

POLK COUNTY BOARD OF COMMISSIONERS

DATE: April 26, 2023
TIME: 9:00 a.m.
PLACE: Polk County Courthouse, Dallas, Oregon

THE LOCATION OF THIS MEETING IS ADA ACCESSIBLE. PLEASE ADVISE THE BOARD OF COMMISSIONERS AT (503-623-8173), AT LEAST 24 HOURS IN ADVANCE, OF ANY SPECIAL ACCOMMODATIONS NEEDED TO ATTEND OR TO PARTICIPATE IN THE MEETING VIRTUALLY.

PAGE: **AGENDA ITEMS**

1. **CALL TO ORDER AND NOTE OF ATTENDANCE**
2. **ANNOUNCEMENTS**
 - (a) Regular meetings of the Board of Commissioners are held on Tuesday and Wednesday each week. Each meeting is held in the Courthouse Conference Room, 850 Main Street, Dallas, Oregon. Each meeting begins at 9:00 a.m. and is conducted according to a prepared agenda that lists the principal subjects anticipated to be considered. Pursuant to ORS 192.640, the Board may consider and take action on subjects that are not listed on the agenda. The Board also holds a department staff meeting at 9:00am on every Monday in the Commissioners Conference Room at 850 Main Street, Dallas, Oregon.
 - (b) The Polk County Board of Commissioners will be attending the Polk County Local Public Safety Coordinating Council meeting on May 1, 2023 at 12:00 p.m., located at 850 Main St., Dallas, OR 97338.
 - (c) A public meeting of the Budget Committee for Polk Extension Service District will be held in the Main Conference Room of the County Courthouse at 11:00 a.m., on Wednesday, May 10, 2023. The purpose of the meeting is to discuss the budget for fiscal year July 1, 2023 to June 30, 2024 and to receive the budget message and document. Time is reserved for public comment at 11:15 a.m. A copy of the budget document may be inspected or obtained on or after May 3, 2023, at the Board of Commissioners' Office, Polk County Courthouse, during regular business hours. This is a public meeting where deliberation of the Budget Committee will take place. Any person may appear at the meeting and discuss the proposed budget with the Budget Committee.
 - (d) The Homeless Prevention Advisory Council will be meeting on May 10, 2023 from 12:00 pm to 1:30 pm located in the first floor conference room at 182 SW Academy St, Dallas Oregon, 97338.
3. **COMMENTS (for items not on this agenda)**
4. **APPROVAL OF AGENDA**
5. **APPROVAL OF THE MINUTES FROM April 19, 2023**
6. **APPROVAL OF CONSENT CALENDAR**
7. **PUBLIC WORKS UPDATE – Todd Whitaker**

CONSENT CALENDAR

- (a) Polk County Resolution No. 23-04, In the Matter of Quality and Uniformity in a System of Property Taxation
(Katlyn D'Agostini, Finance Director)
- (b) Polk County Contract No. 23-59 (Amendment 2 to Contract No. 19-127), Pacific Source Community Solutions
(Tami Stump, Behavioral Health)

**THE BOARD OF COMMISSIONERS WILL MEET IN EXECUTIVE SESSION
PURSUANT TO ORS 192.660.**

ADJOURNMENT

POLK COUNTY BOARD OF COMMISSIONERS
MINUTES April 19, 2023

1. CALL TO ORDER & ATTENDANCE

At 9:00 a.m., Commissioner Gordon declared the meeting of the Polk County Board of Commissioners to be in session. Commissioner Pope and Commissioner Mordhorst were present.

Staff present: Greg Hansen, Administrative Officer
Morgan Smith, County Counsel
Matt Hawkins, Administrative Services Director

2. ANNOUNCEMENTS

Regular meetings of the Board of Commissioners are held on Tuesday and Wednesday each week. Each meeting is held in the Courthouse Conference Room, 850 Main Street, Dallas, Oregon. Each meeting begins at 9:00 a.m. and is conducted according to a prepared agenda that lists the principle subjects anticipated to be considered. Pursuant to ORS 192.640, The Board may consider and take action on subjects that are not listed on the agenda. The Board also holds a department staff meeting at 9:00 a.m. on every Monday in the Commissioners Conference Room at 850 Main Street, Dallas, Oregon.

3. COMMENTS

None.

4. APPROVAL OF AGENDA

MOTION: COMMISSIONER MORDHORST MOVED, COMMISSIONER POPE SECONDED, TO APPROVE THE AGENDA.

MOTION PASSED BY UNANIMOUS VOTE OF THE BOARD.

