

InterCommunity Health Plans Board of Directors Meeting - Public
April 16, 2025, 1:00 pm – 3:00 pm
in person SHS Walnut Board Room
2300 Walnut Blvd, Corvallis, OR
or

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Meeting ID: 296 445 533 585

Passcode: woxQjJ

Dial in by phone

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Phone conference ID: 451 839 605#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Board Members

- | | | |
|---|--|--|
| <input type="checkbox"/> Doug Boysen, Chair | <input type="checkbox"/> Dick Knowles | <input type="checkbox"/> Kristy Jessop, MD |
| <input type="checkbox"/> Brecca Claitor | <input type="checkbox"/> Elijah Stucki | <input type="checkbox"/> Todd Noble |
| <input type="checkbox"/> Bruce Madsen, MD | <input type="checkbox"/> Gabe Shepherd | <input type="checkbox"/> Will Tucker |
| <input type="checkbox"/> Claire Hall | | |

Presenters

- | | | |
|---|--|---|
| <input type="checkbox"/> Alicia Bublitz | <input type="checkbox"/> Brent Godek, MD | <input type="checkbox"/> Nana Ama Kuffour |
| <input type="checkbox"/> Andi Easton | <input type="checkbox"/> Beck Fox | <input type="checkbox"/> Rachel Arnold |
| <input type="checkbox"/> Anne Daly | <input type="checkbox"/> Bruce Butler | <input type="checkbox"/> Tracy Sasso |
| <input type="checkbox"/> Annette Fowler | <input type="checkbox"/> Dan Smith | <input type="checkbox"/> Trent Began |

Invited and Other Attendees

- | | | |
|--|--|---|
| <input type="checkbox"/> Members of the Public | <input type="checkbox"/> Jan Chambers | <input type="checkbox"/> Kristty Polanco |
| <input type="checkbox"/> Cathy Kaufmann | <input type="checkbox"/> Jennifer Hatchett | <input type="checkbox"/> Melissa Bates |
| | | <input type="checkbox"/> Rebekah Fowler, Ph.D |
| | | <input type="checkbox"/> Tom Loach |

Agenda

	Time	Item	Presenter	Purpose
1.	1:00 5 min	Call to Order and Welcome	Doug Boysen	Informational
2.	1:05 5 min	Reliability Moment	Tracy Sasso	Informational

	Time	Item	Presenter	Purpose
3.	1:10 5 min	Introductions and Announcements <ul style="list-style-type: none"> Staff Promotions & Additions <ul style="list-style-type: none"> Todd Jeter, AVP Health Equity and Member Advocacy Beck Fox, Member Advocacy Liaison Jennifer Hatchett, SHP Interim Compliance Officer 	Bruce Butler Annette Fowler	Informational
4.	1:15 5 min	<u>IHP Board Minutes of February 19, 2025</u> <ul style="list-style-type: none"> Request motion Call for vote 	Doug Boysen	Action
5.	1:20 15 min	<u>Compliance Officer Report</u>	Anne Daly Rachel Arnold Jennifer Hatchett	Informational
6.	1:35 10 min	<u>Government Relations Report</u>	Andi Easton	Informational
7.	1:45 15 min	<u>Management Report</u> <ul style="list-style-type: none"> Provider Network Re-Contracting <u>Tenfold Update</u> 	Bruce Butler Annette Fowler	Informational
8.	2:00 15 min	Health Equity & Community Benefit Report <ul style="list-style-type: none"> Communications Update <u>Community Benefit Report</u> BH Capacity Development 	Alicia Bublitz Todd Jeter	Informational
9.	2:15 10 min	Population Health Report <ul style="list-style-type: none"> Pop Health Update 	Brent Godek	Informational
10.	2:25 15 min	Operations Report <ul style="list-style-type: none"> <u>Care Coordination</u> <u>UM Update</u> 	Tracy Sasso Nana Ama Kuffour	Informational
11.	2:40 15 min	Finance Report <ul style="list-style-type: none"> <u>Financial Statements Review</u> <u>Investment Portfolio Update</u> 	Dan Smith Trent Began	Informational Informational
12.	2:55 5 min	Public Comments	Doug Boysen	Informational
13.	3:00	Good of the Order - Adjournment	Doug Boysen	
		Executive Session (if needed)		

*SHS Strategic Priorities:



Quality and Service Excellence



(QSE) Community Partnerships (CP)



Sustainability (S)



Employee Engagement (EE)

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

Announcements

Staff Promotions & Additions

**Bruce Butler, CEO Health
Plans**



Jennifer Hatchett
SHP Interim
Compliance Officer



Todd Jeter - AVP
Health Equity and
Member Advocacy



Beck Fox
Member Advocacy
Liaison

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Board Members

- | | | |
|--|---|---|
| <input type="checkbox"/> Doug Boysen | <input checked="" type="checkbox"/> Dick Knowles | <input checked="" type="checkbox"/> Kristy Jessop, MD |
| <input checked="" type="checkbox"/> Brecca Claitor | <input checked="" type="checkbox"/> Elijah Stucki | <input checked="" type="checkbox"/> Will Tucker |
| <input type="checkbox"/> Bruce Madsen, MD | | |

Presenters

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Alicia Bublitz | <input checked="" type="checkbox"/> Bruce Butler | <input checked="" type="checkbox"/> Rachel Arnold |
| <input checked="" type="checkbox"/> Andi Easton | <input checked="" type="checkbox"/> Dan Smith | <input checked="" type="checkbox"/> Tony Verna |
| <input checked="" type="checkbox"/> Beck Fox | <input checked="" type="checkbox"/> Kelley Burnett, DO | <input checked="" type="checkbox"/> Trent Began |
| <input type="checkbox"/> Brent Godek, MD | <input checked="" type="checkbox"/> Marjan Fakki | |

Invited and Other Attendees

- | | | |
|--|---|---|
| Members of the Public | <input checked="" type="checkbox"/> Jan Chambers | <input checked="" type="checkbox"/> Rebekah Fowler, Ph.D. |
| <input checked="" type="checkbox"/> Lisa Pierson | <input checked="" type="checkbox"/> Kristty Polanco | <input checked="" type="checkbox"/> Todd Jeter |
| <input checked="" type="checkbox"/> Annette Fowler | <input checked="" type="checkbox"/> Lauri Satterthwaite | <input checked="" type="checkbox"/> Todd Noble |
| <input checked="" type="checkbox"/> Gabe Shepherd | <input checked="" type="checkbox"/> Melissa Bates | <input checked="" type="checkbox"/> Tom Loach |

Minutes

Item	Discussion/Action
Call to Order and Welcome	Meeting called to order by Dr. Kristy Jessop, acting Chair in Doug Boysen's absence, at 1:03pm
Reliability Moment	Trent Began explained a situation regarding children in state custody to provide care coordination better oversight through data capture improvements.

Item	
Introductions and Announcements	None.
Public Comments	<p>Lisa Pierson, an IHN member, presented several grievances to the Board. Ms. Pierson discussed the void of behavioral health access in Benton County due to the closing of the outpatient facility last summer. This creates difficulty for members who have to travel outside of the county for care and lack sufficient transportation. Next, Ms. Pierson alleged a conflict of interest of the CAC coordinator – Ms. Pierson stated that given the coordinator’s contract is funded by both IHN and Benton County there exists, from Ms. Pierson’s perspective, an integrity issue. Lastly, Ms. Pierson brought a grievance over the denial of home health services. Although Ms. Pierson admits to driving herself to an appointment against doctor’s orders, Ms. Pierson noted there is no option for an appeal and feels personally attacked. Ms. Pierson noted that all grievances were submitted in writing just prior to the board meeting.</p>
IHP Board Minutes of December 4, 2024 <ul style="list-style-type: none"> • Request motion • Call for vote 	<p><i>A motion to approve the December 4, 2024, minutes was made by Dick Knowles and seconded by Commissioner Will Tucker. There were no objections or corrections. Unanimous approval by all directors present.</i></p>
CEO Report <ul style="list-style-type: none"> • Welcome new Directors Elijah Stucki & Brecca Claitor, representing the Community Advisory Council. • New IHP Board Director Nominees <ul style="list-style-type: none"> • Todd Noble, IHN Community Behavioral Health Representative • Commissioner Gabe Shepherd, Benton County • Board Member representing Dental Health. • Update: OHA “Report Card” and Re-Procurement Strategy 	<p>Bruce Butler began by welcoming the new board directors, Brecca Claitor and Elijah Stucki, to the IHP Board. Mr. Butler then presented two more director nominees for consideration: Commissioner Gabe Shephard of Benton County and Todd Noble, Health Administrator for Linn County.</p> <p><i>A motion to confirm Gabe Shepherd & Todd Noble as IHN Board Directors was made by Commissioner Will Tucker and seconded by Dick Knowles, there were no objections. Unanimous approval by all directors present.</i></p> <p>Mr. Butler reported out on the OHA Performance Assessment of IHN that included areas in need of improvement and areas IHN scored well as CCOs statewide prepare for the upcoming procurement period. One area of concern was financial. IHN is experiencing a deterioration of its operating margin, but at the same time maintaining an above average MLR (high compliant). The driving factor for the lower operating margin is there has been a significant draw-down on reserves due to extraordinarily large claims along with the recalibration of premium rates to buttress IHN’s MLR. Mr. Butler continued by overviews IHN’s ReProcurement strategy. Key details include the supporting role of Tenfold as IHN navigates the process and the creation of Tiger Teams to address deficiencies noted in OHA’s assessment. More updates are forthcoming.</p>
Health Equity & Community Benefit Report <ul style="list-style-type: none"> • Key Metrics (Community Benefit Investment & HRSN utilization) 	<p>Beck Fox (they/them) provided an overview of the Health Equity Assessment and how the assessment outcomes are being operationalize in the structuring of the new Health Equity department at IHN. They noted the creation of an assessment tool to promote interdepartmental collaboration and guide</p>

<ul style="list-style-type: none"> • Health Equity Assessment Update 	<p>decision-making with a health equity lens. Current indigenous and Black feminist scholarship are also being incorporated into the department’s mission and priorities around capacity building and leadership development.</p> <p>Alicia Bublitz continued with an overview of IHN’s investment in community spending. Ms. Bublitz noted the total spending for 2024 was \$8.6m back into the community (SHARE: ~\$2.7m, DST: ~\$1.8, Community Benefit: \$1.8m). Most of the funds went to projects focused on housing supports that were prioritized in the Community Health Improvement Project (CHIP) report. It was asked by Dr. Jessop to explain how screening members for services is conducted. Ms. Bublitz noted that the engagement for self-reporting has been popular due to the media blitz informing members of the HRSN benefit. Eventually providers will need to be educated on how to perform screening during member encounters. Ms. Bublitz also noted her team is working on an outreach program.</p>
<p>Population Health Report</p> <ul style="list-style-type: none"> • Strategy Update • Utilization Management Restructuring • Key Metrics 	<p>Dr. Kelley Burnett reported on the UM re-organization efforts by noting a new vendor contracted to provide interim support for UM activities, Toney Healthcare. Dr. Burnett proceeded to give an overview of key metrics focused on comparing utilization trends (in dollars) between 2023 and 2024. Of note, Total PMPM is up significantly from 2023 (approx. \$50 PMPM) along with Specialist visits. Pharmacy has stayed steady, and Admissions have declined. Dr. Burnett asked the Board on recommendations for future topics they would be interested in hearing about. One suggestion was data on specific high-cost populations to discover the root cause or identify a common denominator so interventions can be explored.</p>
<p>Operations Report</p> <ul style="list-style-type: none"> • Provider Directory Update • Key Metrics 	<p>Marjan Fakki gave an overview of the Customer Service team’s key performance indicator (KPI) data and activities. Of note, there has been significant improvement in key areas during January 2025, overcoming staffing shortages throughout 2024. Ms. Fakki also noted new coaching and leadership development to improve staff retention Ms. Fakki also reviewed the Appeals & Grievances (A & G) metrics. Ms. Fakki then moved onto the PDM Update in which she gave an overview of the platform stabilization activities and process in the works to develop an oversight plan. Ms. Fakki noted the delay in the platform going live but assured that the kinks have been worked out.</p>
<p>Finance Report</p> <ul style="list-style-type: none"> • Financial Statements Review • Updated 2025 Budget • Key Metrics 	<p>Dan Smith presented on IHN Financial statements for December and January. Mr. Smith drew attention to the end of year (2024) balance for IBNR at ~\$45m but noted positive progress in January 2025 with a lower balance of ~\$40m. Mr. Smith continued with an overview of the income statement for January 2025, with a bottom line of \$760k favorable to budget including premium revenue and other expenses trending favorable to budget.</p> <p>Trent Began presented on 2025 budget revisions for board approval, namely a shift of \$1.4m CBI/Flex from admin expenses</p>

	<p>to claims and cost reduction measures through updated contracted obligations (an additional \$2.1m). A motion to approve the 2025 budget revisions v2 was made by Commissioner Will Tucker and seconded by Dick Knowles. There were no objections. Unanimous approval by all directors present. Mr. Began continued by presenting on Finance Metrics that focused on MLR (PMPM and claims) and Admin (FTE and community investments) - these are the key components of IHN's finances. Mr. Began noted that 2025 will be tight but not impossible as long as IHN manages costs that are in their control. A key trending insight in the cost of claims are significantly outpacing PMPM which is a driving factor of depleting reserves. Additionally, utilization for non-SHS services has grown while SHS has remained flat.</p>
Government Relations Report	<p>Andy Easton reported out on current legislative activities. Ms. Easton noted that a lot of bills have already been introduced this session, with most focusing on improving existing laws around CCOs. Of note, the CCO funding and spending bills (HB 2215, 2213, and 2214) are CCO driven bills to provide more flexibility for CCOs to make adjustments that make sense to their organization and the members they serve. Ms. Easton also noted that the Prioritized list will be phasing out by January 2027.</p>
Compliance Officer Report	<p>Rachel gave an update on activities happening in Compliance including a new interim compliance officer, audits and investigations from external audits and quality reviews. Ms. Arnold noted the different areas that the audits will cover that mainly focus on member policies and materials.</p>
Good of the Order - Adjournment	<p>The meeting was adjourned by acting Chair Dr. Kristy Jessop at 3:01pm.</p>
Executive Session (if needed)	

*SHS Strategic Priorities:



Quality and Service Excellence



(QSE) Community Partnerships (CP)



Sustainability (S)



Employee Engagement (EE)

**Next meeting: April 16, 2025 - in-person option: SHS Board Room
Walnut Building – Corvallis, Oregon**

Note: Quorum is 50% of current number of Board Directors. Actions require a ¾ vote of quorum.

