

InterCommunity Health Plans Board of Directors Meeting - Public
June 18, 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: 294 629 962 604

Passcode: Xc3MjL

Dial in by phone

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[Find a local number](#)

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"/> 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"/> Brian Eike, KPMG | <input type="checkbox"/> Jennifer Hatchett |
| <input type="checkbox"/> Andi Easton | <input type="checkbox"/> Bruce Butler | <input type="checkbox"/> Sheila Albeke |
| <input type="checkbox"/> Brent Godek, MD | <input type="checkbox"/> Dan Smith | <input type="checkbox"/> Todd Jeter |
| | | <input type="checkbox"/> Trent Began |

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"/> Kristty Polanco | <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	Sheila Albeke	Informational

	Time	Item	Presenter	Purpose
3.	1:10 5 min	Introductions and Announcements <ul style="list-style-type: none"> • <i>Welcome Marty Cahill</i> 	Bruce Butler	Informational
4.	1:15 5 min	Public Comments	Marty Cahill	Informational
5.	1:20 5 min	IHP Board Minutes of April 16, 2025 <ul style="list-style-type: none"> • <i>Request motion</i> • <i>Call for vote</i> 	Marty Cahill	Action
6.	1:25 15 min	Finance Report <ul style="list-style-type: none"> • KPMG Audit Results • Financials Review 	Brian Eike, KPMG Dan Smith	Informational Informational
7.	1:40 15 min	Compliance Officer Report	Jennifer Hatchett	Informational
8.	1:55 10 min	Government Relations Report	Andi Easton	Informational
9.	2:10 15 min	Health Equity & Community Benefit Report	Todd Jeter Alicia Bublitz	Informational
10.	2:25 10 min	Population Health Report <ul style="list-style-type: none"> • Population Health Services Organization (PHSO) Update 	Brent Godek, MD	Informational
11.	2:35 15 min	Operations Report <ul style="list-style-type: none"> • Pharmacy Update 	Sheila Albeke	Informational
12.	2:50	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: August 20, 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.

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

Board Members

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

Presenters

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

Invited and Other Attendees

- | | | |
|--|--|--|
| <input type="checkbox"/> Members of the Public | <input checked="" type="checkbox"/> Kristty Polanco | <input checked="" type="checkbox"/> Rebekah Fowler, Ph.D |
| <input checked="" type="checkbox"/> Cathy Kaufmann | <input checked="" type="checkbox"/> Marty Cahill | <input checked="" type="checkbox"/> Tom Loach |
| <input checked="" type="checkbox"/> Jan Chambers | <input checked="" type="checkbox"/> Melissa Bates | |
| <input checked="" type="checkbox"/> Kelley Burnett, DO | <input checked="" type="checkbox"/> Michelle Helbling, ToneyHC | |

Minutes

Item	Discussion/Action
Call to Order and Welcome	Meeting was called to order at 1:02 pm by Chairman Boysen. Doug Boysen announced his departure as CEO of Samaritan Health Services. Marty Cahill, who has over 17 years of experience, will assume the CEO role and become the ex officio Chair of the IHP Board.
Reliability Moment	Tracy Sasso, Director of Care Coordination and Utilization Management, shared a reliability moment highlighting the health plan’s effective crisis response process. During a team huddle, she was alerted to a member in crisis who had disconnected from customer service. Within 12 minutes, the team successfully contacted the member, confirmed their safety, and validated the effectiveness of the crisis response protocol. This incident demonstrated the value of proactive planning and swift coordination in ensuring member safety, even in remote interactions.

Item	Discussion/Action
<p>Introductions and Announcements</p> <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 	<p>For new staff additions, Anne Daly introduced Jennifer Hatchett as the interim SHP Compliance Officer. For staff promotions, Anne Fowler announced the promotion of Todd Jeter as the new AVP of Health Equity and Member advocacy, and Beck Fox as the new Member Advocacy Liaison.</p> <p>A full round of introductions for new and existing board members, staff, and community partners took place.</p>
<p>IHP Board Minutes of February 19, 2025</p> <ul style="list-style-type: none"> • Request motion • Call for vote 	<p><i>A motion to approve the February 19, 2025, minutes was made by Will Tucker and seconded by Dick Knowles. There were no objections or corrections. Unanimous approval by all Directors present.</i></p>
<p>Compliance Officer Report</p>	<p>Jennifer Hatchett, the Interim SHP Compliance Officer, presented the compliance and risk management report. Ms. Hatchett highlighted the completion of a 64-page compliance assessment that identified gaps and recommendations. Ms. Hatchett emphasized the 'Three Lines of Defense' model, which includes Operations, Compliance, and Independent Audit. Key findings from the assessment included outdated policies and procedures, inadequate corrective action tracking, and the need for board-level compliance dashboards. The transition to EthicsPoint for secure, anonymous reporting was also discussed. Ongoing audits include HSAG (Medicaid), CMS Data Validation (Medicare), and a financial audit of IHP CCO. The Fraud, Waste & Abuse (FWA) program is partnering with Connelly for investigations, and internal leads and OHA referrals are being actively pursued.</p>
<p>Government Relations Report</p>	<p>Andi Easton presented the government relations update, highlighting the federal uncertainty around Medicaid funding, eligibility, and DEI programs. House Bill 2205 may extend current CCO contracts by two years. Advocacy efforts include behavioral health, housing, and regional equity. One-pagers have been developed to communicate IHP's impact to legislators.</p>
<p>Management Report</p> <ul style="list-style-type: none"> • Provider Network Re-Contracting • Tenfold Update 	<p>Bruce Butler provided an overview of the current Medicaid funding environment, noting increased uncertainty and a likely trend toward fiscal constraint. In response, the organization has initiated a phased review of reimbursement contracts with community partners to</p>

