

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

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

**January 31, 2024
Moda Tower
601 SW 2nd Ave
Portland, OR 97204
And Teleconference**

BOARD MEMBERS PRESENT:	Jeremy Davis, Harold Geller, Karen Wheeler, Cam Marlowe, Oceana Gonzales-Banuelos, Alisha Lundgren, Diana Elledge, Art Mathisen, Chris Siegner, James Williams Shawn Gee, Lannie Checketts, Renee Grandi, Christy Trotter, and Dr. Curtis Peters.
OTHERS PRESENT:	Dave Evans, Sean Jessup, Summer Prantl Nudelman, Jenna Grantham, Mina Zarnegin, Kali Paine, Audrey Thomas, Joe Greenman, Mikayla Briare, Bill Dwyer, Mark Danburg-Wyld, Kayla Jones, Dr. Holly Jo Hodges, and Dr. Yale Popowich ODS Community Health; Dr. Chuck Hofmann, EOCCO clinical consultant; Jim Schlenker, Lake District Hospital; Ken Hart, Valley Family Health Care; Bob Seymour, Grande Ronde Hospital; Yami Gonzalez Perez, OHA Innovator Agent; Ari Wagner, Lourdes Reyna Alcala, Kimberly Lindsay, Steve Manesis, John Shafer, Melissa Thompson, Bill Hoveke and Kelly Knivila, GOBHI; Allison Myers and Oralia Mendez, Oregon State University; Dennis Burke, EOCCO Consultant, Dan Grigg Wallowa Memorial Hospital. Dina Ellwanger, Nic Powers, Dr. Liz Powers, Catherine White, Jonathan Edwards, Jake Kalina, Jonathan Edwards, and Emily Roberts.
WELCOME AND INTRODUCTION:	Mr. Jessup welcomed everyone and requested that EOCCO Board members and guests introduce themselves. Mr. Jessup introduced Robert Gootee, CEO of Moda Health. Mr. Gootee engaged with the EOCCO in a short discussion of emerging trends in the Oregon healthcare market.
CALL TO ORDER:	Mr. Jessup called the meeting to order.
ANNOUNCEMENTS:	Ms. Wheeler introduced Melissa Thompson as GOBHI’s new Chief Behavioral Health Officer who came to GOBHI from PacificSource. Mr. Jessup introduced Shawn Gee as EOCCO’s newest board

	member representing the Eastern Oregon IPA. Mr. Gee currently serves as the CEO of the IPA.
APPROVAL OF MINUTES:	Upon a motion by Mr. Davis and seconded by Mr. Williams, the Board unanimously approved the minutes of the meeting of the Board of December 15, 2023, a copy of which was provided to the Board in advance of the meeting.
OSU HEALTH CARE INTERPRETER TRAINING UPDATE AND REQUEST:	Ms. Prantl and Ms. Myers introduced a brief overview of the proposal before the board. Oregon State University (“OSU”) is requesting an additional financial investment from EOCCO to the OSU College of Health to expand the Health Care interpreter training program. OSU’s program has been approved by OHA. The program is blended online and virtual and it is the only course with in-person options in Eastern Oregon. OSU is requesting \$570,000 from EOCCO to support 3-years proposed funding to continue the program. Mr. Marlowe asked if there are goals for the number of interpreters to train with this funding and where the interpreters reside/work. Ms. Myers responded that the program hopes that this investment will sustain a program that does not require additional contributions in the future. There are caps of 15 students for each instructor. The goal is for 90 interpreters per year. There were general questions from the board regarding projections on whether this will result in an overall increase of interpreter availability in the service area. Upon a motion by Mr. Geller and seconded by Dr. Grandi, the Board unanimously approved the EOCCO’s payment of \$570,000 to support the OSU Health Care Interpreter training program.
MOUD IN JAILS UPDATE:	Dr. Hoffman began his presentation by relaying that county jails in the EOCCO geography started administering medications at the beginning of the year. Jail staff are involved with administration. EOCCO has partnered with the Roundhouse Foundation on a funding match in Umatilla County. Union County will be unique in that long-acting injectable buprenorphine will be used. We anticipate 5 – 10 individuals in the program at a time. Umatilla and Malheur counties are struggling to recruit staff for this initiative, but we believe that volunteers will come forward as conduct in the jails improves due to the benefits of treatment. Grant/Harney/Lake counties will come online in the future. Mr. Geller thanked Dr.

