

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

**October 17, 2022  
Pendleton Convention Center, Room 3 & 4  
1601 Westgate  
Pendleton, OR 97801  
And Teleconference due to COVID-19**

<b>BOARD MEMBERS PRESENT:</b>	Bren Benzel, Robin Richardson, Chris Siegner, Harold Geller, Brian Sims, James Williams, Dr. Renee Grandi, Jeremy Davis, Lannie Checketts, Larry Davy, Karen Wheeler, Alisha Lundgren, Oceana Gonzales-Banuelos, Diana Elledge
<b>OTHERS PRESENT:</b>	Dave Evans, Sean Jessup, Kayla Jones, Summer Prantl Nudelman, Audrey Thomas, Mark Danburg-Wyld, Joe Greenman, Mina Zarnegin, Nick Gross, Kali Paine, Dr. Holly Jo Hodges, and Jenna Grantham, ODS Community Health; Dr. Chuck Hofmann, EOCCO clinical consultant; Bob Seymour, Grande Ronde Hospital; Charles Tveit, Lake District Hospital; Lourdes Reyna, GOBHI; Yami Gonzalez Perez, OHA; Paul McGinnis, Lake Health; Tim Heinze, Valley Family Health Care; Dina Ellwanger, Saint Alphonsus Medical Center, Ontario; Cameron (Cam) Marlowe, Blue Mountain Hospital District; Kelly Payan, EOIPA, and Dennis Burke, EOCCO Consultant
<b>WELCOME AND INTRODUCTION:</b>	Mr. Richardson welcomed the Board and all assembled guests who were present in person and via teleconference at 11:37 AM. After sharing his gratitude to the Board for their collaboration in making the in-person meeting option possible for a second consecutive meeting, Mr. Richardson asked each member of the Board and meeting guests to introduce themselves starting with the Board Members present in the room, followed by those attending via teleconference. Mr. Jessup introduced Dr. Holly Jo Hodges who was recently appointed as the new Moda Medical Director and CMO of EOCCO. Dr. Hodges will assist EOCCO with many of its clinical initiatives. Dr. Hodges addressed the board and introduced herself and shared an overview of her professional biography. Mr. Jessup also updated the Board that the CAC

	update would be moved to a later point in the meeting due to Ms. Elledge’s unavailability at the present time in the agenda.
<b>CALL TO ORDER:</b>	Mr. Richardson called the meeting to order.
<b>APPROVAL OF MINUTES:</b>	<b>Upon a motion by Mr. Geller and seconded by Mr. Davis, the Board unanimously approved the minutes of the meeting of the Board of June 1, 2022, a copy of which was provided to the Board in advance of the meeting.</b>
<b>OHA PROGRAM UPDATES:</b>	Ms. Gonzalez Perez began her presentation on behalf of OHA by providing an update on the Federal Public Health Emergency (“PHE”). The PHE has been extended and is now set to expire on January 11, 2023. Medicaid redetermination of OHP members will not begin until the PHE ends. OHA is actively communicating with its partners regarding planning for an eventual end to the PHE. Ms. Gonzalez Perez next provided an overview of OHA’s 1115 Medicaid waiver recently approved by the Centers for Medicare and Medicaid Services (“CMS”). OHA’s four waiver goals are: 1. Maintain coverage, 2. Improving health, 3. Smart spending, and 4. Equitable system. Other highlights of the waiver approval include continuous enrollment for children up to age 6, regardless of when they first enroll in the Oregon Health Plan, and regardless of changes in circumstances that would otherwise cause a loss of eligibility and two years of continuous enrollment for those 6 and above. Health-related social needs (“HRSN”) are designed to benefit people who are going through life transitions. These HRSN services will be Medicaid benefits. Populations served include people experiencing homelessness, youth with special needs, child welfare, dual eligible individuals, and adults leaving the state hospital. The waiver also approves HRSN-related social needs (HRSN) benefits related to extreme weather events. Oregon will provide devices (air conditioners, air filters, generators) to people with a high-risk clinical need who reside in a region that is experiencing extreme weather events that place the health and safety of residents in jeopardy (as declared by the federal government or the Governor of Oregon) will be eligible for these supports. The HRSN benefits approved under the waiver align well with EOCCO’s ongoing SHARE initiative investments. Future waivers will no longer include the Prioritized List. As a result the State needs to include the Prioritized List

