

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

Plan: Health Share of Oregon Region: TriCounty

	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	\$ 8,482.44	\$ 2,471.74	\$ 363.16	\$ 737.60	\$ 50.44	\$ 12,105.38
Admin %						6.09%
HRA Admin %						0.42%
Non Benefit %*						9.09%

*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: Health Share of Oregon
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$337.56
Base HRA Adjustment	\$49.91
Hospital Provider Tax Allowance	\$11.08
Administrative Allowance	\$37.43
HRA Administrative Allowance	\$1.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$437.01

Services Admin %	8.6%
HRA Admin %	0.2%
Non Benefit %*	11.1%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$373.81
Base HRA Adjustment	\$50.76
Hospital Provider Tax Allowance	\$12.60
Administrative Allowance	\$42.80
HRA Administrative Allowance	\$1.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$481.01

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 2016 through December 2016

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$471.94
Base HRA Adjustment	\$155.33
Hospital Provider Tax Allowance	\$20.78
Administrative Allowance	\$55.48
HRA Administrative Allowance	\$3.17
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$706.72

Services Admin %	7.9%
HRA Admin %	0.4%
Non Benefit %*	10.8%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$117.10
Base HRA Adjustment	\$17.77
Hospital Provider Tax Allowance	\$3.76
Administrative Allowance	\$12.80
HRA Administrative Allowance	\$0.36
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$151.79

Services Admin %	8.4%
HRA Admin %	0.2%
Non Benefit %*	10.9%

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$128.71
Base HRA Adjustment	\$12.78
Hospital Provider Tax Allowance	\$3.24
Administrative Allowance	\$13.97
HRA Administrative Allowance	\$0.26
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$158.97

Services Admin %	8.8%
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: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$230.76
Base HRA Adjustment	\$20.42
Hospital Provider Tax Allowance	\$5.09
Administrative Allowance	\$25.18
HRA Administrative Allowance	\$0.42
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$281.87

Services Admin %	8.9%
HRA Admin %	0.1%
Non Benefit %*	10.7%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,198.86
Base HRA Adjustment	\$217.54
Hospital Provider Tax Allowance	\$41.96
Administrative Allowance	\$134.83
HRA Administrative Allowance	\$4.44
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,597.63

Services Admin %	8.4%
HRA Admin %	0.3%
Non Benefit %*	11.1%

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$230.76
Base HRA Adjustment	\$20.42
Hospital Provider Tax Allowance	\$5.09
Administrative Allowance	\$25.18
HRA Administrative Allowance	\$0.42
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$281.87

Services Admin %	8.9%
HRA Admin %	0.1%
Non Benefit %*	10.7%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,198.86
Base HRA Adjustment	\$217.54
Hospital Provider Tax Allowance	\$41.96
Administrative Allowance	\$134.83
HRA Administrative Allowance	\$4.44
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,597.63

Services Admin %	8.4%
HRA Admin %	0.3%
Non Benefit %*	11.1%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$472.05
Base HRA Adjustment	\$26.46
Hospital Provider Tax Allowance	\$7.40
Administrative Allowance	\$54.72
HRA Administrative Allowance	\$0.54
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$561.18
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Services Admin %	9.8%
HRA Admin %	0.1%
Non Benefit %*	11.1%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$319.02
Base HRA Adjustment	\$41.45
Hospital Provider Tax Allowance	\$9.70
Administrative Allowance	\$35.27
HRA Administrative Allowance	\$0.85
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$406.29

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$557.02
Base HRA Adjustment	\$88.44
Hospital Provider Tax Allowance	\$18.07
Administrative Allowance	\$62.19
HRA Administrative Allowance	\$1.80
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$727.52

Services Admin %	8.5%
HRA Admin %	0.2%
Non Benefit %*	11.0%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$581.88
Base HRA Adjustment	\$99.13
Hospital Provider Tax Allowance	\$19.41
Administrative Allowance	\$64.94
HRA Administrative Allowance	\$2.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$767.39

Services Admin %	8.5%
HRA Admin %	0.3%
Non Benefit %*	11.0%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,322.57
Base HRA Adjustment	\$291.06
Hospital Provider Tax Allowance	\$49.49
Administrative Allowance	\$153.82
HRA Administrative Allowance	\$5.94
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,822.87