	<p>ensure sustainability. Five key contracts were prioritized for renegotiation based on size and impact. One has been successfully renegotiated, two are progressing positively, and two remain in early discussions. Bruce emphasized the importance of these efforts in light of last year’s financial results, which revealed cost hotspots and elevated utilization. Despite these challenges, IHN’s reserves remain strong, allowing the organization to absorb financial pressures without compromising obligations. The team is also evaluating the implications of default Medicaid rates in cases where contract agreements cannot be reached, particularly with complex partners like OHSU. Further updates will be provided as negotiations progress and financial strategies evolve.</p> <p>Cathy Kaufmann from Tenfold Health presented the CCO 3.0 ReProcurement strategy. The timeline for CCO 3.0 is likely delayed by two years. IHP must address compliance gaps, quality metric performance, and financial stewardship. Strengths include strong community relationships, effective HRSN rollout, and behavioral health innovation.</p>
<p>Health Equity & Community Benefit Report</p> <ul style="list-style-type: none"> • Communications Update • Community Benefit Report • BH Capacity Development 	<p>Alicia Bublitz presented the community investment and HRSN update. Highlights include the purchase of the Corvallis Drop-in Center, youth respite beds, and the Food for Health CSA program. Over 1,200 HRSN cases and 450+ clients have been served. \$3.6M in 2025 capacity-building funds will be distributed. The 'Sleep Trailer' project went viral on TikTok, gaining national attention.</p> <p>Todd Jeter presented the behavioral health capacity update. All three counties are developing crisis centers, and advocacy for inpatient bed expansion continues.</p> <p>Todd Jeter presented the health equity and member advocacy update. A public-facing FAQ on federal policy changes and Medicaid has been launched. Coordinated messaging with public health and community partners is ongoing.</p>
<p>Population Health Report</p> <ul style="list-style-type: none"> • Pop Health Update 	<p>Dr. Brent Godek presented the population health and quality metrics report. Arcadia data shows a sharp utilization spike in October 2024, and further analysis is needed to identify root causes. Quality metric</p>

	performance remains flat, and improvement strategies are underway.
Operations Report <ul style="list-style-type: none"> • Care Coordination • UM Update 	Nana Ama Kuffour and Tracy Sasso presented the operations and care coordination update. New OHA rules require risk-based care coordination. The risk stratification model approved by OHA was praised as the most robust among CCOs. The care coordination caseload increased from 3,500 to 8,400 members. Utilization Management has been outsourced to Toney Healthcare to meet 2026 compliance deadlines.
Finance Report <ul style="list-style-type: none"> • Financial Statements Review • Investment Portfolio Update 	Dan Smith and Trent Began presented the financial and investment overview. In February 2025, claims exceeded revenue, but the budget remained balanced. Financial pressure increased in March 2025. The investment portfolio remains conservative and compliant with policy.
Public Comments	None.
Good of the Order - Adjournment	<p>Chairman Boysen reflected on IHP’s growth and community collaboration. He expressed gratitude to board members and staff for their dedication and impact.</p> <p>The meeting was adjourned at 3:05pm</p>
Executive Session (if needed)	

*SHS Strategic Priorities:



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(QSE) Community Partnerships (CP)



Sustainability (S)



Employee Engagement (EE)

*Next meeting: June 18, 2025 - in- person option: SHS Board Room
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Respectfully submitted,
Bruce Butler

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



Intercommunity Health Plans, Inc. Discussion with those charged with governance

Audit results and strategy for the year ending December 31, 2024

June 18, 2025

A better audit experience:

Providing a tailored, **client-centric** experience through the power of:

