

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central

	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	\$	12,616.77	\$	186.34	\$	430.02	\$	1,097.11	\$	3.80	\$	14,334.05
Admin %												7.65%
HRA Admin %												0.03%
Non Benefit %*												10.65%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central

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	\$	1,547.22	\$	34.88	\$	53.41	\$	190.05	\$	0.71	\$	38.79	\$	1,865.07
Admin %														10.19%
HRA Admin %														0.04%
Non Benefit %*														15.13%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$442.20
Base HRA Adjustment	\$17.95
Hospital Provider Tax Allowance	\$13.11
Administrative Allowance	\$50.68
HRA Administrative Allowance	\$0.37
Health Insurers Fee	\$11.14
Total Services with Admin, HRA, and HIF	\$535.44

Services Admin %	9.5%
HRA Admin %	0.1%
Non Benefit %*	14.0%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$462.23
Base HRA Adjustment	\$7.33
Hospital Provider Tax Allowance	\$13.85
Administrative Allowance	\$56.22
HRA Administrative Allowance	\$0.15
Health Insurers Fee	\$11.47
Total Services with Admin, HRA, and HIF	\$551.24

Services Admin %	10.2%
HRA Admin %	0.0%
Non Benefit %*	14.8%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$521.91
Base HRA Adjustment	\$77.58
Hospital Provider Tax Allowance	\$19.39
Administrative Allowance	\$64.70
HRA Administrative Allowance	\$1.58
Health Insurers Fee	\$14.55
Total Services with Admin, HRA, and HIF	\$699.71

Services Admin %	9.2%
HRA Admin %	0.2%
Non Benefit %*	14.1%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$125.03
Base HRA Adjustment	\$6.98
Hospital Provider Tax Allowance	\$3.60
Administrative Allowance	\$14.05
HRA Administrative Allowance	\$0.14
Health Insurers Fee	\$3.18
Total Services with Admin, HRA, and HIF	\$152.98
Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	13.6%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$149.38
Base HRA Adjustment	\$14.27
Hospital Provider Tax Allowance	\$3.95
Administrative Allowance	\$16.73
HRA Administrative Allowance	\$0.29
Health Insurers Fee	\$3.92
Total Services with Admin, HRA, and HIF	\$188.54

Services Admin %	8.9%
HRA Admin %	0.2%
Non Benefit %*	13.1%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$159.63
Base HRA Adjustment	\$16.77
Hospital Provider Tax Allowance	\$3.36
Administrative Allowance	\$18.65
HRA Administrative Allowance	\$0.34
Health Insurers Fee	\$4.22
Total Services with Admin, HRA, and HIF	\$202.98

Services Admin %	9.2%
HRA Admin %	0.2%
Non Benefit %*	12.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,290.52
Base HRA Adjustment	\$115.54
Hospital Provider Tax Allowance	\$40.11
Administrative Allowance	\$149.20
HRA Administrative Allowance	\$2.36
Health Insurers Fee	\$33.94
Total Services with Admin, HRA, and HIF	\$1,631.66

Services Admin %	9.1%
HRA Admin %	0.1%
Non Benefit %*	13.7%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$159.63
Base HRA Adjustment	\$16.77
Hospital Provider Tax Allowance	\$3.36
Administrative Allowance	\$18.65
HRA Administrative Allowance	\$0.34
Health Insurers Fee	\$4.22
Total Services with Admin, HRA, and HIF	\$202.98

Services Admin %	9.2%
HRA Admin %	0.2%
Non Benefit %*	12.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,290.52
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Hospital Provider Tax Allowance	\$40.11
Administrative Allowance	\$149.20
HRA Administrative Allowance	\$2.36
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Total Services with Admin, HRA, and HIF	\$1,631.66

Services Admin %	9.1%
HRA Admin %	0.1%
Non Benefit %*	13.7%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$513.79
Base HRA Adjustment	\$105.47
Hospital Provider Tax Allowance	\$11.41
Administrative Allowance	\$62.88
HRA Administrative Allowance	\$2.15
Health Insurers Fee	\$14.78
Total Services with Admin, HRA, and HIF	\$710.48

Services Admin %	8.8%
HRA Admin %	0.3%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$323.95
Base HRA Adjustment	\$20.26
Hospital Provider Tax Allowance	\$12.84
Administrative Allowance	\$40.65
HRA Administrative Allowance	\$0.41
Health Insurers Fee	\$8.46
Total Services with Admin, HRA, and HIF	\$406.56

Services Admin %	10.0%
HRA Admin %	0.1%
Non Benefit %*	15.2%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$573.62
Base HRA Adjustment	\$35.90
Hospital Provider Tax Allowance	\$21.28
Administrative Allowance	\$72.80
HRA Administrative Allowance	\$0.73
Health Insurers Fee	\$14.96
Total Services with Admin, HRA, and HIF	\$719.29

