

**MINUTES OF THE MEETING  
OF THE BOARD OF DIRECTORS OF  
Eastern Oregon Coordinated Care Organization, LLC  
(EOCCO)**

**October 24, 2024  
345 SW 4<sup>th</sup> Street  
Pendleton, OR  
And Teleconference**

<b>BOARD MEMBERS PRESENT:</b>	Jeremy Davis, Robin Richardson, Cam Marlowe, Harold Geller, Ann Ford, Oceana Gonzales-Banuelos, Dr. Liz Powers, Chris Siegner, Christy Trotter, Chanel Kelly, Shawn Gee, James Williams and Dr. Curtis Peters.
<b>OTHERS PRESENT:</b>	Dave Evans, Sean Jessup, Summer Prantl Nudelman, Jenna Grantham, Audrey Thomas, Dr. Yale Popowich, Kali Paine, Courtney Valenzuela, Mina Zarnegin, Joe Greenman, Nick Gross, Kayla Jones, Dr. Holly Jo Hodges, ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant; Landon Dybdal, Lake District Hospital; Bob Seymour, Grande Ronde Hospital; Yami Gonzalez Perez, OHA Innovator Agent; Dan Grigg Wallowa Memorial Hospital. Ken Hart Valley Family Health Care, Dina Ellwanger and Tony Swart St Alphonsus Hospital, Melissa Thompson GOBHI. Martha Snow, ORPRN
<b>WELCOME AND INTRODUCTION:</b>	EOCCO Board members and guests briefly introduced themselves.
<b>CALL TO ORDER:</b>	Mr. Richardson called the meeting to order at 11:34 AM.
<b>ANNOUNCEMENTS:</b>	Mr. Jessup introduced Dr. Liz Powers who has been identified as a highly qualified candidate to join the EOCCO board to replace Dr. Grandi. At Mr. Jessup’s invitation, Dr. Powers delivered brief remarks regarding her medical practice at Winding Waters and she shared how extensively her work has been involved with Medicaid in her medical practice. <b>Upon a motion by Mr. Davis and seconded by Mr. Geller, the Board unanimously approved the appointment of Dr. Powers as EOCCO Board member.</b> Mr. Marlowe next took the floor to announce his imminent resignation as CEO of Blue Mountain Hospital to attend to personal health issues and take a needed career break. Mr. Marlowe’s resignation from the

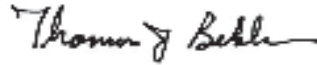
	hospital also means he resigned from the EOCCO board effective after today’s board meeting.
<b>APPROVAL OF MINUTES:</b>	<b>Upon a motion by Mr. Geller and seconded by Mr. Siegner, the Board unanimously approved the minutes of the meeting of the Board of June 7, 2024, a copy of which was provided to the Board in advance of the meeting.</b>
<b>EOCCO TOPICAL ANNOUNCEMENTS:</b>	EOCCO Board Chair Mr. Richardson announced that EOCCO plans to retain Material Health Strategies to provide consulting services to better tell EOCCO’s story of good work and community engagement to the public and decision-makers. The goal is to better promote EOCCO’s overall cause and key strategic initiatives. This engagement is important and warranted as we shape the CCO 3.0 process. Next, Dr. Holly Jo Hodges and Courtney Valenzuela provided a recap of the recently held EOCCO Summit. The Summit occurred on October 10 in Pendleton and was well attended with 175 attendees, 22 speakers, 6 vendors, and about 20 staff. The event was free and the goal was to connect professionals serving EOCCO members and provide those professionals with 4.5 CME credits. The attendees rated the event 4.83 out of 5 and 97% of the attendees found the event worthwhile. Attendee survey feedback will be used to help shape the agenda for the 2025 Summit. Finally, Mr. Davis provided an overview of the renovation and expansion of Grande Ronde Hospital.
<b>CEO UPDATES:</b>	Mr. Jessup began his presentation with an update on the Medicaid redetermination process, which is now nearly complete. To date, the impact on overall EOCCO membership has been negligible because Medicaid losses have been made up by the new Basic Health Plan and Healthier Oregon Program (HOP). Mr. Jessup next provided an overview of proposed changes to Oregon’s Medicaid prioritized list. In short, there will be no prioritized list “line” below which services and procedures are not covered under the OHP. Instead, OHA will develop a new process for utilization management and coverage determinations. The process will include mandated and optional benefits with medical necessity criteria. Mr. Jessup next gave an update on CCO 3.0 announcements. The current CCO contract was extended through 2026, and it is expected that a new procurement will occur with a 1/1/27 effective date. CCOs are working with the Governor’s office and