People

Agile, empowered teams

X

Platform

Next-generation technology



Required communications to those charged with governance

Prepared on: 05/09/2025

Presented on: 06/18/2025



Audit results required communications and other matters

Matters to communicate		Response	Matters to communicate		Response
Significant unusual transactions	X		Related parties	✓	Page 9
Uncorrected audit misstatements	✓	Page 6	Going concern	X	
Corrected audit misstatements	X		Other information	✓	Page 10
Financial statement presentation and disclosure omissions	X		Subsequent events	X	
Non-GAAP policies and practices	X		Noncompliance with laws and regulations	X	
Auditors' report	✓	Page 7	Significant difficulties encountered during the audit	X	
Changes to our risk assessment and planned audit strategy	X		Significant findings or issues discussed, or the subject of correspondence with management	X	
Significant accounting policies and practices	X		Management's consultation with other accountants	X	
Significant accounting estimates	✓	Pages 8	Disagreements with management	X	
Significant financial statement disclosures	X		Other significant matters	X	

✓ = Matters to report X = No matters to report



Audit results required communications and other matters

Matters to communicate	
Consultations	There were no difficult or contentious matters for which the auditor consulted outside the engagement team that are relevant to the audit committee's oversight of the financial reporting process.
Illegal acts or fraud	No actual or suspected fraud involving management, employees with significant roles in internal control, or where fraud results in a material misstatement in the financial statements were identified during the audit.
Written communications	Engagement letter, management representation letter, including summary of uncorrected misstatements, internal control letter, and insurance letter of qualifications are distributed under separate covers.
Independence	No changes to communications included in the audit plan materials.
Inquiries	See page 11

Uncorrected audit misstatements

Description of misstatement	\$(Thousand)	
	Quantitative effect	
	Debit	Credit
Misstatement A – Manual calculation error of risk pool liability		
Incentive pool expense		\$528.2
Accounts payable and accrued expenses	\$528.2	
Misstatement B – Medical IBNR reserve under accrual		
Unpaid claims		550.3
Hospital and medical benefits	550.3	

Uncorrected misstatements or matters underlying those uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even if we have concluded that the uncorrected misstatements are immaterial to the financial statements under audit.

Auditors' report

Report

- We have issued an unmodified opinion stating that the financial statements of Intercommunity Health Plans, Inc. are fairly presented, in all material respects, in accordance with National Association of Insurance Commissioners (NAIC) statutory accounting principles.

Modifications

- The statutory financial statements are prepared in accordance with NAIC statutory accounting principles and therefore do not conform to GAAP.
- There is a modification of the reports noting an adverse opinion related to GAAP, with a supplemental unmodified opinion in accordance with NAIC standards.

Emphasis of matter or other matter paragraphs

- The supplementary information included in the supplemental schedule of investment risks interrogatories and the supplemental summary investment schedule is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Oregon Health Authority.

Other information in documents containing audited financial statements

- We separately review the Insurance filing, as filed with the Division of Financial Regulation of the Oregon Health Authority, for consistency with the audited financial statements.

Significant accounting estimates

Description of significant accounting estimates

- Incurred but not Reported Liabilities

Audit findings

Management's process used to develop the estimates

- The liability is calculated with assistance from the external actuarial based on historical claims experience and payments

Significant assumptions used that have a high degree of subjectivity

- Completion factors and PMPM claim cost estimates

KPMG procedures

- KPMG's actuary developed an independent range of estimates to assess the reasonableness of the reserves calculated by the Plan's third-party actuary, Oliver Wyman. The audit team performed detail test work over the underlying claims lag data used in the actuarial estimate. The amounts recorded by the Plan management was based on Oliver Wyman's initial calculation which fell under KPMG's independent range. Oliver Wyman updated their best estimate when finalizing their calculation which was within KPMG's independent range. Management elected not to record an adjustment to the initial IBNR reserve recorded due to the difference being not material.

Conclusions

- The difference between management's recorded IBNR reserve and the low end of KPMG's independent range, \$550k, has been included as a judgmental misstatement. The misstatement is not material to the financial statements as a whole.

Related parties

Identification of related parties	Significant findings and issues
Samaritan Health Systems	<ul style="list-style-type: none">• \$163.7M claim payments to SHS providers• \$30.5M services provided by SHS
Paradigm Indemnity Corporation	<ul style="list-style-type: none">• \$94.2K insurance premium paid to Paradigm

Other information

Other information	Procedures performed/Results
Valuation of investments	KPMG independently priced all marketable investments held by the Plan. No significant audit items noted.
Tax review	KPMG tax specialist reviewed the Plan's tax status and determined that their exempt status remains appropriate.

