

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

Plan: FamilyCare, Inc Region: TriCounty
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	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
Maternity Case Rate:						
Case Rate w/o Admin	\$ 8,545.87	\$ 2,427.85	\$ 363.91	\$ 743.12	\$ 49.55	\$ 12,130.29
Admin %						6.13%
HRA Admin %						0.41%
Non Benefit %*						9.13%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$316.47
Base HRA Adjustment	\$36.22
Hospital Provider Tax Allowance	\$11.08
Administrative Allowance	\$35.03
HRA Administrative Allowance	\$0.74
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$399.55

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$374.04
Base HRA Adjustment	\$23.46
Hospital Provider Tax Allowance	\$12.60
Administrative Allowance	\$42.83
HRA Administrative Allowance	\$0.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$453.41

Services Admin %	9.4%
HRA Admin %	0.1%
Non Benefit %*	12.2%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$472.40
Base HRA Adjustment	\$125.73
Hospital Provider Tax Allowance	\$20.78
Administrative Allowance	\$55.54
HRA Administrative Allowance	\$2.57
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$677.03

Services Admin %	8.2%
HRA Admin %	0.4%
Non Benefit %*	11.3%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$111.84
Base HRA Adjustment	\$16.69
Hospital Provider Tax Allowance	\$3.76
Administrative Allowance	\$12.20
HRA Administrative Allowance	\$0.34
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$144.83

Services Admin %	8.4%
HRA Admin %	0.2%
Non Benefit %*	11.0%

*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: FamilyCare, Inc Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$126.37
Base HRA Adjustment	\$9.99
Hospital Provider Tax Allowance	\$3.24
Administrative Allowance	\$13.70
HRA Administrative Allowance	\$0.20
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$153.51

Services Admin %	8.9%
HRA Admin %	0.1%
Non Benefit %*	11.0%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$230.95
Base HRA Adjustment	\$10.55
Hospital Provider Tax Allowance	\$5.09
Administrative Allowance	\$25.20
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$272.00

Services Admin %	9.3%
HRA Admin %	0.1%
Non Benefit %*	11.1%

*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: FamilyCare, Inc Region: TriCounty Rate Group: ABAD without Medicare
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Capitation Rate

Base Services Rate	\$1,034.52
Base HRA Adjustment	\$141.56
Hospital Provider Tax Allowance	\$41.96
Administrative Allowance	\$116.13
HRA Administrative Allowance	\$2.89
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,337.06

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$230.95
Base HRA Adjustment	\$10.55
Hospital Provider Tax Allowance	\$5.09
Administrative Allowance	\$25.20
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$272.00

Services Admin %	9.3%
HRA Admin %	0.1%
Non Benefit %*	11.1%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,034.52
Base HRA Adjustment	\$141.56
Hospital Provider Tax Allowance	\$41.96
Administrative Allowance	\$116.13
HRA Administrative Allowance	\$2.89
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,337.06

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$464.10
Base HRA Adjustment	\$22.68
Hospital Provider Tax Allowance	\$7.40
Administrative Allowance	\$53.79
HRA Administrative Allowance	\$0.46
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$548.44

Services Admin %	9.8%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$275.03
Base HRA Adjustment	\$32.38
Hospital Provider Tax Allowance	\$9.70
Administrative Allowance	\$30.26
HRA Administrative Allowance	\$0.66
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$348.03

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$447.44
Base HRA Adjustment	\$62.50
Hospital Provider Tax Allowance	\$18.07
Administrative Allowance	\$49.71
HRA Administrative Allowance	\$1.28
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$579.00

Services Admin %	8.6%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$479.69
Base HRA Adjustment	\$67.07
Hospital Provider Tax Allowance	\$19.41
Administrative Allowance	\$53.31
HRA Administrative Allowance	\$1.37
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$620.84

Services Admin %	8.6%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,323.73
Base HRA Adjustment	\$162.81
Hospital Provider Tax Allowance	\$49.49
Administrative Allowance	\$153.96
HRA Administrative Allowance	\$3.32
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,693.31

Services Admin %	9.1%
HRA Admin %	0.2%
Non Benefit %*	12.0%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$287.12
Base HRA Adjustment	\$36.22
Hospital Provider Tax Allowance	\$11.08
Administrative Allowance	\$32.48
HRA Administrative Allowance	\$0.74
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$367.65

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$338.67
Base HRA Adjustment	\$23.46
Hospital Provider Tax Allowance	\$12.60
Administrative Allowance	\$39.75
HRA Administrative Allowance	\$0.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$414.97

