

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest
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	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
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Maternity Case Rate:

Case Rate w/o Admin	\$	9,285.67	\$	2,414.55	\$	388.35	\$	807.45	\$	49.28	\$	12,945.29
Admin %												6.24%
HRA Admin %												0.38%
Non Benefit %*												9.24%

*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: Western Oregon Advanced Health, LLC Region: Southwest
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Base Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Health Insurers Fee	SNRG Rate
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Special Needs Rate Group:

Rate w/o Admin	\$	990.62	\$	87.15	\$	35.71	\$	121.28	\$	1.78	\$	-	\$	1,236.53
Admin %														9.81%
HRA Admin %														0.14%
Non Benefit %*														12.70%

*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: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$346.79
Base HRA Adjustment	\$55.56
Hospital Provider Tax Allowance	\$11.01
Administrative Allowance	\$39.59
HRA Administrative Allowance	\$1.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$454.08

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	11.1%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$416.75
Base HRA Adjustment	\$65.81
Hospital Provider Tax Allowance	\$13.57
Administrative Allowance	\$50.58
HRA Administrative Allowance	\$1.34
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$548.05
Services Admin %	9.2%
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 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$521.32
Base HRA Adjustment	\$128.63
Hospital Provider Tax Allowance	\$21.62
Administrative Allowance	\$64.63
HRA Administrative Allowance	\$2.63
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$738.82

Services Admin %	8.7%
HRA Admin %	0.4%
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 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$114.42
Base HRA Adjustment	\$10.34
Hospital Provider Tax Allowance	\$3.11
Administrative Allowance	\$12.81
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$140.90

Services Admin %	9.1%
HRA Admin %	0.1%
Non Benefit %*	11.3%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$155.63
Base HRA Adjustment	\$13.12
Hospital Provider Tax Allowance	\$3.39
Administrative Allowance	\$17.46
HRA Administrative Allowance	\$0.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$189.87

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	11.0%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$190.02
Base HRA Adjustment	\$19.76
Hospital Provider Tax Allowance	\$4.17
Administrative Allowance	\$22.49
HRA Administrative Allowance	\$0.40
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$236.85

Services Admin %	9.5%
HRA Admin %	0.2%
Non Benefit %*	11.3%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,013.69
Base HRA Adjustment	\$139.83
Hospital Provider Tax Allowance	\$33.22
Administrative Allowance	\$117.02
HRA Administrative Allowance	\$2.85
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,306.62

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$190.02
Base HRA Adjustment	\$19.76
Hospital Provider Tax Allowance	\$4.17
Administrative Allowance	\$22.49
HRA Administrative Allowance	\$0.40
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$236.85

Services Admin %	9.5%
HRA Admin %	0.2%
Non Benefit %*	11.3%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,013.69
Base HRA Adjustment	\$139.83
Hospital Provider Tax Allowance	\$33.22
Administrative Allowance	\$117.02
HRA Administrative Allowance	\$2.85
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,306.62

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$500.62
Base HRA Adjustment	\$23.42
Hospital Provider Tax Allowance	\$7.06
Administrative Allowance	\$61.23
HRA Administrative Allowance	\$0.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$592.82

Services Admin %	10.3%
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 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$344.48
Base HRA Adjustment	\$38.67
Hospital Provider Tax Allowance	\$10.11
Administrative Allowance	\$43.32
HRA Administrative Allowance	\$0.79
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$437.37

Services Admin %	9.9%
HRA Admin %	0.2%
Non Benefit %*	12.2%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$547.79
Base HRA Adjustment	\$65.97
Hospital Provider Tax Allowance	\$16.64
Administrative Allowance	\$69.50
HRA Administrative Allowance	\$1.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$701.24

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$677.19
Base HRA Adjustment	\$100.96
Hospital Provider Tax Allowance	\$19.30
Administrative Allowance	\$86.12
HRA Administrative Allowance	\$2.06
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$885.63

Services Admin %	9.7%
HRA Admin %	0.2%
Non Benefit %*	11.9%

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest
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	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
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Maternity Case Rate:

