

**Oregon Health Plan Medicaid Demonstration  
 Coordinated Care Organization Capitation Rates  
 January 2016 through December 2016**

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| Plan: Columbia Pacific CCO, LLC<br>Region: Northwest |
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|                             | Base Case Rate | Base HRA Adjustment | Hospital Provider Tax Allowance | Administrative Allowance | HRA Administrative Allowance | Case Rate    |
|-----------------------------|----------------|---------------------|---------------------------------|--------------------------|------------------------------|--------------|
| <b>Maternity Case Rate:</b> |                |                     |                                 |                          |                              |              |
| Case Rate w/o Admin         | \$ 11,139.48   | \$ 1,011.53         | \$ 406.40                       | \$ 968.65                | \$ 20.64                     | \$ 13,546.70 |
| Admin %                     |                |                     |                                 |                          |                              | 7.15%        |
| HRA Admin %                 |                |                     |                                 |                          |                              | 0.15%        |
| Non Benefit %*              |                |                     |                                 |                          |                              | 10.15%       |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC                                    |
| Region: Northwest  |
| Rate Group: <b>Temporary Assistance to Needy Families - Adults</b> |

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|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$402.32        |
| <b>Base HRA Adjustment</b>                     | \$28.11         |
| <b>Hospital Provider Tax Allowance</b>         | \$11.96         |
| <b>Administrative Allowance</b>                | \$44.42         |
| <b>HRA Administrative Allowance</b>            | \$0.57          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$487.37</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.1%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.6% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                   |
| Region: Northwest                                 |
| Rate Group: <b>Poverty Level Medical - Adults</b> |

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|-----------------|
| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$405.57        |
| <b>Base HRA Adjustment</b>                     | \$25.88         |
| <b>Hospital Provider Tax Allowance</b>         | \$12.60         |
| <b>Administrative Allowance</b>                | \$46.70         |
| <b>HRA Administrative Allowance</b>            | \$0.53          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$491.28</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.5%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 12.1% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 0-1 (CHIP, PLMC, TANF Children)</b> |

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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$531.03        |
| <b>Base HRA Adjustment</b>                     | \$115.96        |
| <b>Hospital Provider Tax Allowance</b>         | \$21.84         |
| <b>Administrative Allowance</b>                | \$62.43         |
| <b>HRA Administrative Allowance</b>            | \$2.37          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$733.62</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 8.5%  |
| <b>HRA Admin %</b>      | 0.3%  |
| <b>Non Benefit %*</b>   | 11.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 1-5 (CHIP, PLMC, TANF Children)</b> |

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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$126.39        |
| <b>Base HRA Adjustment</b>                     | \$10.95         |
| <b>Hospital Provider Tax Allowance</b>         | \$3.52          |
| <b>Administrative Allowance</b>                | \$13.75         |
| <b>HRA Administrative Allowance</b>            | \$0.22          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$154.84</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 8.9%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.2% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC                              |
| Region: Northwest  |
| Rate Group: <b>Children 6-18 (CHIP, PLMC, TANF Children)</b> |

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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$151.90        |
| <b>Base HRA Adjustment</b>                     | \$6.83          |
| <b>Hospital Provider Tax Allowance</b>         | \$3.57          |
| <b>Administrative Allowance</b>                | \$16.48         |
| <b>HRA Administrative Allowance</b>            | \$0.14          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$178.92</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.2%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.2% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|                                       |
|---------------------------------------|
| Plan: Columbia Pacific CCO, LLC       |
| Region: Northwest                     |
| Rate Group: <b>ABAD with Medicare</b> |