Services Admin %	9.6%
HRA Admin %	0.1%
Non Benefit %*	12.6%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$472.03
Base HRA Adjustment	\$125.73
Hospital Provider Tax Allowance	\$20.78
Administrative Allowance	\$55.51
HRA Administrative Allowance	\$2.57
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$676.62

Services Admin %	8.2%
HRA Admin %	0.4%
Non Benefit %*	11.3%

*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: FamilyCare, Inc Region: TriCounty Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$92.94
Base HRA Adjustment	\$16.69
Hospital Provider Tax Allowance	\$3.76
Administrative Allowance	\$10.56
HRA Administrative Allowance	\$0.34
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$124.29

Services Admin %	8.5%
HRA Admin %	0.3%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$101.86
Base HRA Adjustment	\$9.99
Hospital Provider Tax Allowance	\$3.24
Administrative Allowance	\$11.57
HRA Administrative Allowance	\$0.20
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$126.87

Services Admin %	9.1%
HRA Admin %	0.2%
Non Benefit %*	11.7%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$208.80
Base HRA Adjustment	\$10.55
Hospital Provider Tax Allowance	\$5.09
Administrative Allowance	\$23.27
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$247.93

Services Admin %	9.4%
HRA Admin %	0.1%
Non Benefit %*	11.4%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,009.38
Base HRA Adjustment	\$141.56
Hospital Provider Tax Allowance	\$41.96
Administrative Allowance	\$113.95
HRA Administrative Allowance	\$2.89
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,309.74

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$208.80
Base HRA Adjustment	\$10.55
Hospital Provider Tax Allowance	\$5.09
Administrative Allowance	\$23.27
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$247.93

Services Admin %	9.4%
HRA Admin %	0.1%
Non Benefit %*	11.4%

*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: FamilyCare, Inc Region: TriCounty Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,009.38
Base HRA Adjustment	\$141.56
Hospital Provider Tax Allowance	\$41.96
Administrative Allowance	\$113.95
HRA Administrative Allowance	\$2.89
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,309.74

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$440.17
Base HRA Adjustment	\$22.68
Hospital Provider Tax Allowance	\$7.40
Administrative Allowance	\$51.71
HRA Administrative Allowance	\$0.46
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$522.43

Services Admin %	9.9%
HRA Admin %	0.1%
Non Benefit %*	11.3%

*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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$246.17
Base HRA Adjustment	\$32.38
Hospital Provider Tax Allowance	\$9.70
Administrative Allowance	\$27.75
HRA Administrative Allowance	\$0.66
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$316.65

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$414.50
Base HRA Adjustment	\$62.50
Hospital Provider Tax Allowance	\$18.07
Administrative Allowance	\$46.85
HRA Administrative Allowance	\$1.28
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$543.19

Services Admin %	8.6%
HRA Admin %	0.2%
Non Benefit %*	12.0%

*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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$446.60
Base HRA Adjustment	\$67.07
Hospital Provider Tax Allowance	\$19.41
Administrative Allowance	\$50.43
HRA Administrative Allowance	\$1.37
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$584.88

Services Admin %	8.6%
HRA Admin %	0.2%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,298.22
Base HRA Adjustment	\$162.81
Hospital Provider Tax Allowance	\$49.49
Administrative Allowance	\$151.74
HRA Administrative Allowance	\$3.32
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,665.59

Services Admin %	9.1%
HRA Admin %	0.2%
Non Benefit %*	12.1%

*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: FamilyCare, Inc Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults
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Capitation Rate

Base Services Rate	\$21.58
Base HRA Adjustment	\$0.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.28
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.79

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$12.17
Base HRA Adjustment	\$0.59
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.34
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$14.11

Services Admin %	9.5%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.79
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.07
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.86

Services Admin %	8.5%
HRA Admin %	0.0%
Non Benefit %*	8.5%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$2.97
Base HRA Adjustment	\$0.01
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.33
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$3.30

Services Admin %	9.9%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$21.61
Base HRA Adjustment	\$0.67
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.44
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.73

Services Admin %	9.9%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$80.14
Base HRA Adjustment	\$0.23
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.14
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$88.51

Services Admin %	9.2%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$118.85
Base HRA Adjustment	\$5.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$12.66
HRA Administrative Allowance	\$0.11
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$137.12

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$80.14
Base HRA Adjustment	\$0.23
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.14
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$88.51

Services Admin %	9.2%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$118.85
Base HRA Adjustment	\$5.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$12.66
HRA Administrative Allowance	\$0.11
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$137.12

