MINUTES OF THE MEETING
OF THE BOARD OF DIRECTORS OF

Eastern Oregon Coordinated Care Organization, LLC

(EOCCO)

February 3, 2026
Moda Tower, 24th Floor Boardroom
601 SW 2nd Ave
Portland, OR 97204
And Teleconference

BOARD MEMBERS PRESENT:	Robin Richardson, Al Barton, Alisha Lundgren, Harold Geller, Ann Ford, Oceana Gonzales-Banuelos, Chanel Kelly, Dr. Liz Powers, Shawn Gee, Lannie Checketts, James Williams, Jeremy Davis, Dan Grigg, and Christy Bracewell Trotter.
OTHERS PRESENT:	Sean Jessup, Summer Prantl Nudelman, Joe Greenman, Nick Gross, Kayla Jones, Mikayla Briare, Emma Loftin, Courtney Valenzuela, Kali Paine, Sofia Aiello, Kelly Watanabe, Mina Zarnegin, Sara Crowell, Holly Jo Hodges, Jenna Stevens, Kala Katt, Dave Evans, ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant; Denis Burke, EOCCO consultant; Sarah Ludovic, Valley Family Health Care; Nic Powers, Winding Waters Clinic; Landon Dybdal, Lake District Hospital; Lourdes Reyna Alcala, GOBHI; Tony Swart, Saint Alphonsus; David Rollins, Grande Ronde Hospital; Gonzalez Perez, OHA Innovator Agent; David Herrick, Material Health Strategies; Misty Robertson, Blue Mountain Hospital.
WELCOME AND INTRODUCTION:	EOCCO Board members and guests briefly introduced themselves. Mr. Richardson provided welcoming remarks and introduced Robert Gootee, CEO of Moda Health. Mr. Gootee gave brief remarks to kick off the meeting, focusing on the state of the Oregon healthcare marketplace and noteworthy emerging trends rising from the current challenges. Mr. Gootee addressed the impact of unusually high utilization that is impacting costs in all of Moda's lines of business, with the fourth quarter of 2025 coming in at the highest levels of this cycle. Ultimately, he believes that these financial challenges will result in the market having fewer active participants in the coming few years. The leading imminent cause of financial pressure will be in the small group market, which causes market churn

	and results in underwriting uncertainty for payors working with transitioning groups.
CALL TO ORDER:	Mr. Richardson called the meeting to order at 11:02 AM.
APPROVAL OF MINUTES:	**Upon a motion by Mr. Barton and seconded by Mr. Peters, the Board unanimously approved the minutes of the meeting of the Board of October 23, 2025, and December 16, 2025, a copy of which was provided to the Board in advance of the meeting.**
CEO UPDATES:	Mr. Jessup began by providing an overview of his participation in the Governor's Advisory Workgroup on Medicaid Sustainability. Governor Kotek empaneled this group to guide policies to maintain Oregon Medicaid enrollment while creating a sustainable Medicaid benefit over the next two biennia, 27-29/29-31. Despite the stated goals, federal work-requirement mandates enacted under the OBBBA could reduce statewide OHP enrollment by 200,000 members. Aside from assessing membership, the group is evaluating cost control concepts such as a pharmacy carve-out (with one statewide PBM), a dental carve-out (with a solo statewide administrator or a DCO model), elimination of the HRSN benefit, and deeper analysis of psychotherapy utilization management. Mr. Jessup next previewed the 2026 EOCCO budget forecast, the Rural Health Transformation Funding, and EOCCO advocacy in storytelling – all agenda items in the day's meeting covered in greater detail.
OHA Program Updates:	Ms. Perez provided an overview of current and future goals, priorities, and initiatives of the Oregon Health Authority. An ongoing priority of OHA is planning and implementing federal Medicaid mandates enacted by the OBBBA in consultation with CMS. OHA is also closely monitoring activity in the February session of the Oregon Legislature to promote improvements to Oregon's Medicaid and other health-related programs managed or overseen by OHA.
LEGISLATIVE SESSION UPDATES:	Fawn Barrie, who is EOCCO's contract lobbyist, provided an overview of the February session of the Oregon Legislature. She presented on known and suspected pieces of legislation to modify Oregon's Medicaid system and assessed the implications of the impact on CCO operations.
RURAL HEALTH TRANSFORMATION	Ms. Crowell and Dr. Hofmann presented an overview of the RHTP, a five-year funding initiative enacted under the OBBBA and administered at the federal

