

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest
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	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	\$	10,069.69	\$	1,387.09	\$	382.29	\$	875.63	\$	28.31	\$	12,743.00
Admin %												6.87%
HRA Admin %												0.22%
Non Benefit %*												9.87%

*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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest
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	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	\$ 1,064.25	\$ 181.99	\$ 40.27	\$ 129.44	\$ 3.71	\$ -	\$ 1,419.68
Admin %							9.12%
HRA Admin %							0.26%
Non Benefit %*							11.95%

*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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$363.33
Base HRA Adjustment	\$32.61
Hospital Provider Tax Allowance	\$11.67
Administrative Allowance	\$41.36
HRA Administrative Allowance	\$0.67
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$449.64

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	11.8%

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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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$414.90
Base HRA Adjustment	\$23.49
Hospital Provider Tax Allowance	\$13.41
Administrative Allowance	\$50.26
HRA Administrative Allowance	\$0.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$502.54

Services Admin %	10.0%
HRA Admin %	0.1%
Non Benefit %*	12.7%

*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 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$519.02
Base HRA Adjustment	\$157.95
Hospital Provider Tax Allowance	\$21.62
Administrative Allowance	\$64.33
HRA Administrative Allowance	\$3.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$766.14

Services Admin %	8.4%
HRA Admin %	0.4%
Non Benefit %*	11.2%

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

Base Services Rate	\$106.69
Base HRA Adjustment	\$10.43
Hospital Provider Tax Allowance	\$3.32
Administrative Allowance	\$11.90
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$132.56

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.5%

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Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-A: Physical Health, Mental Health, and Dental Services
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Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$139.75
Base HRA Adjustment	\$10.94
Hospital Provider Tax Allowance	\$3.23
Administrative Allowance	\$15.59
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$169.74

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	11.1%

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Coordinated Care Organization Capitation Rates
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Capitation Rate

Base Services Rate	\$215.65
Base HRA Adjustment	\$9.62
Hospital Provider Tax Allowance	\$3.67
Administrative Allowance	\$24.36
HRA Administrative Allowance	\$0.20
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$253.50

Services Admin %	9.6%
HRA Admin %	0.1%
Non Benefit %*	11.1%

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Coordinated Care Organization Capitation Rates
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Capitation Rate

Base Services Rate	\$1,097.01
Base HRA Adjustment	\$129.78
Hospital Provider Tax Allowance	\$35.93
Administrative Allowance	\$125.94
HRA Administrative Allowance	\$2.65
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,391.31

Services Admin %	9.1%
HRA Admin %	0.2%
Non Benefit %*	11.6%

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

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$215.65
Base HRA Adjustment	\$9.62
Hospital Provider Tax Allowance	\$3.67
Administrative Allowance	\$24.36
HRA Administrative Allowance	\$0.20
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$253.50
Services Admin %	9.6%
HRA Admin %	0.1%
Non Benefit %*	11.1%

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

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Coordinated Care Organization Capitation Rates
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January 2015 through December 2015

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Capitation Rate

Base Services Rate	\$1,097.01
Base HRA Adjustment	\$129.78
Hospital Provider Tax Allowance	\$35.93
Administrative Allowance	\$125.94
HRA Administrative Allowance	\$2.65
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,391.31

Services Admin %	9.1%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$488.22
Base HRA Adjustment	\$20.28
Hospital Provider Tax Allowance	\$5.83
Administrative Allowance	\$59.63
HRA Administrative Allowance	\$0.41
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$574.38
Services Admin %	10.4%
HRA Admin %	0.1%
Non Benefit %*	11.4%

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**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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$326.31
Base HRA Adjustment	\$33.04
Hospital Provider Tax Allowance	\$10.44
Administrative Allowance	\$40.63
HRA Administrative Allowance	\$0.67
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$411.10

Services Admin %	9.9%
HRA Admin %	0.2%
Non Benefit %*	12.4%

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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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$544.90
Base HRA Adjustment	\$55.91
Hospital Provider Tax Allowance	\$18.67
Administrative Allowance	\$68.68
HRA Administrative Allowance	\$1.14
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$689.30

Services Admin %	10.0%
HRA Admin %	0.2%
Non Benefit %*	12.7%

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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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$625.19
Base HRA Adjustment	\$60.83
Hospital Provider Tax Allowance	\$21.84
Administrative Allowance	\$78.88
HRA Administrative Allowance	\$1.24
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$787.98

