

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization 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	\$ 10,032.10	\$ 1,477.10	\$ 383.87	\$ 872.36	\$ 30.14	\$ 12,795.57
Admin %						6.82%
HRA Admin %						0.24%
Non Benefit %*						9.82%

*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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults
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Capitation Rate

Base Services Rate	\$372.73
Base HRA Adjustment	\$31.40
Hospital Provider Tax Allowance	\$11.96
Administrative Allowance	\$41.09
HRA Administrative Allowance	\$0.64
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$457.82

Services Admin %	9.0%
HRA Admin %	0.1%
Non Benefit %*	11.6%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$392.99
Base HRA Adjustment	\$14.60
Hospital Provider Tax Allowance	\$12.60
Administrative Allowance	\$45.22
HRA Administrative Allowance	\$0.30
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$465.71

Services Admin %	9.7%
HRA Admin %	0.1%
Non Benefit %*	12.4%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$511.60
Base HRA Adjustment	\$170.41
Hospital Provider Tax Allowance	\$21.84
Administrative Allowance	\$60.15
HRA Administrative Allowance	\$3.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$767.47

Services Admin %	7.8%
HRA Admin %	0.5%
Non Benefit %*	10.7%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$117.27
Base HRA Adjustment	\$14.14
Hospital Provider Tax Allowance	\$3.52
Administrative Allowance	\$12.73
HRA Administrative Allowance	\$0.29
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$147.95

Services Admin %	8.6%
HRA Admin %	0.2%
Non Benefit %*	11.0%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$152.69
Base HRA Adjustment	\$12.34
Hospital Provider Tax Allowance	\$3.57
Administrative Allowance	\$16.57
HRA Administrative Allowance	\$0.25
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$185.43

Services Admin %	8.9%
HRA Admin %	0.1%
Non Benefit %*	10.9%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$206.06
Base HRA Adjustment	\$7.86
Hospital Provider Tax Allowance	\$3.46
Administrative Allowance	\$22.22
HRA Administrative Allowance	\$0.16
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$239.76

Services Admin %	9.3%
HRA Admin %	0.1%
Non Benefit %*	10.7%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare
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Capitation Rate

Base Services Rate	\$1,127.47
Base HRA Adjustment	\$132.12
Hospital Provider Tax Allowance	\$37.96
Administrative Allowance	\$125.25
HRA Administrative Allowance	\$2.70
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,425.49

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	11.4%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$206.06
Base HRA Adjustment	\$7.86
Hospital Provider Tax Allowance	\$3.46
Administrative Allowance	\$22.22
HRA Administrative Allowance	\$0.16
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$239.76

Services Admin %	9.3%
HRA Admin %	0.1%
Non Benefit %*	10.7%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,127.47
Base HRA Adjustment	\$132.12
Hospital Provider Tax Allowance	\$37.96
Administrative Allowance	\$125.25
HRA Administrative Allowance	\$2.70
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,425.49

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	11.4%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$512.81
Base HRA Adjustment	\$17.02
Hospital Provider Tax Allowance	\$5.93
Administrative Allowance	\$59.54
HRA Administrative Allowance	\$0.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$595.65

Services Admin %	10.0%
HRA Admin %	0.1%
Non Benefit %*	11.0%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$334.10
Base HRA Adjustment	\$27.45
Hospital Provider Tax Allowance	\$10.55
Administrative Allowance	\$37.86
HRA Administrative Allowance	\$0.56
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$410.52

Services Admin %	9.2%
HRA Admin %	0.1%
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-A: Physical Health, Mental Health, and Dental Services
January 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$561.62
Base HRA Adjustment	\$65.84
Hospital Provider Tax Allowance	\$19.10
Administrative Allowance	\$64.25
HRA Administrative Allowance	\$1.34
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$712.16
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Services Admin %	9.0%
HRA Admin %	0.2%
Non Benefit %*	11.7%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$640.88
Base HRA Adjustment	\$83.83
Hospital Provider Tax Allowance	\$22.31
Administrative Allowance	\$73.36
HRA Administrative Allowance	\$1.71
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$822.10

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,677.43
Base HRA Adjustment	\$475.80
Hospital Provider Tax Allowance	\$61.53
Administrative Allowance	\$195.51
HRA Administrative Allowance	\$9.71
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$2,419.99
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Services Admin %	8.1%
HRA Admin %	0.4%
Non Benefit %*	10.6%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults
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Capitation Rate

Base Services Rate	\$348.05
Base HRA Adjustment	\$31.40
Hospital Provider Tax Allowance	\$11.96
Administrative Allowance	\$38.94
HRA Administrative Allowance	\$0.64
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$430.99

