Exhibit 7.b.

Meeting Minutes and Presentation Slides

Oregon Clinically Integrated Network (CIN) Notes 1/29/26

1. **Membership Update**
    a. Columbia Memorial has decided to pass on joining the CIN at this time. Left the door open for them to join in the future.
    b. Cibolo offered to engage with one-on-one meetings to CAHs. [redacted]
2. **Documents that Require Attention MOU**
    a. Participation Agreement will be forthcoming.
    b. Phase I Cibolo engagement will be forthcoming.
    c. NDA – All hospitals should have received this. If not, please let Sarah know.
3. **CIN Budget/ROI Presentation**
    a. Reviewed budget and ROI presentation, emphasizing importance of value-based care revenue.
        i. Please see attached for the slide deck from the presentation.
    b. Clarified that CIN participation allows for negotiation of fee-for-service rates as a group.
    c. Emphasized potential for shared savings through improved primary care metrics in critical access hospitals.
4. **Rural Health Transformation Program (RFTP) Update**
    a. OHA plans to provide a direct award for the core CIN offerings (i.e., Cibolo staffing fee, administrative fees, and population health platform).
    b. Discussed upcoming RHTP updates and funding timelines for transformation projects.
        i. Direct awards should be made by the end of Q1 of the calendar year.
        ii. Catalyst award RFPs should be released by the end of Q1 of the calendar year.
            1. OHA will likely look to make larger awards and encourages partners to apply in one larger application.
5. **HCMO Law**
    a. Nate White and Sarah Andersen will connect to discuss the proposal for the HCMO preliminary determination phase. [redacted]
6. **Organizational Structure Board Structure / Governance**
    a. Bylaws
        i. Nate White will share sample bylaws from other state nonprofits to assist in creating the legal entity.
            1. Please see the attached for a sample bylaw template. Note that the language in the bylaws is all changeable, depending on how the network decides to operate.
7. **Attendance at AHA Rural Leadership Conference**
    a. Cibolo and Oregon CEOs that are attending AHA Rural Leadership Conference will have lunch on Tuesday, Feb. 10.
    b. Nate will email all who indicated that they will attend to coordinate the lunch.
8. **Next Meeting**
    a. Rescheduled Feb. 11 meeting to Feb. 18 at 2 p.m. due to conflict with AHA Rural Leadership Conference and NRHA Policy Institute.

Oregon Clinically Integrated Network
Meeting Notes
Feb. 18, 2026

- **Membership update- Sarah**
  - No updates to make
- **Documents that Require Attention- Julie/Kim**
  - Phase I Cibolo engagement
    - Will be signed after Rural Health Transformation Program (RHTP) funds come in from the state
  - NDA – request for signatures was sent out via DocuSign
    - Missing
      - Lower Umpqua
      - Grande Ronde
        - Speaking at Board meeting next week
      - Southern Coos
      - Harney District
- **Member intake forms and data request- Paula**
  - The data request form is being sent out to all hospitals after 2/18
    - Completing this allows Cibolo to start gathering data (at a high level), which is very **important in terms of them providing hospitals with real expectations on ROI**.
  - The form collects TINs and CCN
    - Cibolo can collect Medicare data through these numbers, which gives them a better sense of what the commercial environment will look like for the CIN
    - Cibolo can also pull ACO performance data so it can be modeled for the participating hospitals
    - After form is signed, Cibolo will set your hospital up with a HIPAA compliant share file. Data collected will include:
      - Payer mix
      - Financials
    - If you are filling out the data request, and it's causing significant work, please reach out to Cibolo to let them know.
- **Follow up from AHA Meeting- Nate/Kim**
  - Cibolo had lunch with those who were at the AHA Rural Leadership meeting
  - Talked about timeline and process and answered questions
  - Came up with suggestions for names, including:
    - Trailblazer Network
    - Oregon Trail Network
    - Cascade Network
    - Evergreen Network
    - Crater Lake Network
  - Sarah will send a survey out to all the Oregon CIN hospitals to vote on the name
- **RHTP Update- Sarah/Nate**
  - Sarah provided a high-level overview of the timeline for the RHTP
    - Direct awards (the CIN falls here per OHA) will start being announced in April and will go out on a rolling basis over the next year

        - Catalyst awards: these are competitive grants that rural organizations can apply for. The RGP will be announced in April
        - Sustainability awards: these are competitive awards that come out of regional meetings/initiatives at the end of Year 2.
- **HCMO Law- Nate/Sarah**
    - Sarah and Nate will reach out to Gary Bruce, another HCMO attorney
- **Organizational Structure- Nate/Kim**
    - Board Structure/Governance
        - Question: What is the schedule for the rotation of founding members off the board. Any reason the rotation is so soon (referring to the sample bylaws that have been emailed out)? Nate responded by saying that this is up to the group and will be decided during the bylaws meetings
        - The terms of the CIN board will be on the hospitals to decide regarding how long they want a person from their entity on the board
        - Question about the board chair and how that position works - that will be part of the discussion as bylaws are developed with the attorney.
- **CEO Summit- May 28th - 29th- Bend, OR- Sarah**
    - Dinner at 7 p.m. on 5/28 (location TBD)
    - Full day meeting (10 a.m. – 6 p.m. on 5/29) at St. Charles Bend in their Heart and Lung Center
        - Landon cannot be there until about 10 a.m.
    - Julie willing to help with the logistical details
- **Open Discussion**
    - Meetings are scheduled with boards and/or staff at Wallowa, Harney District and Grande Ronde
- **Next Meeting**
    - Not until 3/11 at 2 p.m., as Cibolo and Sarah work on HCMO and nonprofit attorney engagement

