

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

Plan: FamilyCare, Inc. Region: TriCounty

	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
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Maternity Case Rate:

Case Rate w/o Admin	\$	8,391.11	\$	2,244.25	\$	352.90	\$	729.66	\$	45.80	\$	11,763.72
Admin %												6.20%
HRA Admin %												0.39%
Non Benefit %*												9.20%

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

	Base Case Rate	Administrative Allowance	Case Rate
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Bariatric Case Rate:

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

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

Plan: FamilyCare, Inc. Region: TriCounty

	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	\$ 938.78	\$ 114.25	\$ 33.42	\$ 113.98	\$ 2.33	\$ -	\$ 1,202.77
Admin %							9.48%
HRA Admin %							0.19%
Non Benefit %*							12.26%

*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: FamilyCare, Inc.
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$313.91
Base HRA Adjustment	\$45.08
Hospital Provider Tax Allowance	\$11.05
Administrative Allowance	\$35.50
HRA Administrative Allowance	\$0.92
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$406.46

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	11.5%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$384.50
Base HRA Adjustment	\$50.62
Hospital Provider Tax Allowance	\$13.29
Administrative Allowance	\$46.30
HRA Administrative Allowance	\$1.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$495.74

Services Admin %	9.3%
HRA Admin %	0.2%
Non Benefit %*	12.0%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$468.47
Base HRA Adjustment	\$143.31
Hospital Provider Tax Allowance	\$20.75
Administrative Allowance	\$58.06
HRA Administrative Allowance	\$2.92
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$693.52

Services Admin %	8.4%
HRA Admin %	0.4%
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: FamilyCare, Inc.
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$109.65
Base HRA Adjustment	\$14.63
Hospital Provider Tax Allowance	\$3.64
Administrative Allowance	\$12.21
HRA Administrative Allowance	\$0.30
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$140.43
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$126.34
Base HRA Adjustment	\$12.53
Hospital Provider Tax Allowance	\$3.17
Administrative Allowance	\$13.98
HRA Administrative Allowance	\$0.26
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$156.28

Services Admin %	8.9%
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 2015 through December 2015

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$220.10
Base HRA Adjustment	\$18.63
Hospital Provider Tax Allowance	\$4.73
Administrative Allowance	\$25.01
HRA Administrative Allowance	\$0.38
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$268.85
Services Admin %	9.3%
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 2015 through December 2015

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$968.72
Base HRA Adjustment	\$160.24
Hospital Provider Tax Allowance	\$39.38
Administrative Allowance	\$111.07
HRA Administrative Allowance	\$3.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,282.68

Services Admin %	8.7%
HRA Admin %	0.3%
Non Benefit %*	11.7%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$220.10
Base HRA Adjustment	\$18.63
Hospital Provider Tax Allowance	\$4.73
Administrative Allowance	\$25.01
HRA Administrative Allowance	\$0.38
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$268.85
Services Admin %	9.3%
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 2015 through December 2015

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$968.72
Base HRA Adjustment	\$160.24
Hospital Provider Tax Allowance	\$39.38
Administrative Allowance	\$111.07
HRA Administrative Allowance	\$3.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,282.68

Services Admin %	8.7%
HRA Admin %	0.3%
Non Benefit %*	11.7%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$461.54
Base HRA Adjustment	\$26.77
Hospital Provider Tax Allowance	\$8.33
Administrative Allowance	\$56.29
HRA Administrative Allowance	\$0.55
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$553.48

Services Admin %	10.2%
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-A: Physical Health, Mental Health, and Dental Services
January 2015 through December 2015

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$264.42
Base HRA Adjustment	\$31.28
Hospital Provider Tax Allowance	\$9.10
Administrative Allowance	\$32.51
HRA Administrative Allowance	\$0.64
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$337.96

Services Admin %	9.6%
HRA Admin %	0.2%
Non Benefit %*	12.3%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$426.42
Base HRA Adjustment	\$56.14
Hospital Provider Tax Allowance	\$16.83
Administrative Allowance	\$53.15
HRA Administrative Allowance	\$1.15
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$553.69

Services Admin %	9.6%
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: FamilyCare, Inc.
Region: TriCounty
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$456.08
Base HRA Adjustment	\$72.03
Hospital Provider Tax Allowance	\$18.38
Administrative Allowance	\$56.87
HRA Administrative Allowance	\$1.47
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$604.83
Services Admin %	9.4%
HRA Admin %	0.2%
Non Benefit %*	12.4%

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

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

Plan: FamilyCare, Inc. Region: TriCounty

	Base Case Rate	Base HRA Adjustment	Hospital Provider Tax Allowance	Administrative Allowance	HRA Administrative Allowance	Case Rate
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Maternity Case Rate:

Case Rate w/o Admin	\$	8,391.11	\$	2,244.25	\$	352.90	\$	729.66	\$	45.80	\$	11,763.72
Admin %												6.20%
HRA Admin %												0.39%
Non Benefit %*												9.20%

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

	Base Case Rate	Administrative Allowance	Case Rate
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Bariatric Case Rate:

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

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

Plan: FamilyCare, Inc. Region: TriCounty

	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	\$ 913.83	\$ 114.25	\$ 33.42	\$ 111.81	\$ 2.33	\$ -	\$ 1,175.64
Admin %							9.51%
HRA Admin %							0.20%
Non Benefit %*							12.35%

*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: FamilyCare, Inc.
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$285.54
Base HRA Adjustment	\$45.08
Hospital Provider Tax Allowance	\$11.05
Administrative Allowance	\$33.03
HRA Administrative Allowance	\$0.92
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$375.62

Services Admin %	8.8%
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: FamilyCare, Inc.
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$350.03
Base HRA Adjustment	\$50.62
Hospital Provider Tax Allowance	\$13.29
Administrative Allowance	\$43.31
HRA Administrative Allowance	\$1.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$458.28

Services Admin %	9.4%
HRA Admin %	0.2%
Non Benefit %*	12.3%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$468.11
Base HRA Adjustment	\$143.31
Hospital Provider Tax Allowance	\$20.75
Administrative Allowance	\$58.03
HRA Administrative Allowance	\$2.92
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$693.12

Services Admin %	8.4%
HRA Admin %	0.4%
Non Benefit %*	11.4%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$91.39
Base HRA Adjustment	\$14.63
Hospital Provider Tax Allowance	\$3.64
Administrative Allowance	\$10.62
HRA Administrative Allowance	\$0.30
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$120.58

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	11.8%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$102.65
Base HRA Adjustment	\$12.53
Hospital Provider Tax Allowance	\$3.17
Administrative Allowance	\$11.92
HRA Administrative Allowance	\$0.26
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$130.53

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

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$199.13
Base HRA Adjustment	\$18.63
Hospital Provider Tax Allowance	\$4.73
Administrative Allowance	\$23.19
HRA Administrative Allowance	\$0.38
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$246.05

Services Admin %	9.4%
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 2015 through December 2015

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$944.14
Base HRA Adjustment	\$160.24
Hospital Provider Tax Allowance	\$39.38
Administrative Allowance	\$108.93
HRA Administrative Allowance	\$3.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,255.96

Services Admin %	8.7%
HRA Admin %	0.3%
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: FamilyCare, Inc.
Region: TriCounty
Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$199.13
Base HRA Adjustment	\$18.63
Hospital Provider Tax Allowance	\$4.73
Administrative Allowance	\$23.19
HRA Administrative Allowance	\$0.38
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$246.05

Services Admin %	9.4%
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 2015 through December 2015

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$944.14
Base HRA Adjustment	\$160.24
Hospital Provider Tax Allowance	\$39.38
Administrative Allowance	\$108.93
HRA Administrative Allowance	\$3.27
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,255.96

Services Admin %	8.7%
HRA Admin %	0.3%
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: FamilyCare, Inc.
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$438.22
Base HRA Adjustment	\$26.77
Hospital Provider Tax Allowance	\$8.33
Administrative Allowance	\$54.26
HRA Administrative Allowance	\$0.55
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$528.13

Services Admin %	10.3%
HRA Admin %	0.1%
Non Benefit %*	11.9%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$235.44
Base HRA Adjustment	\$31.28
Hospital Provider Tax Allowance	\$9.10
Administrative Allowance	\$29.99
HRA Administrative Allowance	\$0.64
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$306.45

Services Admin %	9.8%
HRA Admin %	0.2%
Non Benefit %*	12.8%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$393.35
Base HRA Adjustment	\$56.14
Hospital Provider Tax Allowance	\$16.83
Administrative Allowance	\$50.28
HRA Administrative Allowance	\$1.15
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$517.75

Services Admin %	9.7%
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: FamilyCare, Inc.
Region: TriCounty
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$422.86
Base HRA Adjustment	\$72.03
Hospital Provider Tax Allowance	\$18.38
Administrative Allowance	\$53.98
HRA Administrative Allowance	\$1.47
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$568.72

Services Admin %	9.5%
HRA Admin %	0.3%
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-E: Mental Health Services Only
January 2015 through December 2015

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$24.69
Base HRA Adjustment	\$0.96
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.69
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$28.36

Services Admin %	9.5%
HRA Admin %	0.1%
Non Benefit %*	9.5%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$11.75
Base HRA Adjustment	\$0.85
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.35
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$13.96

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$0.68
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.06
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$0.75

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$4.13
Base HRA Adjustment	\$0.02
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.47
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$4.61