Respectfully submitted,
Bruce Butler

Doug Boysen, President, and Chair
InterCommunity Health Plans Board of Directors
Minutes approved on:

Compliance

Jennifer Hatchett
Interim Compliance Officer
April 16, 2025

InterCommunity 
Health Network CCO

Agenda

Compliance Assessment

Audits

Fraud, Waste and Abuse

Open Communication and Reporting

Dashboards

Compliance Assessment

- a. Summary of Findings
- b. Interim Compliance Officer – Jennifer Hatchett
 - i. Three Initial Projects
 1. Delegation Oversight
 2. Policies and Procedures
 3. Corrective Action Plans
- c. Monitoring by Operational Areas
- d. Auditing Plan by Compliance

Compliance Assessment

- SHP engaged the law firm of Hall Render to complete the assessment
- Hall Render applied the US HHS OIG's compliance program guidance along with the legal and contractual requirements of CMS and OHA
- Produced a report of findings including a gap assessment and recommendations

Compliance Assessment

- Culture of Compliance starts at the governing board level and is cascaded throughout the organization
- Board responsible for setting the tone of the compliance and ethics program and be actively engaged in advising leadership and the Compliance Officer
- Employ Three Lines of Defense compliance model

Three Lines of Defense

First Line of Defense - Operations

Operational managers are responsible for identifying, assessing and managing risks associated with day-to-day operations. Tools include policies and procedures, desktop work instructions and regular monitoring of performance.

Second Line of Defense - Compliance

Compliance provides oversight to operations to ensure compliance with law, regulation and internal policies to identify emerging risks. Tools include routine review and feedback of operations monitoring efforts and audits to validate operations.

Third Line of Defense – Internal Audit

Independent Audit provides objective and independent assurance that operations and compliance are operating effectively, reporting to the board and compliance committee and providing assurance to regulators and other external auditors.

Compliance Assessment Findings

- Modify Samaritan's Code of Conduct to clearly apply to Samaritan and include reference to the applicable laws
- Revise process for review and approval of policies & procedures to ensure annual review
- Clarify role of the compliance team and the government programs team
- Ensure compliance officer has appropriate knowledge of SHP's lines of business and has direct access to the board(s) of directors and CEO

Compliance Assessment Findings

- Enhance reporting to board(s) and educate board on its role responsibilities
- Shore up legal and contractual monitoring process and ensure implementation and training for new requirements
- Identify one system (from two in place) for receiving and tracking reports of potential noncompliance and fraud, waste and abuse
- Ensure consistent handling of noncompliance and resulting disciplinary action
- Revise monitoring and auditing processes to ensure legal and contractual compliance

Compliance Assessment Findings

- Review and revise onboarding and monitoring of vendors
- Enhance corrective action plan (CAP) processes to ensure CAPs address root cause of issue, and that mitigation plans are implemented and effective

Audits

Regulatory

- HSAG 2025 CMR Audit
- 2025 Data Validation Audit
- 2025 IHN Financial Audit

Follow-Ups, CAPs and Improvement Plans

- HSAG 2024 Improvement Plan

Internal/Compliance

- Protiviti Audit of UM and Appeals

Fraud, Waste and Abuse

Cotiviti Leads

Internal Leads

OHA/CMS Leads

Recoupments, Overpayments
and Offsets

Open Communication and Reporting

- a. Transition from SharePoint based Compliance Incident Reporting to EthicsPoint.
- b. Shopping for Answers.

Dashboards

Audits – External

Delegated oversight, FDR and vendor oversight

Policies & Procedures

Fraud, Waste & Abuse

Training

Questions?

Government Relations Update

April 16, 2025

**Andi Easton,
Government Relations Director
Samaritan Health Services**

InterCommunity 
Health Network CCO

Federal changes impacting Oregon

- Policy and Regulation directional changes
 - Elimination of DEI programs
 - Stronger enforcement of price transparency
 - Work requirements for Medicaid eligibility
- Funding
 - Cuts to COVID-era funding and grants
 - \$117m loss to programs like 988 crisis line; PH departments, vaccine preventable disease work and hospital bed capacity dashboard
 - Threats of \$880 billion cuts over 10 yrs to Medicaid and Medicare
 - 1% is what Oregon will feel, \$89m each year
 - Focus on “waste, fraud and abuse”
 - Medicaid provider taxes

Oregon's budget approach

It's a journey

Governor's Recommended Budget (GRB)

- Starts with Legislative Approve Budget (LAB) from prior biennium
- Highlights Governor's priorities
- Does not need to be a balance approach

Co-Chairs framework

- Current service levels and apply known revenues
- Not all of the Governor's priorities are included in the framework (transportation)
- Preparing for up to 30% cuts in Federal spending
- With uncertainty in federal funding, they have also asked agencies for 5% and 10% cut options

May Revenue Forecast – May 14

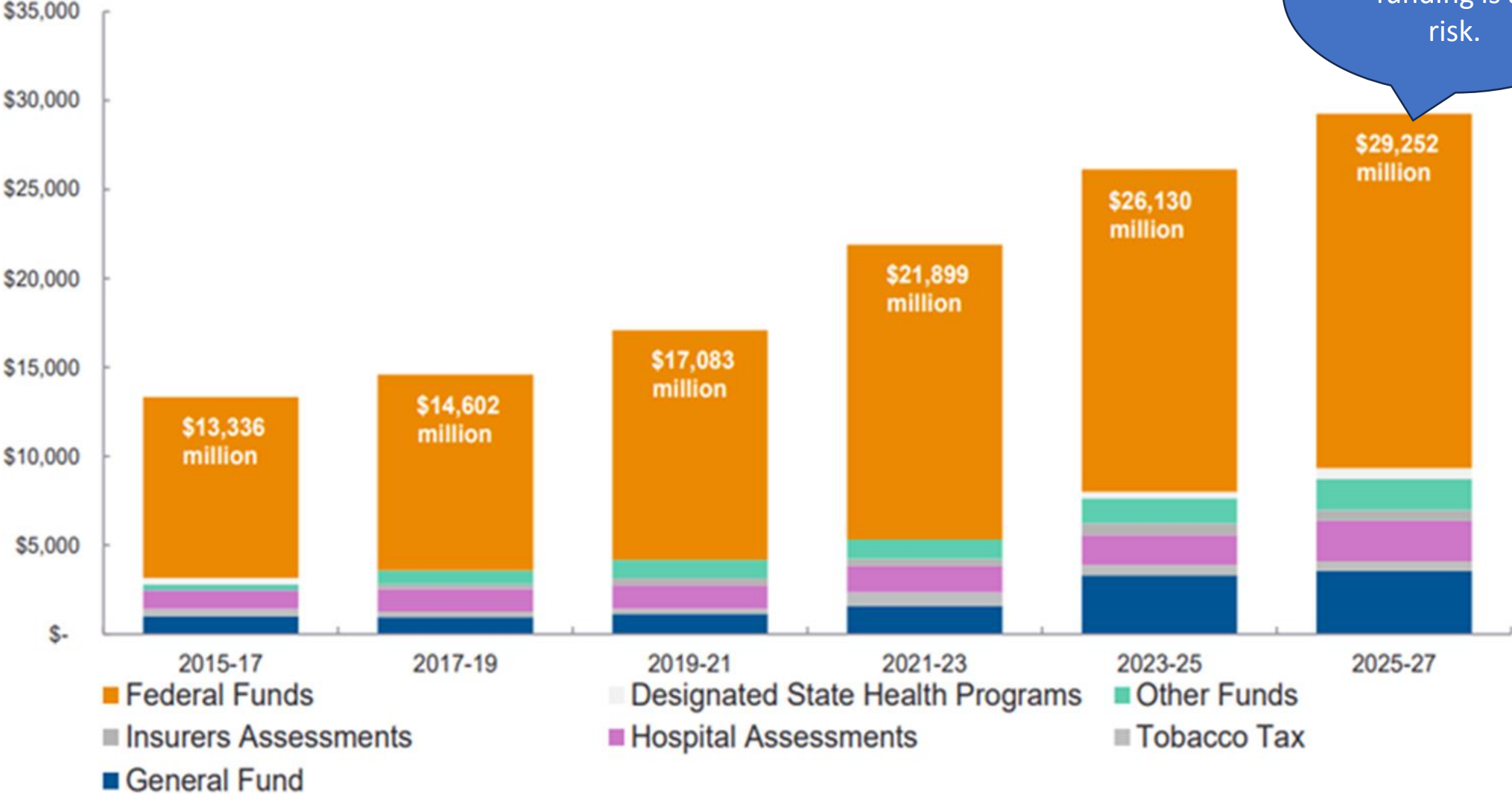
Prior to Sine Die – Legislative Approved Budget

- Must balance

2026 Short-Session

- If passed a slim budget, use this session to lift-up budgets.

Medicaid Historical Funding Sources



\$6.5B in Federal funding is at risk.

Top policy bills for CCOs

- HB 2209 Annual reinstatement changes
- HB 2205 Contract
- HB 2212 Prioritized List
- HB 2215 CCO rate development
- HB 2214 SHARE
- HB 2210 Task force on provider credentialing

How else is IHN engaging this session



Supporting our Regional Health
Equity Alliance partners
(SBs 528 and 530)



Supporting housing development,
infrastructure and resources
(HBs 3104, 3649, 3939)



Supporting building out capacity in
the behavioral health system,
aligning criteria to help patients
earlier and supporting the workforce
(HBs 2056, 2059, 2467)

We are doing this by aligning with other CCOs, our counties, local health and community partners

Telling our story of who we are



Building healthier communities together

Our mission is to serve Benton, Lincoln and Linn counties with PRIDE – passion, respect, integrity, dedication and excellence.

Ensuring access to care

Strengthening our workforce

Stabilizing our health care system

Access to care

- ▶ Expanding access and capacity to meet diverse behavioral health needs through culturally appropriate care.
- ▶ Removing barriers to access care that create health inequities.
- ▶ Prioritizing flexibility for CCOs to meet health-related social needs.

Stronger workforce

- ▶ Funding graduate medical education for nurse educators, including preceptors, and expanding training opportunities for apprenticeships.
- ▶ Investing in providers working in underserved areas or with higher risk patients.
- ▶ Supporting our health care workforce to work at the top of their license and provide the best care to our communities.
- ▶ Supporting the well-being of our health care workforce.

Stable health care system

- ▶ Advocating for a fully funded Medicaid budget.
 - ▷ Increasing General Fund contribution.
 - ▷ Renewing provider and insurer taxes.
 - ▷ Opposing any cuts to provider rates.
 - ▷ Expanding coverage for extended length of stay of inpatient psychiatric care.
 - ▷ Funding for maternal health services in low volume or rural hospitals.
- ▶ Investing in expanding capacity for inpatient psych care.
- ▶ Removing barriers to discharge patients to post-acute care.
- ▶ Increasing access to pharmacy services in local communities and the 340B program.

By the numbers

- 290,000+ population
- 6,000+ employees
- 500+ clinicians
- 100+ clinic locations
- 9 pharmacies
- 6 walk-in clinics
- 2 recovery services

Five hospitals

- Good Samaritan Regional Medical Center (Corvallis, Level II Trauma)
- Samaritan Albany General Hospital (Albany, Level IV)
- Samaritan Lebanon Community Hospital (Lebanon, Critical Access)
- Samaritan North Lincoln Hospital (Lincoln City, Critical Access)
- Samaritan Pacific Communities Hospital (Newport, Critical Access)

Samaritan Health Services is a nonprofit regional health system bringing together community hospitals, physician clinics and health insurance to the residents of the mid-Willamette Valley and central Oregon Coast. We prioritize advancing medical education and addressing public health concerns through partnerships with educational institutions, local nonprofits and public health departments.

Andi Easton,
Samaritan Health Services
Government Relations Director
503-559-1059
aeaston@samhealth.org



IHN-CCO is woven into the communities we serve

The key to improving health outcomes is working closely with local organizations that play a role in our members' lives. IHN-CCO is woven into the fabric of our communities. Members see us every day – we are their friends, neighbors and community boosters.

87,000 Members
2012 Established

“ IHN is indispensable because they are connected at the root level to our communities. ”
- Todd Noble, Linn County Health Administrator

Improving health outcomes

IHN-CCO helps create healthier communities while lowering the cost of care.

We value:

- ▶ Engaging the community to help design and deliver health care programs that work.
- ▶ Investing in prevention, early intervention and self-care to build healthy lifestyles.
- ▶ Relying on evidence-based health programs to create positive outcomes.
- ▶ Delivering culturally sensitive services and meeting social determinants of health.
- ▶ Integrating services to ensure continuity of care for members through all stages of life.

