

**MINUTES OF THE MEETING
OF THE BOARD OF DIRECTORS OF
Eastern Oregon Coordinated Care Organization, LLC
(EOCCO)
June 11, 2026
Saint Alphonsus Medical Center
Don Roumaquox Conference Room
351 SW 9th Street
Ontario, OR 97914
And Teleconference**

BOARD MEMBERS PRESENT:	Robin Richardson, Curtis Peters, Al Barton, Alisha Lundgren, Ann Ford, Dan Grigg, Oceana Gonzales-Banuelos, Shawn Gee, Lannie Checketts, Jeremy Davis, James Williams, and Christy Bracewell Trotter.
OTHERS PRESENT:	Sean Jessup, Summer Prantl Nudelman, Kraig Andersen, Joe Greenman, Nick Gross, Kayla Jones, Emma Loftin, Courtney Valenzuela, Kali Paine, Kelly Watanabe, Mina Zarnegin, Sara Crowell, Holly Jo Hodges, Jenna Stevens, Kala Katt, Dave Evans, ODS Community Health. Dr. Chuck Hofmann, EOCCO clinical consultant; Dennis Burke, EOCCO consultant; Bryon Hemphill, Valley Family Health Care; Lourdes Reyna Alcala and Brittany Bucholz, GOBHI; Tony Swart and Marci Harper, Saint Alphonsus; David Rollins, Grande Ronde Hospital; Bob Gomes, Harney District Hospital; Bob Houser, Pioneer Memorial Hospital.
WELCOME AND INTRODUCTION:	EOCCO Board members and guests briefly introduced themselves. Mr. Richardson provided welcoming remarks and thanked Mr. Checketts and Mr. Swart for hosting the meeting at Saint Alphonsus in Ontario.
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 February 3, 2026, a copy of which was provided to the Board in advance of the meeting.
CORPORATE GOVERNANCE ANNUAL DISCLOSURE:	Mr. Greenman provided an overview of OHA's requirement that each CCO annually draft and submit a Corporate Governance Annual Disclosure ("CGAD"). This year's EOCCO CGAD was circulated to the EOCCO Board on May 28 and submitted to OHA on June 1.

CEO UPDATES:	Mr. Jessup began by looking ahead to state and federal policies that will impact operations in 2027. The Healthier Oregon Program will transition to a fee-for-service program on 1/1/2027, resulting in 7,000 EOCCO HOP members being disenrolled from EOCCO. In general, EOCCO is observing some health plan market consolidation, with Providence closing its Oregon plans and PacificSource downsizing. Mr. Barton commented that PacificSource has laid off several long-term people with Medicaid relationships in its Columbia River Gorge service area. Mr. Richardson weighed in with additional insights on these emerging healthcare market trends. Mr. Jessup next provided an update on his work with the Governor's Medicaid Advisory Workgroup. The ongoing goal of this workgroup is to identify \$421 million in General Fund Medicaid savings for the 2027-2029 biennium. The group has generally excluded concepts associated with cuts to provider reimbursements. Mr. Barton asked how cutting \$421 million in general fund would result in a total of over \$1 billion in reductions. Mr. Jessup replied that the reduction in general funding spending will result in Oregon leveraging less in federal and other funds. Mr. Jessup continued to share Workgroup savings concepts. Regarding potential consolidation of CCOs and program administrative functions, Mr. Richardson shared that OHA has wanted to do some of this since the inception of CCO 2.0. Mr. Jessup concluded this topic with a reminder that the Workgroup report is due to the Governor by 6/30/2027.
EOCCO STORYTELLING:	Ms. Zarnegin provided an update on EOCCO's work with Material Health Strategies, including upcoming goals and action plans.
RURAL HEALTH TRANSFORMATION PROGRAM (RHTP) UPDATE:	Dr. Hofman and Ms. Crowell provided an overview of the RHTP program at a national level, including how the federal government has been rolling it out. Next, they focused on the program's impact in Oregon, including how Oregon is working with the federal government to plan to distribute Oregon's available funds, including benchmarks and deadlines. They concluded by sharing EOCCO's Oregon funding strategies, including details of planned projects and associated grant funding applications.
2026 ROUND 2 CBIR RECOMMENDATION UPDATE:	Dr. Hofmann provided an update on the ongoing goals of the CBIR initiative. He next provided a presentation on four Community Benefit Initiative Reinvestment