5. APPROVAL OF MINUTES OF BOARD MEETING OF April 12, 2023

MOTION: COMMISSIONER POPE MOVED, COMMISSIONER MORDHORST SECONDED, TO APPROVE THE MINUTES OF April 12, 2023.

MOTION PASSED BY UNANIMOUS VOTE OF THE BOARD.

6. APPROVAL OF CONSENT CALENDAR

MOTION: COMMISSIONER MORDHORST MOVED, COMMISSIONER POPE SECONDED, TO APPROVE THE CONSENT CALENDAR.

MOTION PASSED BY UNANIMOUS VOTE OF THE BOARD.

The following items were approved by Motion under **5. APPROVAL OF CONSENT CALENDAR:**

- a) Polk County Contract No. 23-57, Knife River Corporation – Northwest
(Todd Whitaker, Public Works Director)

There was no need for an executive session and Commissioner Gordon adjourned the meeting at 9:01 a.m.

POLK COUNTY BOARD OF COMMISSIONERS

Jeremy Gordon, Chair

Craig Pope, Commissioner

Lyle Mordhorst, Commissioner

Minutes: Nicole Pineda
Approved: April 26, 2023



Form 1 Grant Application Staffing

2023-2024

County <u>POLK</u>	Column 1 Approved FTE current year (2022-23)	Column 2 Budgeted FTE coming year (2023-24)	Column 3 Change (Column 2 less Column 1)
A. Assessment administration			
Assessor, deputy, etc.	1.00	1.00	0.00
Assmt. support staff, deed clerks and data entry staff	3.10	2.10	(1.00)
Total assessment administration staff	4.10	3.10	(1.00)
B. Valuation and appraisal staff			
Chief appraisers/appraiser supervisor	0.85	0.85	0.00
Lead appraisers.....	0.00	0.00	0.00
Residential appraisers	1.50	1.50	0.00
Commercial/industrial appraisers	0.50	0.50	0.00
Farm/forest/rural appraisers.....	1.65	1.65	0.00
Manufactured structure/floating structure appraisers	0.00	0.00	0.00
Personal property appraisers.....	0.00	0.00	0.00
Personal property clerks.....	0.90	0.90	0.00
Sales data analyst.....	0.50	0.50	0.00
Data gatherers and appraisal techs.....	0.00	0.00	0.00
Total valuation and appraisal staff	5.90	5.90	0.00
C. Board of Property Tax Appeals (BoPTA)	0.10	0.10	0.00
D. Tax collection and distribution administration			
Administration, deputy, etc.....	1.50	1.50	0.00
Support and collection	1.00	0.60	(0.40)
Tax distribution	0.50	0.00	(0.50)
Foreclosure and garnishment.....	0.00	0.00	0.00
Total tax collection and distribution	3.00	2.10	(0.90)
E. Cartography and GIS administration			
Cartographic/GIS supervisor.....	0.00	0.00	0.00
Leadcartographers	1.00	1.00	0.00
Cartographers.....	1.00	2.00	1.00
GIS specialists.....	1.00	1.00	0.00
Total cartographic and GIS staff	3.00	4.00	1.00
F. Dedicated IT services for A&T	1.00	1.00	0.00
G. Total assessment and taxation staffing	17.10	16.20	(0.90)



Form 2 Explanation of Staffing Issues

2023-2024

County POLK

In this section, explain any difference between approved staffing for the current year and staffing for the budgeted year. Explain why any funded positions were unfilled for the current year. Use this form to describe the intended use of nonpermanent workers (temporary help, project temporaries, and contractors) by A&T function, along with their cost. Note any special or unique aspects regarding who accomplishes the work and how they accomplish it related to Forms 4, 5, and 6. For example, if you use staff to perform personal property functions, other than those reported on Form 1, Section B, note that here and include the FTE.

Assessor's Office - Employment numbers from shifted by one from Assessment to Cartography for 2023-24.

Tax collection and distribution administration decrease is due to a reallocation of the personnel in the budgeting process. Tax collection for Polk County is also combined with our Finance office.



Form 3 General Comments

2023-2024

County POLK

Use this form to describe any issue in your budget that needs further clarification. Examples include significant changes on Form 7, purchase of a new data processing system, salary increases, new car purchases, personnel services, costs for mapping, etc. You can also use this form to document any miscellaneous comments about this grant application.

Assessor's Office - n/a

Tax office had a large amount of roll corrections which led to a large amount of refunds due to one utility company that went across multiple tax years. We do not anticipate this in the next fiscal year - the numbers on Form 5 represent that.



