



Meeting Minutes
The Board of Directors of
Columbia Pacific Coordinated Care Organization
Monday, September 21, 2026
Virtual Meeting

Board Members in Attendance: Jon Betlinski, Pam Cooper, Sherrie Ford, Angelica Godinez Garcia, Eric Hunter, Molly Johnson, Monica Martinez, Gail Nelson, Meli Rose, Joe Skariah, Nicole Williams

Board Members Absent: Janelle Adams, Viviana Matthews, Erin Skaar, Eric Swanson

Staff in Attendance: Nora Leibowitz, Chief Medicaid Programs Officer; Mae Pfeil, VP CP; Richard Edwards, Director Finance Business Partners; Menolly Kaufman, Director, Analytics & Evaluation, Informatics & Evaluation; Ly Nguyen, Director, Provider Contracting, Contract Management; Heather Oberst, Director Community Health Partnerships; Rachel Paczkowski, Director Behavioral Health – CCO; Kelly White, CP Director Regional Operations; Karla Niehus, CP Gov & Grants Administrator

Call to Order

The meeting of the Board of Directors (Board) of Columbia Pacific Coordinated Care Organization (CP) was called to order by Williams at 9:32 a.m. A quorum was present. There were no declarations of potential or perceived conflicts of interest.

Member moment: Oberst reminded attendees of CP's long history co-funding the Dolly Parton Imagination Library in all three counties. Through DPIL, CP supports an increased literacy rate's positive impact on health. This low-cost program, also funded in part by the State of Oregon, mails books to the homes of low-income families to enhance Kindergarten readiness and parent/child bonding. Early-stage reading is associated with higher literacy and correlates to numerous health and wellness outcomes.

A. Consent Agenda

Upon a motion duly made and seconded, the following resolution was unanimously approved.

1. **RESOLVED** that the Board does hereby approve the July 20, 2026, meeting minutes as included in the materials.

B. Discussion and Engagement Items

Review of CO contracting process

Nguyen reviewed CO's provider contracting process, which aims to meet OHA network adequacy requirements while ensuring timely, equitable access to quality care. Rather than pay-per-service models, CO prioritizes value-based contracts that reward performance, which do require OHA-required documentation and reporting standards

To address rural network challenges, CO uses Telehealth or, if necessary, out-of-network providers. CO and CP staff support providers with training and technical assistance. Nguyen listed several rural considerations that impact rate negotiations. Based on state rates, CO sets standard rates responsive to known rural network gaps.

In response to board questions, Nguyen explained that CO typically reimburses child abuse assessments (mandated forensics) through case rates, encouraging providers to bill all eligible services. Staff clarified that mandated services are never capped, and that confusion may arise when providers hold multiple contracts.

Nguyen also outlined provider communications regarding contract renewals, noting discussions begin 90 days before expiration. If agreement on terms is delayed, CO may offer a short-term extension while negotiations continue.

Quality initiatives and metrics

Kaufman characterized the current Quality Pool landscape as "less money that's harder to earn." Available incentive funding has fallen from 2023 levels while the required metrics and administrative burden have not decreased proportionally. Challenges for CP's smaller rural population are complicated by conflicting guidance from state and federal sources.

CP is projected to meet about half of its 2026 Quality Pool targets. Progress has been made in substance use treatment engagement, treatment initiation, depression screening and follow-up, postpartum care outreach, youth immunization reporting, DHS metrics, and meaningful language access through targeted provider partnerships and improved data collection.

Quality Pool funding and requirements for 2027 are expected to remain unchanged, though benchmarks have not yet been finalized. CO submitted public comments supporting reductions in administrative burden.

Kaufman previewed planning for HR1. Redetermination impact will be nuanced as changes will not affect all populations equally or come into effect at the same time. Changes to eligibility, renewals, and verification requirements may make it more difficult for some ACA adults to maintain coverage, and CO will monitor interruptions to continuous enrollment. The January

2027 transition of Healthier Oregon Program (HOP) members to fee-for-service coverage is not expected to affect CCO quality metrics because HOP members are not included in metric performance calculations

Revised COI Policy

Pfeil explained the update to our Conflict of Interest Policy document and form as streamlining to make policy standard across CO, JCC, and CP.

