

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhsalt@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

April 24, 2012

RFA 3402

Addendum #12

1. This is Addendum # 12 to Request for Application (RFA) 3402, Coordinated Care Organizations (CCOs).
2. RFA #3402 is hereby amended as follows:
 - a. Appendix E is amended per Attachment 1 to this Addendum 12; new language is bold and underlined, and deleted language is stricken through.
 - b. Attachment 8, Table B-2 “Provider Type Codes” is replaced in its entirety with Attachment 2 to this Addendum 12.
 - c. Attachment 8, Table E-1 “Pro Forma Projections for the First Five Years” is replaced in its entirety with Attachment 3 to this Addendum 12.
 - d. Attachment 8, Table E-3 “Monthly Operational Budget and Table E-4 “Monthly Staffing Plan” is replaced in its entirety with Attachment 4 to this Addendum 12.
 - e. A 1st wave Applicant may correct its Technical Application no later than one week after the date of this Addendum 12, to the extent such corrections result from the changes made by this Addendum 12. The 1st wave applicant shall make such corrections by submitting any corrected document by email to the Single Point of Contact, with the corrections marked in the submission.”
 - f. Attachments 1 to 4 of this Addendum 12 are incorporated into the RFA by this reference.
3. All other terms, provisions, and conditions of this RFA remain unchanged.

ATTACHMENT 1

APPENDIX E – Financial Reporting and Solvency Questionnaire

This Appendix consists of the following sections:

- Section 1:** Financial Organization
- Section 2:** Demonstration of Financial Solvency
- Section 3:** Demonstration of Ability to Achieve the Financial Goals

For background and further information, see Chapter 8 of the CCO Implementation Proposal, “Financial Reporting Requirements to Ensure Against Risk of Insolvency.”

Section 1 - Financial Organization

E.1.1. Corporate Organization and Structure

- E.1.1.a.** Provide a certified copy of the Applicant’s articles of incorporation, or other similar legal entity charter document, as filed with the Oregon Secretary of State or other corporate chartering office.
- E.1.1.b.** Provide listing of ownership or sponsorship, including the percentage Control each owner has over the organization.
- E.1.1.c.** Provide a description of any licenses the corporation possesses.
- E.1.1.d.** If Applicant is a current MCO, describe any organization changes that will occur to conduct operations as a CCO. Please delineate between current MCO service areas and proposed CCO service areas.
- E.1.1.e.** Provide a description of any administrative service or management contracts with other parties where the Applicant is the provider of the services under the contract. Affiliate contracts are excluded in this item and should be included under item E.1.2.b.

E.1.2. Corporate Affiliations, Transactions, Arrangements

- E.1.2.a.** Provide a chart or listing presenting the identities of and interrelationships between the parent, the Applicant, affiliated insurers and reporting entities, and other Affiliates. For each, identify the corporate structure, two –character state abbreviation of the state of domicile, Federal Employer’s Identification Number and NAIC code for insurers, Schedule Y of the NAIC Annual Statement Blank—Health is acceptable.

When interrelationships are a 50/50% ownership, footnote any voting rights preferences that one of the entities may have.

- E.1.2.b.** Provide a description of any **administrative service, management service or** expense arrangements with a parent or Affiliate organization. Provide detail of the amounts paid under such arrangements for the last two years. Provide footnotes to the operational budget when budgeted amounts include payments to Affiliates for services under such agreements.

E.1.3. General Questions

E.1.3.a. Is Applicant deferring submission of any supporting documents, tables, or data that are part of its Technical Application until its readiness review under Section 6.7.1? Please list all deferred submission documents.

E.1.3.b. Describe Applicant's demonstrated experience and capacity for:

- Managing financial risk and establishing financial reserves
- Meeting the minimum financial requirements for restricted reserves and net worth in OAR 410-141-3350.

Section 2: Demonstration of Financial Solvency

The following standard applies as of the CCO's Medicaid effective date and/or the CCO's Medicare/Medicaid Alignment Demonstration effective date:

THE APPLICANT SHALL PROVIDE EVIDENCE OF SOLVENCY, INCORPORATE SPECIFIC PROVISIONS AGAINST INSOLVENCY, COMMENSURATE WITH ENROLLMENT (BOTH MEDICAID AND MEDICARE) AND LEVEL OF RISK ASSUMED; DEMONSTRATE FINANCIAL MANAGEMENT ABILITY; AND GENERATE PERIODIC FINANCIAL REPORTS AND MAKE THEM AVAILABLE TO OHA FOR REVIEW BY DCBS AND OHA.

The specific measurements enumerated below are not intended to be considered in isolation from each other or to be comprehensive. When considered as a whole (and with additional information, as appropriate), they provide a basis for demonstrating general financial solvency and identifying changes to be addressed.

