

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest

	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
Maternity Case Rate:						
Case Rate w/o Admin	\$ 10,134.04	\$ 1,531.67	\$ 389.01	\$ 881.22	\$ 31.26	\$ 12,967.20
Admin %						6.80%
HRA Admin %						0.24%
Non Benefit %*						9.80%

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

	Base Case Rate	Administrative Allowance	Case Rate
Bariatric Case Rate:			
Non-Dual Medicaid Only	\$ 13,369.77	\$ 1,162.59	\$ 14,532.36
Admin %			8.00%
Dual Dual Eligibles	\$ 1,638.15	\$ 142.45	\$ 1,780.60
Admin %			8.00%

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest

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

Special Needs Rate Group:

Rate w/o Admin	\$	885.74	\$	61.76	\$	31.18	\$	108.31	\$	1.26	\$	-	\$	1,088.25
Admin %														9.95%
HRA Admin %														0.12%
Non Benefit %*														12.82%

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

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

Plan: Yamhill County Care Organization, Inc.

Region: Northwest

Rate Group: **Temporary Assistance to Needy Families - Adults**

Capitation Rate

Base Services Rate	\$378.52
Base HRA Adjustment	\$47.51
Hospital Provider Tax Allowance	\$11.67
Administrative Allowance	\$43.27
HRA Administrative Allowance	\$0.97
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$481.94

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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Poverty Level Medical - Adults
--

Capitation Rate

Base Services Rate	\$407.39
Base HRA Adjustment	\$23.76
Hospital Provider Tax Allowance	\$13.41
Administrative Allowance	\$49.41
HRA Administrative Allowance	\$0.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$494.46
Services Admin %	10.0%
HRA Admin %	0.1%
Non Benefit %*	12.7%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$503.88
Base HRA Adjustment	\$76.64
Hospital Provider Tax Allowance	\$21.62
Administrative Allowance	\$62.47
HRA Administrative Allowance	\$1.56
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$666.16

Services Admin %	9.4%
HRA Admin %	0.2%
Non Benefit %*	12.6%

*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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$122.93
Base HRA Adjustment	\$11.97
Hospital Provider Tax Allowance	\$3.32
Administrative Allowance	\$13.80
HRA Administrative Allowance	\$0.24
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$152.26
Services Admin %	9.1%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$136.19
Base HRA Adjustment	\$10.29
Hospital Provider Tax Allowance	\$3.23
Administrative Allowance	\$15.20
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$165.12

Services Admin %	9.2%
HRA Admin %	0.1%
Non Benefit %*	11.2%

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

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

Plan: Yamhill County Care Organization, Inc.
Region: Northwest
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$176.64
Base HRA Adjustment	\$24.05
Hospital Provider Tax Allowance	\$3.67
Administrative Allowance	\$20.82
HRA Administrative Allowance	\$0.49
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$225.67

Services Admin %	9.2%
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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc.
Region: Northwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,067.31
Base HRA Adjustment	\$181.22
Hospital Provider Tax Allowance	\$35.93
Administrative Allowance	\$123.25
HRA Administrative Allowance	\$3.70
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,411.41

Services Admin %	8.7%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$176.64
Base HRA Adjustment	\$24.05
Hospital Provider Tax Allowance	\$3.67
Administrative Allowance	\$20.82
HRA Administrative Allowance	\$0.49
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$225.67

Services Admin %	9.2%
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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA without Medicare
--

Capitation Rate

Base Services Rate	\$1,067.31
Base HRA Adjustment	\$181.22
Hospital Provider Tax Allowance	\$35.93
Administrative Allowance	\$123.25
HRA Administrative Allowance	\$3.70
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,411.41

Services Admin %	8.7%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$494.63
Base HRA Adjustment	\$10.06
Hospital Provider Tax Allowance	\$5.83
Administrative Allowance	\$60.48
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$571.20

Services Admin %	10.6%
HRA Admin %	0.0%
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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 19-44
--

Capitation Rate

Base Services Rate	\$331.90
Base HRA Adjustment	\$29.50
Hospital Provider Tax Allowance	\$10.44
Administrative Allowance	\$41.69
HRA Administrative Allowance	\$0.60
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$414.13

Services Admin %	10.1%
HRA Admin %	0.1%
Non Benefit %*	12.6%

*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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 45-54
--

Capitation Rate

Base Services Rate	\$508.14
Base HRA Adjustment	\$57.38
Hospital Provider Tax Allowance	\$18.67
Administrative Allowance	\$64.36
HRA Administrative Allowance	\$1.17
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$649.72

Services Admin %	9.9%
HRA Admin %	0.2%
Non Benefit %*	12.8%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 55-64
--

Capitation Rate

Base Services Rate	\$620.05
Base HRA Adjustment	\$69.63
Hospital Provider Tax Allowance	\$21.84
Administrative Allowance	\$78.72
HRA Administrative Allowance	\$1.42
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$791.66

Services Admin %	9.9%
HRA Admin %	0.2%
Non Benefit %*	12.7%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest

	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
--	----------------	---------------------	---------------------------------	--------------------------	------------------------------	-----------

Maternity Case Rate:

Case Rate w/o Admin	\$	10,134.04	\$	1,531.67	\$	389.01	\$	881.22	\$	31.26	\$	12,967.20
Admin %												6.80%
HRA Admin %												0.24%
Non Benefit %*												9.80%

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

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

Bariatric Case Rate:

Non-Dual	Medicaid Only	\$	13,369.77	\$	1,162.59	\$	14,532.36
	Admin %						8.00%
Dual	Dual Eligibles	\$	1,638.15	\$	142.45	\$	1,780.60
	Admin %						8.00%

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest

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

Special Needs Rate Group:

Rate w/o Admin	\$	863.67	\$	61.76	\$	31.18	\$	106.40	\$	1.26	\$	-	\$	1,064.26
Admin %														10.00%
HRA Admin %														0.12%
Non Benefit %*														12.93%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$354.54
Base HRA Adjustment	\$47.51
Hospital Provider Tax Allowance	\$11.67
Administrative Allowance	\$41.18
HRA Administrative Allowance	\$0.97
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$455.88

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Poverty Level Medical - Adults
--

Capitation Rate

Base Services Rate	\$378.42
Base HRA Adjustment	\$23.76
Hospital Provider Tax Allowance	\$13.41
Administrative Allowance	\$46.89
HRA Administrative Allowance	\$0.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$462.97

Services Admin %	10.1%
HRA Admin %	0.1%
Non Benefit %*	13.0%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$503.54
Base HRA Adjustment	\$76.64
Hospital Provider Tax Allowance	\$21.62
Administrative Allowance	\$62.44
HRA Administrative Allowance	\$1.56
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$665.80

Services Admin %	9.4%
HRA Admin %	0.2%
Non Benefit %*	12.6%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$105.98
Base HRA Adjustment	\$11.97
Hospital Provider Tax Allowance	\$3.32
Administrative Allowance	\$12.33
HRA Administrative Allowance	\$0.24
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$133.84

Services Admin %	9.2%
HRA Admin %	0.2%
Non Benefit %*	11.7%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$114.26
Base HRA Adjustment	\$10.29
Hospital Provider Tax Allowance	\$3.23
Administrative Allowance	\$13.29
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$141.28

Services Admin %	9.4%
HRA Admin %	0.1%
Non Benefit %*	11.7%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ABAD with Medicare
--

Capitation Rate

Base Services Rate	\$159.40
Base HRA Adjustment	\$24.05
Hospital Provider Tax Allowance	\$3.67
Administrative Allowance	\$19.32
HRA Administrative Allowance	\$0.49
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$206.93

Services Admin %	9.3%
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-B: Physical Health and Mental Health Services
January 2015 through December 2015

Plan: Yamhill County Care Organization, Inc.
Region: Northwest
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$1,045.22
Base HRA Adjustment	\$181.22
Hospital Provider Tax Allowance	\$35.93
Administrative Allowance	\$121.33
HRA Administrative Allowance	\$3.70
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,387.40

Services Admin %	8.7%
HRA Admin %	0.3%
Non Benefit %*	11.3%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$159.40
Base HRA Adjustment	\$24.05
Hospital Provider Tax Allowance	\$3.67
Administrative Allowance	\$19.32
HRA Administrative Allowance	\$0.49
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$206.93

Services Admin %	9.3%
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-B: Physical Health and Mental Health Services
January 2015 through December 2015

Plan: Yamhill County Care Organization, Inc.
Region: Northwest
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,045.22
Base HRA Adjustment	\$181.22
Hospital Provider Tax Allowance	\$35.93
Administrative Allowance	\$121.33
HRA Administrative Allowance	\$3.70
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,387.40

Services Admin %	8.7%
HRA Admin %	0.3%
Non Benefit %*	11.3%

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

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

Plan: Yamhill County Care Organization, Inc.
Region: Northwest
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$472.49
Base HRA Adjustment	\$10.06
Hospital Provider Tax Allowance	\$5.83
Administrative Allowance	\$58.56
HRA Administrative Allowance	\$0.21
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$547.13

Services Admin %	10.7%
HRA Admin %	0.0%
Non Benefit %*	11.8%

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

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

Plan: Yamhill County Care Organization, Inc.
Region: Northwest
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$307.15
Base HRA Adjustment	\$29.50
Hospital Provider Tax Allowance	\$10.44
Administrative Allowance	\$39.54
HRA Administrative Allowance	\$0.60
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$387.23

Services Admin %	10.2%
HRA Admin %	0.2%
Non Benefit %*	12.9%

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

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

Plan: Yamhill County Care Organization, Inc.
Region: Northwest
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$481.98
Base HRA Adjustment	\$57.38
Hospital Provider Tax Allowance	\$18.67
Administrative Allowance	\$62.09
HRA Administrative Allowance	\$1.17
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$621.28

Services Admin %	10.0%
HRA Admin %	0.2%
Non Benefit %*	13.0%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 55-64
--

