

**MINUTES OF THE MEETING  
OF THE BOARD OF DIRECTORS OF  
Eastern Oregon Coordinated Care Organization, LLC  
(EOCCO)  
June 1, 2022  
Eastern Oregon University  
Gilbert Center  
One University Blvd  
La Grande, OR 97850  
And Teleconference due to COVID-19**

<b>BOARD MEMBERS PRESENT:</b>	Bren Benzel, Dr. Curtis Peters, Robin Richardson, Chris Siegner, Harold Geller, Brian Sims, James Williams, Dr. Renee Grandi, Jeremy Davis, Lannie Checketts, Larry Davy, Karen Wheeler, Alisha Lundgren, and Christopher.
<b>OTHERS PRESENT:</b>	Dave Evans, Sean Jessup, , Summer Prantl Nudelman, Audrey Thomas, Mark Danburg-Wyld, Bill Dwyer, Joe Greenman, Courtney Whidden-Rivera, Mina Zarnegin, Nick Gross, Jenna Grantham and Dr. Yale Popowich Moda/ODS Community Health; Dr. Chuck Hofmann, EOCCO clinical consultant; Bob Seymour, Grande Ronde Hospital; Charles Tveit, Lake District Hospital; Jeanne McCarty, Ari Wagner, Dr. Satya Chandragiri, Lourdes Reyna and Linda Watson, GOBHI; Christy Trotter, Yakima Valley Farm Workers Clinic; Estela Gomez, EOCCO Innovator Agent, Yami Gonzalez OHA; Paul McGinnis, Lake Health; Dan Grigg, Harney District Hospital; Tim Heinze, Valley Family Health Care; Aaron Grigg, Center for Human Development, Inc. La Grande; Chantay Jeff, Wallowa Valley Center for Wellness.
<b>WELCOME AND INTRODUCTION:</b>	Mr. Jessup welcomed the Board and all assembled guests who were present in person and via teleconference at 11:32 AM. After sharing his gratitude to the Board for their collaboration in making the in-person meeting option in Eastern Oregon possible after a two year hiatus due to COVID-19, Mr. Jessup asked each member of the Board and meeting guests to introduce themselves starting with the Board Members present in the room, followed by those attending via teleconference. Ms. Wheeler introduced Lourdes Reyna Alcala as GOBHI's new Community Health Development Manager. Ms. Reyna Alcala will assume responsibility over facilitating work with

	<p>EOCCO's Local Community Health Partnerships in all twelve of the region's counties, the EOCCO Community Advisory Council, health integration, and EOCCO's work with social determinants of health such as addressing food and housing insecurities, and other important health-related work. Ms. Gomez introduced Yami Gonzalez as OHA's new innovator agent. Ms. Gonzalez is from Malheur county and has critical ties and relationships in numerous communities in EOCCO's geography. Ms. Gomez announced that this may be her last meeting as EOCCO's Innovator Agent. Ms. Gomez has been the Innovator Agent for EOCCO since the beginning. She shared her appreciation for all EOCCO has done for the communities served. The board thanked Ms. Gomez for all her contributions and wished her well in her new endeavors.</p>
<b>CALL TO ORDER:</b>	Mr. J Davis called the meeting to order.
<b>APPROVAL OF MINUTES:</b>	<p><b>Upon a motion by Mr. Geller and seconded by Ms. Wheeler, the Board unanimously approved the minutes of the meeting of the Board of February 4, 2022, a copy of which was provided to the Board in advance of the meeting.</b></p>
<b>ENROLLMENT REDERMINATION &amp; UPCOMING MEDICAID PROGRAM CHANGES:</b>	<p>The federal government's declared Public Health Emergency (PHE) that was designated in response to the outbreak of the SARS-CoV2 pandemic became effective on March 18, 2020. The PHE remains in effect through a series of 90-day extensions at the discretion of the President of the United States. The PHE is currently scheduled to expire on July 15, 2022, unless the PHE is extended by President Biden. The Biden Administration has committed the Centers for Medicare &amp; Medicaid Services (CMS) to provide a 60-day advance notice to State's ahead of any expected decision to no longer provide additional extensions of the PHE. The PHE will be extended prior to expiring on July 15. Moreover, it is expected that the PHE will be extended into 2023. The PHE will likely not expire until sometime in 2023. Required Medicaid eligibility redeterminations are waived during the PHE and Oregon has not conducted redeterminations. All EOCCO members who have become eligible for Medicaid during the PHE will maintain coverage at least through the expiration of the PHE. Once the PHE expires, Oregon will begin the process of resuming redeterminations. EOCCO membership has increased by over 16,000 members</p>