Oregon CIN Meeting Notes
March 11, 2026

1. **Welcome (Sarah)**

2. **Documents that Require Attention (Julie/Kim)**
    a. Phase I Cibolo engagement (not discussed)
    b. NDA
        i. If you have not yet completed the NDA, please do so ASAP (it came through Docusign to your email addresses). If you haven't signed and/or seen the email, please email Julie [redacted]
    c. Member intake forms and data request reminder
        i. Reminder to complete your member intake forms. These are critically important to 1) Cibolo's ability to provide ROI estimates on the CIN; and 2) Our ability to go through the HCMO process for the CIN.
        ii. If you haven't received the intake form, it is attached. It should be completed ASAP (two tabs) and sent to Julie [redacted]

3. **Organizational Structure – (Jennifer Rollins and Sarah)**
    a. Sarah introduced Jennifer Rollins, an Oregon attorney who will help us create our bylaws and the nonprofit entity that will be the CIN.
    b. Draft bylaws review
        i. Bob Gomes asked Jennifer to look at the bylaws from the perspective of Oregon Law.
        ii. Question for Jennifer: For district hospitals, are there any pieces they need to be aware of. Jennifer said, no.
        iii. The CIN will be set up as an Oregon nonprofit, where members are analogous to shareholders in a for profit company.
            1. Questions discussed by the group:
                1. Is there a guaranteed seat on the board? This is the decision of the founding members. The group agreed that each hospital should have a guaranteed seat on the board.
                2. Is there a max number for the board? Again, this decision is up to the founding members.
                3. The group agreed to keep membership criteria as broad as possible in the bylaws to allow for increasing membership over time.
                4. In terms of increasing membership in the future, the group discussed their desire to have 2/3 majority vote of the board to add new members.
            2. Bob Gomes requested more continuity so there is succession planning in the bylaws (section 6.7)
                1. Jennifer believes that two-year terms for officers are best practice (with a rotating schedule so not all officers rotate off at the same time)
                2. There is an outstanding question about term limits.

3. Question about the role of the chair (section 6.2) - manage the business/organization

vi. Jennifer will translate the bylaws into plain language and ensure that they align with Oregon law. She will then send the group a new draft.

4. CIN Name (Sarah)

a. After a live tie-breaker vote, the CIN name is the "Cascade High Value Network."

5. RHTP Update (Sarah)

a. Sarah reported that the CIN will not receive RHTP funds until after the HCMO review process is complete.

b. Sarah reminded the group that RHTP will not pay the attorney fees to set up the nonprofit nor will they pay attorney fees to go through HCMO review.

6. HCMO Update (Sarah/Gary Bruce)

a. Sarah introduced Gary Bruce, an Oregon attorney with Schwabe who will help with the HCMO process.

b. Gary said [redacted]

c. Gary covered the HCMO process as follows:

i. Gary, Sarah and Cibolo are meeting with HCMO on Thursday morning. [redacted]

iv. After the application is submitted to HCMO, OHA has 30 days to review the application (probably more than 30 days due to back and forth between parties). [redacted]

[redacted]

2. Dan Grigg: Why do we even need to be reviewed since everyone is still going to be independent?

   Gary - you can ask if for an optional filing to determine whether you even need a review. [redacted]

3. Ray Hino: Is there a waiting list for review?

   Gary - per regulation, they need to review within 30 days. [redacted]

7. **Would the CEOs contribute to the costs of the attorneys + the in-person meeting expenses?**

   [redacted]

8. **Reminder CIN CEO Summit is scheduled for May 28 (evening) - 29 (all day) at St. Charles main campus in Bend, OR. More details coming soon.**

Next meeting
March 25th, 2026 @ 2:00 pm Pacific Time

Oregon CIN Meeting Notes
April 1, 2026

1. **Welcome (Sarah)**
2. **Engagement letter and fees (Nate)**
    a. Phase I
        i. Cibolo is holding on receiving any payments for Phase I of the Oregon CIN development as we await RHTP funds, apart from paying for legal fees and in-person meeting costs.
            1. $4,000 per hospital, which is refundable if not all funds are spent.
    b. Phase II
        i. Each member can cancel the engagement agreement at any time.
    c. Do hospitals want Jennifer Rollins (the nonprofit attorney) to look at the engagement agreement before it goes around for signature?
        i. Yes. Cibolo will send the agreement to Jennifer for review. Will discuss at the next CIN meeting.
    d. Questions
        [redacted]
        3. What is the ROI?
            1. Better payer agreements with VBC;
            2. Capturing dollars that are otherwise being left on the table; and
            3. Care coordination outreach to close gaps in care
        4. Request to add conversation around ROI at the in-person meeting in Bend (i.e., the Summit).
        ii. How much can hospitals expect to receive when the network starts earning money?
        [redacted]
    e. Cambia just bought the Blues of North Dakota.
        i. Cibolo met with them and it's going well.
    f. Jeff: When there will be a request on work rVUs, etc. to get a better estimate on budget?
        i. Nate - the best bellwether for this is to run all MSSP lives (all traditional Medicare attributed lives), which is a pretty consistent measure of distribution with other payers. Then, Cibolo looks at other market shares and have a good idea of how many lives in are in the network.
        ii. This will be done in the future (all payers, including commercial? Yes.