Annual amendment renewal: OHA contract

Pfeil reminded board members that CP's multi-year contract with OHA includes annual amendments for approval. Rate adjustments are typically a part of the annual amendments. A summary of all changes was provided for board review prior to action.

Board Self-evaluation

Pfeil reminded board members of the periodic self-evaluation process, last completed in 2022. Updated as an online form, board members are asked to complete this by October 2. Results may inform planning discussion at the October board meeting.

C. Committee Reports/Packet Review

Finance Committee

Edwards presented the June YTD financials, forecast, and rates for 2027.

CP income was higher than budget as of June YTD, driven primarily by Interest Income and remains a significant component of Net Surplus. CO Net Surplus, also mainly driven by Interest Income, exceeded the budget by 49.4%.

CP membership showed signs of stabilization in May, with modest growth across most benefit categories. Behavioral Health was the only category that continued to decline. Fewer members dropping from the OHP category helped support revenue.

Edwards compared the budgeted and specific Income Statement Summary YTD. The revenue line is slightly above budget. Medical expenses are slightly elevated but largely in line with expectations, and administrative expenses remain at or below budget. The balance sheet reflects normal cash and asset activity.

CP's Combined Member Benefit Ratio (MBR) is at high end of target, healthily above the 85% minimum requirement, with Physical Health (PH) slightly up and Behavioral Health (BH) slightly down.

The second half forecast projects continued performance above budget despite ongoing membership losses, the forecast increase of medical costs and lower revenue.

Considering all the circumstances, 2026 is a good year, overall. Internal cost-saving projects have significantly reduced medical costs, especially in BH. Despite petitioning the state, preliminary rates for 2027 remain below the statewide average. CP's rate increase of 3.6% appears insufficient relative to healthcare costs. Preliminary analysis suggests that the organization could be underfunded by approximately 2%.

Financial implications:

Opportunities to offset underfunding are limited, with membership growth beyond our control and most administrative savings already claimed. The highest-possible yield cost-saving initiatives already captured significant savings in 2026, though some additional benefits will aid the budget in 2027. Future savings will depend on faster identification of efficiencies and advancing primary care and wellness strategies that reduce the need for hospitalizations and complications.

The Finance Committee recommended signing the annual amendment to the OHA contract, despite concerns about rate adequacy. With the affirmation of the organization's financial stability, the committee concluded that the rates do not warrant delaying execution of the amendment. A summary of the relevant contract changes provided by Pfeil was included in the board packet.

G&CC

Pfeil described the CAP meeting content and attendance glowingly. Participants discussed the amazing work of organizations in the three counties responding to HR1.

D. Action Items

Upon a motion duly made and seconded, the following resolutions were unanimously approved.

2. **RESOLVED** that the Board does hereby approve the June 2026 YTD Financial Report.
3. **RESOLVED** that the Board does hereby approve updates to COI Policy as written
4. **RESOLVED** that the Board does hereby approve renewal of the CCO contract amendment with OHA

E. General Updates

Clatsop:

- The Rural Health Collaborative has been meeting monthly about implementation of HR1.
- Providence, Seaside has hired, for first time, a full panel of primary care providers, improving access greatly.

Columbia:

- Well-attended events included a suicide prevention walk and two community baby showers.
- Iron Tribe is fully staffed and ready to take HRSN clients.

Tillamook:

- Spruce Point Apartments, a new affordable housing community with 60 units, had an open house. It is now taking applications.

Regional:

- OHSU psychiatry chair announced will be retiring, prompting a search.

The next meeting of the Board will take place on
October 19, 2026 – Annual meeting, in-person ONLY
9:30 – 2:00
CareOregon building
315 SW 5th Ave.
Portland

Meeting was adjourned at 11:07 a.m.