

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

**June 7, 2024  
Wallowa Valley Centers for Wellness  
606 Medical Parkway  
Enterprise, OR  
And Teleconference**

<b>BOARD MEMBERS PRESENT:</b>	Jeremy Davis, Robin Richardson, Cam Marlowe, Harold Geller, Ann Ford, Oceana Gonzales-Banuelos, Lannie Checketts, Renee Grandi, Christy Trotter, Chanel Kelly, Shawn Gee, and Dr. Curtis Peters.
<b>OTHERS PRESENT:</b>	Dave Evans, Sean Jessup, Summer Prantl Nudelman, Jenna Grantham, Kali Paine, Audrey Thomas, Mina Zarnegin, Joe Greenman, Kayla Jones, Hannah Briggs, Dr. Holly Jo Hodges, Dr. Chuck Hofmann, EOCCO clinical consultant; Landon Dybdal, Lake District Hospital; Bob Seymour, Grande Ronde Hospital; Yami Gonzalez Perez, OHA Innovator Agent; Lourdes Reyna Alcala, GOBHI; Dennis Burke, EOCCO Consultant, Dan Grigg Wallowa Memorial Hospital. Dina Ellwanger, Nic Powers, Dr. Liz Powers, Dina Ellwanger, Diana Elledge, Craig Swart, Nathan Hiebert, and Melissa Thompson.
<b>WELCOME AND INTRODUCTION:</b>	EOCCO Board members and guests briefly introduced themselves.
<b>CALL TO ORDER:</b>	Mr. Jessup called the meeting to order at 10:02 AM.
<b>ANNOUNCEMENTS:</b>	Mr. Jessup introduced two new EOCCO Board members, Ann Ford, CEO of GOBHI, and EOCCO CAC Chair, Chanel Kelly. At Mr. Jessup’s invitation, Ms. Ford delivered brief remarks regarding GOBHI’s EOCCO-related goals which included, 1. Enhancement of GOBHI’s use of technology for meeting OHA contract goals, and 2. Expand behavioral health access by working with the state to improve administrative rules for behavioral health and modernize outdated laws. Mr. Richardson indicated his excitement and support of Ms. Ford’s goals especially in light of what we expect OHA to bring forward with CCO 3.0. Ms. Reyna Alcala announced that the CAC had its first in-person meeting in some time. The CAC now has 32 members. <b>Upon a motion by Ms. Grandi and seconded by Mr. Davis, the</b>

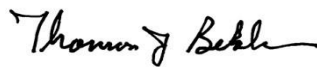
	<p><b>Board unanimously approved the appointment of Ms. Ford and Ms. Kelly as EOCCO Board members.</b> Landon Dybdal was introduced as the new CEO of the Lake District Hospital in Lakeview, Oregon.</p>
<p><b>APPROVAL OF MINUTES:</b></p>	<p><b>Upon a motion by Mr. Geller and seconded by Ms. Trotter, the Board unanimously approved the minutes of the meeting of the Board of January 31, 2024, a copy of which was provided to the Board in advance of the meeting.</b></p>
<p><b>CEO UPDATE:</b></p>	<p>EOCCO CEO Sean Jessup provided a general update on operational issues which are top priorities of EOCCO including 1. Hosting OHA Director Dr. Hathi in Pendleton, 2. Implementing upcoming SHARE program changes, 3. Implementation of HRSN, 4. Launch of the Basic Health Plan, and 5. EOCCO reinvestments. Mr. Marlowe asked how many total LCHP members EOCCO has. Ms. Reyna Alcala answered that EOCCO has over 100 people currently serving on various EOCCO LCHPs. Mr. Jessup next asked Mr. Davis to update the board on his experience of providing testimony to the US Senate Finance Committee. Mr. Davis shared that he was the only hospital representative who testified at the hearing. Maternal health infrastructure in rural areas was raised as an issue in need of attention and support. Senator Wyden is considering introducing legislation to provide low-volume payments and labor and delivery payments for hospitals with a 60% and over Medicaid patient mix. This will help hospitals like Grande Ronde who run maternity services at a loss. Dr. Grandi shared that taking deliveries out of hospitals not only hurts the hospital but also dampens provider engagement with the services in low-volume geographies. It's hard to maintain labor availability where demand for services is declining. Mr. Davis indicated that they are trying to hire another OB, and they are contracting with OBs from Colorado as an interim measure. Mr. Jessup next explained how CCOs have been working with OHA and the Governor's office to discuss how to adjust SHARE to make it more flexible for funding initiatives. Regarding the Basic Health Plan (BHP) – EOCCO has a new contract with OHA to administer BHP. For members, the benefits will look and function like OHP. There is a risk corridor to manage the risk of the new population. We estimate the July 1 enrollment of</p>