iii. To do good modeling, it will take until after the first year of performance. Because what the payers will say is that they have individual hospitals' performance, but not the CIN's.

g. [redacted]

[redacted]

Notes:

- *The Oregon CIN could include an ED for the network, but that needs to be discussed.*
- *Data warehouse allows us to own and control our own payer and payment data.*

3. In-person meeting (Nate and Sarah)

a. Benefits of in-person meeting, include the following:
   - Defining governance structure and voting rights
   - Defining clinical integration strategy
   - Value-based contracting approach (MSSP / MA strategy)
   - Data infrastructure and analytics
   - Referral coordination and specialty access
   - Financial model and shared savings distribution

b. Share draft agenda (Nate) **(attached)**

c. In person meeting details (Sarah)
   - Oregon HVN CEO Summit |May 28–29, 2026 | Bend, OR
   - Hotel – Click here to reserve your room
     Riverhouse Lodge
     3075 N Hwy 97
     Bend, OR 97703

     If you have already made a reservation at the Riverhouse Lodge, you will need to cancel that reservation and rebook using the group booking link provided to receive the group rate.
   - **Membership Social and Dinner – May 28 | 5:00–8:00 p.m**.
     The Eddy – the outdoor dining space at Currents Restaurant at the Riverhouse Lodge
   - **CEO Summit Meeting – May 29 | Breakfast at 7:30 a.m. | Meeting at 8:00 a.m.**
     St. Charles Heart and Lung Center
     2500 NE Neff Rd
     Bend, OR

0. HCMO Updates (Sarah and Nate)

a. Confirmed with OHA that we need to submit a preliminary review.

b. May need cell phone numbers for each CEO for Form 4 of the HCMO application.

c. Cibolo wrote the first draft and sent to Gary Bruce (HCMO attorney). Gary is now putting it into the application with a formal version by the end of the week.

d. Goal is that we can send the HCMO application to the CEOs by early next week.

e. [redacted]

Next meeting
April 8, 2026 @ 2:00 p.m. Pacific Time

Oregon CIN Meeting Notes
April 22, 2026

1. **Welcome (Sarah)**
2. **In -person meeting (Sarah)**
    - Last day for room block is April 28, 2026
    - In person meeting details
        - Oregon HVN CEO Summit |May 28–29, 2026 | Bend, OR
        - Hotel – Click here to reserve your room
          Riverhouse Lodge
          3075 N Hwy 97
          Bend, OR 97703

          If you have already made a reservation at the Riverhouse Lodge, you will need to cancel that reservation and rebook using the group booking link provided to receive the group rate.
    - **Membership Social and Dinner – May 28 | 5:00–8:00 p.m**.
        - The Eddy – the outdoor dining space at Currents Restaurant at the Riverhouse Lodge
    - **CEO Summit Meeting – May 29 | Breakfast at 7:30 a.m. | Meeting at 8:00 a.m.**
      St. Charles Heart and Lung Center
      2500 NE Neff Rd
      Bend, OR
3. **Bylaws (Jennifer)**
    - Discussed edits to bylaws (see attached for redlined version)
        - Section 2.9 – Membership Eligibility Following System Affiliation
            - All agreed the additional language is good.
        - Section 3.7 – Unanimous Action without a Meeting
            - Jennifer explained that this follows Oregon law.
        - Section 4.5 – Term and Election
            - Jennifer noted that per the group's wishes, all founding members will always have a seat at the table.
        - Section 4.7 – Removal of Directors
            - Jennifer explained that the group can remove a director, but the founding members still have a seat at the table with another designee.
        - Section 5.4 – Special Meetings
            - Jennifer explained that this is redundant due to the differences between the meeting types.
            - Group wants to have the definition to be two or more people to call a special meeting.
        - Section 5.8 – Action without a Meeting
            - Jennifer explained that, per Oregon statute, votes must be unanimous to take action without a meeting.
        - Section 8.1 – Accounting Year
            - The group agreed that they want the accounting year to end on December 31.
        - Section 9.1 – Indemnification

        - Jennifer explained that she changed the language to follow the Oregon statute.
    - After the discussion, all attendees agreed that the bylaws are complete.
    - Discussed the need for a conflict of interest policy before the CIN files for nonprofit status.
    - Jennifer explained that the CIN needs to apply for nonprofit status within 2026, as this needs to be done before the first time the CIN files taxes.
4. **Engagement Letter signatures (Julie)**
    - Cibolo Engagement – have half of the hospital signatures **(look for an email from Docusign to complete this task)**
    - Schwabe Engagement - have half of the hospital signatures **(look for an email from Docusign to complete this task)**
    - Julie will send the Docusign emails again after today's meeting.
    - Bob Gomes asked when the next Engagement Letter from Cibolo will be sent for Phase II.
        - Nate explained that the following documents will be required for Phase II:
            - *Management and Services Agreement*, which is an agreement between Ciblo and the Cascades High Value Network Board.
            - *Participating Provider Agreement*, which is an agreement between individual board member sand the network.
                1. Cibolo will send to Jennifer and the members together soon.
5. **HCMO Update (Paula/Nate)**
    - Nate reported that the HCMO application is nearly complete, and includes the following:
        - Narrative
        - Data information (for Attachment 4). **Currently missing the following hospitals. This is critical to the timing of submitting the HCMO application:**
            - Blue Mountain
            - Southern Coos
            - Coquille Valley
        - Cibolo will email the draft application to everyone ASAP (haven't populated attachment 4 yet, per the bullet point above).
        - When the document is submitted, it will be a public document.
            - Cell phone numbers will be taken out, and only include work numbers.
            - Are there any concerns that folks want redacted? Keep this in mind as you review the draft.
- **Mission, vision and values (Nate)**
    - Nate explained that mission, vision and values will not be approved until we are together in person in late May.
    - The group discussed the following examples
        - *Mission*: A sustainable network of independent Wisconsin hospitals and clinics that enhances, clinical quality, value-driven care and community
        - *Vision*: Thriving rural and independent Wisconsin health care providers, enabling healthy Wisconsin, people to vitalize rural Wisconsin health through shared expertise and resources.

