

InterCommunity Health Plans Board of Directors Meeting - Public
February 18, 2026, 1:00 pm – 3:00 pm
in person SHS Walnut Board Room
2300 Walnut Blvd, Corvallis, OR

or

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For organizers: **Meeting options** | **Reset dial-in PIN**

Samaritan Health Services prohibits external participants from recording, transcribing information, or using AI Bots during internally hosted meetings.

Board Members

- | | | |
|--|--|--|
| <input type="checkbox"/> Marty Cahill, Chair | <input type="checkbox"/> Dick Knowles | <input type="checkbox"/> Kristy Jessop, MD |
| <input type="checkbox"/> Brecca Claitor | <input type="checkbox"/> Gabe Shepherd | <input type="checkbox"/> Todd Noble |
| <input type="checkbox"/> Bruce Madsen, MD | | <input type="checkbox"/> Will Tucker |

Presenters

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Alicia Bublitz | <input type="checkbox"/> Bruce Butler | <input type="checkbox"/> Mike Bonetto |
| <input type="checkbox"/> Amanda Brown | <input type="checkbox"/> Cathy Kaufmann | <input type="checkbox"/> Todd Jeter |
| <input type="checkbox"/> Amanda Lambert | <input type="checkbox"/> Dan Smith | <input type="checkbox"/> Trent Began |
| <input type="checkbox"/> Andi Easton | <input type="checkbox"/> Kelley Burnett, DO | |

Invited and Other Attendees

- | | | |
|--|---|---|
| <input type="checkbox"/> Members of the Public | <input type="checkbox"/> Jan Chambers | <input type="checkbox"/> Rachel Arnold |
| <input type="checkbox"/> Anne Daly | <input type="checkbox"/> Mariah Miller, OHA | <input type="checkbox"/> Rebekah Fowler, Ph.D |
| <input type="checkbox"/> Annette Fowler | <input type="checkbox"/> Melissa Bates | <input type="checkbox"/> Tom Loach |

Agenda

	Time	Item	Presenter	Purpose
1.	1:00 5 min	Call to Order and Welcome	Marty Cahill	Informational
2.	1:05 5 min	Reliability Moment	Alicia Bublitz	Informational

	Time	Item	Presenter	Purpose
3.	1:10 5 min	Introductions and Announcements <ul style="list-style-type: none"> • Remembering Comr. Claire Hall • <i>Amanda Brown, Interim SHP Compliance Officer</i> 	Bruce Butler	Informational
4.	1:15 <5 min	Public Comments	Marty Cahill	Informational
5.	1:20 <5 min	IHP Board Minutes of December 17, 2025 <ul style="list-style-type: none"> • <i>Request motion</i> • <i>Call for vote</i> 	Marty Cahill	Action
6.	1:25 5 min	IHP Board Director Nominations <ul style="list-style-type: none"> • <i>Cynthia Cruz Sanchez, CAC</i> • <i>Comr. Walter Chuck, Lincoln County</i> 	Bruce Butler	Action
7.	1:30 20 min	CEO Report <ul style="list-style-type: none"> • Affiliation Notice Status • <i>Lebanon Obstetrics Update</i> • <i>Nexus Board & Governance Review Project</i> 	Bruce Butler Marty Cahill Mike Bonetto Cathy Kaufmann	Informational
8.	1:50 15 min	Finance Report <ul style="list-style-type: none"> • Financials Review • IHN/SHS Admin Services Agreement • Deep Dive: CCO Rate Development 	Dan Smith Trent Began Trent Began	Informational Action Informational
9.	2:05 10 min	Compliance Officer Report	Amanda Brown	Informational
10.	2:15 20 min	Government Relations Report	Andi Easton	Informational
11.	2:35 10 min	Health Equity & Community Benefit Report <ul style="list-style-type: none"> • DST Update 	Todd Jeter Alicia Bubiltz	Informational
12.	2:45 10 min	Chief Medical Officer (CMO) Report <ul style="list-style-type: none"> • <i>DSNP Update</i> • <i>Quality Committee Structure Update/Consent Agenda</i> 	Kelley Burnett, DO	Informational Informational
13.	2:55 10 min	Operations Report <ul style="list-style-type: none"> • IHN/MA Strategy for Quality Metrics 	Amanda Lambert	Informational
14.	3:00	Good of the Order - Adjournment	Marty Cahill	
		Executive Session (if needed)		

**SHS Strategic Priorities:*



Quality and Service Excellence (QSE) Community



Partnerships (CP)



Sustainability (S)



Employee Engagement (EE)

*Next meeting: April 15, 2026, 1:00-3:00pm
SHS Board room, Walnut – In person*

Note: Quorum is 50% of the current number of Board Directors, and actions require a $\frac{3}{4}$ vote of quorum.

Remembering Claire Hall

A guiding presence in the creation of IHN-CCO, offering several years of committed leadership and vision.

A steady voice on the Regional Planning Council, helping shape a Coordinated Care Organization built on partnership and community need.

A dedicated member of the Lincoln Coordinated Health Care Advisory Committee, supporting the very first Community Health Improvement Plan.

A champion for mental health, veterans, and affordable housing, always advocating for those whose needs are often overlooked.

A leader who deeply understood that housing, food, transportation, education, and employment form the foundation of healthy lives and healthy communities.

Honored nationally for powerful advocacy in housing, mental health, behavioral health recovery, and support for individuals with developmental disabilities—recognition that reflects a lifetime of service.



New Staff

Bruce Butler, CEO

InterCommunity 
Health Network CCO



Amanda Brown

Interim SHP Compliance Officer

- 20+ years leading compliance, operations, and audit functions across national and regional health plans.
- President of BeeReady Health Solutions, advising executives on compliance governance, regulatory strategy, and operating model design.
- Proven leader in simplifying complex regulations, driving remediation, and guiding organizations through CMS and Medicaid audits.



**InterCommunity Health Plans Board of Directors Meeting - Public
December 17, 2025, 1:00 pm – 3:00 pm
in person SHS Walnut Board Room
2300 Walnut Blvd, Corvallis, OR**

Board Members

- | | | |
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| <input type="checkbox"/> Brecca Claitor | <input checked="" type="checkbox"/> Gabe Shepherd | <input checked="" type="checkbox"/> Todd Noble |
| <input checked="" type="checkbox"/> Bruce Madsen, MD | | <input checked="" type="checkbox"/> Will Tucker |
| <input type="checkbox"/> Claire Hall | | |

Presenters

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Andi Easton | <input checked="" type="checkbox"/> Dan Smith | <input checked="" type="checkbox"/> Todd Jeter |
| <input checked="" type="checkbox"/> Bruce Butler | <input checked="" type="checkbox"/> Jennifer Hatchett | <input checked="" type="checkbox"/> Trent Began |
| | <input checked="" type="checkbox"/> Kelley Burnett, DO | |

Invited and Other Attendees

- | | | |
|--|--|--|
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| <input checked="" type="checkbox"/> Anne Daly | <input checked="" type="checkbox"/> Kristy Polanco | <input checked="" type="checkbox"/> Rebekah Fowler, Ph.D |
| <input checked="" type="checkbox"/> Annette Fowler | <input checked="" type="checkbox"/> Melissa Bates | <input checked="" type="checkbox"/> Tom Loach |

Minutes

Item	Discussion/Action
Call to Order and Welcome	Called to order by Chairman Cahill at 1:00pm.
Reliability Moment	Dr. Kelley Burnett began with the discussion of recent severe weather events impacting Lincoln County and the health plan's proactive outreach to members potentially affected by a major landslide. Using geomapping and data analytics, 22 members within three miles of the slide were identified and contacted to ensure continuity of care and access to prescriptions. Leadership emphasized the importance of continuing such disaster-response protocols in the future.

Item	Discussion/Action
Introductions and Announcements <ul style="list-style-type: none"> • Dexter Thomas, Dir Claims & Enrollment • Matt Farmer SHP Data Program Dir 	<p>Bruce Butler introduced two new team members: Dexter Thomas, leading claims and enrollment functions, and Dr. Matt Farmer, a nurse with a PhD in data science, who will strengthen the organization’s analytics capabilities. The board approved the minutes from the August 20 meeting without amendments.</p>
Public Comments	<p>None.</p>
IHP Board Minutes of August 20, 2025 <ul style="list-style-type: none"> • Request motion • Call for vote 	<p><i>A motion to approve the August 20, 2025, minutes was made by Will Tucker and seconded by Dr. Kristy Jessop. There were no objections or corrections. Unanimously approved by all Directors present.</i></p>
CEO Report	<p>Bruce Butler provided an overview of the pending affiliation with Multicare, noting that regulatory approval through OHA could take 6–12 months. He stressed that the partnership would enhance organizational resiliency and stability amid industry-wide financial pressures. Multicare’s commitment to integrated payer-provider models aligns with IHP’s mission, and the affiliation offers opportunities for growth while maintaining local service standards. Staff communications have focused on setting expectations for a lengthy approval process and reinforcing the need to sustain performance improvement initiatives regardless of the outcome. Bruce highlighted ongoing challenges with escalating utilization and costs outpacing premium growth, signaling the need for aggressive cost-control strategies and payment integrity efforts.</p>
Finance Report <ul style="list-style-type: none"> • Financials Review • 2026 IHN Budget & Overview 	<p>Dan Smith reported October financials, showing a year-to-date operating loss of \$20 million, partially offset by \$5 million in non-operating income, resulting in a net loss of \$15 million. Premium revenue exceeded budget by \$17 million, but medical expenses were \$38 million over budget, driven by high utilization trends. The liability for unpaid medical claims (IBNR) stands at \$43 million, consistent with prior year-end levels, though still an area of risk.</p> <p>Trent Began presented the 2026 budget assumptions, including a 9.6% premium increase approved by OHA, continuation of risk corridors, and adjustments for pharmacy carve-outs and administrative costs. The budget projects a modest \$6.5 million margin, primarily from investment income, with operational break-even and a targeted medical loss ratio of 89%. Board members expressed concern about limited familiarity with financial details and requested earlier engagement on assumptions and quarterly updates</p>

	<p>for better transparency. It was noted by Leadership as a 2026 action item.</p> <p><i>A motion to approve the 2026 IHN Budget was made by Will Tucker and seconded by Gabe Shepherd. There were no objections or corrections. Unanimously approved by all Directors present.</i></p> <p>Despite reservations, the board approved the 2026 budget unanimously, with commitments to improve budget education and reporting.</p>
Compliance Officer Report	<p>Interim Compliance Officer Jennifer Hatchett delivered a detailed compliance update. The 2025 HSAG Compliance Monitoring Review showed significant improvement, with all standards scoring 90% or higher and several at 100%. Nine improvement plans were issued for 2025, and 13 of 17 prior-year plans were closed. Preparations for the 2026 audit are underway, focusing on care coordination standards. Jennifer also reported on the Qlaren audit of fraud, waste, and abuse processes, with all requested files submitted and results expected in early 2026. The financial audit identified two findings: formal board approval of intercompany agreements and maintenance of restricted reserves, both addressed through new processes. Additional compliance initiatives included relaunching the delegated vendor oversight committee, revising policy governance, and reducing corrective action plans from 70 to eight active items. Dashboards tracking hotline metrics, privacy incidents, and case closure timeliness showed improvement, though privacy remains the most frequent issue. Jennifer concluded with annual board training requirements on fraud, waste, abuse, and CCO compliance obligations.</p>
Government Relations Report	<p>Andy Easton provided a legislative outlook for the 2026 short session, noting budgetary pressures and structural revenue weaknesses. OHA’s proposed reductions aim to protect maternity and behavioral health services, but programs such as graduate medical education, hospital discharge support, and quality incentive pools face risk. The governor’s Medicaid redesign workgroup, led by Bruce Goldberg, is exploring long-term sustainability strategies, including provider reimbursement and benefit structures, though uncertainty remains around the future of Oregon’s prioritized list. Stakeholders are pressing for clarity on CMS directives and medically necessary definitions. Andy also highlighted potential rural health transformation funding from CMS, with applications submitted for projects in behavioral health, maternity care, and workforce development.</p>
Health Equity & Community Benefit Report	<p>Todd Jeter emphasized IHP’s commitment to equity during financial constraints, focusing on preserving core services and investing in programs that reduce long-term costs, such as behavioral health.</p>

	Internally, IHP partnered with the Linn-Benton-Lincoln Health Equity Alliance to conduct an organizational equity assessment, with recommendations forthcoming. Community benefit strategies aim to sustain access by helping providers transition to billable services and reduce reliance on grants.
Chief Medical Officer (CMO) Report • DSNP	Moved to February 2026 meeting due to time constraints.
Operations Report • Metrics Update	Matt Farmer presented Arcadia dashboards illustrating cost and utilization trends. Key findings included an 18% increase in per-member-per-month costs, rising inpatient admissions, and 55% of emergency department visits classified as avoidable, representing \$14 million in potential savings. Pharmacy costs surged, driven largely by medication-assisted treatment for opioid use disorder. Custom dashboards enable granular analysis of service lines, length of stay, and high utilizers, supporting targeted interventions. Leadership stressed that these insights are critical for cost containment and quality improvement.
Good of the Order - Adjournment	Chairman Cahill adjourned at 3:01pm
Executive Session (if needed)	

*SHS Strategic Priorities:



Quality and Service Excellence (QSE) Community



Partnerships (CP)



Sustainability (S)



Employee Engagement (EE)

*Next meeting: February 18, 2026, 1:00-3:00pm
SHS Board room, Walnut – In person*

Note: Quorum is 50% of the current number of Board Directors, and actions require a ¾ vote of quorum.