E.2. Applicable Measurement Standard

Indicate which of the following measurement standards applies to Applicant:

- Does Applicant seek to convert one or more current MCOs to a CCO? If so, the measurement standard in E.2.1 applies, and Applicant furnishes the responses requested in E.2.1.
- Does Applicant seek certification as a newly formed CCO (i.e. not converting from a current MCO)? If so, the measurement standard in E.2.2 applies, and Applicant furnishes the responses requested in E.2.2.
- Is Applicant an existing or newly formed insurer? If so, the measurement standard in E.2.3 applies, and Applicant furnishes the responses requested in E.2.3.

If Applicant is uncertain whether it is a current MCO converting to a CCO or a newly formed CCO, Applicant should seek a determination from OHA well before the Financial Application deadline.

E.2.1. Measurement Standard—Applies to MCO converting to CCO

To identify if an entity can demonstrate the necessary financial solvency and ability to manage a plan financially, an entity must show that sufficient financial resources are available to provide the needed developmental and operational capital and that an adequate staffing plan is in place to operate the plan effectively.

Financial Solvency Minimum Standard

- E.2.1.a.** Applicant shall establish and maintain restricted reserve funds required by its MCO contract(s), Exhibit G, Section 7. The restricted reserves must be in place before terminating the Applicant's current MCO contract(s) to beginning operations as a CCO (restricted reserves previously held by an MCO may, with consent of OHA, be transferred to the CCO), and
- E.2.1.b.** Applicant shall maintain a level of net worth as required by its MCO contract(s), Exhibit G, Section 8. If the Applicant has a net worth less than the calculated minimum requirement, the Applicant's net worth must be increased to an amount greater than or equal to the minimum requirement prior to the award of a Contract under this RFA.

Required Response

- E.2.1.c.** Provide current financial statements of the Applicant entity that demonstrates that the Applicant currently possess funds equal to the financial solvency minimum standard. The financial statements should be prepared using the standards and forms required under its MCO Contract(s), Exhibit G. In addition, provide the most recent audited financial statements of the Applicant entity, if available (GAAP basis is acceptable). If capitalization of the Applicant has not yet occurred, please describe when start-up capitalization will occur and prepare the required financial statements on a "pro forma" basis, using Table E-1: Pro Forma Projections for the First Five Years. Additionally, provide contractual verification of all owners of entity, stipulating the degree to which each owner's resources are available to cover the entity's developmental costs and potential operational losses. If any other entity (such as an Affiliate, a state or local government agency, or a reinsurer, but not including contracting providers) will guarantee the CCO's ultimate financial risk, in full or in part, please furnish a copy of the guarantee documents.
- E.2.1.d.** Provide a developmental budget delineating all expenses prior to beginning operation using Table E-2: Monthly Developmental Budget.

If the resources required to develop the CCO business are less than 10% of the applying entity's current net worth, you may provide written assurances that current operating funds will be sufficient to cover the developmental expenses.

- E.2.1.e.** Provide an operational budget covering the initial two years of operation using Table E-3: Monthly Operational Budget as a model.

The budget should factor in projected utilization levels by key categories of service, and projected expenditures reflecting Health Systems Transformation responsibilities required by HB 3650 and any alternative payment methodologies implemented. A separate worksheet presenting this detail may be used, but the financial results should be included in the operational budget.

If the resources required to fund provision of services are anticipated to be less than or equal to a 10% increase of the Applicant's current health services expenses, you may provide written assurances that your current operating funds will be sufficient to cover the increase in operating expenses. Be sure to examine the per Member per

month increase difference between the transformation/Demonstration/Members and your current MCO Members (if any).

- E.2.1.f.** Provide a monthly staffing plan for the last three months of the CCO developmental or planning budget and the initial three years of the CCO **operational budget using Attachment 8, Table E-4 “Monthly Staffing Plan” as a model. Express the staffing requirements in Full-time Equivalent (FTEs).**

If the staffing resources required to provide services to Members are anticipated to be less than or equal to a 10% increase of current staffing, you may furnish written assurances that your current staffing level will be sufficient to cover providing services to the anticipated increase in Members and effectively administering the CCO. **Please include a narrative description of staffing changes that will be made in order to perform the services of the CCO. For example, describe reduction in personnel in one area and increases in personnel in others.**

- E.2.1.g.** Provide pro forma balance sheet, income statement (p&l) and cash flow schedules reflecting anticipated assets, capital, revenue, expense, and cash flow using Table E-1: Pro Forma Projections for the First Five Years. The pro forma financial statements should reflect corporate-wide activity. The pro forma financial statements should reflect the conversion to Statutory Accounting Principles and the minimum capital and surplus requirements in OAR 410-141-3350(B)(1)-(3) beginning January 1, 2014. The amounts and expenses included in the monthly **developmental, operational and staffing budgets from E.2.6.a E.2.1.d, E.2.1.e. and E.2.1.f** above should be included in and reconcile to the projected pro forma financial statements. The pro forma projections are to include projection of risk-based capital as calculated using the NAIC risk-based capital forecasting package. Provide an analysis of the capital requirements to cover the expenses of developing and operating the start-up entity or expansion, and the first five years of operations, including documentation of capital sources. This analysis should supplement the pro forma financial statements to form an overall account of the projected required capital for the CCO’s development and first five years of operation.