    - Values: Compassion, integrity, respect, teamwork, patient, centered, care, community care, excellence, Accountability, independence, innovation, collaboration in-service.
- Misty requested choosing three to four values.
- Misty and Dan agreed to wordsmith prior to the retreat.

Next meeting
May 20, 2026 @ 2:00 p.m. Pacific Time
due to a second RHTP meeting on direct awards to rural hospitals on May 6 (invite will come within the next week). Please note the first meeting is on 4/29 at 1 p.m. and invites have been sent to everyone.

CASCADES RURAL
HIGH VALUE NETWORK

CASCADES RURAL HIGH VALUE NETWORK OVERVIEW

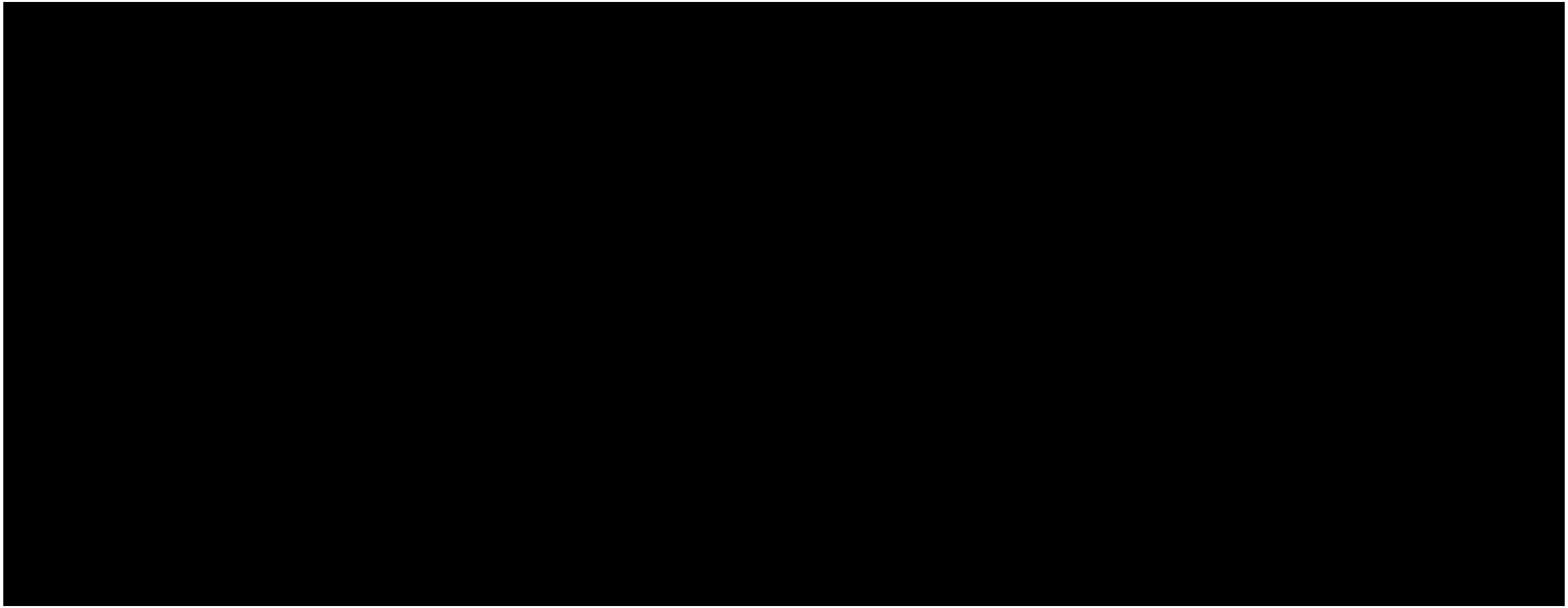
Cibolo Health

- We strengthen rural health care by connecting independent hospitals and clinics through collaborative networks.
- We assist rural hospitals and clinics maintain their independence while enhancing the high-quality and affordable health care that rural communities deserve.
- We intend to assist the Quadruple Aim to rural people and places.

What Are We Solving?