Form 4 Valuation and Appraisal Resources

2023-2024

County <u>POLK</u>	Number of accounts by activity		Number of FTE by activity	
	Actual (2022-23)	Estimated (2023-24)	Actual (2022-23)	Estimated (2023-24)
Activities				
1. Real property exceptions, special assessments and exemptions				
New construction.....	1,233	1,400	1.50	1.50
Zone changes.....	2	2	0.01	0.01
Subdivisions, segregations, and consolidations..	490	375	0.05	0.05
Omitted properties	42	40	0.02	0.02
Special assessment qualification and disqualification	51	50	0.04	0.04
Exemptions.....	35	30	0.03	0.03
Subtotal.....	1,853	1,897	1.65	1.65
2. Appeals and assessor review				
Assessor review and stipulations	13	20	0.20	0.20
BOPTA	5	1	0.05	0.05
Department of Revenue.....	0	1	0.00	0.00
Magistrate Division of the Oregon Tax Court.....	0	0	0.00	0.00
Regular Division of the Oregon Tax Court	0	0	0.00	0.00
Subtotal.....	18	22	0.25	0.25
3. Real property valuation				
Physical reappraisal.....	2,331	2,461	2.18	2.18
Recalculation only—no appraisal review	34,380	34,599	0.30	0.30
Subtotal.....	36,711	37,060	2.48	2.48
4. Business personal property (returns mailed)	1,651	1,575	0.90	0.90
5. Ratio			0.50	0.50
6. Continuing education			0.10	0.10
7. Other valuation—appraisal activity			0.02	0.02
8. Total valuation and appraisal staff (FTE)			5.90	5.90



Form 5 Tax Collection and Distribution Work Activity

2023-2024

County POLK

Number of accounts by activity

Actual (2022-23)	Estimated (2023-24)
---------------------	------------------------

1. Number of accounts requiring roll corrections

Business personal property	216	15
Personal property manufactured structures	2	10
Real property	19	25

2. Number of accounts requiring a refund

Business personal property	191	3
Personal property manufactured structures	36	5
Real property	258	20

3. Number of delinquent tax notices sent

Business personal property	235	85
Personal property manufactured structures	630	250
Real property	1,379	1,500

4. Number of foreclosure accounts processed

Real property only	0	5
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5. Number of accounts issued redemption notices

Real property only	19	15
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6. Number of warrants	102	75
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7. Number of garnishments	0	0
---------------------------------	---	---

8. Number of seizures	0	0
-----------------------------	---	---

9. Number of bankruptcies	0	0
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10. Number of accounts with an address change processed	665	750
---	-----	-----

11. How many second trimester statements do you mail?	0
---	---

12. How many third trimester statements do you mail?	0
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13. Does the county contract for lock box service?..... ☐ Yes ☒ No

14. Does the county use in-house remittance processing? ☒ Yes ☐ No

15. Is tax collecting combined with another county function? ☒ Yes ☐ No

If yes, describe that function on Form 2.



Form 6
Assessment and Administrative
Support and Cartography
Work Activity

2023-2024

County POLK

**Assessment and administrative support
work activity**

	Numbers by activity	
	Actual (2022-23)	Estimated (2023-24)
1. Number of deeds worked	<u>4,672</u>	<u>4,700</u>

Cartography work activity

	Numbers by activity	
	Actual (2022-23)	Estimated (2023-24)
1. Number of new tax lots.....	<u>352</u>	<u>325</u>
2. Number of lot line adjustments	<u>37</u>	<u>60</u>
3. Number of consolidations.....	<u>38</u>	<u>50</u>
4. Number of new maps.....	<u>1</u>	<u>1</u>
5. Number of tax code boundary changes	<u>272</u>	<u>2</u>



Form 7 Summary of Expenses

2023-2024

County POLK

	A. Assessment Administration	B. Valuation	C. BOPTA	D. Tax Collection & Distribution	E. Cartography*	F. Dedicated IT services for A&T	Totals
Current operating expenses							
1. Personnel services	408,216	533,155	9,709	287,210	341,091	198,638	1,778,019
2. Materials and services	98,597	128,775	4,798	103,514	82,384	299,968	718,036
3. Transportation	0	7,000	0	150	0	0	7,150
4. Total current operating expenses (Total direct expenses)	506,813	668,930	14,507	390,874	423,475	498,606	2,503,205

* Include approved grant funding for ORMAP

Indirect expenses

5. Total direct expenses (line 4)	2,503,205
6. If you use the 5 percent method to calculate your indirect expenses, enter 0.05 in this box.	0.05
Total indirect expenses (line 5 multiplied by line 6)	125,160
6A. If you use a percent amount approved by a federal granting agency to calculate your indirect expenses, enter that percentage in this box.....	0.00000
Total indirect expenses (line 6A multiplied by the direct expense amount for the category/categories that your certificate allows)	0
7. Total indirect expenses	125,160