Case Rate w/o Admin	\$	9,285.67	\$	2,414.55	\$	388.35	\$	807.45	\$	49.28	\$	12,945.29
Admin %												6.24%
HRA Admin %												0.38%
Non Benefit %*												9.24%

*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: Western Oregon Advanced Health, LLC Region: Southwest
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Base Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Health Insurers Fee	SNRG Rate
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Special Needs Rate Group:

Rate w/o Admin	\$	967.82	\$	87.15	\$	35.71	\$	119.29	\$	1.78	\$	-	\$	1,211.74
Admin %														9.84%
HRA Admin %														0.15%
Non Benefit %*														12.79%

*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: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$322.82
Base HRA Adjustment	\$55.56
Hospital Provider Tax Allowance	\$11.01
Administrative Allowance	\$37.50
HRA Administrative Allowance	\$1.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$428.02

Services Admin %	8.8%
HRA Admin %	0.3%
Non Benefit %*	11.3%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$387.78
Base HRA Adjustment	\$65.81
Hospital Provider Tax Allowance	\$13.57
Administrative Allowance	\$48.06
HRA Administrative Allowance	\$1.34
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$516.56

Services Admin %	9.3%
HRA Admin %	0.3%
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 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$520.98
Base HRA Adjustment	\$128.63
Hospital Provider Tax Allowance	\$21.62
Administrative Allowance	\$64.60
HRA Administrative Allowance	\$2.63
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$738.45

Services Admin %	8.7%
HRA Admin %	0.4%
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 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$97.47
Base HRA Adjustment	\$10.34
Hospital Provider Tax Allowance	\$3.11
Administrative Allowance	\$11.34
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$122.47

Services Admin %	9.3%
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 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$133.70
Base HRA Adjustment	\$13.12
Hospital Provider Tax Allowance	\$3.39
Administrative Allowance	\$15.55
HRA Administrative Allowance	\$0.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$166.03

Services Admin %	9.4%
HRA Admin %	0.2%
Non Benefit %*	11.4%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$172.52
Base HRA Adjustment	\$19.76
Hospital Provider Tax Allowance	\$4.17
Administrative Allowance	\$20.96
HRA Administrative Allowance	\$0.40
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$217.82

Services Admin %	9.6%
HRA Admin %	0.2%
Non Benefit %*	11.5%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$991.09
Base HRA Adjustment	\$139.83
Hospital Provider Tax Allowance	\$33.22
Administrative Allowance	\$115.05
HRA Administrative Allowance	\$2.85
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,282.05

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.6%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$172.52
Base HRA Adjustment	\$19.76
Hospital Provider Tax Allowance	\$4.17
Administrative Allowance	\$20.96
HRA Administrative Allowance	\$0.40
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$217.82

Services Admin %	9.6%
HRA Admin %	0.2%
Non Benefit %*	11.5%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$991.09
Base HRA Adjustment	\$139.83
Hospital Provider Tax Allowance	\$33.22
Administrative Allowance	\$115.05
HRA Administrative Allowance	\$2.85
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,282.05

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.6%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$478.47
Base HRA Adjustment	\$23.42
Hospital Provider Tax Allowance	\$7.06
Administrative Allowance	\$59.30
HRA Administrative Allowance	\$0.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$568.74

Services Admin %	10.4%
HRA Admin %	0.1%
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 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$319.74
Base HRA Adjustment	\$38.67
Hospital Provider Tax Allowance	\$10.11
Administrative Allowance	\$41.17
HRA Administrative Allowance	\$0.79
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$410.48

Services Admin %	10.0%
HRA Admin %	0.2%
Non Benefit %*	12.5%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$521.62
Base HRA Adjustment	\$65.97
Hospital Provider Tax Allowance	\$16.64
Administrative Allowance	\$67.22
HRA Administrative Allowance	\$1.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$672.80

Services Admin %	10.0%
HRA Admin %	0.2%
Non Benefit %*	12.5%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$649.89
Base HRA Adjustment	\$100.96
Hospital Provider Tax Allowance	\$19.30
Administrative Allowance	\$83.74
HRA Administrative Allowance	\$2.06
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$855.96

