

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

Plan: Primary Health of Josephine County, LLC Region: Southwest
--

	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
Maternity Case Rate:						
Case Rate w/o Admin	\$ 7,609.86	\$ 2,163.73	\$ 324.11	\$ 661.72	\$ 44.16	\$ 10,803.57
Admin %						6.13%
HRA Admin %						0.41%
Non Benefit %*						9.13%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$301.37
Base HRA Adjustment	\$35.90
Hospital Provider Tax Allowance	\$10.88
Administrative Allowance	\$33.42
HRA Administrative Allowance	\$0.73
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$382.31

Services Admin %	8.7%
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 2016 through December 2016

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$360.71
Base HRA Adjustment	\$36.42
Hospital Provider Tax Allowance	\$12.84
Administrative Allowance	\$41.42
HRA Administrative Allowance	\$0.74
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$452.14

Services Admin %	9.2%
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-A: Physical Health, Mental Health, and Dental Services
January 2016 through December 2016

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$461.68
Base HRA Adjustment	\$177.40
Hospital Provider Tax Allowance	\$22.08
Administrative Allowance	\$54.28
HRA Administrative Allowance	\$3.62
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$719.05

Services Admin %	7.5%
HRA Admin %	0.5%
Non Benefit %*	10.6%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$104.91
Base HRA Adjustment	\$7.58
Hospital Provider Tax Allowance	\$3.56
Administrative Allowance	\$11.45
HRA Administrative Allowance	\$0.15
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$127.67

Services Admin %	9.0%
HRA Admin %	0.1%
Non Benefit %*	11.8%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$127.94
Base HRA Adjustment	\$7.29
Hospital Provider Tax Allowance	\$3.64
Administrative Allowance	\$13.93
HRA Administrative Allowance	\$0.15
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$152.94

Services Admin %	9.1%
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-A: Physical Health, Mental Health, and Dental Services
January 2016 through December 2016

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$212.49
Base HRA Adjustment	\$4.35
Hospital Provider Tax Allowance	\$4.78
Administrative Allowance	\$23.02
HRA Administrative Allowance	\$0.09
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$244.73

Services Admin %	9.4%
HRA Admin %	0.0%
Non Benefit %*	11.4%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,032.88
Base HRA Adjustment	\$113.35
Hospital Provider Tax Allowance	\$34.49
Administrative Allowance	\$115.91
HRA Administrative Allowance	\$2.31
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,298.94

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: OAA with Medicare
--

Capitation Rate

Base Services Rate	\$212.49
Base HRA Adjustment	\$4.35
Hospital Provider Tax Allowance	\$4.78
Administrative Allowance	\$23.02
HRA Administrative Allowance	\$0.09
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$244.73

Services Admin %	9.4%
HRA Admin %	0.0%
Non Benefit %*	11.4%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,032.88
Base HRA Adjustment	\$113.35
Hospital Provider Tax Allowance	\$34.49
Administrative Allowance	\$115.91
HRA Administrative Allowance	\$2.31
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,298.94

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Foster Children (CAF)
--

Capitation Rate

Base Services Rate	\$430.86
Base HRA Adjustment	\$17.97
Hospital Provider Tax Allowance	\$6.69
Administrative Allowance	\$49.91
HRA Administrative Allowance	\$0.37
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$505.81

Services Admin %	9.9%
HRA Admin %	0.1%
Non Benefit %*	11.2%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$323.60
Base HRA Adjustment	\$32.48
Hospital Provider Tax Allowance	\$10.16
Administrative Allowance	\$36.65
HRA Administrative Allowance	\$0.66
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$403.56

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 2016 through December 2016

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$510.85
Base HRA Adjustment	\$61.28
Hospital Provider Tax Allowance	\$17.61
Administrative Allowance	\$58.35
HRA Administrative Allowance	\$1.25
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$649.32

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.7%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$541.39
Base HRA Adjustment	\$81.82
Hospital Provider Tax Allowance	\$20.25
Administrative Allowance	\$61.79
HRA Administrative Allowance	\$1.67
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$706.91

Services Admin %	8.7%
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 2016 through December 2016

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,335.22
Base HRA Adjustment	\$164.35
Hospital Provider Tax Allowance	\$50.14
Administrative Allowance	\$155.28
HRA Administrative Allowance	\$3.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,708.34