Capital outlay	Assessment Administration	Valuation	BOPTA	Tax Collection & Distribution	Cartography	Data Processing Support (IT, AT)	Total capital outlay without regard to limitation
8. Enter the actual capital outlay without regard to limitation.	0	0	0	0	0	10,000	10,000
9. Total direct and indirect expenses (sum of lines 4 and 7)							2,628,365
10. Direct and indirect expenses multiplied by 0.06							157,702
11. The greater of line 10 or \$50,000.....							157,702
12. Capital outlay (the lesser of line 8 or line 11)							10,000
13. Total expenditures for CAFFA consideration (sum of lines 4, 7, and 12)							2,638,365

Form 8

Grant Application Resolution

POLK _____ County is applying to the Department of Revenue to participate in the County Assessment Function Funding Assessment Program.

This state grant provides funding for counties to help them come into compliance or remain in compliance with ORS 308.232, 308.234, Chapters 309, 310, 311, 312, and other laws requiring equity and uniformity in the system of property taxation.

POLK _____ County has undertaken a self-assessment of its compliance with the laws and rules that govern the Oregon property tax system. The County is generally in compliance with ORS 308.232, 308.234, Chapters 309, 310, 311, 312, and all requiring equity and uniformity in the system of property taxation.

POLK _____ County agrees to appropriate budgeted dollars based on 100 percent of the expenditures certified in the grant application. The total expenditure amount for consideration in the grant is \$2,638,365. If 100 percent isn't appropriated, no grant shall be made to the county for each quarter in which the county is out of compliance.

The County designates the following individual as the contact for this grant application.

Name

Phone

Email

County Approval

By selecting the "I Accept" checkbox, you are signing this Resolution electronically and certifying the Resolution has been approved by the board. You agree your electronic signature is the legal equivalent of your manual signature.

☐ I Accept

Chair/Judge or Appointee

Title

Sign Date

1
2
3
4
5 **BEFORE THE BOARD OF COMMISSIONERS**
6 **FOR POLK COUNTY, OREGON**
7

8 In the Matter of)
9 Quality and Uniformity in a)
10 System of Property Taxation)
11

12 **RESOLUTION NO. 23-04**
13

14 **WHEREAS**, the Oregon Legislative Assembly in 1989 enacted legislation intended to facilitate a
15 uniform and equitable property tax system throughout this state; and
16

17 **WHEREAS**, Polk County is applying to the Department of Revenue in order to participate in the
18 Assessment and Taxation Grant. This state grant provides funding for counties to help them come into
19 compliance or remain in compliance with ORS 308.027, 308.232, 308.234, Chapters 309, 310, 311,
20 312, and other laws requiring equity and uniformity in the system of property taxation; now, therefore,
21

22 **THE POLK COUNTY BOARD OF COMMISSIONERS RESOLVES AS FOLLOWS:**
23

- 24 1) Polk County has undertaken a self-assessment of its compliance with the laws and rules that
25 govern the Oregon property tax system.
26
27 2) Polk County is generally in compliance with ORS 308.027, 308.232, 308.234, ORS Chapter
28 309, 310, 311, 312, and other laws requiring equity and uniformity in the system of property
29 taxation. Where the county is not in compliance, a plan or amended plan has been or is being
30 submitted to the Oregon Department of Revenue for approval. Where there is a plan in place,
31 the County is in compliance with the plan as approved by the Department of Revenue.
32
33 3) Polk County agrees to appropriate the budgeted dollars based on 100 percent of the
34 expenditures certified in the grant application in the amount of **\$2,638,365**. If 100 percent is not
35 appropriated, no grant shall be made to the county for the quarter in which the county is out of
36 compliance. Polk County designated Katlyn D'Agostini, Polk County Finance Director,
37 (telephone: (503) 623-9264) as the contact person for this grant document.
38

39 Dated April 26, 2023 at Dallas, Oregon.
40

41 **POLK COUNTY BOARD OF COMMISSIONERS**
42

43
44
45 _____
46 Jeremy Gordon, Chairman
47

48
49 Approved as to Form:

50 _____
51 Lyle Mordhorst, Commissioner
52

53 _____
54 Morgan Smith
County Counsel

53 _____
Craig Pope, Commissioner



Contract Review Sheet

Staff Contact: Tami Stump Phone Number (Ext): 2336

Department: Health Services: Behavioral Health Consent Calendar Date: N/A

Contractor Name: PacificSource Community Solutions

Address: 3125 Chad Drive

City, State, Zip: Eugene, OR 97408

Effective Dates - From: January 1, 2023 Through: December 31, 2023

Contract Amount: \$ Language Update

Background:

PacificSource, contracted with OHA Health Systems Division to be the Coordinated Care Organization, is responsible for implementing and administering services under OHP in Polk County through contract agreement 19-127.

