	0.1	0.0
THERAPEUTIC ABORTION - OP HOSP	20.0	80.9			1.3	0.2	0.9			0.6	0.1	6.9	2.4
THERAPEUTIC ABORTION - PHYS	98.9	425.0	0.0	0.0	7.3	1.0	3.7	0.0		3.3	0.5	32.7	14.3
TRANSPORTATION - AMBULANCE	124.6	129.3	134.9	30.9	32.4	164.2	493.1	134.3	400.5	44.1	32.8	70.8	220.8
TRANSPORTATION - OTHER	2,752.0	1,010.4	323.0	153.9	389.0	20,308.2	13,322.8	8,664.5	6,822.6	1,642.3			
VISION CARE - EXAMS & THERAPY	204.2	125.7	54.7	81.6	187.5	138.5	291.9	92.6	316.7	196.9	0.0	82.9	172.9
VISION CARE - MATERIALS & FITTING	666.1	488.7	12.0	110.3	589.5	664.1	732.7	232.8	482.0	522.1		3.2	0.1
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	753.2	157.5			8.9	719.7	1,142.1	27.7	39.6	3.0		643.2	2,507.0
CD SERVICES - OP	294.0	142.7		0.2	70.2	60.5	87.8	0.7	7.0	220.6		104.9	280.4

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 8-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Annualized Utilization Rates per 1,000 Members**

**With Adjustments for Utilization Trend, Incurred But Not Reported Claims, Program Changes and Other Data Issues**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	16.2	8.8		9.5	3.0	18.2	19.8	1.4	10.6	11.0		7.8	9.9
DENTAL - ANESTHESIA SURGICAL	3.9	0.7		14.5	9.6	4.3	9.5	0.1		56.2			1.8
DENTAL - DIAGNOSTIC	184.2	91.1	2.2	155.6	201.7	190.5	212.1	14.2	42.5	416.2		61.9	50.7
DENTAL - ENDODONTICS	7.5	3.4		18.7	5.2	5.8	8.5	0.6		36.0			0.7
DENTAL - I/P FIXED							0.1						
DENTAL - ORAL SURGERY	31.0	12.2		20.0	26.9	36.1	65.1	3.4	28.3	45.9		34.3	26.6
DENTAL - ORTHODONTICS							0.1						
DENTAL - PERIODONTICS	18.0	6.1			1.1	17.5	12.2	1.1	21.2	0.8		0.5	0.4
DENTAL - PREVENTIVE	28.8	21.0	0.2	111.9	185.0	58.5	94.1	2.8	3.5	295.3		2.6	1.1
DENTAL - PROS REMOVABLE	4.2	1.5			0.1	12.1	10.7	3.2	7.1			0.5	
DENTAL - RESTORATIVE	89.6	45.4		137.5	125.4	103.8	95.0	4.7	7.1	278.0		4.7	3.2
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	56.7	44.0	5.3	2.5	29.7	785.5	795.3	154.3	907.9	222.7	0.6	14.7	195.2
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	2.0			0.1	0.3	1.2	13.8			0.8		1.2	4.9
MH SERVICES ASSESS & EVAL	51.3	10.4	0.4	8.4	34.5	226.9	206.6	3.6	17.5	243.8		23.2	56.8
MH SERVICES CASE MANAGEMENT	111.8	22.3	0.4	17.1	114.8	1,474.2	1,392.8	18.1	46.6	1,093.9		93.9	432.1
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	12.8	1.8		0.1	2.8	5,550.5	2,440.2	14.8	273.5	21.4		7.7	76.9
MH SERVICES OP THERAPY	152.7	28.2		19.3	80.8	16,128.6	6,889.5	91.0	1,361.9	470.2		110.5	355.7
MH SERVICES OTHER OP				2.2	1.4	15.7	10.0	1.8		22.6			4.0
MH SERVICES PEO													
MH SERVICES PHYS IP	86.5	23.3		8.3	65.4	1,181.9	1,014.3	138.0	192.1	508.1	0.2	97.0	337.9
MH SERVICES PHYS OP	200.1	43.4	2.1	67.5	231.8	1,664.5	1,513.9	133.5	430.7	1,503.8	0.0	148.4	442.7
MH SERVICES SUPPORT DAY PROGRAM	24.3	3.5	0.9	20.2	39.0	14,844.1	6,744.1	104.7	1,134.9	246.9		26.3	314.6

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Managed Care Projected Average Cost per Unit of Service**  
**With Adjustments for Cost Trend, Cost-to-Charge, and Budget Issues**

**EXHIBIT 9-A**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>												
ADMINISTRATIVE EXAMS												
ANESTHESIA	\$338.19	\$360.59	\$371.22	\$293.65	\$290.57	\$67.11	\$361.62	\$62.53	\$361.49	\$296.57	\$337.10	\$359.83
EXCEPT NEEDS CARE COORDINATION												
FP - IP HOSP												
FP - OP HOSP	\$162.71	\$171.32	\$129.39	\$266.08	\$137.51	\$21.23	\$100.97			\$89.65	\$189.50	\$132.53
FP - PHYS	\$81.18	\$128.67	\$16.16	\$29.32	\$37.74	\$7.88	\$39.86	\$21.17		\$32.43	\$72.74	\$46.33
HYSTERECTOMY - ANESTHESIA	\$403.08	\$302.11				\$77.52	\$454.81	\$85.58			\$408.50	\$468.60
HYSTERECTOMY - IP HOSP	\$10,050.33	\$17,142.73					\$10,883.33			\$7,257.99	\$7,994.53	\$9,258.77
HYSTERECTOMY - OP HOSP	\$5,059.93						\$4,242.89					
HYSTERECTOMY - PHYS	\$585.03	\$589.11			\$167.02	\$122.43	\$612.74	\$143.63		\$833.73	\$583.75	\$657.75
IP HOSP - ACUTE DETOX	\$3,742.04	\$2,416.89			\$4,115.99		\$5,820.61		\$7,081.72	\$5,907.47	\$4,528.34	\$5,110.84
IP HOSP - MATERNITY	\$5,024.47	\$5,105.75	\$5,150.59		\$5,237.05		\$6,435.62			\$5,655.71	\$5,529.51	\$6,660.26
IP HOSP - MATERNITY / STERILIZATION	\$6,759.65	\$6,851.60			\$10,329.82		\$7,632.25					\$6,137.26
IP HOSP - MEDICAL/SURGICAL	\$11,841.25	\$9,171.17	\$11,613.30	\$7,300.80	\$11,512.52		\$14,270.54		\$18,054.64	\$8,597.79	\$13,079.40	\$13,568.03
IP HOSP - NEWBORN	\$1,074.89	\$1,201.03	\$3,883.55	\$682.76			\$2,274.71			\$7,331.00		
IP HOSP - POST HOSP EXTENDED CARE	\$136.10				\$136.10							
LAB & RAD - DIAGNOSTIC X-RAY	\$45.86	\$74.01	\$28.08	\$28.73	\$32.88	\$7.71	\$37.21	\$6.98	\$27.81	\$36.37	\$41.77	\$40.95
LAB & RAD - LAB	\$20.80	\$20.07	\$13.98	\$13.22	\$16.45		\$20.34		\$19.85	\$16.90	\$21.15	\$20.95
LAB & RAD - THERAPEUTIC X-RAY	\$135.81	\$51.35	\$105.07	\$111.05	\$95.19	\$25.21	\$127.18	\$25.77	\$120.97	\$70.97	\$116.46	\$118.47
OP ER - SOMATIC MH	\$223.71	\$214.65	\$145.74	\$173.57	\$272.30	\$56.72	\$277.36	\$53.47	\$354.48	\$283.05	\$259.64	\$267.78
OP HOSP - BASIC	\$300.24	\$242.06	\$166.72	\$295.07	\$266.53	\$123.73	\$383.32	\$109.56	\$445.24	\$311.05	\$335.72	\$323.76
OP HOSP - EMERGENCY ROOM	\$202.07	\$190.07	\$146.30	\$151.31	\$172.12	\$47.77	\$226.71	\$54.01	\$311.88	\$176.77	\$220.26	\$223.32
OP HOSP - LAB & RAD	\$197.47	\$113.99	\$124.99	\$124.60	\$154.24	\$44.12	\$216.02	\$41.67	\$209.27	\$169.70	\$189.26	\$215.47
OP HOSP - MATERNITY	\$249.18	\$200.35	\$153.72	\$134.47	\$243.77	\$64.92	\$274.30	\$67.06		\$224.00	\$322.77	\$368.33
OP HOSP - POST HOSP EXTENDED CARE	\$357.24	\$303.30	\$214.92	\$350.31	\$292.99	\$61.82	\$369.16	\$69.03	\$424.84	\$103.85		\$239.91
OP HOSP - PRES DRUGS BASIC	\$59.19	\$55.75	\$26.75	\$33.57	\$46.44	\$78.38	\$90.13	\$95.08	\$90.56	\$41.34	\$66.41	\$69.83
OP HOSP - PRES DRUGS MH/CD	\$25.08	\$26.59	\$43.54	\$49.99	\$22.59	\$43.01	\$38.26	\$34.54	\$29.91	\$29.22	\$31.46	\$35.97
OP HOSP - SOMATIC MH	\$172.35	\$183.67	\$267.19	\$219.23	\$161.19	\$36.87	\$179.31	\$49.81	\$224.66	\$140.80	\$169.22	\$225.50
OTH MED - DME	\$105.45	\$72.79	\$87.22	\$55.77	\$74.13	\$35.96	\$182.50	\$28.22	\$132.29	\$136.95	\$127.51	\$125.58
OTH MED - HHC/PDN	\$156.16	\$117.88	\$156.00	\$149.99	\$106.93		\$199.25		\$260.22	\$145.67	\$124.13	\$142.31
OTH MED - HOSPICE	\$974.93	\$282.49	\$1,635.70	\$1,555.82	\$720.94		\$1,257.59		\$1,772.73	\$1,541.02	\$809.92	\$985.84
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$12.07	\$12.03	\$9.23	\$6.88	\$7.03	\$1.42	\$1.64	\$0.95	\$0.71	\$2.54	\$11.75	\$15.45
PHYS CONSULTATION, IP & ER VISITS	\$113.00	\$107.80	\$154.01	\$102.19	\$105.61	\$22.02	\$111.68	\$21.05	\$110.21	\$115.72	\$115.48	\$116.56
PHYS HOME OR LONG-TERM CARE VISITS	\$63.78	\$42.83	\$75.30	\$56.05	\$76.67	\$18.16	\$91.13	\$16.53	\$107.89	\$71.68	\$85.65	\$88.63
PHYS MATERNITY	\$572.72	\$627.75	\$332.05	\$341.78	\$453.03	\$72.90	\$396.18	\$19.13	\$50.26	\$442.78	\$217.72	\$207.81
PHYS NEWBORN	\$91.60	\$78.29	\$73.57	\$129.80	\$145.28	\$18.73	\$106.30	\$19.10	\$128.84	\$134.73	\$95.58	\$87.00
PHYS OFFICE VISITS	\$64.24	\$59.59	\$52.50	\$52.43	\$60.04	\$13.32	\$65.69	\$13.36	\$57.66	\$59.45	\$65.48	\$65.55
PHYS OTHER	\$64.90	\$42.47	\$15.51	\$16.15	\$27.80	\$21.97	\$135.09	\$23.70	\$144.51	\$50.80	\$69.79	\$110.45

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Managed Care Projected Average Cost per Unit of Service**  
**With Adjustments for Cost Trend, Cost-to-Charge, and Budget Issues**

**EXHIBIT 9-A**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	\$61.83	\$69.85	\$94.70	\$80.63	\$66.80	\$12.24	\$59.04	\$12.95	\$60.95	\$67.93	\$62.04	\$65.80
PRES DRUGS - BASIC	\$31.51	\$25.64	\$30.97	\$25.44	\$38.56	\$13.98	\$46.58	\$9.91	\$34.47	\$47.65	\$38.45	\$41.20
PRES DRUGS - FP	\$31.34	\$31.40	\$31.52	\$34.19	\$32.64	\$19.77	\$31.12		\$29.16	\$32.28	\$32.02	\$29.64
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$283.15	\$280.33			\$222.42	\$54.21	\$302.99				\$304.40	\$299.36
STERILIZATION - ANESTHESIA MALE	\$197.02					\$32.03	\$20.76					
STERILIZATION - IP HOSP FEMALE	\$7,884.98	\$7,524.15			\$6,539.03		\$7,699.96				\$7,531.74	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$1,886.25	\$1,648.12			\$1,302.68	\$183.15	\$1,688.68				\$2,279.88	\$1,617.13
STERILIZATION - OP HOSP MALE	\$324.38					\$135.48	\$251.90				\$251.90	
STERILIZATION - PHY FEMALE	\$255.24	\$225.51			\$251.77	\$44.36	\$264.81				\$372.36	\$431.75
STERILIZATION - PHY MALE	\$512.44					\$116.17	\$478.00				\$427.75	\$557.95
SURGERY	\$120.16	\$31.54	\$88.26	\$150.32	\$128.57	\$26.19	\$131.10	\$29.45	\$141.92	\$129.25	\$99.74	\$114.76
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	\$309.99	\$375.41	\$609.38	\$340.14	\$338.70	\$50.95	\$303.32	\$50.91	\$286.53	\$350.06	\$284.27	\$285.10
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$75.64	\$73.84	\$102.83	\$70.61	\$68.43	\$82.41	\$81.13	\$89.46	\$86.73	\$68.66	\$89.75	\$95.20
VISION CARE - MATERIALS & FITTING	\$25.45	\$24.12	\$58.29	\$26.01	\$24.63	\$28.31	\$26.75	\$29.86	\$31.07	\$24.59	\$36.93	\$50.21
<b>CHEMICAL DEPENDENCY</b>												
CD SERVICES - ALTERNATIVE TO DETOX	\$1,702.76	\$485.32			\$2,305.94	\$1,121.39	\$1,546.72	\$1,358.07			\$2,482.31	\$1,412.31
CD SERVICES - METHADONE	\$23.22	\$22.19	\$26.47	\$80.22	\$10.60	\$31.76	\$35.16	\$46.28	\$35.64	\$20.93	\$22.61	\$27.22
CD SERVICES - OP	\$55.89	\$58.76	\$44.84	\$59.60	\$75.50	\$24.29	\$45.90	\$26.38	\$42.95	\$65.51	\$49.55	\$48.18