Services Admin %	8.4%
HRA Admin %	0.3%
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: Health Share of Oregon Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$308.22
Base HRA Adjustment	\$49.91
Hospital Provider Tax Allowance	\$11.08
Administrative Allowance	\$34.88
HRA Administrative Allowance	\$1.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$405.11

Services Admin %	8.6%
HRA Admin %	0.3%
Non Benefit %*	11.3%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$338.44
Base HRA Adjustment	\$50.76
Hospital Provider Tax Allowance	\$12.60
Administrative Allowance	\$39.73
HRA Administrative Allowance	\$1.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$442.56

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: Health Share of Oregon
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$471.57
Base HRA Adjustment	\$155.33
Hospital Provider Tax Allowance	\$20.78
Administrative Allowance	\$55.45
HRA Administrative Allowance	\$3.17
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$706.31

Services Admin %	7.9%
HRA Admin %	0.4%
Non Benefit %*	10.8%

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$98.20
Base HRA Adjustment	\$17.77
Hospital Provider Tax Allowance	\$3.76
Administrative Allowance	\$11.16
HRA Administrative Allowance	\$0.36
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$131.25

Services Admin %	8.5%
HRA Admin %	0.3%
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: Health Share of Oregon
Region: TriCounty
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$104.21
Base HRA Adjustment	\$12.78
Hospital Provider Tax Allowance	\$3.24
Administrative Allowance	\$11.83
HRA Administrative Allowance	\$0.26
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$132.33

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$208.62
Base HRA Adjustment	\$20.42
Hospital Provider Tax Allowance	\$5.09
Administrative Allowance	\$23.25
HRA Administrative Allowance	\$0.42
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$257.79

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.0%

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,173.73
Base HRA Adjustment	\$217.54
Hospital Provider Tax Allowance	\$41.96
Administrative Allowance	\$132.64
HRA Administrative Allowance	\$4.44
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,570.31

Services Admin %	8.4%
HRA Admin %	0.3%
Non Benefit %*	11.1%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$208.62
Base HRA Adjustment	\$20.42
Hospital Provider Tax Allowance	\$5.09
Administrative Allowance	\$23.25
HRA Administrative Allowance	\$0.42
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$257.79

Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.0%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,173.73
Base HRA Adjustment	\$217.54
Hospital Provider Tax Allowance	\$41.96
Administrative Allowance	\$132.64
HRA Administrative Allowance	\$4.44
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,570.31

Services Admin %	8.4%
HRA Admin %	0.3%
Non Benefit %*	11.1%

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$448.12
Base HRA Adjustment	\$26.46
Hospital Provider Tax Allowance	\$7.40
Administrative Allowance	\$52.64
HRA Administrative Allowance	\$0.54
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$535.17

Services Admin %	9.8%
HRA Admin %	0.1%
Non Benefit %*	11.2%

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$290.16
Base HRA Adjustment	\$41.45
Hospital Provider Tax Allowance	\$9.70
Administrative Allowance	\$32.76
HRA Administrative Allowance	\$0.85
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$374.91

Services Admin %	8.7%
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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$524.08
Base HRA Adjustment	\$88.44
Hospital Provider Tax Allowance	\$18.07
Administrative Allowance	\$59.32
HRA Administrative Allowance	\$1.80
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$691.72

Services Admin %	8.6%
HRA Admin %	0.3%
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: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$548.79
Base HRA Adjustment	\$99.13
Hospital Provider Tax Allowance	\$19.41
Administrative Allowance	\$62.07
HRA Administrative Allowance	\$2.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$731.43

Services Admin %	8.5%
HRA Admin %	0.3%
Non Benefit %*	11.1%

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,297.06
Base HRA Adjustment	\$291.06
Hospital Provider Tax Allowance	\$49.49
Administrative Allowance	\$151.60
HRA Administrative Allowance	\$5.94
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,795.15

Services Admin %	8.4%
HRA Admin %	0.3%
Non Benefit %*	11.2%

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$22.74
Base HRA Adjustment	\$1.25
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.41
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$26.43

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$12.16
Base HRA Adjustment	\$1.27
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.34
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$14.79

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.79
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.07
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.86

Services Admin %	8.5%
HRA Admin %	0.0%
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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$3.11
Base HRA Adjustment	\$0.01
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.34
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$3.46