E.2.2. Measurement Standard—Applies to newly formed CCO

To identify if an entity can demonstrate the necessary financial solvency and ability to manage a plan financially, an entity must show that sufficient financial resources are available to provide the needed developmental and operational capital and that an adequate staffing plan is in place to operate the plan effectively.

Financial Solvency Minimum Standard

- E.2.2.a.** Applicant shall establish and maintain restricted reserve funds per OAR 410-141-3350(A). The restricted reserves must be in place before terminating the Applicant’s current MCO contract to beginning operations as a CCO (restricted reserves previously held by an MCO may, with consent of OHA, be transferred to the CCO), and
- E.2.2.b.** Applicant shall maintain, at all times, a level of net worth, per OAR 410-141-3350 (B) and (C). If the Applicant has a net worth less than the calculated minimum

requirement, the Applicant's net worth must be increased to an amount greater than or equal to the minimum requirement prior to the award of a Contract under this RFA.

- E.2.2.c.** An Applicant must also have sufficient working capital above the minimum, as required by OAR 410-141-3350(D), in order to maintain the minimum net worth requirement at all times.

Required Response

- E.2.2.d.** Provide current financial statements of the Applicant entity that demonstrates that the Applicant currently possess funds equal to the financial solvency minimum standard. The financial statements should be prepared using Statutory Accounting Procedures as described in OAR 410-141-3340(6) using the format set forth in Table E-1: Pro Forma Projections for the First Five Years. In addition, provide the most recent audited financial statements of the Applicant entity, if available (GAAP basis is acceptable). If capitalization of the Applicant has not yet occurred, please describe when start-up capitalization will occur and prepare the required financial statements on a "pro forma" basis, using Table E-1: Pro Forma Projections for the First Five Years. Additionally, provide contractual verification of all owners of entity, stipulating the degree to which each owner's resources are available to cover the entity's developmental costs and potential operational losses. If any other entity (such as an Affiliate, a state or local government agency, or a reinsurer, but not including contracting providers) will guarantee the CCO's ultimate financial risk, in full or in part, please furnish a copy of the guarantee documents.

- E.2.2.e.** Provide a developmental budget delineating all expenses prior to beginning operation using Table E-2: Monthly Developmental Budget.

If the resources required to develop the CCO business are less than 10% of the applying entity's current net worth, you may provide written assurances that current operating funds will be sufficient to cover the developmental expenses.

- E.2.2.f.** Provide an operational budget covering the initial two years of operation using Table E-3: Monthly Operational Budget as a model.

The budget should factor in projected utilization levels by key categories of service, and projected expenditures reflecting Health Systems Transformation responsibilities required by HB 3650 and any alternative payment methodologies implemented. A separate worksheet presenting this detail may be used, but the financial results should be included in the operational budget.

If the resources required to fund provision of services are anticipated to be less than or equal to a 10% increase of the Applicant's current health services expenses, you may provide written assurances that your current operating funds will be sufficient to cover the increase in operating expenses. Be sure to examine the per Member per month increase difference between the transformation/Demonstration/Members and your current MCO Members (if any).

- E.2.2.g.** Provide a monthly staffing plan for the last three months of the CCO developmental or planning budget and the initial three years of the CCO operational budget using

Attachment 8, Table E-4: Monthly Staffing Plan as a model. Express the staffing requirements in Full-Time-Equivalents (FTEs).

