



Evelyn Minor-Lawrence
Director

DEPARTMENT OF HUMAN RESOURCES

PUBLIC SERVICES BUILDING
2051 Kaen Road | Oregon City, OR 97045

February 27, 2020

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of 2020 Agreement with Delta Dental for
Administrative Services for Clackamas County's Self-Funded Dental Benefits

Purpose/Outcomes	Approval of the Clackamas County Delta Dental Benefit Plan Administrative Services Agreement for the 2020 plan years.
Dollar Amount and Fiscal Impact	The estimated fiscal impact for the 2020 plan year is: \$4,282,692.00
Funding Source	Department and retiree contributions
Duration	Effective January 1, 2020 – December 31, 2020
Previous Board Action	This agreement received Board of County Commissioner's preliminary approval at the Board of County Commissioner's Policy Session on December 3, 2019.
County Counsel Review	This Administrative Services Agreement had been reviewed and approved by County Counsel on February 5, 2020.
Strategic Plan Alignment	Builds public trust through good government.
Contact Person	Kristi Durham, Human Resources, 503.742.5470

BACKGROUND:

At the Policy Session on December 3, 2019, the Board of County Commissioners approved the 2020 benefit plan renewals. The Delta Dental plan agreement requires the board's signature.

County Counsel has reviewed and approved the plan agreement.

RECOMMENDATION:

Staff recommends the Board approve the 2020 plan agreement for Delta Dental.

Sincerely,

Kristi Durham, Benefits Manager
Department of Human Resources

ENDORSEMENT NO. 6

GROUP NO. 10000174

CLACKAMAS COUNTY

AGREEMENT dated January 1, 2015 between **DELTA DENTAL PLAN OF OREGON** and **CLACKAMAS COUNTY** is hereby amended effective January 1, 2020 as follows:

1. Section 10.3 Entire Agreement, shall be amended and shall read as follows:

10.3 ENTIRE AGREEMENT

This Agreement and its Exhibits supersede and replace all prior oral or written agreements, if any, between Plan Sponsor and Delta Dental and is the entire agreement between the Parties.

Exhibit means the following when referenced collectively:

- a. "Fee Schedule Exhibit" means the document with that title that is attached to this Agreement and that contains the list of fees and other prices for Delta Dental's services.
 - b. "Reports" means the document with that title that is attached to this Agreement and that contains the list or reports to be delivered by Delta Dental to Plan Sponsor.
 - c. "HIPAA Exhibit" means the document with that title that is attached to this Agreement and that contains the terms among the Parties that are required to comply with HIPAA.
 - d. "Designated Contact Person(s)" means the document with that title that is attached to this Agreement and that contains the list of designated persons who are authorized to receive protected health information.
 - e. "Certificate of Compliance" means the document with that title that contains the terms to comply with HIPAA when Plan Sponsor receives PHI related to the Plan.
2. The administrative fees in section 1.1 of Exhibit A shall be amended as follows:
 - i. \$6.55 per employee per month for dental administration, including processing claims from January 1, 2020 through December 31, 2020;
 - ii. \$6.62 per employee per month for dental administration, including processing claims from January 1, 2021 through December 31, 2021, if this Agreement is extended for a second year;
 - iii. \$6.69 per employee per month for dental administration, including processing claims from January 1, 2022 through December 31, 2022, if this Agreement is extended for a third year.

3. Exhibit F Certificate of Compliance, shall be added to the Agreement and shall read as attached.

4. The member handbook(s) shall be deleted and shall be replaced with the attached.

Except as specifically provided herein, the terms, conditions, and provisions of said Agreement shall be unchanged by this Endorsement.

