

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

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| Plan: Willamette Valley Community Health, LLC Region: Northwest |
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| | 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 | \$ | 9,189.49 | \$ | 1,607.61 | \$ | 359.66 | \$ | 799.09 | \$ | 32.81 | \$ | 11,988.66 |
| Admin % | | | | | | | | | | | | 6.67% |
| HRA Admin % | | | | | | | | | | | | 0.27% |
| Non Benefit %* | | | | | | | | | | | | 9.67% |

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

| | Base Case Rate | Administrative Allowance | Case Rate |
|--|----------------|--------------------------|-----------|
|--|----------------|--------------------------|-----------|

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: Willamette Valley Community Health, LLC Region: Northwest |
|--|

| Base Rate | Base HRA Adjustment | Hospital Provider Tax Allowance | Administrative Allowance | HRA Administrative Allowance | Health Insurers Fee | SNRG Rate |
|-----------|---------------------|---------------------------------|--------------------------|------------------------------|---------------------|-----------|
|-----------|---------------------|---------------------------------|--------------------------|------------------------------|---------------------|-----------|

Special Needs Rate Group:

| | | | | | | | | | | | | | | |
|----------------|----|----------|----|--------|----|-------|----|--------|----|------|----|---|----|----------|
| Rate w/o Admin | \$ | 1,052.02 | \$ | 136.11 | \$ | 38.05 | \$ | 127.93 | \$ | 2.78 | \$ | - | \$ | 1,356.89 |
| Admin % | | | | | | | | | | | | | | 9.43% |
| HRA Admin % | | | | | | | | | | | | | | 0.20% |
| Non Benefit %* | | | | | | | | | | | | | | 12.23% |

*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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Temporary Assistance to Needy Families - Adults |

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|-----------------|
| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$347.56 |
| Base HRA Adjustment | \$36.70 |
| Hospital Provider Tax Allowance | \$11.67 |
| Administrative Allowance | \$39.52 |
| HRA Administrative Allowance | \$0.75 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$436.21 |

| | |
|-------------------------|-------|
| Services Admin % | 9.1% |
| 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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Poverty Level Medical - Adults |

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|-----------------|
| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$394.22 |
| Base HRA Adjustment | \$38.36 |
| Hospital Provider Tax Allowance | \$13.41 |
| Administrative Allowance | \$47.70 |
| HRA Administrative Allowance | \$0.78 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$494.47 |

| | |
|-------------------------|-------|
| Services Admin % | 9.6% |
| HRA Admin % | 0.2% |
| Non Benefit %* | 12.4% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 0-1 (CHIP, PLMC, TANF Children) |

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|-----------------|
| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$490.52 |
| Base HRA Adjustment | \$127.53 |
| Hospital Provider Tax Allowance | \$21.62 |
| Administrative Allowance | \$60.79 |
| HRA Administrative Allowance | \$2.60 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$703.06 |

| | |
|-------------------------|-------|
| Services Admin % | 8.6% |
| 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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 1-5 (CHIP, PLMC, TANF Children) |

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|-----------------|
| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$101.87 |
| Base HRA Adjustment | \$11.34 |
| Hospital Provider Tax Allowance | \$3.32 |
| Administrative Allowance | \$11.34 |
| HRA Administrative Allowance | \$0.23 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$128.10 |

| | |
|-------------------------|-------|
| Services Admin % | 8.9% |
| HRA Admin % | 0.2% |
| Non Benefit %* | 11.4% |

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

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

| |
|--|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 6-18 (CHIP, PLMC, TANF Children) |

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|-----------------|
| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$124.30 |
| Base HRA Adjustment | \$9.22 |
| Hospital Provider Tax Allowance | \$3.23 |
| Administrative Allowance | \$13.80 |
| HRA Administrative Allowance | \$0.19 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$150.73 |

| | |
|-------------------------|-------|
| Services Admin % | 9.2% |
| HRA Admin % | 0.1% |
| Non Benefit %* | 11.3% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ABAD with Medicare |

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| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$207.28 |
| Base HRA Adjustment | \$5.79 |
| Hospital Provider Tax Allowance | \$3.67 |
| Administrative Allowance | \$23.34 |
| HRA Administrative Allowance | \$0.12 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$240.19 |

| | |
|-------------------------|-------|
| Services Admin % | 9.7% |
| HRA Admin % | 0.0% |
| 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 2015 through December 2015