	<p>in its State Plan Amendment. OHA will submit several legislative concepts to the 2023 general session of the Oregon Legislative Assembly to effectuate the implementation of the waiver. Mr. Jessup remarked that the biggest change will be the increased SDOH spending and the need to build the infrastructure necessary to provide the benefit. Ms. Gonzalez Perez responded that the HRSN services cannot be used to “build” housing so this will be a challenge. Mr. Davis asked whether the state has quantified the housing need and the answer is no. Mr. Richardson indicated that he had heard that the deficit is 10,000 housing units. Ms. Wheeler shared that GOBHI has set aside \$100,000 to assist with retaining housing consulting services. The presentation concluded with an additional discussion about OHA’s preliminary plans for implementing redetermination when the federal government terminates the PHE.</p>
<p><b>CLINICAL COORDINATOR UPDATES:</b></p>	<p>Dr. Hoffman provided his clinical consultant report starting with an update on the status of CBIR Grants. RFAs have been released and applications have been received including 9 Opt-In requests, 2 Public Health requests, and 4 New Idea requests totaling \$628,617. Dr. Hoffman next addressed the status of the 2023 SHARE/LCHP Grants. There will be two SHARE funding cycles in 2023. For 2022 grants opened up to all domains of funding. LCHPs have scored applications and sent them to the CAC for review. EOCCO grant efforts are very extensive and the CCO is giving several millions of dollars to recipients. The CAP has met twice since the last Board meeting, on July 20 and September 20. Topics covered included the performance-based component of the PCPCH capitation payments and of pharmacologic treatment of obesity. Dr. Hoffman next provided an overview of the 2022 Clinician and Office Staff Summit. Held on September 21st and 23rd at Wildhorse Hotel &amp; Casino. The Summit was an outstanding success with credit being due to Ms. Thomas and the rest of the EOCCO staff. Wednesday’s full-day session included 228 registrants. Mr. Jessup announced that copies of the book Prevention First were purchased by EOCCO for the Summit and are available to everyone in attendance today. Dr. Hoffman concluded his presentation by presenting Mr. Jessup with “Hank” to commemorate the 10th anniversary of EOCCO on behalf of the EOCCO Board. Mr. Richardson</p>

	<p>remarked on the 10th anniversary and thanked everyone in attendance for their significant contributions to the success of EOCCO. He also indicated that there has been a lot of turnover over the years and all of the new stakeholders have maintained a dedication to the original vision of EOCCO.</p>
<b>EOCCO CAC UPDATES:</b>	<p>Mr. Jessup introduced Ms. Elledge the new EOCCO CAC chairwoman and Ms. Reyna from GOBHI to provide a CAC update. Ms. Elledge is the new EOCCO Board member serving in her capacity as EOCCO Board Chair. Ms. Elledge introduced herself. The CAC received 20 SHARE applications and many of them were housing related requesting funding of over \$3,000,000. The CAC approved 13 applications totaling \$2,400,000 in funding. The CAC funding requests will next be reviewed by ORPRN/EOCCO staff with recommendations for funding \$1.5 Million of EOCCO's 2022 SHARE obligation at the next board meeting.</p>
<b>EOCCO CORPORATE GOVERNANCE ANNUAL DISCLOSURE ("CGAD"):</b>	<p>Mr. Greenman discussed the submission of EOCCO's CGAD to OHA. The Board was provided with copies of the EOCCO CGAD in the meeting packet. CCO's are legally required to prepare and submit a CGAD that reports information enumerated in the Oregon Administrative Rules governing CCO operations. In general, the CGAD consists of a report describing the CCO's corporate governance framework. Board members were encouraged to contact Mr. Greenman with any questions they may have.</p>
<b>ENROLLMENT AND OHA PROGRAM UPDATES:</b>	<p>Ms. Jones briefed the board on EOCCO enrollment by county and benefit plan type. She started her presentation of OHA program updates starting with an overview of the Healthier Oregon Program ("HOP"). In the 2021 regular session, the Oregon Legislature passed House Bill 3352, to provide Oregon Health Plan (OHP) benefits to Oregonians who meet all other criteria but are ineligible for full Medicaid coverage solely based on their immigration status. Ms. Jones next provided an update on dental programs new for 2023. This was followed by a discussion of the changes to the post-partum benefit policy. OHA implemented a new policy where OHP supplemental benefits are now continued for 12 months following the end of the member's pregnancy, instead of 60 days. Finally, she provided an update on how the Oregon Bridge Health Care Program will likely impact EOCCO. The Bridge Plan provides coverage to adults</p>

