

**MINUTES OF THE MEETING
OF THE BOARD OF DIRECTORS OF**

**Eastern Oregon Coordinated Care Organization, LLC
(EOCCO)**

**December 20, 2024
Eastern Oregon University
One University Boulevard
Hoke Union Building - Room 339
LaGrande, OR
And Teleconference**

BOARD MEMBERS PRESENT:	Jeremy Davis, Robin Richardson, Harold Geller, Ann Ford, Oceana Gonzales-Banuelos, Dr. Liz Powers, Alisha Lundgren, Chris Siegner, Christy Trotter, Chanel Kelly, Art Mathisen, Shawn Gee, Lannie Checketts, James Williams, Dan Grigg, and Dr. Curtis Peters.
OTHERS PRESENT:	Dave Evans, Sean Jessup, Kraig Anderson, Summer Prantl Nudelman, Dr. Yale Popowich, Kali Paine, Courtney Valenzuela, Mina Zarnegin, Joe Greenman, Nick Gross, Kayla Jones, Emma Loftin, Mark Danburg-Wyld, Dr. Holly Jo Hodges, ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant; Dennis Burke, EOCCO, consultant; Landon Dybdal, Lake District Hospital; Bob Seymour, Grande Ronde Hospital; Yami Gonzalez Perez, OHA Innovator Agent; Ken Hart Valley Family Health Care, Dina Ellwanger and Tony Swart St Alphonsus Hospital, Melissa Thompson, Marcia McMurphy, GOBHI, Al Barton, Mid-Columbia Center for Living; Catherine White, Harney District Hospital; Chantay Jett, Wallowa Valley Center for Wellness; Nic Powers, Winding Waters Clinic; Jonathan Edwards, Good Shepherd; Barb Seatter, CHD.
WELCOME AND INTRODUCTION:	EOCCO Board members and guests briefly introduced themselves.
CALL TO ORDER:	Mr. Richardson called the meeting to order at 11:07 AM.
ANNOUNCEMENTS:	Mr. Richardson commenced the meeting by giving brief remarks on the state of where EOCCO stands at the end of 2024 and assessed the threats and opportunities on the horizon for 2025.
APPROVAL OF MINUTES:	Upon a motion by Mr. Geller and seconded by Mr. Matheson, the Board unanimously approved the

	minutes of the meeting of the Board of October 24, 2024, a copy of which was provided to the Board in advance of the meeting.
EOCCO BOARD APPOINTMENT:	Mr. Richardson recognized Dennis Burke to introduce Dan Grigg who was nominated to represent small district hospitals on the EOCCO board. Mr. Grigg joined Wallowa Memorial Hospital as Chief Executive Officer in 2023. His last two jobs have been as CEO of small Oregon hospitals in Burns and, before that, in Heppner. Upon a motion by Dr. Powers and seconded by Mr. Davis, the Board unanimously approved the appointment of Dan Grigg as EOCCO Board member.
OHA PROGRAM UPDATES:	Ms. Gonzalez Perez started her OHA update by providing an overview of key OHA/partner accomplishments. Among the highlights was the implementation of the Bridge program, HRSN benefits, and improved enrollment efficiency. Ms. Gonzalez next shifted to an overview of 2025 OHA goals which include expanding OHP coverage of pre-release populations, implementation of medically tailored meals, crafting the CCO 3.0 process, and the resulting new CCO contract development. She next provided a summary of OHA Director Dr. Hathi’s recently completed regional listening tour. A key topic of interest for EOCCO that was highlighted was strategies to assist rural hospitals and prevent them from reducing services or closing. These strategies fit into OHA’s overall agency goal of eliminating health inequalities by 2030, articulated in the Oregon Health Forward initiative. Mr. Richardson asked Ms. Gonzalez Perez if she could provide an overview of OHA’s legislative initiatives for the 2025 legislative session. She replied that she would provide a detailed overview at the January EOCCO board meeting.
EOCCO COMMUNITY HEALTH IMPROVEMENT PLAN:	Ms. Murphy began a presentation on the community improvement plan by providing the plan’s timeline which begins in January 2025 and runs through December 2029. The initial two goals in the plan’s social determinants of health priority areas are one, improve access to nutritious food, and two, improve housing access. Mr. Grigg asked for more details about housing funding. Ms. Murphy shared that GOBHI housing funds must be behavioral health involved and must have a letter of support from local mental health agencies. Ms. Murphy next outlined