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

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

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$23.84
Base HRA Adjustment	\$0.84
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.76
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.46

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: FamilyCare, Inc. Region: TriCounty Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$76.95
Base HRA Adjustment	\$0.93
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.04
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$85.94

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

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$130.15
Base HRA Adjustment	\$8.85
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$14.23
HRA Administrative Allowance	\$0.18
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$153.42

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

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

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$76.95
Base HRA Adjustment	\$0.93
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.04
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$85.94

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

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$130.15
Base HRA Adjustment	\$8.85
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$14.23
HRA Administrative Allowance	\$0.18
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$153.42

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

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$238.07
Base HRA Adjustment	\$2.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$29.44
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$270.07

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

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

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$30.82
Base HRA Adjustment	\$1.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.57
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$36.33

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

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

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$37.14
Base HRA Adjustment	\$1.56
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.28
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$43.01

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: FamilyCare, Inc. Region: TriCounty Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$31.87
Base HRA Adjustment	\$1.47
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.49
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$36.86

Services Admin %	9.5%
HRA Admin %	0.1%
Non Benefit %*	9.5%

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$34.66
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.01
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$37.68

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

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$37.35
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.25
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$40.60

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: FamilyCare, Inc.
Region: TriCounty
Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$0.97
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	\$1.06

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

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

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

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$18.68
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.62
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$20.31

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: FamilyCare, Inc. Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$24.34
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.12
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$26.46

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: FamilyCare, Inc. Region: TriCounty Rate Group: ABAD with Medicare
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Capitation Rate

Base Services Rate	\$61.56
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.35
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$66.91

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: FamilyCare, Inc.
Region: TriCounty
Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$55.49
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.82
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$60.31

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: FamilyCare, Inc. Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$61.56
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.35
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$66.91

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: FamilyCare, Inc. Region: TriCounty Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$55.49
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.82
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$60.31

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: FamilyCare, Inc.
Region: TriCounty
Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$25.44
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.21
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.65

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 2015 through December 2015

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$38.72
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.37
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$42.09

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 2015 through December 2015

Plan: FamilyCare, Inc.
Region: TriCounty
Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$45.29
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.94
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$49.22

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: FamilyCare, Inc.
Region: TriCounty
Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$48.05
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.18
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$52.23

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

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

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: Temporary Assistance to Needy Families - Adults

Capitation Rate

Base Services Rate	\$53.06
Base HRA Adjustment	\$0.96
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.15
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$59.19

Services Admin %	8.7%
HRA Admin %	0.0%
Non Benefit %*	8.7%

*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: FamilyCare, Inc. Region: TriCounty Rate Group: Poverty Level Medical - Adults
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Capitation Rate

Base Services Rate	\$46.22
Base HRA Adjustment	\$0.85
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.35
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$51.43

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: FamilyCare, Inc. Region: TriCounty Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$1.04
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	\$1.14

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

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

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$22.39
Base HRA Adjustment	\$0.02
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.06
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.47

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

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

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$47.53
Base HRA Adjustment	\$0.84
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.82
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$53.21

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: FamilyCare, Inc.
Region: TriCounty
Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$97.92
Base HRA Adjustment	\$0.93
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.86
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$108.73

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: FamilyCare, Inc. Region: TriCounty Rate Group: ABAD without Medicare

Capitation Rate

Base Services Rate	\$154.74
Base HRA Adjustment	\$8.85
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.37
HRA Administrative Allowance	\$0.18
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$180.15

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: OAA with Medicare

Capitation Rate

Base Services Rate	\$97.92
Base HRA Adjustment	\$0.93
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.86
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$108.73

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: FamilyCare, Inc. Region: TriCounty Rate Group: OAA without Medicare
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Capitation Rate

Base Services Rate	\$154.74
Base HRA Adjustment	\$8.85
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.37
HRA Administrative Allowance	\$0.18
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$180.15

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: Foster Children (CAF)

Capitation Rate

Base Services Rate	\$261.39
Base HRA Adjustment	\$2.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$31.47
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$295.41

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

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

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

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: ACA Ages 19-44
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Capitation Rate

Base Services Rate	\$59.80
Base HRA Adjustment	\$1.91
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.09
HRA Administrative Allowance	\$0.04
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$67.83

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 2015 through December 2015

Plan: FamilyCare, Inc. Region: TriCounty Rate Group: ACA Ages 45-54
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Capitation Rate

Base Services Rate	\$70.21
Base HRA Adjustment	\$1.56
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.16
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$78.96

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: FamilyCare, Inc. Region: TriCounty Rate Group: ACA Ages 55-64
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Capitation Rate

Base Services Rate	\$65.09
Base HRA Adjustment	\$1.47
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.38
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$72.96

Services Admin %	8.7%
HRA Admin %	0.0%
Non Benefit %*	8.7%

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