If the staffing resources required to provide services to Members are anticipated to be less than or equal to a 10% increase of current staffing, you may furnish written assurances that your current staffing level will be sufficient to cover providing services to the anticipated increase in Members and effectively administering the CCO. **Please include a narrative description of staffing changes that will be made in order to perform the services of the CCO. For example, describe reduction in personnel in one area and increases in personnel in others.**

- E.2.2.h.** Provide pro forma balance sheet, income statement (p&l) and cash flow schedules reflecting anticipated assets, capital, revenue, expense, and cash flow using Table E-1: Pro Forma Projections for the First Five Years. The pro forma financial statements should reflect corporate-wide activity. Pro forma financial statements should be prepared using Statutory Accounting Principles. The amounts and expenses included in the monthly **developmental, operational and** staffing budgets from **E.2.2.e, E.2.2.f. and E.2.2.g** above should be included in and reconcile to the projected pro forma financial statements. The pro forma projections are to include projection of risk-based capital as calculated using the NAIC risk-based capital forecasting package. Provide an analysis of the capital requirements to cover the expenses of developing and operating the start-up entity or expansion, and the first five years of operations, including documentation of capital sources. This analysis should supplement the pro forma financial statements to form an overall account of the projected required capital for the CCO's development and first five years of operation

E.2.3. Measurement Standard (Applies to Existing and Newly Formed Insurers)

Demonstration of financial solvency is satisfied if the Applicant CCO possesses an Oregon Certificate of Authority issued by DCBS with the authorization class of health or health care services.

Required Response

- E.2.3.a.** The certificate of authority must be issued to the corporate Legal Entity that is applying for the CCO Contract. Provide a copy of the certificate of authority issued by DCBS. Provide the insurer's NAIC code and if a member of a holding company system, the name of the holding company system and the NAIC group number. OHA and DCBS will utilize the insurer's most recent financial statements on file with DCBS to verify financial condition for purposes of the Application process.
- E.2.3.b.** Provide quarterly developmental budget delineating any additional expenses the insurer will incur to fulfill its obligations as a CCO. See required response E.2.2.e above for instructions.
- E.2.3.c.** Provide quarterly operational expenses the insurer will incur to fulfill its obligations as a CCO. See required response E.2.2.f above for instructions.
- E.2.3.d.** Provide monthly staffing plan related to fulfillment of the insurer's CCO operations. See required response E.2.2.g above for instructions.

- E.2.3.e.** Provide pro forma financial statements as outlined in E.2.2.h above. The pro forma financial statements should reflect corporate-wide activity.

Section 3 - Demonstration of Ability to Achieve the Financial Goals

E.3.1. General Questions Relating to Financial Management

- E.3.1.a.** Describe how the Applicant uses best practices in the management of finances, contracts, claims processing, payment functions and provider network administration.
- E.3.1.b.** Provide information relating to assets and financial and risk management capabilities, including:
- Access to capital and ability to generate capital growth to fulfill restricted reserve and net worth requirements;
 - Risk management measures;
 - Delegated risk; risk sharing arrangements. Provide copy of risk-sharing contract, or term sheets for such arrangements. Describe the extent to which these arrangements reduce the risk borne by the CCO;
 - Reinsurance and stop loss. Provide a copy of the reinsurance policy or terms sheet. Describe the extent to which the reinsurance or stop loss policy will reduce the risk borne by the CCO; and
 - Development of adequate Incurred but not Reported (IBNR) and unpaid claims reserves given the CCOs expected Enrollment level and its mix of covered lives/rate category. This actuarial determination should reflect health systems responsibilities required by HB 3650 as well as the effects of alternative payment methodologies implemented by the CCO in its payments to hospitals, physician groups, or other providers and risk-sharing arrangements:
 - Claims payment,
 - Participation in the All Payer All Claims reporting program,
 - Internal auditing and financial performance monitoring, and
 - Administrative cost allocation across books of business (including Medicaid, Medicare, and commercial). Describe in detail any cost allocation arrangements with Affiliates.