High-Value Network Review

Clinically Integrated Network

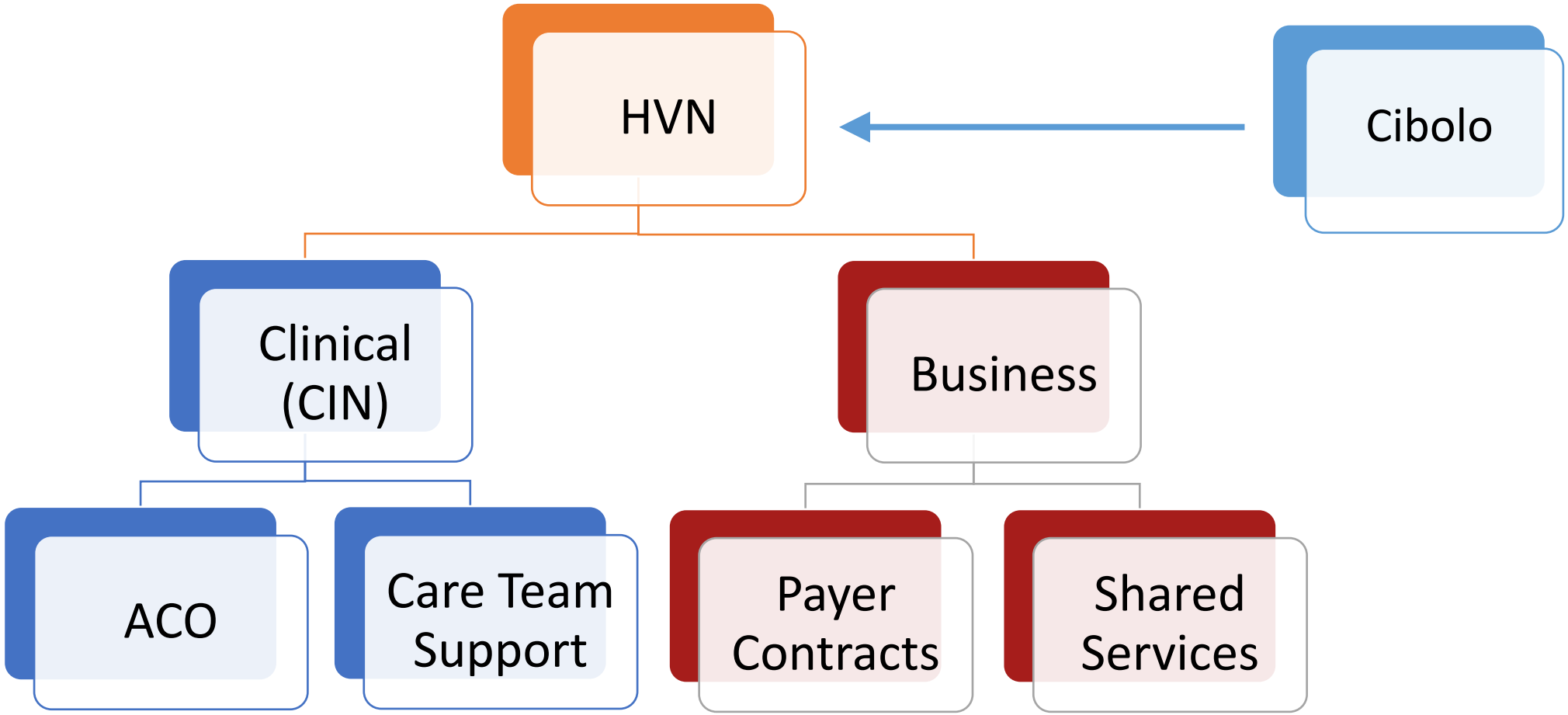


Think Farmers Cooperative

Shared Services – Cross State Scale

HVN/CIN Governance

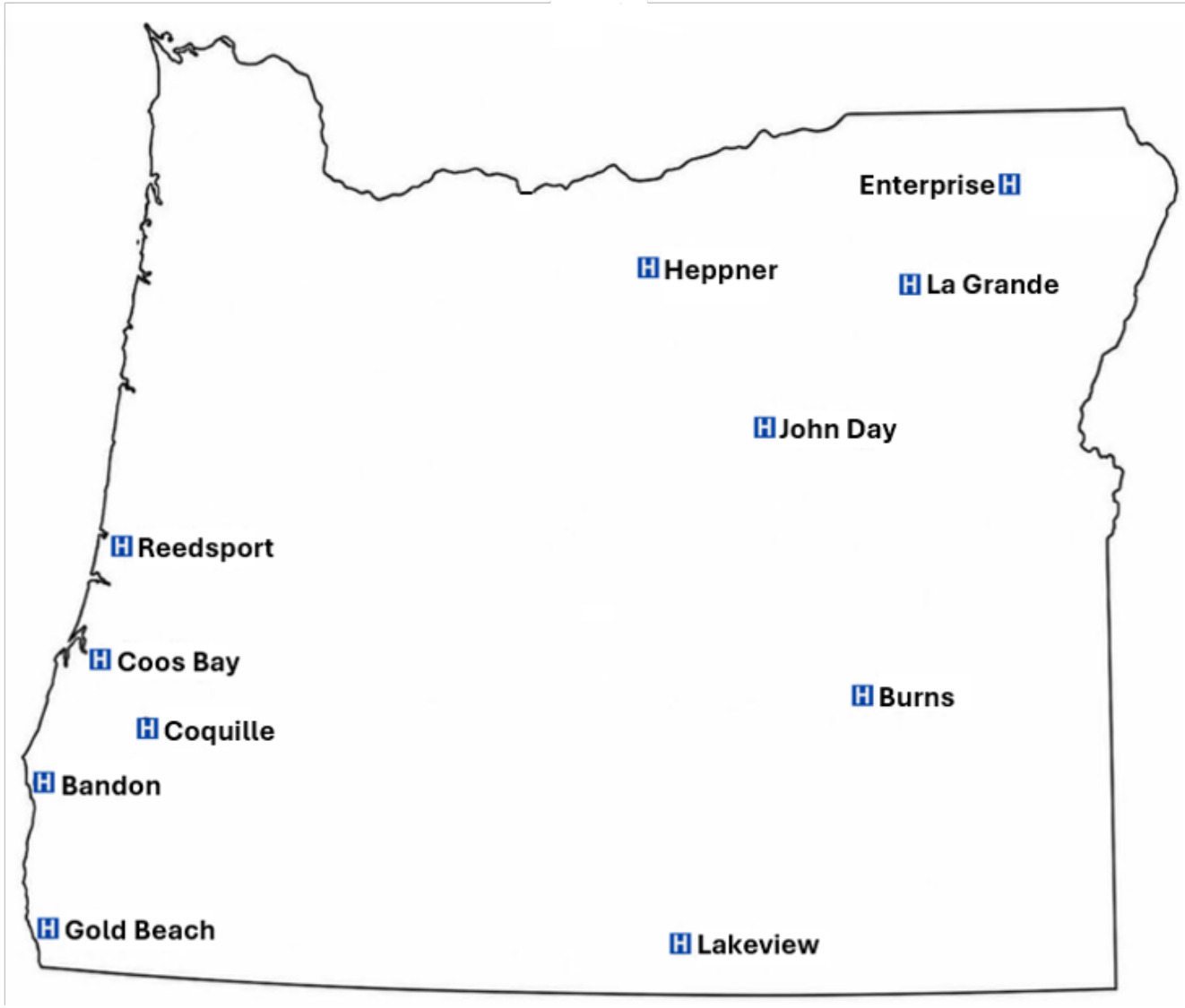
