



Meeting Minutes
The Board of Directors of
Columbia Pacific Coordinated Care Organization
Monday, April 20, 2026
Hybrid Virtual Meeting at Nehalem Bay Health Center, Wheeler OR

Board Members in Attendance: Jon Betlinski, Shawn Bower, Pam Cooper, Sherrie Ford, Eric Hunter, Molly Johnson, Monica Martinez, Viviana Mathews, Erin Skaar, Joe Skariah, Eric Swanson, Nicole Williams.

Board Members Absent: none

Staff in Attendance: Peter Lymm, Chief Operations Officer; Nora Leibowitz, Chief Medicaid Programs Officer; Mae Pfeil, VP CPCCO; Rachel Paczkowski, Director Behavioral Health; Heather Oberst, Director Community Health Partnerships; Kelly White, Director Regional Operations; Karla Niehus, CPCCO Grants Administrator

Guests in Attendance: Janelle Adams, Angelica Godinez Garcia, Gail Nelson

Call to Order

The meeting of the Board of Directors (Board) of Columbia Pacific Coordinated Care Organization (CPCCO) was called to order by Williams at 9:30 a.m. A quorum was present. There were no declarations of potential or perceived conflicts of interest.

Welcome to Peter Lymm, new Chief Operations Officer

Welcome to potential new board member Gail Nelson, CEO Nehalem Bay Health Center; CAC members and potential MVEC members Janelle Adams, Angelica Godinez Garcia, and Gail Nelson.

The *Member Moment* presented by Oberst included thankfulness reported by a Tillamook County member for receiving important dental care along with life-saving surgeries.

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 March 16, 2026, meeting minutes as included in the materials.

B. Discussion and Engagement Items

Medicaid Advisory Group Discussion

Hunter discussed and invited input on ways to address the deficit of state dollars in the Medicaid budget. Hunter is part of a Medicaid Advisory Group (MAG) tasked with providing the Oregon Governor with a list of possible solutions to close that gap. The 19-member MAG includes representation from five CCOs, the dental and hospital associations, rural hospital CEOs, SEIU, and others. Meetings to date have consisted of OHA and state staff presenting two strategies:

- 1) identify service categories to shift from CCO to state management through fee-for-service; examples for consideration could include pharmacy and HOP; and
- 2) reduce rates without reference to actual utilization.

On June 22, MAG must present a list of unprioritized options, rather than ranked recommendations, to the Governor for consideration. Lobbyists will start engaging with Governor at that point.

In May and early June, MAG participants will discuss the merits of proposed solutions. **Board members are invited to contribute any ideas, pros/cons, or relevant information for Hunter and MAG via CPCCO staff (Pfeil):**

- What services are most highly utilized at Board member's institution?
- Which are the most important benefits delivered?
- Ways to trim programs or adjust benefits without placing undue burden upon members
 - Reduction of scope: Consider cost/benefit analysis of what provides the greatest benefit to greatest number of people. For example, counselling services currently provide unlimited scope. Based on research, can we prioritize lower-cost therapies and medications that will enable us to provide the most enhanced function for the greatest number of members?
- Additional administrative efficiencies to consider
 - Impacts of state consolidations as a solution:
 - A proper evaluation of regional- vs state-controlled models is needed. Increased state-level management risks the loss of a key CCO strength: improved knowledge and interactions gained by being embedded locally and regionally. For OHCS, the pendulum has just swung toward the CCO/regional control model, while that state considers returning to the opposite. Without an informed comparison, central control could result in a budget that is "penny wise but pound foolish."
- Potential misconceptions or detriments to specific carve-outs

- Hunter will remind participants that carve-outs compromise the CCO model’s central concept—whole person care—to which state residents flocked as an improvement upon fee-for-service management.
- Suggestions to remove dental from CCO management underestimate the relationship between oral and overall physical health.
- A focus on high cost/high need populations (utilizing substance abuse and unhoused services) can bring down treatment costs elsewhere in the system, both within the CCO and among other state programs (schools, jails, hospitals). We need to make decisions that consider savings across the enterprise for overall societal and fiscal benefit.