Attachment 2

Table B-2

Provider Type Codes

Provider Type Codes			
Provider Type		Provider Specialty	
01	Transportation Provider	001	Air Ambulance
01	Transportation Provider	025	Ambulance
01	Transportation Provider	500	Taxi
01	Transportation Provider	540	Common Carrier
02	Acupuncturist	003	Acupuncturist
03	Alcohol/Drug	005	A&D Acupuncture Clinic
03	Alcohol/Drug	011	Addiction Medicine - Family Practice
03	Alcohol/Drug	012	Addiction Medicine - Internal Medicine
03	Alcohol/Drug	013	Addiction Medicine - Neurology
03	Alcohol/Drug	014	Addiction Medicine - Psychiatry
03	Alcohol/Drug	015	Opioid Treatment Program
03	Alcohol/Drug	016	A&D Outpatient Treatment Program
03	Alcohol/Drug	017	A&D Residential Treatment
03	Alcohol/Drug	018	A&D Residential Treatment Program - Rehab
03	Alcohol/Drug	019	A&D Residential Treatment Program - Children
05	Ambulatory Surgical Provider	030	Ambulatory Surgical Center (ASC)
06	Behavioral Rehab Specialist	035	Behavioral Rehab Specialist
07	Billing Service	040	Billing Service
08	Freestanding Birthing Center	045	Free Standing Birthing Center
09	Billing Provider	051	Medical Clinic
09	Billing Provider	052	Nurse Practitioner Clinic
09	Billing Provider	053	Dental Clinic
09	Billing Provider	054	Therapy Clinic
09	Billing Provider	055	Pediatric Clinic
09	Billing Provider	056	Tuberculosis Clinic
09	Billing Provider	057	Speech/Hearing Clinic
10	Transportation Broker	065	Transportation Broker
11	Capitated Provider	070	Capitated Provider (CDO)
11	Capitated Provider	071	Capitated Provider (DCO)
11	Capitated Provider	072	Capitated Provider (MHO)
11	Capitated Provider	073	Capitated Provider (PCO)
12	Copy Services	075	Copy Services
13	Cost Based Clinic	080	Cost Based Clinic
14	Rural Health Clinic	085	Rural Health - Clinic/Center
14	Rural Health Clinic	086	Rural Health - Community Hlth
14	Rural Health Clinic	087	Rural Health - Dental Clinic
14	Rural Health Clinic	088	Rural Health - Public Health, Federal
14	Rural Health Clinic	089	Rural Health - Public Health, State or Local
14	Rural Health Clinic	090	Rural Health - Primary Care
14	Rural Health Clinic	095	Rural Health
15	FQHC	020	FQHC - Rehabilitation, Substance Use Disorder

Provider Type Codes			
Provider Type		Provider Specialty	
15	FQHC	081	FQHC -Community Health
15	FQHC	082	FQHC - Dental Clinic
15	FQHC	083	FQHC - Public Health, Fed
15	FQHC	084	FQHC - Public Health, State or Local
15	FQHC	091	(No Suggestions) - Primary Care
15	FQHC	096	FQHC - Clinic/Center
15	FQHC	097	Federal Qualified Health Cntr (FQHC)
15	FQHC	098	FQHC - Mental Health
15	FQHC	099	FQHC - Adolescent & Children Mental Health
15	FQHC	100	FQHC - Migrant Health
15	FQHC	101	FQHC School Based
16	Chiropractor	105	Chiropractor
17	Dentist	110	Dental Clinic
17	Dentist	111	Endodontist
17	Dentist	112	Gen. Dentistry Practitioner
17	Dentist	113	Orthodontist
17	Dentist	114	Oral Pathologist
17	Dentist	115	Oral Surgeon
17	Dentist	116	Prosthesis
17	Dentist	117	Periodontist
17	Dentist	118	Pediatric Dentist
18	Dental Hygienist	125	Expanded Practice Permit
18	Dental Hygienist	126	Collaborative Agreement Expanded Practice Permit
19	Podiatrist	130	Podiatrist
20	Denturist	135	Denturist
21	Enteral / Parenteral	140	Enteral / Parenteral
22	Family Planning Clinic	145	Family Planning Clinic
23	Hearing Aid Dealer	150	Hearing Aid Dealer
24	Home Health Agency	155	Home Health Agency
25	Managed Care	160	Managed Care Org (MCO)
26	Hospital	165	Acute Care
26	Hospital	166	Critical Access
26	Hospital	167	Hospital Based Clinic
26	Hospital	168	Hospital Based Rural Health Clinic
26	Hospital	208	Hospital Psychiatric Unit
27	Hospice	175	Hospice
28	Indian Health Clinics	185	Indian Health Services
28	Indian Health Clinics	186	Indian Health Urban Clinic
28	Indian Health Clinics	187	Indian Health FQHC / MOA
29	Independent Labs	190	Independent Lab
29	Independent Labs	191	Mobile Lab
31	Transportation Broker	195	Secured Medical Transport (VAN)
32	End-Stage Renal Disease (RSD) Clinic	200	Free-standing Renal Dialysis Clinic
33	MH Provider	92	Community Mental Health Clinic
33	MH Provider	93	Community MH Center, Adolescent / Children
33	MH Provider	205	Licensed Clinical Psychologist
33	MH Provider	206	Licensed Clinical Social Wkr