	<p>during the PHE. In order to help Oregonians likely to lose coverage when redeterminations resume, the Legislature passed HB 4035 to create a task force that will make a proposal to implement a bridge program and ultimately request approval from CMS to implement a Basic Health Plan with a goal of creating a seamless transition between Medicaid and ACA coverage. The legislature signaled a preference to run the program through the CCOs. Statewide, there would be roughly 100k people eligible for the program based on an eligibility requirement of income between 138-200% of the FPL. The Basic Plan is the longer-term program while the bridge plan is designed for the shorter term, providing immediate coverage options to Oregonians who lose the benefits from a redetermination in the next 12-18 months. The legislature created a Workgroup to develop recommendations over the summer. Dr. William Johnson of Moda Health is a representative serving on the Workgroup. Mr. Jessup next turned to a brief overview of the Healthier Oregon Program. This is a program that will provide coverage to individuals that are eligible for Medicaid, but that don't currently qualify as a result of immigration status. . The program will enroll participants through the CCOs. Approximately 700 new EOCCO members will qualify for the program . Finally, Mr. Jessup provided an update on Oregon's next five-year 1115 Medicaid Waiver Renewal effective 7/1/2022. A key goal of the waiver is to maximize continuous access to coverage by streamlining coverage transitions. Significant policy proposals include the elimination of redeterminations for populations under 6 years of age. Also proposing to change adult redeterminations from every year to every two years. Finally, the waiver proposes setting aside 3% of CCO budgets as earmarked for health equity investments.</p>
<p><b>OHA PROGRAM UPDATES:</b></p>	<p>Ms. Gomez began her update by announcing OHA's work to implement the Legislature's 2021 bill expanding Cover All Kids to include adults. The current expansion cost falls within a \$100 million General Fund expenditure cap. Within the funding provided, adults can be covered in a household of four people that earns up to \$3,013 per month. Children can be covered in a family of four that earns up to \$6,660 per month. For consumers who sign up through Cover All People, Oregon Health Plan coverage will look the</p>

	<p>same as it does for those who sign up through other avenues. Currently, this program is available for one year, unless the Oregon Legislature approves additional funding. People who are 19-25 or 55 and older, including pregnant women, will be eligible for full Oregon Health Plan (OHP) benefits regardless of their immigration status. Ms. Gomez next provided an update on OHA’s expansion of post-partum benefits. Section 9812 of the American Rescue Plan Act of 2021 (ARPA) allows states to provide protected postpartum coverage for 12 months following the end of an individual’s pregnancy instead of the current 60-day period. Those receiving OHP supplemental benefits will now continue to receive benefits for 12 months following the end of their pregnancy, instead of 2 months. EOCCO members with post-partum will continue to have access for 12 months postpartum. Ms. Gomez next addressed OHA’s latest investments in Behavioral Health services. In 2021, the Oregon state legislature made \$1 billion in investments in the Behavioral Health system as part of a broad yet specific call to action in response to health inequities highlighted and exacerbated by the COVID 19 pandemic. Ms. Gomez next shared OHA’s work to implement the Legislature’s funding of an Air Filtration Device Program. OHA is required to deploy air filtration devices in the homes of eligible OHP members using \$4.7 million in funding in the 21-23 biennium. OHA is working actively with CCOs as a critical partner in providing this new service. Finally, Ms. Gomez shared a reminder that OHA is currently providing Oregon Medicaid providers with no-cost training on motivational interviewing for diabetes management. The training will focus on improving providers' confidence and skills in conversations about sensitive behavior change topics required for diabetes management. Training will occur on five different occasions between June 2022 and January 2023 using zoom video conferencing.</p>
<p><b>COMMUNITY ADVISORY COUNCIL UPDATES:</b></p>	<p>Ms. Reyna Alcala led the update on the latest changes and development with EOCCO’s Community Advisory Council (CAC). The CAC onboarding packet is complete and has been circulated to all CAC Members. CAC Member orientations have been completed. 32 of 38 CAC Member seat positions are filled. Five seats are currently pending approval by the CAC selection committee (3 OHP Consumers; 2</p>

