

**Columbia Pacific Coordinated Care Organization (CPCCO)
Board of Directors Meeting: October 21, 2019
Meeting Minutes**



The meeting was held in Columbia County. Eleven of twelve Board members attended: Nancy Avery, Bill Baertlein, Jon Betlinski, Pam Cooper, Sherrie Ford, Henry Heimuller, Eric Hunter, Debbie Morrow, Marlene Putman (phone), Bruin Rugge and Erin Fair-Taylor.

The meeting was called to order at 10:05 a.m. with an established quorum. The Consent Agenda was approved by unanimous vote of the Directors present.

Topics and Action Items

1. CPCCO Compliance Program

Steve Hoffman, CPCCO's Chief Compliance Officer, provided context for the annual training required of Boards of Directors related to the seven elements of an Effective Compliance Program, as defined by the federal government, the Board role, how to report Fraud, Waster or Abuse (FWA), and a report of instances of FWA and HIPAA investigations for CPCCO for 2019, year-to-date. For the latter, there were 8 instances, each, none rising to the level of reportable breaches. In addition, the Board reviewed minor changes to CPCCO Ethics and Compliance Program.

2. Executive Directors Report

The report included summaries of recent meetings between CCOs and the Governor and OHA leadership, a meeting with Rep. Tiffany Miller regarding behavioral health services, and updates on the status of the transition of the behavioral health benefit to CareOregon. In addition, the report included a brief summary of the Community Risk Share model in Clatsop and Columbia counties, which will be extended for one additional year while CPCCO pursues additional Value-Based Payments with providers. The Board will have more specific oversight of new payment models with the newly formed Network and Quality Committee of the Board.

3. CPCCO Board of Directors Deep Dive

Director Fair Taylor reviewed the Second Amended and Restated Operative Agreement with the Board, including the intent at the initiation of CCOs in 2012 that the local CCO governing Boards retain as much decision-authority as possible. The Agreement does include some reserve authority for CPCCO's parent company, CareOregon, limited to material actions such as changing the purpose of the CCO. The CPCCO Board has authority over most other aspects of the CCO, including the performance of the CCO OHA contract itself, with each Director having a person duty to the CCO. The Board walked through areas of shared authority with CareOregon. The Board discussed their intention to assure sustainability of the local community model of the CCO, with a few suggestions of amendments to the Operating Agreement.

The Board also reviewed the purpose and duties of the Board Committees, with each Director choosing committees on which to participate. Finally, the Board reviewed their current composition against the OHA requirements and noted areas of additional representation of importance to the work of the CCO, including more diversity and representation from organizations that address social determinants of health and public safety. This input will be used by the Nominating Committee for purposes of completing a Board Succession Plan and new director recruitment activities, to be presented in November.

4. Committee Reports

- a) Finance Committee. This report was for the period August 2019 year to date, including membership, aggregate and sub-capitation revenues and expenses, medical expense trends, monthly operating income, and fund balances for clinical and community investments. The overall CPCCO year over year medical expense trend is 2%, within the target global budget of 3.4%, which will be within range for payout of Quality Pool incentive funds. The biggest drivers of trend are retail pharmacy and costs of infusion medications.
- b) Integrated Community and Clinical Report. The report included a description of the changes in work for the Community Advisory Councils as a result of new CCO contract requirements, new reporting to OHA and new statewide trainings for CACs. The report also included Opioid Use Disorder as an example of how the CCO approaches development of clinical quality strategies. In addition, the Board reviewed an analysis that showed how much of Quality Pool dollars are returned to the clinics, in the context of assuring better alignment of payout with actual clinic performance. Unlike other regions, we don't have a few clinics that drive performance for the CCO as a whole, and have a harder time aligning clinic population/payer mix with OHA focus areas.
- c) Nominating Committee. This report included recommending aligning new Director terms with the calendar year, a second two-year term for Nancy Avery, and the 2020 Executive Committee slate.

5. Action Items

- a) By unanimous vote of Directors present, the Board accepted the August 2019 Financial Report.
- b) By unanimous vote of the Directors present, the Board adopted the Nominating Committee recommendations.
- c) By unanimous vote of the Directors who voted, the Board approved the 2020 Dental Strategy. Director Nancy Avery declared a conflict of interest and abstained from the vote.
- d) By unanimous vote of the Directors present, the Board approved the revised Ethics and Compliance Program.
- e) By unanimous vote of the Directors present, the Board approved the charters for the Equity Committee and Network and Quality Committee.

6. General Updates.

Director Heimuller noted the annual Kiwanis Children's Fair would be held at St Helens High School on 10/26.

Director Ford noted that Columbia Health Services just signed three new providers.

There being no further business to discuss, the meeting adjourned 1:29 p.m.