HVN Organizational Chart



CIN Committees

Public HCMO 072

Cascades Rural HVN Map and Stats



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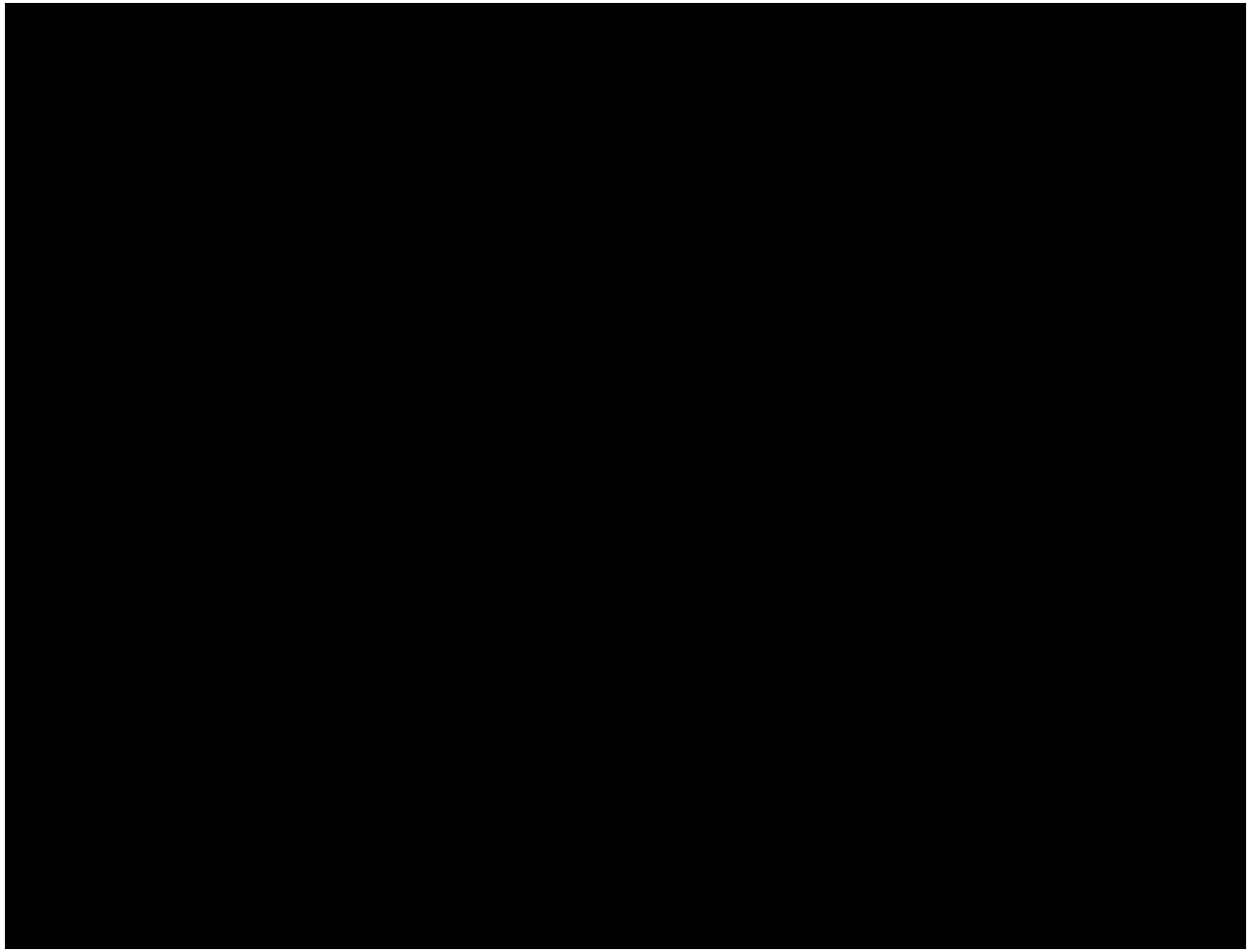
Public