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ABAD without Medicare |

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-------------------|
| Base Services Rate | \$1,040.64 |
| Base HRA Adjustment | \$147.28 |
| Hospital Provider Tax Allowance | \$35.93 |
| Administrative Allowance | \$119.39 |
| HRA Administrative Allowance | \$3.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$1,346.25 |

| | |
|-------------------------|-------|
| Services Admin % | 8.9% |
| 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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: OAA with Medicare |

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$207.28 |
| Base HRA Adjustment | \$5.79 |
| Hospital Provider Tax Allowance | \$3.67 |
| Administrative Allowance | \$23.34 |
| HRA Administrative Allowance | \$0.12 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$240.19 |

| | |
|-------------------------|-------|
| Services Admin % | 9.7% |
| HRA Admin % | 0.0% |
| 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 2015 through December 2015

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: OAA without Medicare |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-------------------|
| Base Services Rate | \$1,040.64 |
| Base HRA Adjustment | \$147.28 |
| Hospital Provider Tax Allowance | \$35.93 |
| Administrative Allowance | \$119.39 |
| HRA Administrative Allowance | \$3.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$1,346.25 |

| | |
|-------------------------|-------|
| Services Admin % | 8.9% |
| 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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Foster Children (CAF) |

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|-----------------|
| Capitation Rate |
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|--|-----------------|
| Base Services Rate | \$473.04 |
| Base HRA Adjustment | \$13.54 |
| Hospital Provider Tax Allowance | \$5.83 |
| Administrative Allowance | \$57.74 |
| HRA Administrative Allowance | \$0.28 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$550.43 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 19-44 |
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| Capitation Rate |
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|--|-----------------|
| Base Services Rate | \$338.68 |
| Base HRA Adjustment | \$30.96 |
| Hospital Provider Tax Allowance | \$10.44 |
| Administrative Allowance | \$42.23 |
| HRA Administrative Allowance | \$0.63 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$422.94 |

| | |
|-------------------------|-------|
| Services Admin % | 10.0% |
| HRA Admin % | 0.1% |
| Non Benefit %* | 12.5% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ACA Ages 45-54 |

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|-----------------|
| Capitation Rate |
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|--|-----------------|
| Base Services Rate | \$559.73 |
| Base HRA Adjustment | \$63.30 |
| Hospital Provider Tax Allowance | \$18.67 |
| Administrative Allowance | \$70.60 |
| HRA Administrative Allowance | \$1.29 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$713.58 |

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ACA Ages 55-64 |

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$641.70 |
| Base HRA Adjustment | \$91.08 |
| Hospital Provider Tax Allowance | \$21.84 |
| Administrative Allowance | \$81.01 |
| HRA Administrative Allowance | \$1.86 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$837.49 |

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

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

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

| |
|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest |
|--|

| | 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 | \$ | 9,189.49 | \$ | 1,607.61 | \$ | 359.66 | \$ | 799.09 | \$ | 32.81 | \$ | 11,988.66 |
| Admin % | | | | | | | | | | | | 6.67% |
| HRA Admin % | | | | | | | | | | | | 0.27% |
| Non Benefit %* | | | | | | | | | | | | 9.67% |

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

| | Base Case Rate | Administrative Allowance | Case Rate |
|--|----------------|--------------------------|-----------|
|--|----------------|--------------------------|-----------|

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: Willamette Valley Community Health, LLC Region: Northwest |
|--|

| Base Rate | Base HRA Adjustment | Hospital Provider Tax Allowance | Administrative Allowance | HRA Administrative Allowance | Health Insurers Fee | SNRG Rate |
|-----------|---------------------|---------------------------------|--------------------------|------------------------------|---------------------|-----------|
|-----------|---------------------|---------------------------------|--------------------------|------------------------------|---------------------|-----------|

Special Needs Rate Group:

| | | | | | | | | | | | | | | |
|----------------|----|----------|----|--------|----|-------|----|--------|----|------|----|---|----|----------|
| Rate w/o Admin | \$ | 1,029.96 | \$ | 136.11 | \$ | 38.05 | \$ | 126.02 | \$ | 2.78 | \$ | - | \$ | 1,332.91 |
| Admin % | | | | | | | | | | | | | | 9.45% |
| HRA Admin % | | | | | | | | | | | | | | 0.21% |
| Non Benefit %* | | | | | | | | | | | | | | 12.31% |

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

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

| |
|--|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Temporary Assistance to Needy Families - Adults |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$323.59 |
| Base HRA Adjustment | \$36.70 |
| Hospital Provider Tax Allowance | \$11.67 |
| Administrative Allowance | \$37.44 |
| HRA Administrative Allowance | \$0.75 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$410.15 |

| | |
|-------------------------|-------|
| 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 2015 through December 2015