	<p>1,200 members. Finally, Mr. Jessup shared an investment summary of EOCCO Community investments.</p>
<p><b>OHA UPDATES:</b></p>	<p>Mr. Gonzalez started the OHA update by providing an overview of the OHP Bridge Program. This new OHP program will cover more adults with incomes between 138-200% of the FPL. Benefits will be provided through CCOs with no enrollee costs. Bridge in combination with BHP will help prevent people from cycling on and off CCO coverage due to short-term changes in income. Mr. Marlowe asked how hospital patients who are changing coverage receive assistance with becoming enrolled in the program that is right for them based on their eligibility category. Ms. Gonzalez answered that they have a campaign promoted by OHA assisters who will help OHP and former OHP members receive assistance to obtain the correct enrollment. Mr. Burke asked how providers will experience billing for members who migrate from OHP into the Bridge plan as a result of the change in eligibility. Mr. Gonzalez and Ms. Jones both answered that the plans should work the same way for providers. Coverage should mirror OHP into the Bridge except for some benefits related to SDOH and the HRSN benefits. Ms. Gonzalez concluded her remarks with an update on OHA’s implementation of HRSN benefits and other general updates.</p>
<p><b>HEALTH RELATED SOCIAL NEEDS (HRSN) UPDATES:</b></p>	<p>Ms. Zarnegin provided an update on Oregon Medicaid’s new and unique benefit called Health Related Social Needs. These are services to support members who experience health-related impacts associated with climate, housing, or nutrition-related impacts. Ms. Zarnegin provided details about what kind of benefits are available for each category and the eligibility criteria for members to receive these services. Finally, Mr. Zarnegin described EOCCO's work to operationalize these benefits and build a unique provider network to deliver these services. Mr. Burke asked about rules governing the devices provided as part of the climate-related benefits. Mr. Zarnegin answered that the state has provided guidelines regarding 1. Favored devices, 2. Devices requiring little or no installation assistance, 3. How EOCCO will track maintenance schedules such as filter replacements for AC or filtration devices, and 4. Check-ins at 6 and 12 months with eligible members.</p>

<p><b>CBIR GRANT FUNDING RECOMMENDATIONS UPDATES:</b></p>	<p>Dr. Hoffman provided an overview of grant requests received and the committee’s evaluation of requests. He next explained the committee’s advice on funding opt-in projects and “new idea” funding. The recommendations were summarized in a slide. <b>Upon a motion by Dr. Grandi and seconded by Mr. Gee, the Board unanimously approved the Round 2 CBIR funding recommendations totaling \$110,000.</b></p>
<p><b>SHARE PROJECT APPROVALS UPDATE:</b></p>	<p>Dr. Hoffman next provided an overview of the EOCCO initiative regarding Supporting Health for All through Reinvestment (SHARE). The goal of SHARE spending is to improve health by investing in projects that target social determinants of health and equity (e.g., housing, food, transportation). LCHPs and CAC vote on which projects are most important for EOCCO members in Eastern Oregon, in alignment with their county’s Community Health Improvement Plans. In 2024 there is \$2,024,000 in funds available for SHARE. Dr. Hoffman next provided a slide-based summary of each recommended SHARE project. Overall the total cost of the recommended projects comes in at \$16,044 over the SHARE allocation. <b>Upon a motion by Dr. Grandi and seconded by Mr. Gee, the Board unanimously approved the SHARE funding recommendations totaling \$2,040,044.</b></p>
<p><b>TRADITIONAL HEALTH WORKER PROGRAM UPDATES:</b></p>	<p>Ms. Briggs provided an overview of EOCCO’s effort to utilize Traditional Health Workers to provide certain services to members. EOCCO significantly expanded the network of THWs serving members in 2023. OHA has recognized EOCCO as a leader in THW work, especially in rural areas of the state. Ms. Briggs next discussed the goals for the 2024 THW initiatives. Mr. Jessup asked what a Personal Health Navigator does. Ms. Briggs responded that a PHN is an advocate and someone to assist the member navigate their needs in the healthcare system. Navigators are in the health system for the member. Ms. Trotter asked how we are connecting these resources to health outcomes and managing the overall cost of care. Ms. Briggs responded that traditional providers aren’t all aware of THWs and what they do for patients. Mr. Jessup suggested that we could engage Bill Dwyer to study this issue. Dr. Hoffman offered the past practice of studying the medical homes effectiveness as good past precedence and we should use that experience to assess these services.</p>