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: Health Share of Oregon Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$22.10
Base HRA Adjustment	\$0.86
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.50
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$25.48

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$80.10
Base HRA Adjustment	\$0.44
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.13
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$88.69

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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$132.87
Base HRA Adjustment	\$8.45
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$14.26
HRA Administrative Allowance	\$0.17
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$155.76

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$80.10
Base HRA Adjustment	\$0.44
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.13
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$88.69

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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$132.87
Base HRA Adjustment	\$8.45
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$14.26
HRA Administrative Allowance	\$0.17
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$155.76

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$264.44
Base HRA Adjustment	\$3.80
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$31.03
HRA Administrative Allowance	\$0.08
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$299.35

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$31.06
Base HRA Adjustment	\$2.06
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.27
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$36.43

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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$36.03
Base HRA Adjustment	\$1.92
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.76
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$41.75

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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$29.89
Base HRA Adjustment	\$0.77
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.99
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$33.67

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-E: Mental Health Services Only
January 2016 through December 2016

Plan: Health Share of Oregon Region: TriCounty Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$84.52
Base HRA Adjustment	\$11.79
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.96
HRA Administrative Allowance	\$0.24
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$105.51

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-F: Dental Services Only
January 2016 through December 2016

Plan: Health Share of Oregon Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$35.86
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.12
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$38.98

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: Health Share of Oregon
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$38.35
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.33
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$41.69

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.00
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	\$1.09

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: Health Share of Oregon
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$19.33
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.68
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$21.01

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: Health Share of Oregon Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$25.18
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.19
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.37

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: Health Share of Oregon Region: TriCounty Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$64.15
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.58
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.73

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: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$57.12
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.97
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.09

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: Health Share of Oregon
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$64.15
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.58
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.73

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: Health Share of Oregon Region: TriCounty Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$57.12
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.97
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.09

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: Health Share of Oregon Region: TriCounty Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$26.12
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.27
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$28.39

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: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$38.95
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.39
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$42.34

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 2016 through December 2016

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$45.59
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.96
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$49.55

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: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$48.44
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.21
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$52.65

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: Health Share of Oregon
Region: TriCounty
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$57.49
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.00
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.49

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-G: Mental Health and Dental Services Only
January 2016 through December 2016

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$52.09
Base HRA Adjustment	\$1.25
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.96
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$58.33

Services Admin %	8.5%
HRA Admin %	0.0%
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: Health Share of Oregon Region: TriCounty Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$47.52
Base HRA Adjustment	\$1.27
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.41
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$53.23

Services Admin %	8.3%
HRA Admin %	0.0%
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: Health Share of Oregon Region: TriCounty Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.16
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.11
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.26

Services Admin %	8.3%
HRA Admin %	0.0%
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: Health Share of Oregon Region: TriCounty Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$22.00
Base HRA Adjustment	\$0.01
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.99
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.00

Services Admin %	8.3%
HRA Admin %	0.0%
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: Health Share of Oregon Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$46.61
Base HRA Adjustment	\$0.86
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.63
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$52.12

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$102.25
Base HRA Adjustment	\$0.44
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.06
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$112.76

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

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$158.01
Base HRA Adjustment	\$8.45
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.44
HRA Administrative Allowance	\$0.17
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$183.08

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-G: Mental Health and Dental Services Only
January 2016 through December 2016

Plan: Health Share of Oregon Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$102.25
Base HRA Adjustment	\$0.44
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.06
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$112.76

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

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

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

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$158.01
Base HRA Adjustment	\$8.45
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.44
HRA Administrative Allowance	\$0.17
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$183.08

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-G: Mental Health and Dental Services Only
January 2016 through December 2016

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$288.37
Base HRA Adjustment	\$3.80
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$33.11
HRA Administrative Allowance	\$0.08
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$325.36

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

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

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

Plan: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$59.93
Base HRA Adjustment	\$2.06
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.78
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$67.80

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: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$68.98
Base HRA Adjustment	\$1.92
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.63
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$77.56

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: Health Share of Oregon Region: TriCounty Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$62.98
Base HRA Adjustment	\$0.77
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.87
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$69.63

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 2016 through December 2016

Plan: Health Share of Oregon
Region: TriCounty
Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$110.03
Base HRA Adjustment	\$11.79
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$11.18
HRA Administrative Allowance	\$0.24
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$133.23

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

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