For the May 18 meeting

- Hunter will share decks from the upcoming MAG meetings
- Rigsby will provide an update
- Board members should be prepared to suggest priorities and possibilities prior to June 8.

Strategic Growth Resilience Update

Leibowitz reported that over the past year, CareOregon and CCOs have been working on financial stabilization (influenced to a large part by utilization) and improvement of operations (paying claims, etc.). The goal is long-term efficiency while maintaining high quality care. Three SGR work streams being evaluated, in order of possible impact, include:

- Health care value (90%): Adjusting support to providers, costs, Fraud/Waste/Abuse (FWA), etc.
- Operational Efficiency (10%): CO/CPCCO operational software & processes
- Strategy (<1%): smaller potential benefit from a cost perspective

Most ideas for cost and operational improvement are expected to be generated internally at CareOregon or CPCCO by staff closer to the work, and the Board’s focus should be at the strategic level. **However, board members are welcome to share (with Pfeil) their staffs’ suggestions, especially regarding FWA, administrative inefficiencies working with CPCCO, and anything that could add value to their community.**

Examples of current projects under review or implementation:

1. *Improvement of a member-facing app.* Calls to Metro can be greatly reduced by placing the answers to a few key, high-volume questions on the app. The result will be savings of CO staff time and call wait-time for CPCCO members. CO teams will continue to anticipate and post high-volume questions in advance of future benefit roll-out.

2. *Coordination of benefits initiative.* Provider and CO processing time can be reduced by improving CO's notation of a member's Medicare Advantage status as primary payer or wrap-around. Unnecessary billings and payment rejections will be reduced.
3. *Integration of grievances and appeals into the claims system.* Automation of a formerly manual Excel process will speed up processing.

Leibowitz will work to inform the Board of important changes in a timely fashion, especially if advance notice to partners via Board members will smooth the process and reduce anxiety.

C. Committee Reports/Packet Review

Governance and Compliance Committee

Q1 audit report is in the packet.

Pfeil presented the proposal to simplify and make more evergreen the G&CC's charter by removing Attachment A. This proposal would reduce necessity of updating information recorded elsewhere (specific board member names and positions), thereby reducing the frequency of voting on an otherwise relatively stable document.

D. Action Items

Governance and Compliance Committee

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

2. **RESOLVED** that the Board does hereby approve changes to the Governance and Compliance Committee charter as included in the materials.

E. General Updates

Clatsop:

- Matthews reported growth in local housing inventory, listing a few units opening soon for unhoused individuals and families.

Columbia:

- Williams: CMH construction is progressing well.
- Ford: CHS is now an HRSN provider accepting referrals; and serves families and students via Bridges and Beyond programming and partnering with Youth Era.
- Skariah: Activities include a Day of Service event, Bridges and Beyond, and small grants for local CBOs.

- Adams expressed concerns about the impact of the alternative high school closure on the housing and mental health of almost 100 students (most low income) and 30-40 staff. WorkSource will reach out to students through school counselors.

Tillamook:

- Swanson: Four new surgery suites are preparing to open. The old building will be refitted for other purposes. A second orthopedic surgeon has joined the team, and many recruitment openings remain. For the first time, *voluntary* transfer of a jail inmate to the opioid treatment center was facilitated.
- Skaar: Funding has been received to keep shelters open. Recruitment has begun to replace Marlene Putman, who will retire. Genoa Pharmacy opened to the public two weeks ago.
- Betlinski: OHSU is navigating FTE reductions. The next healthcare site visit (student field trip) to see how the Canadian system manages mental health is in May. Any BoD members are welcome to join.
- Godinez: Donor-funded mobile vision services in Tillamook County will provide eye exams and glasses.
- Nelson: Recruitment has begun to replace the Medical Director, retiring this year. Utilization of dental services is growing.

Regional: none

The next meeting of the Board will take place on May 18, 2026.

Meeting was adjourned at 11:20 a.m.