Building strong partnerships

The local network of people, programs and organizations understand and meet our members' needs.

Housing

Equity

Access to Care

Behavioral Health

Serving our communities

IHN-CCO serves Oregon Health Plan members in Benton, Lincoln and Linn counties, working with local organizations to provide relevant services.

	Lincoln	Benton	Linn
Population	50,821	97,713	131,496
Under 18	15.3%	15.2%	21.8%
Over 65	32.8%	18.6%	19.8%
Foreign-born	5.2%	10%	4.2%
Persons with a disability	16.4%	8.2%	13.6%
Persons in poverty	17.8%	12.8%	15.5%

U.S. Census Bureau, 2013

Telling our story of our investments in housing and equity



How IHN-CCO supports basic needs for unhoused people

InterCommunity Health Network (IHN-CCO) awarded nearly \$2.2 million to community organizations during the 2023 cycle, supporting projects aimed at improving access to health care, strengthening equity and diversity, and addressing social determinants of health for residents of Benton, Lincoln and Linn counties. This includes more than \$1.5 million to directly support unhoused people.

Funding comes from two programs:

- ▶ Supporting Health for All Through REInvestment (SHARE) Initiative.
- ▶ IHN-CCO's Delivery System Transformation Committee (DST).

As an example, the Delivery System Transformation Committee directed \$150,000 to the Lincoln County Community Shelter & Resource Center to provide critical refuge and potentially life-saving resources for unhoused residents vulnerable to the region's seasonally cold, wet and erratic weather.

Most guests at the coastal shelters are men between the ages of 50 to 59, though the shelters also assisted 73 women, eight transgender and five non-binary individuals in the winter of 2023-24.

The shelters are "low barrier" with admittance based on behaviors and not sobriety. When guests arrive, they are greeted by volunteers and their personal belongings are stored in a locked cabinet for the night. They can sign up for laundry, showers, and personal care items like toothbrushes and clothing, then go to the cafeteria where they are served a hot meal.



"It is just the most awesome place. You get fed, you get taken care of. Any needs you have, they take care of you."

— Ronald Spratten, guest at Lincoln County Community Shelter

CONTACT
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Housing investments

More than \$1.5M supporting unhoused people in 2023

Supporting Health for All Through REInvestment

- ▶ Helping Hands Reentry Outreach Centers (Lincoln City Hope Center) \$133,429
 - ▶ Corvallis Housing First (Outreach Housing Case Management) \$148,554
 - ▶ Community Outreach Inc. (Young Adult Dorm) \$100,000
 - ▶ Creating Housing Coalition (Hub City Village) \$39,500
 - ▶ Young Roots Oregon (Young Roots Housing Stabilization) \$119,500
 - ▶ Corvallis Daytime Drop-In Center (Housing Supports, Respite & Life Stabilization) \$100,000
 - ▶ Faith, Hope and Charity Inc. (Street Hope) \$138,529
- Total: \$779,512**

Delivery System Transformation Committee

- ▶ Lincoln County Health & Human Services (Emergency Winter Shelter Program) \$150,000
 - ▶ Community Outreach Inc. (Young Adult Cohort Housing) \$149,860
 - ▶ Applegate Landing LLC (Affordable Housing Resident Services) \$150,000
 - ▶ Furniture Share (Healthy Eating Children's Cookbook) \$125,845
 - ▶ Sleep Trailer LLC (Sleep Trailer Safe Shelter) \$120,000
 - ▶ Family Tree Relief Nursery (Food for Many) \$87,286
 - ▶ Unity Shelter (Street Medicine Team) \$27,868
- Total: \$810,859**



How IHN-CCO bridges gaps and creates health equity

InterCommunity Health Network (IHN-CCO) awarded nearly \$4.3 million to community organizations during the 2024 cycle, supporting projects aimed at improving access to health care, strengthening equity and diversity, and addressing social determinants of health for residents of Benton, Lincoln and Linn counties. This includes nearly \$840,000 to directly support programs that promote equity for underserved communities.

Funding comes from two programs:

- ▶ Supporting Health for All Through REInvestment (SHARE) Initiative.
- ▶ IHN-CCO's Delivery System Transformation Committee (DST).

As an example, SHARE directed \$145,234 to the Vivienda y Bienstar (translated "Housing and Well-being") program offered by Casa Latinos Unidos to help migrant families avoid eviction through emergency financial assistance for rent and utilities.

Casa Latinos Unidos

Founded: 2008
Locations: Albany, Corvallis, Lebanon, Monroe and Philomath

According to the U.S. Census, nearly 11% of people in Linn County are Hispanic or Latino. In Benton County, the number is approximately 8.5%. Many of these community members do not speak English as their first language, and it can be intimidating to access basic needs like health care and housing.

Casa Latinos Unidos helps people overcome the language barrier and sign up for services, including the Oregon Health Plan. The nonprofit also offers a variety of programs including youth mentorship and cultural activities. The program has expanded its footprint with locations in Lebanon, Albany, Philomath and Monroe. Most employees are first- or second-generation migrants who can closely identify with those seeking assistance.



"There are resources available for the community, but due to a language barrier, they don't have access to those resources"

— Jose Mendoza, Community Health Worker

CONTACT
Andi Easton, Government Relations Director
Samaritan Health Services
aeaston@samhealth.org | 503-559-1059



Equity investments

Nearly \$840,000 supporting health equity in 2024

Supporting Health for All Through REInvestment

- ▶ Casa Latinos Unidos (Vivienda y Bienestar) \$179,975
 - ▶ Samaritan Health Services (InterCommunity Health Research Institute) \$126,000
- Total: \$305,975**

Delivery System Transformation Committee

- ▶ Global Nutrition Empowerment (Club Diabetes) \$50,000
 - ▶ Andares (Conexiones) \$95,700
 - ▶ Grow Lincoln County (Growing Juntos en el Jardin) \$113,173.50
 - ▶ Hearts with a Mission (Hearts for Seniors) \$49,967.50
 - ▶ Old Mill Center for Children and Families (Innovative Healthcare in Early Learning) \$72,000
 - ▶ Weaving Fala (Weaving Wisdom) \$152,928.16
- Total: \$533,769**

Telling our story of our investments in access to care and behavioral health

InterCommunity Health Network CCO

How IHN-CCO helps connect people with health services

InterCommunity Health Network (IHN-CCO) awarded nearly \$4.3 million to community organizations during the 2024 cycle, supporting projects aimed at improving access to health care, strengthening equity and diversity, and addressing social determinants of health for residents of Benton, Lincoln and Linn counties. This includes more than \$1.3 million toward making health services and healthy lifestyles more accessible.


Funding comes from two programs:

- Supporting Health for All Through REinvestment (SHARE) Initiative
- IHN-CCO's Delivery System Transformation Committee (DST).

As an example, Faith, Hope and Charity Inc. connects directly to vulnerable people in all three counties IHN-CCO serves by actively sending employees and volunteers into the streets.

They not only provide information about emergency shelters, but offer peer support and access to basic needs like food, medicine and naloxone in the case of opioid overdose.


Beyond saving lives, the organization's programs have also helped to get people's lives back on track. They can assist individuals or families with things like signing up for health care and benefits under the Supplemental Nutrition Assistance Program (SNAP). In some cases, they can even help them to find jobs or housing.



"People need help. This job is not for the weak-hearted. You see so much, and you hear so much ... I've made this city my home, and I'm trying to get these streets cleaned up."

— Doyle Franklin,
Certified peer support specialist

CONTACT
Andi Easton, Government Relations Director
Samaritan Health Services
aeaston@samhealth.org | 503-559-1059



Access to health care

More than \$1.3M supporting access to care in 2024

Supporting Health for All Through REinvestment

- ▶ Lincoln County Health and Human Services (CSRC Medical Outreach Program) \$174,830.40
- ▶ Casa Latinos Unidos (Vivienda y Bienestar) \$179,975
- ▶ Albany Police Department (Situation Table) \$32,000

Total: \$386,805

Delivery System Transformation Committee

- ▶ Lebanon Community School District (CLIMB) \$49,000
- ▶ Global Nutrition Empowerment (Club Diabetes) \$50,000
- ▶ Andares (Conexiones) \$95,700
- ▶ ReConnections Drug and Alcohol Treatment (Monarch Easy Access Clinic) \$154,564.60
- ▶ Crossroads Communities (Emergent Needs Backup Transportation Pilot) \$75,702
- ▶ Hearts with a Mission (Hearts for Seniors) \$49,967.50
- ▶ Vina Moses Center (Health Through Food and Connection) \$48,832
- ▶ Old Mill Center for Children and Families (Innovative Healthcare in Early Learning) \$72,000
- ▶ Faith Community Health Network (Improving Senior/Disabled Access to Care) \$94,998.75
- ▶ Corvallis Daytime Drop-in Center (Onsite Low-Barrier Dental Clinic) \$68,750
- ▶ Every Child Linn Benton Lincoln (Project Hope) \$150,000
- ▶ Jackson Street Youth Services (Youth-Center Marketing and Outreach Materials) \$25,000

Total: \$934,514

InterCommunity Health Network CCO

\$2.5M behavioral health boost: Expanding care for Oregonians


InterCommunity Health Network CCO (IHN-CCO) awarded nearly \$4.3 million to community organizations during the 2024 funding cycle, supporting projects aimed at improving access to health care, strengthening equity and diversity, and addressing social determinants of health for residents of Benton, Lincoln and Linn counties. This includes nearly \$2.5 million to directly support programs that provide mental health and addiction treatment.

Funding comes from two programs:

- Supporting Health for All Through REinvestment (SHARE) Initiative.
- IHN-CCO's Delivery System Transformation Committee (DST).

As an example, the DST will fund ReConnections Alcohol & Drug Treatment to help launch the Monarch Easy Access Clinic in Benton and Lincoln counties this year. The mobile program provides addiction treatment and behavioral health services to pregnant and postpartum people who would otherwise be unlikely to seek out services due to homelessness or other life circumstances.


The mobile clinic will be available on the same days as Reconnections recovery groups in Corvallis and Lincoln City to provide prenatal checkups and addiction treatment medication. In Corvallis, the group meets at the Monarch on 4th facility that was funded by the DST in 2023. It connects pregnant people to a care team that helps guide them through pregnancy and early childhood, making sure health needs of parent and child are being met.



"We will be able to intervene at a key moment when many of these women are motivated for change, and we can address the multi-generational trauma and possibly interrupt it."

— Emily Yeast,
Certified Nurse Midwife

CONTACT
Andi Easton, Government Relations Director
Samaritan Health Services
aeaston@samhealth.org | 503-559-1059



Behavioral health

Nearly \$2.5M supporting behavioral health in 2024

Supporting Health for All Through REinvestment

- ▶ CHANCE (The Safe Space at 2nd CHANCE) — \$109,120
- ▶ Crossroads Communities (Crossroads Connections Transitional Housing) — \$120,288
- ▶ Corvallis Daytime Drop-in Center (Housing Supports, Respite and Life Stabilization) — \$100,000
- ▶ Creating Housing Coalition (Helping Unhoused Community Members) — \$115,000
- ▶ Linn County Health Department (Crisis Stabilization Center Remodel) — \$500,000
- ▶ Samaritan Health Services (Suicide Prevention Program Coordinator) — \$284,605
- ▶ Project ABLE (ABLE House) — \$175,000

Total: \$1,876,013

Delivery System Transformation Committee

- ▶ ReConnections Alcohol & Drug Treatment (Monarch Easy Access Clinic) — \$154,564
- ▶ Grow Lincoln County (Growing Junos en el Jardín) — \$119,174
- ▶ Faith Community Health Network (Improving Senior/Disabled Access to Care) — \$94,999
- ▶ Corvallis Housing First (Third Street Commons Capacity for Community) — \$97,020
- ▶ Weaving Falls (Weaving Wisdom) — \$132,929
- ▶ Crossroads Communities (Rose Street Transitional Housing) — \$440,000
- ▶ Albany Police Department (Situation Table) — \$32,000

Total: \$612,685

Telling our story of a regional behavioral health approach, seeking funding

A strategic approach to regional behavioral health

Regional acute care continuum: Improving inpatient capacity and crisis stabilization in Benton, Lincoln and Linn counties

1 Good Samaritan Acute Care Beds

Location: Corvallis

- ▶ Currently 10 occupied acute care beds, expanding to 20 (licensed for 28 total beds).
- ▶ Partial hospitalization capacity (expansion).

Balance needed for remodel: **\$7.35 million**

2 Benton County Crisis Center

Location: Corvallis (opening July 2025)

- ▶ Voluntary walk-in treatment facility that may serve as an alternative to the ER.
- ▶ Provides inclusive stabilization for anyone experiencing a mental health crisis.
- ▶ Open 24/7 with no appointment, regardless of ability to pay.
- ▶ 5 stabilization recliners and 6 respite beds in trauma-informed environment.
- ▶ Connected to ongoing treatment and community resources upon discharge.

Construction cost: \$9 million (funded)

3 Lincoln County Crisis Stabilization Center

Location: Lincoln City

Model: 23-hour crisis resolution center to divert adults in crisis away from ER and jail.

- ▶ Building suited for 5 guests.
- ▶ Modified van can respond to crisis in community.

Funds already invested: \$725,000

Balance needed for remodel: **\$325,000**

Anticipated opening: January 2026

4 Linn County Crisis Stabilization Center

Location: Albany

Model: Respite room with 5 personal reclining chairs, showers and laundry.

- ▶ Includes separate entrance for law enforcement and dedicated youth and family areas.

