Columbia Pacific CCO™
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Meeting Minutes
The Board of Directors of
Columbia Pacific Coordinated Care Organization
Monday, May 18, 2026
Virtual Meeting

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

Board Members Absent: Joe Skariah, Eric Swanson

Staff in Attendance: Nora Leibowitz, Chief Medicaid Programs Officer; Jeremiah Rigsby, Chief Legal and Public Affairs Officer; Sarah Foote, VP Finance and Transformation; Mae Pfeil, VP CPCCO; Richard Edwards, Director Finance Business Partners; Heather Oberst, Director Community Health Partnerships; Karla Niehus, CPCCO Grants Administrator

Guests in Attendance: Janelle Adams, Angelica Godinez Garcia, Meli Rose

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 and Staff Changes
Welcome to Janelle Adams and Angelica Godinez Garcia, new board applicants; Meli Rose, prospective new board member; and Sarah Foote and Richard Edwards, presenting financial information following Steve Geidl's departure from CareOregon.

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

1. **RESOLVED** that the Board does hereby approve new board members Janelle Adams and Angelica Godinez Garcia.

The *Partnership Moment* presented by Pfeil highlighted Adventist Health. CareOregon staff built alignment between the California headquarters and local partners to improve reporting on Oregon-specific measures. Now a success story, results on depression screening, follow-up, and well-child visits make Adventist Health one of CP's best performing partners.

A. Consent Agenda

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

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

B. Discussion and Engagement Items

Medicaid Advisory Group (MAG) Discussion

Hunter reported on the status of the MAG discussions, noting that many of the challenges are beyond the control of CPCCO, CO and even the state. Much uncertainty remains in state budget issues, HR1, and the changing landscape of players in managed care in Oregon, not just Medicare. Hunter is part of the MAG team to discuss priorities and strategic recommendations for the Governor to deal with difficult budgetary choices. Budgetary levers are limited, with some programs excluded from review. CCO rates, provider rates, and "efficiency" will be targeted, along with other possible actions. Hunter will send a document detailing the current status of discussion, to be circulated to the board members, who are invited to comment prior to the following MAG action deadlines: May 22, June 8, June 22 (final recommendations to Governor).

Rigsby shared context of the federal landscape. A reconciliation packet will very likely include a Fraud, Waste, and Abuse bill giving the federal government broad authority to withhold a state's funding upon *suspicion* of FWA. Blue states will be targeted. CO is already receiving pressure in the form of audits from DOJ. Even if Senate and House majority changes parties, HR1 will still continue. The state faces challenges regarding HR1, HOP, and OHA. Discussion of procurement and a vision for CCO 3.0 will follow.

CPCCO and CO Organizational Structure

Pfeil presented diagrams of CO's relationship, as a parent company, to CCOs and other lines of business. CO assumes all risk and provides operational support. CCO holds the contract with OHA and represents the localization of CO's work, via boards and committees, Regional Health Improvement Plan.

Recent simplifications of CPCCO governance structure include two Advisory Groups (CAP and CACs) plus board committees managing the work deliverables of the board. The new MVEC strengthens the connection of CACs to the board.

Study Session: Finance 101

With a slide deck available in ICP for future reference, Foote explained revenue and expense flow charts, delegation, key financial measurements, capitation, Member Benefit Ratio (MBR), Per Member, Per Month (PMPM), Quality Pool, and Gain Share. Note: The following view of the CO-CPCCO relationship is from a funds-flow perspective, which differs from a legal

perspective.

The three forms of revenue from OHA include Capitation Premiums, Case Rate, and Quality Pool Incentive. Charts showed how revenue flows from OHA through CPCCO to CO and some dental care organizations. Delegation and Management Services agreements establish the vast majority of capitation passing through CP on to CO, while CO accepts all risk, delivers all benefits for membership, and performs many administrative functions.

Division of key financial measurements: CP monitors members, some administration, operational income, reserves (risk-based capital), Quality Pool & Gain Share. CO monitors medical cost trends and MBR.

Quality Pool: 92% of funds cover medical expenses relating to metrics. 7% supports CO administration. CP receives 1% as compensation for achieving quality metrics and to build reserves. Significant cuts to the 2026 statewide pool will likely reduce the Quality Pool dollars.

Gain Share, a method of sharing net surpluses, is triggered when the MBR is 91% or less. No Gain Share expected this year.

SHARE initiative, initiated in 2020, provides an opportunity for CCOs to reinvest dollars in their communities. Monitored quarterly by CO, a mandatory share contribution at year end is based on CCO risk-based capital (RBC). SHARE triggers at 300%. Dropping below 200% is avoided. 2025 ended around 310%, very close to target.

Hawk's Eye Apartments, Seaside OR: Using joint reserve funds, CO bought Red Lion Inn in 2023 and renovated for mixed use as Permanent Supportive Housing and Workforce Housing. CO has ownership, but CPC holds all the risk.

C. Committee Reports/Packet Review

Finance Committee
Report on February TYD Financials
Foote had very little to report for January and February financials. Two months is insufficient to extrapolate for the year, but a loss is expected, despite a higher-than-expected investment rate creating a slight surplus. A small membership loss was experienced and is expected to continue in 2026. HOP members will leave CCOs entirely in 2027. A slight dip in MBR for CPCCO is not necessarily a trend but is being monitored.

D. Action Items

Member Voice and Equity Committee
Oberst described MVEC as an advisory committee focused on member-centeredness and power-sharing around the shared CAC and Board missions for equity and inclusion. A charter for this joint committee of board and CACs was presented for board vote. MVEC will meet as needed. Participation will strengthen the pool of community-based leaders.

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

2. **RESOLVED** that the Board does hereby approve the February YTD Financial Report.

3. **RESOLVED** that the Board does hereby approve the charter for the Member Voice and Equity Committee (MVEC) as written.

E. General Updates

Clatsop:

- Cooper: Despite difficulties created by state changes, significant progress is being made on what is submittable for Rural Transition Grants.

Columbia: none

Tillamook:

- Skaar: A broken water pipe flooding the first floor of Nehalem Bay Health Center is temporarily limiting medical services. Interviews for Marlene Putman's replacement will occur in early June. CARE, Inc's new Executive Director is Elizabeth Asahi Sato.

Regional: none

The next meeting of the Board will take place on June 15, 2026 (virtual).

Meeting was adjourned at 10:56 a.m.