Discussion:

Amendment 02 removes the report requirement for PacificSource's internal biannual report, changes the frequency of OHA MLR report from annually to biannually, and reduces the timeline for completing the report from 90 days to 60 days.

Fiscal Impact:

No Fiscal Impact.

Recommendation:

It is recommended that Polk County sign Amendment1-23 with PacificSource.

Copies of signed contract should be sent to the following:

Name: Tami Stump E-mail: hs.contracts@co.polk.or.us

Name: _____ E-mail: _____

Name: _____ E-mail: _____



AMENDMENT TO

PacificSource / Polk County

PARTICIPATING PROVIDER SERVICE AGREEMENT

Effective January 01, 2023 the PacificSource Participating Provider Service Agreement with Polk County is amended as follows:

- I. **Attachment A-1** dated effective 01/01/2023 shall be replaced with **Amended Attachment A-1** dated effective 01/01/2023, with updated MLR reporting language in section 5.4.

Except for the changes described herein, the Participating Provider Service Agreement remains unchanged.

PACIFICSOURCE COMMUNITY SOLUTIONS

POLK COUNTY

By: _____
(Signature)

Peter McGarry

Title: Vice President – Provider Network

Date: _____

By: _____
(Signature)

(Print or type name)

Title: _____

Date: _____

Attachment A-1

Polk County

January 1, 2023

Reimbursement Schedule – Risk/Incentive Model Community Mental Health Program

1.0 RISK/INCENTIVE MODEL.

The Risk/Incentive model agreed upon by Health Plan and Provider shall contain the following:

- (A) A risk/incentive model involving multiple community Health Care Budgets for populations of Members assigned to specific physical health primary care providers, derived from revenue allocated for the physical health and behavioral health care needs of Members, and a settlement for providers with budget-based aligned incentives as indicated in this Attachment A.
- (B) Fee-for-service payment for professional services provided by Provider with a Claims Risk Withhold, in addition to program-based PMPM reimbursement where appropriate.
- (C) For distinct OHP Member populations assigned to physical health primary care providers with risk/incentive models in their agreements with Health Plan. A risk/incentive model which features Revenue and Expenses for physical health and behavioral health professional and residential services under OHP and paid by the State of Oregon to Health Plan as a global capitation payment, and less revenue reductions pertaining to (i) Hepatitis C reconciliations (as reconciled with the State of Oregon if necessary), (ii) HRA adjustments, taxes, premium transfers and other OHA mandated premium reductions, and (iii) excluding Revenue and Expenses in the following categories:
 - State of Oregon mandated spending/expenses on social determinants of health.
 - “Dental Care” premium allocation and expenses until such time as this premium and expenses are added to risk model described here.
 - “Non-Emergent Medical Transportation” premium allocation and expenses.
 - CCO Quality Incentive Measure (“QIM”) withhold return from the State of Oregon received in the year of settlement, whose distribution methodology is excluded as determined by the CCO Health Council.
 - Operating payments to the CCO Health Council, taxes, adjustments and premium transfers.

- (D) Contract terms that are consistent with the Joint Management Agreement (JMA) and JMA budget signed between Health Plan and the CCO Health Council which specifies the rules, duties, obligation, limitations on Health Plan margin, “Health Services” allocations, and other obligations and expenses for Health Plan as a CCO.
- (E) Metrics which specify the return of part or all of the Risk Withhold and Surplus which may result from health care expenses measured against the HCB.