Linn County Investment: \$2.3 million

IHN-CCO Investment: \$1.075 million

Balance needed for remodel: **\$2.5 million**

Anticipated opening: January 2026



A regional approach for collective impact

Investing in coordinated behavioral health services across Benton, Lincoln and Linn counties

What makes this funding request unique is the depth of regional coordination and readiness. For the past three years, IHN-CCO has collaborated closely with Samaritan Health Services and the Benton, Lincoln and Linn County Health departments through the Regional Behavioral Health Strategy Committee. This group is not just conceptual – it has been actively:

- ▶ Aligning regional priorities.
- ▶ Leveraging collective investments.
- ▶ Coordinating the development of a regional acute care continuum.

This collaborative has already secured funding and begun the development of three new crisis stabilization centers, one in each county, all anticipated to be operational by the end of Q1 2026 upon meeting final funding goals. These centers will reduce unnecessary emergency department visits and provide a critical diversion from law enforcement and jails. The committee is also working closely to ensure integration between the crisis centers and the five Samaritan hospitals across the region.

We can not do this alone—we need state assistance in completing our vision that will help the state in meeting its goals as well.

Shovel-ready projects

Good Samaritan Regional Medical Center is currently licensed for 28 psychiatric beds, of which 10 are operational. It stands ready to bring 10 additional beds online, expanding capacity to 20 beds, while also strengthening partial hospitalization capacity to ensure appropriate step-down care. This expansion is shovel-ready and complements the broader crisis system enhancements already underway.



Target population acute care: Adults in need of short-term psychiatric hospital level of care in order to maintain their safety and dignity while remaining in their local/regional health system. The goal is to stay close to their home community and without the need to travel out of region to access another psychiatric bed.

Target population acute care alternatives: Individuals and families who are in crisis and need immediate assessment, stabilization and support in order to avoid entry into the justice system and other higher cost care alternatives if basic needs aren't met through the crisis stabilization center.

CONTACT:

Andi Easton, Samaritan Health Services Government Relations Director
503-559-1059 | aeaston@samhealth.org

Funding request:

Capital construction request for the Benton, Lincoln and Linn counties (one-time funding):

- 1 Good Samaritan Inpatient Psych Remodel \$7.35 million
- 3 Lincoln County Crisis Stabilization Center \$325,000
- 4 Linn County Crisis Stabilization Center \$2.5 million

Total ask: \$10.3 million

Funds already secured:

- ✓ Benton County Crisis Center \$9 million
- ✓ Linn County Crisis Stabilization Center \$3,375 million
- ✓ Lincoln County Crisis Stabilization Center \$725,000

Total raised: \$13.1 million (seeking \$2.8 million to finish and open)

Management Report

- Provider Network Reimbursement
- Re-Procurement & Readiness Work

Bruce Butler, CEO

Provider Network Reimbursement

Premium Rates Background: Projections of This Year's Costs, from Prior Years' Information

Method	Used By	Example	Health Plan Discretion																				
Experience Rating	Commercial Insurers; <u>Somewhat</u> by OHA, for Medicaid	$[\text{Last Years' Costs}] \times [\text{Inflation Factors}] = [\text{Current Premium Revenue}]$.	Commercial: plans can set their own rates. Medicaid: plans have no input, OHA sets rates.																				
From-the-Ground-Up	<u>Increasingly</u> by OHA, for Medicaid	<p>$[\text{Expected Volume and Mix of Health Care Utilization; about 100 "Grouper" Lines}] \times [\text{Actual or Benchmark Costs per Encounter for Each Type of Service}] = [\text{Current Premium Revenue}]$.</p> <p>Example Excerpt:</p> <table border="1"> <thead> <tr> <th>Benefit</th> <th>Annual Utilization Per 1,000</th> <th>Average Allowed Per Service</th> <th>Allowed PMPM</th> </tr> </thead> <tbody> <tr> <td>Office/Home Visits - PCP</td> <td>1,737.4 visits</td> <td>115.63</td> <td>16.74</td> </tr> <tr> <td>Office/Home Visits - Specialist</td> <td>889.1 visits</td> <td>114.60</td> <td>8.49</td> </tr> <tr> <td>Urgent Care Visits</td> <td>67.8 visits</td> <td>111.18</td> <td>0.63</td> </tr> <tr> <td>Office Administered Drugs</td> <td>312.6 proced</td> <td>434.82</td> <td>11.33</td> </tr> </tbody> </table>	Benefit	Annual Utilization Per 1,000	Average Allowed Per Service	Allowed PMPM	Office/Home Visits - PCP	1,737.4 visits	115.63	16.74	Office/Home Visits - Specialist	889.1 visits	114.60	8.49	Urgent Care Visits	67.8 visits	111.18	0.63	Office Administered Drugs	312.6 proced	434.82	11.33	Medicaid: plans have no input, OHA sets rates.
Benefit	Annual Utilization Per 1,000	Average Allowed Per Service	Allowed PMPM																				
Office/Home Visits - PCP	1,737.4 visits	115.63	16.74																				
Office/Home Visits - Specialist	889.1 visits	114.60	8.49																				
Urgent Care Visits	67.8 visits	111.18	0.63																				
Office Administered Drugs	312.6 proced	434.82	11.33																				
Budgetary	Government Purchasers	<p>Actuarial methods overruled by budget allocation decisions.</p> <p>Oregon Health Authority may be facing a future of substantial reductions in Federal support, that will roll over to CCO premium reductions.</p> <p>36/91</p>	None.																				

Provider Network Reimbursement

Market Information: “Medical Loss Ratios” a/k/a “Medical Cost Ratios”

- CCO Historical Data:
 - IHN paid out the highest percentage of premium in claims of any Oregon CCO.
 - Each MLR point = \$5m expense for IHN, \$5m in revenue for providers.
 - At a typical rate, e.g., PacificSource’s, IHN would pay \$25-30m less in claims per year.

Table 27: Three-year Minimum Loss Ratio	
CCO	2021 - 2023
AH	90.67%
AC	89.08%
CHA	85.90%
CPCCO	85.71%
EOCCO	88.80%
HSO	88.39%
IHN	92.51%
JCC	85.17%
PCS-CO	86.92%
PCS-CG	86.42%
PCS-LN	87.46%
PCS-MP	87.93%
TCHP-N	83.18%*
TCHP-S	76.11%*
UHA	85.14%
YCCO	88.13%

Source: 2023 MLR Reporting

Provider Network Reimbursement

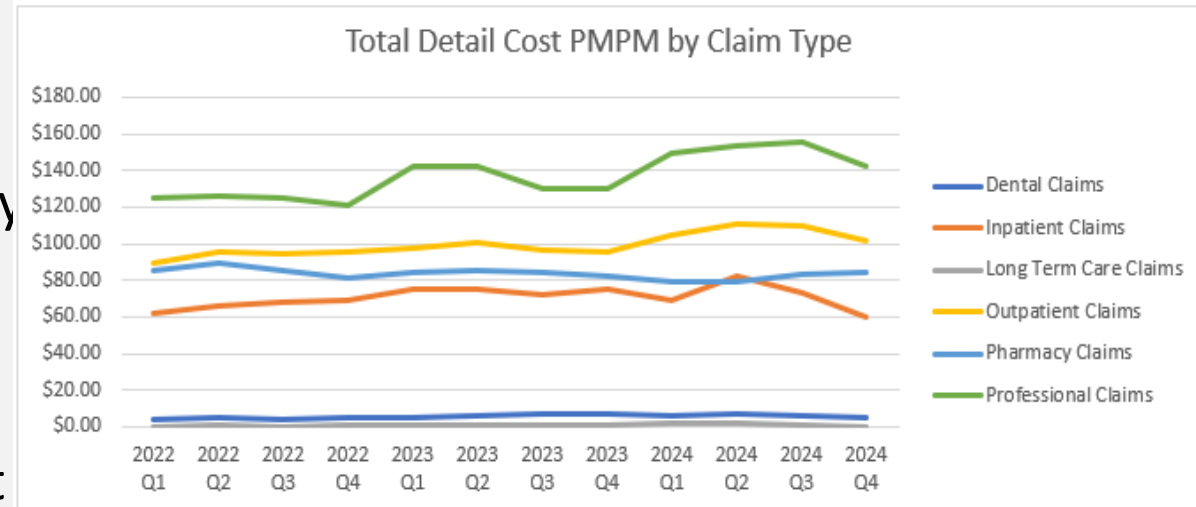
Cost Trends

Observations:

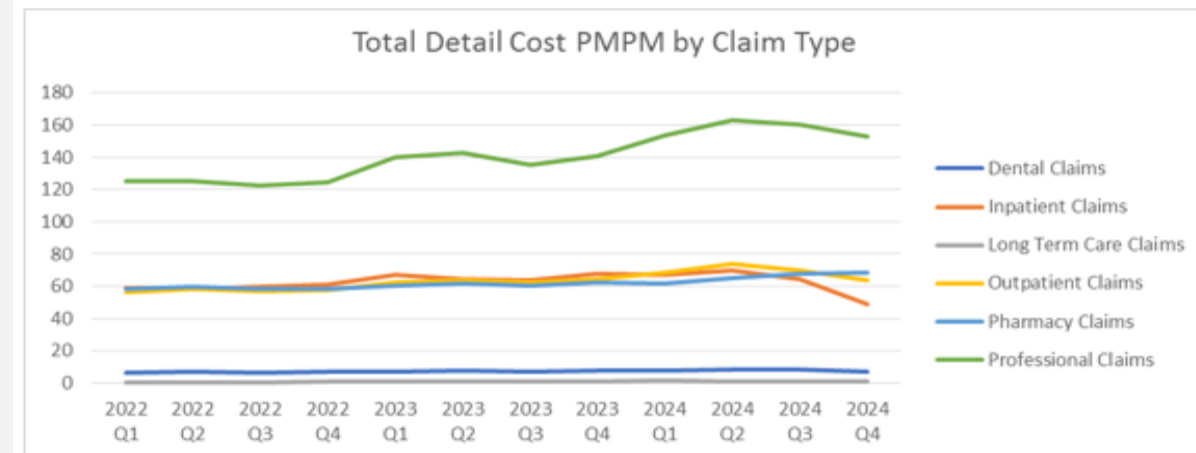
- Triple wave of increased professional, inpatient facility, and outpatient facility costs hit IHN in mid-2024.
- All CCOs combined showed a similar professional services pattern.
- IHN Outpatient Facility costs stand out relative to the CCO average.
- **IHN is currently running an internal claims inflation trend of over 8% ... more than double OHA's premium increase targets.**



Intercommunity Health Network Health Plan



All CCO Health Plans



Provider Network Reimbursement

Selected Cost Growth Hot Spots – IHN 2024 vs. IHN 2023

Benefit	Annual Utilization Per 1,000	Average Allowed Per Service	Allowed PMPM	YoY Paid \$\$\$	Increased Util %	Increased Cost %
Facility Inpatient						
Medical	209.5 days	\$2,761.16	\$48.21	\$2,196,172	7%	4%
Facility Outpatient						
Observation	14.9 visits	\$3,866.51	\$4.79	\$758,896	32%	8%
Emergency Department	505.6 visits	911.65	38.41	\$3,435,281	7%	8%
Surgery - Hospital Outpatient	59.6 visits	5,019.25	24.93	\$3,259,680	13%	8%
Home Health Care	313.3 visits	653.20	17.06	\$3,088,192	1%	35%

- Increased Observation Days – At higher costs than Inpatient Medical.
- Increased Emergency Department utilization and costs.
- Increased Outpatient Surgery utilization and costs.
- Increased Home Health Costs.
- General: Cost Trends Higher than OHA Fee Schedule Increases.

Provider Network Reimbursement

Expense Composition: Top 15 Claims Destinations

Payee	Sum of Net Payment
GOOD SAMARITAN REGIONAL MEDICAL CENTER	\$65,845,614
LEBANON COMMUNITY HOSPITAL	\$39,247,539
ALBANY GENERAL HOSPITAL	\$31,847,944
SAMARITAN PACIFIC COMMUNITIES HOSPITAL	\$31,697,860
OREGON HEALTH AND SCIENCE UNIVERSITY	\$24,718,732
SAMARITAN NORTH LINCOLN HOSPITAL	\$20,977,461
OREGON CASCADES WEST COUNCIL OF GOVERNME	\$18,751,511
CAPITOL DENTAL CARE	\$12,916,013
ADVANTAGE DENTAL SERVICES	\$8,458,285
SACRED HEART MEDICAL CENTER AT RIVERBEND	\$7,903,561
THE CORVALLIS CLINIC PC	\$7,853,420
SALEM HEALTH	\$6,702,325
ONCOLOGY ASSOCIATES OF OREGON	\$5,281,687
LEGACY EMANUEL HOSPITAL	\$5,255,832
RECONNECTIONS ALCOHOL AND DRUG	\$4,134,375

- ~55% of claims expenses are represented by SHS.
- In addition to acute medical care, transportation (Council of Governments) and Dental care are large expense components.
- All other providers are in the single digits.
- OHSU, Sacred Heart, TCC, WVCI, Legacy, etc. are small but significant.

Provider Network Reimbursement

Re-contracting Goals

- Align Fee-for-Service reimbursement levels with OHA's fundamental premium rate development assumptions (DMAP reimbursement levels).
- Proactively prepare for future premium revenue uncertainty.
- Continue progress toward value-based reimbursement.
- Note: market rates relative to DMAP vary by service lines.

