

**Oregon Health Plan Medicaid Demonstration
 Coordinated Care Organization Capitation Rates
 January 2015 through December 2015**

Plan: Health Share of Oregon Region: TriCounty

	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
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Maternity Case Rate:

Case Rate w/o Admin	\$	8,353.72	\$	2,277.82	\$	352.71	\$	726.41	\$	46.49	\$	11,757.14
Admin %												6.18%
HRA Admin %												0.40%
Non Benefit %*												9.18%

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

	Base Case Rate	Administrative Allowance	Case Rate
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Bariatric Case Rate:

Non-Dual	Medicaid Only	\$	13,369.77	\$	1,162.59	\$	14,532.36
	Admin %						8.00%
Dual	Dual Eligibles	\$	1,638.15	\$	142.45	\$	1,780.60
	Admin %						8.00%

Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty

	Base Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Health Insurers Fee	SNRG Rate
Special Needs Rate Group:							
Rate w/o Admin	\$ 1,235.80	\$ 152.33	\$ 44.63	\$ 150.69	\$ 3.11	\$ -	\$ 1,586.57
Admin %							9.50%
HRA Admin %							0.20%
Non Benefit %*							12.31%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$339.80
Base HRA Adjustment	\$46.19
Hospital Provider Tax Allowance	\$11.05
Administrative Allowance	\$38.51
HRA Administrative Allowance	\$0.94
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$436.50

Services Admin %	8.8%
HRA Admin %	0.2%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$384.31
Base HRA Adjustment	\$43.81
Hospital Provider Tax Allowance	\$13.29
Administrative Allowance	\$46.28
HRA Administrative Allowance	\$0.89
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$488.59

Services Admin %	9.5%
HRA Admin %	0.2%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$468.09
Base HRA Adjustment	\$142.53
Hospital Provider Tax Allowance	\$20.75
Administrative Allowance	\$58.01
HRA Administrative Allowance	\$2.91
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$692.29

Services Admin %	8.4%
HRA Admin %	0.4%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$114.92
Base HRA Adjustment	\$16.99
Hospital Provider Tax Allowance	\$3.64
Administrative Allowance	\$12.82
HRA Administrative Allowance	\$0.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$148.71

Services Admin %	8.6%
HRA Admin %	0.2%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$126.83
Base HRA Adjustment	\$12.00
Hospital Provider Tax Allowance	\$3.17
Administrative Allowance	\$14.04
HRA Administrative Allowance	\$0.24
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$156.29

Services Admin %	9.0%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$220.33
Base HRA Adjustment	\$13.20
Hospital Provider Tax Allowance	\$4.73
Administrative Allowance	\$25.03
HRA Administrative Allowance	\$0.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$263.55
Services Admin %	9.5%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,145.86
Base HRA Adjustment	\$196.58
Hospital Provider Tax Allowance	\$39.38
Administrative Allowance	\$131.68
HRA Administrative Allowance	\$4.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,517.50

Services Admin %	8.7%
HRA Admin %	0.3%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$220.33
Base HRA Adjustment	\$13.20
Hospital Provider Tax Allowance	\$4.73
Administrative Allowance	\$25.03
HRA Administrative Allowance	\$0.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$263.55

Services Admin %	9.5%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,145.86
Base HRA Adjustment	\$196.58
Hospital Provider Tax Allowance	\$39.38
Administrative Allowance	\$131.68
HRA Administrative Allowance	\$4.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,517.50

Services Admin %	8.7%
HRA Admin %	0.3%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$469.21
Base HRA Adjustment	\$40.58
Hospital Provider Tax Allowance	\$8.33
Administrative Allowance	\$57.24
HRA Administrative Allowance	\$0.83
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$576.19

Services Admin %	9.9%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$302.87
Base HRA Adjustment	\$36.03
Hospital Provider Tax Allowance	\$9.10
Administrative Allowance	\$37.48
HRA Administrative Allowance	\$0.74
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$386.23

Services Admin %	9.7%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$528.58
Base HRA Adjustment	\$76.58
Hospital Provider Tax Allowance	\$16.83
Administrative Allowance	\$66.35
HRA Administrative Allowance	\$1.56
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$689.90
Services Admin %	9.6%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$555.87
Base HRA Adjustment	\$84.00
Hospital Provider Tax Allowance	\$18.38
Administrative Allowance	\$69.76
HRA Administrative Allowance	\$1.71
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$729.72

Services Admin %	9.6%
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
January 2015 through December 2015**