Respectfully submitted,
Bruce Butler

Marty Cahill, President and Chair,
Samaritan Health Plans Board of Directors
Date:

IHP BOD Nominees

Bruce Butler CEO

InterCommunity 
Health Network CCO

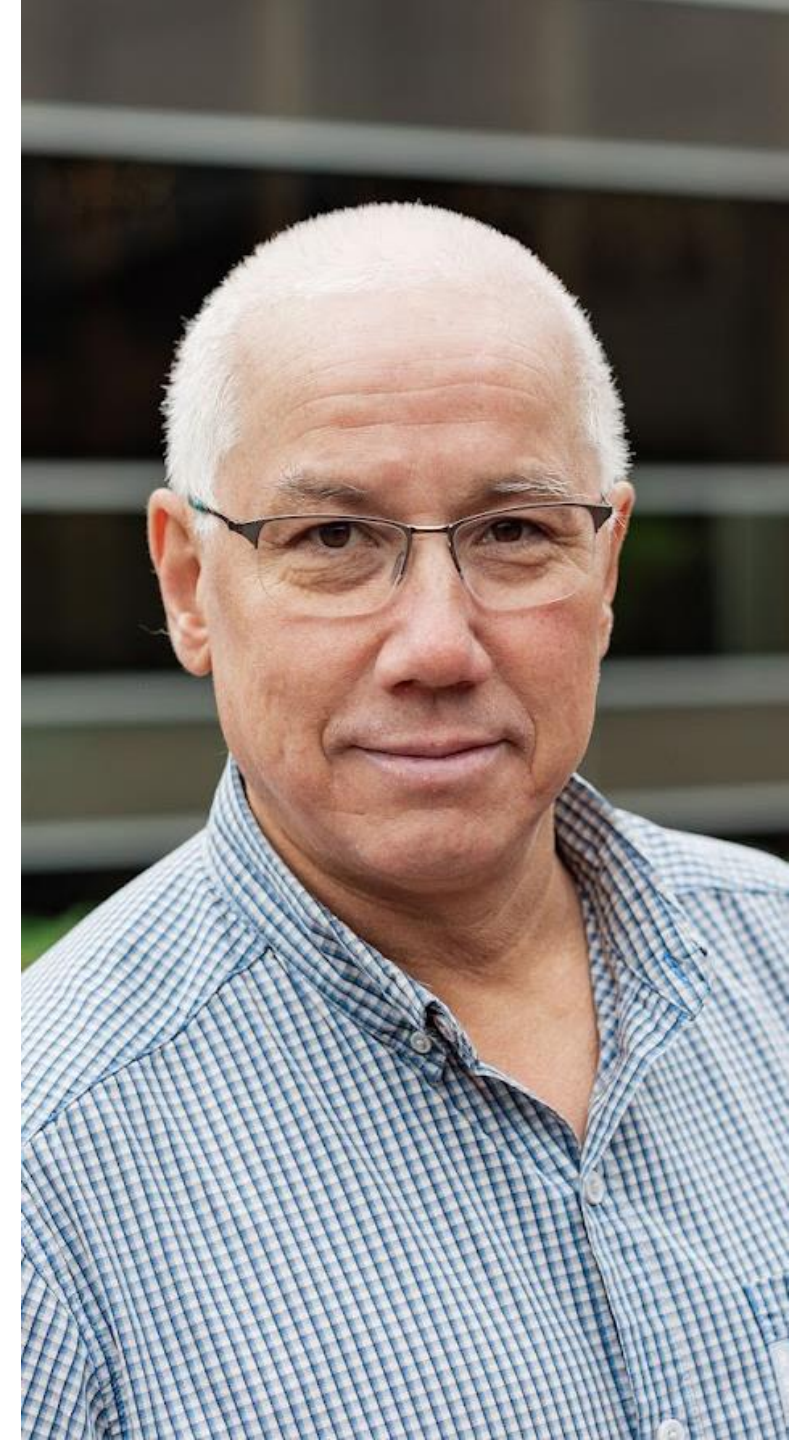


Commissioner Walter Chuck

Lincoln County

- Appointed to Lincoln County BoC in February 2025.
- Served nearly 14 years as a commissioner for the Port of Newport.
- Has served on numerous advisory councils and task forces throughout his career including the Oregon Coastal Zone Management Association (OCZMA, the Ocean Policy Advisory Council (OPAC), and the NW Marine Renewable Energy Center
- Lives in Lincoln County with his wife Rebecca.

Full bio in packet



Cynthia Cruz Sanchez

CAC Representative

IHN Member & Background: Albany resident, Mexican immigrant family, lived experience with healthcare access as an immigrant minor.

Advocacy Work: Supported DACA/undocumented students; interpreted for Spanish-speaking refugees.

Community & Lived Experience: Former nonprofit board member; experience with disability and mental health care barriers.

Goal: Promote equitable care for all Oregonians through collaboration and elevating diverse voices.

Full bio in the packet



CEO Report

IHP Inc. Board of Directors – February 18, 2026

Labor & Delivery Services Update

Nexus Board Advisory Update

Pre-Affiliation Strategic Preparation

Health Plans Strategic Framework

Strategy Re-Set Triggered by Anticipated MultiCare Affiliation

1. Continue to Address Existential Threats

- Immediate: Claims expenses exceeding available premium revenue.
- Looming: Bottom-tier quality metrics performance, as re-procurement approaches.

2. Orient to MultiCare Goals & Standards

- Top-Decile Performance
- High Value and Low Burden to the Community

3. Identify Changes to Reflect Top-Decile Health Plan Operation

- Q: What would be different if we were a top-decile health plan operation?
- A: 200 specific items and growing.

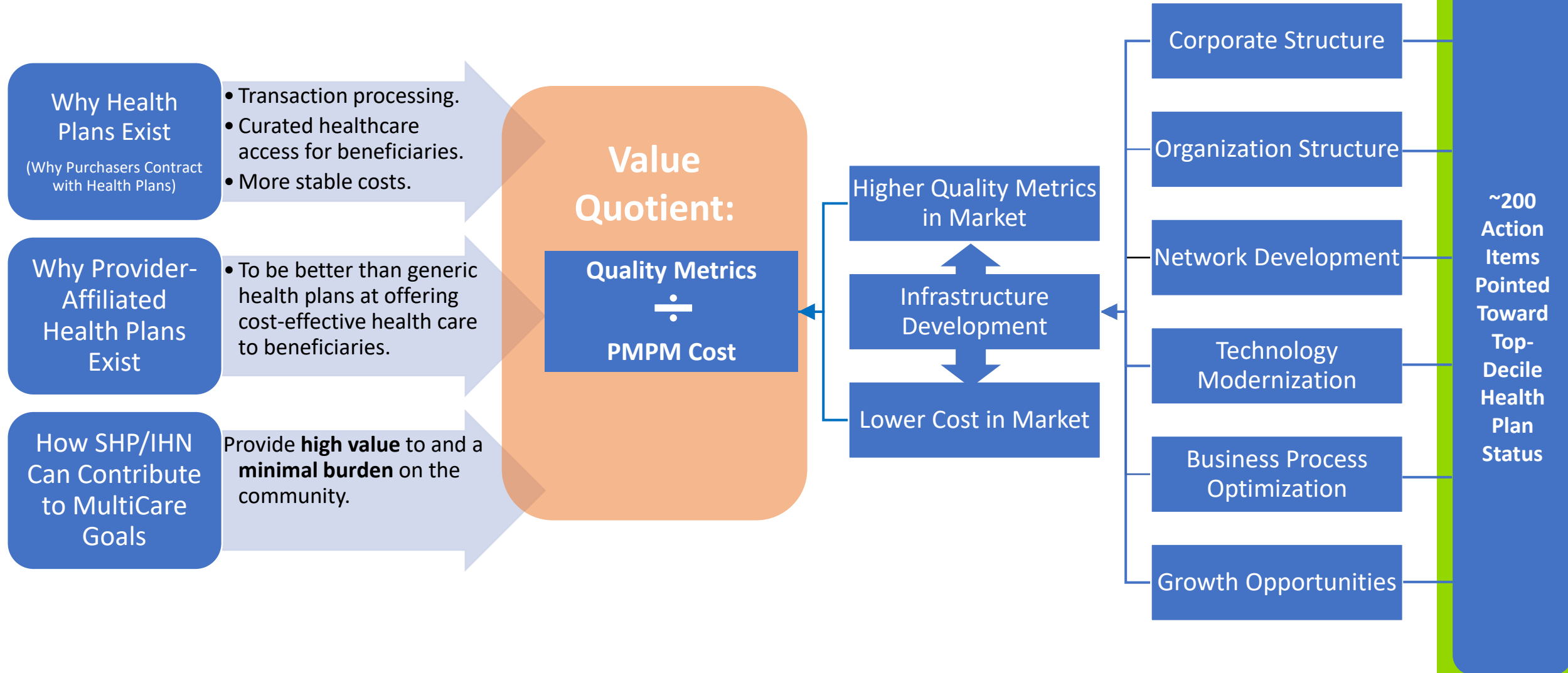
4. Distill 200 Granular Actions to a Manageable New Default* Strategy Framework

- Focus on reasons why provider-affiliated health plans exist.
- Focus on MultiCare goals of high value and low burden.

**pending reconciliation with MultiCare goals and strategies for health plan operations.*

Health Plans Strategic Framework

“It’s the Value Quotient.”