Cohorts (alphabetical order)	Contracts (chronological order)
First Cohort: <ul style="list-style-type: none"> • QCA • Salem • SHS • TCC • WVCI 	Contract 1: Signed at 100% DMAP.
	Contract 2: Several rounds of offers and counters; significant movement.
	Contract 3: One round of offer/counter; significant movement.
	Contract 4: One round of offer/counter; no significant movement yet.
	Contract 5: negotiations opened; no counter yet.
Second Cohort: <ul style="list-style-type: none"> • OHSU • Sacred Heart • TBD Others 	
Third Cohort <ul style="list-style-type: none"> • TBD 	

SHP / IHN CCO

CCO 3.0 Organizational Readiness

April 16, 2025

Tenfold's Role

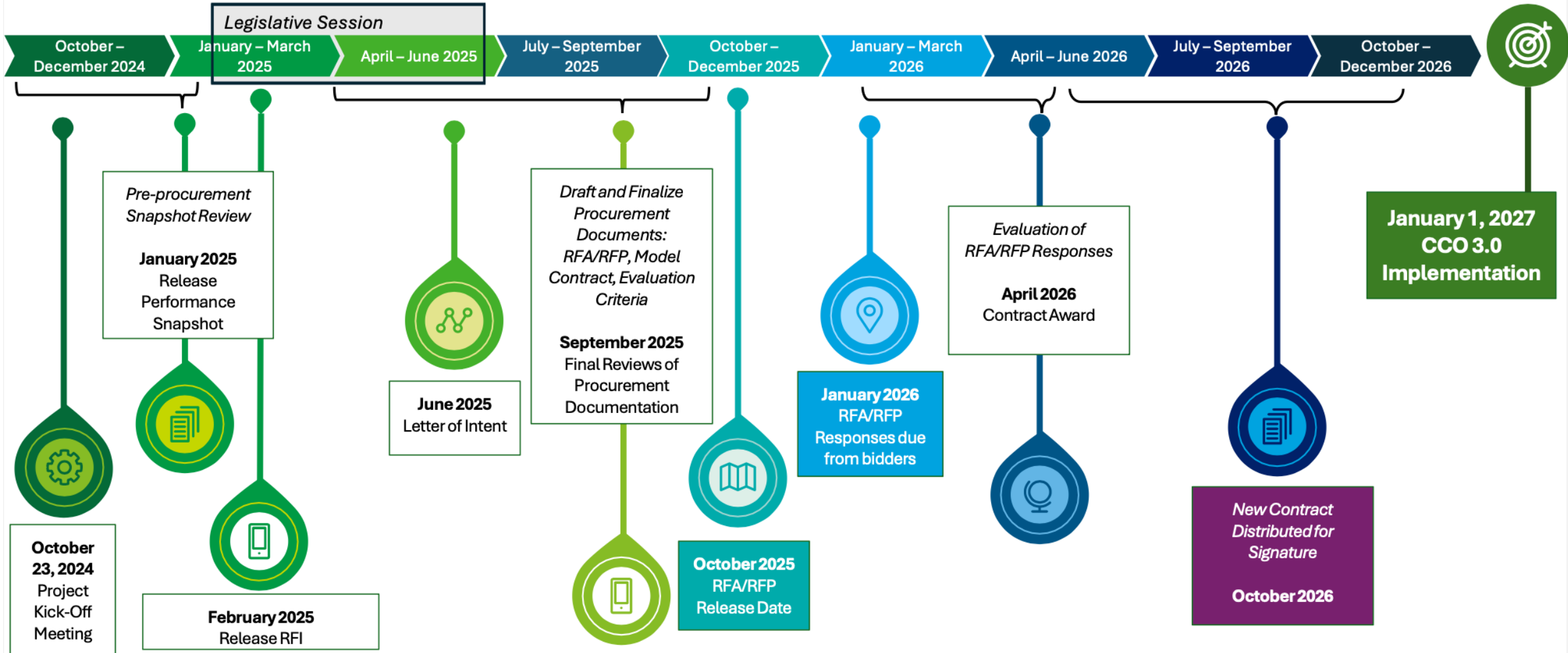
- Tenfold has deep experience in CCOs and has been working as a strategic partner and advisor to SHP over the last couple of years, with an eye on readiness for reprocurement
- That work has included an assessment of the 2.0 response and the recent OHA scorecard
- Now that we are ready to move into developing the 3.0 RFA response, Tenfold has developed a workplan and structure to support this work
- Tenfold will play the lead oversight and project management role for this body of work
- Tenfold will also provide technical assistance and be a partner to you in this work

CCO 3.0 Timeline

- **The third CCO procurement process has launched with a RFI to gather input (due April 16th)**
- **That said, it is more likely than not that the reprocurement will be pushed out 2 years**
 - This would be good news for IHN CCO – allows more time to address gaps and demonstrate success in high performing areas
- **CCO 3.0 priorities are expected to be:**
 - Equity, equity, equity and social determinants / HRSN
 - Behavioral Health access
 - Performance metrics
 - Health plan operations / compliance

This timeline is likely to change to RFA release date in 2027 rather than 2025

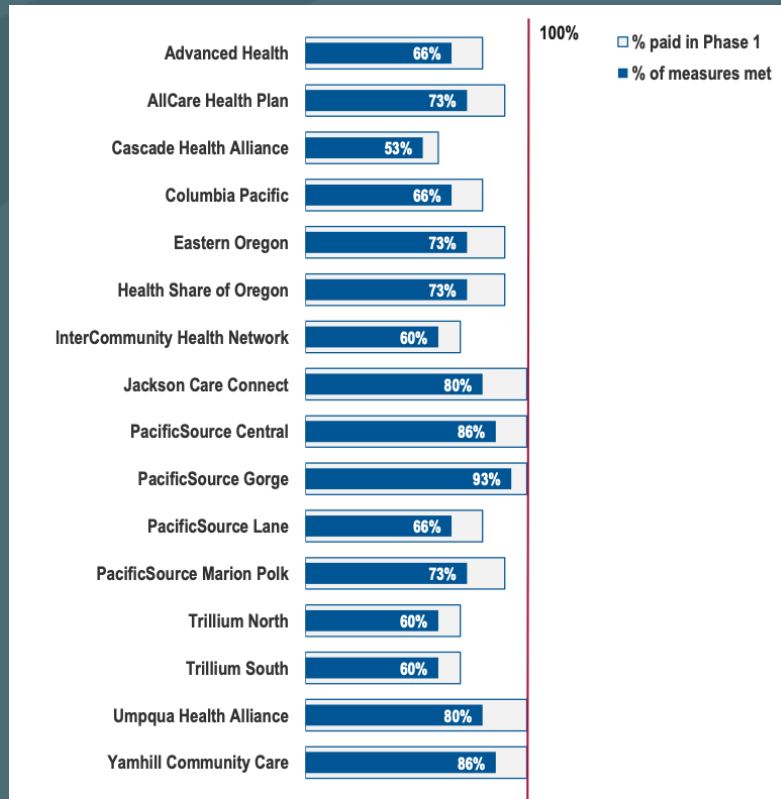
CCO Procurement: 2024 – 2026 Timeline



IHN CCO 2.0 RFA Response Assessment

- IHN performed well enough in the 2.0 response to receive a 5-year contract without going through remediation
 - That said, a significant number of gaps were identified by OHA in their review
 - Tenfold also identified further gaps in our subsequent review
 - Key finding from the review: responses frequently didn't "show the work"
 - Can't just say there are policies in place, need to provide the policy and more detail about process to assure compliance with policies
 - Need to demonstrate / provide examples of how IHN CCO meets requirements
 - There were also a lot of plans for future work in the 2.0 response – will need to be able to demonstrate progress on at least some of these

IHN CCO Performance on Incentive Measures



	Advanced Health	AllCare CCO	Cascade Health Alliance	Columbia Pacific	Eastern Oregon CCO	Health Share of Oregon	InterCommunity Health Network	Jackson Care Connect	PacificSource Central	PacificSource Gorge	PacificSource Lane	PacificSource Marion Polk	Trillium North	Trillium South	Umpqua Health Alliance	Yamhill Community Care	# CCOs met (out of 16)
Assessments for Children in ODHS Custody	*																11
Health Equity: Meaningful Language Access (Component 1)‡																	15
Health Equity: Meaningful Language Access (Component 2)‡										*							4
SDOH: Social Needs Screening and Referral																	15
System-Level Social Emotional Health																	16
Child and Adolescent Well-Care Visits Ages (3-6) [^]										*							13
Childhood Immunization Status: Combo 3					*												4
Immunization for Adolescents: Combo 2 [^]										*							8
Postpartum Care [^]	*																14
Diabetes Care: HbA1c Poor Control (EHR)					*												15
Cigarette Smoking Prevalence (EHR)															*		14
Depression Screening and Follow-Up (EHR)									*								15
SBIRT Rate 1 (EHR)‡									*								16
SBIRT Rate 2 (EHR)‡													*				12
SUD Treatment: Initiation‡			*														7
SUD Treatment: Engagement‡			*														10
Oral Evaluation for Adults with Diabetes										*							10
Preventive Dental or Oral Health Services (Ages 1-5) [^] ‡		*															16
Preventive Dental or Oral Health Services (Ages 6-14) [^] ‡										*							16
# measures met (out of 15*)	10	11	8	10	11	11	9	12	13	14	10	11	9	9	12	13	

*Measures that require meeting both components are counted as one measure

IHN CCO Compliance Gaps

Table 3-1—Compliance Scores by Standard for IHN

Standard	Total # of Elements	# Met	# Partially Met	# Not Met	Compliance Score	Statewide Compliance Score
Standard I—Assurance of Adequate Capacity and Availability of Services	19	15	4	0	89.5%	81.9%
Standard V—Provider Selection	6	5	1	0	91.7%	78.1%
Standard VI—Subcontractual Relationships and Delegation	4	2	2	0	75.0%	79.7%
Standard XI—Practice Guidelines	3	3	0	0	100%	83.3%
Overall Compliance Score	32	25	7	0	89.1%	81.1%
Level of Confidence					<i>Moderate</i>	-

Total # of Elements: The total number of elements in each standard.

Compliance Score: By standard and overall, the sum of the number of *Met* (1 point), *Partially Met* (0.5 points), *Not Met* (0 points) elements divided by the total number of applicable elements for that standard and overall.

IHN CCO Scorecard – released Feb. 2025

Summary of Performance



ACCESS TO CARE	Measure Type
Network Development & Monitoring	Compliance
Managed Care Compliance	Compliance
Network Adequacy	Performance

SERVICE DELIVERY	Measure Type
Coverage of Services	Compliance
Grievances & Appeal System	Compliance
Quality Assessment & Performance Improvement	Compliance

MEMBER RIGHTS & HEALTH EQUITY	Measure Type
Health Equity	Performance
Member Rights & Information	Compliance

PROGRAM INTEGRITY	Measure Type
Fraud, Waste & Abuse	Performance
Subcontracting & Delegation	Compliance
Resolution of Audit Findings	Compliance

FINANCIAL PERFORMANCE	Measure Type
Net Operating Margin	Performance
Risk-Adjusted Rate of Growth	Performance
Minimum Medical Loss Ratio	Compliance
Restricted Reserve	Compliance
Ratio of Current Assets to Current Liabilities	Performance

High Performance
 Moderate Performance
 Low Performance

IHN CCO's Reprocurement Vulnerabilities

- **Metrics performance**
 - Among the bottom performing CCOs
- **Contract performance / compliance gaps**
- **Financial Stewardship**
 - *Concern about over-performing*
- **Potential for competition**

IHN CCO Reprocurement “Win” Themes

- **Strength of local relationships**
- **Community engagement / partnerships**
- **Behavioral health**
 - *But need to demonstrate access and meet exhibit M requirements*

Emerging Win Themes

- **Vital conditions framework**
- **Population health**

Tenfold AI Tool

- Further refinement of Contract Compliance Assistant
- Further refinement of Medicare Appeals Assistant
- Continue to investigate model changes and market evolution of AI
- Exploration of additional applicable use cases

Community Benefit Update

Social Determinants and Transformation
transformation@samhealth.org

InterCommunity 
Health Network CCO



Community Spending Updates

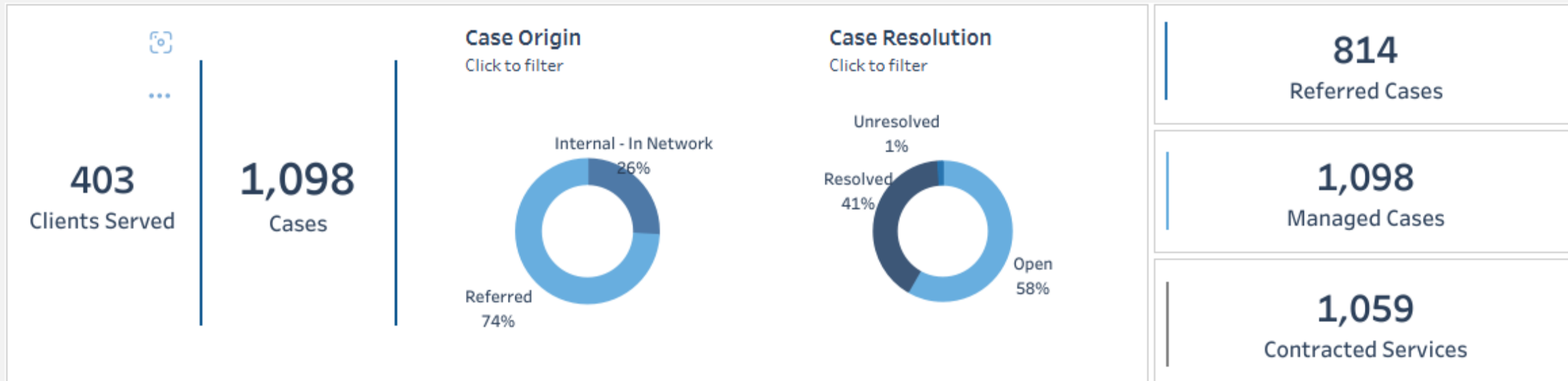
- Support the Corvallis Daytime Drop-In Center Building Purchase
- Food for Health program with Linn County
- Youth Respite Beds
- Behavioral Health Trainings
- Housing projects in Lincoln County

Community Engagement

- Cinco de Mayo/ Festival Latine Events
- Sources of Strength: Lebanon
- Corvallis Spring Roll
- Lincoln County School District Community Resource Fair



Health Related Social Needs



2025 CCBF

Community Capacity Building Funds - InterCommunity Health Network CCO

\$3.6
million

Priority Funding Areas:

Partners engaging in, or able to engage in, high volume benefits provision.