Provider Type Codes			
Provider Type		Provider Specialty	
33	MH Provider	207	Community Mental Health Center, Adult
33	MH Provider	209	Outpatient Mental Hlth Clinic
33	MH Provider	209	Psychologist
33	MH Provider	211	MH Respite Care, Child
33	MH Provider	212	MH Secure Transport
33	MH Provider	225	Child & Adolescent Psychiatry
33	MH Provider	226	Geriatric Psychiatry
33	MH Provider	227	Psychiatrist
33	MH Provider	365	Psychiatric Mental Health Nurse Practitioner
33	MH Provider	445	Adult Residential Treatment Facility / Home
33	MH Provider	450	MH Adult Foster Home
33	MH Provider	470	Psychiatric Res Treatment Svcs, Child / Adolescent
33	MH Provider	471	MH Community Based Respite Care
34	Physician	115	Oral Surgeon
34	Physician	220	Allergist
34	Physician	221	Abdominal Surgery
34	Physician	222	Adolescent Medicine
34	Physician	223	Allergy & Immunology
34	Physician	224	Aviation Medicine
34	Physician	228	Anesthesiologist
34	Physician	229	Otologist Laryngologist
34	Physician	230	Blood Banking
34	Physician	231	Billing Service
34	Physician	232	Cardiologist
34	Physician	233	Congregate Care Physician
34	Physician	234	Cardiovascular Diseases
34	Physician	235	Broncho-Esophagology
34	Physician	236	Child Neurology
34	Physician	237	Critical Care Medicine
34	Physician	238	Clinic
34	Physician	239	Clinical Pathology
34	Physician	240	Colon & Rectal Surgery
34	Physician	241	Cardiovascular Surgery
34	Physician	242	Dermatologist
34	Physician	243	Diabetes
34	Physician	244	Osteopathic Physician
34	Physician	245	Dermatopathology
34	Physician	246	Diagnosis Radiology
34	Physician	247	Emergency Med Practitioner
34	Physician	248	Forensic Pathology
34	Physician	249	Family Practitioner
34	Physician	250	Gastroenterologist
34	Physician	251	Geriatric Practitioner
34	Physician	252	General Practitioner
34	Physician	253	Gynecology
34	Physician	254	Hospital Administration
34	Physician	255	Hematology

Provider Type Codes			
Provider Type		Provider Specialty	
34	Physician	256	Head & Neck Surgery
34	Physician	257	Hand Surgeon
34	Physician	258	Mobile Med Care (HS CALL)
34	Physician	259	Hypnosis
34	Physician	260	Infectious Diseases
34	Physician	261	Immunology
34	Physician	262	Internist
34	Physician	263	Industrial Medicine
34	Physician	264	Legal Medicine
34	Physician	265	Maxillofacial Surgery
34	Physician	266	Neuropathology
34	Physician	267	Neoplastic Diseases
34	Physician	268	Neurologist
34	Physician	269	Nephrologist
34	Physician	270	Nuclear Medicine
34	Physician	271	Nuclear Radiology
34	Physician	272	Neurological Surgeon
34	Physician	273	Nutritionist
34	Physician	274	Ophthalmology
34	Physician	275	Obstetrics
34	Physician	276	Obstetrics & Gynecology
34	Physician	277	Occupational Medicine
34	Physician	278	Oncologist
34	Physician	279	Orthopedic Surgeon
34	Physician	280	Otologist, Laryngologist, Rhinologist
34	Physician	281	Otologist, Laryngologist
34	Physician	282	Pathologist
34	Physician	283	Pediatrics
34	Physician	284	Pediatric Allergy
34	Physician	285	Pediatric Cardiology
34	Physician	286	Public Health
34	Physician	287	Pediatric Endocrinology
34	Physician	288	Pediatric Radiology
34	Physician	289	Pediatric Surgery
34	Physician	290	Plastic Surgeon
34	Physician	291	Physical Medicine and Rehabilitation Practitioner
34	Physician	292	Pediatric Hematology-Oncology
34	Physician	293	Pediatric Nephrology
34	Physician	294	Pediatric Urology
34	Physician	295	Pulmonary Disease Specialist
34	Physician	296	Preventive Medicine
34	Physician	297	Psychosomatic Medicine
34	Physician	298	Pharmacology
34	Physician	299	Rheumatology
34	Physician	300	General Surgeon
34	Physician	301	Therapeutic Radiology
34	Physician	302	Traumatic Surgery