Required inquiries

- What are your views about fraud risks, including management override of controls, at the entity and whether you have taken any actions to respond to these risks?
- Are you aware of, or have you identified, any instances of actual, suspected, or alleged fraud, including misconduct or unethical behavior related to financial reporting or misappropriation of assets?
If so, have the instances been appropriately addressed and how have they been addressed?
- Are you aware of or have you received tips or complaints regarding the entity's financial reporting (including those received through the internal whistleblower program, if such program exists) and, if so, what was your response to such tips and complaints?
- How do you exercise oversight over management's assessment of fraud risk and the establishment of controls to address/mitigate fraud risks?
- Has the entity entered into any significant unusual transactions?
- Are you aware of any matters relevant to the audit, including, but not limited to, any instances of actual or possible violations of laws and regulations, including illegal acts (irrespective of materiality threshold)?
- Has the entity complied with all covenants during the financial statement period and before the date of the auditor's report?
Have there been any events of default during the financial statement period and before the dates of the auditor's report?
- What is the audit committee's understanding of the entity's relationships and transactions with related parties that are significant to the entity?
- Does any member of the audit committee have concerns regarding relationships or transactions with related parties and, if so, what are the substance of those concerns?
- Have any subsequent events occurred that might affect the financial statements?
- Have there been any correspondence with regulators or licensing authorities?



Questions?

For additional information and audit committee resources, including National Audit Committee Peer Exchange series, a Quarterly webcast, and suggested publications, visit the KPMG Audit Committee Institute (ACI) at www.kpmg.com/ACI

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Financial Reports

Dan Smith, SVP-CFO SHS

InterCommunity 
Health Network CCO

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

	Y-T-D		
	May 2025 Actual	May 2025 Budget	Act - Bud Variance
Revenues:			
Premium revenue	\$ 244,900,212	\$ 237,206,246	\$ 7,693,966
Other operating revenue	100,792	86,250	14,542
Total revenue	245,001,004	237,292,496	7,708,508
Expenses:			
Salaries	7,928,266	8,610,899	682,632
Employee benefits	2,733,232	2,988,697	255,466
Supplies	268,457	182,893	(85,564)
Purchased services	9,401,263	8,554,027	(847,237)
Agency	528,846	779,326	250,480
Depreciation	29,477	29,477	0
Insurance	1,462,799	2,172,017	709,218
Claims expense	229,857,470	209,181,905	(20,675,564)
Other	5,363,624	4,697,130	(666,494)
Total expenses	257,573,434	237,196,371	(20,377,064)
Excess of revenues over expenses from operations	(12,572,430)	96,126	(12,668,556)
Non-operating income:			
Investment income	2,379,259	3,264,722	(885,463)
Total non-operating income	2,379,259	3,264,722	(885,463)
Excess of revenues over expenses	\$ (10,193,171)	\$ 3,360,848	\$ (13,554,019)
Net operating margin	-5.1%	0.0%	
Total margin	-4.2%	1.4%	
Administrative % (Admin Costs/Total Prem Revenue)	8.7%	9.2%	
Medical Loss Ratio (Claims/Premium Revenue)	94.3%	88.8%	

Samaritan Health Services
INTERCOMMUNITY HEALTH NETWORK
Balance Sheet
As of May 31, 2025

	<u>05/31/25</u>	<u>12/31/24</u>
Assets		
Cash and cash equivalents	\$ 36,010,783	\$ 43,516,204
Short-term investments	5,691,300	4,439,131
Intercompany receivables (payables)	1,127,315	-
Other receivables	7,360,502	9,543,306
Total current assets	<u>\$ 50,189,900</u>	<u>\$ 57,498,641</u>
Long-term investments	\$ 87,815,986	\$ 87,164,669
Statutory deposits	21,496,384	20,082,690
Total other assets	<u>\$ 109,312,370</u>	<u>\$ 107,247,360</u>
Property, plant and equipment, net	\$ 3,205,675	\$ 3,235,152
Total assets	<u><u>\$ 162,707,945</u></u>	<u><u>\$ 167,981,152</u></u>
Liabilities and net assets		
Accounts payable	\$ 24,375,796	\$ 19,129,807
Intercompany payables	-	601,298
Liability for unpaid medical claims	39,974,515	44,790,156
Other current liabilities	18,071,704	13,560,270
Total liabilities	<u>\$ 82,422,014</u>	<u>\$ 78,081,531</u>
Total net assets	<u>\$ 80,285,932</u>	<u>\$ 89,899,621</u>
Total liabilities and net assets	<u><u>\$ 162,707,945</u></u>	<u><u>\$ 167,981,152</u></u>

Compliance Report

June 18, 2025

Jennifer Hatchett

Health Plans Interim Compliance Officer

InterCommunity 
Health Network CCO

Agenda

- Audits
 - External
 - Internal
- Deliverables Review
- Corrective Action Plans
- Policies & Procedures
- Hotline
- Fraud, Waste and Abuse
- Dashboards

Audits

Internal

- Protiviti
 - Utilization Management

IHN Utilization Management Findings		
Testing Element	Cases Reviewed	Cases with Errors
Notification Timeliness	30	2
Total UM Cases Reviewed	30	2