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$256.62
Base HRA Adjustment	\$3.26
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$30.12
HRA Administrative Allowance	\$0.07
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$290.06

Services Admin %	10.4%
HRA Admin %	0.0%
Non Benefit %*	10.4%

*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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$27.68
Base HRA Adjustment	\$1.61
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.88
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$32.20

Services Admin %	8.9%
HRA Admin %	0.1%
Non Benefit %*	8.9%

*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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$30.89
Base HRA Adjustment	\$1.35
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.18
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$35.44

Services Admin %	9.0%
HRA Admin %	0.1%
Non Benefit %*	9.0%

*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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$27.10
Base HRA Adjustment	\$0.52
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.67
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$30.30

Services Admin %	8.8%
HRA Admin %	0.0%
Non Benefit %*	8.8%

*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: FamilyCare, Inc Region: TriCounty Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$84.56
Base HRA Adjustment	\$6.59
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.97
HRA Administrative Allowance	\$0.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$100.26

Services Admin %	8.9%
HRA Admin %	0.1%
Non Benefit %*	8.9%

*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: FamilyCare, Inc Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults
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Capitation Rate

Base Services Rate	\$35.86
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.12
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$38.98

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$38.35
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.33
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$41.69

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.00
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.09
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.09

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$19.33
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.68
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$21.01

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$25.18
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.19
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.37

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$64.15
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.58
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.73

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ABAD without Medicare
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Capitation Rate

Base Services Rate	\$57.12
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.97
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.09

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$64.15
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.58
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.73

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$57.12
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.97
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.09

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$26.12
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.27
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$28.39

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$38.95
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.39
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$42.34

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$45.59
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.96
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$49.55

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$48.44
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.21
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$52.65

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$57.49
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.00
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.49

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$50.93
Base HRA Adjustment	\$0.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.83
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$56.69

Services Admin %	8.5%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$47.53
Base HRA Adjustment	\$0.59
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.42
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$52.55

Services Admin %	8.4%
HRA Admin %	0.0%
Non Benefit %*	8.4%

*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: FamilyCare, Inc Region: TriCounty Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.16
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.11
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.26

Services Admin %	8.3%
HRA Admin %	0.0%
Non Benefit %*	8.3%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$21.86
Base HRA Adjustment	\$0.01
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.97
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$23.83

Services Admin %	8.3%
HRA Admin %	0.0%
Non Benefit %*	8.3%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$46.12
Base HRA Adjustment	\$0.67
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.57
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$51.37

Services Admin %	8.9%
HRA Admin %	0.0%
Non Benefit %*	8.9%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$102.28
Base HRA Adjustment	\$0.23
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.06
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$112.58

Services Admin %	8.9%
HRA Admin %	0.0%
Non Benefit %*	8.9%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$143.98
Base HRA Adjustment	\$5.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$14.85
HRA Administrative Allowance	\$0.11
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$164.44

Services Admin %	9.0%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$102.28
Base HRA Adjustment	\$0.23
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.06
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$112.58

Services Admin %	8.9%
HRA Admin %	0.0%
Non Benefit %*	8.9%

*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: FamilyCare, Inc Region: TriCounty Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$143.98
Base HRA Adjustment	\$5.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$14.85
HRA Administrative Allowance	\$0.11
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$164.44

Services Admin %	9.0%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$280.55
Base HRA Adjustment	\$3.26
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$32.20
HRA Administrative Allowance	\$0.07
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$316.07

Services Admin %	10.2%
HRA Admin %	0.0%
Non Benefit %*	10.2%

*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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$56.55
Base HRA Adjustment	\$1.61
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.39
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$63.58

Services Admin %	8.5%
HRA Admin %	0.1%
Non Benefit %*	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: FamilyCare, Inc
Region: TriCounty
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$63.83
Base HRA Adjustment	\$1.35
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.04
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$71.25

Services Admin %	8.5%
HRA Admin %	0.0%
Non Benefit %*	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: FamilyCare, Inc Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$60.19
Base HRA Adjustment	\$0.52
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.55
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$66.27

Services Admin %	8.4%
HRA Admin %	0.0%
Non Benefit %*	8.4%

*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: FamilyCare, Inc
Region: TriCounty
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$110.07
Base HRA Adjustment	\$6.59
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$11.18
HRA Administrative Allowance	\$0.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$127.98

Services Admin %	8.7%
HRA Admin %	0.1%
Non Benefit %*	8.7%

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