Services Admin %	10.1%
HRA Admin %	0.1%
Non Benefit %*	15.2%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$640.51
Base HRA Adjustment	\$42.27
Hospital Provider Tax Allowance	\$23.76
Administrative Allowance	\$81.36
HRA Administrative Allowance	\$0.86
Health Insurers Fee	\$16.75
Total Services with Admin, HRA, and HIF	\$805.51

Services Admin %	10.1%
HRA Admin %	0.1%
Non Benefit %*	15.1%

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**Oregon Health Plan Medicaid Demonstration
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Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central

	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	\$	12,616.77	\$	186.34	\$	430.02	\$	1,097.11	\$	3.80	\$	14,334.05
Admin %												7.65%
HRA Admin %												0.03%
Non Benefit %*												10.65%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central

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	\$	1,525.06	\$	34.88	\$	53.41	\$	188.13	\$	0.71	\$	38.28	\$	1,840.47
Admin %														10.22%
HRA Admin %														0.04%
Non Benefit %*														15.20%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$418.22
Base HRA Adjustment	\$17.95
Hospital Provider Tax Allowance	\$13.11
Administrative Allowance	\$48.59
HRA Administrative Allowance	\$0.37
Health Insurers Fee	\$10.58
Total Services with Admin, HRA, and HIF	\$508.82

Services Admin %	9.6%
HRA Admin %	0.1%
Non Benefit %*	14.2%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$433.26
Base HRA Adjustment	\$7.33
Hospital Provider Tax Allowance	\$13.85
Administrative Allowance	\$53.70
HRA Administrative Allowance	\$0.15
Health Insurers Fee	\$10.80
Total Services with Admin, HRA, and HIF	\$519.08

Services Admin %	10.3%
HRA Admin %	0.0%
Non Benefit %*	15.1%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$521.57
Base HRA Adjustment	\$77.58
Hospital Provider Tax Allowance	\$19.39
Administrative Allowance	\$64.67
HRA Administrative Allowance	\$1.58
Health Insurers Fee	\$14.55
Total Services with Admin, HRA, and HIF	\$699.34

Services Admin %	9.2%
HRA Admin %	0.2%
Non Benefit %*	14.1%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$108.08
Base HRA Adjustment	\$6.98
Hospital Provider Tax Allowance	\$3.60
Administrative Allowance	\$12.57
HRA Administrative Allowance	\$0.14
Health Insurers Fee	\$2.79
Total Services with Admin, HRA, and HIF	\$134.16

Services Admin %	9.4%
HRA Admin %	0.1%
Non Benefit %*	14.1%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$127.45
Base HRA Adjustment	\$14.27
Hospital Provider Tax Allowance	\$3.95
Administrative Allowance	\$14.82
HRA Administrative Allowance	\$0.29
Health Insurers Fee	\$3.42
Total Services with Admin, HRA, and HIF	\$164.20

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	13.5%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$141.56
Base HRA Adjustment	\$16.77
Hospital Provider Tax Allowance	\$3.36
Administrative Allowance	\$17.07
HRA Administrative Allowance	\$0.34
Health Insurers Fee	\$3.80
Total Services with Admin, HRA, and HIF	\$182.92

Services Admin %	9.3%
HRA Admin %	0.2%
Non Benefit %*	13.3%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,268.13
Base HRA Adjustment	\$115.54
Hospital Provider Tax Allowance	\$40.11
Administrative Allowance	\$147.25
HRA Administrative Allowance	\$2.36
Health Insurers Fee	\$33.42
Total Services with Admin, HRA, and HIF	\$1,606.81

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	13.7%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$141.56
Base HRA Adjustment	\$16.77
Hospital Provider Tax Allowance	\$3.36
Administrative Allowance	\$17.07
HRA Administrative Allowance	\$0.34
Health Insurers Fee	\$3.80
Total Services with Admin, HRA, and HIF	\$182.92

Services Admin %	9.3%
HRA Admin %	0.2%
Non Benefit %*	13.3%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,268.13
Base HRA Adjustment	\$115.54
Hospital Provider Tax Allowance	\$40.11
Administrative Allowance	\$147.25
HRA Administrative Allowance	\$2.36
Health Insurers Fee	\$33.42
Total Services with Admin, HRA, and HIF	\$1,606.81

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	13.7%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$491.64
Base HRA Adjustment	\$105.47
Hospital Provider Tax Allowance	\$11.41
Administrative Allowance	\$60.95
HRA Administrative Allowance	\$2.15
Health Insurers Fee	\$14.27
Total Services with Admin, HRA, and HIF	\$685.90