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|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$211.33        |
| <b>Base HRA Adjustment</b>                     | \$6.28          |
| <b>Hospital Provider Tax Allowance</b>         | \$3.46          |
| <b>Administrative Allowance</b>                | \$22.83         |
| <b>HRA Administrative Allowance</b>            | \$0.13          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$244.03</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.4%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 10.8% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC          |
| Region: Northwest                        |
| Rate Group: <b>ABAD without Medicare</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |                   |
|--|-------------------|
| <b>Base Services Rate</b>                      | \$1,200.30        |
| <b>Base HRA Adjustment</b>                     | \$123.55          |
| <b>Hospital Provider Tax Allowance</b>         | \$37.96           |
| <b>Administrative Allowance</b>                | \$133.44          |
| <b>HRA Administrative Allowance</b>            | \$2.52            |
| <b>Health Insurers Fee</b>                     | \$0.00            |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$1,497.76</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 8.9%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.4% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|                                      |
|--------------------------------------|
| Plan: Columbia Pacific CCO, LLC      |
| Region: Northwest                    |
| Rate Group: <b>OAA with Medicare</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$211.33        |
| <b>Base HRA Adjustment</b>                     | \$6.28          |
| <b>Hospital Provider Tax Allowance</b>         | \$3.46          |
| <b>Administrative Allowance</b>                | \$22.83         |
| <b>HRA Administrative Allowance</b>            | \$0.13          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$244.03</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.4%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 10.8% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC         |
| Region: Northwest                       |
| Rate Group: <b>OAA without Medicare</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |                   |
|--|-------------------|
| <b>Base Services Rate</b>                      | \$1,200.30        |
| <b>Base HRA Adjustment</b>                     | \$123.55          |
| <b>Hospital Provider Tax Allowance</b>         | \$37.96           |
| <b>Administrative Allowance</b>                | \$133.44          |
| <b>HRA Administrative Allowance</b>            | \$2.52            |
| <b>Health Insurers Fee</b>                     | \$0.00            |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$1,497.76</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 8.9%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.4% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

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| Plan: Columbia Pacific CCO, LLC          |
| Region: Northwest                        |
| Rate Group: <b>Foster Children (CAF)</b> |

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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$501.28        |
| <b>Base HRA Adjustment</b>                     | \$20.34         |
| <b>Hospital Provider Tax Allowance</b>         | \$5.93          |
| <b>Administrative Allowance</b>                | \$58.19         |
| <b>HRA Administrative Allowance</b>            | \$0.42          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$586.16</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.9%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 10.9% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|                                   |
|-----------------------------------|
| Plan: Columbia Pacific CCO, LLC   |
| Region: Northwest                 |
| Rate Group: <b>ACA Ages 19-44</b> |

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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$369.24        |
| <b>Base HRA Adjustment</b>                     | \$20.75         |
| <b>Hospital Provider Tax Allowance</b>         | \$10.55         |
| <b>Administrative Allowance</b>                | \$41.96         |
| <b>HRA Administrative Allowance</b>            | \$0.42          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$442.92</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.5%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.9% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 45-54</b> |
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| Capitation Rate |
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| <b>Base Services Rate</b>                      | \$626.82        |
| <b>Base HRA Adjustment</b>                     | \$59.21         |
| <b>Hospital Provider Tax Allowance</b>         | \$19.10         |
| <b>Administrative Allowance</b>                | \$71.85         |
| <b>HRA Administrative Allowance</b>            | \$1.21          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$778.18</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.2%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.7% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|                                   |
|-----------------------------------|
| Plan: Columbia Pacific CCO, LLC   |
| Region: Northwest                 |
| Rate Group: <b>ACA Ages 55-64</b> |

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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$673.98        |
| <b>Base HRA Adjustment</b>                     | \$68.36         |
| <b>Hospital Provider Tax Allowance</b>         | \$22.31         |
| <b>Administrative Allowance</b>                | \$77.22         |
| <b>HRA Administrative Allowance</b>            | \$1.40          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$843.28</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.2%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.8% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-A: Physical Health, Mental Health, and Dental Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                       |
| Region: Northwest                                     |
| Rate Group: <b>Breast and Cervical Cancer Program</b> |

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|-----------------|
| Capitation Rate |
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|  |                   |
|--|-------------------|
| <b>Base Services Rate</b>                      | \$1,736.45        |
| <b>Base HRA Adjustment</b>                     | \$118.51          |
| <b>Hospital Provider Tax Allowance</b>         | \$61.53           |
| <b>Administrative Allowance</b>                | \$202.45          |
| <b>HRA Administrative Allowance</b>            | \$2.42            |
| <b>Health Insurers Fee</b>                     | \$0.00            |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$2,121.36</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.5%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 12.4% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Temporary Assistance to Needy Families - Adults</b> |
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|                 |
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| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$377.64        |
| <b>Base HRA Adjustment</b>                     | \$28.11         |
| <b>Hospital Provider Tax Allowance</b>         | \$11.96         |
| <b>Administrative Allowance</b>                | \$42.27         |
| <b>HRA Administrative Allowance</b>            | \$0.57          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$460.55</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.2%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.8% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                   |
| Region: Northwest                                 |
| Rate Group: <b>Poverty Level Medical - Adults</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$375.84        |
| <b>Base HRA Adjustment</b>                     | \$25.88         |
| <b>Hospital Provider Tax Allowance</b>         | \$12.60         |
| <b>Administrative Allowance</b>                | \$44.11         |
| <b>HRA Administrative Allowance</b>            | \$0.53          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$458.97</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.6%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 12.4% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 0-1 (CHIP, PLMC, TANF Children)</b> |

