

March 11, 2021

Board of County Commissioners
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 number of new patients, increase number of CareOregon member visits, increase the number of patients with diabetes to receive dental services, and ensure members in need of care coordination and outreach receive dental services.
Dollar Amount and Fiscal Impact	CareOregon will pay Clackamas County up to \$3.00 per member per month based on improvement of the stated goals.
Funding Source	No County funds. CareOregon PMPM & Incentive revenue payments
Duration	January 1, 2021 – December 31, 2021
Previous Board Action	Previous Board Action on April 19, 2018 Agenda item – A4: 041918-A4, November 29, 2018 Agenda item - A5: 112918-A5, and November 12, 2020 Agenda item A3: 111220-A3.
Strategic Plan Alignment	<ol style="list-style-type: none"> 1. Individuals and families in need are healthy and safe. 2. Ensure safe, healthy and secure communities by increasing the number of new dental patients as well as increase the number of preventive services provided to children.
Counsel Review	<ol style="list-style-type: none"> 1. February 9, 2021 2. KR
Procurement Review	<ol style="list-style-type: none"> 1. Was the item process through Procurement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2. Original contract amount was direct procurement.
Contact Person	Deborah Cockrell, Health Center Director – 503-742-5495
Contract No.	8763_04

BACKGROUND:

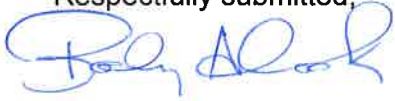
Clackamas County Health Centers Division (CCHCD) of the Health, Housing & Human Services Department requests the approval of Amendment #4 to a Revenue agreement with CareOregon for the Dental Home Payment Model. This amendment is an incentive to increase the number of new patients, increase the number of visits by CareOregon members, increase the number of patients with diabetes to receive dental services, and increase the number of preventative services provided to children. CCHCD will be compensated based on the payment model for patients receiving dental care. CCHCD will received up to \$3.00 per member per month (PMPM) based on meeting the improvement goals. CCHCS 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. Amendment #4 is effective January 1, 2021 and will terminate December 31, 2021. This agreement is retro-active due to receiving from CareOregon on February 8, 2021.

RECOMMENDATION:

Staff recommends approval of this amendment.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Rodney A. Cook". The signature is stylized with a large initial "R" and a long, sweeping underline.

Rodney A. Cook, Interim Director
Health, Housing & Human Services Department

#8763_04

**CareOregon
Letter of Agreement**

This Letter of Agreement (Agreement) is between CareOregon, Inc. (CareOregon) and Clackamas County, by and through its Health, Housing and Human Services Department, Health Centers Division (Provider) for the period of January 1, 2021 to December 31, 2021, unless otherwise terminated as stipulated herein, and sets forth the understandings and commitments concerning funding and administration of the Dental Program Payment Incentive Program (“Program”). For purposes of this Agreement, CareOregon and Provider may each be referred to individually as a “Party” and collectively as the “Parties”.

Project: 2021 Dental Program Payment Incentive
Provider Contact: Deborah Cockrell
E-mail: dcockrell@co.clackamas.or.us

CareOregon Agreement Number:
CareOregon Contact: Alyssa Franzen
Phone: 503-416-4908
E-mail: franzena@careoregon.org

[CC: paymentmodel@careoregon.org](mailto:paymentmodel@careoregon.org)

I. Recitals:

- A. CareOregon is an entity sub-contracted with Health Share of Oregon (HSO), a certified Coordinated Care Organization (CCO) that has entered a Health Plan Services, CCO Contract and Cover All Kids Health Plan Services Contract (intentionally referred to in the singular as the “CCO Contract”), with the state of Oregon, acting by and through the Oregon Health Authority (“OHA”).
- B. As a subcontractor of HSO, CareOregon provides health plan functions for HSO, as contracted for in the CCO Contract, whereby CareOregon serves HSO Members enrolled in the Oregon Health Plan (“OHP”).
- C. CareOregon is an entity sub-contracted with CareOregon Advantage (COA), a Medicare Advantage plan contracted with the Centers for Medicare and Medicaid Services (CMS).
- D. Provider is contracted with CareOregon under a distinct and separate Provider Services Agreement, whereby Provider provides certain dental health services to eligible Members enrolled in OHP. As stipulated in the Provider Services Agreement, Provider is subject to all the laws, rules, regulations, and contractual obligations that apply to OHP.
- E. The Parties desire to contract with one another such that CareOregon provides financial support and incentives to Provider for meeting certain utilization and quality metrics as further described herein, all pursuant to the terms and conditions of this Agreement. Both

Parties acknowledge funding provided pursuant to this Agreement is separate from any of CareOregon's other funding.