2.0 **COMPENSATION.**

2.1 **Fee For Service Reimbursement**

SERVICE/PROCEDURE	MAXIMUM ALLOWABLE	PERFORMANCE WITHHOLD
Outpatient Mental Health/Substance Use Disorder Services: 90785, 90832-90834, 90836-90840, 90846, 90847, 90849, 90853, 90882, 90887, H0032, T2010, T2011, T1023, H0002, H0004, H0005, H0006, H0020, H0022, H0033, T1006	138% of OHP Allowable ^{1, 2, 3}	10%
Outpatient Behavioral Health Assessments: 90791, 90792, 96130-96133, 96136, 96137, H0001, H0031, H2000	170% of OHP Allowable ^{1, 2, 3}	10%
Evaluation and Management Services: 99202-99205, 99211-99215, 99354, 99355, 99341-99345, 99347-99350	170% of OHP Allowable ^{1, 2, 3}	10%
ABA Therapy Services	100% of OHP Allowable ^{1, 2, 3}	10%
THW Services: Consistent with PacificSource guidelines	100% of OHP Allowable ^{1, 2, 3}	10%
Laboratory, DME: Services listed in the OHP Medical-Dental Fee Schedule	100% of OHP Allowable ^{1, 2}	10%
Injectables, Vaccines, Immunizations: Services listed in the OHP Medical-Dental Fee Schedule	100% of Billed Charges	10%
Services and procedures not otherwise listed in this Attachment Services listed in the OHP Behavioral Health Fee Schedule Services listed in the OHP Medical-Dental Fee Schedule	100% of OHP Allowable ³	10%
	100% of OHP Allowable ³	10%
Services and procedures without an established unit value listed above: PacificSource Health Plans may establish such unit	PacificSource Community Solutions Default Fee Allowance ⁴	10%

values for purposes of its Maximum Allowable rate determination.		
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Note: Payment will be based upon the lesser of the billed amount or PacificSource negotiated rates in effect at the time of service or supplies are rendered or provided as specified above.

1. PacificSource will reimburse based on the rates published as of the date of adjudication.
2. Updates to the schedules noted above shall be updated in accordance with OHP.
3. OHP Behavioral Health Fee Schedule is primary, OHP Medical-Dental Fee Schedule is secondary.
4. PacificSource utilizes industry standard publications and rate methods to supplement codes not established by the above noted methodologies.

2.2 Program-Based Reimbursement

Reimbursement for the services and programs defined below will be calculated as a per-member per-month (PMPM) payment based on full CCO (not county-specific) membership eligible for behavioral health benefits. The PMPM payment will be made prospectively based on the rates listed below with retroactive reconciliation as described below completed by Health Plan based on quarterly Provider reports using Health Plan's reporting template.

Services and Programs	Unit of Measure	\$ per Unit
Youth Fidelity Wraparound Program (inclusive of all services, including those sub-contracted)	Per-Member Per-Month	\$1,100 ¹

1. On or before the 5th of the month, Provider shall send an invoice to Health Plan for Children's Wraparound Care Coordination. The invoice must include members served in the previous month and include the following data:

- Member name
- Member date of birth
- Medicaid ID number

Services and Programs	Unit of Measure	\$ per Unit	Actual Payment Per Unit or PMPM
Professional Supervision for Licensure	Per supervision Session (60/45/30 minute increments), paid quarterly	60 = \$435.55 45 = \$295.89 30 = \$200.65	
Assertive Community Treatment	Per member per month		\$2,262
System Planning and Inter-Agency Coordination	Per member per month		\$0.13
Community Support Services (CSS) Total	Per member per month		\$2.26
Total Program Support			\$2.39

Allocation of payment for Community Support Services			
Crisis (including Mobile)	Per member per month		\$0.67
Supported Employment-Education	Per member per month		\$0.34
Early Psychosis including EASA	Per member per month		\$0.22
Intensive Children's Services	Per member per month		\$0.12
Other CSS:	Per member per month		\$0.91

Services and Programs	Description, Conditions, and Reporting
Youth Fidelity Wraparound Program	<p>Condition: Fidelity to OHA model</p> <p>Reporting: Monthly enrollment and enrollee encounters. On or before the 5th of the month, Provider shall send an invoice to Health Plan. This invoice shall indicate members served in a previous month and include the following data:</p> <ul style="list-style-type: none"> • Member name • Member date of birth • Member identification number <p>Payment: Health Plan shall verify member eligibility and coverage, prorating the monthly rate should the member have not been eligible for services for the entire month. Provider will submit additional data elements as determined by Health Plan in order to verify the services rendered and member eligibility.</p>
Professional Supervision for Licensure	<p>Description: Registered Associate is defined as individual who has completed education requirements and registered with their respective licensing board as they complete clinical hours for licensure. To qualify for payment, Registered Associates must be employed by Provider and have entered into a board-approved supervisory agreement with a Clinical Supervisor employed by a Provider.</p> <p>Reporting: Provider shall submit supervision log for supervision hours provided to Registered Associates on or before 15 days following quarter's end. Annually (on or before January 15th), provider will submit roster of Registered Associates that Provider staff had supervision agreements with in prior year. Provider will include the supervision agreement for each Registered Associate listed.</p> <p>Payment: Payment is calculated by estimating potential revenue lost due to Clinical Supervisor and Registered Associate not being able to bill for psychotherapy services during supervision time. Payment may be recouped if evidence of a supervision agreement between the Registered Associate and Clinical Supervisor is not provided.</p>
Assertive Community Treatment (ACT)	<p>Reporting: Monthly enrollment and enrollee encounters. Provider shall send an invoice to Health Plan on or before the 5th of the month. This invoice shall indicate members served in a previous month and include the following data:</p> <ul style="list-style-type: none"> • Member name • Member date of birth • Member identification number