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Development of MCO Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Managed Care Projected Average Cost per Unit of Service**  
**With Adjustments for Cost Trend, Cost-to-Charge, and Budget Issues**

**EXHIBIT 9-A**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>												
DENTAL - ADJUNCTIVE GENERAL	\$128.14	\$128.49	\$91.86	\$141.91	\$117.56	\$117.93	\$124.18	\$93.82	\$105.87	\$134.25	\$141.93	\$148.01
DENTAL - ANESTHESIA SURGICAL	\$85.69	\$66.72	\$49.25	\$66.25	\$49.65	\$101.31	\$84.92	\$93.92	\$69.38	\$58.56	\$82.55	\$80.06
DENTAL - DIAGNOSTIC	\$36.24	\$36.87	\$41.29	\$29.69	\$30.63	\$32.70	\$32.66	\$31.10	\$30.53	\$30.07	\$31.65	\$31.94
DENTAL - ENDODONTICS	\$298.64	\$283.95	\$110.55	\$103.35	\$192.64	\$333.41	\$280.04	\$315.03	\$288.20	\$179.02	\$166.82	\$174.32
DENTAL - I/P FIXED	\$174.08	\$325.82			\$366.03	\$278.32	\$261.97	\$123.40	\$104.44	\$153.11	\$81.98	\$217.61
DENTAL - ORAL SURGERY	\$107.22	\$111.14	\$100.07	\$83.89	\$94.58	\$104.00	\$103.80	\$97.34	\$93.33	\$105.57	\$113.51	\$107.34
DENTAL - ORTHODONTICS	\$86.25	\$269.54			\$705.12	\$269.54	\$2,816.33			\$1,148.03		
DENTAL - PERIODONTICS	\$108.65	\$105.08	\$95.09	\$106.19	\$85.23	\$104.17	\$107.25	\$90.37	\$105.94	\$74.51	\$119.08	\$124.36
DENTAL - PREVENTIVE	\$34.78	\$35.46	\$18.40	\$32.95	\$36.59	\$40.76	\$37.12	\$41.65	\$29.67	\$37.29	\$35.37	\$32.45
DENTAL - PROS REMOVABLE	\$458.61	\$490.43	\$645.88	\$674.70	\$344.74	\$389.15	\$419.35	\$334.79	\$347.23	\$299.32	\$287.25	\$343.39
DENTAL - RESTORATIVE	\$98.46	\$89.38	\$99.06	\$112.97	\$95.16	\$107.86	\$103.97	\$103.29	\$92.82	\$93.64	\$103.62	\$97.67
<b>MENTAL HEALTH</b>												
MH SERVICES ACUTE INPATIENT	\$1,013.21	\$938.48	\$823.00	\$974.84	\$940.33		\$941.37		\$1,421.73	\$929.95	\$1,056.37	\$981.75
MH SERVICES ALTERNATIVE TO IP	\$255.68	\$266.15	\$431.62	\$1,095.53	\$1,398.43	\$264.59	\$342.05	\$271.01		\$1,038.61	\$259.63	\$244.45
MH SERVICES ANCILLARY SERVICES	\$58.87	\$32.41		\$61.27	\$63.73	\$52.22	\$52.53	\$51.37	\$53.52	\$61.66	\$66.42	\$55.86
MH SERVICES ASSESS & EVAL	\$127.20	\$123.92	\$131.39	\$134.87	\$149.13	\$93.32	\$136.87	\$113.31	\$131.32	\$153.21	\$121.50	\$126.51
MH SERVICES CASE MANAGEMENT	\$56.63	\$65.96	\$177.87	\$116.95	\$133.07	\$70.37	\$88.00	\$72.77	\$71.32	\$128.54	\$57.85	\$68.27
MH SERVICES CONS ASSESS												
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$141.72	\$54.02		\$77.35	\$113.67	\$35.94	\$36.39	\$37.37		\$122.81	\$253.46	\$22.52
MH SERVICES INTENSIVE TREATMENT SVCS			\$5,601.89	\$259.53	\$536.56	\$118.40	\$1,532.06			\$1,714.54		
MH SERVICES MED MANAGEMENT	\$49.47	\$42.11		\$62.62	\$51.85	\$34.63	\$42.63	\$38.67	\$48.20	\$45.30	\$63.19	\$45.90
MH SERVICES OP THERAPY	\$107.87	\$114.38	\$120.27	\$98.03	\$109.14	\$75.50	\$97.79	\$81.13	\$92.28	\$105.77	\$111.52	\$107.75
MH SERVICES OTHER OP	\$336.58	\$407.40		\$301.85	\$472.26	\$213.06	\$275.77	\$253.89		\$416.71	\$344.43	\$330.84
MH SERVICES PEO												
MH SERVICES PHYS IP	\$106.57	\$118.16	\$135.30	\$97.65	\$103.86	\$83.25	\$112.28	\$84.81	\$112.71	\$98.78	\$111.18	\$110.44
MH SERVICES PHYS OP	\$124.32	\$130.71	\$80.11	\$106.82	\$127.48	\$79.38	\$126.32	\$99.70	\$146.97	\$132.74	\$134.65	\$118.69
MH SERVICES SUPPORT DAY PROGRAM	\$73.23	\$81.21	\$78.63	\$110.34	\$113.63	\$91.77	\$92.07	\$118.23	\$107.77	\$124.14	\$62.15	\$82.24

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 9-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Projected Payments per Unit of Service**

**With Adjustments for Cost Trend and Budget Issues**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	\$114.55	\$173.57	\$20.27	\$78.14	\$145.30	\$157.36	\$124.71	\$127.70	\$89.34	\$129.89	\$257.07	\$121.49	\$127.19
ANESTHESIA	\$336.87	\$332.22	\$429.98	\$310.79	\$298.78	\$62.93	\$389.94	\$42.57	\$363.55	\$300.10	\$341.96	\$288.97	\$318.54
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$145.36	\$200.08	\$11.91	\$103.71	\$90.92	\$112.78	\$85.96	\$34.19		\$61.22		\$81.99	\$98.17
FP - PHYS	\$69.26	\$90.47	\$106.32	\$111.13	\$70.30	\$79.45	\$95.23	\$84.03	\$155.64	\$85.27	\$129.41	\$66.86	\$66.65
HYSTERECTOMY - ANESTHESIA	\$401.22	\$471.97				\$54.46	\$476.76	\$48.36			\$386.53	\$348.21	\$455.66
HYSTERECTOMY - IP HOSP	\$5,940.05	\$4,409.18				\$61.76	\$7,512.07	\$291.59			\$17,914.85	\$3,740.45	\$5,580.94
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	\$493.27	\$455.58				\$26.72	\$531.83	\$18.49			\$557.90	\$393.27	\$459.55
IP HOSP - ACUTE DETOX	\$3,971.80		\$2,639.56		\$1,991.93	\$102.80	\$4,484.36	\$95.14		\$2,561.48		\$4,007.90	\$4,772.34
IP HOSP - MATERNITY	\$3,249.69	\$2,856.82			\$2,335.14	\$114.75	\$3,235.57	\$101.15		\$2,071.77	\$2,901.91	\$3,150.43	\$3,582.58
IP HOSP - MATERNITY / STERILIZATION	\$4,876.83	\$4,148.87			\$1,953.69		\$6,197.03				\$3,140.92	\$2,490.02	
IP HOSP - MEDICAL/SURGICAL	\$8,121.99	\$7,147.29	\$5,507.54	\$3,575.81	\$5,255.54	\$151.89	\$10,652.10	\$375.29	\$8,301.17	\$5,216.49	\$10,533.16	\$5,886.17	\$6,773.41
IP HOSP - NEWBORN	\$6,857.15	\$939.38	\$2,418.31	\$2,064.33			\$28,093.66			\$5,225.58	\$1,385.27		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$46.55	\$63.85	\$18.87	\$23.42	\$30.26	\$13.24	\$33.61	\$8.63	\$30.57	\$29.76	\$27.92	\$45.56	\$41.31
LAB & RAD - LAB	\$17.71	\$17.30	\$9.12	\$10.84	\$13.70	\$12.05	\$17.25	\$11.78	\$15.60	\$18.25	\$48.01	\$15.78	\$15.50
LAB & RAD - THERAPEUTIC X-RAY	\$77.33	\$44.95	\$51.47	\$58.64	\$54.21	\$25.45	\$82.13	\$22.61	\$68.65	\$38.52	\$52.62	\$56.97	\$96.42
OP ER - SOMATIC MH	\$221.26	\$213.25	\$222.60	\$183.87	\$226.06	\$73.37	\$212.44	\$76.55	\$135.44	\$226.43		\$199.57	\$207.80
OP HOSP - BASIC	\$160.23	\$112.53	\$120.68	\$171.92	\$167.79	\$192.70	\$311.55	\$150.95	\$393.08	\$187.70	\$460.26	\$122.61	\$116.23
OP HOSP - EMERGENCY ROOM	\$158.57	\$151.80	\$108.08	\$115.23	\$130.15	\$78.89	\$167.47	\$88.63	\$178.24	\$139.20	\$246.47	\$143.88	\$158.29
OP HOSP - LAB & RAD	\$122.62	\$88.06	\$59.44	\$81.48	\$110.90	\$129.57	\$136.21	\$119.82	\$140.87	\$91.77	\$197.61	\$119.24	\$102.86
OP HOSP - MATERNITY	\$199.75	\$189.96	\$37.63	\$72.78	\$190.99	\$105.70	\$167.61	\$102.26		\$175.40	\$587.00	\$189.75	\$264.28
OP HOSP - POST HOSP EXTENDED CARE						\$60.21							
OP HOSP - PRES DRUGS BASIC	\$54.41	\$54.83	\$37.26	\$31.26	\$52.05	\$164.99	\$111.62	\$97.08	\$53.57	\$56.96	\$79.16	\$40.37	\$60.88
OP HOSP - PRES DRUGS MH/CD	\$36.89	\$45.65	\$14.13	\$24.59	\$29.43	\$106.73	\$52.61	\$97.55	\$54.22	\$29.11		\$17.39	\$37.61
OP HOSP - SOMATIC MH	\$96.24	\$83.18	\$261.08	\$177.41	\$99.82	\$57.86	\$89.26	\$62.77	\$53.71	\$104.44		\$68.65	\$85.78
OTH MED - DME	\$151.34	\$145.35	\$86.10	\$47.32	\$108.00	\$52.19	\$220.43	\$36.26	\$109.65	\$174.48	\$36.00	\$142.82	\$129.58
OTH MED - HHC/PDN	\$173.18	\$138.03	\$203.44	\$219.80	\$216.18	\$128.70	\$246.86	\$79.01	\$214.87	\$470.17	\$97.98	\$630.28	\$348.12
OTH MED - HOSPICE	\$2,449.02		\$1,091.24		\$1,467.51	\$3,134.60	\$3,224.34	\$3,141.51	\$2,747.63			\$432.91	\$2,735.50
OTH MED - MATERNITY MGT	\$188.03	\$162.89	\$46.81	\$39.96	\$168.01	\$144.59	\$79.85	\$267.50		\$91.64	\$137.99	\$149.12	\$148.31
OTH MED - SUPPLIES	\$9.65	\$23.35	\$12.38	\$5.25	\$4.27	\$1.18	\$1.94	\$0.97	\$2.00	\$1.97	\$80.10	\$14.53	\$16.52
PHYS CONSULTATION, IP & ER VISITS	\$83.26	\$83.93	\$127.42	\$73.58	\$75.77	\$39.62	\$81.22	\$35.15	\$79.54	\$101.96	\$78.76	\$78.88	\$79.19
PHYS HOME OR LONG-TERM CARE VISITS	\$88.62	\$64.90	\$184.13	\$162.83	\$76.00	\$47.88	\$64.14	\$46.07	\$62.88	\$72.75		\$45.18	\$70.55
PHYS MATERNITY	\$350.41	\$326.89	\$88.89	\$118.09	\$296.04	\$128.51	\$262.71	\$92.11	\$68.98	\$203.19	\$727.13	\$213.32	\$123.34
PHYS NEWBORN	\$108.11	\$75.22	\$65.95	\$83.04	\$86.08	\$52.57	\$139.05	\$21.09	\$90.06	\$63.70	\$75.32	\$84.00	\$106.92
PHYS OFFICE VISITS	\$76.83	\$71.46	\$61.86	\$68.59	\$92.76	\$47.13	\$71.91	\$36.14	\$105.80	\$53.22	\$48.73	\$62.00	\$67.12
PHYS OTHER	\$78.64	\$62.23	\$23.91	\$21.20	\$72.97	\$47.89	\$107.67	\$48.70	\$108.39	\$271.31	\$32.30	\$61.09	\$75.91

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 9-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Projected Payments per Unit of Service**