Capitation Rate

Base Services Rate	\$592.76
Base HRA Adjustment	\$69.63
Hospital Provider Tax Allowance	\$21.84
Administrative Allowance	\$76.35
HRA Administrative Allowance	\$1.42
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$761.99

Services Admin %	10.0%
HRA Admin %	0.2%
Non Benefit %*	12.9%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$31.68
Base HRA Adjustment	\$1.34
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.62
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$36.67

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Poverty Level Medical - Adults
--

Capitation Rate

Base Services Rate	\$16.30
Base HRA Adjustment	\$0.17
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.98
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$18.45

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

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

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

Plan: Yamhill County Care Organization, Inc.
Region: Northwest
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.45
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.05
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.50

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$4.96
Base HRA Adjustment	\$0.02
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.57
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$5.55

Services Admin %	10.3%
HRA Admin %	0.0%
Non Benefit %*	10.3%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$26.26
Base HRA Adjustment	\$0.39
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.05
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$29.71

Services Admin %	10.3%
HRA Admin %	0.0%
Non Benefit %*	10.3%

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ABAD with Medicare
--

Capitation Rate

Base Services Rate	\$62.86
Base HRA Adjustment	\$2.87
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.35
HRA Administrative Allowance	\$0.06
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$73.15

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$128.89
Base HRA Adjustment	\$9.22
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$14.72
HRA Administrative Allowance	\$0.19
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$153.02

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$62.86
Base HRA Adjustment	\$2.87
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.35
HRA Administrative Allowance	\$0.06
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$73.15

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA without Medicare
--

Capitation Rate

Base Services Rate	\$128.89
Base HRA Adjustment	\$9.22
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$14.72
HRA Administrative Allowance	\$0.19
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$153.02

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$318.27
Base HRA Adjustment	\$0.53
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$39.43
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$358.24

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 19-44
--

Capitation Rate

Base Services Rate	\$39.16
Base HRA Adjustment	\$1.90
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.93
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$46.02

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 45-54
--

Capitation Rate

Base Services Rate	\$41.50
Base HRA Adjustment	\$1.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.20
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$48.65

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 55-64
--

Capitation Rate

Base Services Rate	\$42.43
Base HRA Adjustment	\$1.35
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.27
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$49.08

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$26.18
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.28
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$28.45

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Poverty Level Medical - Adults
--

Capitation Rate

Base Services Rate	\$30.08
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.62
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$32.69

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$0.52
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.05
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.57

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$17.08
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.49
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$18.57

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$22.14
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.93
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.07

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ABAD with Medicare
--

Capitation Rate

Base Services Rate	\$29.27
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.55
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$31.82

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$31.67
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.75
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$34.42

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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$29.27
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.55
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$31.82

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA without Medicare
--

Capitation Rate

Base Services Rate	\$31.67
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.75
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$34.42

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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$22.76
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.98
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.74

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 19-44
--

Capitation Rate

Base Services Rate	\$27.81
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.42
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$30.22

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 45-54
--

Capitation Rate

Base Services Rate	\$29.86
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.60
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$32.46

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 55-64
--

Capitation Rate

Base Services Rate	\$32.23
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.80
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$35.03

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$55.66
Base HRA Adjustment	\$1.34
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.71
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.73

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Poverty Level Medical - Adults
--

Capitation Rate

Base Services Rate	\$45.27
Base HRA Adjustment	\$0.17
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.50
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$49.94

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest 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	\$0.08
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.86

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
--

Capitation Rate

Base Services Rate	\$21.91
Base HRA Adjustment	\$0.02
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	\$23.98

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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$48.20
Base HRA Adjustment	\$0.39
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.96
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$53.55

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ABAD with Medicare
--

Capitation Rate

Base Services Rate	\$80.10
Base HRA Adjustment	\$2.87
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.85
HRA Administrative Allowance	\$0.06
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$91.88

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$150.98
Base HRA Adjustment	\$9.22
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.64
HRA Administrative Allowance	\$0.19
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$177.03

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$80.10
Base HRA Adjustment	\$2.87
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.85
HRA Administrative Allowance	\$0.06
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$91.88

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: OAA without Medicare
--

Capitation Rate

Base Services Rate	\$150.98
Base HRA Adjustment	\$9.22
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.64
HRA Administrative Allowance	\$0.19
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$177.03

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$340.41
Base HRA Adjustment	\$0.53
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$41.36
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$382.31

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

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

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

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 19-44
--

Capitation Rate

Base Services Rate	\$63.90
Base HRA Adjustment	\$1.90
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.08
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$72.92

Services Admin %	9.7%
HRA Admin %	0.1%
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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 45-54
--

Capitation Rate

Base Services Rate	\$67.67
Base HRA Adjustment	\$1.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.48
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$77.09

Services Admin %	9.7%
HRA Admin %	0.1%
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 2015 through December 2015

Plan: Yamhill County Care Organization, Inc. Region: Northwest Rate Group: ACA Ages 55-64
--

Capitation Rate

Base Services Rate	\$69.73
Base HRA Adjustment	\$1.35
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.65
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$78.75

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

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