MINUTES OF THE MEETING
OF THE BOARD OF DIRECTORS OF

Eastern Oregon Coordinated Care Organization, LLC

(EOCCO)

December 16, 2025
10 am
By Teleconference

BOARD MEMBERS PRESENT:	Robin Richardson, Al Barton, Alisha Lundgren, Curtis Peters, Harold Geller, Ann Ford, Oceana Gonzales-Banuelos, Chanel Kelly, Dr. Liz Powers, Shawn Gee, Lannie Checketts, Jeremy Davis, Dan Grigg, and Christy Bracewell Trotter.
OTHERS PRESENT:	Sean Jessup, Summer Prantl Nudelman, Joe Greenman, Nick Gross, Kayla Jones, Emma Loftin, Courtney Valenzuela, Kali Paine, Mina Zarnegin, Sara Crowell, Holly Jo Hodges, Dave Evans, ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant; Denis Burke, EOCCO consultant; Ken Hart and Sarah Ludovic-Young, Valley Family Health Care; Nic Powers and Mary Goldstein, Winding Waters Clinic; Dina Ellwanger, St Alphonsus Hospital; Landon Dybdal, Lake District Hospital; Lourdes Reyna Alcala, GOBHI; Marina Banderas THW, EOCCO; Sanjuanita Olivas, Columbia River Health; David Rollins, Grande Ronde Hospital; Tony Swart, Saint Alphonsus Medical Center; Yami Gonzalez Perez, OHA Innovator Agent.
WELCOME AND INTRODUCTION:	EOCCO Board members and guests briefly introduced themselves. Mr. Richardson provided welcoming remarks and offered a brief explanation of how the virtual meeting was decided upon, highlighting the difficulty of scheduling an in-person meeting so close to the holidays, which made a virtual meeting the best solution to ensure convenient attendance. Mr. Jessup added that this meeting's agenda is streamlined to focus on time-sensitive finance and governance issues, with the expectation that the February meeting will be a full-length meeting with more extensive reporting and subject matter.
CALL TO ORDER:	Mr. Richardson called the meeting to order.
APPROVAL OF MINUTES:	It was announced that consideration and approval of the October meeting minutes would be deferred to the February meeting.

FINANCIAL UPDATES:	Mr. Evans started with a brief announcement and update regarding Summit Health Plan ("SHP"). The various agreements and approvals required to dissolve SHP have been approved by OHA and Oregon DFR. Mr. Evans next provided an overview of EOCCO's balance sheet and P&L statement through October 31, 2025. Revenue for the year is up by 3%, resulting from increased membership. Claims costs have increased by 4%, and our MLR is higher in 2025. Positive investment returns have helped offset reductions in income from operations. Mr. Evans next addressed the capital and RBC forecast for 2026. The first item of note for the year is EOCCO's need to create a Premium Deficiency Reserve ("PDR") for 2026. This is a standard accounting event and will reinforce to OHA the magnitude of the rate deficiency that has been created by their rate-setting process. Dr. Powers asked about losses attributable to high-cost claims. Mr. Evans responded that this has been an issue, but there is a $3 million offset from reinsurance. Dr. Powers added that it seems like the provider contracts are investing less in primary care. How is EOCCO addressing this? Mr. Jessup responded that our history of investing in primary care is top of the class for Oregon CCOs. While we are right-sizing the reimbursements, they don't constitute a cut in rates. The reality is that our funds are limited, so our goal is to institute a balanced approach, and if we have dollars left, we will find ways to reinvest them further into the system. Dr. Powers added that there remains a problem for PCPs of not being paid enough to do all of the things they are being asked to do. She hopes that we will find ways to continue to improve in this area. Mr. Richardson added that it is frustrating that other payors and carriers aren't doing as much as EOCCO for primary care, and we're hoping they step up for the system. Moreover, much of our primary care spending isn't counted by OHA when setting our reimbursements, and we need OHA to recognize the value of this spending. Dave concluded by providing an accounting of 2024 and 2025 quality incentive dollars and the board recommendation to proceed by using quality funds to manage the EOCCO RBC to maintain our goal of an RBC in excess of 250%.
2024 QUALITY AND CHALLENGE POOL	Mr. Jessup began by announcing that there is almost $20 million in quality funds to allocate. Dr. Hoffman added that this is all happening with three forces

DISTRIBUTION DISCUSSION:	working against us: 2025 finance challenges created by OHA rate underfunding, the challenge at the federal level imposed by passage of the "One Big Beautiful Bill", and OHA's reduction of quality funds. Following the financial update provided by Mr. Evans, we are proposing a more conservative approach to the deployment of quality dollars. Mr. Gee asked what we plan to tell the small clinics that will receive reduced payments? Dr. Hoffman responded that we are still paying quality funds, but less. This is a challenging time, and the network will share sacrifice with EOCCO until we receive more equitable and increased funding from OHA. Mr. Barton asked about EOCCO's political activities to improve the financing. Mr. Jessup responded that we are continuing to apply our traditionally developed criteria for payments, but because the amount is less, we allocate less to each recipient. Mr. Jessup is serving on the Medicaid cost savings task force in Salem. Mr. Richardson shared that this starts with leadership issues in OHA, and the Governor and Dr. Goldberg acknowledge this issue. There is now an organized discussion and organized leadership to guide decision-making, and this will be under the direction of Dr. Goldberg. Ms. Bracewell Trotter asked if we have any data correlating the CCO model with enhanced member outcomes? How did our costs grow? Dr. Hoffman responded that we do have the outcome data. The problem is the growth of membership, and our rates have not been increased sufficiently to account for the total membership growth. Mr. Jessup added that newly mandated benefits have also greatly exceeded the initially projected rate growth in an unsustainable way. Mr. Jessup further addressed how enrollment changes might continue to impact finances. EOCCO developed talking points to help our partners communicate our financial and quality incentive priorities to legislators. **Upon a motion by Mr. Geller and seconded by Mr. Checketts, the Board unanimously approved the proposed recommendations for allocation of the 2024 quality funds, a copy of which was provided to the Board in advance of the meeting.** Mr. Davis noted that he is also serving on the Oregon Medicaid task force and sees a lot of the same problems that have been expressed today, and OHA has been an obstacle in

	helping to resolve the need to continue to reform and maintain the successful model.
EOCCO COMPLIANCE UPDATES:	Mr. Gross provided an update on the EOCCO 2026 Compliance Plan and Conflict of Interest Policy. **Upon a motion by Mr. Geller and seconded by Ms. Bracewell Trotter, the Board unanimously approved the 2026 EOCCO Compliance Plan, a copy of which was provided to the Board in advance of the meeting.** Mr. Barton, asked whether the completion of any alternative Fraud Waste and Abuse training would excuse board members from completing the EOCCO Fraud Waste and Abuse training. Mr. Gross answered "no". Board members were asked by Mr. Gross to complete and submit their attestations of the Conflict of Interest Policy included in the board meeting materials.
PUBLIC COMMENT, ANNOUNCEMENTS, AND ADJOURNMENT	Public comment was announced and offered by the chair. No public comment offered. Mr. Jessup reminded the board of the next board meeting on February 3, 2026, in the Moda Tower in Portland, OR. The meeting was adjourned at 11:24 AM.

Secretary