**With Adjustments for Cost Trend and Budget Issues**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$130.23	\$138.25	\$67.25	\$50.09	\$45.94	\$57.57	\$55.89	\$54.84	\$78.00	\$48.77	\$213.58	\$87.61	\$128.12
PRES DRUGS - BASIC	\$45.12	\$26.28	\$47.94	\$34.27	\$48.08	\$18.05	\$89.49	\$12.27	\$52.36	\$92.74	\$29.62	\$58.23	\$61.02
PRES DRUGS - FP	\$48.07	\$46.39	\$38.96	\$52.28	\$48.26	\$42.58	\$46.96	\$32.34	\$41.38	\$46.06		\$48.44	\$48.21
PRES DRUGS - MH/CD	\$80.46	\$66.71	\$44.82	\$131.97	\$117.09	\$25.39	\$150.75	\$19.35	\$107.21	\$131.53	\$40.24	\$85.11	\$94.83
SCHOOL-BASED HEALTH SERVICES			\$77.14	\$55.50	\$43.93	\$171.07	\$103.08	\$62.39		\$86.48			
STERILIZATION - ANESTHESIA FEMALE	\$288.78	\$289.06				\$238.91	\$271.94				\$151.87	\$337.19	\$282.99
STERILIZATION - ANESTHESIA MALE							\$214.96						
STERILIZATION - IP HOSP FEMALE	\$4,741.69	\$3,732.77			\$2,791.28		\$7,290.22				\$3,417.15	\$1,476.25	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$527.20	\$502.36				\$618.95	\$450.50					\$413.24	\$445.03
STERILIZATION - OP HOSP MALE	\$358.97					\$437.97							
STERILIZATION - PHY FEMALE	\$211.32	\$179.51			\$159.87	\$204.60	\$282.60	\$248.57			\$67.42	\$227.87	\$389.85
STERILIZATION - PHY MALE	\$449.57					\$382.39	\$448.69	\$26.41				\$371.29	
SURGERY	\$126.73	\$23.44	\$72.22	\$156.73	\$143.33	\$45.93	\$167.44	\$43.99	\$160.95	\$114.14	\$316.29	\$92.51	\$109.80
TARGETED CASE MAN - BABIES FIRST			\$275.48	\$273.31	\$271.74	\$238.06	\$282.05			\$271.73			
TARGETED CASE MAN - HIV	\$297.38				\$288.65	\$257.05	\$294.60	\$257.05				\$262.93	\$262.93
TARGETED CASE MAN - SUBS ABUSE MOMS	\$118.25	\$113.43	\$124.03		\$98.30	\$126.23	\$109.83	\$160.65		\$90.20		\$104.72	\$97.57
THERAPEUTIC ABORTION - IP HOSP	\$3,756.30	\$2,597.56			\$1,429.51		\$4,044.79				\$2,710.68	\$6,079.99	\$2,666.34
THERAPEUTIC ABORTION - OP HOSP	\$422.20	\$394.74			\$367.10	\$503.45	\$442.52			\$384.41	\$2,351.03	\$340.44	\$329.36
THERAPEUTIC ABORTION - PHYS	\$190.88	\$189.40	\$236.95	\$157.97	\$180.83	\$175.46	\$204.46	\$97.27		\$185.52	\$180.01	\$167.93	\$167.15
TRANSPORTATION - AMBULANCE	\$379.92	\$459.22	\$609.34	\$396.34	\$397.20	\$71.40	\$377.45	\$64.58	\$289.43	\$445.43	\$357.57	\$316.62	\$333.27
TRANSPORTATION - OTHER	\$33.82	\$33.86	\$33.41	\$35.63	\$34.65	\$27.92	\$31.66	\$29.70	\$31.58	\$29.36			
VISION CARE - EXAMS & THERAPY	\$86.54	\$93.46	\$53.84	\$67.08	\$82.13	\$59.20	\$72.15	\$46.49	\$67.01	\$72.55	\$102.79	\$61.06	\$58.01
VISION CARE - MATERIALS & FITTING	\$16.05	\$15.19	\$26.22	\$16.07	\$15.17	\$13.98	\$16.73	\$14.50	\$16.47	\$15.09		\$47.59	\$48.59
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$16.22	\$16.86			\$8.84	\$14.28	\$15.30	\$11.93	\$34.15	\$8.25		\$17.03	\$15.47
CD SERVICES - OP	\$22.18	\$24.82		\$42.29	\$33.62	\$16.40	\$27.48	\$36.39	\$12.90	\$35.01		\$20.97	\$21.88

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 9-B**

**Development of Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**

**Fee-for-Service Projected Payments per Unit of Service**

**With Adjustments for Cost Trend and Budget Issues**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	\$87.32	\$89.24			\$108.66	\$87.57	\$84.16	\$97.47	\$85.86	\$99.55	\$111.68	\$85.87	\$87.63
DENTAL - ANESTHESIA SURGICAL	\$30.59	\$9.45			\$26.15	\$18.57	\$22.91	\$27.63	\$8.78		\$23.12		\$34.32
DENTAL - DIAGNOSTIC	\$24.45	\$23.61	\$39.96		\$24.73	\$24.37	\$20.53	\$24.67	\$22.57	\$23.54	\$22.27	\$20.02	\$18.98
DENTAL - ENDODONTICS	\$128.37	\$187.85			\$58.25	\$108.33	\$122.63	\$113.53	\$125.43		\$69.39		\$50.68
DENTAL - I/P FIXED								\$52.26					
DENTAL - ORAL SURGERY	\$76.24	\$84.70		\$85.87	\$87.98	\$75.66	\$89.69	\$77.74	\$82.38	\$89.07		\$76.48	\$79.85
DENTAL - ORTHODONTICS							\$2,090.98						
DENTAL - PERIODONTICS	\$60.71	\$60.27			\$65.88	\$52.97	\$61.40	\$53.62	\$60.25	\$65.11		\$66.59	\$51.76
DENTAL - PREVENTIVE	\$83.23	\$99.05	\$304.18	\$44.51	\$52.56	\$41.73	\$42.53	\$40.22	\$42.40	\$40.81		\$23.88	\$30.69
DENTAL - PROS REMOVABLE	\$224.81	\$289.83			\$189.21	\$198.88	\$247.72	\$225.87	\$217.39			\$163.24	
DENTAL - RESTORATIVE	\$50.00	\$51.25		\$61.64	\$53.79	\$52.90	\$56.92	\$55.62	\$51.39	\$58.80		\$46.79	\$50.65
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	\$594.13	\$652.71	\$865.58	\$167.71	\$362.42	\$5.18	\$261.17	\$10.17	\$208.21	\$266.92	\$857.83	\$591.61	\$401.13
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	\$26.14			\$35.07	\$28.62	\$20.68	\$30.76			\$39.46		\$17.49	\$17.49
MH SERVICES ASSESS & EVAL	\$91.68	\$99.27	\$90.72	\$104.99	\$101.31	\$88.60	\$90.28	\$79.17	\$78.57	\$104.55		\$103.50	\$96.29
MH SERVICES CASE MANAGEMENT	\$50.88	\$46.75	\$39.98	\$44.24	\$53.04	\$55.76	\$62.72	\$50.98	\$31.79	\$62.88		\$49.10	\$56.43
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE													
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	\$27.42	\$28.88		\$34.00	\$35.21	\$40.05	\$43.43	\$23.64	\$53.75	\$24.95		\$32.27	\$28.46
MH SERVICES OP THERAPY	\$85.06	\$84.73		\$72.10	\$85.20	\$45.03	\$39.27	\$51.98	\$34.43	\$86.95		\$90.54	\$86.47
MH SERVICES OTHER OP				\$454.36	\$533.34	\$83.23	\$360.30	\$60.01		\$471.00			\$145.74
MH SERVICES PEO													
MH SERVICES PHYS IP	\$64.95	\$59.52		\$76.60	\$66.43	\$56.81	\$63.09	\$20.24	\$55.10	\$67.21	\$50.71	\$65.50	\$67.68
MH SERVICES PHYS OP	\$91.39	\$95.51	\$75.17	\$102.46	\$103.56	\$70.66	\$87.23	\$27.06	\$48.23	\$96.71	\$147.19	\$101.47	\$95.89
MH SERVICES SUPPORT DAY PROGRAM	\$59.65	\$48.69	\$49.40	\$52.92	\$84.50	\$56.65	\$68.26	\$90.61	\$31.26	\$81.77		\$69.08	\$65.50

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 10-A**

**MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**Through Line 502 of the Prioritized List**

**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>												
ADMINISTRATIVE EXAMS												
ANESTHESIA	\$5.57	\$33.88	\$2.19	\$2.04	\$1.10	\$1.08	\$5.90	\$1.11	\$5.44	\$1.91	\$2.16	\$3.49
EXCEPT NEEDS CARE COORDINATION						\$8.01	\$8.01	\$6.26	\$6.26			
FP - IP HOSP												
FP - OP HOSP	\$0.08	\$0.23	\$0.00	\$0.00	\$0.01	\$0.00	\$0.02			\$0.02	\$0.09	\$0.02
FP - PHYS	\$1.26	\$5.08	\$0.00	\$0.00	\$0.09	\$0.02	\$0.15	\$0.00		\$0.08	\$0.79	\$0.12
HYSTERECTOMY - ANESTHESIA	\$0.11	\$0.02				\$0.01	\$0.03	\$0.00			\$0.10	\$0.04
HYSTERECTOMY - IP HOSP	\$5.16	\$1.10					\$1.83			\$0.03	\$1.43	\$1.30
HYSTERECTOMY - OP HOSP	\$0.05						\$0.02					
HYSTERECTOMY - PHYS	\$0.64	\$0.07			\$0.00	\$0.03	\$0.22	\$0.02		\$0.01	\$0.50	\$0.30
IP HOSP - ACUTE DETOX	\$0.67	\$0.08			\$0.07		\$1.83		\$0.98	\$0.08	\$0.34	\$2.34
IP HOSP - MATERNITY	\$53.35	\$523.40	\$0.13		\$2.52		\$4.74			\$1.24	\$0.99	\$0.30
IP HOSP - MATERNITY / STERILIZATION	\$3.69	\$21.17			\$0.01		\$0.18					\$0.04
IP HOSP - MEDICAL/SURGICAL	\$73.23	\$16.31	\$81.61	\$13.71	\$14.57	\$0.05	\$284.98	\$0.02	\$304.52	\$15.81	\$36.25	\$105.39
IP HOSP - NEWBORN	\$0.00	\$0.01	\$225.75	\$0.00			\$0.00			\$0.84		
IP HOSP - POST HOSP EXTENDED CARE	\$0.00				\$0.00							
LAB & RAD - DIAGNOSTIC X-RAY	\$11.57	\$32.81	\$3.12	\$1.07	\$1.85	\$2.80	\$13.97	\$3.09	\$14.08	\$2.01	\$8.32	\$13.01
LAB & RAD - LAB	\$8.99	\$26.25	\$1.26	\$0.94	\$1.53		\$9.15		\$8.95	\$2.09	\$7.18	\$9.40
LAB & RAD - THERAPEUTIC X-RAY	\$0.51	\$0.02	\$0.01	\$0.03	\$0.02	\$0.27	\$1.94	\$0.46	\$1.53	\$0.02	\$0.38	\$1.34
OP ER - SOMATIC MH	\$0.59	\$0.19	\$0.00	\$0.01	\$0.17	\$0.40	\$1.80	\$0.07	\$0.24	\$0.41	\$0.37	\$1.08
OP HOSP - BASIC	\$37.01	\$22.19	\$14.13	\$13.39	\$8.41	\$26.86	\$75.16	\$23.34	\$71.33	\$13.29	\$27.32	\$43.11
OP HOSP - EMERGENCY ROOM	\$21.17	\$8.23	\$11.67	\$7.54	\$5.42	\$4.30	\$21.96	\$3.12	\$10.10	\$4.73	\$11.70	\$17.54
OP HOSP - LAB & RAD	\$30.82	\$19.10	\$7.97	\$4.19	\$5.89	\$9.14	\$46.95	\$9.81	\$39.64	\$7.22	\$23.43	\$38.77
OP HOSP - MATERNITY	\$10.65	\$95.37	\$0.02	\$0.00	\$0.64	\$0.10	\$1.32	\$0.00		\$0.43	\$2.06	\$0.72
OP HOSP - POST HOSP EXTENDED CARE	\$0.02	\$0.03	\$0.03	\$0.00	\$0.00	\$0.05	\$0.45	\$0.11	\$0.64	\$0.00		\$0.01
OP HOSP - PRES DRUGS BASIC	\$4.43	\$5.21	\$0.85	\$0.88	\$0.78	\$5.28	\$6.90	\$4.75	\$3.61	\$0.66	\$2.55	\$3.95
OP HOSP - PRES DRUGS MH/CD	\$0.03	\$0.01	\$0.00	\$0.00	\$0.00	\$0.15	\$0.13	\$0.02	\$0.02	\$0.01	\$0.02	\$0.07
OP HOSP - SOMATIC MH	\$0.66	\$0.20	\$0.04	\$0.20	\$0.19	\$0.46	\$2.24	\$0.19	\$0.37	\$0.87	\$0.43	\$1.16
OTH MED - DME	\$1.82	\$0.60	\$1.47	\$0.37	\$0.31	\$6.32	\$22.02	\$6.56	\$11.77	\$1.31	\$1.39	\$3.47
OTH MED - HHC/PDN	\$0.53	\$0.34	\$0.50	\$0.18	\$0.07		\$5.50		\$4.90	\$0.62	\$0.12	\$0.27
OTH MED - HOSPICE	\$0.09	\$0.00	\$0.23	\$0.02	\$0.00		\$2.48		\$6.80	\$0.05	\$0.03	\$0.37
OTH MED - MATERNITY MGT												
OTH MED - SUPPLIES	\$1.44	\$1.34	\$0.82	\$0.26	\$0.35	\$17.98	\$13.78	\$20.23	\$8.55	\$1.54	\$1.32	\$3.02
PHYS CONSULTATION, IP & ER VISITS	\$13.84	\$7.29	\$34.77	\$5.17	\$3.61	\$4.86	\$25.01	\$5.64	\$18.96	\$4.67	\$9.00	\$17.03
PHYS HOME OR LONG-TERM CARE VISITS	\$0.02	\$0.00	\$0.06	\$0.00	\$0.00	\$0.20	\$0.64	\$0.70	\$1.16	\$0.05	\$0.00	\$0.02
PHYS MATERNITY	\$29.63	\$353.55	\$0.16	\$0.01	\$1.39	\$0.17	\$2.26	\$0.00	\$0.00	\$0.62	\$1.29	\$0.34
PHYS NEWBORN	\$0.04	\$0.17	\$6.26	\$0.04	\$0.05	\$0.02	\$0.12	\$0.02	\$0.16	\$0.16	\$0.04	\$0.05
PHYS OFFICE VISITS	\$32.77	\$16.67	\$72.73	\$23.65	\$13.27	\$9.31	\$43.44	\$8.30	\$40.28	\$21.84	\$29.70	\$41.59
PHYS OTHER	\$4.93	\$2.79	\$8.96	\$2.07	\$1.19	\$4.88	\$24.45	\$5.75	\$22.72	\$6.17	\$4.73	\$12.66