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|-----------------|
| Capitation Rate |
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|  |          |
|--|----------|
| <b>Base Services Rate</b>              | \$530.68 |
| <b>Base HRA Adjustment</b>             | \$115.96 |
| <b>Hospital Provider Tax Allowance</b> | \$21.84  |
| <b>Administrative Allowance</b>        | \$62.40  |
| <b>HRA Administrative Allowance</b>    | \$2.37   |
| <b>Health Insurers Fee</b>             | \$0.00   |

|  |                 |
|--|-----------------|
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$733.25</b> |
|--|-----------------|

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 8.5%  |
| <b>HRA Admin %</b>      | 0.3%  |
| <b>Non Benefit %*</b>   | 11.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

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**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 1-5 (CHIP, PLMC, TANF Children)</b> |

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|-----------------|
| Capitation Rate |
|-----------------|

|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$108.94        |
| <b>Base HRA Adjustment</b>                     | \$10.95         |
| <b>Hospital Provider Tax Allowance</b>         | \$3.52          |
| <b>Administrative Allowance</b>                | \$12.24         |
| <b>HRA Administrative Allowance</b>            | \$0.22          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$135.87</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.0%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.6% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

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**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Children 6-18 (CHIP, PLMC, TANF Children)</b> |
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|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$129.32        |
| <b>Base HRA Adjustment</b>                     | \$6.83          |
| <b>Hospital Provider Tax Allowance</b>         | \$3.57          |
| <b>Administrative Allowance</b>                | \$14.52         |
| <b>HRA Administrative Allowance</b>            | \$0.14          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$154.38</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.4%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.7% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

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**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ABAD with Medicare</b> |
|---|

|                 |
|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$192.93        |
| <b>Base HRA Adjustment</b>                     | \$6.28          |
| <b>Hospital Provider Tax Allowance</b>         | \$3.46          |
| <b>Administrative Allowance</b>                | \$21.23         |
| <b>HRA Administrative Allowance</b>            | \$0.13          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$224.04</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.5%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ABAD without Medicare</b> |
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|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |                   |
|--|-------------------|
| <b>Base Services Rate</b>                      | \$1,177.18        |
| <b>Base HRA Adjustment</b>                     | \$123.55          |
| <b>Hospital Provider Tax Allowance</b>         | \$37.96           |
| <b>Administrative Allowance</b>                | \$131.43          |
| <b>HRA Administrative Allowance</b>            | \$2.52            |
| <b>Health Insurers Fee</b>                     | \$0.00            |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$1,472.63</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 8.9%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>OAA with Medicare</b> |
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| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$192.93        |
| <b>Base HRA Adjustment</b>                     | \$6.28          |
| <b>Hospital Provider Tax Allowance</b>         | \$3.46          |
| <b>Administrative Allowance</b>                | \$21.23         |
| <b>HRA Administrative Allowance</b>            | \$0.13          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$224.04</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.5%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC         |
| Region: Northwest                       |
| Rate Group: <b>OAA without Medicare</b> |