Plan: Health Share of Oregon Region: TriCounty

	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
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Maternity Case Rate:

Case Rate w/o Admin	\$	8,353.72	\$	2,277.82	\$	352.71	\$	726.41	\$	46.49	\$	11,757.14
Admin %												6.18%
HRA Admin %												0.40%
Non Benefit %*												9.18%

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

	Base Case Rate	Administrative Allowance	Case Rate
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Bariatric Case Rate:

Non-Dual	Medicaid Only	\$	13,369.77	\$	1,162.59	\$	14,532.36
	Admin %						8.00%
Dual	Dual Eligibles	\$	1,638.15	\$	142.45	\$	1,780.60
	Admin %						8.00%

Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-B: Physical Health and Mental Health Services
January 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty

	Base Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Health Insurers Fee	SNRG Rate
Special Needs Rate Group:							
Rate w/o Admin	\$ 1,210.84	\$ 152.33	\$ 44.63	\$ 148.52	\$ 3.11	\$ -	\$ 1,559.44
Admin %							9.52%
HRA Admin %							0.20%
Non Benefit %*							12.39%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$311.43
Base HRA Adjustment	\$46.19
Hospital Provider Tax Allowance	\$11.05
Administrative Allowance	\$36.05
HRA Administrative Allowance	\$0.94
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$405.67

Services Admin %	8.9%
HRA Admin %	0.2%
Non Benefit %*	11.6%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$349.85
Base HRA Adjustment	\$43.81
Hospital Provider Tax Allowance	\$13.29
Administrative Allowance	\$43.28
HRA Administrative Allowance	\$0.89
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$451.12

Services Admin %	9.6%
HRA Admin %	0.2%
Non Benefit %*	12.5%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$467.73
Base HRA Adjustment	\$142.53
Hospital Provider Tax Allowance	\$20.75
Administrative Allowance	\$57.98
HRA Administrative Allowance	\$2.91
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$691.89

Services Admin %	8.4%
HRA Admin %	0.4%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$96.65
Base HRA Adjustment	\$16.99
Hospital Provider Tax Allowance	\$3.64
Administrative Allowance	\$11.23
HRA Administrative Allowance	\$0.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$128.86

Services Admin %	8.7%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$103.14
Base HRA Adjustment	\$12.00
Hospital Provider Tax Allowance	\$3.17
Administrative Allowance	\$11.98
HRA Administrative Allowance	\$0.24
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$130.54

Services Admin %	9.2%
HRA Admin %	0.2%
Non Benefit %*	11.6%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$198.97
Base HRA Adjustment	\$13.20
Hospital Provider Tax Allowance	\$4.73
Administrative Allowance	\$23.17
HRA Administrative Allowance	\$0.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$240.34

Services Admin %	9.6%
HRA Admin %	0.1%
Non Benefit %*	11.6%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,121.17
Base HRA Adjustment	\$196.58
Hospital Provider Tax Allowance	\$39.38
Administrative Allowance	\$129.53
HRA Administrative Allowance	\$4.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,490.67

Services Admin %	8.7%
HRA Admin %	0.3%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$198.97
Base HRA Adjustment	\$13.20
Hospital Provider Tax Allowance	\$4.73
Administrative Allowance	\$23.17
HRA Administrative Allowance	\$0.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$240.34

Services Admin %	9.6%
HRA Admin %	0.1%
Non Benefit %*	11.6%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,121.17
Base HRA Adjustment	\$196.58
Hospital Provider Tax Allowance	\$39.38
Administrative Allowance	\$129.53
HRA Administrative Allowance	\$4.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,490.67

Services Admin %	8.7%
HRA Admin %	0.3%
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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$445.89
Base HRA Adjustment	\$40.58
Hospital Provider Tax Allowance	\$8.33
Administrative Allowance	\$55.21
HRA Administrative Allowance	\$0.83
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$550.84

Services Admin %	10.0%
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-B: Physical Health and Mental Health Services
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$273.89
Base HRA Adjustment	\$36.03
Hospital Provider Tax Allowance	\$9.10
Administrative Allowance	\$34.96
HRA Administrative Allowance	\$0.74
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$354.72

Services Admin %	9.9%
HRA Admin %	0.2%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$495.51
Base HRA Adjustment	\$76.58
Hospital Provider Tax Allowance	\$16.83
Administrative Allowance	\$63.47
HRA Administrative Allowance	\$1.56
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$653.95