	<p>goals in the priority area of healthcare navigation. Goal one is to educate EOCCO members on new benefits and updates and goal two is to use local partnerships to spread awareness. In response to environmental health and outdoor activities, Mr. Grigg mentioned that outdoor activities in our geography are plentiful, but wintertime indoor activities are lacking. Ms. Murphy responded that she would give that feedback to the groups. Mr. Jessup asked whether these plans leverage all EOCCO’s various initiatives that it does and has planned. Ms. Murphy responded that the intent is to enhance awareness and avoid creating new or duplicative initiatives. Upon a motion by Ms. Lundgren and seconded by Dr. Powers, the Board unanimously approved the EOCCO Community Health Improvement Plan (CHIP) and Community Health Assessment (CHA). Mr. Jessup commented that this was a tremendous amount of work for the GOBHI team to accomplish.</p>
<p>COST SAVINGS INITIATIVES & REVENUE GENERATION</p>	<p>Ms. Jones provided an overview of various operations initiatives to save EOCCO \$1.2 million in expenses. Ms. Jones began by discussing strategies for reducing overall outpatient costs for non-contracted out-of-state providers as well as contracted out of state providers. Mr. Geller asked what the current rate is for non-contracted out-of-state providers. Ms. Jones responded currently it is 50% of billed charges for outpatient services. Mr. Richardson added that our goal is to prioritize the use of services in EOCCO geography to support our local providers while maintaining out-of-state specialties for EOCCO members. Ms. Jones next discussed drug screening utilization. Dr. Powers asked that the virtual trainings provide guidance on which tests to use (not just the why but also the how – as in what product to use). Kayla next discussed PCP capitation engagement. Mr. Hart mentioned that he has only 8,000 lives of EOCCO and his goal is to increase the number of members served in his clinic. As we get further down this path, does it make sense to look at FFS again instead of capitation? Mr. Jessup responded that EOCCO staff intend to gather more data on capitation to make it a valuable payment model with our primary goal to keep providers on capitation. At the same time, we also need providers seeing their members. We need to validate our data to make sure we are</p>

	collecting all of the encounters and uncovering those gaps in reporting.
2025 RISK MODEL MODERNIZATION:	<p>Mr. Jessup began by providing an overview of the history of Value Based Payments with Oregon CCOs. EOCCO has successfully used this program as it has evolved and has returned over \$87 million to community providers, which represents a significant portion of EOCCO's \$300 million in funds returned to local communities and providers. He next turned to how surplus and deficit percentages have evolved over the past decade of these payment programs. Mr. Anderson next presented in greater detail the proposed changes to the model methodology. The Shared Savings model is a funds-based model and the risk fund is based on just a portion of the overall funds from OHA. We give 100% of the surplus below MLR of 85% to avoid having to return funds to OHA. We have already changed to a calendar year model in response to reporting timelines, the change to a single-year MLR, and new peer-through MLR requirements for our sub-capitated entities. Under the new proposed model design, providers keep the entire surplus if MLR is below 86%, providers and EOCCO equally share the surplus if MLR is between 86% and ~90% and non-PCP providers assume 40% while EOCCO assumes 60% of any deficit when MLR exceeds 90%, up to a maximum of the withhold amount. For 2025 PCP receive 10% of the surplus (20% of payout) allocated between participating PCPs based on enrollment with no downside risk for PCPs (no change). For non-PCPs 40% of surplus/deficit is allocated based on the share of the withhold. The withhold on non-PCP claims is 10% for in-area systems, and 5% for out-of-area systems. The Withhold amounts serve as maximum downside risk. Mr. Geller remarked that with OHA providing a .6% rate increase for 2025, it will be interesting to see how this issue plays out. Mr. Richardson responded that we will continue to advocate for our value and better rate treatment from OHA. Moreover, our first goal will always be to return all the provider withholds.</p> <p>Upon a motion by Mr. Geller and seconded by Mr. Checketts, the Board unanimously approved the EOCCO proposed 2025 Shared Savings Model changes as reflected on p. 103 of the EOCCO Board Meeting presentation packet which was provided to the board in advance of the meeting. Mr. Grigg</p>