II. Program Description:

CareOregon's 2021 Dental Program Payment Incentive Program ("Program") is an alternative payment model designed to provide financial incentives to Provider based on certain metrics as further stipulated for herein. The intent of this Program is to increase Member visits and utilization of Covered Services while also improving the overall quality of dental health for eligible OHP Members. For purposes of this Agreement, "Members" shall mean a Member enrolled in OHP and eligible to receive services under this Program.

III. Program Objectives:

The goals of the alternative payment program are to:

- a. Increase the number of new patients and unique dental users.
- b. Increase the number of member visits – including teledentistry visits.
- c. Increase the number of patients with diabetes who receive dental services.
- d. Increase the number of preventive services provided to children.

Now, therefore, in consideration of the mutual covenants and conditions set forth and in exchange for good and valuable consideration, the receipt and sufficiency of which are acknowledged, the Parties agree to the following;

IV. Payment and Terms:

- A. CareOregon will pay Provider a per member per month ("PMPM") rate no greater than \$3.00 PMPM and, when appropriate, an Incentive Payment as further defined in Exhibit A.
 1. The PMPM rate shall be calculated using the total number of Members accounted for on the fifteenth (15th) day of each month in the calendar year of 2021.
- B. Provider agrees that any payment provided by CareOregon in association with this Agreement shall be used exclusively to meet the Program Objectives for this Program and only a maximum of five (5) percent of payment received pursuant to this Agreement shall be used by Provider for indirect costs associated with this agreement.
- C. Provider agrees to use payments received pursuant to this Agreement on quality-related activities for oral health with the goal of working towards improving identified oral health Quality Measure targets, as defined in Exhibit A, or to expand oral health capacity and/or access. Provider will submit a written proposal by March 31, 2022 outlining planned activities for review and approval by CareOregon prior to the release of the payment, which approval shall not be unreasonably withheld.
- D. Provider agrees this payment is for the time period outlined above only and does not imply or guarantee ongoing funding. Any and all costs incurred by Provider which are not eligible for payment under this Agreement shall be the sole obligation of Provider. In addition, CareOregon is under no obligation to pay for or participate in any cost increases, change orders, cost overruns, or additional Program expenses of any kind.

- E. Provider agrees to provide their Member outreach and engagement plan, if requested, to CareOregon Dental within 30 days of request.
- F. Provider agrees that member materials containing logos or brands of other CCOs or dental plans shall not be distributed to CareOregon Dental members without written consent from CareOregon.
- G. **Reporting Requirements.** Provider agrees to submit access reports for third next available appointment, by individual clinician, and clinic-level access and capacity reports by appointment type to CareOregon Dental weekly. This data is due by Tuesday each week.

V. General Provisions:

A. Term. This Agreement commences on January 1, 2021 ("Effective Date") and shall remain in effect through December 31, 2021 ("Termination Date") unless otherwise terminated as stipulated herein.