Health Plans Strategic Framework

Overview of Status and Work in Process

Issue Set	Historical State	Actions In Process
Claims Expense Remediation <i>(Quality/Cost Value Quotient Denominator)</i>	<ul style="list-style-type: none"> IHN has been a high-side cost outlier among CCOs Above-Medicaid FFS reimbursement. Underdeveloped payment integrity functions; FWA deficiencies cited by OHA. Legacy utilization management approaches. 	Immediate Criticality: <ul style="list-style-type: none"> Revision of FFS reimbursement levels to align with Fair Market Value and OHA actuarial premium development assumptions. Ramp-up of industry-standard payment policies and FWA monitoring. Modernization of utilization management. 2026 leading indicators pointed toward recovery.
Quality Metrics Improvement <i>(Quality/Cost Value Quotient Numerator)</i>	<ul style="list-style-type: none"> IHN has been a low-side outlier among CCOs in quality metrics performance. Last-place performance in CCO quality metrics; deterioration in CMS Star ratings. 	<ul style="list-style-type: none"> SHP QI Department Overhaul Substantially more effective SMG/IHN collaboration . Significant data/analytics progress. Results trending positively for first time.
Infrastructure Development <i>(Value Proposition Improvement Enablers)</i>	<ul style="list-style-type: none"> <u>Corporate Structure</u>: Boards are primarily community relations focused; <u>Organization Structure</u>: Evolved organically in atypical directions; extensive intermingling of health plan and hospital system functions. <u>Network Development</u>: Longstanding (10-15 years) network relationships with organic development of amended provisions. <u>Technology Platforms</u>: \$50-100m technology gap to industry-standard levels. <u>Business Processes</u>: Evolved in isolation from industry standards. <u>Growth Opportunities</u>: Constrained within current product mix and locale 	<i>Ad hoc</i> initiatives seeking to: <ul style="list-style-type: none"> Evaluate board functions vis-à-vis regulatory standards. Strengthen transparency of related-party transactions (OHA audit finding). Re-Set critical provider network relationships. Explore of a wide variety of IT services and core platform alternatives. Align various comingled hospital and health plan functions with provider-affiliated health plan industry norms: IT, Credentialing, Compliance, Marketing/Communications. Evaluate various growth opportunities for post-affiliation pursuit.

Governance Review Project

Nexus Health Strategies

February 18, 2026

InterCommunity 
Health Network CCO

Purpose

- As IHN-CCO continues to prepare for the re-procurement of the CCO contract with the Oregon Health Authority (OHA), it is essential to ensure that IHN's governance aligns with the evolving requirements and expectations of the next contract cycle.
- Since the formation of CCOs, the state has viewed the governance structure as one of the defining elements of the Coordinated Care Model.
- Gaining a better understanding of the strengths and opportunities for improvement through the Board's perspective will inform re-procurement readiness.

Progress To Date

- Completed 8 interviews (4 completed this week and more still being scheduled)
- Purpose for today: provide high-level summary of several key themes
- Next Steps: At the next board meeting, provide a deeper dive into interview findings and assessment with proposed plan of action

Some Early Themes – What's Working Well

- Overall, strong willingness of board members to reset culture and expectations
- Strong community engagement
- Partnerships with local organizations and health departments
- Strong operational staff capability
- MultiCare affiliation (genuine strategic opportunity)

Some Early Themes – Opportunities for Improvement

- Board meeting culture
- Board materials and preparation
- Board accountability for performance and compliance
- Clarity around Samaritan vs. IHN boundaries
- Data infrastructure and performance visibility

Questions?

October Financials

Dan Smith SHS- CFO

InterCommunity 
Health Network CCO

Samaritan Health Services
INTERCOMMUNITY HEALTH NETWORK (53000)
Income Statement
Month Ending December 31, 2025

	Y-T-D		
	Dec 2025 Actual	Dec 2025 Budget	Act - Bud Variance
Revenues:			
Premium revenue	\$ 620,229,596	\$ 589,799,473	\$ 30,430,123
Other operating revenue	3,403,416	207,000	3,196,416
Total revenue	<u>623,633,012</u>	<u>590,006,473</u>	<u>33,626,539</u>
Expenses:			
Salaries	17,855,577	20,474,551	2,618,975
Employee benefits	6,159,816	7,111,864	952,048
Supplies	608,781	438,943	(169,838)
Purchased services	20,612,866	19,921,627	(691,239)
Agency	1,047,463	1,852,807	805,344
Depreciation	70,744	72,548	1,804
Insurance	3,497,996	5,234,928	1,736,933
Claims expense	583,141,811	522,515,972	(60,625,838)
Other	14,877,867	11,680,851	(3,197,016)
Total expenses	<u>647,872,921</u>	<u>589,304,093</u>	<u>(58,568,828)</u>
Excess of revenues over expenses from operations	<u>(24,239,909)</u>	<u>702,380</u>	<u>(24,942,289)</u>
Non-operating income:			
Investment income	5,685,604	8,058,566	(2,372,962)
Total non-operating income	<u>5,685,604</u>	<u>8,058,566</u>	<u>(2,372,962)</u>
Excess of revenues over expenses	<u>\$ (18,554,305)</u>	<u>\$ 8,760,946</u>	<u>\$ (27,315,250)</u>
Net operating margin	-3.9%	0.1%	
Total margin	-3.0%	1.5%	
Administrative % (Admin Costs/Total Prem Revenue)	7.7%	8.7%	
Medical Loss Ratio (Claims/Premium Revenue)	94.5%	89.2%	

Samaritan Health Services
INTERCOMMUNITY HEALTH NETWORK (53000)
Balance Sheet
As of December 31, 2025

	<u>12/31/25</u>	<u>12/31/24</u>
Assets		
Cash and cash equivalents	\$ 18,554,696	\$ 43,516,204
Short-term investments	92,177	4,439,131
Intercompany receivables (payables)	3,397,069	(601,298)
Other receivables	19,490,347	9,543,306
Total current assets	<u>\$ 41,534,290</u>	<u>\$ 56,897,343</u>
Long-term investments	96,008,590	87,164,669
Statutory deposits	22,867,890	20,082,690
Total other assets	<u>\$ 118,876,479</u>	<u>\$ 107,247,360</u>
Property, plant and equipment, net	\$ 3,164,408	\$ 3,235,152
Total assets	<u><u>\$ 163,575,177</u></u>	<u><u>\$ 167,379,854</u></u>
Liabilities and net assets		
Accounts payable	11,522,768	19,129,807
Liability for unpaid medical claims	55,543,999	44,790,156
Other current liabilities	23,672,183	13,560,270
Total liabilities	<u>\$ 90,738,950</u>	<u>\$ 77,480,233</u>
Unrestricted net assets - controlling interest	72,836,228	89,899,621
Total net assets	<u>\$ 72,836,228</u>	<u>\$ 89,899,621</u>
Total liabilities and net assets	<u><u>\$ 163,575,177</u></u>	<u><u>\$ 167,379,854</u></u>

Finance

Trent Began AVP Finance

Intercompany Agreements

Approval required

Lease

- Continuation of current lease agreement that expires 12/31/2027
- Health Plan operations (SHP and IHN) will lease 7,837 square feet of the Walnut building at \$2.00/sq foot per month in 2026

Corporate Service Agreement

- SHS provides the following support services to IHN
 - HR
 - Legal
 - IT
 - Accounting
 - Credentialing
 - Marketing
 - Compliance
- IHN reimburses SHS at cost for its portion of these services.
- In 2026 the monthly rate is **\$459,351** per month
- This will be trued-up by March 31, 2027, to reflect actual costs

Rate Deep Dive

Coverage Groups

OHA defines 5 different benefit plans

CCO Group	IHN Members
CCOA	80,606
CCOB	8
CCOE	5
CCOF	5,071
CCOG	348

Table 4: Covered Services by CCO Type

COS	CCOA	CCOB	CCOE	CCOF	CCOG
Inpatient	X	X			
Outpatient	X	X			
Emergency Department	X	X			
Physician Services	X	X			
Substance Use Treatment	X	X	X		X
Prescription Drugs	X	X			
Durable Medical Equipment and Miscellaneous	X	X			
Mental Health Services Inpatient	X	X	X		X
Applied Behavior Analysis (ABA)	X	X	X		X
Mental Health Children's Wraparound					
Mental Health Other Non-Inpatient	X	X	X		X
A&D (Alcohol and Drug) Residential	X	X	X		X
Non-Emergency Medical Transportation	X	X	X	X	X
Dental	X			X	X

Rate Deep Dive

Rate Groups

Members are broken into “Categories of Aid” demographic groups with similar health conditions, risks, and needs.

This aids Actuaries in developing premium rates for each ‘Category of Aid’

COA	Description	CCOA Members (Non HOP)
PCR	PCR Parents & Other Caretaker Relatives Adults (formerly referred to as Temporary Assistance to Needy Families) — Ages 19 years–64 years	4,826
PWO	Pregnant (formerly referred to as Poverty Level Medical Adults)	913
CHILD 00–01	Medicaid-enrolled children (including Children's Health Insurance Program [CHIP]) — Age under 1 year	1,276
CHILD 01–05	Medicaid enrolled children (including CHIP) — Ages 1 year–5 years	6,300
CHILD 06–18	Medicaid enrolled children (including CHIP) — Ages 6 years–18 years	17,432
DUAL-MEDS	Blind, Disabled, and General Assistance Client (AB/AD) and OAA — Medicare Eligible	5,649
ABAD & OAA	AB/AD and OAA — Non-Medicare Eligible	3,749
FOSTER	Children in Adoptive, Substitute, or Foster Care	848
ACA 19–34	ACA Expansion Adults Ages 19 years–34 years	16,240
ACA 35–44	ACA Expansion Adults Ages 35 years–44 years	7,061
ACA 45–54	ACA Expansion Adults Ages 45 years–54 years	5,555
ACA 55–64	ACA Expansion Adults Ages 55 years–64 years	5,410
BBM 19–34	Heritage Native American (HNA) members with federal poverty level (FPL) between 138% and 200% who participate in BBM, ages 19 years–34 years old	900
BBM 35–44	HNA members with FPL between 138% and 200% who participate in BBM, ages 35 years–44 years old	572
BBM 45–54	HNA members with FPL between 138% and 200% who participate in BBM, ages 45 years–54 years old	373
BBM 55–64	HNA members with FPL between 138% and 200% who participate in BBM, ages 55 years–64 years old	424
YSHCN	YSHCN effective January 1, 2025. Up to 305% of FPL. Ages 19 or 20 years old.	109
BCCP	Breast and Cervical Cancer Program	1

Rate Deep Dive

Rate Groups

The Capitation Rate per group reflects the expected total Medical, Rx, and Administrative expense for the upcoming year.

With a couple exceptions, all groups are expected to see significant cost growth in 2026.

Table 1: CY26 Capitation Rate Changes and Statewide Averages Across All CCOs*

COA	CY25	CY26	Percentage Change
Parent or Other Caretaker/Relative (PCR)	\$561.80	\$664.00	18.2%
Pregnant Women (PWO)	\$531.96	\$582.31	9.5%
CHILD 00–01	\$1,017.87	\$1,083.49	6.4%
CHILD 01–05	\$225.03	\$248.86	10.6%
CHILD 06–18	\$269.05	\$302.41	12.4%
DUAL-MEDS	\$313.49	\$327.45	4.5%
Aid to the Blind and Disabled (ABAD) & Old Age Assistance (OAA)	\$1,641.70	\$1,789.66	9.0%
FOSTER	\$824.08	\$975.63	18.4%
Affordable Care Act (ACA) 19–34	\$437.16	\$456.70	4.5%
ACA 35–44	\$593.81	\$680.46	14.6%
ACA 45–54	\$795.47	\$875.91	10.1%
ACA 55–64	\$909.03	\$1,002.34	10.3%
Bridge Basic Medicaid (BBM) 19–34	\$447.87	\$465.19	3.9%
BBM 35–44	\$603.85	\$696.88	15.4%
BBM 45–54	\$833.31	\$912.22	9.5%
BBM 55–64	\$922.15	\$1,020.95	10.7%
Young Adults with Special Health Care Needs (YSHCN)	\$521.25	\$566.36	8.7%
Breast and Cervical Cancer Program (BCCP)	\$1,645.52	\$1,793.44	9.0%
Maternity	\$13,257.00	\$16,340.04	23.3%
Total	\$535.60	\$592.41	10.6%

Rate Deep Dive

Rate Development Process

Rate Process

1. 2024 Encounters (Claims) create a Base Data set for each Rate group
2. DRG, Professional, and Dental Encounters are repriced to 'reasonable' costs
3. Rates are adjusted for Clinical Efficiency , aka IP and ED avoidable costs
4. Rates are adjusted for utilization, unit cost trends, acuity changes, and program changes
5. Rates are adjusted for Regional and CCO specific cost factors, such as Risk Scores, Hospital costs, and Regional factors
6. CCO specific rate components are then added on, such as Directed Payments, Performance Based Reward (PBR) and Administrative Expense