Services Admin %	8.9%
HRA Admin %	0.3%
Non Benefit %*	12.6%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$299.21
Base HRA Adjustment	\$20.26
Hospital Provider Tax Allowance	\$12.84
Administrative Allowance	\$38.49
HRA Administrative Allowance	\$0.41
Health Insurers Fee	\$7.88
Total Services with Admin, HRA, and HIF	\$379.09

Services Admin %	10.2%
HRA Admin %	0.1%
Non Benefit %*	15.6%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$547.46
Base HRA Adjustment	\$35.90
Hospital Provider Tax Allowance	\$21.28
Administrative Allowance	\$70.52
HRA Administrative Allowance	\$0.73
Health Insurers Fee	\$14.36
Total Services with Admin, HRA, and HIF	\$690.25

Services Admin %	10.2%
HRA Admin %	0.1%
Non Benefit %*	15.4%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$613.21
Base HRA Adjustment	\$42.27
Hospital Provider Tax Allowance	\$23.76
Administrative Allowance	\$78.98
HRA Administrative Allowance	\$0.86
Health Insurers Fee	\$16.12
Total Services with Admin, HRA, and HIF	\$775.21

Services Admin %	10.2%
HRA Admin %	0.1%
Non Benefit %*	15.3%

*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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$37.66
Base HRA Adjustment	\$2.67
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.32
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.95
Total Services with Admin, HRA, and HIF	\$45.65

Services Admin %	9.5%
HRA Admin %	0.1%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$16.64
Base HRA Adjustment	\$0.62
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.02
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.41
Total Services with Admin, HRA, and HIF	\$19.70

Services Admin %	10.3%
HRA Admin %	0.1%
Non Benefit %*	12.4%

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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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.20
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.02
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.23

Services Admin %	7.9%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$4.17
Base HRA Adjustment	\$0.33
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.48
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.11
Total Services with Admin, HRA, and HIF	\$5.10

Services Admin %	9.4%
HRA Admin %	0.1%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$29.12
Base HRA Adjustment	\$5.52
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.38
HRA Administrative Allowance	\$0.11
Health Insurers Fee	\$0.81
Total Services with Admin, HRA, and HIF	\$38.94

Services Admin %	8.7%
HRA Admin %	0.3%
Non Benefit %*	10.8%

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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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$59.81
Base HRA Adjustment	\$9.32
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.94
HRA Administrative Allowance	\$0.19
Health Insurers Fee	\$1.62
Total Services with Admin, HRA, and HIF	\$77.88

Services Admin %	8.9%
HRA Admin %	0.2%
Non Benefit %*	11.0%

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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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$149.10
Base HRA Adjustment	\$16.40
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$17.05
HRA Administrative Allowance	\$0.33
Health Insurers Fee	\$3.88
Total Services with Admin, HRA, and HIF	\$186.77

Services Admin %	9.1%
HRA Admin %	0.2%
Non Benefit %*	11.2%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$59.81
Base HRA Adjustment	\$9.32
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.94
HRA Administrative Allowance	\$0.19
Health Insurers Fee	\$1.62
Total Services with Admin, HRA, and HIF	\$77.88

Services Admin %	8.9%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$149.10
Base HRA Adjustment	\$16.40
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$17.05
HRA Administrative Allowance	\$0.33
Health Insurers Fee	\$3.88
Total Services with Admin, HRA, and HIF	\$186.77

Services Admin %	9.1%
HRA Admin %	0.2%
Non Benefit %*	11.2%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$278.62
Base HRA Adjustment	\$71.29
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$34.54
HRA Administrative Allowance	\$1.45
Health Insurers Fee	\$8.20
Total Services with Admin, HRA, and HIF	\$394.10

Services Admin %	8.8%
HRA Admin %	0.4%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$29.69
Base HRA Adjustment	\$3.13
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.69
HRA Administrative Allowance	\$0.06
Health Insurers Fee	\$0.78
Total Services with Admin, HRA, and HIF	\$37.35

Services Admin %	9.9%
HRA Admin %	0.2%
Non Benefit %*	12.0%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$41.80
Base HRA Adjustment	\$4.32
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.22
HRA Administrative Allowance	\$0.09
Health Insurers Fee	\$1.09
Total Services with Admin, HRA, and HIF	\$52.52

Services Admin %	9.9%
HRA Admin %	0.2%
Non Benefit %*	12.0%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$44.58
Base HRA Adjustment	\$3.75
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.54
HRA Administrative Allowance	\$0.08
Health Insurers Fee	\$1.15
Total Services with Admin, HRA, and HIF	\$55.10

Services Admin %	10.1%
HRA Admin %	0.1%
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-F: Dental Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$26.23
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.28
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.61
Total Services with Admin, HRA, and HIF	\$29.12