	<p>with income of between 138% and 200% FPL allowing them to stay with their CCO and continue to receive services. This program will be useful when the PHE is terminated and Oregon resumes Medicaid redeterminations. Estimated statewide enrollment is between 45k-65k. Mr. Geller noted that there are currently 70k lives covered by EOCCO and wondered if we'll eventually still have 70k lives under the various programs. Mr. Jessup answered that this will be close to the case but we might still see some small decline in covered lives. Mr. Davis asked about the Board's role in overseeing the new dental programs. Mr. Jessup answered that this Board will have the responsibility to oversee them and the board does currently have a dentist as a member.</p>
<p><b>ACTUARIAL UPDATE:</b></p>	<p>Ms. Grantham began this presentation by providing an overview of the performance of the EOCCO Shared Savings Model. The only category showing a deficit has been primary care which is consistent with EOCCO's goal of providing investment and incentives for primary care services. Mr. Danburg-Wyld next led a presentation on the OHA CCO rate-setting process for 2023. Using 2021 expenditure experience for the rate-setting process results in a slight cut to EOCCO's 2023 rate from 2022. Mr. Danburg-Wyld added that it is important to note that Behavioral Health Directed Payments are not included in these rates. The rate development was driven by decreases in adult and ACA rate categories. Mr. Richardson asked why the reported PacificSource PMPM is higher than all the other CCOs? Mr. Danburg-Wyld indicated that his team would research that and provide a response. Mr. Geller asked if OHA provided any explanation of why the aggregate rate increase is so small in light of the fact that the CCO model calls for an average of 3.4% increases. Mr. Danburg-Wyld indicated that OHA has not been clear on this issue. Mr. Richardson offered his perspective sharing that the rate-setting process has changed in recent years moving from a global budget model to a traditional insurance model. Mr. Danburg-Wyld finished by emphasizing that this is still a forecasted rate and they will be finalized prior to the end of the year.</p>
<p><b>2021 QUALITY MEASURE PERFORMANCE AND FUNDING RECOMMENDATIONS:</b></p>	<p>Ms. Paine provided an overview of EOCCO's final 2021 quality measure performance. EOCCO met every quality measure with the only exception being the COVID-19 vaccination rate. The quality pool</p>

payout was the highest dollar amount EOCCO has ever received from OHA and second highest percentage of available funding. Dr. Hoffman next provided an overview of the Quality Pool Distribution recommendation for EOCCO. Dr. Hoffman provided a verbal overview and a visual breakdown of 2022 Quality Fund distribution recommendations (slide 52 of the meeting packet) totaling nearly \$16.4 million in fund distributions. There was a question about whether Quality Fund Distributions are countable spending toward EOCCO's MLR requirements. Mr. Jessup confirmed that these distributions are qualified MLR spending. **Upon a motion by Mr. Geller and seconded by Dr. Grandi, the Board unanimously approved the EOCCO 2022 Quality Fund Distribution Recommendations.** Dr. Hoffman next turned to address the issue of unexpended quality funds going back to 2015. He provided a breakdown of the amounts of unexpended funds by year. He next described a proposal for a strategy to reallocate unexpended Quality Funds by consolidating all funds, after subtracting previously board-committed funds, into one fund. This will result in a new unexpended single Grant Fund with a balance of approximately \$950,000 and the procedure is to spend the oldest remaining amounts first. **Upon a motion by Dr. Grandi and seconded by Mr. Sims, the Board unanimously approved the EOCCO Strategy for the creation of a new Grant Fund consisting of unexpended Quality Funds.** Dr. Hoffman next provided an overview of concepts for new areas for focus in funding including 1. Support for the tribes (with additional details to be provided); and 2. Workforce development with the grant committee to develop a scholarship funding plan. The consensus of the board was to agree that the Grant Committee should work to bring a proposal for board consideration at the December meeting. With respect to Substance Use Disorder Treatment in Jails – it was similarly the consensus of the board to have the Grant committee bring back a proposal. As a final matter, Dr. Hoffman introduced Kevin Wilson DO to provide an overview of the Eastern Oregon Training Partnership in conjunction with the Idaho State University College of Osteopathic Medicine and NEOAHEC.

<b>FINANCIAL UPDATE:</b>	As an initial matter, Mr. Evans provided an overview of the third-quarter investment transaction and asked the board for approval of the investments. <b>Upon a motion by Mr. Davis and seconded by Dr. Grandi, the Board unanimously approved EOCCO investment transactions for Q3-2022.</b> Mr. Evans next provided an overview of EOCCO’s most recent financial results. Overall the balance sheet shows that retained earnings are down as a result of 2022 investment value losses. These are unrealized losses. EOCCO revenues continue to rise due to continued membership growth resulting from the ongoing suspension of the member redetermination requirement. Income from operations is down from 2021 due to a small increase in MLR. EOCCO continues to have a strong RBC position but it has declined slightly in 2022 from its 2021 level. Next, Mr. Evans provided an update of the EOCCO Independent Audit indicating that James Oliver of Deloitte & Touche will perform the financial audit and David Thoen of Deloitte & Touche will perform the actuarial audit. Mr. Evans requested a motion to appoint the auditors identified and nominated. <b>Upon a motion by Mr. Geller and seconded by Dr. Grandi, the Board unanimously appointed James Oliver and David Thoen both of Deloitte &amp; Touche as independent auditors of EOCCO.</b>
<b>ANNOUNCEMENTS :</b>	With the meeting having exceeded its scheduled time, Mr. Richardson announced that some of the agenda items not addressed at today’s meeting will be carried over into the next Board meeting in December.
<b>PUBLIC COMMENT:</b>	Mr. Richardson opened the meeting for public comment.
<b>ADJOURN:</b>	There being no further business, the meeting was adjourned at 3:12 PM

*Thomas J. Beck*

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Secretary