Rate Deep Dive

Rate Development Process

Steps 1 - 4

Under contention during 2025

CY26 CCO Rate Certification
Appendix B: CCOA and CCOB Statewide Rate Buildup

COA	COS	2024 Base Data					PHE Unwinding	Annual Trend			PMPM Subtotal	Program Changes — PMPM Impacts			Statewide Rate PMPM
		MMs ¹	Adjusted Base PMPM	DRG Hospital Repricing ²	Clinical Efficiencies	Final Base PMPM		Utilization/ 1,000	Unit Cost	PMPM		Air Ambulance	Ablation for Atrial Flutter	Hemorrhoid Coverage	
ACA 19-34	Inpatient-A/B Hospital	2,697,063	\$ 3.09	\$ -	\$ (0.11)	\$ 2.99	2.3%	4.0%	1.3%	5.3%	\$ 3.39	\$ -	\$ 0.00	\$ -	\$ 3.39
ACA 19-34	Inpatient-DRG Hospital	2,697,063	\$ 24.20	\$ (2.44)	\$ (0.43)	\$ 21.33	2.3%	4.0%	1.3%	5.3%	\$ 24.20	\$ -	\$ 0.00	\$ -	\$ 24.20
ACA 19-34	Inpatient-Other Hospital	2,697,063	\$ 1.48	\$ -	\$ (0.04)	\$ 1.44	2.3%	5.0%	1.3%	6.3%	\$ 1.67	\$ -	\$ 0.00	\$ -	\$ 1.67
ACA 19-34	Outpatient-A/B Hospital	2,697,063	\$ 6.12	\$ -	\$ -	\$ 6.12	2.3%	0.5%	4.3%	4.8%	\$ 6.88	\$ -	\$ 0.00	\$ 0.01	\$ 6.89
ACA 19-34	Outpatient-DRG Hospital	2,697,063	\$ 16.91	\$ -	\$ -	\$ 16.91	2.3%	0.5%	2.3%	2.8%	\$ 18.27	\$ -	\$ 0.01	\$ 0.02	\$ 18.31
ACA 19-34	Outpatient-Other Hospital	2,697,063	\$ 5.43	\$ -	\$ -	\$ 5.43	2.3%	0.5%	2.3%	2.8%	\$ 5.87	\$ -	\$ 0.00	\$ 0.01	\$ 5.88
ACA 19-34	Emergency Department-A/B Hospital	2,697,063	\$ 10.38	\$ -	\$ (0.32)	\$ 10.06	2.3%	0.5%	5.3%	5.8%	\$ 11.52	\$ -	\$ -	\$ -	\$ 11.52
ACA 19-34	Emergency Department-DRG Hospital	2,697,063	\$ 15.38	\$ 0.28	\$ (0.56)	\$ 15.11	2.3%	2.5%	4.3%	6.9%	\$ 17.65	\$ -	\$ -	\$ -	\$ 17.65
ACA 19-34	Emergency Department-Other Hospital	2,697,063	\$ 1.29	\$ -	\$ (0.04)	\$ 1.25	2.3%	0.0%	4.3%	4.3%	\$ 1.39	\$ -	\$ -	\$ -	\$ 1.39
ACA 19-34	Physician Services	2,697,063	\$ 66.94	\$ -	\$ 0.24	\$ 67.19	2.3%	2.0%	2.0%	4.0%	\$ 74.41	\$ -	\$ 0.00	\$ 0.07	\$ 74.49
ACA 19-34	DME and Miscellaneous	2,697,063	\$ 11.91	\$ -	\$ -	\$ 11.91	2.3%	3.5%	1.0%	4.5%	\$ 13.32	\$ 0.16	\$ 0.00	\$ -	\$ 13.48
ACA 19-34	Substance Use	2,697,063	\$ 17.26	\$ -	\$ -	\$ 17.26	2.3%	3.3%	2.0%	5.3%	\$ 19.59	\$ -	\$ -	\$ -	\$ 19.59
ACA 19-34	Prescription Drugs	2,697,063	\$ 43.09	\$ -	\$ -	\$ 43.09	2.3%	3.1%	6.4%	9.7%	\$ 53.09	\$ -	\$ -	\$ -	\$ 53.09
ACA 19-34	Mental Health Services Inpatient	2,697,063	\$ 11.87	\$ -	\$ -	\$ 11.87	2.3%	3.1%	1.3%	4.4%	\$ 13.23	\$ -	\$ -	\$ -	\$ 13.23
ACA 19-34	A&D Residential	2,697,063	\$ 8.21	\$ -	\$ -	\$ 8.21	2.3%	3.1%	1.3%	4.4%	\$ 9.15	\$ -	\$ -	\$ -	\$ 9.15
ACA 19-34	ACT/SE	2,697,063	\$ 2.40	\$ -	\$ -	\$ 2.40	2.3%	3.8%	2.0%	5.8%	\$ 2.75	\$ -	\$ -	\$ -	\$ 2.75
ACA 19-34	Applied Behavior Analysis (ABA)	2,697,063	\$ 0.01	\$ -	\$ -	\$ 0.01	2.3%	2.8%	2.0%	4.8%	\$ 0.01	\$ -	\$ -	\$ -	\$ 0.01
ACA 19-34	MH Children's Wraparound	2,697,063	\$ 0.91	\$ -	\$ -	\$ 0.91	2.3%	3.8%	2.0%	5.8%	\$ 1.05	\$ -	\$ -	\$ -	\$ 1.05
ACA 19-34	Mental Health Other Non-Inpatient	2,697,063	\$ 89.13	\$ -	\$ -	\$ 89.13	2.3%	3.8%	2.0%	5.8%	\$ 102.14	\$ -	\$ -	\$ -	\$ 102.14
ACA 19-34	NEMT	2,697,063	\$ 8.09	\$ -	\$ -	\$ 8.09	2.3%	3.5%	1.0%	4.5%	\$ 9.05	\$ -	\$ -	\$ -	\$ 9.05

Rate Deep Dive

Rate Development Process

Step 5

CCO	Region	COA	CY26 Caseload Forecast ¹	Statewide Medical PMPM ²	Regional Risk Adjustment	CCO Risk Adjustment	Regional Factors	Hospital Factor/Tri-County BH Factor Adjustment	PMPM Subtotal
InterCommunity Health Network, Inc.	Northwest	PCR	72,058	\$ 564.91	1.001	1.043	1.080	1.005	\$ 640.03
InterCommunity Health Network, Inc.	Northwest	PWO	10,954	\$ 495.15	1.000	1.000	1.081	1.007	\$ 539.25
InterCommunity Health Network, Inc.	Northwest	CHILD 00-01	16,007	\$ 956.68	1.000	1.000	1.024	1.008	\$ 986.82
InterCommunity Health Network, Inc.	Northwest	CHILD 01-05	78,650	\$ 188.96	1.010	1.049	1.104	1.008	\$ 222.63
InterCommunity Health Network, Inc.	Northwest	CHILD 06-18	209,363	\$ 234.27	0.987	1.064	1.003	1.007	\$ 248.77
InterCommunity Health Network, Inc.	Northwest	DUAL-MEDS	61,348	\$ 265.71	1.000	1.000	1.014	1.005	\$ 270.90
InterCommunity Health Network, Inc.	Northwest	ABAD & OAA	42,664	\$ 1,556.10	1.015	0.957	1.001	1.006	\$ 1,521.71
InterCommunity Health Network, Inc.	Northwest	FOSTER	10,217	\$ 822.73	1.000	1.000	0.818	1.003	\$ 674.77
InterCommunity Health Network, Inc.	Northwest	ACA 19-34	197,534	\$ 388.91	0.992	1.017	1.018	1.006	\$ 401.61
InterCommunity Health Network, Inc.	Northwest	ACA 35-44	82,900	\$ 582.57	1.043	0.985	1.071	1.004	\$ 643.15
InterCommunity Health Network, Inc.	Northwest	ACA 45-54	68,320	\$ 754.13	1.032	0.958	1.085	1.004	\$ 811.61
InterCommunity Health Network, Inc.	Northwest	ACA 55-64	66,772	\$ 863.98	1.021	0.970	1.104	1.004	\$ 948.60
InterCommunity Health Network, Inc.	Northwest	BBM 19-34	480	\$ 329.99	1.000	1.000	1.014	1.006	\$ 336.43
InterCommunity Health Network, Inc.	Northwest	BBM 35-44	135	\$ 361.82	1.000	1.000	1.066	1.008	\$ 388.72
InterCommunity Health Network, Inc.	Northwest	BBM 45-54	123	\$ 673.96	1.000	1.000	1.064	1.005	\$ 720.26
InterCommunity Health Network, Inc.	Northwest	BBM 55-64	93	\$ 659.50	1.000	1.000	1.096	1.005	\$ 726.40
InterCommunity Health Network, Inc.	Northwest	YSHCN	2,230	\$ 486.69	1.000	1.000	1.000	1.008	\$ 490.69
InterCommunity Health Network, Inc.	Northwest	BCCP	25	\$ 2,489.56	1.000	1.000	1.007	1.010	\$ 2,530.39
InterCommunity Health Network, Inc.	Northwest	Maternity	826	\$ 14,242.60	1.000	1.000	1.000	1.000	\$ 14,242.60
InterCommunity Health Network, Inc.	Northwest	Total	919,873	\$ 504.46	1.011	0.998	1.042	1.005	\$ 533.31
Jackson County CCO, LLC	Southwest	PCR	63,161	\$ 564.91	1.034	1.038	0.918	1.042	\$ 579.44

Rate Deep Dive

Rate Development Process

Step 6

CCO	Region	COA	PMPM Subtotal	IHCP Physical Health	IHCP Behavioral Health	Dental PMPM	Handicapping Malocclusion	IHCP Dental	YSHCN	PMPM Subtotal
InterCommunity Health Network, Inc.	Northwest	PCR	\$ 640.03	\$ 5.71	\$ 6.72	\$ 21.26	\$ 0.00	\$ 0.07	\$ 0.04	\$ 673.83
InterCommunity Health Network, Inc.	Northwest	PWO	\$ 539.25	\$ 0.40	\$ 0.24	\$ 21.08	\$ 0.22	\$ 0.13	\$ 0.11	\$ 561.44
InterCommunity Health Network, Inc.	Northwest	CHILD 00-01	\$ 986.82	\$ 2.20	\$ -	\$ 6.66	\$ -	\$ -	\$ -	\$ 995.68
InterCommunity Health Network, Inc.	Northwest	CHILD 01-05	\$ 222.63	\$ 2.83	\$ 0.04	\$ 34.22	\$ -	\$ 0.12	\$ -	\$ 259.84
InterCommunity Health Network, Inc.	Northwest	CHILD 06-18	\$ 248.77	\$ 1.48	\$ 0.46	\$ 33.70	\$ 2.25	\$ 0.06	\$ -	\$ 286.73
InterCommunity Health Network, Inc.	Northwest	DUAL-MEDS	\$ 270.90	\$ 2.50	\$ 1.19	\$ 23.82	\$ 0.00	\$ 0.01	\$ 0.01	\$ 298.42
InterCommunity Health Network, Inc.	Northwest	ABAD & OAA	\$ 1,521.71	\$ 6.96	\$ 6.81	\$ 31.10	\$ 0.46	\$ 0.02	\$ 0.14	\$ 1,567.20
InterCommunity Health Network, Inc.	Northwest	FOSTER	\$ 674.77	\$ 6.71	\$ 9.30	\$ 40.68	\$ 1.21	\$ 0.86	\$ 0.02	\$ 733.56
InterCommunity Health Network, Inc.	Northwest	ACA 19-34	\$ 401.61	\$ 1.59	\$ 2.77	\$ 15.27	\$ 0.03	\$ 0.04	\$ 0.27	\$ 421.59
InterCommunity Health Network, Inc.	Northwest	ACA 35-44	\$ 643.15	\$ 6.38	\$ 4.85	\$ 17.52	\$ -	\$ (0.01)	\$ -	\$ 671.89
InterCommunity Health Network, Inc.	Northwest	ACA 45-54	\$ 811.61	\$ 4.49	\$ 2.11	\$ 20.49	\$ -	\$ 0.02	\$ -	\$ 838.73
InterCommunity Health Network, Inc.	Northwest	ACA 55-64	\$ 948.60	\$ 6.35	\$ 1.89	\$ 21.79	\$ -	\$ 0.18	\$ -	\$ 978.81
InterCommunity Health Network, Inc.	Northwest	BBM 19-34	\$ 336.43	\$ 1.59	\$ 2.77	\$ 34.41	\$ 0.03	\$ 0.04	\$ 0.27	\$ 375.55
InterCommunity Health Network, Inc.	Northwest	BBM 35-44	\$ 388.72	\$ 6.38	\$ 4.85	\$ 73.47	\$ -	\$ (0.01)	\$ -	\$ 473.41
InterCommunity Health Network, Inc.	Northwest	BBM 45-54	\$ 720.26	\$ 4.49	\$ 2.11	\$ 35.41	\$ -	\$ 0.02	\$ -	\$ 762.29
InterCommunity Health Network, Inc.	Northwest	BBM 55-64	\$ 726.40	\$ 6.35	\$ 1.89	\$ 70.60	\$ -	\$ 0.18	\$ -	\$ 805.43
InterCommunity Health Network, Inc.	Northwest	YSHCN	\$ 490.69	\$ 1.59	\$ 2.77	\$ 15.27	\$ 0.03	\$ 0.04	\$ -	\$ 510.39
InterCommunity Health Network, Inc.	Northwest	BCCP	\$ 2,530.39	\$ -	\$ -	\$ 31.10	\$ -	\$ -	\$ -	\$ 2,561.49
InterCommunity Health Network, Inc.	Northwest	Maternity	\$ 14,242.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,242.60
InterCommunity Health Network, Inc.	Northwest	Total	\$ 533.31	\$ 3.35	\$ 2.47	\$ 24.15	\$ 0.56	\$ 0.07	\$ 0.07	\$ 563.98