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 10-A**

**MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**Through Line 502 of the Prioritized List**

**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
PHYS SOMATIC MH	\$3.35	\$1.03	\$0.12	\$0.71	\$1.40	\$1.61	\$6.12	\$0.78	\$1.69	\$4.66	\$2.26	\$4.26
PRES DRUGS - BASIC	\$42.08	\$25.70	\$10.14	\$6.85	\$10.00	\$6.01	\$155.55	\$4.30	\$101.50	\$24.37	\$50.23	\$113.74
PRES DRUGS - FP	\$1.64	\$1.83	\$0.00	\$0.00	\$0.36	\$0.00	\$0.54		\$0.01	\$0.46	\$1.80	\$0.74
PRES DRUGS - MH/CD												
SCHOOL-BASED HEALTH SERVICES												
STERILIZATION - ANESTHESIA FEMALE	\$0.36	\$1.78			\$0.00	\$0.00	\$0.04				\$0.10	\$0.02
STERILIZATION - ANESTHESIA MALE	\$0.00					\$0.00	\$0.00					
STERILIZATION - IP HOSP FEMALE	\$3.30	\$23.62			\$0.00		\$0.28				\$0.11	
STERILIZATION - IP HOSP MALE												
STERILIZATION - OP HOSP FEMALE	\$0.68	\$1.65			\$0.00	\$0.00	\$0.06				\$0.28	\$0.03
STERILIZATION - OP HOSP MALE	\$0.00					\$0.00	\$0.00				\$0.00	
STERILIZATION - PHY FEMALE	\$0.58	\$3.00			\$0.00	\$0.00	\$0.05				\$0.13	\$0.02
STERILIZATION - PHY MALE	\$0.07					\$0.00	\$0.01				\$0.07	\$0.00
SURGERY	\$13.79	\$7.30	\$6.50	\$3.54	\$3.43	\$4.72	\$23.53	\$5.63	\$22.76	\$4.63	\$9.93	\$18.25
TARGETED CASE MAN - BABIES FIRST												
TARGETED CASE MAN - HIV												
TARGETED CASE MAN - SUBS ABUSE MOMS												
THERAPEUTIC ABORTION - IP HOSP												
THERAPEUTIC ABORTION - OP HOSP												
THERAPEUTIC ABORTION - PHYS												
TRANSPORTATION - AMBULANCE	\$4.34	\$6.82	\$6.02	\$1.20	\$1.08	\$3.00	\$13.98	\$4.04	\$8.37	\$1.52	\$2.29	\$6.58
TRANSPORTATION - OTHER												
VISION CARE - EXAMS & THERAPY	\$2.53	\$2.35	\$0.52	\$0.77	\$2.21	\$4.09	\$3.66	\$5.90	\$5.46	\$2.66	\$0.65	\$1.48
VISION CARE - MATERIALS & FITTING	\$1.95	\$1.96	\$0.04	\$0.29	\$1.71	\$2.32	\$2.24	\$2.10	\$2.64	\$1.89	\$0.04	\$0.04
PART A DEDUCTIBLE						\$22.33		\$37.22				
PART B DEDUCTIBLE						\$11.38		\$11.38				
PART B COINSURANCE ADJUSTMENT						(\$5.71)		(\$3.12)				
<b>Total</b>	<b>\$430.01</b>	<b>\$1,270.76</b>	<b>\$498.10</b>	<b>\$89.14</b>	<b>\$83.71</b>	<b>\$152.52</b>	<b>\$835.63</b>	<b>\$167.83</b>	<b>\$725.44</b>	<b>\$128.97</b>	<b>\$241.90</b>	<b>\$467.44</b>
<b>CHEMICAL DEPENDENCY</b>												
CD SERVICES - ALTERNATIVE TO DETOX	\$0.39	\$0.06			\$0.00	\$0.34	\$0.54	\$0.02			\$0.16	\$1.19
CD SERVICES - METHADONE	\$1.83	\$0.58	\$0.00	\$0.00	\$0.00	\$2.10	\$2.66	\$0.24	\$0.18	\$0.01	\$0.91	\$8.47
CD SERVICES - OP	\$13.70	\$7.72	\$0.00	\$0.00	\$1.49	\$3.15	\$8.42	\$0.20	\$0.26	\$6.81	\$4.06	\$23.40
<b>Total</b>	<b>\$15.92</b>	<b>\$8.36</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1.50</b>	<b>\$5.60</b>	<b>\$11.61</b>	<b>\$0.46</b>	<b>\$0.44</b>	<b>\$6.81</b>	<b>\$5.13</b>	<b>\$33.07</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**

**EXHIBIT 10-A**

**MCO Monthly Per Capita Cost for Calendar Years 2010-2011**

**Through Line 502 of the Prioritized List**

**Excluding services provided on a Fee-For-Service basis to managed care enrollees**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	OHPFAM	OHPAC
<b>DENTAL</b>												
DENTAL - ADJUNCTIVE GENERAL	\$2.17	\$1.43	\$0.01	\$0.71	\$0.37	\$1.90	\$1.52	\$0.87	\$0.86	\$0.40	\$0.83	\$0.98
DENTAL - ANESTHESIA SURGICAL	\$0.36	\$0.15	\$0.00	\$0.82	\$0.44	\$0.38	\$0.33	\$0.05	\$0.03	\$0.56	\$0.07	\$0.06
DENTAL - DIAGNOSTIC	\$6.67	\$6.99	\$0.13	\$3.71	\$5.80	\$4.76	\$4.39	\$2.53	\$3.86	\$5.40	\$2.02	\$1.99
DENTAL - ENDODONTICS	\$2.76	\$2.61	\$0.00	\$1.19	\$1.41	\$1.43	\$1.28	\$0.47	\$1.00	\$1.15	\$0.27	\$0.18
DENTAL - I/P FIXED	\$0.01	\$0.01			\$0.00	\$0.03	\$0.01	\$0.02	\$0.02	\$0.00	\$0.00	\$0.00
DENTAL - ORAL SURGERY	\$4.37	\$2.40	\$0.01	\$0.80	\$1.65	\$3.13	\$3.05	\$1.72	\$3.00	\$1.35	\$1.48	\$1.87
DENTAL - ORTHODONTICS	\$0.00	\$0.00			\$0.02	\$0.00	\$0.04			\$0.07		
DENTAL - PERIODONTICS	\$2.15	\$1.79	\$0.00	\$0.01	\$0.13	\$2.26	\$1.61	\$0.78	\$1.80	\$0.12	\$0.08	\$0.04
DENTAL - PREVENTIVE	\$2.05	\$3.02	\$0.07	\$3.04	\$5.71	\$2.37	\$2.09	\$1.12	\$0.88	\$5.31	\$0.15	\$0.06
DENTAL - PROS REMOVABLE	\$3.71	\$0.60	\$0.00	\$0.00	\$0.04	\$6.03	\$5.30	\$7.18	\$11.13	\$0.02	\$0.24	\$0.15
DENTAL - RESTORATIVE	\$8.03	\$7.84	\$0.02	\$8.28	\$8.48	\$6.55	\$5.77	\$2.78	\$3.38	\$8.35	\$0.99	\$0.60
<b>Total</b>	<b>\$32.29</b>	<b>\$26.84</b>	<b>\$0.26</b>	<b>\$18.56</b>	<b>\$24.07</b>	<b>\$28.83</b>	<b>\$25.38</b>	<b>\$17.51</b>	<b>\$25.95</b>	<b>\$22.73</b>	<b>\$6.13</b>	<b>\$5.91</b>
<b>MENTAL HEALTH</b>												
MH SERVICES ACUTE INPATIENT	\$4.78	\$1.31	\$0.02	\$0.10	\$2.03	\$2.20	\$31.17	\$0.30	\$9.08	\$7.06	\$2.50	\$9.64
MH SERVICES ALTERNATIVE TO IP	\$0.13	\$0.05	\$0.04	\$0.01	\$0.46	\$2.75	\$3.62	\$0.12		\$5.20	\$0.02	\$0.65
MH SERVICES ANCILLARY SERVICES	\$0.07	\$0.00		\$0.00	\$0.01	\$0.05	\$0.22	\$0.07	\$0.80	\$0.02	\$0.06	\$0.05
MH SERVICES ASSESS & EVAL	\$1.66	\$0.82	\$0.01	\$0.35	\$1.52	\$1.20	\$2.79	\$0.32	\$0.87	\$6.65	\$0.60	\$1.30
MH SERVICES CASE MANAGEMENT	\$1.97	\$0.61	\$0.06	\$0.87	\$5.83	\$20.85	\$24.70	\$1.81	\$3.64	\$44.91	\$0.72	\$4.28
MH SERVICES CONS ASSESS					\$0.03		\$0.06			\$0.27		
MH SERVICES CONSULTATION												
MH SERVICES EVIDENCE BASED PRACTICE												
MH SERVICES FAMILY SUPPORT	\$0.02	\$0.00		\$0.01	\$0.06	\$0.80	\$0.71	\$0.04		\$0.37	\$0.00	\$0.13
MH SERVICES INTENSIVE TREATMENT SVCS			\$0.01	\$0.32	\$3.55	\$0.00	\$8.95			\$62.50		
MH SERVICES MED MANAGEMENT	\$0.22	\$0.03		\$0.00	\$0.04	\$3.30	\$3.00	\$0.22	\$0.39	\$0.16	\$0.14	\$0.44
MH SERVICES OP THERAPY	\$4.92	\$1.50	\$0.01	\$0.48	\$2.78	\$6.91	\$9.25	\$0.77	\$0.52	\$15.98	\$2.66	\$5.21
MH SERVICES OTHER OP	\$0.11	\$0.05		\$0.01	\$0.16	\$0.05	\$0.28	\$0.03		\$0.33	\$0.05	\$0.10
MH SERVICES PEO	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30	\$0.30
MH SERVICES PHYS IP	\$2.30	\$0.53	\$0.01	\$0.20	\$1.61	\$7.32	\$11.90	\$0.96	\$1.69	\$10.36	\$1.30	\$4.03
MH SERVICES PHYS OP	\$11.68	\$4.34	\$0.20	\$2.46	\$9.97	\$12.47	\$24.95	\$1.75	\$9.21	\$61.03	\$6.85	\$13.69
MH SERVICES SUPPORT DAY PROGRAM	\$0.34	\$0.15	\$0.00	\$0.21	\$0.80	\$18.35	\$15.21	\$2.33	\$2.56	\$6.82	\$0.12	\$2.51
<b>Total</b>	<b>\$28.49</b>	<b>\$9.69</b>	<b>\$0.66</b>	<b>\$5.31</b>	<b>\$29.16</b>	<b>\$76.54</b>	<b>\$137.14</b>	<b>\$9.02</b>	<b>\$29.07</b>	<b>\$221.96</b>	<b>\$15.31</b>	<b>\$42.33</b>
<b>TOTAL ALL</b>	<b>\$506.71</b>	<b>\$1,315.65</b>	<b>\$499.01</b>	<b>\$113.02</b>	<b>\$138.44</b>	<b>\$263.49</b>	<b>\$1,009.76</b>	<b>\$194.82</b>	<b>\$780.90</b>	<b>\$380.48</b>	<b>\$268.48</b>	<b>\$548.75</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 10-B**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>PHYSICAL HEALTH</b>													
ADMINISTRATIVE EXAMS	\$1.07	\$0.64	\$0.01	\$0.03	\$0.11	\$0.33	\$2.07	\$0.03	\$0.06	\$4.31	\$0.00	\$0.24	\$1.66
ANESTHESIA	\$4.47	\$14.85	\$2.59	\$1.59	\$0.91	\$0.99	\$7.99	\$0.43	\$5.93	\$1.22	\$4.39	\$1.92	\$3.35
EXCEPT NEEDS CARE COORDINATION													
FP - IP HOSP													
FP - OP HOSP	\$0.27	\$0.46	\$0.00	\$0.00	\$0.02	\$0.01	\$0.04	\$0.00		\$0.02		\$0.12	\$0.03
FP - PHYS	\$11.21	\$13.42	\$29.51	\$3.95	\$4.74	\$1.06	\$2.75	\$0.20	\$1.54	\$3.98	\$0.00	\$7.07	\$4.60
HYSTERECTOMY - ANESTHESIA	\$0.07	\$0.02				\$0.00	\$0.04	\$0.00			\$0.00	\$0.08	\$0.05
HYSTERECTOMY - IP HOSP	\$2.51	\$0.19				\$0.01	\$1.48	\$0.04			\$0.40	\$1.04	\$0.84
HYSTERECTOMY - OP HOSP													
HYSTERECTOMY - PHYS	\$0.22	\$0.06				\$0.00	\$0.12	\$0.00			\$0.01	\$0.27	\$0.15
IP HOSP - ACUTE DETOX	\$0.45		\$0.02		\$0.05	\$0.03	\$1.90	\$0.02		\$0.01		\$0.29	\$1.99
IP HOSP - MATERNITY	\$32.61	\$209.02			\$1.41	\$0.03	\$1.44	\$0.00		\$0.43	\$88.18	\$1.48	\$0.15
IP HOSP - MATERNITY / STERILIZATION	\$2.19	\$8.48			\$0.01		\$0.03				\$0.65	\$0.11	
IP HOSP - MEDICAL/SURGICAL	\$57.43	\$11.73	\$43.56	\$8.84	\$9.43	\$4.34	\$339.35	\$10.56	\$246.15	\$12.63	\$12.50	\$24.82	\$66.90
IP HOSP - NEWBORN	\$0.08	\$0.02	\$468.08	\$0.03			\$2.47			\$13.74	\$0.02		
IP HOSP - POST HOSP EXTENDED CARE													
LAB & RAD - DIAGNOSTIC X-RAY	\$9.09	\$21.26	\$2.86	\$0.63	\$1.30	\$0.88	\$12.35	\$0.56	\$9.48	\$1.21	\$0.24	\$6.89	\$11.35
LAB & RAD - LAB	\$5.22	\$15.40	\$0.61	\$0.35	\$0.79	\$0.23	\$5.39	\$0.08	\$4.18	\$1.16	\$0.14	\$3.78	\$5.36
LAB & RAD - THERAPEUTIC X-RAY	\$0.30	\$0.01	\$0.01	\$0.01	\$0.01	\$0.06	\$2.31	\$0.03	\$2.49	\$0.00	\$0.00	\$0.10	\$0.77
OP ER - SOMATIC MH	\$0.66	\$0.12	\$0.00	\$0.01	\$0.17	\$0.13	\$1.28	\$0.05	\$0.08	\$0.29		\$0.40	\$1.00
OP HOSP - BASIC	\$39.18	\$13.09	\$21.86	\$12.80	\$9.56	\$13.61	\$95.88	\$5.92	\$70.63	\$10.97	\$0.86	\$24.37	\$44.35
OP HOSP - EMERGENCY ROOM	\$17.55	\$5.36	\$9.72	\$6.34	\$4.82	\$1.47	\$15.54	\$0.92	\$7.83	\$3.21	\$0.48	\$11.81	\$17.02
OP HOSP - LAB & RAD	\$28.87	\$16.58	\$5.52	\$3.02	\$5.22	\$3.38	\$38.37	\$2.17	\$30.11	\$4.62	\$0.32	\$24.22	\$39.76
OP HOSP - MATERNITY	\$9.31	\$86.25	\$0.00	\$0.00	\$0.60	\$0.03	\$0.50	\$0.00		\$0.24	\$1.72	\$1.37	\$0.82
OP HOSP - POST HOSP EXTENDED CARE						\$0.00							
OP HOSP - PRES DRUGS BASIC	\$4.79	\$4.79	\$1.45	\$0.99	\$1.10	\$1.04	\$10.97	\$0.15	\$2.50	\$0.88	\$0.22	\$2.30	\$4.55
OP HOSP - PRES DRUGS MH/CD	\$0.09	\$0.03	\$0.00	\$0.00	\$0.01	\$0.07	\$0.38	\$0.01	\$0.65	\$0.02		\$0.02	\$0.19
OP HOSP - SOMATIC MH	\$0.69	\$0.13	\$0.03	\$0.12	\$0.24	\$0.08	\$1.29	\$0.04	\$0.13	\$0.75		\$0.52	\$1.06
OTH MED - DME	\$1.84	\$0.43	\$1.91	\$0.40	\$0.39	\$8.42	\$28.69	\$4.83	\$6.68	\$2.13	\$0.00	\$1.54	\$3.75
OTH MED - HHC/PDN	\$0.57	\$0.14	\$1.05	\$0.40	\$0.19	\$1.92	\$13.49	\$0.78	\$4.84	\$5.14	\$0.00	\$1.05	\$0.30
OTH MED - HOSPICE	\$0.09		\$0.10	\$0.00	\$0.00	\$0.12	\$13.95	\$1.87	\$14.40			\$0.01	\$1.04
OTH MED - MATERNITY MGT	\$5.58	\$32.98	\$0.05	\$0.08	\$0.63	\$0.13	\$2.59	\$0.00		\$0.51	\$0.01	\$0.47	\$0.10
OTH MED - SUPPLIES	\$1.77	\$2.70	\$0.80	\$0.20	\$0.39	\$15.43	\$24.67	\$13.68	\$9.41	\$2.20	\$0.00	\$1.63	\$4.17
PHYS CONSULTATION, IP & ER VISITS	\$6.29	\$3.00	\$48.09	\$2.09	\$1.61	\$1.04	\$24.97	\$0.62	\$18.15	\$3.39	\$0.57	\$4.81	\$10.04
PHYS HOME OR LONG-TERM CARE VISITS	\$0.05	\$0.16	\$1.98	\$0.03	\$0.00	\$1.32	\$1.61	\$1.51	\$2.97	\$0.02		\$0.00	\$0.02
PHYS MATERNITY	\$17.48	\$141.71	\$0.08	\$0.00	\$0.92	\$0.08	\$0.73	\$0.01	\$0.01	\$0.27	\$27.39	\$1.01	\$0.24
PHYS NEWBORN	\$0.11	\$0.16	\$15.71	\$0.03	\$0.03	\$0.05	\$0.85	\$0.00	\$0.12	\$0.24	\$0.00	\$0.05	\$0.29
PHYS OFFICE VISITS	\$47.75	\$21.59	\$52.46	\$19.09	\$17.46	\$10.17	\$44.16	\$3.80	\$34.61	\$29.74	\$0.04	\$31.31	\$62.28
PHYS OTHER	\$9.38	\$5.27	\$6.77	\$1.40	\$2.57	\$9.17	\$36.06	\$7.20	\$39.05	\$39.75	\$0.02	\$5.15	\$16.00