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$30.04
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.61
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.69
Total Services with Admin, HRA, and HIF	\$33.34

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.54
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.05
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.01
Total Services with Admin, HRA, and HIF	\$0.60

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$17.10
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.49
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.39
Total Services with Admin, HRA, and HIF	\$18.98

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$22.16
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.93
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.51
Total Services with Admin, HRA, and HIF	\$24.60

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$31.07
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.70
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.72
Total Services with Admin, HRA, and HIF	\$34.49

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$32.36
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.81
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.75

Total Services with Admin, HRA, and HIF	\$35.92
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Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$31.07
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.70
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.72
Total Services with Admin, HRA, and HIF	\$34.49

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$32.36
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.81
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.75

Total Services with Admin, HRA, and HIF	\$35.92
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Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$22.83
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.99
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.53
Total Services with Admin, HRA, and HIF	\$25.35

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$28.22
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.45
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.65

Total Services with Admin, HRA, and HIF	\$31.32
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Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$30.47
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.65
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.70
Total Services with Admin, HRA, and HIF	\$33.83

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$32.39
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.82
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.75
Total Services with Admin, HRA, and HIF	\$35.96

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$61.63
Base HRA Adjustment	\$2.67
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.40
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$1.50
Total Services with Admin, HRA, and HIF	\$72.27

Services Admin %	8.9%
HRA Admin %	0.1%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$45.61
Base HRA Adjustment	\$0.62
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.54
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$1.08
Total Services with Admin, HRA, and HIF	\$51.86

Services Admin %	8.8%
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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$0.54
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.05
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.01
Total Services with Admin, HRA, and HIF	\$0.60

Services Admin %	7.8%
HRA Admin %	0.0%
Non Benefit %*	9.9%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$21.12
Base HRA Adjustment	\$0.33
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.95
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.50
Total Services with Admin, HRA, and HIF	\$23.91

Services Admin %	8.2%
HRA Admin %	0.0%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$51.05
Base HRA Adjustment	\$5.52
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.29
HRA Administrative Allowance	\$0.11
Health Insurers Fee	\$1.32
Total Services with Admin, HRA, and HIF	\$63.28

Services Admin %	8.4%
HRA Admin %	0.2%
Non Benefit %*	10.4%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$77.88
Base HRA Adjustment	\$9.32
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.51
HRA Administrative Allowance	\$0.19
Health Insurers Fee	\$2.04
Total Services with Admin, HRA, and HIF	\$97.93

Services Admin %	8.7%
HRA Admin %	0.2%
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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$171.49
Base HRA Adjustment	\$16.40
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$19.00
HRA Administrative Allowance	\$0.33
Health Insurers Fee	\$4.40
Total Services with Admin, HRA, and HIF	\$211.63

Services Admin %	9.0%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$77.88
Base HRA Adjustment	\$9.32
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.51
HRA Administrative Allowance	\$0.19
Health Insurers Fee	\$2.04
Total Services with Admin, HRA, and HIF	\$97.93

Services Admin %	8.7%
HRA Admin %	0.2%
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: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$171.49
Base HRA Adjustment	\$16.40
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$19.00
HRA Administrative Allowance	\$0.33
Health Insurers Fee	\$4.40
Total Services with Admin, HRA, and HIF	\$211.63

Services Admin %	9.0%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$300.77
Base HRA Adjustment	\$71.29
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$36.46
HRA Administrative Allowance	\$1.45
Health Insurers Fee	\$8.71
Total Services with Admin, HRA, and HIF	\$418.69

Services Admin %	8.7%
HRA Admin %	0.3%
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: PacificSource Community Solutions, Inc. (Columbia Gorge)
Region: Central
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$54.43
Base HRA Adjustment	\$3.13
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.84
HRA Administrative Allowance	\$0.06
Health Insurers Fee	\$1.35
Total Services with Admin, HRA, and HIF	\$64.81

Services Admin %	9.0%
HRA Admin %	0.1%
Non Benefit %*	11.1%

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

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

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$67.96
Base HRA Adjustment	\$4.32
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.49
HRA Administrative Allowance	\$0.09
Health Insurers Fee	\$1.70
Total Services with Admin, HRA, and HIF	\$81.56

Services Admin %	9.2%
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-G: Mental Health and Dental Services Only
January 2015 through December 2015

Plan: PacificSource Community Solutions, Inc. (Columbia Gorge) Region: Central Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$71.88
Base HRA Adjustment	\$3.75
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.92
HRA Administrative Allowance	\$0.08
Health Insurers Fee	\$1.78
Total Services with Admin, HRA, and HIF	\$85.40

Services Admin %	9.3%
HRA Admin %	0.1%
Non Benefit %*	11.3%

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