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Poverty Level Medical - Adults |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$365.25 |
| Base HRA Adjustment | \$38.36 |
| Hospital Provider Tax Allowance | \$13.41 |
| Administrative Allowance | \$45.18 |
| HRA Administrative Allowance | \$0.78 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$462.98 |

| | |
|-------------------------|-------|
| Services Admin % | 9.8% |
| HRA Admin % | 0.2% |
| Non Benefit %* | 12.7% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 0-1 (CHIP, PLMC, TANF Children) |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$490.19 |
| Base HRA Adjustment | \$127.53 |
| Hospital Provider Tax Allowance | \$21.62 |
| Administrative Allowance | \$60.76 |
| HRA Administrative Allowance | \$2.60 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$702.70 |

| | |
|-------------------------|-------|
| Services Admin % | 8.6% |
| 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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 1-5 (CHIP, PLMC, TANF Children) |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$84.92 |
| Base HRA Adjustment | \$11.34 |
| Hospital Provider Tax Allowance | \$3.32 |
| Administrative Allowance | \$9.87 |
| HRA Administrative Allowance | \$0.23 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$109.67 |

| | |
|-------------------------|-------|
| Services Admin % | 9.0% |
| 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 2015 through December 2015

| |
|--|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 6-18 (CHIP, PLMC, TANF Children) |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$102.37 |
| Base HRA Adjustment | \$9.22 |
| Hospital Provider Tax Allowance | \$3.23 |
| Administrative Allowance | \$11.89 |
| HRA Administrative Allowance | \$0.19 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$126.89 |

| | |
|-------------------------|-------|
| Services Admin % | 9.4% |
| HRA Admin % | 0.1% |
| Non Benefit %* | 11.9% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ABAD with Medicare |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$189.31 |
| Base HRA Adjustment | \$5.79 |
| Hospital Provider Tax Allowance | \$3.67 |
| Administrative Allowance | \$21.77 |
| HRA Administrative Allowance | \$0.12 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$220.66 |

| | |
|-------------------------|-------|
| Services Admin % | 9.9% |
| HRA Admin % | 0.1% |
| Non Benefit %* | 11.5% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ABAD without Medicare |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-------------------|
| Base Services Rate | \$1,018.31 |
| Base HRA Adjustment | \$147.28 |
| Hospital Provider Tax Allowance | \$35.93 |
| Administrative Allowance | \$117.45 |
| HRA Administrative Allowance | \$3.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$1,321.98 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: OAA with Medicare |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$189.31 |
| Base HRA Adjustment | \$5.79 |
| Hospital Provider Tax Allowance | \$3.67 |
| Administrative Allowance | \$21.77 |
| HRA Administrative Allowance | \$0.12 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$220.66 |

| | |
|-------------------------|-------|
| Services Admin % | 9.9% |
| HRA Admin % | 0.1% |
| Non Benefit %* | 11.5% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: OAA without Medicare |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-------------------|
| Base Services Rate | \$1,018.31 |
| Base HRA Adjustment | \$147.28 |
| Hospital Provider Tax Allowance | \$35.93 |
| Administrative Allowance | \$117.45 |
| HRA Administrative Allowance | \$3.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$1,321.98 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Foster Children (CAF) |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$450.89 |
| Base HRA Adjustment | \$13.54 |
| Hospital Provider Tax Allowance | \$5.83 |
| Administrative Allowance | \$55.82 |
| HRA Administrative Allowance | \$0.28 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$526.36 |

| | |
|-------------------------|-------|
| Services Admin % | 10.6% |
| 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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ACA Ages 19-44 |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$313.93 |
| Base HRA Adjustment | \$30.96 |
| Hospital Provider Tax Allowance | \$10.44 |
| Administrative Allowance | \$40.08 |
| HRA Administrative Allowance | \$0.63 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$396.05 |

| | |
|-------------------------|-------|
| Services Admin % | 10.1% |
| HRA Admin % | 0.2% |
| Non Benefit %* | 12.8% |

*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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ACA Ages 45-54 |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$533.56 |
| Base HRA Adjustment | \$63.30 |
| Hospital Provider Tax Allowance | \$18.67 |
| Administrative Allowance | \$68.32 |
| HRA Administrative Allowance | \$1.29 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$685.14 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ACA Ages 55-64 |