Services Admin %	9.0%
HRA Admin %	0.1%
Non Benefit %*	11.8%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$363.26
Base HRA Adjustment	\$14.60
Hospital Provider Tax Allowance	\$12.60
Administrative Allowance	\$42.63
HRA Administrative Allowance	\$0.30
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$433.40

Services Admin %	9.8%
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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$511.25
Base HRA Adjustment	\$170.41
Hospital Provider Tax Allowance	\$21.84
Administrative Allowance	\$60.12
HRA Administrative Allowance	\$3.48
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$767.10

Services Admin %	7.8%
HRA Admin %	0.5%
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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$99.82
Base HRA Adjustment	\$14.14
Hospital Provider Tax Allowance	\$3.52
Administrative Allowance	\$11.21
HRA Administrative Allowance	\$0.29
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$128.98

Services Admin %	8.7%
HRA Admin %	0.2%
Non Benefit %*	11.4%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$130.11
Base HRA Adjustment	\$12.34
Hospital Provider Tax Allowance	\$3.57
Administrative Allowance	\$14.61
HRA Administrative Allowance	\$0.25
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$160.89

Services Admin %	9.1%
HRA Admin %	0.2%
Non Benefit %*	11.3%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$187.66
Base HRA Adjustment	\$7.86
Hospital Provider Tax Allowance	\$3.46
Administrative Allowance	\$20.62
HRA Administrative Allowance	\$0.16
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$219.76

Services Admin %	9.4%
HRA Admin %	0.1%
Non Benefit %*	11.0%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare
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Capitation Rate

Base Services Rate	\$1,104.35
Base HRA Adjustment	\$132.12
Hospital Provider Tax Allowance	\$37.96
Administrative Allowance	\$123.24
HRA Administrative Allowance	\$2.70
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1,400.36

Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	11.5%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$187.66
Base HRA Adjustment	\$7.86
Hospital Provider Tax Allowance	\$3.46
Administrative Allowance	\$20.62
HRA Administrative Allowance	\$0.16
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$219.76

Services Admin %	9.4%
HRA Admin %	0.1%
Non Benefit %*	11.0%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$1,104.35
Base HRA Adjustment	\$132.12
Hospital Provider Tax Allowance	\$37.96
Administrative Allowance	\$123.24
HRA Administrative Allowance	\$2.70
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$1,400.36
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Services Admin %	8.8%
HRA Admin %	0.2%
Non Benefit %*	11.5%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$490.09
Base HRA Adjustment	\$17.02
Hospital Provider Tax Allowance	\$5.93
Administrative Allowance	\$57.57
HRA Administrative Allowance	\$0.35
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$570.95

Services Admin %	10.1%
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-B: Physical Health and Mental Health Services
January 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$309.21
Base HRA Adjustment	\$27.45
Hospital Provider Tax Allowance	\$10.55
Administrative Allowance	\$35.70
HRA Administrative Allowance	\$0.56
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$383.46

Services Admin %	9.3%
HRA Admin %	0.1%
Non Benefit %*	12.1%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$535.30
Base HRA Adjustment	\$65.84
Hospital Provider Tax Allowance	\$19.10
Administrative Allowance	\$61.96
HRA Administrative Allowance	\$1.34
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$683.55
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Services Admin %	9.1%
HRA Admin %	0.2%
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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$613.42
Base HRA Adjustment	\$83.83
Hospital Provider Tax Allowance	\$22.31
Administrative Allowance	\$70.98
HRA Administrative Allowance	\$1.71
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$792.26

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$1,653.85
Base HRA Adjustment	\$475.80
Hospital Provider Tax Allowance	\$61.53
Administrative Allowance	\$193.46
HRA Administrative Allowance	\$9.71
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$2,394.36

Services Admin %	8.1%
HRA Admin %	0.4%
Non Benefit %*	10.6%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults
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Capitation Rate

Base Services Rate	\$31.18
Base HRA Adjustment	\$0.79
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.32
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$35.29

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$14.71
Base HRA Adjustment	\$0.49
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.63
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$16.84

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.61
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.17
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$1.77

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$5.06
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.56
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$5.62

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$27.25
Base HRA Adjustment	\$0.46
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.04
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$30.76

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$91.04
Base HRA Adjustment	\$0.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.25
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$100.89
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Services Admin %	9.2%
HRA Admin %	0.0%
Non Benefit %*	9.2%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare
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Capitation Rate

Base Services Rate	\$155.22
Base HRA Adjustment	\$5.88
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.53
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$177.74
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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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare
--

Capitation Rate

Base Services Rate	\$91.04
Base HRA Adjustment	\$0.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$9.25
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$100.89