	<p>Hoffman for his leadership. Mr. Geller asked what is our annual contribution to this program. Dr. Hoffman replied that \$500,000 was the initial amount provided by the board. Additional contributions are likely to be requested after 2024. OHA is hoping to convince CMS that members should not lose OHP as a result of incarceration.</p>
<p>EOCCO LCHP/CAC UPDATES:</p>	<p>Ms. Wagner and Lourdes Reyna started with updates from the EOCCO Field Team. The team will conduct a 2024 community health assessment involving members, stakeholders, and providers. Survey topics for the assessment were discussed. Next they discussed two pilot projects in the EOCCO region, 1. Pre-trial Release, and 2. Information Sharing - Behavioral Health, Law Enforcement, Jails, Emergency Department. The goals of these programs are 1. Reduce recidivism, jail and ED utilization without compromising community safety with evidence-based, early jail diversion program, and 2. Increase information sharing and strategic care management leading to lower recidivism, reduced jail and ED utilization. They concluded with a CAC update. The CAC has elected Chanel Kelly as Chair and Maurice Bronson as Vice Chair.</p>
<p>OHA PROGRAM UPDATES:</p>	<p>Ms. Gonzalez began her presentation by providing an update on OHA’s efforts to complete eligibility redeterminations of all OHP members. She reported that 83% of the renewals have been completed. She then spent the balance of her presentation providing an update on the implementation of Oregon’s 1115 Medicaid waiver and the various Health Related Social Needs benefits that are newly approved. OHA is working with the CCOs to operationalize these new benefits for members.</p>
<p>HEALTH RELATED SOCIAL NEEDS UPDATE:</p>	<p>Ms. Zarnegin and Mr. Jessup next led a more in depth discussion of the HRSN benefits and EOCCO’s strategy for implementing them. EOCCO will receive \$2.2 million in Community Capacity Building Funds to work with organizations that can apply for support investments that enable them to partner with CCOs to provide HRSN services. EOCCO has partnered with Oregon Rural Practice-Based Research Network (ORPRN) for the administration of the CCBF application, selection process, and distribution of funds to awardees. Building on a long-standing relationship and aligning with existing SHARE and CBIR grant process to help minimize confusion for</p>

	<p>community partners and maximize access to resources and funding. Dr Grandi asked for a more detailed description of what these benefits are. EOCCO has this on its website and OHA has dedicated a website to HRSN services. Ms. Trotter asked whether there are metrics for these services. Ms. Zarnegin answered they are being developed and there will be audits on this spending. The payments received by EOCCO are essentially on a passthrough basis and there is a de minimis administration fee.</p>
<p>FINANCIAL UPDATES:</p>	<p>Mr. Evans began his update of EOCCO’s finances with an update on investments. Investment value has increased 8.6% calendar year to date. Jake Kalina from RVK provided an overview of EOCCO’s Investment Performance for the period ending 12/31/2023 along with making a recommendation that EOCCO maintain its current asset allocation. Mr. Evans next provided an update on EOCCO’s investment policy statement. Upon a motion by Mr. Williams and seconded by Dr. Grandi, the Board unanimously approved EOCCO’s investment transaction for Q4 2023. Upon a motion by Mr. Checketts and seconded by Ms. Wheeler, the Board unanimously approved EOCCO’s investment policy statement. Mr. Evans next turned to EOCCO's financial results. P&L performance has been generally positive. Revenues have grown due primarily to increased member enrollment. MLR increased in 2023 by roughly two percent which includes the request of Governor Kotek of \$1.4 million for behavioral health initiatives. Mr. Evans next presented an estimate of EOCCO’s SHARE initiative calculation. Mr. Hart asked what are SHARE funds and how they work. Mr. Jessup provided a brief overview answer and reminded the board that the list of SHARE sponsored initiatives are on the EOCCO website. Dr. Grandi asked whether we have been spending all allocated SHARE funds. Mr. Jessup answered in the affirmative. Mr. Evens concluded by providing EOCCO’s 2024 forecast and budget. We expect generally flat revenue from last year and membership is projected to decline by roughly five percent. MLR is projected to increase again for the second consecutive year. Finally, Mr. Evans provided the proposal for the EOCCO 2024 reinsurance renewal. The proposal is to renew with Reinsurance Group of America (RGA). Upon a motion by Mr. Siegner and seconded by Ms.</p>