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

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$276.57
Base HRA Adjustment	\$35.90
Hospital Provider Tax Allowance	\$10.88
Administrative Allowance	\$31.27
HRA Administrative Allowance	\$0.73
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$355.35

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	11.9%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$330.99
Base HRA Adjustment	\$36.42
Hospital Provider Tax Allowance	\$12.84
Administrative Allowance	\$38.84
HRA Administrative Allowance	\$0.74
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$419.83

Services Admin %	9.3%
HRA Admin %	0.2%
Non Benefit %*	12.3%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$461.34
Base HRA Adjustment	\$177.40
Hospital Provider Tax Allowance	\$22.08
Administrative Allowance	\$54.25
HRA Administrative Allowance	\$3.62
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$718.68

Services Admin %	7.5%
HRA Admin %	0.5%
Non Benefit %*	10.6%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$87.38
Base HRA Adjustment	\$7.58
Hospital Provider Tax Allowance	\$3.56
Administrative Allowance	\$9.93
HRA Administrative Allowance	\$0.15
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$108.61

Services Admin %	9.1%
HRA Admin %	0.1%
Non Benefit %*	12.4%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$105.25
Base HRA Adjustment	\$7.29
Hospital Provider Tax Allowance	\$3.64
Administrative Allowance	\$11.95
HRA Administrative Allowance	\$0.15
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$128.28

Services Admin %	9.3%
HRA Admin %	0.1%
Non Benefit %*	12.2%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$194.09
Base HRA Adjustment	\$4.35
Hospital Provider Tax Allowance	\$4.78
Administrative Allowance	\$21.42
HRA Administrative Allowance	\$0.09
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$224.73

Services Admin %	9.5%
HRA Admin %	0.0%
Non Benefit %*	11.7%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ABAD without Medicare
--

Capitation Rate

Base Services Rate	\$1,009.64
Base HRA Adjustment	\$113.35
Hospital Provider Tax Allowance	\$34.49
Administrative Allowance	\$113.89
HRA Administrative Allowance	\$2.31
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,273.68

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: OAA with Medicare
--

Capitation Rate

Base Services Rate	\$194.09
Base HRA Adjustment	\$4.35
Hospital Provider Tax Allowance	\$4.78
Administrative Allowance	\$21.42
HRA Administrative Allowance	\$0.09
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$224.73

Services Admin %	9.5%
HRA Admin %	0.0%
Non Benefit %*	11.7%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,009.64
Base HRA Adjustment	\$113.35
Hospital Provider Tax Allowance	\$34.49
Administrative Allowance	\$113.89
HRA Administrative Allowance	\$2.31
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,273.68

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Foster Children (CAF)
--

Capitation Rate

Base Services Rate	\$408.14
Base HRA Adjustment	\$17.97
Hospital Provider Tax Allowance	\$6.69
Administrative Allowance	\$47.93
HRA Administrative Allowance	\$0.37
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$481.11

Services Admin %	10.0%
HRA Admin %	0.1%
Non Benefit %*	11.4%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$298.71
Base HRA Adjustment	\$32.48
Hospital Provider Tax Allowance	\$10.16
Administrative Allowance	\$34.49
HRA Administrative Allowance	\$0.66
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$376.50

Services Admin %	9.2%
HRA Admin %	0.2%
Non Benefit %*	11.9%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$484.53
Base HRA Adjustment	\$61.28
Hospital Provider Tax Allowance	\$17.61
Administrative Allowance	\$56.06
HRA Administrative Allowance	\$1.25
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$620.72

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.9%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$513.92
Base HRA Adjustment	\$81.82
Hospital Provider Tax Allowance	\$20.25
Administrative Allowance	\$59.40
HRA Administrative Allowance	\$1.67
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$677.06

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	11.8%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,311.64
Base HRA Adjustment	\$164.35
Hospital Provider Tax Allowance	\$50.14
Administrative Allowance	\$153.23
HRA Administrative Allowance	\$3.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,682.71

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

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$33.02
Base HRA Adjustment	\$0.92
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.56
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$37.52

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$18.98
Base HRA Adjustment	\$0.30
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.13
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$21.42

Services Admin %	10.0%
HRA Admin %	0.0%
Non Benefit %*	10.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$3.67
Base HRA Adjustment	\$0.07
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.41
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$4.15