Services Admin %	9.8%
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: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$35.04
Base HRA Adjustment	\$1.34
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.02
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$40.42

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$15.21
Base HRA Adjustment	\$0.48
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.85
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$17.55

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

*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: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.24
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.15
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.39

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$12.05
Base HRA Adjustment	\$0.14
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.40
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$13.59

Services Admin %	10.3%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$35.82
Base HRA Adjustment	\$0.62
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.16
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$40.61

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$58.94
Base HRA Adjustment	\$1.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.88
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$66.84

Services Admin %	10.3%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$144.44
Base HRA Adjustment	\$7.74
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.55
HRA Administrative Allowance	\$0.16
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$168.88

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$58.94
Base HRA Adjustment	\$1.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.88
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$66.84

Services Admin %	10.3%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$144.44
Base HRA Adjustment	\$7.74
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.55
HRA Administrative Allowance	\$0.16
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$168.88

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$287.02
Base HRA Adjustment	\$2.27
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$35.56
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$324.89

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$38.58
Base HRA Adjustment	\$1.52
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.86
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$45.00

Services Admin %	10.8%
HRA Admin %	0.1%
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: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$47.82
Base HRA Adjustment	\$2.25
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.03
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$56.15

Services Admin %	10.7%
HRA Admin %	0.1%
Non Benefit %*	10.7%

*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: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$49.63
Base HRA Adjustment	\$1.22
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.22
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$57.08

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$25.98
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.26
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$28.23

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$30.02
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.61
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$32.63

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.51
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.04
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.56

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$17.08
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.49
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$18.56

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$22.14
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.92
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.06

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$29.16
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.54
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$31.69

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$31.47
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.74
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$34.21

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$29.16
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.54
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$31.69

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$31.47
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.74
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$34.21

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$22.81
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.98
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.80

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

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$27.57
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.40
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$29.97

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$29.64
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.58
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$32.22

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$31.87
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.77
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$34.64

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: Temporary Assistance to Needy Families - Adults
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Capitation Rate

Base Services Rate	\$59.01
Base HRA Adjustment	\$1.34
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.10
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$66.49

Services Admin %	9.2%
HRA Admin %	0.0%
Non Benefit %*	9.2%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$44.18
Base HRA Adjustment	\$0.48
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.37
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$49.04

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 2015 through December 2015

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.58
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.18
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.75

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$29.00
Base HRA Adjustment	\$0.14
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	\$32.01

Services Admin %	9.0%
HRA Admin %	0.0%
Non Benefit %*	9.0%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$57.75
Base HRA Adjustment	\$0.62
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.07
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$64.45

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$76.44
Base HRA Adjustment	\$1.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.40
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$85.87

Services Admin %	9.8%
HRA Admin %	0.0%
Non Benefit %*	9.8%

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

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$167.04
Base HRA Adjustment	\$7.74
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$18.51
HRA Administrative Allowance	\$0.16
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$193.45

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$76.44
Base HRA Adjustment	\$1.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.40
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$85.87

Services Admin %	9.8%
HRA Admin %	0.0%
Non Benefit %*	9.8%

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$167.04
Base HRA Adjustment	\$7.74
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$18.51
HRA Administrative Allowance	\$0.16
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$193.45

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

Plan: Western Oregon Advanced Health, LLC
Region: Southwest
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$309.16
Base HRA Adjustment	\$2.27
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$37.48
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$348.96

Services Admin %	10.7%
HRA Admin %	0.0%
Non Benefit %*	10.7%

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$63.32
Base HRA Adjustment	\$1.52
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.01
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$71.89

Services Admin %	9.8%
HRA Admin %	0.0%
Non Benefit %*	9.8%

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$73.98
Base HRA Adjustment	\$2.25
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.30
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$84.58

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

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

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

Plan: Western Oregon Advanced Health, LLC Region: Southwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$76.92
Base HRA Adjustment	\$1.22
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.59
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$86.76

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

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