Rate Deep Dive

Rate Development Process

Step 6 cont.

CCO	Region	COA	PMPM Subtotal	Credibility Blending	NML Percentage	HRSN Home Changes for Health Benefit	PBR PMPM	HRSN - Home Changes for Health Admin Add-On	PMPM Subtotal	MCO Tax Percentage	Total PMPM
InterCommunity Health Network, Inc.	Northwest	PCR	\$ 673.83	\$ 673.83	10.8%	\$ 0.27	\$ 4.28	\$ 0.15	\$ 760.12	2.0%	\$ 775.63
InterCommunity Health Network, Inc.	Northwest	PWO	\$ 561.44	\$ 561.44	10.8%	\$ 0.27	\$ 3.57	\$ 0.15	\$ 633.41	2.0%	\$ 646.34
InterCommunity Health Network, Inc.	Northwest	CHILD 00-01	\$ 995.68	\$ 995.68	10.8%	\$ 0.27	\$ 6.33	\$ 0.15	\$ 1,122.98	2.0%	\$ 1,145.90
InterCommunity Health Network, Inc.	Northwest	CHILD 01-05	\$ 259.84	\$ 259.84	10.8%	\$ 0.27	\$ 1.65	\$ 0.15	\$ 293.37	2.0%	\$ 299.36
InterCommunity Health Network, Inc.	Northwest	CHILD 06-18	\$ 286.73	\$ 286.73	10.8%	\$ 0.27	\$ 1.82	\$ 0.15	\$ 323.69	2.0%	\$ 330.30
InterCommunity Health Network, Inc.	Northwest	DUAL-MEDS	\$ 298.42	\$ 298.42	10.8%	\$ 0.27	\$ 1.90	\$ 0.15	\$ 336.87	2.0%	\$ 343.75
InterCommunity Health Network, Inc.	Northwest	ABAD & OAA	\$ 1,567.20	\$ 1,567.78	10.8%	\$ 0.27	\$ 9.97	\$ 0.15	\$ 1,767.99	2.0%	\$ 1,804.07
InterCommunity Health Network, Inc.	Northwest	FOSTER	\$ 733.56	\$ 733.56	10.8%	\$ 0.27	\$ 4.66	\$ 0.15	\$ 827.46	2.0%	\$ 844.35
InterCommunity Health Network, Inc.	Northwest	ACA 19-34	\$ 421.59	\$ 421.48	10.8%	\$ 0.27	\$ 2.68	\$ 0.15	\$ 475.61	2.0%	\$ 485.31
InterCommunity Health Network, Inc.	Northwest	ACA 35-44	\$ 671.89	\$ 671.57	10.8%	\$ 0.27	\$ 4.27	\$ 0.15	\$ 757.57	2.0%	\$ 773.03
InterCommunity Health Network, Inc.	Northwest	ACA 45-54	\$ 838.73	\$ 838.59	10.8%	\$ 0.27	\$ 5.33	\$ 0.15	\$ 945.88	2.0%	\$ 965.18
InterCommunity Health Network, Inc.	Northwest	ACA 55-64	\$ 978.81	\$ 978.57	10.8%	\$ 0.27	\$ 6.22	\$ 0.15	\$ 1,103.69	2.0%	\$ 1,126.21
InterCommunity Health Network, Inc.	Northwest	BBM 19-34	\$ 375.55	\$ 421.48	10.8%	\$ -	\$ 2.68	\$ -	\$ 475.19	2.0%	\$ 484.89
InterCommunity Health Network, Inc.	Northwest	BBM 35-44	\$ 473.41	\$ 671.57	10.8%	\$ -	\$ 4.27	\$ -	\$ 757.15	2.0%	\$ 772.60
InterCommunity Health Network, Inc.	Northwest	BBM 45-54	\$ 762.29	\$ 838.59	10.8%	\$ -	\$ 5.33	\$ -	\$ 945.46	2.0%	\$ 964.75
InterCommunity Health Network, Inc.	Northwest	BBM 55-64	\$ 805.43	\$ 978.57	10.8%	\$ -	\$ 6.22	\$ -	\$ 1,103.27	2.0%	\$ 1,125.78
InterCommunity Health Network, Inc.	Northwest	YSHCN	\$ 510.39	\$ 510.39	10.8%	\$ 0.27	\$ 3.25	\$ 0.15	\$ 575.86	2.0%	\$ 587.61
InterCommunity Health Network, Inc.	Northwest	BCCP	\$ 2,561.49	\$ 1,567.78	10.8%	\$ 0.27	\$ 9.97	\$ 0.15	\$ 1,767.99	2.0%	\$ 1,804.07
InterCommunity Health Network, Inc.	Northwest	Maternity	\$ 14,242.60	\$ 14,242.60	10.8%	\$ -	\$ -	\$ -	\$ 15,967.04	2.0%	\$ 16,292.90
InterCommunity Health Network, Inc.	Northwest	Total	\$ 563.98	\$ 563.98	10.8%	\$ 0.27	\$ 3.50	\$ 0.15	\$ 636.19	2.0%	\$ 649.17

Rate Deep Dive

Conclusion

OHA Actuaries employ multiple assumptions amongst various data sets

The process is open with monthly meetings, but still some unknowns in the underlying data and assumptions

CCOs are asking to become more involved when rate proposals do not align with CCO experience. CCOs also need to understand potential financial risks.

References:

OHA Rates certification [here](#).

[Oregon Health Authority : OHP Rate Development : Fiscal and Operations : State of Oregon](#)

Compliance Report

February 18, 2026

Amanda Brown

Health Plans Interim Compliance Officer

InterCommunity 
Health Network CCO

Audits

External

- **HSAG 2026 Compliance Monitoring Review**
 - Audit planning
 - Open CAP reviews
- **Qlarent UPIC Audit IHN Fraud Waste & Abuse**
 - In process; final files submitted December 5, 2025
- **IHN Financial Audit**
 - Two findings: Formal Board Review of Intercompany Agreements, Restricted Reserve Deficits Reporting
 - Findings remediated and audit closed January 2026

Compliance Redesign

Integrated Oversight & Aligned Execution

Compliance Redesign

Integrated Oversight & Aligned Execution

Regulatory & Policy Analysis	IHN Medicaid Compliance	Medicare Compliance	Delegate & Vendor Oversight	Special Investigations Unit (SIU)
<ul style="list-style-type: none">• Regulatory intelligence• Impact analysis and compliance applicability determinations• Policy governance• Regulatory change management and implementation oversight• Enterprise guidance and education on new requirements	<ul style="list-style-type: none">• OHA CCO contract compliance program management• State reporting/submission operations• Readiness for state monitoring, audits, and corrective actions• Compliance evidence management and document control• Issue intake, triage, and resolution tracking	<ul style="list-style-type: none">• CMS D-SNP compliance program management• HPMS submission operations and tracking• Audit readiness• Medicare compliance monitoring and control testing• Compliance communications to business owners	<ul style="list-style-type: none">• Delegation oversight and vendor compliance governance• Audit planning and execution• SLA/contract performance monitoring support to operations• Corrective action oversight and validation• Third-party risk coordination	<ul style="list-style-type: none">• Program integrity operations• Fraud, waste, and abuse (FWA) triage, investigation, and referral management• Overpayment identification and recovery support• Data analytics/monitoring• Law enforcement & regulator coordination and reporting

Compliance Initiatives

Top 10

1. Realign Compliance Functions
2. Establish Enterprise RACI Framework
3. Strengthen Compliance Culture & Trust
4. Transform SIU Program
5. Improve HSAG Audit Performance
6. Modernize Compliance Systems & Reporting
7. Enhance Delegated Entity & Vendor Oversight
8. Advance Incident Management Framework
9. Ensure MHPAEA Compliance Readiness
10. Strengthen Policy & Procedure Governance

Dashboards

Hotline Metrics

Case Categories

Category	Q4 2025	YTD 2026*
Privacy	19	13
Operations	3	18
HR/Legal/Other	2	2
Compliance	0	2
FWA	1	7
Unspecified	0	0

*data current as of 2/12/2026

Case Closure Timeliness

Period	1-14 Days	15-30 Days	31+ Days
Q4 2025	4 (18.2%)	8 (36.4%)	10 (45.5%)
YTD 2026*	1 (6.7%)	5 (33.3%)	9 (60.0%)

*data current as of 2/12/2026

Corrective Action Plans

Category	Q4 2025	YTD 2026*
Subcontractor/Vendor	5	9
Regulatory	0	1
Internal	0	2

Department	Q4 2025	YTD 2026*
Network	4	8
Appeals & Grievances	0	2
Compliance	0	0
Care Coordination	1	2

*data current as of 2/12/2026

Government Relations Update

Feb 18, 2026

Andi Easton, Director Gov't Relations

InterCommunity 
Health Network CCO

2026 Legislative Session Update

Policies under consideration

- Rate process improvement (HB4039)
- Prioritized List (HB 4003)
- BH Omnibus bill (HB 4070)
- Planned Parenthood funding (HB 4127)
- Common Credentialing (HB 4083)
- Mobile pharmacy (HB 4131)
- Policy goal that Oregon's health care system will be more affordable and accessible (HCR 202)

State Budget

State revenue up; reductions will be less

- Recent forecast projected revenues up \$106M.
 - Projected ending balance is up \$198M.
 - Does not account for H.R. 1 implementation cost
- Anticipated reductions in the 1-2% range
- Budget writers are determining what will be reduced based on the lists
Agencies provided: QIP still at risk within OHA's budget
- Reductions taken now, help with the anticipated \$15B in federal funds loss over the next 5 years.
- **Bottomline**: Oregon is still adjusting to HR 1 and declining state tax revenues.