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|-----------------|
| Capitation Rate |
|-----------------|

|  |                   |
|--|-------------------|
| <b>Base Services Rate</b>                      | \$1,177.18        |
| <b>Base HRA Adjustment</b>                     | \$123.55          |
| <b>Hospital Provider Tax Allowance</b>         | \$37.96           |
| <b>Administrative Allowance</b>                | \$131.43          |
| <b>HRA Administrative Allowance</b>            | \$2.52            |
| <b>Health Insurers Fee</b>                     | \$0.00            |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$1,472.63</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 8.9%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Foster Children (CAF)</b> |
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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$478.56        |
| <b>Base HRA Adjustment</b>                     | \$20.34         |
| <b>Hospital Provider Tax Allowance</b>         | \$5.93          |
| <b>Administrative Allowance</b>                | \$56.22         |
| <b>HRA Administrative Allowance</b>            | \$0.42          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$561.46</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 10.0% |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 11.1% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 19-44</b> |
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| Capitation Rate |
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| <b>Base Services Rate</b>                      | \$344.35        |
| <b>Base HRA Adjustment</b>                     | \$20.75         |
| <b>Hospital Provider Tax Allowance</b>         | \$10.55         |
| <b>Administrative Allowance</b>                | \$39.79         |
| <b>HRA Administrative Allowance</b>            | \$0.42          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$415.87</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.6%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 12.1% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|                                   |
|-----------------------------------|
| Plan: Columbia Pacific CCO, LLC   |
| Region: Northwest                 |
| Rate Group: <b>ACA Ages 45-54</b> |

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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$600.50        |
| <b>Base HRA Adjustment</b>                     | \$59.21         |
| <b>Hospital Provider Tax Allowance</b>         | \$19.10         |
| <b>Administrative Allowance</b>                | \$69.56         |
| <b>HRA Administrative Allowance</b>            | \$1.21          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$749.58</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.3%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.8% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|                                   |
|-----------------------------------|
| Plan: Columbia Pacific CCO, LLC   |
| Region: Northwest                 |
| Rate Group: <b>ACA Ages 55-64</b> |

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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$646.52        |
| <b>Base HRA Adjustment</b>                     | \$68.36         |
| <b>Hospital Provider Tax Allowance</b>         | \$22.31         |
| <b>Administrative Allowance</b>                | \$74.84         |
| <b>HRA Administrative Allowance</b>            | \$1.40          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$813.43</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.2%  |
| <b>HRA Admin %</b>      | 0.2%  |
| <b>Non Benefit %*</b>   | 11.9% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-B: Physical Health and Mental Health Services**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                       |
| Region: Northwest                                     |
| Rate Group: <b>Breast and Cervical Cancer Program</b> |

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| Capitation Rate |
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|  |                   |
|--|-------------------|
| <b>Base Services Rate</b>                      | \$1,712.87        |
| <b>Base HRA Adjustment</b>                     | \$118.51          |
| <b>Hospital Provider Tax Allowance</b>         | \$61.53           |
| <b>Administrative Allowance</b>                | \$200.40          |
| <b>HRA Administrative Allowance</b>            | \$2.42            |
| <b>Health Insurers Fee</b>                     | \$0.00            |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$2,095.73</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 9.6%  |
| <b>HRA Admin %</b>      | 0.1%  |
| <b>Non Benefit %*</b>   | 12.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

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|--|
| Plan: Columbia Pacific CCO, LLC                                    |
| Region: Northwest  |
| Rate Group: <b>Temporary Assistance to Needy Families - Adults</b> |

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| Capitation Rate |
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|--|----------------|
| <b>Base Services Rate</b>                      | \$33.09        |
| <b>Base HRA Adjustment</b>                     | \$0.70         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$3.53         |
| <b>HRA Administrative Allowance</b>            | \$0.01         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$37.34</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.5% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                   |
| Region: Northwest                                 |
| Rate Group: <b>Poverty Level Medical - Adults</b> |

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| Capitation Rate |
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|--|----------------|
| <b>Base Services Rate</b>                      | \$15.15        |
| <b>Base HRA Adjustment</b>                     | \$0.87         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$1.68         |
| <b>HRA Administrative Allowance</b>            | \$0.02         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$17.71</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.5% |
| <b>HRA Admin %</b>      | 0.1% |
| <b>Non Benefit %*</b>   | 9.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 0-1 (CHIP, PLMC, TANF Children)</b> |