	<p>County Reps). The CAC currently has 62.5% of Members in the Consumer Representatives category. Ms. Reyna Alcala next provided an overview of EOCCO’s Community Health Plans (CHP) in the different geographic regions. EOCCO will draft a CHP Progress report on CHP initiatives that will be completed in June. The CAC charter is being revised with collaboration between CCO leadership and the CAC. Once consensus revisions have been completed the charter will be submitted to OHA for review. The Charter will return to the EOCCO Board for review and approval in August.</p>
<p><b>2021 HEALTH EQUITY PLAN RESULTS:</b></p>	<p>Ms. Valenzuela provided an update on EOCCO’s work on the new CCO 2.0 requirement that details how CCO’s are advancing health equity. Equity initiatives build “health equity infrastructure” by collaboration between the plan, members, and the network of providers. The first plan was completed at the end of 2020 for CY 2021, EOCCO scored 57 of 62 points. EOCCO completed its 2021 Health Equity Plan update, receiving 62 of 62 possible points from OHA. OHA specifically singled out its appreciation and support for: The EOCCO in-house training featured at the EOCCO DEI committee; The Spanish Health Care Interpreter training program hosted by OSU; and leveraging traditional health workers to help support member care. Ms. Valenzuela shared EOCCO’s areas of focus for 2022. Ms. Gomez commented that EOCCO has received some of the highest scores in the state from OHA on health equity to date.</p>
<p><b>COST AND UTILIZATION UPDATE:</b></p>	<p>Mr. Dwyer provided an overview of EOCCO utilization starting first with primary care spending levels. EOCCO spends more on primary care services than all other CCOs. Mr. Jessup commented that this outcome is by design. EOCCO has included in its service strategy to make significant primary care investments and spend resources on primary care services with the goal of improving member outcomes and managing to the global budget. Mr. Dwyer next addressed total EOCCO spending. Total spending in 2021 was increased considerably – much of this can be attributed to continued growth in membership, though the rate of membership growth declined slightly in 2021. The utilization of emergency department services continued a long-term trend of declining utilization. Dr. Grandi commented that pharmacy cost</p>

	<p>continues to be substantial and diabetes management can be a beneficial investment that can help to manage pharmacy cost related to diabetes treatment.</p>
<p><b>FLEXIBLE SERVICES AND SUPPLEMENTAL BENEFIT:</b></p>	<p>Ms. Prantl Nudelman provided an update on EOCCO’s progress on implementing Health Related Services including flexible services which are supplemental to covered benefits to improve member health and well-being. These types of flexible services must increase the likelihood of desired measurable health outcomes and be grounded in evidence-based medicine, clinic best practice, or accredited. Examples of flexible services include: Cell phone and phone card minutes; Gym memberships; Non-covered DME such as scales, humidifiers, air purifiers and blood pressure monitors; Pest control services, such as bed bugs and sugar ants; Temporary housing for pre-and post-discharge; Items for the living environment such as crockpots, hot plates, and mini refrigerators; and Moving expenses and utilities. EOCCO has worked closely with OHA and supports the state waiver from CMS to permit funding of health related services. Ms. Wheeler thanked Ms. Prantl Nudelman for working to have EOCCO purchase and deliver baby formula to Harney County where they have been experiencing a shortage. Ms. Prantl Nudelman shared historical utilization trends of health related services which were initially authorized in 2017. Low utilization of flexible services was observed in the initial years of availability. Growth has steadily increased each year. CCOs can receive reimbursement for some costs associated with health-related services for qualified spending. Utilization by counties and clinics varies widely.</p>
<p><b>LOCAL COMMUNITY HEALTH PARTNERSHIP GRANT RECOMMENDATIONS:</b></p>	<p>Dr. Hoffman led a presentation on EOCCO’s Community Benefit Reinvestment (CBIR) Program. One of the primary purposes of the program is to provide annual funding to the 12 Local Community Health Partnerships (LCHP). The LCHP led projects support the health and wellbeing of EOCCO members and their communities. All EOCCO LCHPs are eligible to apply. LCHPs may propose to support projects organized by primary care practices, dental clinics, behavioral health providers, health departments, nonprofit organizations, school-based health centers, tribal nations, and tribal programs. Projects must focus on Community Health Improvement Plan (CHP) components and be</p>