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 10-B**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
PHYS SOMATIC MH	\$4.93	\$1.36	\$0.20	\$6.78	\$6.91	\$3.16	\$16.94	\$2.48	\$2.57	\$10.80	\$0.02	\$2.46	\$7.26
PRES DRUGS - BASIC	\$48.00	\$15.51	\$14.10	\$8.02	\$12.12	\$14.20	\$273.03	\$7.32	\$173.43	\$48.04	\$0.00	\$86.06	\$199.73
PRES DRUGS - FP	\$3.44	\$2.47	\$0.00	\$0.00	\$0.97	\$0.01	\$1.33	\$0.00	\$0.04	\$0.91		\$5.50	\$2.40
PRES DRUGS - MH/CD	\$28.75	\$5.42	\$0.01	\$0.32	\$5.66	\$3.20	\$167.98	\$0.98	\$40.72	\$39.24	\$0.00	\$37.55	\$84.66
SCHOOL-BASED HEALTH SERVICES			\$0.09	\$0.22	\$0.07	\$0.12	\$10.86	\$0.00		\$1.36			
STERILIZATION - ANESTHESIA FEMALE	\$0.25	\$0.68				\$0.02	\$0.01				\$0.00	\$0.11	\$0.01
STERILIZATION - ANESTHESIA MALE							\$0.00						
STERILIZATION - IP HOSP FEMALE	\$2.25	\$11.45			\$0.00		\$0.10				\$0.63	\$0.04	
STERILIZATION - IP HOSP MALE													
STERILIZATION - OP HOSP FEMALE	\$0.12	\$0.29				\$0.00	\$0.00					\$0.06	\$0.01
STERILIZATION - OP HOSP MALE	\$0.00					\$0.00							
STERILIZATION - PHY FEMALE	\$0.28	\$0.83			\$0.00	\$0.02	\$0.01	\$0.00			\$0.00	\$0.08	\$0.03
STERILIZATION - PHY MALE	\$0.04					\$0.01	\$0.00	\$0.00				\$0.06	
SURGERY	\$8.29	\$3.43	\$5.71	\$1.63	\$1.99	\$1.40	\$21.94	\$0.92	\$17.02	\$1.83	\$0.69	\$6.46	\$12.78
TARGETED CASE MAN - BABIES FIRST			\$26.19	\$3.70	\$0.00	\$0.00	\$1.08			\$0.34			
TARGETED CASE MAN - HIV	\$0.00				\$0.00	\$0.02	\$0.02	\$0.00				\$0.00	\$0.01
TARGETED CASE MAN - SUBS ABUSE MOMS	\$0.08	\$0.45	\$0.00		\$0.00	\$0.00	\$0.01	\$0.00		\$0.00		\$0.03	\$0.01
THERAPEUTIC ABORTION - IP HOSP	\$0.03	\$0.21			\$0.00	\$0.01	\$0.01				\$0.03	\$0.03	\$0.01
THERAPEUTIC ABORTION - OP HOSP	\$0.70	\$2.66			\$0.04	\$0.01	\$0.03			\$0.02	\$0.02	\$0.19	\$0.06
THERAPEUTIC ABORTION - PHYS	\$1.57	\$6.71	\$0.00	\$0.00	\$0.11	\$0.01	\$0.06	\$0.00		\$0.05	\$0.01	\$0.46	\$0.20
TRANSPORTATION - AMBULANCE	\$3.94	\$4.95	\$6.85	\$1.02	\$1.07	\$0.98	\$15.51	\$0.72	\$9.66	\$1.64	\$0.98	\$1.87	\$6.13
TRANSPORTATION - OTHER	\$7.76	\$2.85	\$0.90	\$0.46	\$1.12	\$47.25	\$35.15	\$21.44	\$17.95	\$4.02			
VISION CARE - EXAMS & THERAPY	\$1.47	\$0.98	\$0.25	\$0.46	\$1.28	\$0.68	\$1.76	\$0.36	\$1.77	\$1.19	\$0.00	\$0.42	\$0.84
VISION CARE - MATERIALS & FITTING	\$0.89	\$0.62	\$0.03	\$0.15	\$0.75	\$0.77	\$1.02	\$0.28	\$0.66	\$0.66		\$0.01	\$0.00
PART A DEDUCTIBLE													
PART B DEDUCTIBLE													
PART B COINSURANCE ADJUSTMENT													
<b>Total</b>	<b>\$432.02</b>	<b>\$690.94</b>	<b>\$769.15</b>	<b>\$85.20</b>	<b>\$96.81</b>	<b>\$147.53</b>	<b>\$1,282.58</b>	<b>\$90.02</b>	<b>\$775.81</b>	<b>\$253.16</b>	<b>\$140.53</b>	<b>\$301.68</b>	<b>\$618.32</b>
<b>CHEMICAL DEPENDENCY</b>													
CD SERVICES - ALTERNATIVE TO DETOX													
CD SERVICES - METHADONE	\$1.02	\$0.22			\$0.01	\$0.86	\$1.46	\$0.03	\$0.11	\$0.00		\$0.91	\$3.23
CD SERVICES - OP	\$0.54	\$0.30		\$0.00	\$0.20	\$0.08	\$0.20	\$0.00	\$0.01	\$0.64		\$0.18	\$0.51
<b>Total</b>	<b>\$1.56</b>	<b>\$0.52</b>		<b>\$0.00</b>	<b>\$0.20</b>	<b>\$0.94</b>	<b>\$1.66</b>	<b>\$0.03</b>	<b>\$0.12</b>	<b>\$0.65</b>		<b>\$1.10</b>	<b>\$3.74</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Fee-for-Service Monthly Per Capita Cost for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 10-B**

CATEGORY OF SERVICE	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD-MED	ABAD	OAA-MED	OAA	SCF	CAWEM	OHPFAM	OHPAC
<b>DENTAL</b>													
DENTAL - ADJUNCTIVE GENERAL	\$0.12	\$0.07		\$0.09	\$0.02	\$0.13	\$0.16	\$0.01	\$0.09	\$0.10		\$0.06	\$0.07
DENTAL - ANESTHESIA SURGICAL	\$0.01	\$0.00		\$0.03	\$0.01	\$0.01	\$0.02	\$0.00		\$0.11			\$0.01
DENTAL - DIAGNOSTIC	\$0.38	\$0.18	\$0.01	\$0.32	\$0.41	\$0.33	\$0.44	\$0.03	\$0.08	\$0.77		\$0.10	\$0.08
DENTAL - ENDODONTICS	\$0.08	\$0.05		\$0.09	\$0.05	\$0.06	\$0.08	\$0.01		\$0.21			\$0.00
DENTAL - I/P FIXED							\$0.00						
DENTAL - ORAL SURGERY	\$0.20	\$0.09		\$0.14	\$0.20	\$0.23	\$0.49	\$0.02	\$0.19	\$0.34		\$0.22	\$0.18
DENTAL - ORTHODONTICS							\$0.02						
DENTAL - PERIODONTICS	\$0.09	\$0.03			\$0.01	\$0.08	\$0.06	\$0.00	\$0.11	\$0.00		\$0.00	\$0.00
DENTAL - PREVENTIVE	\$0.20	\$0.17	\$0.01	\$0.42	\$0.81	\$0.20	\$0.33	\$0.01	\$0.01	\$1.00		\$0.01	\$0.00
DENTAL - PROS REMOVABLE	\$0.08	\$0.04			\$0.00	\$0.20	\$0.22	\$0.06	\$0.13			\$0.01	
DENTAL - RESTORATIVE	\$0.37	\$0.19		\$0.71	\$0.56	\$0.46	\$0.45	\$0.02	\$0.03	\$1.36		\$0.02	\$0.01
<b>Total</b>	<b>\$1.52</b>	<b>\$0.82</b>	<b>\$0.01</b>	<b>\$1.79</b>	<b>\$2.07</b>	<b>\$1.69</b>	<b>\$2.27</b>	<b>\$0.16</b>	<b>\$0.64</b>	<b>\$3.90</b>		<b>\$0.41</b>	<b>\$0.36</b>
<b>MENTAL HEALTH</b>													
MH SERVICES ACUTE INPATIENT	\$2.81	\$2.39	\$0.38	\$0.03	\$0.90	\$0.34	\$17.31	\$0.13	\$15.75	\$4.95	\$0.04	\$0.72	\$6.53
MH SERVICES ALTERNATIVE TO IP													
MH SERVICES ANCILLARY SERVICES	\$0.00			\$0.00	\$0.00	\$0.00	\$0.04			\$0.00		\$0.00	\$0.01
MH SERVICES ASSESS & EVAL	\$0.39	\$0.09	\$0.00	\$0.07	\$0.29	\$1.68	\$1.55	\$0.02	\$0.11	\$2.12		\$0.20	\$0.46
MH SERVICES CASE MANAGEMENT	\$0.47	\$0.09	\$0.00	\$0.06	\$0.51	\$6.85	\$7.28	\$0.08	\$0.12	\$5.73		\$0.38	\$2.03
MH SERVICES CONS ASSESS													
MH SERVICES CONSULTATION													
MH SERVICES EVIDENCE BASED PRACTICE						\$2.40	\$2.40						
MH SERVICES FAMILY SUPPORT													
MH SERVICES INTENSIVE TREATMENT SVCS													
MH SERVICES MED MANAGEMENT	\$0.03	\$0.00		\$0.00	\$0.01	\$18.53	\$8.83	\$0.03	\$1.23	\$0.04		\$0.02	\$0.18
MH SERVICES OP THERAPY	\$1.08	\$0.20		\$0.12	\$0.57	\$60.53	\$22.55	\$0.39	\$3.91	\$3.41		\$0.83	\$2.56
MH SERVICES OTHER OP				\$0.08	\$0.06	\$0.11	\$0.30	\$0.01		\$0.89			\$0.05
MH SERVICES PEO													
MH SERVICES PHYS IP	\$0.47	\$0.12		\$0.05	\$0.36	\$5.60	\$5.33	\$0.23	\$0.88	\$2.85	\$0.00	\$0.53	\$1.91
MH SERVICES PHYS OP	\$1.52	\$0.35	\$0.01	\$0.58	\$2.00	\$9.80	\$11.00	\$0.30	\$1.73	\$12.12	\$0.00	\$1.25	\$3.54
MH SERVICES SUPPORT DAY PROGRAM	\$0.12	\$0.01	\$0.00	\$0.09	\$0.27	\$70.08	\$38.36	\$0.79	\$2.96	\$1.68		\$0.15	\$1.72
<b>Total</b>	<b>\$6.90</b>	<b>\$3.24</b>	<b>\$0.40</b>	<b>\$1.09</b>	<b>\$4.98</b>	<b>\$175.90</b>	<b>\$114.95</b>	<b>\$1.99</b>	<b>\$26.69</b>	<b>\$33.80</b>	<b>\$0.05</b>	<b>\$4.10</b>	<b>\$18.98</b>
<b>TOTAL ALL</b>	<b>\$442.01</b>	<b>\$695.52</b>	<b>\$769.56</b>	<b>\$88.08</b>	<b>\$104.06</b>	<b>\$326.06</b>	<b>\$1,401.46</b>	<b>\$92.20</b>	<b>\$803.27</b>	<b>\$291.51</b>	<b>\$140.58</b>	<b>\$307.28</b>	<b>\$641.39</b>