	<p>Elledge, the Board unanimously approved EOCCO’s reinsurance renewal with RGA. Upon a motion by Ms. Elledge and seconded by Dr. Grandi, the Board unanimously approved EOCCO’s 2024 forecast.</p>
<p>2024 EOCCO VBP CHANGES:</p>	<p>Mr. Dwyer provided a short presentation on value based payments program starting with previous years of EOCCO’s attainment of VBP targets and care delivery areas. Overall, EOCCO is projected to meet all VBP requirements by the end of 2024. For 2024, EOCCO has added well child visits ages 7-21 to the quality bonus payment formula. Next, Mr. Dwyer provided a report on the efforts to accurately value primary care capitation payments. EOCCO is working to balance the need to support and recognize the value of investing in primary care with the OHA and CMS standards for aligning encounter data to reflect the “true” value of services. EOCCO will continue to use the primary care payment reform collaborative to adopt revisions to primary care capitation methodology.</p>
<p>2024 GLOBAL BUDGET AND SHARED SAVINGS MODEL BUDGET PROPOSAL:</p>	<p>Ms. Grantham provided an overview of EOCCO’s global budget methodology to apply OHA rate increases in an equitably divided manner between physical health, behavioral health, and dental. With an OHA rate increase of +5.3% the proposal for EOCCO is for +5.2% in physical health, +8/1% in GOBHI capitation representing behavioral health, and -2.8% in the dental care segment. Upon a motion by Dr. Grandi and seconded by Ms. Trotter, the Board unanimously approved EOCCO’s proposed global budget rate changes for PCP capitation rates, PCPCH increase, GOBHI capitation rates, and DCO capitation rates as presented by Ms. Grantham and included in the board materials, a copy of which was provided to the Board in advance of the meeting. Ms. Grantham next turned to providing an overview of EOCCO’s current shared savings model budget. Ms. Grantham explained how 2024 changes are driven by OHA’s new requirement to implement Minimum Medical Loss Ratio (MLLR) agreements with all downstream entities. This results in the removal of the GOBHI fund from the model beginning on 4/1/2024. For 2024 the proposal is for a 9 month risk fund with a goal to move to a calendar year model beginning on 1/1/2025. Upon a motion by Ms. Wheeler and seconded by Dr. Grandi, the</p>

	<p>Board unanimously approved EOCCO’s proposed shared savings model changes including a 9-month model effective 4/1/2024 through 12/31/2024, removal of mental health fund and replace with the Minimum Lost Ration Model (MMLR), and risk fund exclusions and funding as presented by Ms. Grantham and included in the board materials, a copy of which was provided to the Board in advance of the meeting.</p>
<p>2024 QUALITY BONUS FORMULAS:</p>	<p>Ms. Paine provided an overview of the EOCCO quality bonus payment formula. Clinics participating in the Shared Savings Model may earn bonus payments from CCO based on how many measure targets they achieve. Entities will earn points for meeting the minimum denominator and achieving the improvement target for each measure in the formula. Payment amounts are based on the percentage of points earned and average member months during the year. Ms. Paine next displayed the proposed 2024 behavioral health and dental QBP formulas. Upon a motion by Mr. Siegner and seconded by Dr. Grandi, the Board unanimously approved EOCCO’s updates to the Primary Care, Dental and Behavioral Health Quality Bonus Payment formulas and the implementation of the Children’s Health Care delivery CDA as presented by Ms. Paine and included in the board materials, a copy of which was provided to the Board in advance of the meeting.</p>
<p>PUBLIC COMMENT AND ADJOURNMENT</p>	<p>Mr. Jessup offered the open opportunity for anyone in attendance to offer public comment. With no public comments offered, Mr. Jessup adjourned the meeting.</p>

Thomas J. Beble

Secretary