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| Capitation Rate |
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|  |               |
|--|---------------|
| <b>Base Services Rate</b>                      | \$1.64        |
| <b>Base HRA Adjustment</b>                     | \$0.00        |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00        |
| <b>Administrative Allowance</b>                | \$0.17        |
| <b>HRA Administrative Allowance</b>            | \$0.00        |
| <b>Health Insurers Fee</b>                     | \$0.00        |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$1.81</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.4% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.4% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 1-5 (CHIP, PLMC, TANF Children)</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |               |
|--|---------------|
| <b>Base Services Rate</b>                      | \$5.48        |
| <b>Base HRA Adjustment</b>                     | \$0.00        |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00        |
| <b>Administrative Allowance</b>                | \$0.60        |
| <b>HRA Administrative Allowance</b>            | \$0.00        |
| <b>Health Insurers Fee</b>                     | \$0.00        |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$6.08</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.9% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.9% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC                              |
| Region: Northwest  |
| Rate Group: <b>Children 6-18 (CHIP, PLMC, TANF Children)</b> |

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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$27.04        |
| <b>Base HRA Adjustment</b>                     | \$0.25         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$3.02         |
| <b>HRA Administrative Allowance</b>            | \$0.01         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$30.32</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 10.0% |
| <b>HRA Admin %</b>      | 0.0%  |
| <b>Non Benefit %*</b>   | 10.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|                                       |
|---------------------------------------|
| Plan: Columbia Pacific CCO, LLC       |
| Region: Northwest                     |
| Rate Group: <b>ABAD with Medicare</b> |

|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$92.54         |
| <b>Base HRA Adjustment</b>                     | \$0.47          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$9.43          |
| <b>HRA Administrative Allowance</b>            | \$0.01          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$102.44</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.2% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.2% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ABAD without Medicare</b> |
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|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$164.09        |
| <b>Base HRA Adjustment</b>                     | \$5.50          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$17.53         |
| <b>HRA Administrative Allowance</b>            | \$0.11          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$187.23</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.4% |
| <b>HRA Admin %</b>      | 0.1% |
| <b>Non Benefit %*</b>   | 9.4% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|                                      |
|--------------------------------------|
| Plan: Columbia Pacific CCO, LLC      |
| Region: Northwest                    |
| Rate Group: <b>OAA with Medicare</b> |

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| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$92.54         |
| <b>Base HRA Adjustment</b>                     | \$0.47          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$9.43          |
| <b>HRA Administrative Allowance</b>            | \$0.01          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$102.44</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.2% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.2% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC         |
| Region: Northwest                       |
| Rate Group: <b>OAA without Medicare</b> |

|                 |
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| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$164.09        |
| <b>Base HRA Adjustment</b>                     | \$5.50          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$17.53         |
| <b>HRA Administrative Allowance</b>            | \$0.11          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$187.23</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.4% |
| <b>HRA Admin %</b>      | 0.1% |
| <b>Non Benefit %*</b>   | 9.4% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Foster Children (CAF)</b> |
|--|

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|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$315.00        |
| <b>Base HRA Adjustment</b>                     | \$1.70          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$36.98         |
| <b>HRA Administrative Allowance</b>            | \$0.03          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$353.72</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 10.5% |
| <b>HRA Admin %</b>      | 0.0%  |
| <b>Non Benefit %*</b>   | 10.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|                                   |
|-----------------------------------|
| Plan: Columbia Pacific CCO, LLC   |
| Region: Northwest                 |
| Rate Group: <b>ACA Ages 19-44</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$40.23        |
| <b>Base HRA Adjustment</b>                     | \$1.06         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$4.35         |
| <b>HRA Administrative Allowance</b>            | \$0.02         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$45.66</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.5% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 45-54</b> |
|---|

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|-----------------|
| Capitation Rate |
|-----------------|

|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$53.99        |
| <b>Base HRA Adjustment</b>                     | \$1.35         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$5.87         |
| <b>HRA Administrative Allowance</b>            | \$0.03         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$61.23</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.6% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.6% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|                                   |
|-----------------------------------|
| Plan: Columbia Pacific CCO, LLC   |
| Region: Northwest                 |
| Rate Group: <b>ACA Ages 55-64</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$56.14        |
| <b>Base HRA Adjustment</b>                     | \$0.90         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$6.03         |
| <b>HRA Administrative Allowance</b>            | \$0.02         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$63.09</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.6% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.6% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-E: Mental Health Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                       |
| Region: Northwest                                     |
| Rate Group: <b>Breast and Cervical Cancer Program</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$102.31        |
| <b>Base HRA Adjustment</b>                     | \$0.64          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$10.92         |
| <b>HRA Administrative Allowance</b>            | \$0.01          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$113.89</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.6% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.6% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Temporary Assistance to Needy Families - Adults</b> |
|--|

|                 |
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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$32.06        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$2.79         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$34.85</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                   |
| Region: Northwest                                 |
| Rate Group: <b>Poverty Level Medical - Adults</b> |

