Health, Housing
& Human Services
CLACKAMAS COUNTY

COPY

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Richard Swift
Director

October 1, 2015

Board of County Commissioner
Clackamas County

Members of the Board:

Approval for a Revenue Agreement with CareOregon for Dental Health Expansion

Purpose/Outcomes	The purpose of this agreement is to increase new patient numbers, increase the number of visits by CareOregon members, and increase the number of patients receiving dental sealants.
Dollar Amount and Fiscal Impact	CareOregon will pay County an initial amount of $196,135.00. County will be eligible to receive up to $2.00 per member per month based on improvement of the stated goals.
Funding Source	CareOregon funding to the CCHCD Dental Clinics
Safety Impact	N/A
Duration	January 1, 2015 – December 31, 2015
Previous Board Action	No Previous Board Action
Contact Person	Deborah Cockrell 503-742-5495
Contract No.	7413

Background
The Clackamas County Health Centers Division (CCHCD) of the Health, Housing and Human Services Department requests the approval of a Revenue agreement with CareOregon for Dental Health Expansion. This agreement is an incentive to increase the number of new members assigned, increase the number of visits by CareOregon members, and increase the number of members receiving dental sealants. CCHCD will increase dental staff and implement practices designed to motivate patients to receive dental care. CCHCD will receive up to $2.00 per member per month (PMPM) based on meeting the improvement goals. CCHCD will also be eligible for additional bonus incentive payment.

There is no maximum dollar value assigned to this agreement as it is based on number of members assigned and goals reached. This agreement is effective January 1, 2015 and will terminate on December 31, 2015. The agreement is retro-active due to receiving in late from CareOregon.

RECOMMENDATION:
Staff recommends the Board approval of this contract and authorizes Richard Swift, H3S Director to sign on behalf of Clackamas County.

Respectfully submitted,

for RS

Richard Swift, Director

Contract # 7413

CareOregon
Letter of Agreement

This Letter of Agreement (Agreement) is between CareOregon, Inc. (CareOregon) and Clackamas County acting on by and through its Health, Housing and Human Services Department, Health Center Division (COUNTY) for support of the dental program.

Project: Dental Expansion
COUNTY Contact: Deborah Cockrell
Phone: 503.742.5495
E-mail: DCockrell@co.clackamas.or.us

CareOregon Agreement Number: D15-0701E
CareOregon Contact: Alyssa Franzen, DMD
Phone: 503.416.4908
E-mail: franzena@careoregon.org

I. Project Description:
CareOregon has approved support for the COUNTY's dental program with program funding to increase staff for the ability to increase membership and increase member visit for calendar year 2015. Increasing member's visits and access to care will to improve overall quality of dental health. COUNTY will also be eligible for an additional per member per month (PMPM) based on quality measure improvements, as defined in Exhibit A.

II. Project Objectives:

The goal of this initiative is to improve the following:

A. COUNTY will increase new patients by 825 in one year and report quarterly to CareOregon.
B. COUNTY will increase number of visits by 1,650 in one year and report quarterly to CareOregon.
C. COUNTY will increase the number of patients receiving dental sealants by 159 in one year and report quarterly to CareOregon.

The COUNTY agrees to implement the following to help achieve the above goals:

A. .75 Full Time Employed Dental Hygienist
B. .75 Full Time Employed Expanded function Dental Assistant
C. .50 Full Time Employed Dental Navigator
D. Implement patient incentive plan for sealants
E. Implement scrubbing of medical and dental charts

III. Payment:

A. CareOregon will pay COUNTY an initial amount of $196,135.00 upon receipt of signed Agreement based on metric outcomes for 2014 and member assignment to COUNTY's dental home.
B. CareOregon will pay COUNTY up to a maximum of $2.00 PMPM based on improvement in quality measures and CareOregon obtaining a financial margin, as defined in Exhibit A.
C. COUNTY is eligible for a Bonus Payment upon CareOregon obtaining a financial margin, as defined in Exhibit A.
D. COUNTY agrees that CareOregon provided funding in association with this Agreement is to be used for COUNTY dental programs only and COUNTY will use a maximum of five (5) percent for indirect costs.
E. COUNTY agrees this payment is for the time period outlined above only and does not imply or guarantee ongoing funding.