What's on the Horizon

Hard Conversations about the future of Medicaid

- Rural Healthcare Transformation Funding
- Medicaid Advisory Group – Bruce Goldberg
- Health System Sustainability Group
- HR 1 Implementation
 - More frequent renewals
 - Work requirements
- CCO Procurement
- **Bottomline**: There is a willingness to look to the future and make hard changes. The real question remains, if “we” can agree and make those changes happen.

Social Determinants and Transformation

Alicia Bublitz

Manager, Social Determinants & Transformation

abublitz@samhealth.org

InterCommunity 
Health Network CCO

Social Care Network Spending 2025 Year in Review



109 Active Contracts
on of 1/1/26



Expect 130-140 by
year end



70 Partner Entities

Health Related Social Needs

Climate and Housing Benefits

Cases
7,296

Clients With Cases
2,389

Referred Cases
4,270

Clients With Referred Cases
1,444

Invoiced Services

12,771

Total Invoiced Services Amount

\$8,277,675.76

Clients With Invoiced Services

2,260

Invoiced Services Lifecycle

Broken down by status

Click the plus (+) to see detailed statuses.

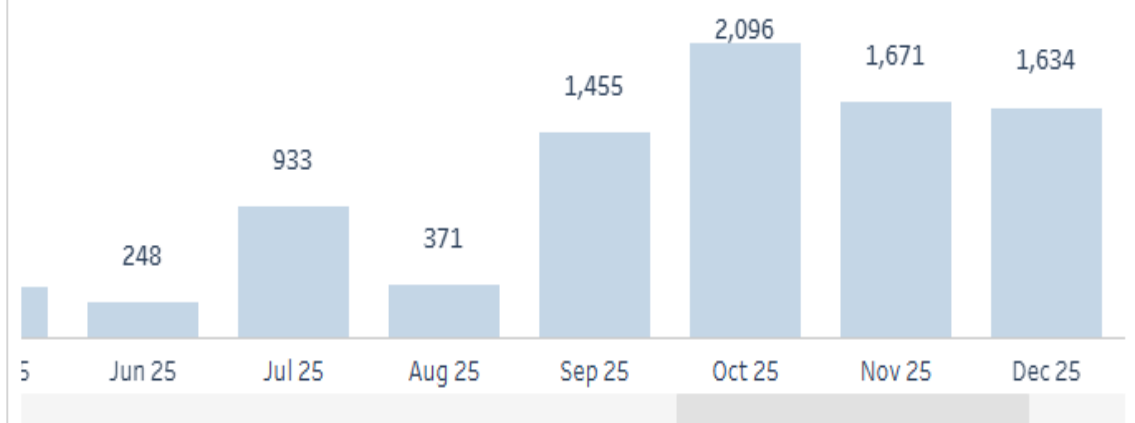
Status	Invoiced Services
+ In Progress	1,661
+ Rejected	953
Paid	10,157

Invoiced Services Over Time

View by Status

Use the drop-down to the left to change which data appears, by creation date.

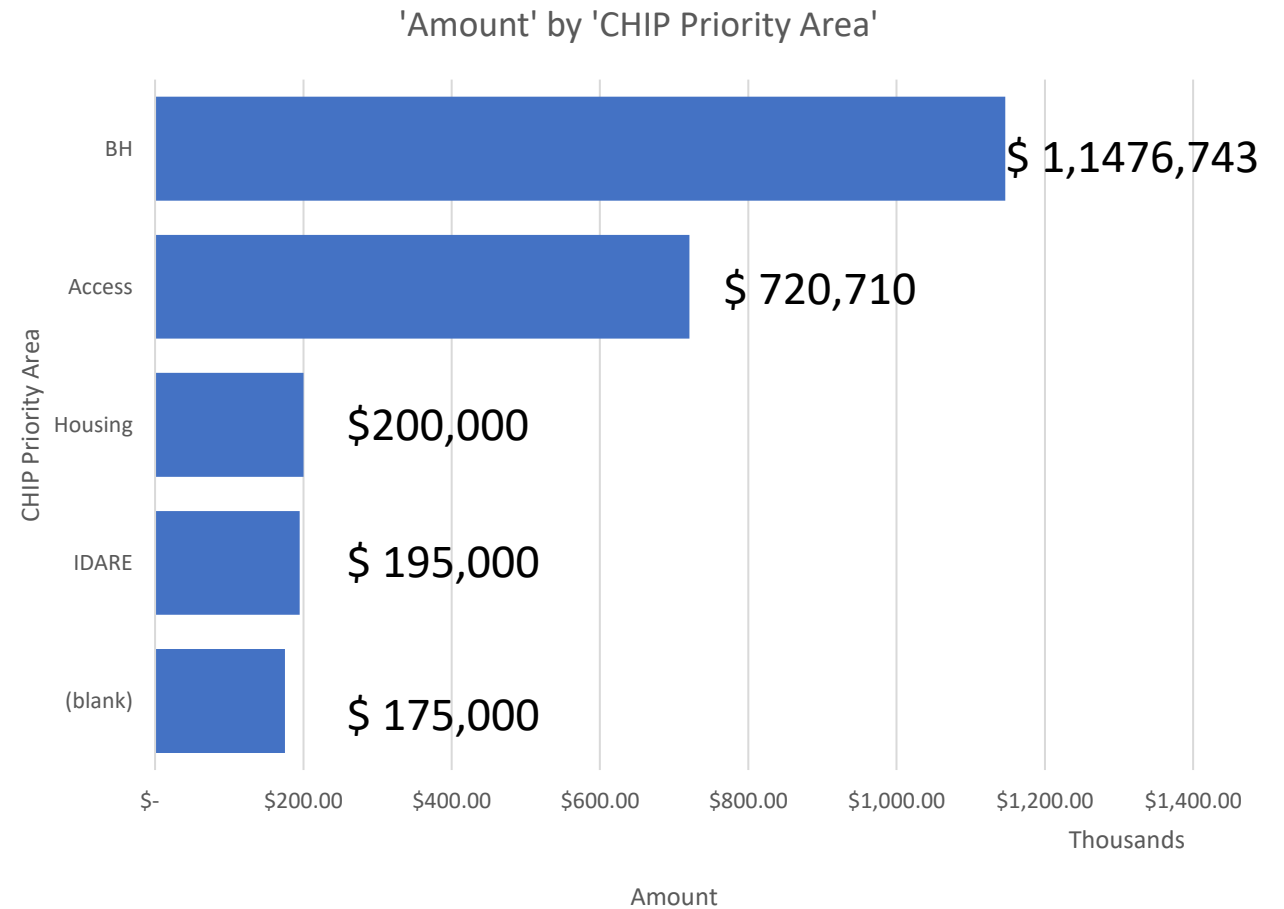
On Off



2025 Community Benefit Initiatives

2.5 Million

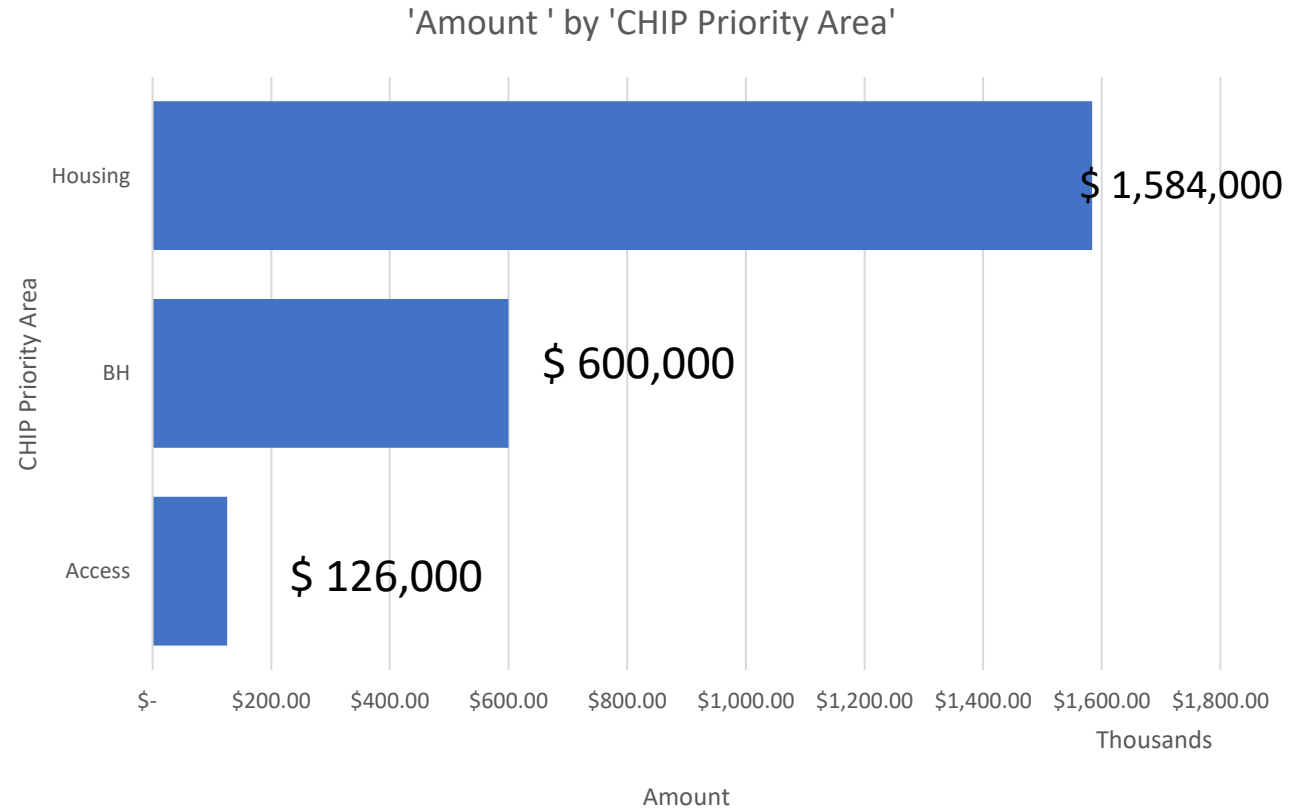
- LBCC Early Learning Hub
- Samaritan Health Services
- Partnership for Community Health
- Connect Oregon
- Corvallis Daytime Drop-in Center
- Food for Health
- Health Equity TQS
- Community Health Fairs
- Building a Trauma Informed Community
- Youth Respite Beds
- Youth Peers
- Youth Council
- Inpatient Addiction Medicine Consult
- Linn Benton Health Equity Alliance
- Latine CHW Hub



2025 SHARE

2.4 Million

Samaritan Health Services
Linn County Mental Health Crisis Clinic
Housing Authority of Lincoln County
Corvallis Daytime Drop-in Center
Unity Shelter Emergency Funding
Lincoln County Winter Shelter
Climate Response devices