Services Admin %	10.0%
HRA Admin %	0.2%
Non Benefit %*	12.8%

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	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	\$	10,069.69	\$	1,387.09	\$	382.29	\$	875.63	\$	28.31	\$	12,743.00
Admin %												6.87%
HRA Admin %												0.22%
Non Benefit %*												9.87%

*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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest
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	Base Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Health Insurers Fee	SNRG Rate
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Special Needs Rate Group:

Rate w/o Admin	\$	1,042.18	\$	181.99	\$	40.27	\$	127.53	\$	3.71	\$	-	\$	1,395.69
Admin %														9.14%
HRA Admin %														0.27%
Non Benefit %*														12.02%

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$339.35
Base HRA Adjustment	\$32.61
Hospital Provider Tax Allowance	\$11.67
Administrative Allowance	\$39.27
HRA Administrative Allowance	\$0.67
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$423.58

Services Admin %	9.3%
HRA Admin %	0.2%
Non Benefit %*	12.0%

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$385.93
Base HRA Adjustment	\$23.49
Hospital Provider Tax Allowance	\$13.41
Administrative Allowance	\$47.74
HRA Administrative Allowance	\$0.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$471.05

Services Admin %	10.1%
HRA Admin %	0.1%
Non Benefit %*	13.0%

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$518.68
Base HRA Adjustment	\$157.95
Hospital Provider Tax Allowance	\$21.62
Administrative Allowance	\$64.30
HRA Administrative Allowance	\$3.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$765.77

Services Admin %	8.4%
HRA Admin %	0.4%
Non Benefit %*	11.2%

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$89.74
Base HRA Adjustment	\$10.43
Hospital Provider Tax Allowance	\$3.32
Administrative Allowance	\$10.43
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$114.13

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

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$117.82
Base HRA Adjustment	\$10.94
Hospital Provider Tax Allowance	\$3.23
Administrative Allowance	\$13.69
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$145.90

Services Admin %	9.4%
HRA Admin %	0.2%
Non Benefit %*	11.6%

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$197.41
Base HRA Adjustment	\$9.62
Hospital Provider Tax Allowance	\$3.67
Administrative Allowance	\$22.78
HRA Administrative Allowance	\$0.20
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$233.67

Services Admin %	9.7%
HRA Admin %	0.1%
Non Benefit %*	11.3%

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,074.46
Base HRA Adjustment	\$129.78
Hospital Provider Tax Allowance	\$35.93
Administrative Allowance	\$123.98
HRA Administrative Allowance	\$2.65
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,366.80

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

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$197.41
Base HRA Adjustment	\$9.62
Hospital Provider Tax Allowance	\$3.67
Administrative Allowance	\$22.78
HRA Administrative Allowance	\$0.20
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$233.67

Services Admin %	9.7%
HRA Admin %	0.1%
Non Benefit %*	11.3%

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Capitation Rate

Base Services Rate	\$1,074.46
Base HRA Adjustment	\$129.78
Hospital Provider Tax Allowance	\$35.93
Administrative Allowance	\$123.98
HRA Administrative Allowance	\$2.65
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,366.80

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

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Coordinated Care Organization Capitation Rates
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Capitation Rate

Base Services Rate	\$466.08
Base HRA Adjustment	\$20.28
Hospital Provider Tax Allowance	\$5.83
Administrative Allowance	\$57.70
HRA Administrative Allowance	\$0.41
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$550.30

Services Admin %	10.5%
HRA Admin %	0.1%
Non Benefit %*	11.5%

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$301.56
Base HRA Adjustment	\$33.04
Hospital Provider Tax Allowance	\$10.44
Administrative Allowance	\$38.48
HRA Administrative Allowance	\$0.67
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$384.20

Services Admin %	10.0%
HRA Admin %	0.2%
Non Benefit %*	12.7%

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Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-B: Physical Health and Mental Health Services
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Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$518.73
Base HRA Adjustment	\$55.91
Hospital Provider Tax Allowance	\$18.67
Administrative Allowance	\$66.41
HRA Administrative Allowance	\$1.14
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$660.86

Services Admin %	10.0%
HRA Admin %	0.2%
Non Benefit %*	12.9%

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$597.89
Base HRA Adjustment	\$60.83
Hospital Provider Tax Allowance	\$21.84
Administrative Allowance	\$76.51
HRA Administrative Allowance	\$1.24
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$758.31

Services Admin %	10.1%
HRA Admin %	0.2%
Non Benefit %*	13.0%

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Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-E: Mental Health Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$35.11
Base HRA Adjustment	\$0.92
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.88
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$39.92