Services Admin %	9.7%
HRA Admin %	0.2%
Non Benefit %*	12.3%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$522.65
Base HRA Adjustment	\$84.00
Hospital Provider Tax Allowance	\$18.38
Administrative Allowance	\$66.87
HRA Administrative Allowance	\$1.71
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$693.62

Services Admin %	9.6%
HRA Admin %	0.2%
Non Benefit %*	12.3%

*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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$26.44
Base HRA Adjustment	\$0.99
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.89
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$30.34

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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$11.74
Base HRA Adjustment	\$0.73
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.35
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$13.84

Services Admin %	9.8%
HRA Admin %	0.1%
Non Benefit %*	9.8%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.68
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.06
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.74

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-E: Mental Health Services Only
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$4.34
Base HRA Adjustment	\$0.02
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.49
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$4.86

Services Admin %	10.1%
HRA Admin %	0.0%
Non Benefit %*	10.1%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$23.96
Base HRA Adjustment	\$0.80
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.77
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.55

Services Admin %	10.1%
HRA Admin %	0.1%
Non Benefit %*	10.1%

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$76.92
Base HRA Adjustment	\$0.66
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.04
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$85.63

Services Admin %	9.4%
HRA Admin %	0.0%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$148.99
Base HRA Adjustment	\$10.86
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.43
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$176.50

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

*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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$76.92
Base HRA Adjustment	\$0.66
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.04
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$85.63

Services Admin %	9.4%
HRA Admin %	0.0%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$148.99
Base HRA Adjustment	\$10.86
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.43
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$176.50

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

*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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$245.61
Base HRA Adjustment	\$3.79
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$30.37
HRA Administrative Allowance	\$0.08
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$279.85

Services Admin %	10.9%
HRA Admin %	0.0%
Non Benefit %*	10.9%

*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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$34.54
Base HRA Adjustment	\$2.20
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.05
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$40.83

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$44.09
Base HRA Adjustment	\$2.13
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.18
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$51.44

Services Admin %	10.1%
HRA Admin %	0.1%
Non Benefit %*	10.1%

*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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$36.08
Base HRA Adjustment	\$1.71
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.03
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$41.86

Services Admin %	9.6%
HRA Admin %	0.1%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$34.66
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.01
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$37.68

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$37.35
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.25
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$40.60

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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.97
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.08
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.06

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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$18.68
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.62
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$20.31

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$24.34
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.12
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$26.46

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$61.94
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.39
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$67.33

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 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$55.59
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.83
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$60.42

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$61.94
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.39
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$67.33

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$55.59
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.83
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$60.42

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$25.44
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.21
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.65

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$38.72
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.37
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$42.09

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$45.29
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.94
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$49.22

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$48.05
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.18
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$52.23

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$54.81
Base HRA Adjustment	\$0.99
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.36
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$61.17

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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$46.21
Base HRA Adjustment	\$0.73
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.35
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$51.30

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$1.04
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	\$1.14

Services Admin %	8.2%
HRA Admin %	0.0%
Non Benefit %*	8.2%

*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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$22.61
Base HRA Adjustment	\$0.02
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.08
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.71

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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$47.65
Base HRA Adjustment	\$0.80
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	\$53.30

Services Admin %	9.1%
HRA Admin %	0.0%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$98.28
Base HRA Adjustment	\$0.66
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.89
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$108.84

Services Admin %	9.1%
HRA Admin %	0.0%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$173.68
Base HRA Adjustment	\$10.86
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$18.57
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$203.33

Services Admin %	9.1%
HRA Admin %	0.1%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$98.28
Base HRA Adjustment	\$0.66
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.89
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$108.84

Services Admin %	9.1%
HRA Admin %	0.0%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$173.68
Base HRA Adjustment	\$10.86
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$18.57
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$203.33

Services Admin %	9.1%
HRA Admin %	0.1%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$268.93
Base HRA Adjustment	\$3.79
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$32.40
HRA Administrative Allowance	\$0.08
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$305.20

Services Admin %	10.6%
HRA Admin %	0.0%
Non Benefit %*	10.6%

*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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$63.52
Base HRA Adjustment	\$2.20
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.57
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$72.33

Services Admin %	9.1%
HRA Admin %	0.1%
Non Benefit %*	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 2015 through December 2015

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$77.16
Base HRA Adjustment	\$2.13
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.05
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$87.39

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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$69.30
Base HRA Adjustment	\$1.71
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.92
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$77.97

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

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