HCMO 073

Cascades Board Members



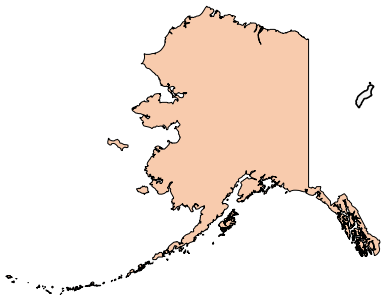
Cascades High Value Network Founding Members (11)

Hospital Name	City	Beds
Bay Area Hospital	Coos Bay	172
Blue Mountain Hospital District	John Day	25
Coquille Valley Hospital	Coquille	25
Curry General Hospital	Gold Beach	18
Grande Ronde Hospital	La Grande	25
Harney District Hospital	Burns	25
Lake District Hospital	Lakeview	24
Lower Umpqua Hospital	Reedsport	20
Pioneer Memorial Hospital Facility	Heppner	21
Southern Coos Hospital	Bandon	25
Wallowa Memorial Hospital	Enterprise	25
Total (11)		**405**

Scale Matters

[redacted]

Phase II or beyond
Phase I
In Development
Interested



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Public

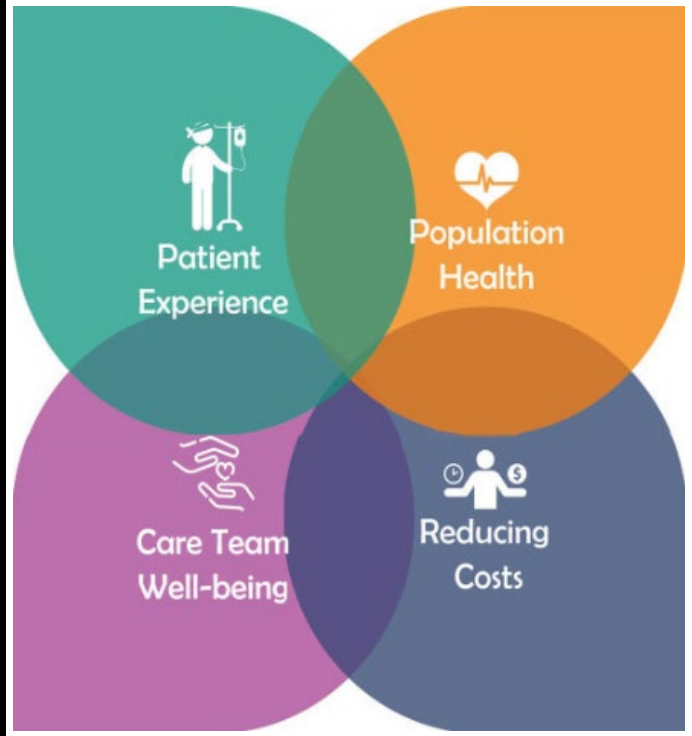
HCMO 076

Cascades HVN and Combined Networks Comparison

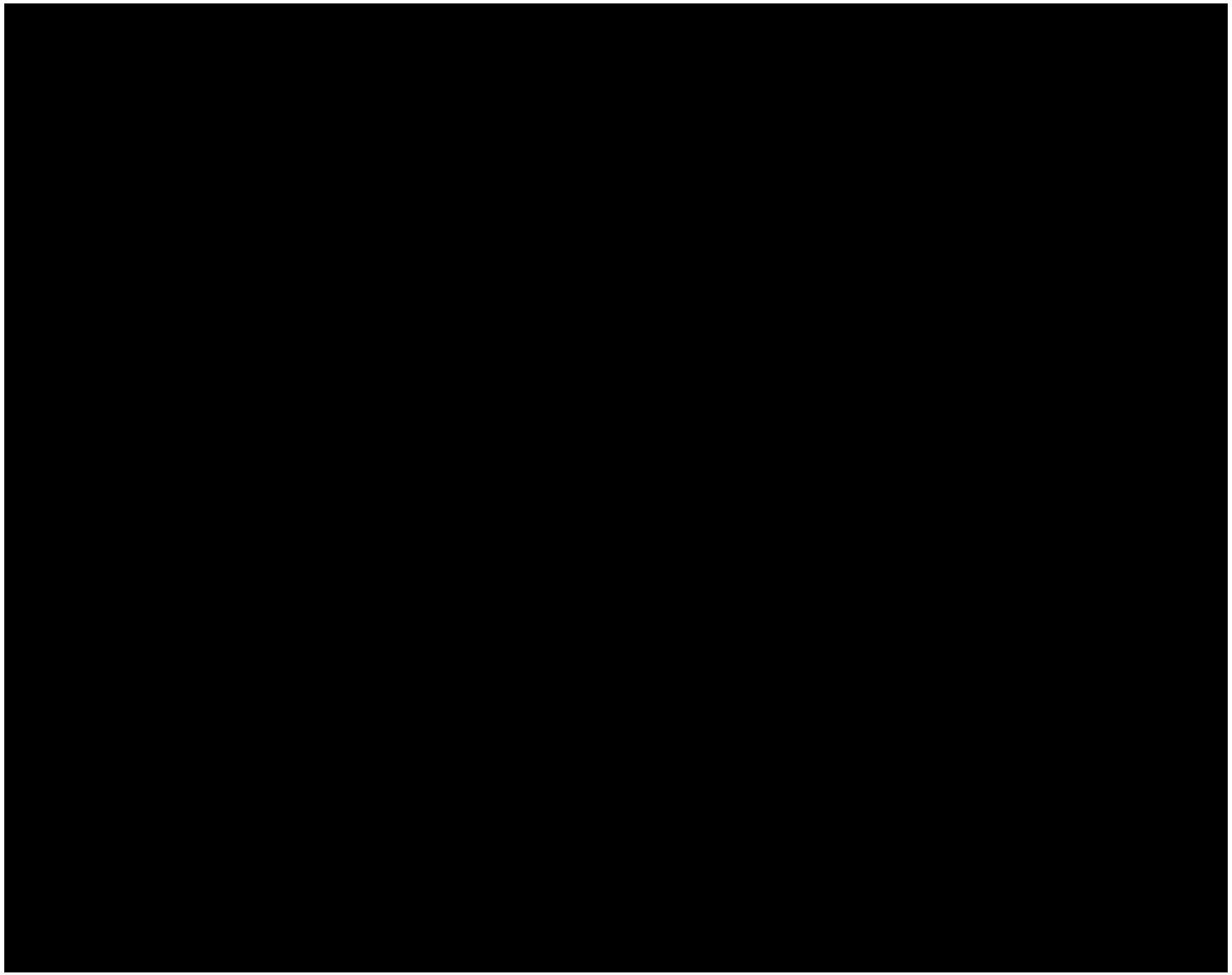
Key Benefits for Payer

[redacted]

The Focus of Value-Based Care



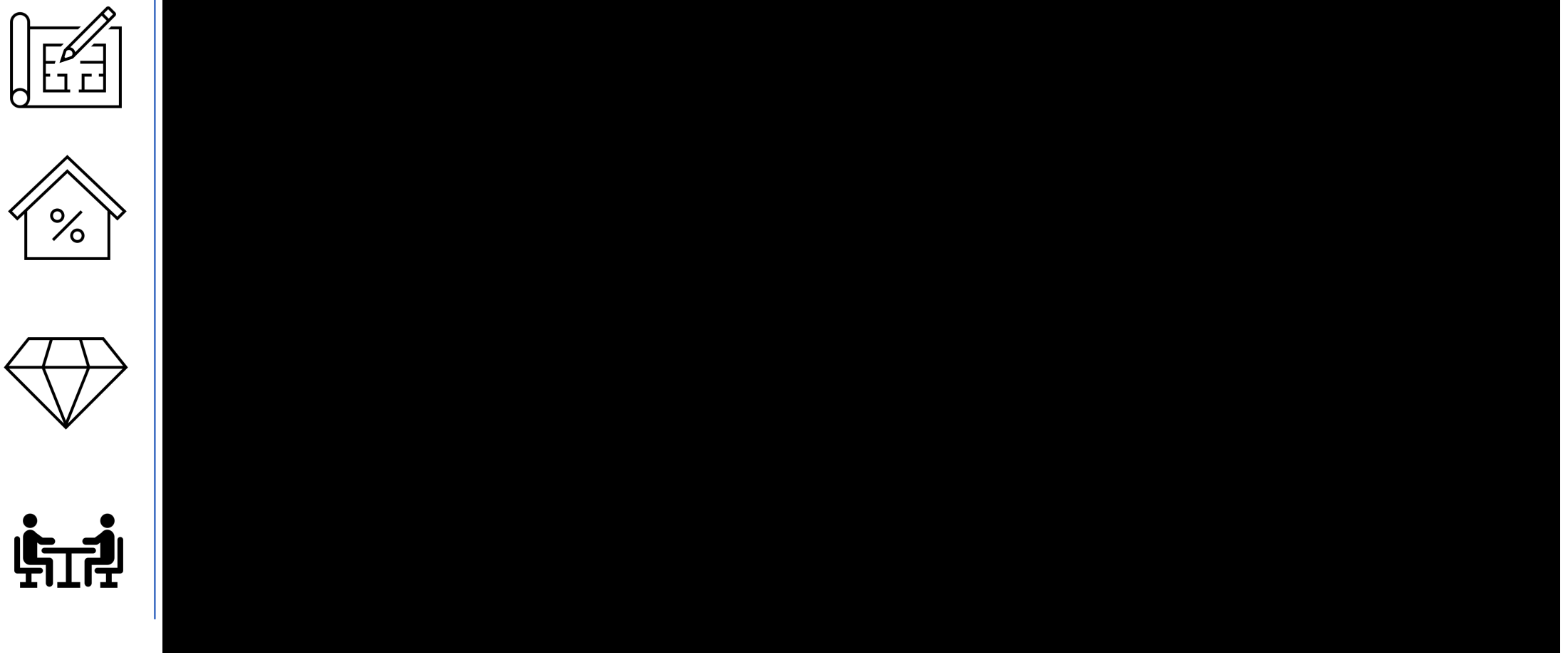
Clinical Resources to Support Care Teams



Public

HCMO 080

Contracting & Payer Summary



Purchased Services – Cross State Scale

Key ROI from a High-Value Network