Services Admin %	9.7%
HRA Admin %	0.0%
Non Benefit %*	9.7%

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Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-E: Mental Health Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$18.90
Base HRA Adjustment	\$0.17
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.22
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$21.30

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

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Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-E: Mental Health Services Only
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Capitation Rate

Base Services Rate	\$0.97
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	\$1.06

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

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Coordinated Care Organization Capitation Rates
CCO-E: Mental Health Services Only
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Capitation Rate

Base Services Rate	\$4.55
Base HRA Adjustment	\$0.02
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.51
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$5.08
Services Admin %	<i>10.1%</i>
HRA Admin %	<i>0.0%</i>
Non Benefit %*	<i>10.1%</i>

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Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-E: Mental Health Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$27.67
Base HRA Adjustment	\$0.41
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.20
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$31.29

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

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Oregon Health Plan Medicaid Demonstration
Coordinated Care Organization Capitation Rates
CCO-E: Mental Health Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$98.18
Base HRA Adjustment	\$1.15
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.47
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$109.83

Services Admin %	9.5%
HRA Admin %	0.0%
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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$155.64
Base HRA Adjustment	\$6.60
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$17.08
HRA Administrative Allowance	\$0.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$179.45

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$98.18
Base HRA Adjustment	\$1.15
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.47
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$109.83

Services Admin %	9.5%
HRA Admin %	0.0%
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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$155.64
Base HRA Adjustment	\$6.60
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$17.08
HRA Administrative Allowance	\$0.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$179.45

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$314.07
Base HRA Adjustment	\$1.07
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$38.85
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$354.02

Services Admin %	11.0%
HRA Admin %	0.0%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$45.87
Base HRA Adjustment	\$2.13
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.46
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$53.50

Services Admin %	10.2%
HRA Admin %	0.1%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$54.02
Base HRA Adjustment	\$1.86
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.39
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.31

Services Admin %	10.3%
HRA Admin %	0.1%
Non Benefit %*	10.3%

*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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$53.85
Base HRA Adjustment	\$1.18
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.25
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$61.30

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-F: Dental Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$31.11
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.71
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$33.81

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$32.24
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.80
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$35.04

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$1.03
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	\$1.12

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$17.43
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.52
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$18.94

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$22.67
Base HRA Adjustment	\$0.00
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	\$24.64

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$64.24
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.59
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.82

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$57.57
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.01
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.57

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$64.24
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.59
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$69.82
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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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$57.57
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.01
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.57

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$24.55
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.13
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$26.68

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$35.79
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.11
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$38.90

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$40.01
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.48
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$43.49

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-F: Dental Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$44.11
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.84
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$47.94

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$59.08
Base HRA Adjustment	\$0.92
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.96
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$65.98

Services Admin %	9.0%
HRA Admin %	0.0%
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 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$47.87
Base HRA Adjustment	\$0.17
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.74
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$52.79

Services Admin %	9.0%
HRA Admin %	0.0%
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 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$1.30
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.12
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.43

Services Admin %	8.7%
HRA Admin %	0.0%
Non Benefit %*	8.7%

*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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$21.50
Base HRA Adjustment	\$0.02
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.99
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$23.50

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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$49.60
Base HRA Adjustment	\$0.41
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.10
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$55.13

Services Admin %	9.3%
HRA Admin %	0.0%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$116.42
Base HRA Adjustment	\$1.15
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$12.06
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$129.65

Services Admin %	9.3%
HRA Admin %	0.0%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$178.18
Base HRA Adjustment	\$6.60
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$19.04
HRA Administrative Allowance	\$0.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$203.96

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$116.42
Base HRA Adjustment	\$1.15
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$12.06
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$129.65

Services Admin %	9.3%
HRA Admin %	0.0%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$178.18
Base HRA Adjustment	\$6.60
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$19.04
HRA Administrative Allowance	\$0.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$203.96

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$336.22
Base HRA Adjustment	\$1.07
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$40.78
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$378.09

Services Admin %	10.8%
HRA Admin %	0.0%
Non Benefit %*	10.8%

*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: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$70.62
Base HRA Adjustment	\$2.13
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.61
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$80.40

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

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$80.18
Base HRA Adjustment	\$1.86
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.67
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$90.75

Services Admin %	9.6%
HRA Admin %	0.0%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: InterCommunity Health Network, Inc., abn: InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$81.14
Base HRA Adjustment	\$1.18
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.62
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$90.97

Services Admin %	9.5%
HRA Admin %	0.0%
Non Benefit %*	9.5%

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