B. Termination:

1. Should Provider's participation in the CareOregon Provider Agreement 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 period outlined above.
2. Either Party can terminate this Agreement without cause upon providing thirty (30) days prior written notice to the other Party.
3. Without prejudice to any other remedies available to it at law, either Party shall have the right to terminate this Agreement at any time for cause upon written notice to the other Party.
 - a. For purposes hereof, cause is defined as: (1) the inability to perform the responsibilities hereunder or incompetence demonstrated in performance of responsibilities under this Agreement; (2) reasonable belief that the Principals, defined as an officer, director, owner, partner, agent, employee, subcontractor, contractor, person with management or supervisory responsibilities, or other representative of either Party, or representative(s) of either Party actively participating in performing the responsibilities hereunder have violated any applicable laws, rules, or regulations; (3) fraud, dishonesty, substance abuse, or personal conduct of either Party or its Principals which may harm the business and/or reputation of either Party; (4) reasonable belief that the health, safety, or welfare of a Member or Principal of either Party is threatened; (5) the termination of Provider's Health Care Services Agreement with CareOregon; and (6) a material breach.
 - b. In addition to permitting termination of this Agreement, a material breach committed by Provider shall entitle CareOregon to suspend or recoup all payments made to Provider pursuant to this Agreement and shall entitle CareOregon, at its election, to suspend Provider's participation in any and all CareOregon programs until such time as all material breaches are cured to CareOregon's satisfaction.

4. This Agreement shall immediately terminate, as appropriate, in the event the services provided pursuant to this Agreement are determined to be funded through a duplicative alternative payment program's revenue source.
5. Unless prohibited by law, this Agreement may be terminated, in whole or in part, by CareOregon whenever and for any reason CareOregon determines that such termination is in the best interest of CareOregon, the community it services, or the Members it serves.
6. The Party initiating the termination, under any circumstance, shall render written Legal Notice of termination to the other Party and must specify the provision of this Agreement giving the right to termination, the circumstances giving rise to termination, and the date on which such termination is proposed to become effective.
7. Upon Termination under any circumstance, any payments not yet made by CareOregon to Provider shall not be made and any remaining balance of payments disbursed to Provider under this Agreement that have not been used for, or committed to, the Program prior to termination must be refunded and repaid-promptly to CareOregon. Provider understands and agrees that CareOregon will not be liable for, nor shall payments be made or used for, any services performed after the date of Termination.

C. Representations and Warranties.

1. **General Warranty.** Provider represents and warrants that Provider and its Principals possess the knowledge, skill, experience necessary to perform the services contemplated under this agreement and will perform such services in a timely manner and with the maximum reasonable degree of quality, care, and attention to detail.
2. Provider expressly represents and warrants to CareOregon that Provider is eligible to participate in and receive payment pursuant to this Agreement. In so doing, Provider certifies by entering into this Agreement that neither it nor its Principals are: (1) placed on the Tier Monitoring System by CareOregon's Peer Review Committee;(2) have documented contract and/or compliance issues; or,(3) are presently declared ineligible or voluntarily excluded from entering into this Agreement by any federal or state department or agency.
3. Should it be determined that Provider was ineligible to receive payments from CareOregon pursuant to this Agreement, Provider expressly agrees to promptly repay all such payments disbursed to it under this Agreement.
4. If Provider is placed on the Tier Monitoring System by CareOregon's Peer Review Committee or has documented contract and/or compliance issues, all funding associated with this Agreement will be discontinued until Provider is removed from the CareOregon Tier Monitoring System or has resolved compliance issue(s) to CareOregon's satisfaction. Any discontinued funding that has been withheld will not be disbursed.

D. Confidentiality and Marketing.

1. During performance of this Agreement, Provider may be given access to information that relates to CareOregon's business activities, products, services, personally identifiable employee information, or protected health information ("PHI") of Members. All such information shall be deemed "Confidential Information". Provider may use the

Confidential Information only in connection with the specific duties authorized pursuant to this Agreement. Provider agrees to protect the confidentiality of all Confidential Information, abide by the Confidentiality provisions within the Provider Services Agreement between CareOregon and Provider, and specifically safeguard the health information of Members.