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Summary of Monthly Per Capita Cost for Calendar Years 2010-2011**  
**By Delivery System Through Line 502 of the Prioritized List**

**EXHIBIT 11**

<b>PHYSICAL HEALTH - FCHP</b>
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

<b>MCO PER CAPITA COST</b>
\$430.01
\$1,270.76
\$498.10
\$89.14
\$83.71
\$152.52
\$835.63
\$167.83
\$725.44
\$128.97
\$0.00
\$241.90
\$467.44

<b>FFS WRAPAROUND PER CAPITA COST</b>
\$39.97
\$18.95
\$27.20
\$4.74
\$7.11
\$50.95
\$217.28
\$22.46
\$58.73
\$49.34
\$0.06
\$38.50
\$86.61

<b>FFS/PCM PER CAPITA COST<sup>2</sup></b>
\$432.33
\$691.00
\$769.67
\$85.63
\$97.12
\$147.71
\$1,282.82
\$90.71
\$776.35
\$253.63
\$140.53
\$301.97
\$618.51

<b>PHYSICAL HEALTH - PCO</b>
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

<b>MCO PER CAPITA COST</b>
\$285.29
\$677.45
\$188.86
\$74.12
\$65.46
\$127.80
\$533.93
\$128.52
\$413.65
\$109.58
\$0.00
\$199.38
\$352.75

<b>FFS WRAPAROUND PER CAPITA COST</b>
\$141.01
\$264.12
\$539.79
\$14.25
\$18.50
\$55.30
\$569.46
\$33.03
\$307.69
\$77.01
\$102.43
\$67.82
\$159.22

<b>FFS/PCM PER CAPITA COST<sup>2</sup></b>
\$432.33
\$690.79
\$769.67
\$85.63
\$97.12
\$147.71
\$1,282.81
\$90.71
\$776.35
\$253.63
\$140.51
\$301.94
\$618.50

<b>PHYSICAL HEALTH - FCHP/PCO Blend</b>
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

<b>MCO PER CAPITA COST<sup>1</sup></b>
\$426.38
\$1,254.63
\$491.62
\$88.91
\$83.35
\$151.95
\$826.83
\$167.10
\$716.59
\$128.41
\$0.00
\$241.90
\$467.44

<b>FFS WRAPAROUND PER CAPITA COST</b>
\$42.51
\$25.62
\$37.93
\$4.89
\$7.34
\$51.05
\$227.54
\$22.65
\$65.80
\$50.14
\$0.03
\$38.50
\$86.61

<b>FFS/PCM PER CAPITA COST<sup>2</sup></b>
\$432.33
\$691.00
\$769.67
\$85.63
\$97.12
\$147.71
\$1,282.82
\$90.71
\$776.35
\$253.63
\$140.53
\$301.97
\$618.51

<sup>1</sup> Reflects the weighted average of the FCHP and PCO per capita costs

<sup>2</sup> A PCM case management fee is applied to the portion of FFS population covered by case management.

<sup>3</sup> Includes administrative allowance.

Note: MCO refers to a Managed Care Organization, FFS refers to Fee-For-Service, and PCM refers to a Primary Care Manager.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Summary of Monthly Per Capita Cost for Calendar Years 2010-2011**  
**By Delivery System Through Line 502 of the Prioritized List**

**EXHIBIT 11**

<b>CHEMICAL DEPENDENCY - FCHP &amp; CDO</b>	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

<b>MCO PER CAPITA COST</b>	
	\$15.92
	\$8.36
	\$0.00
	\$0.00
	\$1.50
	\$5.60
	\$11.61
	\$0.46
	\$0.44
	\$6.81
	\$0.00
	\$5.13
	\$33.07

<b>FFS WRAPAROUND PER CAPITA COST</b>	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

<b>FFS/PCM PER CAPITA COST</b>	
	\$1.56
	\$0.52
	\$0.00
	\$0.00
	\$0.20
	\$0.94
	\$1.66
	\$0.03
	\$0.12
	\$0.65
	\$0.00
	\$1.10
	\$3.74

<b>CHEMICAL DEPENDENCY - PCO</b>	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

<b>MCO PER CAPITA COST</b>	
	\$15.53
	\$8.30
	\$0.00
	\$0.00
	\$1.49
	\$5.25
	\$11.07
	\$0.44
	\$0.44
	\$6.81
	\$0.00
	\$4.98
	\$31.87

<b>FFS WRAPAROUND PER CAPITA COST</b>	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

<b>FFS/PCM PER CAPITA COST</b>	
	\$1.56
	\$0.52
	\$0.00
	\$0.00
	\$0.20
	\$0.94
	\$1.66
	\$0.03
	\$0.12
	\$0.65
	\$0.00
	\$1.10
	\$3.74

<b>CHEMICAL DEPENDENCY - FCHP/PCO Blend</b>	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

<b>MCO PER CAPITA COST<sup>1</sup></b>	
	\$15.91
	\$8.36
	\$0.00
	\$0.00
	\$1.50
	\$5.59
	\$11.59
	\$0.46
	\$0.44
	\$6.81
	\$0.00
	\$5.13
	\$33.07

<b>FFS WRAPAROUND PER CAPITA COST</b>	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

<b>FFS/PCM PER CAPITA COST</b>	
	\$1.56
	\$0.52
	\$0.00
	\$0.00
	\$0.20
	\$0.94
	\$1.66
	\$0.03
	\$0.12
	\$0.65
	\$0.00
	\$1.10
	\$3.74

<sup>1</sup> Reflects the weighted average of the FCHP and PCO per capita costs

<sup>2</sup> A PCM case management fee is applied to the portion of FFS population covered by case management.

<sup>3</sup> Includes administrative allowance.

Note: MCO refers to a Managed Care Organization, FFS refers to Fee-For-Service, and PCM refers to a Primary Care Manager.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Summary of Monthly Per Capita Cost for Calendar Years 2010-2011**  
**By Delivery System Through Line 502 of the Prioritized List**

**EXHIBIT 11**

<b>DENTAL</b>	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

<b>MCO PER CAPITA COST</b>	
	\$32.29
	\$26.84
	\$0.26
	\$18.56
	\$24.07
	\$28.83
	\$25.38
	\$17.51
	\$25.95
	\$22.73
	\$0.00
	\$6.13
	\$5.91

<b>FFS WRAPAROUND PER CAPITA COST</b>	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

<b>FFS/PCM PER CAPITA COST</b>	
	\$1.52
	\$0.82
	\$0.01
	\$1.79
	\$2.07
	\$1.69
	\$2.27
	\$0.16
	\$0.64
	\$3.90
	\$0.00
	\$0.41
	\$0.36

<b>MENTAL HEALTH</b>	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

<b>MCO PER CAPITA COST</b>	
	\$28.49
	\$9.69
	\$0.66
	\$5.31
	\$29.16
	\$76.54
	\$137.14
	\$9.02
	\$29.07
	\$221.96
	\$0.00
	\$15.31
	\$42.33

<b>FFS WRAPAROUND PER CAPITA COST</b>	
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$2.40
	\$2.40
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00

<b>FFS/PCM PER CAPITA COST</b>	
	\$6.90
	\$3.24
	\$0.40
	\$1.09
	\$4.98
	\$175.90
	\$114.95
	\$1.99
	\$26.69
	\$33.80
	\$0.05
	\$4.10
	\$18.98

<b>PHYSICAL HEALTH, DENTAL, &amp; CHEMICAL DEPENDENCY</b>	
Temporary Assistance to Needy Families (Adults Only)	
Poverty Level Medical Adults	
PLM, TANF, and CHIP Children < 1	
PLM, TANF, and CHIP Children 1 - 5	
PLM, TANF, and CHIP Children 6 - 18	
Aid to the Blind/Aid to the Disabled with Medicare	
Aid to the Blind/Aid to the Disabled without Medicare	
Old Age Assistance with Medicare	
Old Age Assistance without Medicare	
SCF Children	
CAWEM (Citizen-Alien Waived Emergency Medical)	
OHP Families	
OHP Adults & Couples	

<b>MCO PER CAPITA COST<sup>1</sup></b>	
	\$474.57
	\$1,289.82
	\$491.88
	\$107.47
	\$108.91
	\$186.36
	\$863.81
	\$185.07
	\$742.98
	\$157.96
	\$0.00
	\$253.17
	\$506.42

<b>FFS WRAPAROUND PER CAPITA COST</b>	
	\$42.51
	\$25.62
	\$37.93
	\$4.89
	\$7.34
	\$51.05
	\$227.54
	\$22.65
	\$65.80
	\$50.14
	\$0.03
	\$38.50
	\$86.61

<b>FFS/PCM PER CAPITA COST<sup>2</sup></b>	
	\$435.41
	\$692.34
	\$769.69
	\$87.43
	\$99.39
	\$150.34
	\$1,286.74
	\$90.90
	\$777.11
	\$258.18
	\$140.53
	\$303.48
	\$622.61

<sup>1</sup> Reflects the weighted average of the FCHP and PCO per capita costs

<sup>2</sup> A PCM case management fee is applied to the portion of FFS population covered by case management.

<sup>3</sup> Includes administrative allowance.

Note: MCO refers to a Managed Care Organization, FFS refers to Fee-For-Service, and PCM refers to a Primary Care Manager.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Summary of Monthly Per Capita Cost for Calendar Years 2010-2011**  
**By Delivery System Through Line 502 of the Prioritized List**

**EXHIBIT 11**

<b>PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY + ADMIN</b>
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

<b>MCO PER CAPITA COST<sup>1,3</sup></b>
\$514.06
\$1,396.90
\$532.68
\$116.46
\$118.04
\$219.60
\$935.55
\$215.53
\$804.70
\$171.15
\$0.00
\$274.19
\$548.44

<b>FFS WRAPAROUND PER CAPITA COST</b>
\$42.51
\$25.62
\$37.93
\$4.89
\$7.34
\$51.05
\$227.54
\$22.65
\$65.80
\$50.14
\$0.03
\$38.50
\$86.61

<b>FFS/PCM PER CAPITA COST<sup>2</sup></b>
\$435.41
\$692.34
\$769.69
\$87.43
\$99.39
\$150.34
\$1,286.74
\$90.90
\$777.11
\$258.18
\$140.53
\$303.48
\$622.61

<b>PHYSICAL HEALTH, DENTAL, CHEMICAL DEPENDENCY, &amp; MENTAL HEALTH</b>
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

<b>MCO PER CAPITA COST<sup>1</sup></b>
\$503.06
\$1,299.51
\$492.54
\$112.78
\$138.08
\$262.91
\$1,000.95
\$194.09
\$772.05
\$379.92
\$0.00
\$268.48
\$548.75

<b>FFS WRAPAROUND PER CAPITA COST</b>
\$42.51
\$25.62
\$37.93
\$4.89
\$7.34
\$53.45
\$229.94
\$22.65
\$65.80
\$50.14
\$0.03
\$38.50
\$86.61

<b>FFS/PCM PER CAPITA COST<sup>2</sup></b>
\$442.32
\$695.58
\$770.09
\$88.51
\$104.37
\$326.24
\$1,401.70
\$92.89
\$803.81
\$291.98
\$140.58
\$307.58
\$641.58

<b>HEALTH CARE EXPENSE PLUS ADMINISTRATION</b>
Temporary Assistance to Needy Families (Adults Only)
Poverty Level Medical Adults
PLM, TANF, and CHIP Children < 1
PLM, TANF, and CHIP Children 1 - 5
PLM, TANF, and CHIP Children 6 - 18
Aid to the Blind/Aid to the Disabled with Medicare
Aid to the Blind/Aid to the Disabled without Medicare
Old Age Assistance with Medicare
Old Age Assistance without Medicare
SCF Children
CAWEM (Citizen-Alien Waived Emergency Medical)
OHP Families
OHP Adults & Couples

<b>MCO PER CAPITA COST<sup>1,3</sup></b>
\$545.03
\$1,407.43
\$533.39
\$122.23
\$149.74
\$302.80
\$1,084.62
\$225.33
\$836.30
\$412.41
\$0.00
\$290.83
\$594.45

<b>FFS WRAPAROUND PER CAPITA COST</b>
\$42.51
\$25.62
\$37.93
\$4.89
\$7.34
\$53.45
\$229.94
\$22.65
\$65.80
\$50.14
\$0.03
\$38.50
\$86.61

<b>FFS/PCM PER CAPITA COST<sup>2</sup></b>
\$442.32
\$695.58
\$770.09
\$88.51
\$104.37
\$326.24
\$1,401.70
\$92.89
\$803.81
\$291.98
\$140.58
\$307.58
\$641.58

<sup>1</sup> Reflects the weighted average of the FCHP and PCO per capita costs

<sup>2</sup> A PCM case management fee is applied to the portion of FFS population covered by case management.