IV. General Provisions:

A. Should COUNTY participation contract with CareOregon terminate, this funding will cease immediately upon written notification of termination and COUNTY agrees to refund any paid amounts prorated from the date of termination to the end of the time period outlined above.

B. COUNTY agrees that COUNTY Contact named above is responsible for all aspects of the Agreement, including monitoring progress and performance, obtaining all necessary data and information, and notifying CareOregon of any significant obstacles or delays. COUNTY will notify CareOregon if the COUNTY Contact changes.

C. Both parties agree to seek written approval for, and provide a copy of, any news releases or any other external communication related to the Agreement. Email approval by CareOregon or COUNTY Contact will suffice as written approval.

D. All copyright interests in materials produced as a result of Fund support are owned by the COUNTY. The COUNTY grants to CareOregon nonexclusive, irrevocable, perpetual, royalty-free license to reproduce, publish, republish, summarize, excerpt, or otherwise use and license others to use, in print or electronic forms, including electronic databases or in any future form not yet discovered or implemented, any and all such materials produced in connection with this grant.

E. COUNTY agrees to uphold all confidentiality provisions of the Agreement between CareOregon and COUNTY, and specifically safeguard the health information of CareOregon members as it applies to activities related to this program.

Agreed to on behalf of Clackamas County:

_____
Signature

Name: Richard Swift

Title: Director, Health, Housing, and Human Services

Date: _____

Agreed to on behalf of CareOregon, Inc.:

_____
Signature

Name: _____

Title: _____

Date: _____

EXHIBIT A
Quality Measure
2015 Pay for Performance

If COUNTY clinics are eligible, CareOregon will pay a per-member-per month payment (PMPM) and a Bonus Metric payment contingent on CareOregon, Inc. Dental Care Organization having a positive financial margin defined as an operating margin of more than 20% on risk revenue for calendar year 2015.

I. PMPM Payment:

Each COUNTY clinic location is eligible for a maximum of $2.00 PMPM for January 2015 to December 2015.

COUNTY clinic locations have the ability to earn a percentage towards the maximum $2.00 PMPM in three (3) categories if improvements meet or exceed improvement targets in Section C, Terms of PMPM, below:

A. 45%: members assigned vs members seen during the calendar year; requires 90 day continuous enrollment
B. 45%: assigned members ages 6-9 and 10-14 on Dec 31, 2015 to have received a sealant (CPT code d1351) during the calendar year; requires 90 days continuous enrollment
C. 10%: assigned members to have received 3 or more prevention services during the calendar year; requires 90 days continuous enrollment. Prevention serviced CDT codes are: D0150, D0120, D0145, D0191, D1120, D1206, D1208, D1310, D1320, D1330 and D1351.

II. Terms of PMPM:

A. Membership will be determined by total number of members on the first (1st) of the month.

B. 2014 membership baselines will be calculated based on county of members' address.

C. An improvement target over 2014 baselines will be set for each of the category above and are measured as follows:

1. Improvement target of 2% for assigned vs seen from 2014 baseline of 33.5%.
2. Improvement target of 3% for sealant from 2014 baseline of 10.3%.
3. Improvement target of 2% for prevention services from 2014 baseline of 19.6%.

II. Bonus Metric Payment:

A. A payment of $25.00 for each ACA member to have at least one dental visit in the time period of January 1, 2015 to December 31, 2015.
B. A payment of $500.00 for each Department of Human Services child to receive a dental assessment within 60 days of placement on the State's list (meets OHA metric). This excludes children who meet metric on claims in the prior 30 days.