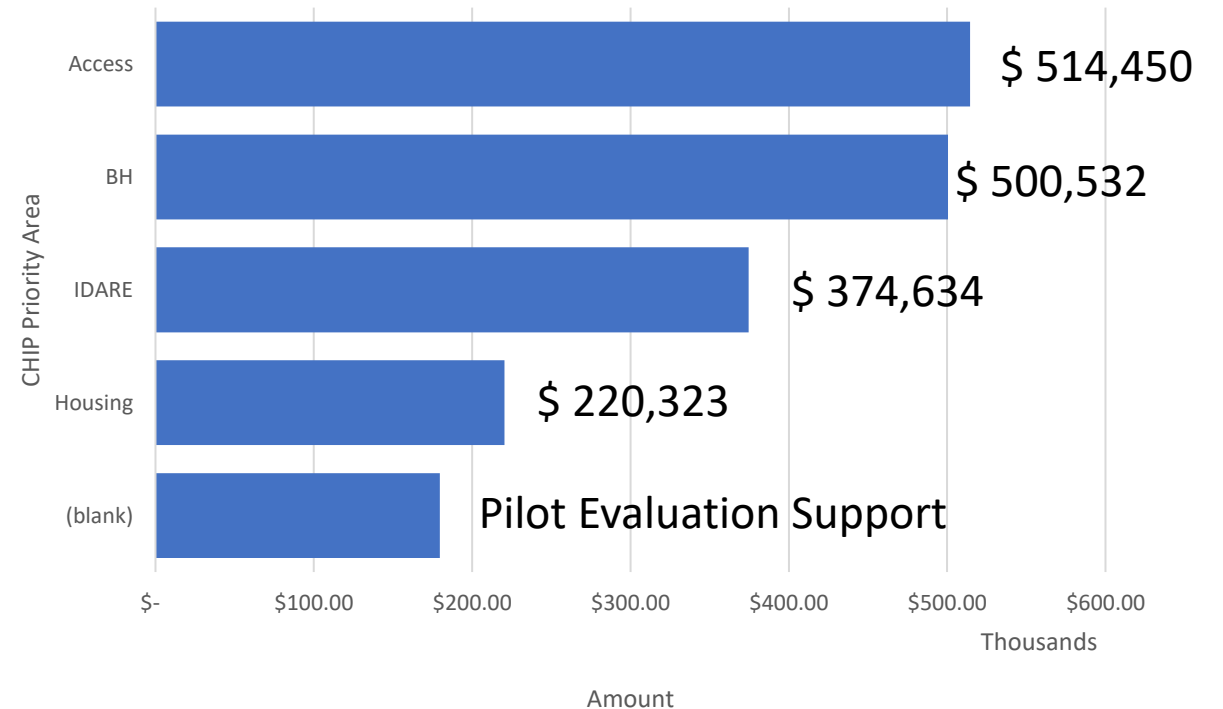


2025 DST Funding

1.8 Million

- CLIMB
- Club Diabetes – Conversación Dulce
- Conexiones
- DST Evaluation Support
- Monarch Easy Access Clinic
- Emergent Needs Backup Transportation
- Growing Juntos en el Jardin
- Hearts for Seniors
- Health Through Food and Connection
- Innovative Healthcare in Early Learning
- Improving Senior/Disabled Access to Care
- CDDC Onsite Low-Barrier Dental Clinic
- Project Hope
- Third Street Commons Capacity for Community
- Weaving Wisdom
- Youth-Centered Outreach Materials
- Landlord Engagement Pilot

'Amount' by 'CHIP Priority Area'



Community Outreach Spending

17 Community Outreach Events Attended

- Health Focus
- Priority Communities

\$25,000 in Sponsorships

Bilingual Representation



Dual Special Needs Plan (DSNP)

Kelley Burnett DO

SHP Chief Medical Officer

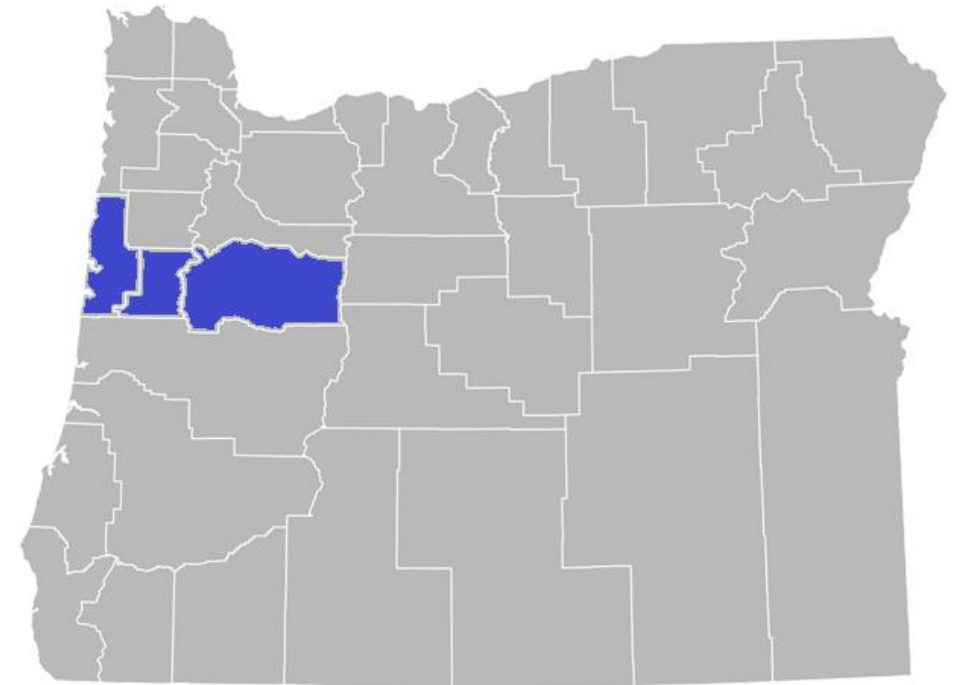
Who Are Our SNP Members

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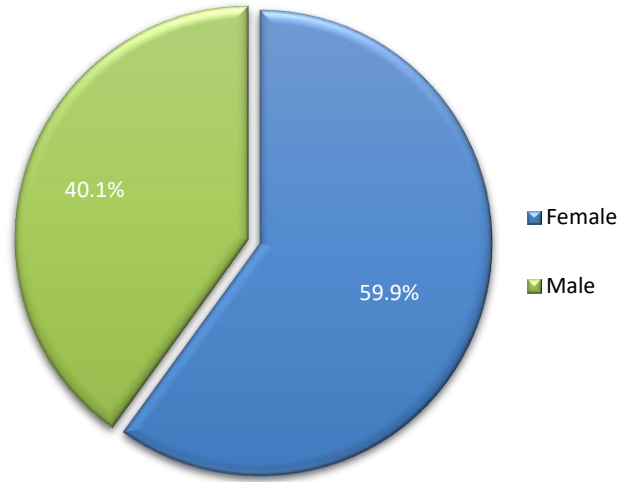


Members must meet “means tested eligibility requirements” for the Oregon Health Plan (Medicaid) and be enrolled in Medicare Part A and Part B due to age and/or disability.

SNP members thus represent one of the most economically disadvantaged and medically vulnerable groups in our tri-county service area

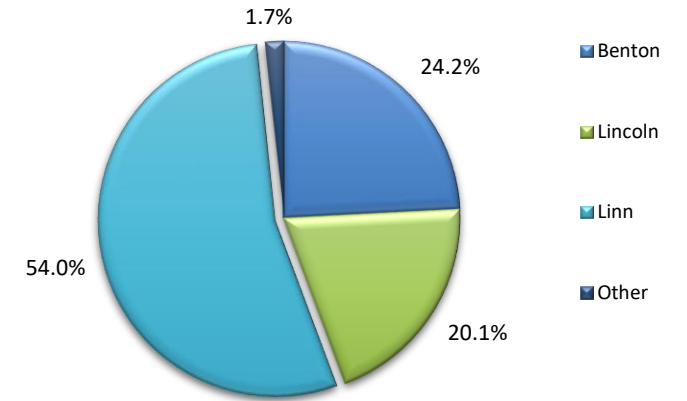
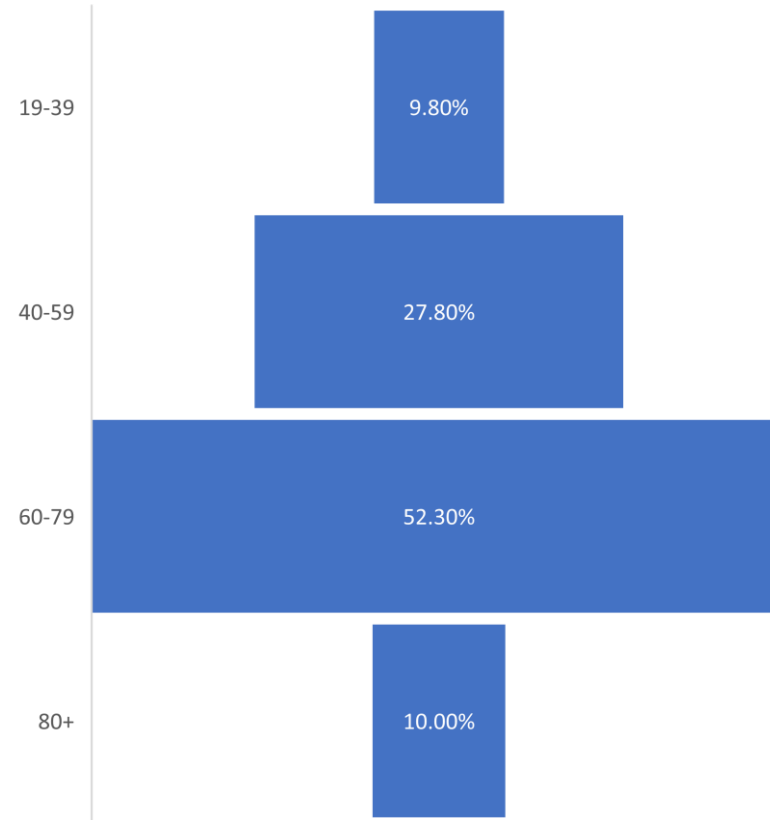


Who Are Our SNP Members – Continued



Approximately 60% identify as women.

SNP members by age group



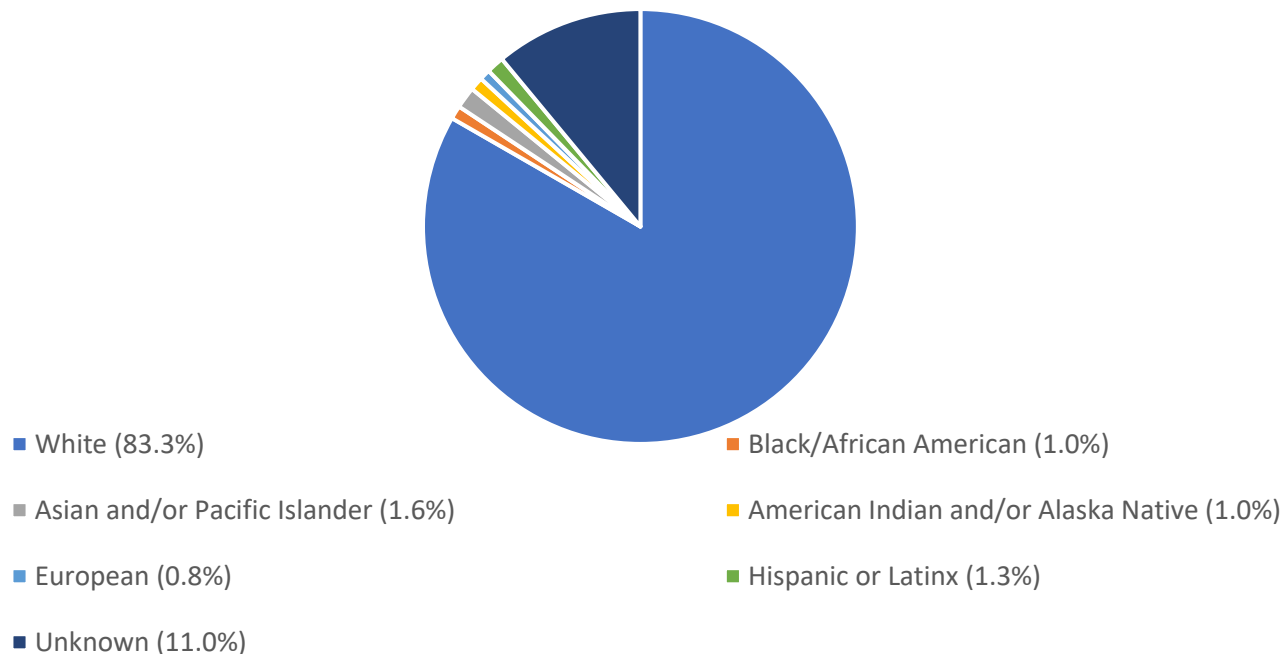
SNP members by county

Who Are Our SNP Members – Continued

While SNP members may predominantly speak English and be classified as Caucasian, providing **culturally and linguistically** appropriate services is essential.