Provider Type Codes			
Provider Type		Provider Specialty	
34	Physician	303	UOHSC Practitioner
34	Physician	304	Urologist
34	Physician	305	Rhinology
34	Physician	306	Thoracic Surgeon
34	Physician	307	Endocrinologist
34	Physician	308	Proctologist
34	Physician	309	Radioisotopic Pathology
34	Physician	310	Oregon State Hospital
36	DME/Medical Supply Dealer	315	DME/Medical Supply Dealer
36	DME/Medical Supply Dealer	316	Enteral / Parenteral Nutrition
36	DME/Medical Supply Dealer	317	Assistive Technology
36	DME/Medical Supply Dealer	318	Prosthesis
36	DME/Medical Supply Dealer	327	Oxygen Supplies
36	DME/Medical Supply Dealer	325	Nutritionist
37	Advance Practice Nurse	330	Certified Registered Nurse Anesthetist (CRNA)
38	Adv Comp Health care	335	Naturopath
39	Submitter	340	SPD Web Submitter
39	Submitter	341	Billing Service
39	Submitter	342	Clearinghouse
39	Submitter	343	Other Billing Entity
41	Midwife	355	Maternity
42	Advance Practice Nurse	360	Advance Practice Nurse
42	Advance Practice Nurse	361	Nurse Practitioner Clinic
42	Advance Practice Nurse	362	Pediatric Nurse Practitioner
42	Advance Practice Nurse	363	Obstetric Nurse Practitioner
42	Advance Practice Nurse	364	Family Nurse Practitioner
42	Advance Practice Nurse	366	Nurse Practitioner (other)
42	Advance Practice Nurse	367	Certified Nurse Midwife
43	Optometrist	380	Optometrist
44	Optician	385	Optician
44	Optician	386	Vision Contractor
45	Therapist	390	Occupational Therapist
45	Therapist	420	Physical Therapist
45	Therapist	485	Speech / Language Pathologist
45	Therapist	486	Audio / Speech
45	Therapist	487	Audiologist
45	Therapist	488	Speech / Hearing Therapist
45	Therapist	550	Respiratory
45	Therapist	795	SPD - Occupational Therapist
45	Therapist	805	SPD - Physical Therapist
45	Therapist	885	SPD - Speech . Hearing
45	Therapist	886	Audiologist
45	Therapist	901	SPD - Respiratory
46	Physician Assistants	395	Physician Assistants
47	Clinic	79	Public Clinic
48	Pharmacy	400	Pharmacy
48	Pharmacy	401	Critical Access

Provider Type Codes			
Provider Type		Provider Specialty	
48	Pharmacy	402	Nursing Facility
48	Pharmacy	403	Senior Drug Pharmacy
48	Pharmacy	404	Indian Hlth Svc/Tribal/Urban Indian Hlth Pharmacy
48	Pharmacy	405	Mail Order Pharmacy
48	Pharmacy	406	Specialty Pharmacy
48	Pharmacy	407	Home Infusion Therapy Pharmacy
49	Prenatal Clinic	415	Prenatal Clinic
52	X-Ray Clinic	430	Mobile X-ray Clinic
53	Psychologist Provider	435	Psychologist Admin Eval
56	Nurse	455	Registered Nurse (RN)
56	Nurse	456	Registered Nurse Clinical (RNC)
56	Nurse	457	Enteral / Parenteral
56	Nurse	458	Licensed Practical Nurse
57	RN 1st Assistant	465	RN 1st Assistant
58	Registered Dietician	326	Registered Dietician
58	Registered Dietician	865	SPD Registered Dietician
60	Smoking Cessation	480	Smoking Cessation
62	Education Agency	495	Education Agency
64	Targeted Case Mngt	505	Case Manager / care
64	Targeted Case Mngt	506	Child Welfare Targeted Case Management
64	Targeted Case Mngt	507	Target Case Management - In Home
64	Targeted Case Mngt	508	HIV Case Manager
64	Targeted Case Mngt	509	TCM 1st Time Mothers / Infants
64	Targeted Case Mngt	510	Target Case Management - Jobs - Teens
64	Targeted Case Mngt	511	Target Case Management - Jobs - Adults
64	Targeted Case Mngt	512	Target Case Management - A&D
64	Targeted Case Mngt	513	High Risk Pregnant Women
64	Targeted Case Mngt	514	Care Coordinator for Pregnant Women
64	Targeted Case Mngt	515	E.I Case Mnmt
64	Targeted Case Mngt	516	OJA Targeted Case
64	Targeted Case Mngt	517	DDSD / ICFMR Waiver
65	Translator	525	AMH - Translator Service
65	Translator	526	DMAP - Translator Services
65	Translator	895	SPD - Translator Services
66	Urban Clinic	530	Urban Clinic
69	Social Worker	545	Social Worker
69	Social Worker	900	SPD Social Worker
70	Foster Care	700	Adult APD
70	Foster Care	701	Adult DD
70	Foster Care	702	Adult APD Relative
71	Child Foster Care	703	Child DCR
71	Child Foster Care	704	Child DCW
71	Child Foster Care	705	Child Welfare DCR
71	Child Foster Care	706	Child Welfare DCW
72	SPD Transportation	715	SPD Transportation Broker
72	SPD Transportation	716	SPD Service Transportation Waiver
72	SPD Transportation	717	SPD Service Transportation Contract

