

May 5, 2016

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	Dental Clinics
Duration	January 1, 2016 – December 31, 2016
Previous Board Action	Previous Board Action on October 1, 2015 Agenda item - 100115-A-4
Strategic Plan Alignment	1. Improved community safety and health 2. Ensure safe, healthy and secure communities
Contact Person	Deborah Cockrell 503-742-5495
Contract No.	7499

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, 2016 and will terminate on December 31, 2016. 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,

Richard Swift, Director
Health, Housing & Human Services

Contract #7499

**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 (Provider) for support of the dental program.

Project: 2016 Dental Program Payment Incentive
Provider Contact: Deborah Cockrell
E-mail: dcockrell@co.clackamas.or.us

CareOregon Agreement Number: D16-0101D
CareOregon Contact: Alyssa Franzen
Phone: 503-416-5908
E-mail: franzena@careoregon.org

I. Project Description:

CareOregon has approved support for the Provider's dental program with program funding for the ability to increase membership and increase member visits for calendar year 2016. Increasing member's visits and access to care improves overall quality of dental health. Provider is eligible for a per member per month (PMPM) based on quality measure improvements, as defined in Exhibit A.

II. Project Objectives:

- A. The goal of this initiative is to:
1. Increase number of new patients
 2. Increase number of visits
 3. Increase number of patients to receive dental sealants

III. Payment:

- A. CareOregon will pay Provider up to a maximum of \$2.00 per member per month (PMPM) based on improvement in quality measures and CareOregon obtaining a financial margin, as defined in Exhibit A.
- B. Provider is eligible for a Bonus Payment upon CareOregon obtaining a financial margin, as defined in Exhibit A.
- C. Provider agrees that CareOregon provided funding in association with this Agreement is to be used for Provider dental programs only and Provider will use a maximum of five (5) percent for indirect cost.
- D. Provider agrees to submit access reports for third next available appointment, by individual clinician, to CareOregon Dental monthly. Monthly data is due the third Monday of the month. Submitted data will be calculated during the second week of the month.
- E. Provider agrees this payment is for the time period outlined above only and does not imply or guarantee ongoing funding.

IV. General Provisions:

- A. Should Providers participation contract with CareOregon terminate, this funding will cease immediately upon written notification of termination and Provider agrees to refund any paid amounts prorated from the date of termination to the end of the time period outlined above.
- B. Provider agrees that Provider 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. Provider will notify CareOregon if the Provider 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 Provider Contact will suffice as written approval.
- D. All copyright interests in materials produced as a result of Fund support are owned by the Provider. The Provider 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 funding.
- E. Provider agrees to uphold all confidentiality provisions of the Agreement between CareOregon and Provider, 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:

Agreed to on behalf of CareOregon, Inc.:

Signature

Signature

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

EXHIBIT A
Quality Measure
2016 Pay for Performance

If Provider 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 2016.

I. PMPM PAYMENT:

Each Provider clinic location is eligible for a maximum of \$2 PMPM for January 2016 to December 2016.

Provider clinic locations have the ability to earn a percentage towards the maximum \$2pmpm in three (3) categories if improvements meet or exceed improvement targets in Terms Section C below:

1. 45%: Increase in members seen vs members assigned during the calendar year; requires 90 day continuous enrollment.
2. 45%: Increase in assigned members ages 6-9 and 10-14 on Dec 31, 2016 to have received a sealant (CPT code d1351) within the clinic during the calendar year; requires 90 days continuous enrollment; excludes school-based dental sealant programs.
3. 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 fifteenth (15th) day of the month.
- B. Membership baselines for 2016 will be calculated based on 2015 year-end performance.
- C. An improvement target over the baseline of 2015 year-end performance will be set for each of the categories above and are measured as follows:
 1. Improvement target of 3% for assigned vs seen from 2015 clinic baselines.
 2. Improvement target of 3% for sealant from 2015 adjusted clinic baselines.
 3. Improvement target of 3% for prevention services from 2015 clinic baselines.

II. Bonus Metric Payment:

- A. A payment of \$25 for each ACA member to have at least one dental visit in time period of January 1, 2016 to December 31, 2016.
- B. A payment of \$500 for each Department of Human Services child to receive a dental assessment within 60 days (meets OHA metric). This excludes children who meet metric on claims in the prior 30 days.