Cultural and Linguistically Appropriate Services (CLAS) are **respectful of and responsive to an individual's culture and communication needs.**

SNP members by race and ethnicity



Who Are Our SNP Members – Continued

In 2021, SHP completed a claims data study to determine the prevalence of chronic conditions among our Special Needs Population.

Approximately 86.8% of SNP members were identified as having a chronic condition that impacts them mentally, physically or behaviorally.

Top ten chronic conditions

Depressive disorder

Anxiety disorders

Hypertension

Diabetes

Hyperlipidemia

Chronic kidney disease

Fibromyalgia, chronic pain and fatigue

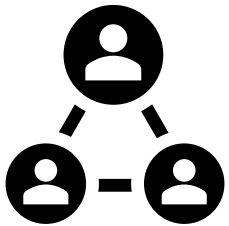
Bipolar disorder

Acquired hypothyroidism

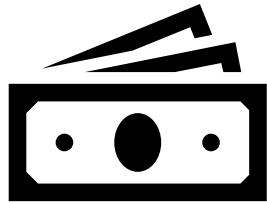
RA/OA (rheumatoid arthritis/osteoarthritis)

Challenges

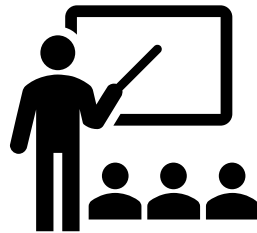
In addition to chronic health conditions, our SNP members may experience additional challenges which impact overall health.



Social support



Economics



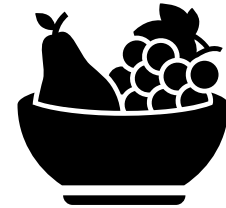
Educational attainment



Transportation



Housing



Food insecurity

Care Coordination

Each member's care management is predicated on standard SNP MOC elements.



Health Risk
Assessment

HRA



Individualized Care
Plan

ICP



Interdisciplinary Care
Team

ICT



Face-to-Face
Encounter

Care Coordination – Continued



Health Risk Assessment

- Performed by an SHP staff member.
- Conducted within 90 days of enrollment, annually and anytime there is a change in health status or transition of care. HRAs are completed in person, by phone, mail or online.
- Questions centered around medical, functional, cognitive, oral and psychosocial health, social determinants of health and safety of the member's environment.
- Assists in identifying barriers to care.



Care Coordination – Continued



Individualized Care Plan

- Member, caregivers, providers and/or family participate in creation, which is conducted in a trauma-informed, culturally and linguistically appropriate manner.
- Maintained and monitored by the care manager.
- Dynamically updated within ICT meetings and member's progress toward goals documented.
- It is updated annually or as transitions of care or diagnosis warrant.
- Individual care plans are mailed to the member and shared with PCP, ICT and caregivers and stored in SHP's care management platform.
- Barriers to care are addressed through goals, interventions and plans for follow up.

Care Coordination – Continued



Interdisciplinary Care Team

- Facilitated by and overseen by the Care Management team.
- Meeting cadence determined by member's unique needs.
- All ICTs include a minimum of an SHP care manager, member and member's PCP.
- ICT participants may include specialist providers, community-based organizations and family members.
- ICTs works to share information that modifies the care plan and potential health outcomes for the member.



Care Coordination – Continued

Face-to-face Encounter



- Ensure the member has a face-to-face encounter with a provider within the first 12 months of enrollment and at least annually thereafter.



- May be conducted in-person, or through a visual, real-time, interactive telehealth encounter.
- Wellness visits, annual physical, care plan review, health related education, encounter to manage, treat and oversee health care represent activities conducted for the qualifying face-to-face encounter.



- A vendor may perform these face-to-face encounters for some members. The vendor will send a copy of their assessment/recommendations to the member's provider of record.



- A face-to-face encounter informs the care plan.
- Care coordination activities are driven by the face-to-face encounter to follow up on needed care or services.

Transitions of Care

A **transition of care** occurs when a member moves from one care setting to another — such as returning home from inpatient hospitalization or outpatient surgery, changing PCPs or the initiation of home-based services.



When a transition of care event is identified, the care manager coordinates between the member, PCP and Interdisciplinary Care Team.

Transitions of Care – Continued



Following a transition of care event, the care manager contacts the member to assess the following:

- Assesses member's understanding of discharge instructions.
- Ensures member has a post-hospital follow-up appointment.
- Identifies potential barriers.
- Reviews any new care needs.
- Links member with all needed services.
- Educates for post-transition care.
- Collaborates with provider.
- Updates individualized care plan.



Finally, the care manager updates and redistributes the individual care plan to all parties by mail and/or fax.

Questions?

carecoordinationteam@samhealth.org

Performance Strategy Update

**IHN-CCO and MA Strategy
Board of Directors
February 2026**



Samaritan
Health Plans

2026 Quality Strategy

Purpose: Drive measurable improvement in quality, experience, and outcomes across all lines of business.

Priorities:

- 1. Stabilize and Improve Core Performance**
 - Medicare Stars, HEDIS, CAHPS
 - Oregon CCO incentive and quality pool metrics
 - Reduce variability in high-impact measures
- 2. Align Providers to Plan and Community Outcomes**
 - Shared accountability across MA and Medicaid
 - Consistent provider scorecards and engagement
 - Focus on preventative care, chronic disease control, and access
- 3. Create One Integrated Quality Operating Model**
 - Common data, governance, and reporting
 - Coordinated member outreach across programs
 - Strong oversight of delegated partners

Outcome: *Improved ratings, incentive revenue, member health, and regulatory compliance for IHN and SHP.*

Focus Areas and Key Tactics

Where to Focus in 2026:

Domain	Medicare Advantage Focus	IHN-CCO Focus
Clinical Quality	Stars / HEDIS gap closure	CCO metrics and preventative care
Member Experience	CAHPS improvement	Access, satisfaction, grievance reduction
Access To Care	Network access standards	Timely primary care and behavioral health access
Risk & Documentation	Accurate coding & capture	Clinical documentation and data integrity
Health Equity	Reduce disparities in key measures	Social risk screening and follow up
Delegated / Vendor Partners	Vendor performance management	Community partner accountability

Common Operating Tactics:

- Data-driven identification of highest-impact gaps
- Coordinated outreach for members enrolled in both programs
- Provider education and actionable scorecards
- Rapid improvement cycles for underperforming metrics
- Aligned incentives and accountability

Result: *One quality strategy supporting both lines of business*



Measuring System Success

2026 Performance Targets

IHN-CCO

- Improved performance on OHA incentive metrics
- Higher preventative screening rates
- Improved access and equity measures
- Reduction in avoidable utilization

Medicare Advantage

- Improved Star rating trajectory
- Measurable gains in priority HEDIS measures
- Improved CAHPS composites
- Increased accuracy of risk documentation

Operational Measures

- 100% execution of annual quality workplans
- Vendors meeting contractual KPIs
- Unified monthly quality dashboard to leadership
- Clear ROI linkage to quality bonus and incentive revenue

Board Oversight:

- Quarterly enterprise quality scorecard
- Line-of-business performance deep dives
- Corrective action plans for any off-track metrics

Bottom Line: *A single, disciplined quality program that improves outcomes for members and financial performance for the organization—for both IHN-CCO and Medicare.*

Appendix

Shared KPIs Impacting Performance

Utilization Management

- Turnaround Time
- Covered Days
- Length of Stay
- Denials
- Readmissions
- Inpatient Days / 1000
- ER Utilization Rates / 1000

Care Coordination

- Engagement Rates
- Post-Discharge follow-up
- Gap Closure Rates
- Cost of care impact

Stars Performance Summary

Star Year	SY2026 Avg Admin	SY2026 Avg CAHPS	SY2026 Avg HEDIS	SY2026 Avg HOS	SY2026 Avg IMP	SY2026 Avg Pharmacy	SY2026 Avg SNP	Overall Star Rating
2020	4.17	4.00	4.00	3.40	4.50	3.50	3.00	★★★★★
2021	3.67	4.00	4.00	3.40	3.00	3.50	3.00	★★★★★
2022	4.00	4.33	4.11	2.67	3.50	3.50	3.00	★★★★★
2023	4.33	3.11	3.44	3.33	1.50	3.17	3.00	★★★★☆
2024 Original								
2024 Revised	3.67	2.89	3.67	3.67	3.00	3.33	3.00	★★★☆☆
2025 Original								
2025 Revised	2.83	2.44	3.33	3.33	3.00	3.50	2.67	★★★☆☆
2026	3.17	2.56	3.30	2.60	2.50	3.17	2.67	★★★☆☆

Star Year 2027: Projections Pending



Metric Overview – Part C

Medicare Advantage MY2027 HEDIS STARS (Data Source: Arcadia)

Measure Description	Current Star	Numerator	Denominator	To Target
Controlling Blood Pressure	2	2,560	3,879	466
Plan All-Cause Readmission	4	122	1,428	
Diabetes Care: Blood Sugar Controlled	4	1,480	1,752	
Breast Cancer Screening	3	1,298	1,699	10
Colorectal Cancer Screening	5	4,298	5,787	
Older Adult Med Review	2	352	1,016	552
Diabetes Care: Eye Exam	2	1,221	1,699	104
Statin Therapy for Patients with Cardiovascular Disease	3.5	295	336	
ED Follow-Up: Chronic	5	1,034	1,323	
Kidney Evaluation Diabetes (KED)	4	1,706	2,493	
Osteoporosis Management	1	17	61	13
Transitions of Care	5	1,157	1,373	

Part D Performance Projections

Measure	Numerator	Denominator	PDC as of 12/31/25	MAPD ORx BoB AVG	YoY	EOY Star Rating Prediction*
Diabetes	1,761	2,008	87.7%	88.7%	1.98%	3
Hypertension (RASA)	4,921	5,529	89.0%	89.8%	-0.94%	3
Cholesterol (Statins)	5,441	6,198	87.8%	89.3%	-1.03%	2
Statin Use in Persons with Diabetes	1,182	1,412	83.7%	87.6%	1.30%	2
Concurrent Use of Opioids and Benzodiazepines	121	1,497	8.1%	12.4%	1.61%	5
Poly-ACH	148	1,476	10.0%	9.9%	1.48%	3

*Based on ORx predicted cut-points

Metric Overview – IHN-CCO

2025 Measurement Year (Data Source: Arcadia, PowerBI)

Measure	Current Performance	EOY Tracking	Improvement Target	Numerator	Denominator	To Target
Adolescent Immunizations	27.5%	✓	24.9%	359	1,307	
Adults with Diabetes Oral Evaluations	22.4%	✗	25.5%	811	3,626	114
Assessments for Children in ODHS Custody	94.6%	✓	88.7%	87	92	
Child and Adolescent Well-Child Visits	75.6%	✓	72.0%	3,912	5,178	
Childhood Immunizations	60.0%	✓	63.2%	608	1,013	32
Depression Screening and Follow-Up Plan	53.9%	✓	52.9%	19,740	36,619	
Diabetes: HbA1c Poor Control (lower is better)	26.9%	✓	26.2%	1,255	4,674	30

Metric Overview – IHN-CCO

2025 Measurement Year (Data Source: Arcadia, PowerBI)

Measure	Current Performance	EOY Tracking	Improvement Target	Numerator	Denominator	To Target
Initiation of SUD Treatment*	41.5%	✓	40.3%	1,161	2,798	
Engagement of SUD Treatment*	20.5%	✓	18.8%	573	2,798	
Postpartum Care Rate	87.6%	✓	87.0%	716	817	
Preventive Dental Ages 1-5*	64.0%	✓	60.6%	4,347	6,792	
Preventive Dental Ages 6-14*	65.8%	✓	67.3%	9,320	14,159	209
Social Emotional Health	3.9%	✗	5.2%	222	5,723	75
Meaningful Language Access	6.4%	✓	6.1%	880	13,682	
Social Determinants of Health	N/A	✓	90% Threshold of 1,087 sample member audit	N/A	N/A	N/A

Projection: 11/13 Metrics set for MY2025 = 85%