- Appeals
 - Awaiting report

Audits

External

- IHN Financial Audit
 - Finance Team leading
- HSAG CMR 2025
 - “On-site” July 9-10
- Qlarent
 - Special Investigations Unit/Fraud Waste & Abuse
In Process

OHA Review

Deliverables

- FWA Annual Audit Report
- FWA Annual Referrals & Investigations Report
- FWA Annual Assessment and Program Description

OHA issues findings on the deliverables and held a Technical Assistance call
Reports were revised and resubmitted the week of *May 27, 2025*

Corrective Action Plans - OHA

HSAG issued an improvement plan for the 2024 CMR review and the 2023 CMR review

2023 CMR

Standard IV

Coverage and Authorization of Services

EPSDT

Subcontractor Oversight UM Procedures

Qualifications of individuals making denial or reduction of service decisions

NOABD requirements included in template letters

Standard XIV

Member Information

Provider Directory Must Include Required Elements

Standard XVI

Emergency and Poststabilization Services

No Prior Authorization Required for Emergency Services

CCO pays for emergency services for non-contracted providers

CCO responds to poststabilization PA requests within one hour and pays for them

COO cannot be contacted

when

2024 CMR

Standard I

Assurance of Adequate Capacity and Availability of Services

Member access to OON care when not available in network

Ongoing monitoring of provider access standards

CCO must assure accessibility for physician and mental disability needs

CCO must submit appropriate documentation to OHA for material changes to the

network

Standard V

Provider Selection

CCO must collect proof of liability insurance coverage during credentialing process

Standard VI

Subcontractual Relationship and Delegation

Subcontracts must include delegation reporting requirements

Corrective Action Plans - SHP

Historically, large number of Correction Action Plans (CAP)

- Initiation point from numerous sources: OHA, CMS, internal, etc.
- No clear guidance on process
- No clear guidance on closure and monitoring

TIGER team formed in November 2024 to study and oversee

- Reduced CAP volume

Interim Compliance Officer engaged to review in March 2025

- Tiered CAPs by risk and source
- Identified CAPs by topic and formed projects to address
- Closed CAPs in post-implementation phase and moved to business monitoring process and to Compliance Audit workplan to monitor and audit to ensure compliance

Policies & Procedures

- Partnering with SHS to move all SHP policies into PolicyTech
- Establishing calendar for annual review and revision of all policies
- Initiating business unit by business unit review of all policies to remove duplicative language and to align with legal and contractual requirements

Hotline

- Transitioned reports from Compliance Incident Reporting on SharePoint to EthicsPoint in fall 2024
- First Quarter 2025 (see spreadsheet for complete case summary)

Primary Issue	Total
Billing/Coding/Charging	5
Business Operations Integrity	2
Health Plan	6
HIPAA/Privacy	30
Quality of Care	3
Question	1
Utilization Management	4
Grand Total	51

Special Investigations Unit/FWA

- John Lesmeister left in March 2025
- Contract requirement for two staff members to support IHN CCO agreement
 - ✓ One investigator Terri Powers
 - ✓ Interim Compliance Officer serving at FWA Manager, Jennifer Hatchett
- Discussions for using third-party vendor to support SIU
- Coordinating with Cotiviti to build more efficient and organized record retention
 - ✓ Establishing record keeping in compliance with IHN CCO requirements

Dashboards

- What does the Board need to oversee the plan and provide guidance to the compliance department?
- What is the frequency of the reports needed?
 - Routine and short duration time periods to see in progress work
 - Longer time periods to see potential trends
 - Drill down reports to obtain additional information when a trend or aberrancy identified

Dashboards

Potential areas of interest

Regulatory Compliance & Legal Data

- Federal and state insurance regulations
- Updates on CMS (Centers for Medicare & Medicaid Services) and HIPAA compliance
- Documentation of audits and regulatory filings

Claims & Utilization Data

- Claims processing data (approvals, denials, appeals)
- Fraud detection metrics
- Utilization trends (frequency of services, geographic distribution)

- Enrollment records and eligibility verification
- Provider credentialing and compliance reports
- Member grievances and satisfaction surveys

Financial & Risk Management Data

- Financial performance and cost analysis
- Reserve levels for claims payouts
- Risk assessment reports

Technology & Cybersecurity

- Data security logs and breach reports
- System access and authorization audits
- Compliance with digital health record

Dashboards

Training

by category of staff (employee, mgmt., board, contractor, providers, vendors)

Policies & Procedures

New
Revised
Retired

Contract or Legislation Changes

CAPs

By owner, subject matter, repeat findings, barriers to correction, etc.

FWA/SIU

Investigations (preliminary, full PI investigation, referral sources, etc.)