Services Admin %	9.2%
HRA Admin %	0.0%
Non Benefit %*	9.2%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$155.22
Base HRA Adjustment	\$5.88
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$16.53
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$177.74

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$331.57
Base HRA Adjustment	\$1.43
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$38.92
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$371.94

Services Admin %	10.5%
HRA Admin %	0.0%
Non Benefit %*	10.5%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$37.52
Base HRA Adjustment	\$1.40
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.04
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$42.98

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$49.27
Base HRA Adjustment	\$1.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.32
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$56.11

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$53.94
Base HRA Adjustment	\$1.11
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.77
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$60.84

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$100.17
Base HRA Adjustment	\$2.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.67
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$113.47

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-F: Dental Services Only
January 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults
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Capitation Rate

Base Services Rate	\$32.06
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.79
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$34.85

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$33.11
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.88
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$35.99

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.06
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	\$1.16

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$17.94
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$1.56
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$19.50

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$23.34
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.03
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$25.37

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$66.00
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.74
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$71.74

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare
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Capitation Rate

Base Services Rate	\$59.37
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.16
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$64.53

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$66.00
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.74
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$71.74

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$59.37
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.16
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$64.53
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Services Admin %	8.0%
HRA Admin %	0.0%
Non Benefit %*	8.0%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$25.21
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.19
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$27.40

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$36.32
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.16
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$39.48

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$40.65
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.53
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$44.18

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$44.86
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$3.90
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$48.76

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$59.83
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.20
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$65.03

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Temporary Assistance to Needy Families - Adults
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Capitation Rate

Base Services Rate	\$55.86
Base HRA Adjustment	\$0.79
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.46
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$62.12

Services Admin %	8.8%
HRA Admin %	0.0%
Non Benefit %*	8.8%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Poverty Level Medical - Adults

Capitation Rate

Base Services Rate	\$44.44
Base HRA Adjustment	\$0.49
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$4.21
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$49.15
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Services Admin %	8.6%
HRA Admin %	0.0%
Non Benefit %*	8.6%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 0-1 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$1.95
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$0.20
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$2.15

Services Admin %	9.2%
HRA Admin %	0.0%
Non Benefit %*	9.2%

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 1-5 (CHIP, PLMC, TANF Children)

Capitation Rate

Base Services Rate	\$22.51
Base HRA Adjustment	\$0.00
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$2.07
HRA Administrative Allowance	\$0.00
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$24.58

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Children 6-18 (CHIP, PLMC, TANF Children)
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Capitation Rate

Base Services Rate	\$49.83
Base HRA Adjustment	\$0.46
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$5.01
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$55.31

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD with Medicare

Capitation Rate

Base Services Rate	\$109.44
Base HRA Adjustment	\$0.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.85
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00

Total Services with Admin, HRA, and HIF	\$120.88
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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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ABAD without Medicare
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Capitation Rate

Base Services Rate	\$178.34
Base HRA Adjustment	\$5.88
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$18.54
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$202.88

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA with Medicare
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Capitation Rate

Base Services Rate	\$109.44
Base HRA Adjustment	\$0.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$10.85
HRA Administrative Allowance	\$0.01
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$120.88

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: OAA without Medicare

Capitation Rate

Base Services Rate	\$178.34
Base HRA Adjustment	\$5.88
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$18.54
HRA Administrative Allowance	\$0.12
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$202.88

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Foster Children (CAF)
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Capitation Rate

Base Services Rate	\$354.29
Base HRA Adjustment	\$1.43
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$40.90
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$396.64

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 19-44

Capitation Rate

Base Services Rate	\$62.42
Base HRA Adjustment	\$1.40
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$6.20
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$70.04

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

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

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

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 45-54

Capitation Rate

Base Services Rate	\$75.58
Base HRA Adjustment	\$1.50
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$7.61
HRA Administrative Allowance	\$0.03
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$84.72

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: ACA Ages 55-64

Capitation Rate

Base Services Rate	\$81.40
Base HRA Adjustment	\$1.11
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$8.16
HRA Administrative Allowance	\$0.02
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$90.69

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 2016 through December 2016

Plan: InterCommunity Health Network, Inc., abn:InterCommunity Health Network-Coordinated Care Organization Region: Northwest Rate Group: Breast and Cervical Cancer Program

Capitation Rate

Base Services Rate	\$123.75
Base HRA Adjustment	\$2.58
Hospital Provider Tax Allowance	\$0.00
Administrative Allowance	\$12.72
HRA Administrative Allowance	\$0.05
Health Insurers Fee	\$0.00
Total Services with Admin, HRA, and HIF	\$139.10

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

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