Services and Programs	Description, Conditions, and Reporting
	Payment: Health Plan shall verify member eligibility and coverage, prorating the monthly rate should the member have not been eligible for services for the entire month. Provider will submit additional data elements as determined by Health Plan in order to verify the services rendered and member eligibility.
Community Support Services (CSS) Total	Reporting: Actual expenditures, enrollment, performance, and outcomes. Payment: Allocation of Program Support payment across CSS may be recalculated during the third quarter of each calendar year based on Provider's prior fiscal year budget and actual financials.

The following codes will be encountered at 100% of OHP fee schedule but not paid because payment is included in the Services and Program payments detailed above:

Services and Programs	Codes
Youth Fidelity Wraparound	H2021, H2022
Fidelity Assertive Community Treatment	H0039
Day Treatment	H0036
Crisis	S9484, S9125
Early Psychosis including EASA	
Peer Support Services	H0038
Supported Employment/Education	H2023
Intensive Children's Services	
Additional Community Support Services	G0176, G0177, H0034, H0046, H2010, H2018, H2027, H2032, H2033, T1016

2.3 Performance Withhold Return Contingent On Quality

One hundred percent (100%) of any Provider's Performance Withhold return will be paid contingent on the performance of the performance measures defined in this Attachment, some of which are established and measured by the State of Oregon for the entire CCO and will be awarded based on such State of Oregon measurement and State of Oregon final payment for the CCO.

3.0 SETTLEMENT PARAMETERS.

3.1 Settlement Parameters

The following settlement parameters for this section pertain for OHP members assigned to Provider.

3.2 Time Period.

Annual Performance Withhold settlement will occur for the calendar year in the month of August after the close of the contract period ending December 31st. Performance Withhold return will be made to Provider in the month of August after final OHA determinations of QIM revenue determinations.

3.3 Performance Withhold Settlement Summary.

Health Plan shall be responsible for computing, documenting, and reporting to Provider an annual Performance Withhold settlement summary. This report shall be submitted to Provider in the month of August after year-end.

3.4 Budget Surplus or Deficit

For the contract period for the experience of Members assigned to any physical health primary care provider with a risk/incentive model in their agreement with Health Plan, the Health Care Budget will be compared to actual expenses incurred to determine whether a Surplus or Deficit exists.

3.4.1 Value Based Payment.

Provider will cooperate with Health Plan in complying with OHA requirements for value-based payments in the areas of: Maternity, Hospital, Pediatric, Behavioral Health and Oral Health care. As such, Performance Withhold return may be contingent on a specific array of metrics pertaining to these OHA-required areas as determined by Health Plan and Provider.

3.4.2 Unearned Performance Withhold

Any Unearned Performance Withhold shall be allocated in the following order:

- 1st Used to contribute to Health Plan's limited margin, consistent with the limitation in the Joint Management Agreement (JMA) between Health Plan and the CCO Health Council.
- 2nd Any remaining Unearned Performance Withhold Payment will be treated as shared savings under the terms of the JMA.

4.0 PERFORMANCE MEASURES AND REPORTING.

4.1 Performance Measures

Any Performance Withhold Distribution to Provider shall be based on the below, with the weight of each performance measure representing the percentage of return to be paid based on achieving the measure.

4.2 Performance Reports

Performance measure reports from Provider shall be submitted using Health Plan's ShareFile site by 11:59pm on the due date stated. Late submissions will incur a 25% penalty on weighted performance withhold value per partial or full week that reporting is submitted after the due date.

#1: Measures TBD	
Goal	
Weight	
Reporting	
Target	
Numerator	
Denominator	

#2: Measures	TBD
Goal	
Weight	
Reporting	
Target	
Numerator	
Denominator	

5.0 **GENERAL PROVISIONS.**

5.1 **Requirements**

Provider will cooperate with Health Plan on Health Plan's CAHPS Improvement Plans.

Provider allow Health Plan to share individual provider performance with CCO Health Councils.

Provider will collaborate with Health Plan to gain consensus through the CCO Health Council on maximizing and distributing Quality Pool funds from OHA.