New partners, particularly those serving Priority Populations.

Housing Benefit Providers.

Local food programs to provide the 'fruit and veggie' benefit.

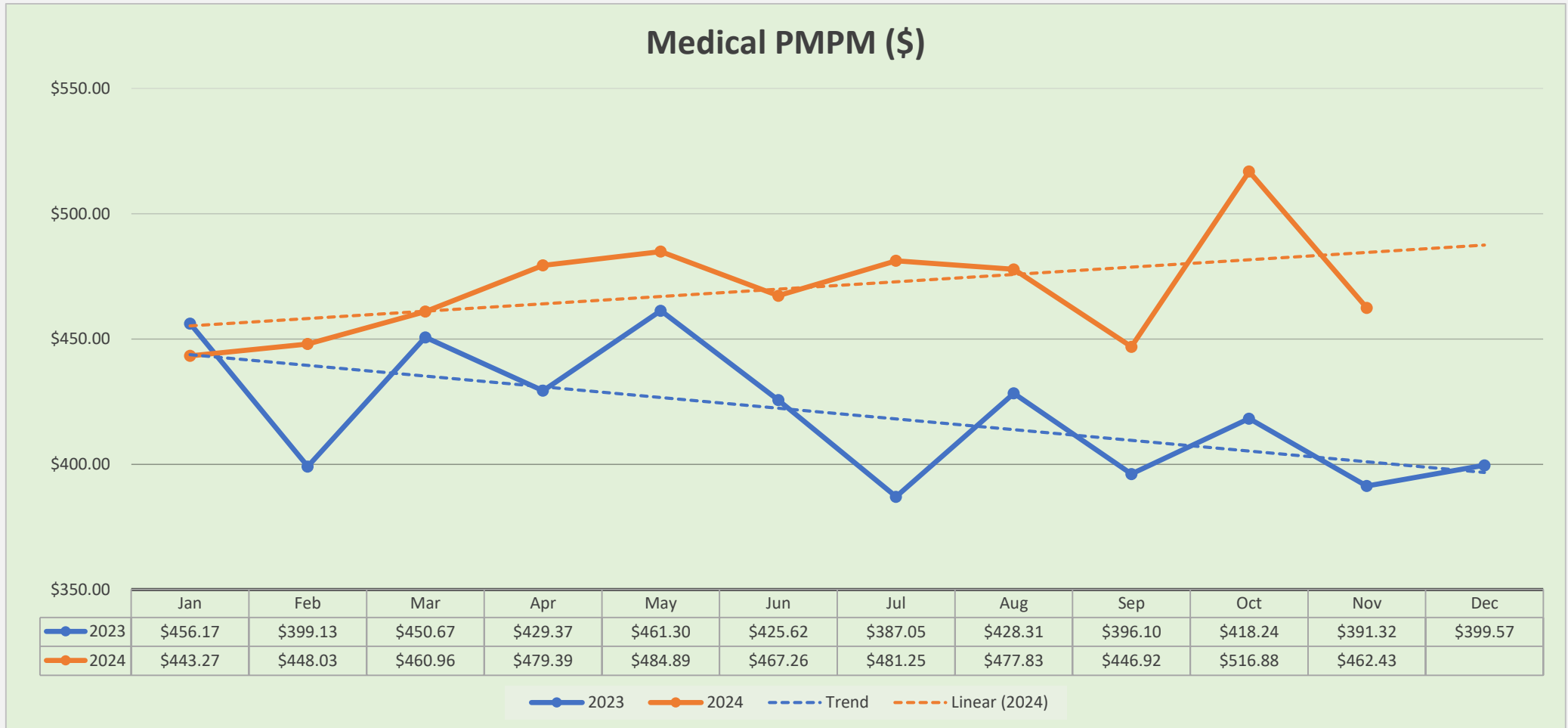
Partners able to support climate device services during surges in demand

Population Health: Arcadia - Data aggregation platform

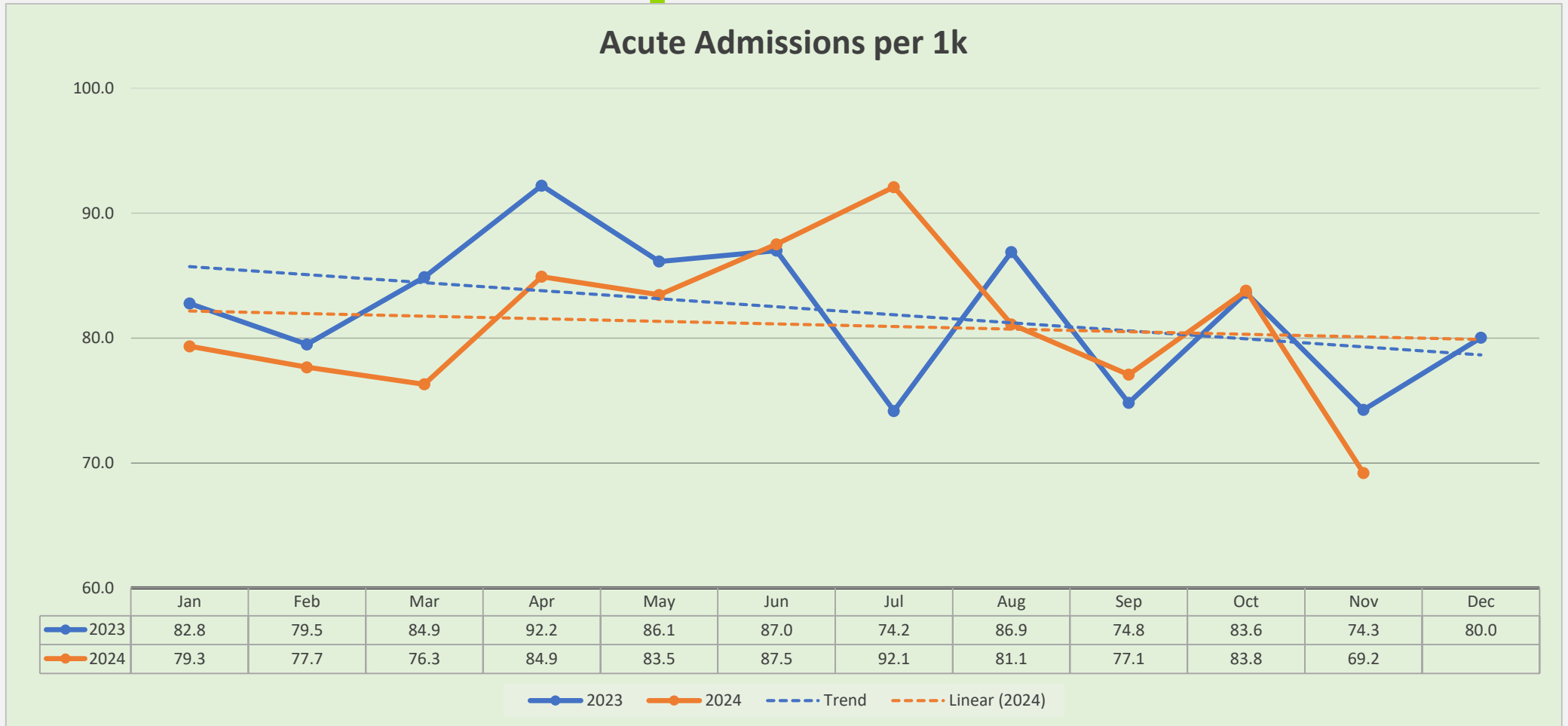
Brent Godek MD
CMO – IHN-CCO

InterCommunity 
Health Network CCO

From 2/2025 Board meeting: Medical PMPM



From 2/2025 Board meeting: Acute admission per 1k





Vista Panel Management

This dashboard provides cost and utilization reporting by PCP panel.

- Compare PMPM and utilization by Payer, PCP Grouper, and Age Bands.
- Analyze cost and utilization by service category.
- Surface PCPs by PCP visit rates.
- Visualize cost and utilization by zip code, sex, and age.
- Identify high-cost members.

Related Vista Content

Contract Summary, High-Cost Members, Readmission, Inpatient Cost & Utilization, Emergency Department, Risk Navigator, Health Equity

Network Average Approach

Network Avg. PMPM by Plan Product

Plan Payer	Plan Product	Network Average PMPM Last 12
Samaritan Health ...	SAMARITAN ADVANTAGE HEALTH ...	\$946.57
Samaritan Health ...	INTERCOMMUNITY HEALTH ...	\$513.60

Network Avg. PCP Visits/K by Plan Product

Plan Payer	Plan Product	Network Average PCP Visits/K Last 12
Samaritan Health Plans...	SAMARITAN ADVANTAGE ...	2,526.3
Samaritan Health Plans...	INTERCOMMUNITY HEALTH ...	1,212.7

Network Avg. IP Acute/K by Plan Product

Plan Payer	Plan Product	Network Average IP Acute/K Last 12
Samaritan Health ...	SAMARITAN ADVANTAGE HEALT...	111.4
Samaritan Health ...	INTERCOMMUNITY HEALTH ...	74.6

IHN-CCO Network Averages

Network Avg. PMPM by Age Bands

Age Bands	Network Average PMPM Last 12
0-17	\$216.79
18-64	\$549.89
65+	\$966.06

Network Avg. IP Acute/K by Age Bands

Age Bands	Network Average IP Acute/K Last 12
0-17	44.0
18-64	69.6
65+	136.5

Network Avg. PCP Visits/K by Age Bands

Age Bands	Network Average PCP Visits/K Last 12
0-17	1,612.6
18-64	1,256.5
65+	1,897.8

Network Avg. PMPM by Sex

Sex	Network Average PMPM Last 12
F	\$598.85
M	\$598.36

Network Avg. IP Acute/K by Sex

Sex	Network Average IP Acute/K Last 12
F	81.8
M	81.9

Network Avg. PCP Visits/K by Sex

Sex	Network Average PCP Visits/K Last 12
F	1,456.8
M	1,484.5

Annual Spending Impact

- Applies the network averages to a panel to determine the expected PMPM spend by clinic
- Not the “gold standard” for comparison or performance

Panel Summary: Financial (Click to filter)

PCP Group 2	Avg. Panel Size Last 12	MM Last 12	PMPM Last 12	Adjusted Network Avg. PMPM Last 12	Annual Spending Impact	PMPM Rx Last 12
COBDOFAT-BENTON COUNTY HEALTH ...	▲ 6,574	78,884	▲ \$426.22	\$545.28	-\$9,391,921	\$78.14
AGH-MID VALLEY CHILDRENS CLINIC	▲ 8,194	98,327	▲ \$201.69	\$289.89	-\$8,671,930	\$35.65
FMF-SAMARITAN FAMILY MEDICINE AT GEARY ...	▲ 7,867	94,408	▲ \$453.50	\$535.89	-\$7,778,813	\$82.90
MVHI-SAMARITAN LEBANON HEALTH CENTER	▲ 3,538	42,454	▲ \$236.18	\$412.68	-\$7,493,135	\$26.17
VC-VALLEY CLINICS	▼ 1,886	22,636	▲ \$335.06	\$569.96	-\$5,317,190	\$68.11
TCCP-THE CORVALLIS CLINIC ASBURY BUILDING	▲ 2,505	30,063	▲ \$314.42	\$480.27	-\$4,986,003	\$44.03
GSHC-SAMARITAN FAMILY MEDICINE RESIDEN...	▲ 3,298	39,570	▲ \$426.03	\$515.50	-\$3,540,557	\$80.62
GSHC-SAMARITAN MEDICAL GROUP FAMILY ...	▲ 2,024	24,293	▼ \$389.49	\$526.16	-\$3,319,966	\$75.38
EMWML-MID WILLAMETTE FAMILY MEDICINE	▼ 985	11,821	▼ \$266.19	\$535.29	-\$3,180,921	\$32.02
CFMP-CORVALLIS FAMILY MEDICINE	▲ 1,214	14,571	▼ \$312.98	\$494.47	-\$2,644,556	\$56.15
GSHC-SAMARITAN PEDIATRICS	▲ 1,959	23,511	▲ \$204.20	\$289.05	-\$1,995,017	\$16.26
GSHC-SAMARITAN FAMILY MEDICINE ...	▼ 913	10,955	▲ \$374.45	\$547.03	-\$1,890,532	\$92.25
TCCP-THE CORVALLIS CLINIC AT NORTH ALBANY	- 817	8,806	- \$331.34	\$488.04	-\$1,675,678	\$140.33

Adjusted network average utilization

Difference from expected utilization based on attribution

Panel Summary: Utilization (Click to filter)