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$614.40 |
| Base HRA Adjustment | \$91.08 |
| Hospital Provider Tax Allowance | \$21.84 |
| Administrative Allowance | \$78.64 |
| HRA Administrative Allowance | \$1.86 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$807.82 |

| | |
|-------------------------|-------|
| Services Admin % | 9.7% |
| HRA Admin % | 0.2% |
| Non Benefit %* | 12.4% |

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

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

| |
|--|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Temporary Assistance to Needy Families - Adults |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$33.69 |
| Base HRA Adjustment | \$1.03 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$3.71 |
| HRA Administrative Allowance | \$0.02 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$38.46 |

| | |
|-------------------------|------|
| 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 2015 through December 2015

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Poverty Level Medical - Adults |
|---|

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$18.04 |
| Base HRA Adjustment | \$0.27 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$2.12 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$20.44 |

| | |
|-------------------------|-------|
| 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 2015 through December 2015

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 0-1 (CHIP, PLMC, TANF Children) |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|---------------|
| Base Services Rate | \$0.95 |
| 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 | \$1.04 |

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children) |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|---------------|
| Base Services Rate | \$4.33 |
| Base HRA Adjustment | \$0.02 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$0.49 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$4.84 |

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

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

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

| |
|--|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 6-18 (CHIP, PLMC, TANF Children) |

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$24.08 |
| Base HRA Adjustment | \$0.35 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$2.78 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$27.22 |

| | |
|-------------------------|-------|
| 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: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ABAD with Medicare |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$95.53 |
| Base HRA Adjustment | \$0.69 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$10.14 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$106.38 |

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

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

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

| |
|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ABAD without Medicare |
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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$150.60 |
| Base HRA Adjustment | \$7.49 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$16.49 |
| HRA Administrative Allowance | \$0.15 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$174.74 |

| | |
|-------------------------|------|
| 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 2015 through December 2015

| |
|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: OAA with Medicare |
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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$95.53 |
| Base HRA Adjustment | \$0.69 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$10.14 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$106.38 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: OAA without Medicare |
|---|

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$150.60 |
| Base HRA Adjustment | \$7.49 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$16.49 |
| HRA Administrative Allowance | \$0.15 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$174.74 |

| | |
|-------------------------|------|
| 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 2015 through December 2015

| |
|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Foster Children (CAF) |
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|-----------------|
| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$306.53 |
| Base HRA Adjustment | \$0.72 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$37.91 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$345.18 |

| | |
|-------------------------|-------|
| Services Admin % | 11.0% |
| HRA Admin % | 0.0% |
| Non Benefit %* | 11.0% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 19-44 |
|---|

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$47.28 |
| Base HRA Adjustment | \$2.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$5.64 |
| HRA Administrative Allowance | \$0.04 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$54.95 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 45-54 |
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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$54.95 |
| Base HRA Adjustment | \$2.11 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$6.51 |
| HRA Administrative Allowance | \$0.04 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$63.61 |

| | |
|-------------------------|-------|
| Services Admin % | 10.2% |
| HRA Admin % | 0.1% |
| Non Benefit %* | 10.2% |

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ACA Ages 55-64 |

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|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$54.68 |
| Base HRA Adjustment | \$1.77 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$6.35 |
| HRA Administrative Allowance | \$0.04 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$62.84 |

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

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

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

| |
|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults |
|--|

| |
|-----------------|
| Capitation Rate |
|-----------------|

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

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Poverty Level Medical - Adults |
|---|

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|-----------------|
| Capitation Rate |
|-----------------|

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

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children) |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|---------------|
| Base Services Rate | \$1.03 |
| Base HRA Adjustment | \$0.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$0.09 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$1.12 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: Children 1-5 (CHIP, PLMC, TANF Children) |

| |
|-----------------|
| Capitation Rate |
|-----------------|

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

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

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

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

| |
|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children) |
|--|

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$22.67 |
| Base HRA Adjustment | \$0.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$1.97 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$24.64 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ABAD with Medicare |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$63.96 |
| Base HRA Adjustment | \$0.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$5.56 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$69.53 |

| | |
|-------------------------|------|
| 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: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ABAD without Medicare |
|--|

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$57.35 |
| Base HRA Adjustment | \$0.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$4.99 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$62.34 |

| | |
|-------------------------|------|
| 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: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: OAA with Medicare |