2. **HIPAA and HITECH.** Both Parties agree to implement and maintain systems that protect PHI, as required by HIPAA and HITECH.
 3. Provider agrees to notify CareOregon of any unauthorized use or disclosure of Confidential Information and to take all actions reasonably necessary to prevent further unauthorized use or disclosure thereof.
 4. In addition to the above, both Parties agree that all negotiations and related documentation will remain confidential and that no press, news releases, or other publicity release or communication to the general public concerning the obligations contemplated herein will be issued without providing a written copy of the communication to the other Party and receiving the other Party's prior to seek written approval, unless applicable law requires such disclosure-In addition, both Parties agree that they must obtain written permission prior to using the other Party's name, trade name, image, symbol, design, or trademark in any marketing, advertising, or promotional campaign in any medium or manner. Email approval by CareOregon or the Provider Contact will suffice as written approval.
 5. The terms of this Section D. apply to any of Provider's Principals as defined supra and it is Provider's responsibility to assure that all such Principals comply with all such requirements. In addition, the terms of this Section shall survive the expiration or termination of this Agreement.
- E. Force Majeure:** Neither Party shall be deemed in default of this Agreement to the extent that any delay or failure in the performance of its obligations results from any cause beyond its reasonable control and without its negligence provided such Party gives notice to the other Party, as soon as reasonably practicable, specifying the nature and particulars therefore and the expected duration thereof. Failure of a Party to give notice shall not prevent such Party from relying on this Section except to the extent that the other Party has been prejudiced thereby. Notwithstanding the foregoing, any dates and obligations specified in this Agreement shall be subject to change, without liability on either Party, based on the current information available concerning COVID-19.
- F. Amendments and Waivers.** No amendment, modification, discharge, or-waiver of this Agreement-shall be valid or binding without prior written consent (which shall not be unreasonably withheld) of the Party against whom enforcement of the amendment, modification,-discharge, or waiver is sought. A waiver or discharge of any of the terms and conditions hereof shall not be construed as a waiver or discharge of any other terms and conditions hereof.
- G. Contact.** Provider agrees that the 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.

- H. Insurance.** Provider agrees to maintain at all times during this Agreement and at their own cost and expense, commercial general liability insurance, errors and omissions insurance, and workers compensation insurance coverage in amounts standard to its industry. If the Oregon Tort Claims Act is applicable to either CareOregon or the Provide, this section is modified by its terms.
- I. Indemnity; Defense.** Each party agrees to waive any claims, losses, liability, expenses, judgements, or settlements (referred to herein as "Claims") against the other Party for any claims arising out of or related to Services under this Agreement which result from the non-waiving Party's own negligence. Further, each party hereby agrees to defend, indemnify and hold harmless the other party, its officers, directors, and employees from and against third party claims, loss, liability, expense, judgements or settlement contribution arising from injury to person or property, arising from negligent act or omission on its part or its officers, directors, volunteers, agents, or employees in connection with or arising out of: (a) services performed under this Agreement, or (b) any breach or default in performance of any such party's obligations in this Agreement including, without limitation, any breach of any warranty or representation. In the event that either party, its officers, directors, or employees are made a party to any action or proceeding related to this Agreement then the indemnifying party, upon notice from such party, shall defend such action or proceeding on behalf of such party at the indemnifying party's sole cost and expense. Each party shall have the right to designate its own counsel if it reasonably believes the other party's counsel is not representing the indemnified party's best interest. Indemnification duties under this Agreement shall be at all times limited by the tort claim limits provided in the Oregon Tort Claims Act and the Oregon Constitution.
- J. Compliance and Licensure.** Provider and CareOregon shall, at all times during the term of this Agreement comply with all applicable federal, state, and local laws, rules and regulations, and shall maintain in force any licenses and obtain applicable permits and consents required for performance of services under this Agreement. The Parties shall provide to each other copies of such applicable current valid licenses and/or permits upon request. The Parties represent and warrant that, to the best of their knowledge, officers, directors, employees, subcontractors, agents and other representatives are not excluded from participating in any federal health care programs, as defined under 42 U.S.C. 1320-a7b (f), and to their knowledge, there are no pending or threatened governmental investigations that may lead to such exclusion. Each party agrees to notify the other of the commencement of any such exclusion or investigation with seven (7) business days of first learning of it. The parties represent that it and its employees are not excluded from Federal healthcare programs and is not included in the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists. Additionally, if an employee is identified to be on such lists, that employee will immediately be removed from any work related directly or indirectly to all work pursuant to this Agreement. The parties shall have the right to immediately unilaterally terminate this Agreement upon learning of any such exclusion and shall keep each other apprised of the status of any such investigation.
- K. Relationship of the Parties.** CareOregon and Provider are independent entities who are contracting with each other solely for the purpose of effecting the provisions of this

Agreement for services. No provision of this Agreement is intended to create nor shall be construed to create an employment, agency, joint venture, partnership, or any other business or corporate relationship between the Parties hereto other than that of independent contractors.