<sup>3</sup> Includes administrative allowance.

<sup>4</sup> Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

Note: MCO refers to a Managed Care Organization, FFS refers to Fee-For-Service, and PCM refers to a Primary Care Manager.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Expected Distribution of Enrollees by Eligibility Category and Delivery System**  
**Physical Health Services**  
**For Calendar Years 2010-2011**

**EXHIBIT 12-A**

Eligibility Category	Percentage	DELIVERY SYSTEM <sup>1</sup>		
		MCO <sup>2</sup>	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	9.42%	82.00%	18.00%	100.00%
Poverty Level Medical Adults	2.55%	80.19%	19.81%	100.00%
PLM, TANF, and CHIP Children < 1	5.78%	83.34%	16.66%	100.00%
PLM, TANF, and CHIP Children 1 - 5	16.81%	82.47%	17.53%	100.00%
PLM, TANF, and CHIP Children 6 - 18	27.69%	81.55%	18.45%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	6.42%	62.05%	37.95%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	10.48%	71.04%	28.96%	100.00%
Old Age Assistance with Medicare	7.15%	50.38%	49.62%	100.00%
Old Age Assistance without Medicare	0.24%	76.21%	23.79%	100.00%
SCF Children	4.19%	58.88%	41.12%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	4.30%		100.00%	100.00%
OHP Families	1.90%	81.79%	18.21%	100.00%
OHP Adults & Couples	3.07%	81.64%	18.36%	100.00%
<b>Total</b>	<b>100.0%</b>			

**AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM**  
**For Calendar Years 2010-2011**

Eligibility Category	DELIVERY SYSTEM <sup>1</sup>		
	MCO <sup>2</sup>	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	7.73%	1.70%	9.42%
Poverty Level Medical Adults	2.04%	0.50%	2.55%
PLM, TANF, and CHIP Children < 1	4.82%	0.96%	5.78%
PLM, TANF, and CHIP Children 1 - 5	13.86%	2.95%	16.81%
PLM, TANF, and CHIP Children 6 - 18	22.58%	5.11%	27.69%
Aid to the Blind/Aid to the Disabled with Medicare	3.98%	2.44%	6.42%
Aid to the Blind/Aid to the Disabled without Medicare	7.44%	3.03%	10.48%
Old Age Assistance with Medicare	3.60%	3.55%	7.15%
Old Age Assistance without Medicare	0.18%	0.06%	0.24%
SCF Children	2.47%	1.72%	4.19%
CAWEM (Citizen-Alien Waived Emergency Medical)		4.30%	4.30%
OHP Families	1.55%	0.35%	1.90%
OHP Adults & Couples	2.51%	0.56%	3.07%
<b>Total</b>	<b>72.77%</b>	<b>27.23%</b>	<b>100.00%</b>

<sup>1</sup> Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

<sup>2</sup> Reflects projected FCHP and PCO enrollees.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Expected Distribution of Enrollees by Eligibility Category and Delivery System**  
**Dental Services**  
**For Calendar Years 2010-2011**

**EXHIBIT 12-B**

Eligibility Category	Percentage	DELIVERY SYSTEM <sup>1</sup>		
		MCO	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	9.42%	96.07%	3.93%	100.00%
Poverty Level Medical Adults	2.55%	95.61%	4.39%	100.00%
PLM, TANF, and CHIP Children < 1	5.78%	96.10%	3.90%	100.00%
PLM, TANF, and CHIP Children 1 - 5	16.81%	96.55%	3.45%	100.00%
PLM, TANF, and CHIP Children 6 - 18	27.69%	96.47%	3.53%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	6.42%	88.67%	11.33%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	10.48%	89.59%	10.41%	100.00%
Old Age Assistance with Medicare	7.15%	85.05%	14.95%	100.00%
Old Age Assistance without Medicare	0.24%	83.09%	16.91%	100.00%
SCF Children	4.19%	82.08%	17.92%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	4.30%		100.00%	100.00%
OHP Families	1.90%	98.38%	1.62%	100.00%
OHP Adults & Couples	3.07%	96.15%	3.85%	100.00%
<b>Total</b>	<b>100.0%</b>			

**AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM**  
**For Calendar Years 2010-2011**

Eligibility Category	DELIVERY SYSTEM <sup>1</sup>		
	MCO	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	9.05%	0.37%	9.42%
Poverty Level Medical Adults	2.44%	0.11%	2.55%
PLM, TANF, and CHIP Children < 1	5.56%	0.23%	5.78%
PLM, TANF, and CHIP Children 1 - 5	16.23%	0.58%	16.81%
PLM, TANF, and CHIP Children 6 - 18	26.71%	0.98%	27.69%
Aid to the Blind/Aid to the Disabled with Medicare	5.69%	0.73%	6.42%
Aid to the Blind/Aid to the Disabled without Medicare	9.38%	1.09%	10.48%
Old Age Assistance with Medicare	6.08%	1.07%	7.15%
Old Age Assistance without Medicare	0.20%	0.04%	0.24%
SCF Children	3.44%	0.75%	4.19%
CAWEM (Citizen-Alien Waived Emergency Medical)		4.30%	4.30%
OHP Families	1.87%	0.03%	1.90%
OHP Adults & Couples	2.95%	0.12%	3.07%
<b>Total</b>	<b>89.61%</b>	<b>10.39%</b>	<b>100.00%</b>

<sup>1</sup> Eligibility distribution by delivery system was calculated by PwC based on information provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Expected Distribution of Enrollees by Eligibility Category and Delivery System**  
**Mental Health Services**  
**For Calendar Years 2010-2011**

**EXHIBIT 12-C**

Eligibility Category	Percentage	DELIVERY SYSTEM <sup>1</sup>		
		MCO	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	9.42%	94.40%	5.60%	100.00%
Poverty Level Medical Adults	2.55%	92.57%	7.43%	100.00%
PLM, TANF, and CHIP Children < 1	5.78%	95.86%	4.14%	100.00%
PLM, TANF, and CHIP Children 1 - 5	16.81%	95.06%	4.94%	100.00%
PLM, TANF, and CHIP Children 6 - 18	27.69%	94.28%	5.72%	100.00%
Aid to the Blind/Aid to the Disabled with Medicare	6.42%	93.38%	6.62%	100.00%
Aid to the Blind/Aid to the Disabled without Medicare	10.48%	92.47%	7.53%	100.00%
Old Age Assistance with Medicare	7.15%	86.48%	13.52%	100.00%
Old Age Assistance without Medicare	0.24%	95.29%	4.71%	100.00%
SCF Children	4.19%	94.84%	5.16%	100.00%
CAWEM (Citizen-Alien Waived Emergency Medical)	4.30%		100.00%	100.00%
OHP Families	1.90%	97.95%	2.05%	100.00%
OHP Adults & Couples	3.07%	97.52%	2.48%	100.00%
<b>Total</b>	<b>100.0%</b>			

**AVERAGE BY ELIGIBILITY CATEGORY AND DELIVERY SYSTEM**  
**For Calendar Years 2010-2011**

Eligibility Category	DELIVERY SYSTEM <sup>1</sup>		
	MCO	FFS/PCM	Total
Temporary Assistance to Needy Families (Adults Only)	8.90%	0.53%	9.42%
Poverty Level Medical Adults	2.36%	0.19%	2.55%
PLM, TANF, and CHIP Children < 1	5.54%	0.24%	5.78%
PLM, TANF, and CHIP Children 1 - 5	15.98%	0.83%	16.81%
PLM, TANF, and CHIP Children 6 - 18	26.11%	1.58%	27.69%
Aid to the Blind/Aid to the Disabled with Medicare	6.00%	0.43%	6.42%
Aid to the Blind/Aid to the Disabled without Medicare	9.69%	0.79%	10.48%
Old Age Assistance with Medicare	6.19%	0.97%	7.15%
Old Age Assistance without Medicare	0.23%	0.01%	0.24%
SCF Children	3.98%	0.22%	4.19%
CAWEM (Citizen-Alien Waived Emergency Medical)		4.30%	4.30%
OHP Families	1.86%	0.04%	1.90%
OHP Adults & Couples	2.99%	0.08%	3.07%
<b>Total</b>	<b>89.81%</b>	<b>10.19%</b>	<b>100.00%</b>

<sup>1</sup> Eligibility distribution by delivery system was calculated by PwC based on information provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Average Per Capita Cost <sup>1</sup> for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 13-A**

**Average Monthly Per Capita Cost by Eligibility Category and Delivery System**  
**Physical Health Services, Including Administrative Allowance**

Eligibility Category	DELIVERY SYSTEM <sup>4</sup>		
	MCO <sup>2,3</sup>	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$504.25	\$432.33	\$491.30
Poverty Level Medical Adults	\$1,384.30	\$691.00	\$1,246.97
PLM, TANF, and CHIP Children < 1	\$570.32	\$769.67	\$603.54
PLM, TANF, and CHIP Children 1 - 5	\$101.17	\$85.63	\$98.44
PLM, TANF, and CHIP Children 6 - 18	\$97.60	\$97.12	\$97.51
Aid to the Blind/Aid to the Disabled with Medicare	\$232.64	\$147.71	\$200.41
Aid to the Blind/Aid to the Disabled without Medicare	\$1,122.95	\$1,282.82	\$1,169.24
Old Age Assistance with Medicare	\$218.60	\$90.71	\$155.14
Old Age Assistance without Medicare	\$841.82	\$776.35	\$826.25
SCF Children	\$189.20	\$253.63	\$215.69
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.03	\$140.53	\$140.53
OHP Families	\$300.47	\$301.97	\$300.75
OHP Adults & Couples	\$592.82	\$618.51	\$597.53
<b>OHP PLUS COMPOSITE</b>	\$345.98	\$312.74	\$336.77
<b>OHP STANDARD COMPOSITE</b>	\$480.95	\$498.12	\$484.09
<b>Total</b>	\$353.50	\$318.93	\$344.09

<sup>1</sup> Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

<sup>2</sup> Reflects the weighted average of the FCHP and PCO per capita costs.

<sup>3</sup> Includes administrative allowance on capitated services.

<sup>4</sup> Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Average Per Capita Cost <sup>1</sup> for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 13-B**

**Average Monthly Per Capita Cost by Eligibility Category and Delivery System**  
**Chemical Dependency Services, Including Administrative Allowance**

Eligibility Category	DELIVERY SYSTEM <sup>4</sup>		
	MCO <sup>2,3</sup>	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$17.23	\$1.56	\$14.41
Poverty Level Medical Adults	\$9.05	\$0.52	\$7.36
PLM, TANF, and CHIP Children < 1	\$0.00		\$0.00
PLM, TANF, and CHIP Children 1 - 5	\$0.00	\$0.00	\$0.00
PLM, TANF, and CHIP Children 6 - 18	\$1.62	\$0.20	\$1.36
Aid to the Blind/Aid to the Disabled with Medicare	\$6.68	\$0.94	\$4.50
Aid to the Blind/Aid to the Disabled without Medicare	\$12.55	\$1.66	\$9.40
Old Age Assistance with Medicare	\$0.54	\$0.03	\$0.29
Old Age Assistance without Medicare	\$0.47	\$0.12	\$0.39
SCF Children	\$7.38	\$0.65	\$4.61
CAWEM (Citizen-Alien Waived Emergency Medical)			
OHP Families	\$5.56	\$1.10	\$4.75
OHP Adults & Couples	\$35.81	\$3.74	\$29.92
<b>OHP PLUS COMPOSITE</b>	\$4.78	\$0.47	\$3.59
<b>OHP STANDARD COMPOSITE</b>	\$24.23	\$2.74	\$20.30
<b>Total</b>	\$5.87	\$0.55	\$4.42

<sup>1</sup> Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

<sup>2</sup> Reflects the weighted average of the FCHP and PCO per capita costs.

<sup>3</sup> Includes administrative allowance on capitated services.

<sup>4</sup> Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Average Per Capita Cost <sup>1</sup> for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 13-C**

**Average Monthly Per Capita Cost by Eligibility Category and Delivery System**  
**Dental Services, Including Administrative Allowance**

Eligibility Category	DELIVERY SYSTEM <sup>4</sup>		
	MCO <sup>2,3</sup>	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$35.09	\$1.52	\$33.78
Poverty Level Medical Adults	\$29.17	\$0.82	\$27.93
PLM, TANF, and CHIP Children < 1	\$0.28	\$0.01	\$0.27
PLM, TANF, and CHIP Children 1 - 5	\$20.18	\$1.79	\$19.54
PLM, TANF, and CHIP Children 6 - 18	\$26.16	\$2.07	\$25.31
Aid to the Blind/Aid to the Disabled with Medicare	\$31.34	\$1.69	\$27.97
Aid to the Blind/Aid to the Disabled without Medicare	\$27.59	\$2.27	\$24.96
Old Age Assistance with Medicare	\$19.03	\$0.16	\$16.21
Old Age Assistance without Medicare	\$28.21	\$0.64	\$23.55
SCF Children	\$24.71	\$3.90	\$20.98
CAWEM (Citizen-Alien Waived Emergency Medical)			
OHP Families	\$6.67	\$0.41	\$6.56
OHP Adults & Couples	\$6.43	\$0.36	\$6.19
<b>OHP PLUS COMPOSITE</b>	\$24.30	\$1.03	\$21.79
<b>OHP STANDARD COMPOSITE</b>	\$6.52	\$0.37	\$6.34
<b>Total</b>	\$23.34	\$1.02	\$21.02

<sup>1</sup> Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

<sup>2</sup> Reflects the weighted average of the FCHP and PCO per capita costs.

