

**Columbia Pacific Coordinated Care Organization (CPCCO)
Board of Directors Meeting
March 20, 2023 Meeting Minutes**



The meeting was held via Microsoft Teams. Ten of the fourteen Board members attended: Nancy Avery, Jon Betlinski, Cathy Bond, Sherrie Ford, Eric Hunter, Monica Martinez, Viviana Matthews, Marlene Putman, Erin Skaar, and Nicole Williams.

The meeting was called to order at 9:33 a.m. with an established quorum. Viviana introduced two guests: Steven Manesis, prospective Board member, and Belle Shephard, OHA Innovator Agent. Minutes of the January 21, 2023 Board Meeting were approved by all Directors present.

Topics and Action Items

1. CPCCO 2022-24 Strategic Plan

Mimi provided a high-level walk-through of the 2023 changes to CPCCO's three-year strategic plan, noting this plan was developed to identify the must-do work in advance of the 2025 CCO contract procurement. This plan does not represent all the CCO's work during this time period, and it will still be high priority work despite the likelihood that the OHA CCO procurement will be delayed until 2027. Mimi noted that the Goals and Objectives have not changed; Strategies 1.2, 2.1 and 3.1 are revised; and all the Success Indicators are for 2023 only.

a) Social Needs Screening and Referral

Safina started this discussion with an estimate of 2022 Quality Pool metrics achievement, at 80-90% and then described the direction OHA is heading with metrics, overall. Over the years, the state has moved from downstream metrics, reflecting clinical workflows and practices, to more upstream metrics including equity-informed structures and social health systems, using the CCO model to drive health system transformation. She noted the new Social Needs Screening and Referral metric for 2023. Mae then described the connections in the 'stream' of health from Social Determinants of Health through Social Health and identification of Social Needs, using housing as an example. The Board's role is in the Social Health tier, such as through the Regional Housing Impact Fund investments. The new 1115 waiver includes new Health Related Social Needs benefits for certain OHP sub-populations including supports for housing, food and climate events. CPCCO will use 2023 to assess the current state in each county and develop a plan to offer the new benefits.

Discussion included a request that staff keep the Board informed as this work progresses to assure that the Board can act as advocates for both the CCO and community needs. They also discussed using this as an opportunity for innovation, such as extending WIC beyond current eligible populations. Concerns surfaced around the 6-month benefit limitation on rental supports: in reality much more time is needed to stabilize housing.

b) Community Needs Assessment

Nancy reminded the Board that our current five-year Regional Health Improvement Plan (RHIP) has already identified and prioritized social needs of our membership. Nancy noted that collaboration with hospitals and public health for sharing secondary data is ongoing and most recently refreshed in 2022. She noted that the cycle is now kicking off for the 2025-29 RHIP, starting with a community needs assessment that includes primary data collection via narrative story collection surveys; the survey will include prompts such as improvements that could be made, experiences of health and social care

inequities, or needed post-pandemic and endemic supports. Nancy provided a list of ways each member of the Board could participate in the community needs assessment, including collecting or encouraging stories, hosting events, and amplifying the process through their networks or social media. Analysis of the narratives will be complete by September and can be shared at the joint BOD and CAC leadership meeting that month.

2. Minimum Medical Benefit Ratio: Investment Plan

Steve reminded the Board of the Member Benefit Ratio (MBR) requirements and reporting from CCOs to OHA. As a reminder, the requirement is that medical expenditures ÷ premium revenue must be greater than or equal to 85%. He also reminded the Board that several investments by CCOs, including SHARE, charitable contributions and capital investments, are excluded by the state in the MBR calculation. Based on recent data released by the state, all CCOs saw increases in MBR for 2016-2019, with rapid decreases beginning with the PHE in 2020-21. He noted that CPCCO is engaged in looking at additional investments in 2023 that would increase our MBR for the 2021-23 measurement period.

Discussion focused on the ability of all CCOs to invest in keeping members on OHP through the redetermination process, which starts April 1. While increasing the number of community 'Assistors' will take months, there are things that community partners can do to help members understand the process and the need to produce documentation to retain OHP. OHA will be sharing their scripts with the CCOs which CPCCO can then share with community partners, to help answer questions. The Board acknowledged that reaching the unhoused will be difficult.

3. Committee Reports

Finance Committee

Steve Geidl, CCO Finance Director, presented the November financial report noting the same themes as in prior reports: 1) membership is up, 2) utilization is still low, and 3) due to #2, Gain/Risk Share is estimated to be high. Highlights included: YTD membership increase of almost 6%, likely surpassing 36,000 members in another month; net revenue and net income of \$9 million and \$6 million, respectively; estimated gain share to the CCO of \$6 million, largely due to the suppressed utilization mentioned above; 84% MBR for CareOregon, with a .5% Year Over Year medical expense trend. Almost all service categories show negative YOY utilization trends.

Governance and Compliance Committee

Mimi reminded the Board that the Executive Committee charter has been expanded to include nominating committee and large grant oversight functions, in addition to compliance oversight, now named the Governance and Compliance Committee. The committee reviewed and revised the Board Participation and Succession Plan, to be approved by the Board at this meeting.

4. Open Meeting/Action Items

By vote of the Directors present, the Board approved the motion to accept the November 2022 YTD financial report as recommended by the Finance Committee.

By vote of the Directors present, the Board approved the changes to the Board Participation and Succession Plan as recommended by the Governance & Compliance Committee.

5. General Updates

Columbia County: Sherrie noted CHS is gearing up to help with redeterminations and is also steadily expanding their mental health services in schools.

Tillamook County: Erin noted that TFCC has purchased Kilchis House, formerly owned by CARE, and will be turned into transitional housing in another year. TCCHC is interested in pursuing integrated services at the new Nestucca Valley SBHC, learning from CHS's experience, and is using CHWs for home-visits under supervision of an RN. Cathy noted that TCTD just renewed their contract with CPCCO to provide NEMT services; lifting the mask restrictions will expand capacity by reducing the numbers of 'ride alone' trips.

Clatsop County: Nicole noted that CMH will be undergoing a large expansion/renovation project, adding over 180,000 square feet, planning to break ground in Fall 2024. The county's Incident Command Center, started in response to the PHE, has closed. Viviana noted the celebration of the CCO's 10th anniversary, the dental van services in the county, and the new purchase by the county of Columbia River Inn to open as transitional housing in mid-Spring.

There being no further business to discuss, the meeting of the Board adjourned at 11:00 a.m.