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$63.96 |
| Base HRA Adjustment | \$0.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$5.56 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$69.53 |

| | |
|-------------------------|------|
| 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: Willamette Valley Community Health, LLC Region: Northwest Rate Group: OAA without Medicare |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|----------------|
| Base Services Rate | \$57.35 |
| Base HRA Adjustment | \$0.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$4.99 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$62.34 |

| | |
|-------------------------|------|
| 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: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Foster Children (CAF) |
|--|

| |
|-----------------|
| Capitation Rate |
|-----------------|

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

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 19-44 |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

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

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 45-54 |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

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

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 55-64 |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

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

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

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

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

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|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults |
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| Capitation Rate |
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|--|----------------|
| Base Services Rate | \$57.67 |
| Base HRA Adjustment | \$1.03 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$5.80 |
| HRA Administrative Allowance | \$0.02 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$64.52 |

| | |
|-------------------------|------|
| 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 2015 through December 2015

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|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Poverty Level Medical - Adults |
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| Capitation Rate |
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|--|----------------|
| Base Services Rate | \$47.01 |
| Base HRA Adjustment | \$0.27 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$4.64 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$51.93 |

| | |
|-------------------------|------|
| 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

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|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children) |
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| Capitation Rate |
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|--|---------------|
| Base Services Rate | \$1.29 |
| Base HRA Adjustment | \$0.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$0.12 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$1.41 |

| | |
|-------------------------|------|
| Services Admin % | 8.6% |
| HRA Admin % | 0.0% |
| Non Benefit %* | 8.6% |

*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: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children) |
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| Capitation Rate |
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|--|----------------|
| Base Services Rate | \$21.28 |
| Base HRA Adjustment | \$0.02 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$1.96 |
| HRA Administrative Allowance | \$0.00 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$23.26 |

| | |
|-------------------------|------|
| Services Admin % | 8.4% |
| HRA Admin % | 0.0% |
| Non Benefit %* | 8.4% |

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

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

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| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children) |
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| Capitation Rate |
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|--|----------------|
| Base Services Rate | \$46.01 |
| Base HRA Adjustment | \$0.35 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$4.69 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$51.06 |

| | |
|-------------------------|------|
| 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

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|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ABAD with Medicare |
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|-----------------|
| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$113.50 |
| Base HRA Adjustment | \$0.69 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$11.71 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$125.91 |

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

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

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

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|---|
| Plan: Willamette Valley Community Health, LLC |
| Region: Northwest |
| Rate Group: ABAD without Medicare |

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| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$172.93 |
| Base HRA Adjustment | \$7.49 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$18.43 |
| HRA Administrative Allowance | \$0.15 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$199.01 |

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

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

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

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|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: OAA with Medicare |
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|-----------------|
| Capitation Rate |
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| | |
|--|-----------------|
| Base Services Rate | \$113.50 |
| Base HRA Adjustment | \$0.69 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$11.71 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$125.91 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: OAA without Medicare |
|---|

| |
|-----------------|
| Capitation Rate |
|-----------------|

| | |
|--|-----------------|
| Base Services Rate | \$172.93 |
| Base HRA Adjustment | \$7.49 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$18.43 |
| HRA Administrative Allowance | \$0.15 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$199.01 |

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

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

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

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|--|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: Foster Children (CAF) |
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| Capitation Rate |
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|--|-----------------|
| Base Services Rate | \$328.68 |
| Base HRA Adjustment | \$0.72 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$39.84 |
| HRA Administrative Allowance | \$0.01 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$369.25 |

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

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

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

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|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 19-44 |
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| Capitation Rate |
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|--|----------------|
| Base Services Rate | \$72.02 |
| Base HRA Adjustment | \$2.00 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$7.79 |
| HRA Administrative Allowance | \$0.04 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$81.85 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 45-54 |
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| Capitation Rate |
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| | |
|--|----------------|
| Base Services Rate | \$81.11 |
| Base HRA Adjustment | \$2.11 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$8.79 |
| HRA Administrative Allowance | \$0.04 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$92.05 |

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

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

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

| |
|---|
| Plan: Willamette Valley Community Health, LLC Region: Northwest Rate Group: ACA Ages 55-64 |
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|-----------------|
| Capitation Rate |
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| | |
|--|----------------|
| Base Services Rate | \$81.98 |
| Base HRA Adjustment | \$1.77 |
| Hospital Provider Tax Allowance | \$0.00 |
| Administrative Allowance | \$8.73 |
| HRA Administrative Allowance | \$0.04 |
| Health Insurers Fee | \$0.00 |
| Total Services with Admin, HRA, and HIF | \$92.51 |

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

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