

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

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central

	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	\$ 11,772.67	\$ 123.39	\$ 399.66	\$ 1,023.71	\$ 2.52	\$ 13,321.95
Admin %						7.68%
HRA Admin %						0.02%
Non Benefit %*						10.68%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$457.77
Base HRA Adjustment	\$47.41
Hospital Provider Tax Allowance	\$13.70
Administrative Allowance	\$51.18
HRA Administrative Allowance	\$0.97
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$571.03

Services Admin %	9.0%
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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$415.01
Base HRA Adjustment	\$47.69
Hospital Provider Tax Allowance	\$12.86
Administrative Allowance	\$47.80
HRA Administrative Allowance	\$0.97
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$524.33

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$475.85
Base HRA Adjustment	\$80.77
Hospital Provider Tax Allowance	\$17.87
Administrative Allowance	\$55.94
HRA Administrative Allowance	\$1.65
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$632.08

Services Admin %	8.9%
HRA Admin %	0.3%
Non Benefit %*	11.7%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$115.97
Base HRA Adjustment	\$10.89
Hospital Provider Tax Allowance	\$3.50
Administrative Allowance	\$12.71
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$143.28

Services Admin %	8.9%
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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$153.85
Base HRA Adjustment	\$19.22
Hospital Provider Tax Allowance	\$4.07
Administrative Allowance	\$16.87
HRA Administrative Allowance	\$0.39
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$194.40

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	10.8%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$200.13
Base HRA Adjustment	\$18.55
Hospital Provider Tax Allowance	\$3.51
Administrative Allowance	\$21.35
HRA Administrative Allowance	\$0.38
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$243.92

Services Admin %	8.8%
HRA Admin %	0.2%
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-A: Physical Health, Mental Health, and Dental Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,316.63
Base HRA Adjustment	\$151.69
Hospital Provider Tax Allowance	\$41.87
Administrative Allowance	\$148.05
HRA Administrative Allowance	\$3.10
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$1,661.33
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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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$200.13
Base HRA Adjustment	\$18.55
Hospital Provider Tax Allowance	\$3.51
Administrative Allowance	\$21.35
HRA Administrative Allowance	\$0.38
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$243.92

Services Admin %	8.8%
HRA Admin %	0.2%
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-A: Physical Health, Mental Health, and Dental Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,316.63
Base HRA Adjustment	\$151.69
Hospital Provider Tax Allowance	\$41.87
Administrative Allowance	\$148.05
HRA Administrative Allowance	\$3.10
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,661.33

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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$623.41
Base HRA Adjustment	\$140.96
Hospital Provider Tax Allowance	\$13.49
Administrative Allowance	\$72.54
HRA Administrative Allowance	\$2.88
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$853.27

Services Admin %	8.5%
HRA Admin %	0.3%
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-A: Physical Health, Mental Health, and Dental Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$414.43
Base HRA Adjustment	\$51.56
Hospital Provider Tax Allowance	\$13.18
Administrative Allowance	\$47.18
HRA Administrative Allowance	\$1.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$527.40

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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$738.74
Base HRA Adjustment	\$91.98
Hospital Provider Tax Allowance	\$21.94
Administrative Allowance	\$84.85
HRA Administrative Allowance	\$1.88
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$939.38
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Services Admin %	9.0%
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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$765.76
Base HRA Adjustment	\$108.57
Hospital Provider Tax Allowance	\$24.14
Administrative Allowance	\$87.86
HRA Administrative Allowance	\$2.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$988.54

Services Admin %	8.9%
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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,784.51
Base HRA Adjustment	\$444.43
Hospital Provider Tax Allowance	\$67.62
Administrative Allowance	\$207.97
HRA Administrative Allowance	\$9.07
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$2,513.61

Services Admin %	8.3%
HRA Admin %	0.4%
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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$432.97
Base HRA Adjustment	\$47.41
Hospital Provider Tax Allowance	\$13.70
Administrative Allowance	\$49.03
HRA Administrative Allowance	\$0.97
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$544.07

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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$385.28
Base HRA Adjustment	\$47.69
Hospital Provider Tax Allowance	\$12.86
Administrative Allowance	\$45.21
HRA Administrative Allowance	\$0.97
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$492.02

Services Admin %	9.2%
HRA Admin %	0.2%
Non Benefit %*	11.8%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$475.51
Base HRA Adjustment	\$80.77
Hospital Provider Tax Allowance	\$17.87
Administrative Allowance	\$55.91
HRA Administrative Allowance	\$1.65
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$631.70