<sup>3</sup> Includes administrative allowance on capitated services.

<sup>4</sup> Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Average Per Capita Cost <sup>1</sup> for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 13-D**

**Average Monthly Per Capita Cost by Eligibility Category and Delivery System**  
**Mental Health Services, Including Administrative Allowance**

Eligibility Category	DELIVERY SYSTEM <sup>4</sup>		
	MCO <sup>2,3</sup>	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$30.97	\$6.90	\$29.62
Poverty Level Medical Adults	\$10.53	\$3.24	\$9.99
PLM, TANF, and CHIP Children < 1	\$0.71	\$0.40	\$0.70
PLM, TANF, and CHIP Children 1 - 5	\$5.77	\$1.09	\$5.54
PLM, TANF, and CHIP Children 6 - 18	\$31.70	\$4.98	\$30.17
Aid to the Blind/Aid to the Disabled with Medicare	\$85.60	\$175.90	\$91.58
Aid to the Blind/Aid to the Disabled without Medicare	\$151.46	\$114.95	\$148.71
Old Age Assistance with Medicare	\$9.80	\$1.99	\$8.75
Old Age Assistance without Medicare	\$31.59	\$26.69	\$31.36
SCF Children	\$241.26	\$33.80	\$230.56
CAWEM (Citizen-Alien Waived Emergency Medical)		\$0.05	\$0.05
OHP Families	\$16.64	\$4.10	\$16.38
OHP Adults & Couples	\$46.01	\$18.98	\$45.34
<b>OHP PLUS COMPOSITE</b>	\$49.81	\$18.69	\$46.51
<b>OHP STANDARD COMPOSITE</b>	\$34.75	\$13.94	\$34.27
<b>Total</b>	\$48.99	\$18.63	\$45.90

<sup>1</sup> Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

<sup>2</sup> Reflects the weighted average of the FCHP and PCO per capita costs.

<sup>3</sup> Includes administrative allowance on capitated services.

<sup>4</sup> Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Average Per Capita Cost <sup>1</sup> for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 13-E**

**Average Monthly Per Capita Cost by Eligibility Category and Delivery System**  
**All Services Except Mental Health, Including Administrative Allowance**

Eligibility Category	DELIVERY SYSTEM <sup>4</sup>		
	MCO <sup>2,3</sup>	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$556.57	\$435.41	\$539.49
Poverty Level Medical Adults	\$1,422.52	\$692.34	\$1,282.25
PLM, TANF, and CHIP Children < 1	\$570.60	\$769.69	\$603.81
PLM, TANF, and CHIP Children 1 - 5	\$121.35	\$87.43	\$117.99
PLM, TANF, and CHIP Children 6 - 18	\$125.38	\$99.39	\$124.18
Aid to the Blind/Aid to the Disabled with Medicare	\$270.65	\$150.34	\$232.88
Aid to the Blind/Aid to the Disabled without Medicare	\$1,163.09	\$1,286.74	\$1,203.59
Old Age Assistance with Medicare	\$238.18	\$90.90	\$171.64
Old Age Assistance without Medicare	\$870.50	\$777.11	\$850.19
SCF Children	\$221.29	\$258.18	\$241.28
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.03	\$140.53	\$140.53
OHP Families	\$312.70	\$303.48	\$312.06
OHP Adults & Couples	\$635.05	\$622.61	\$633.65
<b>OHP PLUS COMPOSITE</b>	\$375.06	\$314.25	\$362.15
<b>OHP STANDARD COMPOSITE</b>	\$511.70	\$501.23	\$510.73
<b>Total</b>	\$382.72	\$320.50	\$369.54

<sup>1</sup> Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

<sup>2</sup> Reflects the weighted average of the FCHP and PCO per capita costs.

<sup>3</sup> Includes administrative allowance on capitated services.

<sup>4</sup> Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Average Per Capita Cost <sup>1</sup> for Calendar Years 2010-2011**  
**Through Line 502 of the Prioritized List**

**EXHIBIT 13-F**

**Average Monthly Per Capita Cost by Eligibility Category and Delivery System**  
**All Services, Including Administrative Allowance**

Eligibility Category	DELIVERY SYSTEM <sup>4</sup>		
	MCO <sup>2,3</sup>	FFS/PCM	Average
Temporary Assistance to Needy Families (Adults Only)	\$587.54	\$442.32	\$569.11
Poverty Level Medical Adults	\$1,433.05	\$695.58	\$1,292.24
PLM, TANF, and CHIP Children < 1	\$571.32	\$770.09	\$604.51
PLM, TANF, and CHIP Children 1 - 5	\$127.12	\$88.51	\$123.53
PLM, TANF, and CHIP Children 6 - 18	\$157.08	\$104.37	\$154.35
Aid to the Blind/Aid to the Disabled with Medicare	\$356.25	\$326.24	\$324.46
Aid to the Blind/Aid to the Disabled without Medicare	\$1,314.55	\$1,401.70	\$1,352.31
Old Age Assistance with Medicare	\$247.98	\$92.89	\$180.39
Old Age Assistance without Medicare	\$902.10	\$803.81	\$881.55
SCF Children	\$462.55	\$291.98	\$471.84
CAWEM (Citizen-Alien Waived Emergency Medical)	\$0.03	\$140.58	\$140.58
OHP Families	\$329.33	\$307.58	\$328.44
OHP Adults & Couples	\$681.06	\$641.58	\$678.99
<b>OHP PLUS COMPOSITE</b>	<b>\$424.87</b>	<b>\$332.93</b>	<b>\$408.66</b>
<b>OHP STANDARD COMPOSITE</b>	<b>\$546.45</b>	<b>\$515.16</b>	<b>\$545.00</b>
<b>Total</b>	<b>\$431.71</b>	<b>\$339.14</b>	<b>\$415.44</b>

<sup>1</sup> Per capita cost is a combination of capitation payments and fee-for-service expenditures for managed care enrollees.

<sup>2</sup> Reflects the weighted average of the FCHP and PCO per capita costs.

<sup>3</sup> Includes administrative allowance on capitated services.

<sup>4</sup> Enrollment and eligibility projections provided by DHS staff. Refinements to these projections are being made, and an addendum to this report may be provided at a later date. The population projections will affect the weighted average values only; the underlying per capita cost by eligibility category and delivery system will not change.

# OREGON BASIC HEALTH SERVICES PROGRAM

EXHIBIT 14

## Description of Allocation of Claims to Condition/Treatment Pairs

TREATMENT TYPE	ICD 9 CODES	CPT 4 CODES	EXPENDITURE ALLOCATION
Initial diagnosis	780-799, V65.5, V71, V72.5, V72.6, V72.7, V73-V78, V80-V82	Any	Beginning of the List
Diagnostic	Any	Biopsies, Other Diagnostic Tests Diagnostic lab and x-ray services	Beginning of the List
Vaccines	Any	90476-90749	Beginning of the List
Anesthesia, Ambulance, DME, Supplies, Orthotics, Vision, Audiology, Drugs coded with HCPCs, Non-emergency Transportation	Any	00100-01999, Alphanumeric HCPCs beginning with A, E, J, L, or V, non-emergency transportation DMAP codes	Beginning of the List
Surgical treatment, Dental and Mental Health, Psychotherapy	001-779, V01-V82, except those listed under initial diagnosis	02000-69999, CDT Codes, Mental Health DMAP Codes, Mental Health CPT Codes, Alphanumeric HCPCs beginning with H, T, G, or S	Based on the number of line items with matching diagnosis and treatment pairs. Generally, all claims go to a single line.
Medical treatment	001-779, V01-V82, except those listed under initial diagnosis	90000-99999, except mental health CPT codes	Based on whether there is a matching surgical treatment and the number of line items with the same range of ICD9 codes. Generally, if there is a single matching surgical line item, 75% of the medical claims are allocated to the medical line item and 25% are allocated to the surgical line item. When there are no matching surgical line items, claims are allocated to the medical treatment line items based on the number of lines with matching ICD9 codes. In most cases that have no matching surgical treatment, no additional allocation of claims is required.
Inpatient hospital, Outpatient hospital billed without HCPCs	001-779, V01-V82, except those listed under initial diagnosis	Any	Based on the number of line items with matching ICD9 codes. When more than one line item contains the same ICD9 codes, claims are allocated based on the percentage of total dollars for the ICD9 code represented by each line item. This allocation is done after all other claims have been allocated.
Prescription Drugs	Not Applicable	National Drug Codes	Allocated based on distribution of non-pharmacy costs by list line and eligibility category. Mental Health and Chemical Dependency drugs are allocated only to Mental Health and Chemical Dependency lines.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost at Various Thresholds for Calendar Years 2010-2011**

**EXHIBIT 15-A**

**Projected Per Capita Cost at Various Prioritized List Line Thresholds<sup>1, 4</sup>**  
**Managed Care Enrollees**

Threshold	Physical Health <sup>2, 3</sup>		Dental		Mental Health		Total MCO	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
262	81.4%	\$292.67	39.0%	\$9.09	70.6%	\$34.61	77.9%	\$336.38
292	82.9%	\$297.79	39.0%	\$9.09	70.7%	\$34.62	79.1%	\$341.50
322	87.2%	\$313.51	39.0%	\$9.09	74.3%	\$36.42	83.2%	\$359.03
352	88.2%	\$317.01	39.1%	\$9.13	74.3%	\$36.42	84.0%	\$362.56
382	92.4%	\$331.95	78.0%	\$18.22	74.4%	\$36.48	89.6%	\$386.64
412	94.1%	\$338.18	78.0%	\$18.22	74.7%	\$36.62	91.0%	\$393.02
442	96.4%	\$346.55	78.0%	\$18.22	80.6%	\$39.49	93.6%	\$404.25
472	98.6%	\$354.29	78.0%	\$18.22	96.0%	\$47.02	97.2%	\$419.52
<b>502</b>	<b>100.0%</b>	<b>\$359.37</b>	<b>100.0%</b>	<b>\$23.34</b>	<b>100.0%</b>	<b>\$48.99</b>	<b>100.0%</b>	<b>\$431.71</b>

<sup>1</sup> Includes administrative allowance on capitated services and FFS services provided to managed care enrollees.

<sup>2</sup> Includes Chemical Dependency.

<sup>3</sup> Reflects the weighted average of the FCHP and PCO per capita costs.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost at Various Thresholds for Calendar Years 2010-2011**

**EXHIBIT 15-B**

**Projected Per Capita Cost at Various Prioritized List Line Thresholds<sup>1, 3</sup>**

**FFS Eligibles**

Threshold	Physical Health <sup>1, 2</sup>		Dental		Mental Health		Total FFS/PCM	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
262	81.6%	\$260.60	43.3%	\$0.44	88.2%	\$16.44	81.8%	\$277.48
292	83.2%	\$265.78	43.3%	\$0.44	88.2%	\$16.44	83.3%	\$282.66
322	88.1%	\$281.40	43.3%	\$0.44	92.6%	\$17.25	88.2%	\$299.09
352	89.4%	\$285.68	49.7%	\$0.51	92.6%	\$17.25	89.5%	\$303.44
382	94.0%	\$300.40	84.2%	\$0.86	92.7%	\$17.27	93.9%	\$318.53
412	95.6%	\$305.54	84.2%	\$0.86	92.9%	\$17.30	95.4%	\$323.70
442	97.3%	\$310.98	84.2%	\$0.86	94.8%	\$17.66	97.2%	\$329.51
472	99.0%	\$316.31	84.2%	\$0.86	98.7%	\$18.39	98.9%	\$335.56
<b>502</b>	<b>100.0%</b>	<b>\$319.48</b>	<b>100.0%</b>	<b>\$1.02</b>	<b>100.0%</b>	<b>\$18.63</b>	<b>100.0%</b>	<b>\$339.14</b>

<sup>1</sup> A PCM case management fee is applied to the portion of FFS population covered by case management.

<sup>2</sup> Includes Chemical Dependency.

**OREGON HEALTH PLAN: MEDICAID DEMONSTRATION**  
**Per Capita Cost at Various Thresholds for Calendar Years 2010-2011**

**EXHIBIT 15-C**

**Projected Per Capita Cost at Various Prioritized List Line Thresholds<sup>1, 4</sup>**  
**All Eligibles**

Threshold	Physical Health <sup>2, 3</sup>		Dental		Mental Health		Total	
	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost	Percent of Total Cost	Average Per Capita Cost
262	81.5%	\$283.94	39.0%	\$8.19	71.4%	\$32.76	78.2%	\$324.89
292	82.9%	\$289.08	39.0%	\$8.19	71.4%	\$32.76	79.4%	\$330.03
322	87.5%	\$304.78	39.0%	\$8.20	75.1%	\$34.47	83.6%	\$347.45
352	88.5%	\$308.50	39.2%	\$8.23	75.1%	\$34.47	84.5%	\$351.20
382	92.8%	\$323.38	78.1%	\$16.41	75.2%	\$34.52	90.1%	\$374.31
412	94.5%	\$329.32	78.1%	\$16.41	75.5%	\$34.65	91.6%	\$380.38
442	96.7%	\$336.88	78.1%	\$16.41	81.2%	\$37.27	94.0%	\$390.56
472	98.7%	\$343.95	78.1%	\$16.41	96.1%	\$44.10	97.4%	\$404.47
<b>502</b>	<b>100.0%</b>	<b>\$348.51</b>	<b>100.0%</b>	<b>\$21.02</b>	<b>100.0%</b>	<b>\$45.90</b>	<b>100.0%</b>	<b>\$415.44</b>

<sup>1</sup> Includes administrative allowance on capitated services.

<sup>2</sup> Includes Chemical Dependency.

<sup>3</sup> Reflects the weighted average of the FCHP and PCO per capita costs.