Provider Type Codes			
Provider Type		Provider Specialty	
72	SPD Transportation	718	SPD Client Service Brokerage
73	Home Care Worker	737	Home Care Worker
73	Home Care Worker	743	Personal Care Attendant DDMH
74	Client Support Services	725	Adult Day Services APD
74	Client Support Services	726	In Home Personal Care Attendant DDMH
74	Client Support Services	727	In home Personal Care Attendant MFCU
74	Client Support Services	728	Home Delivered Meals
74	Client Support Services	729	Chore
74	Client Support Services	730	Companion
74	Client Support Services	731	Homemaker
74	Client Support Services	732	Emergency Response (Lifeline)
74	Client Support Services	733	In Home Care Agency
74	Client Support Services	734	In Home Attendant
74	Client Support Services	735	Supported Employment
74	Client Support Services	736	Misc items & supplies retail provider
74	Client Support Services	738	Employment & Inclusion Services
74	Client Support Services	739	Financial Assistance / Counseling (not children)
74	Client Support Services	740	Misc Waivered Services
74	Client Support Services	741	Specialized Supplies
74	Client Support Services	742	Specialized equipment
75	Case Management	750	SPD - Case Management
75	Case Management	751	SPD DD - other
76	County Services	755	SPD County Services
77	Adaptive Modification	760	Home Modification
77	Adaptive Modification	761	Vehicle Modification
78	Habilitation	765	Habilitation
79	PACE	770	PACE All Inclusive
80	Intermediate Care Facility / Mental Retardation	775	ICF - MR
81	Nsg Facility	350	Nursing Facility / First 20 Days
81	Nsg Facility	780	Nursing Facility / 21 + days
81	Nsg Facility	781	Nsg Facility Pediatric
81	Nsg Facility	782	Nsg Facility - out of state
81	Nsg Facility	783	Nsg Facility Swing - Hospital
81	Nsg Facility	784	Nsg Facility Swing - LTCF
81	Nsg Facility	785	Nsg Facility Extended
81	Nsg Facility	786	Nsg Facility Other
82	SPD Nutritionist	790	SPD Nutritionist
83	Behavioral Consultant	710	Behavioral Consultant
84	Personal Assistant	800	Behavioral
84	Personal Assistant	801	Mental Retardation & Developmental Disabilities
84	Personal Assistant	802	Adult Development & Aging
86	SPD Nursing Services	810	Contract RNs
86	SPD Nursing Services	813	Contract NPs
86	SPD Nursing Services	811	Delegating Nsg (MFCU) RN
86	SPD Nursing Services	814	Delegating Nsg (MFCU) NP
86	SPD Nursing Services	812	Shift Nurse RN

Provider Type Codes			
Provider Type		Provider Specialty	
86	SPD Nursing Services	815	Shift Nurse LPN
88	Nursing Agency	720	Private Duty Nsg Agency
89	DD Living Facilities	707	Adult Proctor
89	DD Living Facilities	820	Child Proctor
89	DD Living Facilities	825	Residential Care DD Adult
89	DD Living Facilities	826	Residential Care DD Child
89	DD Living Facilities	827	24 -Group Beds
89	DD Living Facilities	835	Supported Living DD
89	DD Living Facilities	836	SOCP
89	DD Living Facilities	837	Respite Services
90	APD Living Residential	840	Residential Care APD
90	APD Living Residential	845	Assisted Living Facility APD
91	APD Living Settings	850	Specialized Living Services
91	APD Living Settings	855	Specialized Living - HUD
91	APD Living Settings	860	APD
97	Enhanced Service	870	Nsg Facility Enhanced - MH
97	Enhanced Service	874	Alzheimer Nsg Facility
97	Enhanced Service	871	Mental Health Residential Facility
97	Enhanced Service	872	Mental Health Outreach Service
97	Enhanced Service	873	Nsg Facility Specific Needs Contract
97	Enhanced Service	875	Alzheimer ALF
97	Enhanced Service	876	Alzheimer Facility

Attachment 3

Table E-1: Pro Forma Projections for the First Five Years

(Separate Document)

Attachment 4

Table E-3: Monthly Operational Budget

Operational Expenses	Mo. 1	Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. 7	Mo. 8	Mo. 9	Mo. 10	Mo. 11	Mo. 12	YTD
Revenue													
Premiums													
Fee-For-Service													
Other													
Total Revenue													
Total Medical/Hospital/Health expenses													
Reinsurance													
Administrative Expenses													
Compensation													
Marketing													
Liability Insurance													
Legal and professional													
Claims processing													
Office expenses													
Utilities													
Other expenses													
Total Administrative Expenses													
Total Expenses													

Table E-4: Monthly Staffing Plan

	Mo. 1	Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. 7	Mo. 8	Mo. 9	Mo. 10	Mo. 11	Mo. 12
Director												
Office Manager												
Health Plan Specialist												
Enrollment Services												
Claims Processors												
Member Services												
Accounting Services												
Secretarial and Receptionist												
Other												
Total staffing in FTEs												