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

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$8.06
Base HRA Adjustment	\$0.04
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.90
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$9.00

Services Admin %	10.0%
HRA Admin %	0.0%
Non Benefit %*	10.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$25.51
Base HRA Adjustment	\$0.28
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.88
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$28.68

Services Admin %	10.0%
HRA Admin %	0.0%
Non Benefit %*	10.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$82.02
Base HRA Adjustment	\$0.19
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.24
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$90.45

Services Admin %	9.1%
HRA Admin %	0.0%
Non Benefit %*	9.1%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ABAD without Medicare
--

Capitation Rate

Base Services Rate	\$149.81
Base HRA Adjustment	\$5.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.10
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$171.94

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

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$82.02
Base HRA Adjustment	\$0.19
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.24
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$90.45

Services Admin %	9.1%
HRA Admin %	0.0%
Non Benefit %*	9.1%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$149.81
Base HRA Adjustment	\$5.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.10
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$171.94

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Foster Children (CAF)
--

Capitation Rate

Base Services Rate	\$245.66
Base HRA Adjustment	\$1.96
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$28.82
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$276.48

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$44.25
Base HRA Adjustment	\$1.35
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.83
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$50.46

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$49.60
Base HRA Adjustment	\$1.51
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.37
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$56.51

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$48.37
Base HRA Adjustment	\$1.57
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.14
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$55.11

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

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$102.72
Base HRA Adjustment	\$1.04
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$11.01
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$114.78

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-F: Dental Services Only
January 2016 through December 2016

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Temporary Assistance to Needy Families - Adults
--

Capitation Rate

Base Services Rate	\$31.94
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.78
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$34.71

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$33.00
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.87
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$35.86

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.04
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.09
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.13

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$18.01
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.57
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$19.58

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$23.43
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.04
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$25.47

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$64.39
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.60
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.99

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$58.26
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.07
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$63.32

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: OAA with Medicare
--

Capitation Rate

Base Services Rate	\$64.39
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.60
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.99

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$58.26
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.07
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$63.32

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Foster Children (CAF)
--

Capitation Rate

Base Services Rate	\$25.12
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.18
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.31

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$35.94
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.12
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$39.06

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$40.16
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.49
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$43.66

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$44.27
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.85
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$48.12

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 2016 through December 2016

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$58.60
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.10
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$63.70

Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$57.82
Base HRA Adjustment	\$0.92
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.72
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$64.49

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

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$48.70
Base HRA Adjustment	\$0.30
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.72
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$53.73

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$4.02
Base HRA Adjustment	\$0.07
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.44
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$4.53

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

*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 2016 through December 2016

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$25.59
Base HRA Adjustment	\$0.04
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.43
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$28.06

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 2016 through December 2016

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$48.20
Base HRA Adjustment	\$0.28
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.86
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$53.34

Services Admin %	9.1%
HRA Admin %	0.0%
Non Benefit %*	9.1%

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$100.41
Base HRA Adjustment	\$0.19
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.84
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$110.45

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ABAD without Medicare
--

Capitation Rate

Base Services Rate	\$173.05
Base HRA Adjustment	\$5.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$18.12
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$197.20

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: OAA with Medicare
--

Capitation Rate

Base Services Rate	\$100.41
Base HRA Adjustment	\$0.19
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.84
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$110.45

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$173.05
Base HRA Adjustment	\$5.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$18.12
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$197.20

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: Foster Children (CAF)
--

Capitation Rate

Base Services Rate	\$268.38
Base HRA Adjustment	\$1.96
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$30.80
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$301.18

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

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

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

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$69.15
Base HRA Adjustment	\$1.35
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.00
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$77.52

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 2016 through December 2016

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$75.92
Base HRA Adjustment	\$1.51
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.66
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$85.12

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 2016 through December 2016

Plan: Primary Health of Josephine County, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$75.83
Base HRA Adjustment	\$1.57
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.53
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$84.96

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

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

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

Plan: Primary Health of Josephine County, LLC
Region: Southwest
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$126.30
Base HRA Adjustment	\$1.04
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$13.06
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$140.41

Services Admin %	9.3%
HRA Admin %	0.0%
Non Benefit %*	9.3%

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