<p><b>THE CENTER FOR EXCELLENCE FOR BEHAVIORAL HEALTH AND JUSTICE INTEGRATION</b></p>	<p>Melissa Thompson provided an informational orientation on the Center for Excellence for Behavioral Health and Justice Integration. The goal of the center is to help jurisdictions across the state implement and improve systemic and programmatic efforts in the treatment of individuals experiencing serious behavioral health needs, neurocognitive conditions, and/or intellectual/developmental disabilities who come into contact with the justice system while ensuring accountability and public safety.</p>
<p><b>EOCCO CORPORATE GOVERNANCE ANNUAL DISCLOSURE:</b></p>	<p>Mr. Greenman provided a brief overview of EOCCO’s 2024 Corporate Governance Annual Disclosure (CGAD) submitted to OHA on May 31, 2024. A copy of the 2024 CGAD was circulated to board members in the board meeting packet.</p>
<p><b>FINANCIAL UPDATES:</b></p>	<p>Mr. Evans began the financial update by announcing that EOCCO revenues continue to grow resulting from increased membership. The MLR has remained constant through this expansion in 2024. EOCCO RBC is at 443% which is somewhat above the EOCCO target goal. <b>Upon a motion by Ms. Trotter and seconded by Mr. Geller, the Board unanimously approved EOCCO’s investment transaction for Q1 2024.</b> Mr. Evans next provided a summary of the 2023 EOCCO audit including a “clean” finding by Deloitte. Deloitte’s actuarial opinion is included in the meeting’s board materials packet. <b>Upon a motion by Mr. Gee and seconded by Mr. Marlowe, the Board unanimously approved EOCCO’s 2023 Audit and Required Communication (including Actuarial Opinions).</b> Mr. Evans next provided a presentation of an option for EOCCO’s investment strategy – a proposal to repurpose a portion of EOCCO’s fixed income portfolio for better financial return. Through investing \$25 million of this portfolio in Moda Partners, Inc. via a “Note” yielding a 6% return over 5 years. This would constitute a return over current fixed income returns of 1.5% over 5 years would yield an additional \$1.875 million to EOCCO. The investment does not significantly impact RBC, or the ability to have owners distributions.. Dr. Grandi asked what is the risk of investing in this note. Mr. Evans responded that the risk is very low because, before any theoretical insolvency of MPI, it has numerous assets to sell to settle outstanding debts. <b>Upon a motion by Mr. Gee and seconded by Mr. Geller, the Board</b></p>

	<p><b>unanimously approved EOCCO’s investment of \$25 million into a note between EOCCO and Moda Partners, Inc.</b> Mr. Evans next provided an overview of a proposed EOCCO owners’ distribution. The proposed distribution will reduce EOCCO’s RBC to a level closer to EOCCO’s target RBC of 350%. <b>Upon a motion by Mr. Gee and seconded by Mr. Marlowe, the Board unanimously approved EOCCO’s owners’ distribution in the amount of \$10 million to be paid in Q3/Q4 2024.</b></p>
<p><b>EOCCO PRESIDENT POSITION</b></p>	<p>Mr. Jessup provided a history of the various officer positions of EOCCO. Sean was named CEO in 2019. The recommendation is to provide the role of President to Ann Ford due to GOBHI’s role in overseeing the Behavioral Health, NEMT, and LCHP/CAC support functions of EOCCO. Ms. Ford commented that this will be helpful in working with the state on the improvements of our behavioral health work. Mr. Richardson added that this role will help to emphasize our expectations of GOBHI’s role in expanding our behavioral health initiatives as we approach CCO 3.0 and the enhanced emphasis that we expect OHA to place on this. Dr. Grandi added that this title should help Ann be invited into high-level policy discussions at the state level. <b>Upon a motion by Mr. Geller and seconded by Mr. Gee, the Board unanimously approved the appointment of Ann Ford as President of EOCCO.</b></p>
<p><b>PUBLIC COMMENT AND ADJOURNMENT</b></p>	<p>Mr. Jessup offered the open opportunity for anyone in attendance to offer public comment. Mr. Grigg thanked everyone in attendance for traveling to Enterprise, Oregon. With no additional public comments offered, Mr. Jessup adjourned the meeting at 1:35 PM.</p>




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Secretary