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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$33.11        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$2.88         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$35.99</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Children 0-1 (CHIP, PLMC, TANF Children)</b> |
|---|

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| Capitation Rate |
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|  |               |
|--|---------------|
| <b>Base Services Rate</b>                      | \$1.06        |
| <b>Base HRA Adjustment</b>                     | \$0.00        |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00        |
| <b>Administrative Allowance</b>                | \$0.09        |
| <b>HRA Administrative Allowance</b>            | \$0.00        |
| <b>Health Insurers Fee</b>                     | \$0.00        |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$1.16</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 1-5 (CHIP, PLMC, TANF Children)</b> |

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| Capitation Rate |
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|--|----------------|
| <b>Base Services Rate</b>                      | \$17.94        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$1.56         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$19.50</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Children 6-18 (CHIP, PLMC, TANF Children)</b> |
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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$23.34        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$2.03         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$25.37</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|                                       |
|---------------------------------------|
| Plan: Columbia Pacific CCO, LLC       |
| Region: Northwest                     |
| Rate Group: <b>ABAD with Medicare</b> |

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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$66.00        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$5.74         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$71.74</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ABAD without Medicare</b> |
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|-----------------|
| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$59.37        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$5.16         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$64.53</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>OAA with Medicare</b> |
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|-----------------|
| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$66.00        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$5.74         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$71.74</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC         |
| Region: Northwest                       |
| Rate Group: <b>OAA without Medicare</b> |

|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$59.37        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$5.16         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$64.53</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC          |
| Region: Northwest                        |
| Rate Group: <b>Foster Children (CAF)</b> |

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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$25.21        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$2.19         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$27.40</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 19-44</b> |
|---|

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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$36.32        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$3.16         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$39.48</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 45-54</b> |
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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$40.65        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$3.53         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$44.18</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 55-64</b> |
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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$44.86        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$3.90         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$48.76</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-F: Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                       |
| Region: Northwest                                     |
| Rate Group: <b>Breast and Cervical Cancer Program</b> |

|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$59.83        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$5.20         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$65.03</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC                                    |
| Region: Northwest  |
| Rate Group: <b>Temporary Assistance to Needy Families - Adults</b> |

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| Capitation Rate |
|-----------------|

|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$57.77        |
| <b>Base HRA Adjustment</b>                     | \$0.70         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$5.68         |
| <b>HRA Administrative Allowance</b>            | \$0.01         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$64.17</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.8% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.8% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Poverty Level Medical - Adults</b> |
|---|

|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$44.87        |
| <b>Base HRA Adjustment</b>                     | \$0.87         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$4.26         |
| <b>HRA Administrative Allowance</b>            | \$0.02         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$50.02</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.5% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 0-1 (CHIP, PLMC, TANF Children)</b> |

|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |               |
|--|---------------|
| <b>Base Services Rate</b>                      | \$1.99        |
| <b>Base HRA Adjustment</b>                     | \$0.00        |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00        |
| <b>Administrative Allowance</b>                | \$0.20        |
| <b>HRA Administrative Allowance</b>            | \$0.00        |
| <b>Health Insurers Fee</b>                     | \$0.00        |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$2.19</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.2% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.2% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                             |
| Region: Northwest   |
| Rate Group: <b>Children 1-5 (CHIP, PLMC, TANF Children)</b> |

|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$22.93        |
| <b>Base HRA Adjustment</b>                     | \$0.00         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$2.12         |
| <b>HRA Administrative Allowance</b>            | \$0.00         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$25.05</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 8.5% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 8.5% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC                              |
| Region: Northwest  |
| Rate Group: <b>Children 6-18 (CHIP, PLMC, TANF Children)</b> |

|                 |
|-----------------|
| Capitation Rate |
|-----------------|

|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$49.62        |
| <b>Base HRA Adjustment</b>                     | \$0.25         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$4.98         |
| <b>HRA Administrative Allowance</b>            | \$0.01         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$54.86</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.1% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.1% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ABAD with Medicare</b> |
|---|