PROGRAM (RHTP) UPDATE	level by CMS. RHTP is designed to support investments in rural health systems. The goals are to improve healthcare access, quality, and outcomes by strengthening and transforming rural healthcare delivery systems. The federal program has $50 billion over five years available, with 50% distributed equally among the states and 50% allocated by CMS based on legislatively adopted factors. Oregon received $197.3 million in 2026 for its share of the RHTP funding, with additional funding potentially available in future years. Oregon has announced five major initiatives allocated in two funding phases. By spring, Oregon expects to begin releasing Request for Grant Application (RFGA) to support approved RHTP initiatives. By mid-2026, the award decision will be announced by OHA.
FINANCE UPDATE	Mr. Evans introduced Mr. Kalina to present EOCCO's 2026 investment policy. **Upon a motion by Mr. Williams and seconded by Mr. Checketts, the Board unanimously approved the 2026 EOCCO Investment Policy, a copy of which was provided to the Board in advance of the meeting. Upon a motion by Mr. Davis and seconded by Mr. Peters, the Board unanimously approved EOCCO's investment transactions for Q4, 2025.** Ms. Jones next led an update on EOCCO's ongoing cost-saving initiatives. This initiative has focused on savings in four categories with target amounts. Ms. Jones reported that EOCCO has achieved its target savings in every category. She then provided an overview of the 2026 cost-saving initiatives, outlining the targeted savings for each category. Mr. Evans next provided an overview of the EOCCO year-end financial results. Overall, EOCCO had a $5.1 million operating loss in 2025, driven mostly by continued claims paid growth coupled with inadequate rate increases and the need to record a PDR for 2026. The 2025 SHARE initiative allocation currently stands at $360,000, subject to possible annual close-out accounting. The operating loss was offset by stellar investment returns. As previously approved by the Board, half of the estimated 2025 quality fund was retained by EOCCO on December 31, 2025. Mr. Evans then presented on the 2026 forecast and budget. The forecast includes the final OHA-approved rate increases for OHP, BHP, and HOP. Increased rates, the impact of the PDR recorded in 2025, and continued cost-saving initiatives

	all together result in a forecast of a slightly lower MLR of 90.65%. **Upon a motion by Mr. Gee and seconded by Ms. Trotter, the Board unanimously approved EOCCO's budget and forecast for 2026.** Mr. Evans concluded with an update on EOCCO's reinsurance renewal, including the decision to transition to a new carrier and the related premium rates.
SUB-CAPITATED RATE PROPOSAL	Ms. Grantham provided a presentation announcing the proposed 2026 EOCCO rates to GOBHI and the DCO rate. **Upon a motion by Mr. Gee and seconded by Mr. Davis, the Board unanimously approved EOCCO's 2026 capitation rates for GOBHI.** Mr. Barton inquired whether his status with GOBHI required his abstention, and Mr. Richardson replied that it did not. **Upon a motion by Mr. Peters and seconded by Mr. Barton, the Board unanimously approved EOCCO's 2026 DCO capitation rates.**
MATERIAL HEALTH STRATEGIES UPDATE	Mr. Herrick provided a refresher of the scope of work that his firm is completing on behalf of EOCCO. Along with an interviewer and a photographer, they traveled over 1,200 miles across EOCCO's geography to capture stories demonstrating EOCCO's impact on healthcare in the community, along with the lives touched and improved on an individual basis. From this work, they have developed communication kits to tell these stories to state leaders and policymakers.
PUBLIC COMMENT, ANNOUNCEMENTS, AND ADJOURNMENT	Public comment was announced and offered by the chair. No public comment offered.

Secretary