Services Admin %	8.9%
HRA Admin %	0.3%
Non Benefit %*	11.7%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$98.43
Base HRA Adjustment	\$10.89
Hospital Provider Tax Allowance	\$3.50
Administrative Allowance	\$11.18
HRA Administrative Allowance	\$0.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$124.22

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.8%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$131.16
Base HRA Adjustment	\$19.22
Hospital Provider Tax Allowance	\$4.07
Administrative Allowance	\$14.90
HRA Administrative Allowance	\$0.39
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$169.74

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	11.2%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$181.74
Base HRA Adjustment	\$18.55
Hospital Provider Tax Allowance	\$3.51
Administrative Allowance	\$19.75
HRA Administrative Allowance	\$0.38
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$223.92

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	10.4%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,293.39
Base HRA Adjustment	\$151.69
Hospital Provider Tax Allowance	\$41.87
Administrative Allowance	\$146.03
HRA Administrative Allowance	\$3.10
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,636.08

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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$181.74
Base HRA Adjustment	\$18.55
Hospital Provider Tax Allowance	\$3.51
Administrative Allowance	\$19.75
HRA Administrative Allowance	\$0.38
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$223.92

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	10.4%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,293.39
Base HRA Adjustment	\$151.69
Hospital Provider Tax Allowance	\$41.87
Administrative Allowance	\$146.03
HRA Administrative Allowance	\$3.10
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$1,636.08
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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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$600.69
Base HRA Adjustment	\$140.96
Hospital Provider Tax Allowance	\$13.49
Administrative Allowance	\$70.56
HRA Administrative Allowance	\$2.88
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$828.57

Services Admin %	8.5%
HRA Admin %	0.3%
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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$389.54
Base HRA Adjustment	\$51.56
Hospital Provider Tax Allowance	\$13.18
Administrative Allowance	\$45.02
HRA Administrative Allowance	\$1.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$500.35

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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$712.42
Base HRA Adjustment	\$91.98
Hospital Provider Tax Allowance	\$21.94
Administrative Allowance	\$82.56
HRA Administrative Allowance	\$1.88
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$910.77

Services Admin %	9.1%
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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$738.30
Base HRA Adjustment	\$108.57
Hospital Provider Tax Allowance	\$24.14
Administrative Allowance	\$85.47
HRA Administrative Allowance	\$2.22
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$958.69

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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,760.93
Base HRA Adjustment	\$444.43
Hospital Provider Tax Allowance	\$67.62
Administrative Allowance	\$205.92
HRA Administrative Allowance	\$9.07
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$2,487.98

Services Admin %	8.3%
HRA Admin %	0.4%
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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$45.47
Base HRA Adjustment	\$11.46
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.95
HRA Administrative Allowance	\$0.23
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.12

Services Admin %	8.0%
HRA Admin %	0.4%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$22.40
Base HRA Adjustment	\$6.44
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.52
HRA Administrative Allowance	\$0.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$31.49

Services Admin %	8.0%
HRA Admin %	0.4%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$4.38
Base HRA Adjustment	\$0.10
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	\$4.96

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$4.99
Base HRA Adjustment	\$0.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.55
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$6.13

Services Admin %	9.0%
HRA Admin %	0.2%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$32.25
Base HRA Adjustment	\$7.25
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.65
HRA Administrative Allowance	\$0.15
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$43.29

Services Admin %	8.4%
HRA Admin %	0.3%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$92.93
Base HRA Adjustment	\$5.78
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.30
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$108.13

Services Admin %	8.6%
HRA Admin %	0.1%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$180.08
Base HRA Adjustment	\$26.84
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$19.40
HRA Administrative Allowance	\$0.55
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$226.87

Services Admin %	8.6%
HRA Admin %	0.2%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$92.93
Base HRA Adjustment	\$5.78
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.30
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$108.13

Services Admin %	8.6%
HRA Admin %	0.1%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$180.08
Base HRA Adjustment	\$26.84
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$19.40
HRA Administrative Allowance	\$0.55
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$226.87

Services Admin %	8.6%
HRA Admin %	0.2%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$374.81
Base HRA Adjustment	\$92.23
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$43.99
HRA Administrative Allowance	\$1.88
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$512.91