|                 |
|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$110.93        |
| <b>Base HRA Adjustment</b>                     | \$0.47          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$11.03         |
| <b>HRA Administrative Allowance</b>            | \$0.01          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$122.43</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC          |
| Region: Northwest                        |
| Rate Group: <b>ABAD without Medicare</b> |

|                 |
|-----------------|
| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$187.21        |
| <b>Base HRA Adjustment</b>                     | \$5.50          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$19.54         |
| <b>HRA Administrative Allowance</b>            | \$0.11          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$212.36</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.2% |
| <b>HRA Admin %</b>      | 0.1% |
| <b>Non Benefit %*</b>   | 9.2% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|  |
|--|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>OAA with Medicare</b> |
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| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$110.93        |
| <b>Base HRA Adjustment</b>                     | \$0.47          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$11.03         |
| <b>HRA Administrative Allowance</b>            | \$0.01          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$122.43</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>OAA without Medicare</b> |
|---|

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| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$187.21        |
| <b>Base HRA Adjustment</b>                     | \$5.50          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$19.54         |
| <b>HRA Administrative Allowance</b>            | \$0.11          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$212.36</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.2% |
| <b>HRA Admin %</b>      | 0.1% |
| <b>Non Benefit %*</b>   | 9.2% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

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| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>Foster Children (CAF)</b> |
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| Capitation Rate |
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|--|-----------------|
| <b>Base Services Rate</b>                      | \$337.73        |
| <b>Base HRA Adjustment</b>                     | \$1.70          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$38.95         |
| <b>HRA Administrative Allowance</b>            | \$0.03          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$378.42</b> |

|                         |       |
|-------------------------|-------|
| <b>Services Admin %</b> | 10.3% |
| <b>HRA Admin %</b>      | 0.0%  |
| <b>Non Benefit %*</b>   | 10.3% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 19-44</b> |
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| Capitation Rate |
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|--|----------------|
| <b>Base Services Rate</b>                      | \$65.12        |
| <b>Base HRA Adjustment</b>                     | \$1.06         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$6.52         |
| <b>HRA Administrative Allowance</b>            | \$0.02         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$72.71</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.0% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.0% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 45-54</b> |
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| Capitation Rate |
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| <b>Base Services Rate</b>                      | \$80.30        |
| <b>Base HRA Adjustment</b>                     | \$1.35         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$8.16         |
| <b>HRA Administrative Allowance</b>            | \$0.03         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$89.83</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.1% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.1% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC<br><br>Region: Northwest<br>Rate Group: <b>ACA Ages 55-64</b> |
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| Capitation Rate |
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|  |                |
|--|----------------|
| <b>Base Services Rate</b>                      | \$83.60        |
| <b>Base HRA Adjustment</b>                     | \$0.90         |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00         |
| <b>Administrative Allowance</b>                | \$8.42         |
| <b>HRA Administrative Allowance</b>            | \$0.02         |
| <b>Health Insurers Fee</b>                     | \$0.00         |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$92.94</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.1% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.1% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances

**Oregon Health Plan Medicaid Demonstration**  
**Coordinated Care Organization Capitation Rates**  
**CCO-G: Mental Health and Dental Services Only**  
**January 2016 through December 2016**

|   |
|---|
| Plan: Columbia Pacific CCO, LLC                       |
| Region: Northwest                                     |
| Rate Group: <b>Breast and Cervical Cancer Program</b> |

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| Capitation Rate |
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|  |                 |
|--|-----------------|
| <b>Base Services Rate</b>                      | \$125.89        |
| <b>Base HRA Adjustment</b>                     | \$0.64          |
| <b>Hospital Provider Tax Allowance</b>         | \$0.00          |
| <b>Administrative Allowance</b>                | \$12.97         |
| <b>HRA Administrative Allowance</b>            | \$0.01          |
| <b>Health Insurers Fee</b>                     | \$0.00          |
| <b>Total Services with Admin, HRA, and HIF</b> | <b>\$139.52</b> |

|                         |      |
|-------------------------|------|
| <b>Services Admin %</b> | 9.3% |
| <b>HRA Admin %</b>      | 0.0% |
| <b>Non Benefit %*</b>   | 9.3% |

\*Non Benefit % includes Hospital Provider Tax, HIF, and Administrative Allowances