	<p>asked if the risk model for 2025 will be paid based on 24 financials. Mr. Jessup responded that the 2024 risk model will be based on 2024 performance and settled in 2025. The 2025 risk model will be based on the new model looking at 2025 performance. The 2025 risk model will be settled in 2026. Mr. Grigg responded by asking whether using this year’s financial results on the new model would eliminate all the payouts. Mr. Evans responded that it would be close, but providers would still get their withhold returned.</p>
<p>FINANCIAL UPDATES:</p>	<p>Mr. Evans provided a financial update starting with EOCCO’s balance sheet current to November 30, 2024. Revenues have increased 8%, primarily driven by the increase in membership, which has increased from 808,848 member months to 827,427 member months (2.3%) as well as an increase in the PMPM received. The EOCCO MLR is approximately 2% higher in the current year. \$4.2 million is related to 2023 (approximately 1%). In addition, we have seen the claims expense trend increase over the past couple of years. Upon a motion by Dr. Powers and seconded by Mr. Gee the Board unanimously approved EOCCO’s investment transaction for Q4 2024.</p>
<p>GRANT UPDATES:</p>	<p>Dr. Hoffman provided an overview of the EOCCO Grant Committee's funding recommendations for 2025 Community Benefit Initiative Reinvestment by starting with the 2025 grant distribution timeline. Next, Dr. Hoffman provided a summary of each funding recommendation where 15 recommendations will receive \$554,000 from EOCCO. Upon a motion by Mr. Matheson and seconded by Mr. Gee the Board unanimously approved the EOCCO Grant Committee’s 2025 Community Benefit Initiative Reinvestment Funding Recommendations. Ms. Prantl Nudelman provided an overview of how we will change our grant intake. With Martha Snow moving to a different position, EOCCO will be bringing its grant program in-house to EOCCO’s operations. Mr. Jessup added that ORPRN has been a great asset and helped us get our grant program up and running. We are ready to take it over and manage our grant process internally. ORPRN will continue to manage our MOUD in jails in program.</p>
<p>EOCCO COMPLIANCE UPDATES:</p>	<p>Mr. Gross began this presentation by providing an overview of the CMS audits in progress. EOCCO staff time to respond and assess CMS findings will continue</p>

	<p>to be a considerable undertaking. Next Mr. Gross provided an overview of the 2025 EOCCO compliance plan. The 2025 plan includes a provision to comply with OHA’s new requirement that CCOs provide compliance training for board members. EOCCO will launch an online board compliance training in the spring of 2025. Upon a motion by Mr. Geller and seconded by Dr. Powers the Board unanimously approved EOCCO’s 2025 Compliance Plan.</p> <p>Ms. Jones provided an update on EOCCO’s 2024 External Quality Review audits and results which included the Compliance Monitoring Review, Mental Health Parity, Delivery System Narrative and Encounter Data Validation.</p>
<p>PUBLIC COMMENT AND ADJOURNMENT</p>	<p>Mr. Jessup provided a reminder that the January 30th, 2025, EOCCO board meeting will take place in Portland and includes an invitation to attend the Portland Trailblazers game later that evening at the Moda Center. No board members offered any final comment, and no public comment was provided when solicited by the chair. The meeting was adjourned at 2:30 pm.</p>

Thomas J. Bekke

Secretary