	<p>having preliminary discussions about new requirements and timelines. Governor Kotek’s key priorities are housing and behavioral health. The CCO’s key goals are to build greater lead time on changes and a review process for new requirements and rates. OHA will conduct a performance review with all CCOs looking at past performance to focus on how to improve the current system. CCOs will be asked to submit letters of intent for proposed service areas at the commencement of this process. Mr. Davis asked whether we know what OHA will evaluate us on. Mr. Jessup answered that they will go first to our performance on our audits. There will be a process where support from the community will play a role in the final assessment. Mr. Richardson commented that we don’t plan to expand EOCCO’s service area unless we are invited to expand from the outside. Mr. Jessup concluded his update by providing an overview of the Medicaid budget for the 2025-2027 biennium. A \$460 million funding shortfall is currently projected. There is a workgroup currently meeting with the Governor’s office to help provide plans to close the budget shortfall. Possible solutions include reducing the growth from 3.4 to 2.9 or an increase of the provider tax to raise revenue to close the deficit.</p>
<p><b>OHA PROGRAM UPDATES:</b></p>	<p>Ms. Gonzalez Perez started her OHA update with a presentation on serving a new OHP population consisting of people in jails, prisons, and detention facilities. Under Oregon’s 1115 waiver, we will be allowed to close these coverage gaps. Ms. Gonzalez Perez next shared how OHP Bridge and Marketplace are expanding eligibility based on certain immigration statuses like DACA, pending asylum applicants, and some with employment authorization.</p>
<p><b>LCHP/CAC UPDATES:</b></p>	<p>Ms. Kelly and Ms. Ford (for the absent Ms. Reyna) provided a CAC update. The CAC intends to come to the next board meeting to request approval of EOCCO’s Community Health Improvement Plan. Mr. Richardson asked Ms. Kelly about her experience and impressions of serving as CAC chair. Ms. Kelly responded that she has been orienting herself to the CAC’s work and role in her initial months as chair.</p>
<p><b>HEALTH RELATED SOCIAL NEEDS (HRSN) UPDATE:</b></p>	<p>Ms. Zarnegin provided an update on the different types of Health Related Social Needs (HRSN) benefits to be provided by EOCCO. Each benefit type has a different “go live” date. The climate benefit started on March 1 and is the only one that is currently available</p>