Delegate and Vendor Oversight

Monthly reporting overview
Missed deliverables categorized by risk (low, med, high)
Oversight audits (clean/not clean)
CAPs

External Audit

Category: Notice, Prep, In Process, Awaiting Report, CAP/IP
Findings – significance, category

Audit Plan

Updates
Results roll-up and drill down when requested

Exclusion monitoring

Potential hits
Timeliness

Special Project Dashboard(s)

Rollout of new monitoring process
Update of P&Ps
Restructuring of CAP process

Appendix – EthicsPoint Case Samples

Case Number	Primary Issue	Case Status	Case Summary	Date Opened	Primary Case Outcome	Synopsis notes	Action Taken
1665	HIPAA/Privacy	Closed	Employee emailed a vendor PHI without using the "Send Secure" email button.	01/16/2025	Substantiated	Employee emailed a vendor PHI without using the "Send Secure" email button. Method of disclosure: Email Recipient: Another covered entity / BAA in place Circumstances of PHI disclosure: Accidentally not sent secure. Disposition: Information made it to the correct recipient, just not as secure as it should have been. Type of information disclosed / breached: Member test file. Probability of Risk: Low	Policy/ Process Review
1851	HIPAA/Privacy	Closed	Member notified Health Plan that they received prescription cancelation letters for another member.	03/10/2025	Substantiated	Member notified Health Plan that they received prescription cancelation letters for another member. Method of disclosure: Paper (Mail). Recipient: Another Member. Circumstances of PHI disclosure: Mail Mis-Delivery. Disposition: PHI Destroyed. Type of information disclosed / breached: Prescription Cancelation. Probability of Risk: Medium	Addressed and Mitigated