**CLACKAMAS COUNTY
(and any of its subsidiaries)**

BY: _____

NAME: _____

TITLE: _____

DATE: _____

DELTA DENTAL PLAN OF OREGON



BY: _____

NAME: Scott Loftin

TITLE: Senior Vice-President

DATE: December 5, 2019

Exhibit F

CERTIFICATE OF COMPLIANCE

This Exhibit is entered into between **Clackamas County** (“**Plan Sponsor**”) and Oregon Dental Service dba Delta Dental Plan of Oregon (“**Contractor**”). Plan Sponsor and Contractor are sometimes referred to individually as the “**Party**” and collectively as the “**Parties.**” This Agreement is effective **January 1, 2020** (the “**Effective Date**”).

Plan Sponsor shall comply with all applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. To the extent that Plan Sponsor receives any Protected Health Information (PHI) from its Group Health Plan, Plan Sponsor shall, to the extent required by HIPAA, amend the Plan Documents to incorporate the following provisions and agree to abide by them:

- 1.1 Plan Sponsor shall only disclose PHI as permitted by the Plan Documents or as required by law.
- 1.2 Plan Sponsor shall not use or disclose PHI for employment-related actions or decisions, or in connection with any other benefit or employee benefit plan of Plan Sponsor.
- 1.3 Plan Sponsor shall ensure that PHI and the employment records of Plan Sponsor are separately maintained. Plan Sponsor shall ensure that unauthorized employees do not have access to PHI and that authorized employees maintain the confidentiality of the PHI.
- 1.4 Plan Sponsor shall ensure that agents and sub-contractors of Plan Sponsor agree to abide by the same restrictions and conditions as Plan Sponsor in regard to the use of PHI received from the Group Health Plan prior to sharing PHI with the agent or sub-contractor. Plan Sponsor shall provide to agents and subcontractors only that information required to fulfill the business purpose for which it is provided.
- 1.5 Plan Sponsor shall report any use or disclosure of PHI that is in violation of this Agreement or HIPAA to the Group Health Plan as soon as reasonably possible.
- 1.6 Plan Sponsor shall allow individuals to inspect and obtain copies of PHI about themselves, to the extent required by HIPAA.
- 1.7 Plan Sponsor shall allow individuals to amend PHI about themselves, to the extent required by HIPAA.
- 1.8 Plan Sponsor shall provide individuals with an accounting of disclosures of PHI made up to six years prior to the request for such accounting, to the extent required by HIPAA.
- 1.9 Plan Sponsor shall make its internal practices, books and records relating to the use and disclosure of PHI available to HHS upon request for purposes of auditing the Group Health Plan’s compliance with HIPAA.

1.10 Plan Sponsor must ensure the separation between the group health plan and the plan sponsor.

- a. Describe those employees or classes of employees or other persons under the control of the group health plan to be given access to the PHI to be disclosed, provided that any employee or person who receives PHI relating to payment under, health care operation of, or other matters pertaining to the group health plan in the ordinary course of business must be included in such description;
- b. Restrict the access to an use by such employees and other persons described immediately above to the plan administration functions that the plan sponsor performs for the group health plan; and
- c. Provide an effective mechanism for resolving any issues of noncompliance by persons described with the plan document provisions.

For the purposes of this Exhibit, the terms "Group Health Plan" and "Protected Health Information" shall be defined as provided by HIPAA and its implementing regulations.

ADOPTED AND AGREED:

Clackamas County

Delta Dental Plan of Oregon
601 SW 2nd Avenue
Portland OR 97204



Signature

Signature

Printed Name

Scott Loftin

Printed Name

Title

Senior Vice-President

Title

Date

December 5, 2019

Date

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.

Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو لسانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-877-605-3229 (TTY: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TTY: 711) 1-877-605-3229 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အကူအညီ: နှို တမံ (မူပိုင်ခွင့် မရှိပါ။ အခမဲ့ ဝန်ဆောင်မှု) ဝါလဲဝဲ ဗိုလဲ တဲ မူပိုင်ခွင့် တမံအဲ မာဲ ဝါလဲ မူပိုင် ဝန်ဆောင်မှု ဗို. 1-877-605-3229 (TTY: 711) ဖာဲ နှိုလဲ နှိုလဲ

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totagia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)