	projects for the Board’s consideration. Upon a motion by Mr. Grigg and seconded by Mr. Gee, the Board unanimously approved the 2026 CBIR Funding Recommendations, a copy of which was provided to the Board in advance of the meeting.
LCHP/SHARE UPDATE:	Dr. Hofmann provided an update on the SHARE Initiative and LCHP funding that EOCCO provides through SHARE. Total funds available for 2026 are \$645,325.62, and applications requested roughly double that amount. The LCHPs score and rank the applications, and the CAC Subcommittee reviews them before consideration by the full CAC. The Board will receive final 2026 SHARE LCHP funding recommendations for consideration and approval.
LCHP/CAC UPDATE:	Ms. Bucholz relayed that the CAC met in May and reviewed all the LCHP applications. Forty-two applications were approved for some level of funding. All 12 counties had a successful applicant.
PUBLIC COMMENT:	Dr. Bryon Hemphill from Valley Family Health Care was recognized and addressed the Board. He first praised EOCCO as a good partner from a provider’s perspective. He shared a recent complex patient story and discussed how Valley Family Health Care is seeing a growing number of patients in this situation, including an increase in self-pay patients. Due to contracting issues, the service area has lost access to outpatient therapy. Despite it being June, the walk-in clinic continues to fill at flu season levels, driven by patients who are unable to access standard care and who use the clinic as backup care. At least the positive aspect of this is that they didn’t use the ED. Overall, he said that he is sensing a shift of greater complexity and acuity of needed care and treatment in the community. Providers are leaving because of overwork and fatigue issues. He asked EOCCO to continue to be a good partner and communicate with the providers about upcoming policy issues that will impact providers in the community. Mr. Barton, Mr. Richardson, and Dr. Hofmann all commended Dr. Hemphill for his comments and thanked him for taking the time to share his observations with the EOCCO Board.
COST AND UTILIZATION UPDATE:	Mr. Anderson began his presentation by providing an overview of EOCCO’s cost and utilization dashboard. The overall takeaway is that services have shown moderate growth, while cost, as measured by PMPM paid, increased by a significantly larger amount of

	10.3% in 2025, with only a slightly lower two-year trend of 8.7%. HOP and Bridge members are lower-utilizing populations as cohorts of EOCCO membership. Next, he observed that primary care utilization continues to grow at 6.4% while PMPM cost growth remains low at 1.6%. This is occurring while EOCCO continues to be a CCO that pays primary care services at the high end in Oregon. With respect to inpatient acute services, cost per admission continues to serve as a significant cost driver, with an increase of 18.7%. This is also impacted by large claims. Emergency department services have continued cost growth of 11% PMPM. Mr. Barton asked how EOCCO defines the population that overuses the ED. Mr. Anderson replied that this group is comprised of members who use the ED over five times per year. Mr. Richardson added that EOCCO is trying to use the Rural Health Transformation Fund to work on diabetes control performance improvement. There are currently no endocrinologists in the EOCCO geography.
FINANCE UPDATE:	Mr. Evans began his presentation by providing a summary of the 2025 EOCCO audit performed by Deloitte. He next provided the Board with an update on the EOCCO quarterly investment transactions along with the overall asset allocations by plan. Upon a motion by Mr. Checketts and seconded by Mr. Barton, the Board unanimously approved EOCCO's investment transactions for Q1, 2026. He next transitioned to a discussion of EOCCO's current financial results. On the balance sheet, he noted overall net revenue improvements coupled with an easing of overall claims growth. Mr. Barton asked what the current Oregon minimum MLR was. Mr. Evans responded that it is 85%. Mr. Evans next updated the Board on the status of the EOCCO RBC, noting a steady rise in RBC from 2024.
RISK MODEL RESULTS:	Ms. Stevens provided a presentation on a comprehensive MLR model based on EOCCO's overall profitability. This methodology resulted in a returned withhold of \$10,992,000 for 2025.
REVISIT 2024 QUALITY POOL DISTRIBUTION RECOMMENDATIONS:	Mr. Jessup provided a synopsis of the history of the 2024 quality pool distribution. This process resulted in \$7,500,000 in unallocated 2024 quality pool dollars that were to be used as quality payments to providers. Mr. Jessup summarized a recommendation to allocate \$4.5 Million of the unallocated 2024 quality pool

	dollars with the remainder to be rolled over in support of 2025 quality pool funding. 2025 quality pool funding will be less than 2024 funding due to OHA's reduction in the 2025 CCO quality pool percentage.. Upon a motion by Mr. Gee and seconded by Mr. Checketts, the Board unanimously approved EOCCO's distribution of 2024 Quality Pool Dollars in the total amount of \$4,500,000, returning \$3,000,000 in retained 2025 withhold funded through Quality Pool dollars and \$1,500,000 in additional 2025 PCP Quality Bonus Payment. Finally, the Board generally consented to revisiting the remaining \$2,779,000 in retained 2025 Withhold at a future meeting of the Board. Mr. Barton asked whether EOCCO anticipates different final financial results in 2026. Mr. Jessup answered yes, 2025 finished with EOCCO showing an operating loss, and EOCCO is working to avoid a loss in 2026.
EOCCO PARTNER UPDATE:	Mr. Grigg, chief executive of Wallowa Memorial Hospital, provided an update on key activities and initiatives of his organization.
PUBLIC COMMENT, ANNOUNCEMENTS, AND ADJOURNMENT:	Mr. Jessup provided a short preview of 2027 CCO rate-setting. Public comment was offered at an earlier time in the meeting as reflected in these minutes. No additional public comment was offered.



Secretary