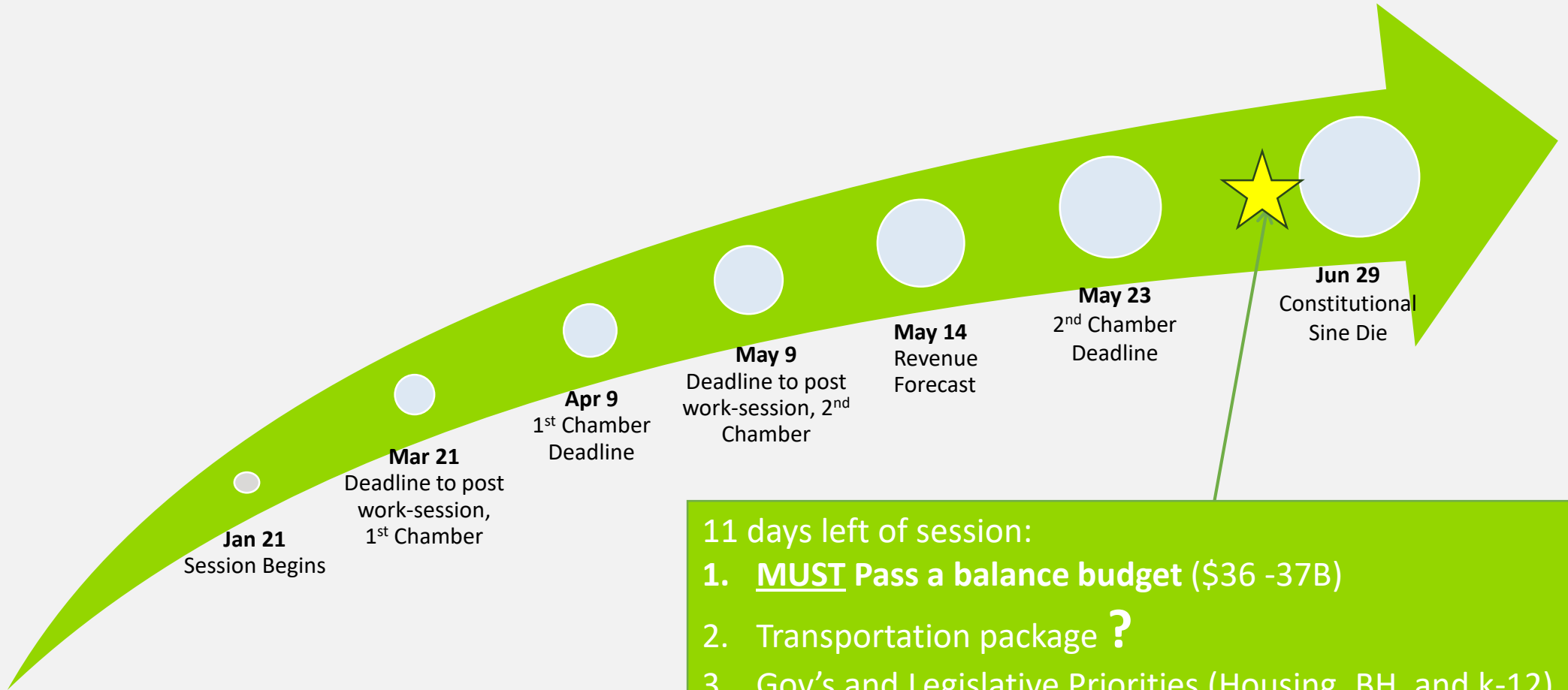
2025 Legislative Session Update

Government Relations

InterCommunity 
Health Network CCO

83rd Legislative Session Calendar

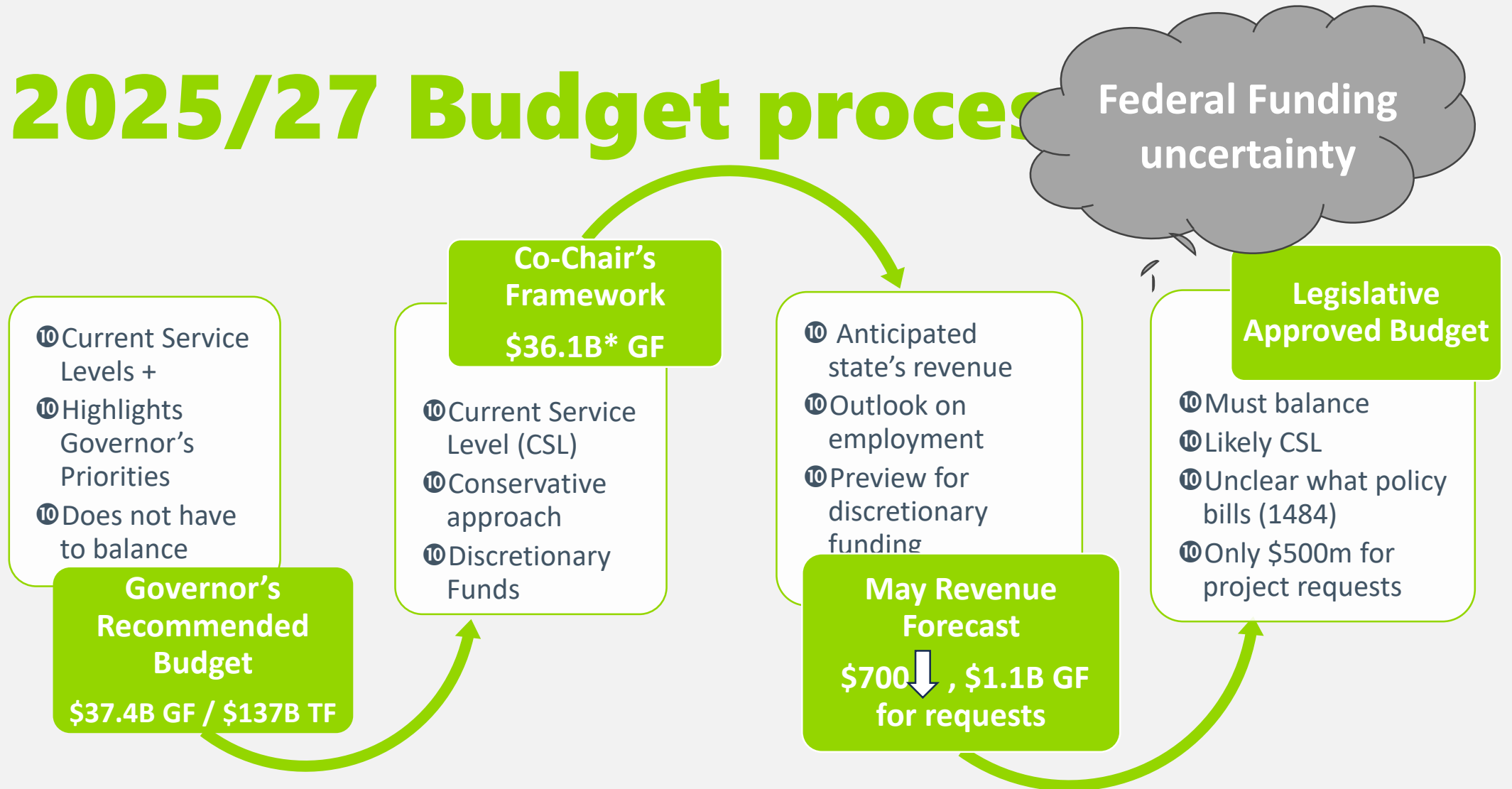
149th Calendar Day



11 days left of session:

1. **MUST Pass a balance budget (\$36 -37B)**
2. Transportation package ?
3. Gov's and Legislative Priorities (Housing, BH, and k-12)
4. Plus "take homes" for legislators

2025/27 Budget process



**Does not include highway funding, one-time housing/homelessness funding, new deflection program and climate and energy spending from the 23/25 budget.*