Provider will collaborate with Health Plan to comply with the OHA Health Plan Quality Metrics Committee (HPQMC), with Health HPlan responsible for describing quality metrics from the HPQMC that will be used.

Provider will collaborate with Health Plan to comply with OHA's Practitioner Incentive Plan (PIP) reporting.

Provider will cooperate with Health Plan to collaborate on fulfilling any OHA requirements in the increased adoption of Health Information Exchange (HIE), Health Information Technology (HIT), and Electronic Health Record (EHR) technology.

5.2 **Oregon Health Plan/OHA Capitation Administration Regulations**

In the event of (a) new or changing requirements, rules, regulations or guidance related to applicable provider capitation payments made by Health Plan to Provider, and per Health Plan Exhibit L filing and Medical Loss Ratio filings submitted to OHA, and/or (b) Health Plan's and/or OHA's interpretation of applicability of such requirements, rules, regulations, or guidance and applicability of Health Plan's capitation payment methodology with Provider, Health Plan may enact the following:

- A charge commensurate with any OHA recoupment, demand for repayment, charge, tax or fee, to be charged against the CCO Health Care Budget, and/or
- A renegotiation with Provider to revert all payment methodologies entailing Provider capitation, to a fee-for-service payment methodology.

Provider shall cooperate with Health Plan to produce reports for Health Plan and/or OHA that satisfy to Health Plan and OHA discretion, the requirements, rules, regulations or guidance from OHA related to capitation payments.

5.3 Oregon Health Plan/OHA Possible Premium Revision / MLR-based repayment to OHA

In the event of a revision of premium levels for OHP members by the State of Oregon/OHA by a net amount deemed by Health Plan to be inconsistent with the reimbursement agreed to in this 2020 Agreement, Health Plan will notify Provider of such inconsistency in writing, and both parties will enter into a renegotiation of 2020 reimbursement rates to achieve consistency with any new Oregon Health Plan/OHA premium levels.

In the event OHA determines Health Plan must pay OHA any sum because the CCO Medical Loss Ratio (MLR), as determined by OHA, does not meet a minimum threshold for the entire population or any benefit-category specific sub populations, PacificSource reserves the right to (a) deduct a pro-rata portion of such repayment from the Health Care Budget in Section 6, or (b) make direct investments to increase the MLR and offset such expenses with the settlement, upon communication with Provider and the CCO Health Council.

5.4 OHA MLR Reporting.

This reporting pertains specifically to the Exhibit L Financial Reporting Supplemental SE. Provider shall submit to Health Plan a report for each clinic for the cost time period of January 1 – June 30 by July 31, using a format accepted by the OHA. Provider shall submit to Health Plan a report for each clinic for the cost year January 1 – December 31 by February 28, using a format accepted by the OHA. Provider shall refer to the OHA CCO Contract Forms website at <https://www.oregon.gov/oha/HSD/OHP/pages/cco-contract-forms.aspx> for support. Any changes to reporting requirements set forth by the OHA will supersede the above requirements.

5.4 Community Health Improvement Plan, Transformation Plan and Health Council Activities.

Provider will collaborate with Health Plan, the CCO Health Council, and other stakeholders in completing a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP), and in carrying out activities to implement the CHIP including any recommendation tied to community access studies. Provider will collaborate with PacificSource, the CCO Health Council, and other stakeholders to carry out the Transformation And Quality Strategies. For purposes of the CHA, CHIP, or Transformation And Quality Strategies, for reporting to the CCO Health Council or any of its subcommittees, or for reporting to OHA, PacificSource may share Provider utilization, membership numbers, and additional performance data. Provider will collaborate with PacificSource and the CCO Health Council to meet Transformation And Quality Strategies requirements and participate in Transformation And Quality Strategy projects.

5.6 Value-Based Payment.

Provider agrees to participate in Health Plan's Value-Based Payment (VBP) program, consistent with OHA requirements in which an increasing portion of

provider payment conforms to the Learning and Action Network (LAN) category 2C or higher, which may entail the following elements.

- Payment based on any of the above methodologies
- Payment Withhold
- Surplus sharing
- Payment models to support care transformation and quality improvement in the following areas:

Hospital Care
Maternity Care
Children's Care
Behavioral Health Care
Oral Health Care

In collaboration with Provider, PacificSource will share with Provider information pertaining to Health Information Technology (HIT) to support success in effective participation with the VBP program.

6.0 MISCELLANIOUS.

6.1 Defined Terms

Any terms not otherwise defined herein shall have the meaning set forth in the Participating Provider Agreement.

6.2 Precedence

Any conflict or inconsistency shall be resolved by giving precedence to this Attachment first then the Participating Provider Agreement.