PCP Grouper Select	Avg. Panel Size Last 12	MM Last 12	IP Acute/K Last 12	Adjusted Network Avg. IP Acute / K Last 12	ED Visits/K Last 12
MVHI-SAMARITAN MEDICAL GROUP - GERIATRIC MEDICINE	▲ 109	1,312	▼ 201.2	102.6	▲ 905.5
SHCL-RIDGEWAY HEALTH	▲ 494	5,926	▲ 129.6	78.3	▼ 486.0
AGH-SAMARITAN INTERCOMMUNITY HEALTH CLINIC - ALBANY	▲ 622	7,463	▼ 125.4	81.4	▲ 744.5
GSHC-SAMARITAN INTERNAL MEDICINE CORVALLIS	▲ 2,687	32,244	▲ 110.5	89.0	▼ 576.1
SNLH-SAMARITAN LINCOLN CITY MEDICAL CENTER	▲ 2,839	34,067	▼ 108.5	73.7	▼ 547.4
FMF-SAMARITAN MEDICAL CLINICS NORTH ALBANY	▼ 1,197	14,360	▲ 107.0	84.9	▼ 541.5
MVHI-MAIN STREET FAMILY MEDICINE	▲ 1,344	16,126	▲ 92.3	73.2	▲ 596.1
SPHSI-SAMARITAN DEPOE BAY CLINIC	▲ 291	3,492	▼ 85.9	74.5	▼ 522.3
MVHI-SAMARITAN FAMILY MEDICINE BROWNSVILLE	▼ 369	4,429	▲ 81.3	81.9	▼ 373.9
CHPC-COASTAL HEALTH PRACTITIONERS	▲ 543	6,518	▲ 81.0	78.8	▼ 416.1
MVHI-SAMARITAN LEBANON COMMUNITY MEDICAL CENTER- ...	▲ 2,939	35,270	▲ 81.0	76.0	▼ 418.5
SMH-CASCADE MEDICAL CLINIC	▲ 125	1,502	▼ 79.9	69.5	▼ 527.3

Live Arcadia Demo

Panel Management Vista Dashboard

Care Coordination Redesign and Utilization Management

Tracy Sasso, MSN, RN, Director of
Care Coordination and Utilization
Management

InterCommunity 
Health Network CCO

Care Coordination Redesign

- **Previous Oregon Administrative Rules (OARs)**
 - Defined a prioritized population of members that should be managed by the CCO
 - Prescriptive regarding the Care Coordination model and processes each CCO was required to follow
- **Updated Oregon Administrative Rules (OARs)** (went live 2/1/2024)
 - Removed the prescriptive defined population
 - Include the implementation of a risk stratification model
 - Rather than managing member based on the prioritized list it is based on the member's risk.
 - More autonomy for CCO to create a model that meets the needs of our population

What is Risk Stratification?

- A risk stratification model uses things such as clinical, social and behavioral factors to assign a risk level (no, low, moderate or high).
- “Risk” refers to the likelihood of an adverse clinical outcome, such as a worsening of symptoms, declining quality of life due to illness or injury, or death.

IHN Risk Stratification Model

- Our Risk Stratification methodology leverages two proprietary, vetted risk algorithms through licensing with the Arcadia platform. Arcadia ingests social, demographic, claims, utilization, and electronic health record data for the IHN population, then integrates and processes these inputs through the following models:
 - The **John Hopkins Adjusted Clinical Groups (ACG) Score** is risk-adjustment scoring tool that considers multi-morbidity and other clinical complexities. This score considers multiple risk factors including overall disease burden, age and gender of members, medication patterns, disease markers, resource use/utilization, and special population markers.
 - The **Arcadia Complex Care Management (CCM) Impact Score, or ARC score** for short, is a risk algorithm designed to identify which members will benefit most from a care management program. The ARC score intakes over seventy sources of information and factors, also called features, about a member to compute and assign a risk level for each member. The factors considered in the ARC score include information such as: demographics (zip code, race, ethnicity, etc.); morbidity risk; frailty concepts.

John Hopkins ACG Model

The John Hopkins ACG Model combines clinical logic with excellent statistical performance. It is a third-party risk algorithm that IHN-CCO accesses through licensure with Arcadia.

The ACG Model considers key risk factors in determining a score that can be used to predict or explain costs and predict likelihood of sentinel events (like hospitalization).

1. **Age and Sex** – looked at for age-based or sex-based needs
2. **Medication Patterns** – active ingredient counts
3. **Overall Disease Burden** – ACG groupers
4. **Disease Markers** – high impact chronic conditions
5. **Special Population Markers** –hospital dominant conditions and frailty
6. **Resource Use**—utilization markers including hospitalization, observation days, emergency visits, outpatient visits, dialysis, nursing services, etc.

Claim, Enrollment, Demographic, and EHR data are inputs into this model for IHN-CCO Member Population, while continual refinement and updates are provided through John Hopkins/Arcadia.

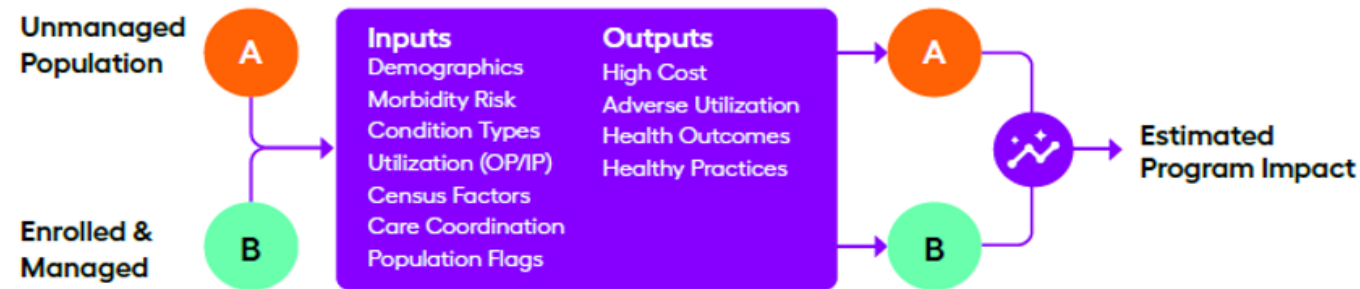


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Figure 58. Risk Factors in the ACG System Models

John Hopkins Impact Program

Developed to determine the relative likelihood of better outcomes by participating in case management.



POTENTIAL MODEL INPUTS

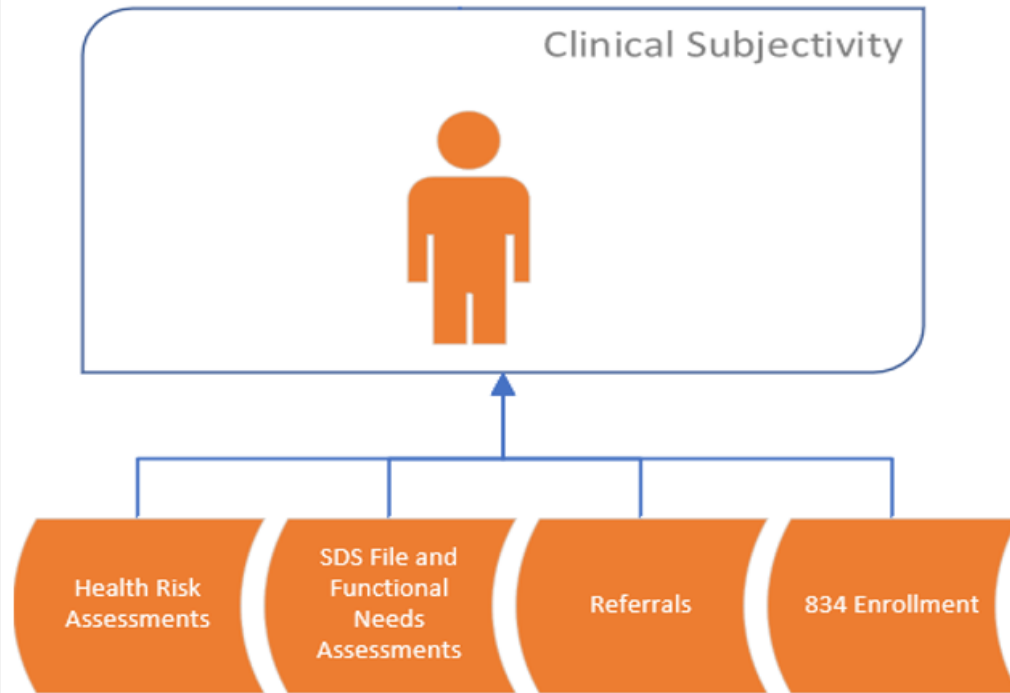
- **Demographics**, such as age and sex
- **Morbidity**, as determined by concurrent risk factor
- **Utilization**, as reflected by interactions with providers
- **Disease state**, classified by types of conditions
- **Environmental Factors**, reported by local census data
- **Social Determinants or Health**, both coded and reported
- **Care Coordination**, as determined from provider mix
- **Health Outcomes**, from labs, screenings, and observations
- **Frailty Concepts**, such as malnutrition and walking difficulty

MODEL OUTPUT:

Impact Score: a number between -10 and 10 representing relative change in outcome by participating in case management
Impact Program: a stratification of **likelihood** for case management to **impact** or **reduce** measurable outcomes such as **total cost in care**, avoidable **emergency department** visits, and unplanned **inpatient visits**, e.g. 'Very Strong Potential'

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Clinical Subjectivity



After the basis of the model runs and identify members who are at high risk with identified 'impactibility', our care managers join their expertise and additional reporting into the score using Clinical Subjectivity.

Clinicians can assign high risk to members based on, for example:

- The outcome of a members HRA,
- Reporting from Oregon Cascades West Council of Governments that indicates Functional Needs,
- Through data on the 834-enrollment file (like LTSS or Pregnancy) that indicate risk or need, and
- Through referrals to Care Coordination.

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Enrollment in Care Coordination

- **IHN Care Coordination Members**
 - On average, the care coordination team manages approximately 3500 members
 - The initial run of our risk stratification identified 2863 members as moderate or high risk
 - This included 2470 member that were not currently enrolled in Care Coordination
 - In addition, all Long-Term Services and Support (LTSS) members require clinical review and a care plans regardless of risk level. This has added an additional 2003 members.
- **Case management strategy**
 - Exploring Inactive Voice Recognition (IVR) and AI functionality
 - Exploring system and workflow automation

Utilization Management

Outsourcing and next steps

Outsourcing Utilization Management

- **Outsource**
 - **What is being outsourced?**
 - All prior authorizations for outpatient services, inpatient services and durable medical equipment (DME).
 - This includes both medical and behavioral services
 - Exception is Health-Related Social Needs, as these services are not able to be outsourced
 - **Why outsource?**
 - Internal UM team has struggled to meet regulatory requirements.
 - Organizational risk
 - Multiple corrective action plans
 - Multiple audit findings
 - Risk to the upcoming procurement

Utilization Management Vendor

Toney Healthcare

- Industry-leading clinical operations with deep best practices expertise
- National and regional perspective on UM best practices
- Extensive line-of-business UM expertise (Medicare Advantage, Medicaid, SNP, MLTSS, TRICARE, Commercial/ACA,)
- Rapid implementation, plug-and-play health management services to ensure speed to value
- Medical and behavioral health support
- Full accountability for meeting performance metrics
- Nationwide coverage

Value Proposition

- **Value**
 - National company with diverse expertise
 - Scalability when turnaround time moves from 14 days to 7 days 1/1/26
 - Internally we do not have the ability to add resources
 - Gain efficiencies
 - Keeping cost neutral
- Toney Healthcare will be 100% productive by June 2025

Questions?

Financial Reports

Dan Smith, SVP-CFO SHS

InterCommunity 
Health Network CCO

**Samaritan Health Services
INTERCOMMUNITY HEALTH NETWORK
Income Statement**

	Y-T-D		
	Feb 2025 Actual	Feb 2025 Budget	Act - Bud Variance
Revenues:			
Premium revenue	\$ 98,802,461	\$ 94,402,463	\$ 4,399,997
Other operating revenue	75,907	34,500	41,407
Total revenue	98,878,367	94,436,963	4,441,404
Expenses:			
Salaries	3,215,489	2,941,992	(273,497)
Employee benefits	1,124,672	1,046,353	(78,320)
Supplies	75,316	73,157	(2,158)
Purchased services	3,313,914	3,963,618	649,704
Agency	166,572	428,377	261,804
Depreciation	11,791	11,791	0
Insurance	583,247	867,236	283,990
Claims expense	88,199,598	83,100,362	(5,099,236)
Other	1,962,476	1,875,482	(86,994)
Total expenses	98,653,075	94,308,368	(4,344,707)
Excess of revenues over expenses from operations	225,293	128,596	96,697
Non-operating income:			
Investment income	996,283	1,249,877	(253,594)
Total non-operating income	996,283	1,249,877	(253,594)
Excess of revenues over expenses	\$ 1,221,576	\$ 1,378,473	\$ (156,897)
Net operating margin	0.2%	0.1%	
Total margin	1.2%	1.5%	
Administrative % (Admin Costs/Total Prem Revenue)	8.2%	9.4%	
Medical Loss Ratio (Claims/Premium Revenue)	89.6%	88.6%	

Samaritan Health Services
INTERCOMMUNITY HEALTH NETWORK
Balance Sheet
As of February 28, 2025

	<u>02/28/25</u>	<u>12/31/24</u>
Assets		
Cash and cash equivalents	\$ 37,888,105	\$ 43,516,204
Short-term investments	123,331	4,439,131
Other receivables	10,008,794	9,543,306
Intercompany receivables	2,297,601	-
Total current assets	<u>\$ 50,317,831</u>	<u>\$ 57,498,641</u>
Long-term investments	\$ 92,155,228	\$ 87,164,669
Statutory deposits	20,369,849	20,082,690
Total other assets	<u>\$ 112,525,077</u>	<u>\$ 107,247,360</u>
Property, plant and equipment, net	\$ 3,223,361	\$ 3,235,152
Total assets	<u><u>\$ 166,066,269</u></u>	<u><u>\$ 167,981,152</u></u>
Liabilities and net assets		
Accounts payable	\$ 9,431,712	\$ 19,129,807
Intercompany payables	-	601,298
Liability for unpaid medical claims	38,421,940	44,790,156
Other current liabilities	26,752,459	13,560,270
Total liabilities	<u>\$ 74,606,110</u>	<u>\$ 78,081,531</u>
Total net assets	<u>\$ 91,460,158</u>	<u>\$ 89,899,621</u>
Total liabilities and net assets	<u><u>\$ 166,066,269</u></u>	<u><u>\$ 167,981,152</u></u>

IHN

Investment Portfolio

Trent Began
AVP Finance

InterCommunity 
Health Network CCO

Approved Assets

- Direct Obligations of the U.S. Government.
- Qualifying cash equivalent securities may include money market funds and short-term obligations of the U.S. Government and its Agencies.
- Corporate Bonds with average credit quality of single A or better.
- Time Certificates of Deposit
- Equity Mutual Funds with an emphasis on dividend income.
- Real Estate assets or investments that address Health Inequities of IHN Members

Disallowed Assets

- Commodities.
- Selling “naked” puts and/or calls.
- Derivative securities of any kind.
- Cryptocurrencies
- The use of leverage in the structure of the securities held.
- Securities of the Investment Adviser, its parent or subsidiaries.
- Foreign securities.