Services Admin %	8.6%
HRA Admin %	0.4%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$49.87
Base HRA Adjustment	\$10.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.43
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$66.01

Services Admin %	8.2%
HRA Admin %	0.3%
Non Benefit %*	8.2%

*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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$70.79
Base HRA Adjustment	\$15.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.78
HRA Administrative Allowance	\$0.32
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$94.47

Services Admin %	8.2%
HRA Admin %	0.3%
Non Benefit %*	8.2%

*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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$77.67
Base HRA Adjustment	\$17.39
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.48
HRA Administrative Allowance	\$0.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$103.89

Services Admin %	8.2%
HRA Admin %	0.3%
Non Benefit %*	8.2%

*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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$84.70
Base HRA Adjustment	\$3.19
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.72
HRA Administrative Allowance	\$0.07
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$96.68

Services Admin %	9.0%
HRA Admin %	0.1%
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-F: Dental Services Only
January 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$33.06
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.87
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$35.93

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$33.51
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.91
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$36.42

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.15
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.10
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.25

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$18.09
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.57
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$19.66

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$23.54
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.05
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$25.59

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$71.60
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.23
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$77.83

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$63.75
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.54
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.29

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$71.60
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.23
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$77.83

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$63.75
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.54
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.29

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$25.50
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.22
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.72

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$37.67
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.28
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$40.94

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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$42.33
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.68
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$46.02

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$46.91
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.08
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$50.99

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$64.09
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.57
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.67

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$70.27
Base HRA Adjustment	\$11.46
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.11
HRA Administrative Allowance	\$0.23
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$89.08

Services Admin %	8.0%
HRA Admin %	0.3%
Non Benefit %*	8.0%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$52.12
Base HRA Adjustment	\$6.44
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.10
HRA Administrative Allowance	\$0.13
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$63.80

Services Admin %	8.0%
HRA Admin %	0.2%
Non Benefit %*	8.0%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$4.72
Base HRA Adjustment	\$0.10
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.52
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$5.34

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

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$22.53
Base HRA Adjustment	\$0.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.08
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$25.19

Services Admin %	8.2%
HRA Admin %	0.0%
Non Benefit %*	8.2%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$54.94
Base HRA Adjustment	\$7.25
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.62
HRA Administrative Allowance	\$0.15
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$67.96

Services Admin %	8.3%
HRA Admin %	0.2%
Non Benefit %*	8.3%

*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 2016 through December 2016

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$111.33
Base HRA Adjustment	\$5.78
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.90
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$128.13

Services Admin %	8.5%
HRA Admin %	0.1%
Non Benefit %*	8.5%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$203.31
Base HRA Adjustment	\$26.84
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$21.42
HRA Administrative Allowance	\$0.55
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$252.12

Services Admin %	8.5%
HRA Admin %	0.2%
Non Benefit %*	8.5%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$111.33
Base HRA Adjustment	\$5.78
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.90
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$128.13

Services Admin %	8.5%
HRA Admin %	0.1%
Non Benefit %*	8.5%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$203.31
Base HRA Adjustment	\$26.84
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$21.42
HRA Administrative Allowance	\$0.55
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$252.12

Services Admin %	8.5%
HRA Admin %	0.2%
Non Benefit %*	8.5%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$397.54
Base HRA Adjustment	\$92.23
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$45.97
HRA Administrative Allowance	\$1.88
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$537.62

Services Admin %	8.5%
HRA Admin %	0.4%
Non Benefit %*	8.5%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC Region: Central Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$74.76
Base HRA Adjustment	\$10.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.60
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$93.07

Services Admin %	8.2%
HRA Admin %	0.2%
Non Benefit %*	8.2%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$97.11
Base HRA Adjustment	\$15.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.07
HRA Administrative Allowance	\$0.32
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$123.08

Services Admin %	8.2%
HRA Admin %	0.3%
Non Benefit %*	8.2%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$105.13
Base HRA Adjustment	\$17.39
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.87
HRA Administrative Allowance	\$0.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$133.74

Services Admin %	8.1%
HRA Admin %	0.3%
Non Benefit %*	8.1%

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

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

Plan: Eastern Oregon Coordinated Care Org.,LLC
Region: Central
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$108.28
Base HRA Adjustment	\$3.19
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.77
HRA Administrative Allowance	\$0.07
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$122.31

Services Admin %	8.8%
HRA Admin %	0.1%
Non Benefit %*	8.8%

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