	<p>to members. Members are utilizing the benefit with 283 requesting a total of 463 devices. EOCCO is utilizing Community Capacity Building Funds to augment our effort to build and enhance our HRSN network of providers. Dr. Powers asked whether lung disease qualifies for an air filtration improvement benefit (mold remediation). Ms. Zarnegin replied that mold remediation is not covered through HRSN but there can be other ways to address this health issue through the property landlord. Relationships with landlords are important.</p>
<p><b>FINANCIAL UPDATES:</b></p>	<p>Mr. Evans began his presentation with an overview of the EOCCO balance sheet. Asset value growth has been due to cash and investment growth. On EOCCO P&amp;L, revenue growth is driven by membership increases. MLR is trending higher this year. Mr. Jessup added that the EOCCO Owners have recently met to discuss methods to enhance financial performance on both the cost-saving and revenue growth sides. He added that EOCCO’s unique attributes in its rural geography have resulted in a current year operating loss and we are working with OHA to present data to persuade them to factor these issues into our rates. <b>Upon a motion by Mr. Geller and seconded by Mr. Gee the Board unanimously approved EOCCO’s investment transaction for Q2 &amp; Q3 2024.</b> Mr. Evans next named the recommendations for the financial and actuarial independent audit appointments from Deloitte &amp; Touche. <b>Upon a motion by Mr. Davis and seconded by Dr. Powers the Board unanimously approved the appointment of James Oliver from Seattle, WA as financial independent auditor. Upon a motion by Mr. Davis and seconded by Dr. Powers the Board unanimously approved the appointment of Kumar Kisan from Chicago, IL as actuarial independent auditor.</b></p>
<p><b>SHARED SAVINGS MODEL UPDATES:</b></p>	<p>Ms. Grantham started an overview of the shared savings model performance which currently has both funds operating at a deficit with actual results pending provider reports. Mr. Jessup commented that despite the deficit, we propose to pay providers the full withhold to acknowledge our providers’ need for these funds. <b>Upon a motion by Mr. Geller and seconded by Mr. Williams the Board unanimously approved EOCCO’s return of the entire withhold to EOCCO providers.</b> Mr. Richardson continued to note that</p>

	<p>these types of decisions regarding how we handle our shared savings allocations result in an enhanced provider network infrastructure for EOCCO and its members. Giving the withhold to the providers is a small sacrifice for EOCCO that produces community benefits and enhances our bond with providers. Ms. Grantham concluded by sharing EOCCO’s planned January 1<sup>st</sup> shared savings model changes including, 2024 was a 9-month model to allow us to reset our annual model to the calendar year. Mr. Geller asked if it is likely that we could convince the state to reduce capital requirements. Mr. Richardson responded that he would like to see that as part of the package of issues negotiated in CCO 3.0.</p>
<p><b>SUMMIT HEALTH PLAN UPDATE:</b></p>	<p>Mr. Jessup provided a brief overview of Summit Health Plan’s (“SHP”) business plans. He provided an analysis of national trends driven by CMS regarding MA rate adjustments that put downward pressure on plan revenue and how it is causing plan withdrawals. CMS cut the benchmark rate and adjusted stars methodology making performance-based rate enhancements more difficult to obtain. SHP has used \$7.5 million of the surplus note. SHP will have run-out cost and receive additional revenue to settle up risk adjustment. Mr. Richardson added that Wyden is meeting with us to discuss how the struggles of SHP can inform improvement to the MA program.</p>
<p><b>2023 QUALITY MEASURE RESULTS AND QUALITY DISTRIBUTION SUBCOMMITTEE RECOMMENDATIONS:</b></p>	<p>Dr. Hoffman began his presentation by providing a historical overview of how these funds have been expended in past years. Dr. Hoffman next presented the 2023 quality distribution spending recommendations. Mr. Jessup asked how much of the money would be earmarked for primary care. Dr. Hoffman responded that it is roughly 80% of the total. <b>Upon a motion by Mr. Geller and seconded by Ms. Ford, the Board unanimously approved the quality spending recommendations of the quality distribution subcommittee as represented on p. 65 of the board meeting presentation provided to the board in advance of the meeting.</b></p>
<p><b>OVERVIEW OF EOCCO GRANT PROGRAM</b></p>	<p>Ms. Snow and Dr. Hoffman provided an overview of EOCCO grant reinvestments into local communities. Dr. Hoffman emphasized that our focus this year is determining how EOCCO can better support housing options for members under the requirements of the Medicaid program. One strategy involves expanding</p>

	our work and collaboration with local housing authorities.
<b>PUBLIC COMMENT AND ADJOURNMENT</b>	Mr. Hart announced that they added a hygienist at Valley Family Health Care. Ms. Gonzalez Perez shared that there are roughly 7,800 DACA-eligible residents in Oregon who are covered in the newly expanded eligibility population. Any membership impact to EOCCO in the Bridge Program should be negligible.



---

Secretary