Asset Allocation Policy

Asset Class	Minimum Percent	Target Percent	Maximum Percent	As of 3/31/2025
Large Cap U.S. Equities	0%	10%	20%	0%
Small Cap U.S. Equities	0%	0%	0%	0%
Non-US Equities	0%	0%	0%	0%
Fixed Income	80%	85%	95%	93%
Cash & Equivalents	0%	5%	10%	4%
Real Estate	0%	5%	25%	3%

Investment Portfolio

As of 3/31/2025

- Status : Compliant with Investment Policy
- Yield: 4.49%
- Avg Years to Maturity: 1.4 Years
- Avg Credit Rating: Corporate Bonds A- Government Bonds AA
- Fixed Income \$110,412,387 93%
- Money Market \$4,595,960 4%
- Real Estate (net of depreciation) \$3,217,466 3%
- Equity/Stocks 0%

Investment Transactions

1/1/2024-3/31/2025

Transaction Type	Description	Base Principal	Yield	Settle Date	Final Maturity
Buy	AMERICAN HONDA FINANCE CORP	1,836,840.00	4.998	03/01/2024	09/09/2026
Buy	FIFTH THIRD BANK NA	1,842,900.00	5.361	03/01/2024	02/01/2027
Buy	INTERNATIONAL BUSINESS MACHINES CORP	1,919,980.00	4.961	03/01/2024	01/27/2027
Buy	NIKE INC	1,890,920.00	4.773	03/01/2024	11/01/2026
Buy	UNION PACIFIC CORP	1,925,140.00	4.982	03/01/2024	03/01/2026
Buy	MORGAN STANLEY	960,430.00	5.157	03/04/2024	07/27/2026
Buy	HOME DEPOT INC	1,866,080.00	5.160	04/29/2024	04/15/2027
Buy	INTEL CORP	1,938,980.00	5.072	05/15/2024	03/25/2027
Buy	BANK OF AMERICA CORP	1,979,900.00	5.329	06/25/2024	08/01/2025
Buy	TOYOTA MOTOR CREDIT CORP	2,070,120.00	3.927	09/20/2024	11/20/2026
Buy	TWDC ENTERPRISES 18 CORP	1,946,220.00	4.232	10/18/2024	06/15/2027
Buy	CAPITAL ONE FINANCIAL CORP	1,962,400.00	4.689	11/12/2024	05/11/2027
Buy	MORGAN STANLEY	1,973,720.00	4.802	12/16/2024	04/23/2027
Buy	TOYOTA MOTOR CREDIT CORP	2,357,872.50	4.730	01/14/2025	01/08/2027
Buy	CIGNA GROUP	3,110,346.54	4.747	02/12/2025	03/01/2027
Buy	CHARLES SCHWAB CORP	1,978,161.75	4.707	02/12/2025	04/01/2027
Buy	COMCAST CORP	3,914,880.00	4.665	02/18/2025	04/01/2027
Buy	GE CAPITAL FUNDING LLC	1,983,580.00	5.144	02/24/2025	05/15/2027
Buy	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	7,978,960.00	4.459	03/03/2025	09/16/2027
Buy	CATERPILLAR FINANCIAL SERVICES CORP	1,978,900.00	4.247	03/28/2025	08/12/2027
Buy	CLOROX CO	1,946,540.00	4.415	03/28/2025	10/01/2027
Buy	MCDONALD'S CORP	1,975,220.00	4.356	03/28/2025	07/01/2027
		<u>51,338,090.79</u>			

Investment Transactions

1/1/2024-3/31/2025

Transaction Type	Description	Base Principal	Yield	Settle Date	Final Maturity
Buy	FEDERAL HOME LOAN BANKS	537,355.50	4.149	01/11/2024	05/26/2026
Buy	FEDERAL HOME LOAN BANKS	550,269.50	4.697	01/11/2024	01/03/2025
Buy	FEDERAL NATIONAL MORTGAGE ASSOCIATION	515,696.50	4.394	01/11/2024	08/25/2025
Buy	FEDERAL FARM CREDIT BANKS FUNDING CORP	250,442.50	4.682	01/26/2024	01/10/2025
Buy	FEDERAL FARM CREDIT BANKS FUNDING CORP	2,004,420.00	4.696	02/01/2024	02/28/2025
Buy	FEDERAL HOME LOAN MORTGAGE CORP	368,132.60	4.684	02/01/2024	02/12/2025
Buy	UNITED STATES TREASURY	645,413.67	4.744	03/11/2024	03/15/2025
Buy	UNITED STATES TREASURY	300,000.00	5.104	05/01/2024	10/31/2025
Buy	UNITED STATES TREASURY	299,988.28	4.694	06/25/2024	07/15/2026
Buy	UNITED STATES TREASURY	244,320.51	4.703	06/27/2024	08/15/2026
Buy	UNITED STATES TREASURY	335,449.49	4.517	08/16/2024	08/07/2025
Buy	UNITED STATES TREASURY	334,960.94	3.518	09/16/2024	01/31/2027
Buy	UNITED STATES TREASURY	151,341.80	4.277	10/11/2024	09/30/2025
Buy	UNITED STATES TREASURY	501,333.50	4.164	11/04/2024	02/29/2028
Buy	UNITED STATES TREASURY	954,973.68	4.184	12/03/2024	02/28/2027
Buy	UNITED STATES TREASURY	236,996.91	4.100	12/09/2024	03/31/2027
Buy	UNITED STATES TREASURY	920,859.38	4.244	12/17/2024	04/30/2027
Buy	UNITED STATES TREASURY	890,373.05	4.345	01/07/2025	03/31/2028
Buy	UNITED STATES TREASURY	1,805,000.00	4.510	01/13/2025	06/30/2028
Buy	UNITED STATES TREASURY	722,000.00	4.296	02/05/2025	09/30/2028
Buy	UNITED STATES TREASURY	379,755.47	4.457	02/13/2025	11/30/2028
Buy	UNITED STATES TREASURY	1,389,785.16	4.008	03/12/2025	01/31/2029
Buy	FEDERATED HRMS GV O PRMR	17,180,646.41	4.438	---	03/31/2025
		31,519,514.84			

Investment Transactions

1/1/2024-3/31/2025

Transaction Type	Description	Base Principal	Yield	Settle Date	Final Maturity
Maturity	FEDERAL HOME LOAN BANKS	(10,000,000.00)	5.111	02/21/2024	02/21/2024
Maturity	GOLDMAN SACHS GROUP INC	(1,000,000.00)	3.922	03/03/2024	03/03/2024
Maturity	MORGAN STANLEY	(2,000,000.00)	3.803	04/29/2024	04/29/2024
Maturity	TEXAS INSTRUMENTS INC	(2,000,000.00)	2.591	05/15/2024	05/15/2024
Maturity	TOYOTA MOTOR CREDIT CORP	(2,000,000.00)	0.499	06/18/2024	06/18/2024
Maturity	TOYOTA MOTOR CREDIT CORP	(2,000,000.00)	4.306	09/20/2024	09/20/2024
Maturity	THERMO FISHER SCIENTIFIC INC	(2,000,000.00)	1.208	10/18/2024	10/18/2024
Maturity	CATERPILLAR FINANCIAL SERVICES CORP	(2,000,000.00)	2.127	11/08/2024	11/08/2024
Maturity	RTX CORP	(2,000,000.00)	3.102	12/15/2024	12/15/2024
Maturity	TOYOTA MOTOR CREDIT CORP	(2,350,000.00)	1.440	01/13/2025	01/13/2025
Maturity	VERIZON COMMUNICATIONS INC	(3,390,000.00)	3.320	02/15/2025	02/15/2025
Maturity	STANLEY BLACK & DECKER INC	(2,000,000.00)	2.274	02/24/2025	02/24/2025
Maturity	AMPHENOL CORP	(6,000,000.00)	2.030	03/01/2025	03/01/2025
Maturity	JOHN DEERE CAPITAL CORP	(2,000,000.00)	5.024	03/03/2025	03/03/2025
Maturity	NIKE INC	(3,000,000.00)	2.372	03/27/2025	03/27/2025
Redemption	GOLDMAN SACHS GROUP INC	(1,000,000.00)	0.851	02/12/2025	02/12/2026
Redemption	CAPITAL ONE FINANCIAL CORP	(2,000,000.00)	4.177	03/31/2025	04/30/2025
		(46,740,000.00)			

Investment Transactions

1/1/2024-3/31/2025

Transaction Type	Description	Base Principal	Yield	Settle Date	Final Maturity
Maturity	FEDERAL FARM CREDIT BANKS FUNDING CORP	(1,150,000.00)	4.875	01/10/2024	01/10/2024
Maturity	FEDERAL FARM CREDIT BANKS FUNDING CORP	(500,000.00)	4.875	01/10/2024	01/10/2024
Maturity	UNITED STATES TREASURY	(250,000.00)	0.000	01/25/2024	01/25/2024
Maturity	UNITED STATES TREASURY	(125,000.00)	2.500	01/31/2024	01/31/2024
Maturity	UNITED STATES TREASURY	(150,000.00)	2.500	01/31/2024	01/31/2024
Maturity	UNITED STATES TREASURY	(105,000.00)	2.500	01/31/2024	01/31/2024
Maturity	FEDERAL HOME LOAN BANKS	(650,000.00)	3.250	03/08/2024	03/08/2024
Maturity	UNITED STATES TREASURY	(300,000.00)	2.000	04/30/2024	04/30/2024
Maturity	UNITED STATES TREASURY	(300,000.00)	0.250	06/17/2024	06/15/2024
Maturity	FEDERAL HOME LOAN BANKS	(245,000.00)	2.750	06/28/2024	06/28/2024
Maturity	UNITED STATES TREASURY	(350,000.00)	2.375	08/15/2024	08/15/2024
Maturity	FEDERAL HOME LOAN BANKS	(350,000.00)	4.375	09/13/2024	09/13/2024
Maturity	FEDERAL FARM CREDIT BANKS FUNDING CORP	(150,000.00)	5.500	10/10/2024	10/10/2024
Maturity	FEDERAL FARM CREDIT BANKS FUNDING CORP	(500,000.00)	5.375	11/01/2024	11/01/2024
Maturity	UNITED STATES TREASURY	(250,000.00)	0.000	11/29/2024	11/29/2024
Maturity	WebBank	(245,000.00)	0.750	11/29/2024	11/29/2024
Maturity	UNITED STATES TREASURY	(500,000.00)	1.500	12/02/2024	11/30/2024
Maturity	BankUnited, National Association	(245,000.00)	0.950	12/09/2024	12/09/2024
Maturity	FEDERAL HOME LOAN BANKS	(1,000,000.00)	5.000	12/13/2024	12/13/2024
Maturity	FEDERAL HOME LOAN BANKS	(550,000.00)	4.750	01/03/2025	01/03/2025
Maturity	FEDERAL FARM CREDIT BANKS FUNDING CORP	(1,650,000.00)	4.500	01/10/2025	01/10/2025
Maturity	FEDERAL FARM CREDIT BANKS FUNDING CORP	(250,000.00)	4.875	01/10/2025	01/10/2025
Maturity	FEDERAL FARM CREDIT BANKS FUNDING CORP	(650,000.00)	1.320	01/21/2025	01/21/2025
Maturity	FEDERAL HOME LOAN MORTGAGE CORP	(380,000.00)	1.500	02/12/2025	02/12/2025
Maturity	FEDERAL FARM CREDIT BANKS FUNDING CORP	(2,000,000.00)	4.750	02/28/2025	02/28/2025
Maturity	UNITED STATES TREASURY	(1,500,000.00)	4.625	02/28/2025	02/28/2025
Maturity	UNITED STATES TREASURY	(665,000.00)	1.750	03/17/2025	03/15/2025
Maturity	UNITED STATES TREASURY	(375,000.00)	2.625	03/31/2025	03/31/2025
Sell	FEDERATED HRMS GV O PRMR	(14,229,614.45)	4.300	---	03/31/2025
		91/91 (29,614,614.45)			