	<p>consistent with Oregon Health Authority social determinants of health and health equity guidelines. Dr. Hoffman next presented the LCHP grant funding recommendations. Ms. Wheeler remarked on how successful veggie Rx has been and it has been helped by key partners. It is expected that Safeway may soon be participating in the voucher program. Dr. Hoffman explained which funding recommendations were awarded using rollover funds. Dr. Hoffman next discussed how LCHP funding will transition from its current CBIR funding structure to the SHARE Supporting Health for All through Reinvestment initiative funding structure. . Dr. Hoffman asked for the support of a Board resolution to approve LCHP grant funding recommendations allowing projects to launch on July 1. <b>Upon a motion by Mr. Grandi and seconded by Ms. Wheeler, the Board unanimously approved a motion to adopt the funding recommendations of the LCHPs.</b></p>
<p><b>RECAP OF CUMULATIVE AND RECENT COMMUNITY AND PROVIDER INVESTMENTS FROM EOCCO:</b></p>	<p>Mr. Jessup led a presentation of EOCCO’s investments in the community through December of 2021. EOCCO’s total reinvestments to date exceed \$175 Million. EOCCO will invest at least an additional \$51 million in 2022. Notably, EOCCO continues to make substantial investments in Patient-Centered Primary Care home services.</p>
<p><b>2021/2022 SHARED SAVINGS MODEL UPDATE:</b></p>	<p>MS. Grantham provided an update on EOCCO’s shared savings model performance.</p>
<p><b>FINANCIAL UPDATE:</b></p>	<p>Mr. Evans began the financial update by presenting EOCCO’s financial report and balance sheet as of April 30, 2022. Revenues increased due to increased enrollment which was also the case with the increase in claims expense. The other notable line included \$5.5 million in investment losses resulting from the negative performance of the financial markets YTD. Mr. Evans requested a motion to approve EOCCO investment transactions for Q1-2022. <b>Upon a motion by Mr. Geller and seconded by Mr. Seigner, the Board unanimously approved EOCCO investment transactions for Q1-2022..</b> Mr. Evans next provided an update on EOCCO Capital and RBC. EOCCO has been at or above the 300% minimum RBC level for paying dividends since Q2 of 2021. Current RBC levels have been maintained at a level that safely permits for member dividends or distributions. Mr. Evans made a short presentation on</p>

	<p>OHA’s capitalization regulations for CCOs. Mr. Evans provided an overview of an owner distribution proposal. The proposal included an analysis of ongoing RBC levels after a proposed \$10 million dividend distribution – excluding tax distributions. Mr. Evans concluded and invited questions and comments from those in attendance. Dr. Grandi commented that providers who are nonowners have done considerable work and encouraged increased revenue distribution to them in addition to any owner distribution. Mr. Jessup added that it has been several years since any distribution. EOCCO looks first at its community contributions before evaluating any owner distribution. Finally, owners’ financial obligations go both ways, when plan performance wanes owners are required to make capital contributions to maintain minimum capital requirements. Mr. Geller added that local Critical Access Hospitals took a significant initial risk to fund EOCCO and they have supported significant community investment for nearly a decade. <b>Upon a motion by Mr. Geller and seconded by Mr. Sims, the Board unanimously approved a motion to approve the proposed \$10 Million Owner distribution.</b></p>
<p><b>CLINICAL COORDINATOR UPDATES:</b></p>	<p>Dr. Hofmann began his presentation by sharing that a significant Behavioral Health workforce shortage impairs Eastern Oregon’s progress to fully staff its clinical needs. Dr. Hofmann discussed a new Master of Social Work and Masters of Science in Mental Health Counseling program being launched at Eastern Oregon University in the Fall of 2023. EOCCO will continue to work to help alleviate this shortage through partnerships with OHSU Campus of Rural Health and the Psychiatric Mental Health Nurse Practitioner Program, to recruit and train people for career pathways in the profession. Northeast Oregon Area Health Education Center (NEOAHEC) are coordinating clinical rotations for students from OR (OHSU), ID (ICOM), and WA. There is an opportunity to increase the number of clerkships in EOCCO service area and NEOAHEC would like to discuss with the board at a future meeting. Additional updates include an upcoming Quality Measures Settlement Distribution Committee meeting. Finally, the Clinical Advisory Panel continues to meet regularly. Ms. Wheeler shared that she personally talks to EOU students about careers in behavioral health.</p>



	GOBHI has 120 vacancies in this region and they are working with their HR on retention and recruitment strategies.
<b>ANNOUNCEMENTS :</b>	There were no announcements.
<b>PUBLIC COMMENT:</b>	Mr. J. Davis opened the meeting for public comment.
<b>ADJOURN:</b>	There being no further business, the meeting was adjourned at 3:04 PM

*Thomas J. Beble*

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Secretary