- L. No Third-Party Benefit.** This Agreement shall not create any rights in any third parties who have not entered into this Agreement, nor shall this Agreement entitle any such third party to enforce any rights or obligation that may be possessed by such third party.
- M. Assignment or Delegation.** Except as otherwise specifically provided for herein, the Parties shall not assign or delegate any or all of their rights or responsibilities under this Agreement without the prior written consent of the other party.
- N. Governing Law.** The validity, interpretation, and performance of this Agreement shall be governed by and construed in accordance with the laws of the State of Oregon.

Agreed to on behalf of Provider:

Agreed to on behalf of CareOregon, Inc.:

Signature

Signature

Name: _____

Name: Eric C. Hunter

Title: _____

Title: Chief Executive Officer

Date: _____

Date: _____

Exhibit A

2021 Dental Home Payment Model Quality Measures

I. Quality Measure PMPMs and Targets. Provider clinics must meet a 2021 year-end performance improvement target to receive the designated PMPM amount for each Quality Measure as defined below.

PMPM Rate	Quality Measure	2021 Clinic Target
\$0.34	Dental Service – Children	2019 final clinic performance with a minimum of 33% and a benchmark of 60%
\$0.66	Dental Service – Adults	2019 final clinic performance with a minimum of 27% and a benchmark of 40%
\$1.00	Dental Service – Members with Diabetes	30.0%
\$1.00 Must meet both measures to achieve PMPM	Prevention Services - Children age 1-5	3% above Health Share of Oregon 2021 target
	Prevention Services - Children age 6-14	3% above Health Share of Oregon 2021 target
\$3.00	Total combined potential PMPM for all Quality Measures	

II. Quality Measure Specifications: The below specifications are used for 2021 year-end performance for each Quality Measure.

Quality Measure	Specification Notes
Dental Service – Adult	Numerator: Any dental claim/service Denominator: Assigned adult members (age 21 and older on 12/31/21), enrolled and assigned to CareOregon Dental for a continuous 90 days or more during the 2021 calendar year.
Dental Service – Children	Numerator: Any dental claim/service Denominator: Assigned child members (age 1 through 20 on 12/31/21), enrolled and assigned to CareOregon Dental for a continuous 90 days or more during the 2021 calendar year.
Dental Service – Members with Diabetes	Numerator: Any dental claim that contains CDT code D1050, D0120 or D0180 Denominator: Assigned adult members with diabetes as defined by the OHA metric specifications, provided to partners monthly and assigned to CareOregon Dental for a continuous 365 days with no more than one gap in enrollment of up to 45 days during the 2021 calendar year.
Prevention Services – Children age 1-5	Numerator: Any dental claim that includes CDT codes D1000-D1999

	Denominator: Assigned child members (age 1 through 5 on 12/31/21), enrolled and assigned to CareOregon Dental for a continuous 180 days or more during the 2021 calendar year.
Prevention Services – Children age 6-14	Numerator: Any dental claim that includes CDT codes D1000-D1999 Denominator: Assigned child members (age 6 through 14 on 12/31/21), enrolled and assigned to CareOregon Dental for a continuous 180 days or more during the 2021 calendar year.

III. Incentive Payments:

- A. CareOregon will pay Provider \$500 for each Department of Human Services (DHS) child that receives a dental assessment within 60 days of placement by DHS (2021 OHA CCO Incentive Measure specifications).
 - a. DHS children that meet the CCO Incentive Measure on claims in the 30-days prior to placement by DHS will be excluded from incentive payment.
- B. CareOregon will pay Provider \$100 for each member that CareOregon Dental staff supplies to the clinic for care coordination, via the care coordination list during 2021, that completes a visit within 30 days of notification.