Oregon Health Authority

Budget at-a-glance

Legislative Approved Budget 2023-2025	Governor's Recommended Budget 2025-2027	LFO Recommendations 2025-2027	Discretionary Funds Available & Identified Requests 2025-2027
\$27.9B TF	\$31.2B TF	\$28.8B TF	\$1.1B GF
	<ul style="list-style-type: none"> Medicaid: \$29.6B <ul style="list-style-type: none"> DSH \$4M GME \$25M Maternity service \$35M Behavioral Health: \$1.6B CCO quality incent: (\$18.6M) 	<ul style="list-style-type: none"> Medicaid: \$27.4B Behavioral Health: \$1.4B <ul style="list-style-type: none"> CCO quality incent: (\$18.6M) Medicaid FFS \$16M CCO Rate adjustment \$100M BH Capacity Youth \$10M 	<ul style="list-style-type: none"> BH wkf: \$50M Harm reduct: \$10M BH Res Cap: \$65M Comm. BH: \$15M Other HC asks: \$2B

Session Highlights

Bills IHN has engaged on

CCO Funding

- ⑩ **HB 2010 Provider Assessment**
- HB 5025 OHA Budget

CCO Operations

- ⑩ **HB 2205 CCO Contract length + delay**
- HB 2208 CHIP/CHA regional coordination
- **HB 2209 Reinstatement transparency**
- **HB 2212 Prioritized List TF**
- **HB 2213 Min. Medical Loss Ratio**
- **HB 2214 SHARE reform**
- **HB 2215 Rate review**

Behavioral Health

- HB 2015 Removing barriers to RFTs
- HB 2059 BH capacity funding
- **HB 2206 Adult mental health residential TF**
- HB 2467 Civil commitment criteria

Health Equity

- **SB 528 Expands regional health equity coalitions**
- **SB 530 Funds + CPI RHECs**

Federal Update

HR 1: One Big Beautiful Bill Act

- May 22, House past H.R. 1 sending it to the Senate for deliberations and modifications
- NOW: Senate Finance Committee – has jurisdiction over taxes and Medicaid
- President Trump has requested the bill to be on his desk by July 4th.
- What is being debated:
 - State Medicaid funding mechanisms (PT and SDPs)
 - Medicaid eligibility: work requirements and frequency of eligibility checks
 - Reproductive and gender affirming care

Health Equity Update

Todd Jeter, AVP HE and
Member Advocacy

InterCommunity 
Health Network CCO

Social Determinants and Transformation

Alicia Bublitz, Manager

InterCommunity 
Health Network CCO

Transformation RFPs

Delivery System Transformation RFP: Open NOW

HRSN Community Capacity Building Funds (CCBF) in review

SHARE: streamlined process with CAC

Expanding Unite Us Usage

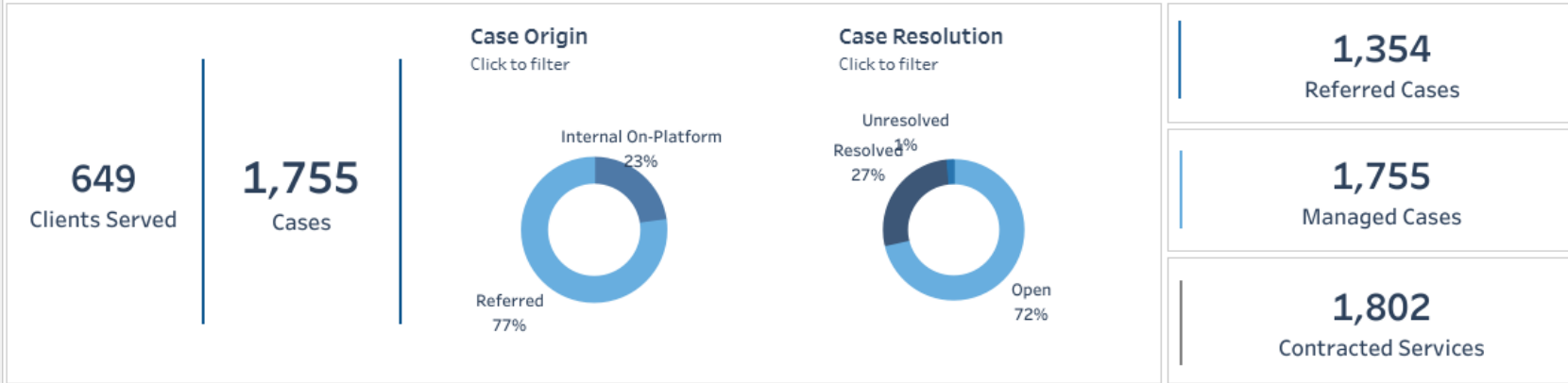
Phase 2 Project

- Implementation of Member Matching feature
- Grant and project management
- Data linkages
- Member led screenings
- Customizable reporting
 - Gap lists
 - Metrics
 - Utilization
 - Forecasting

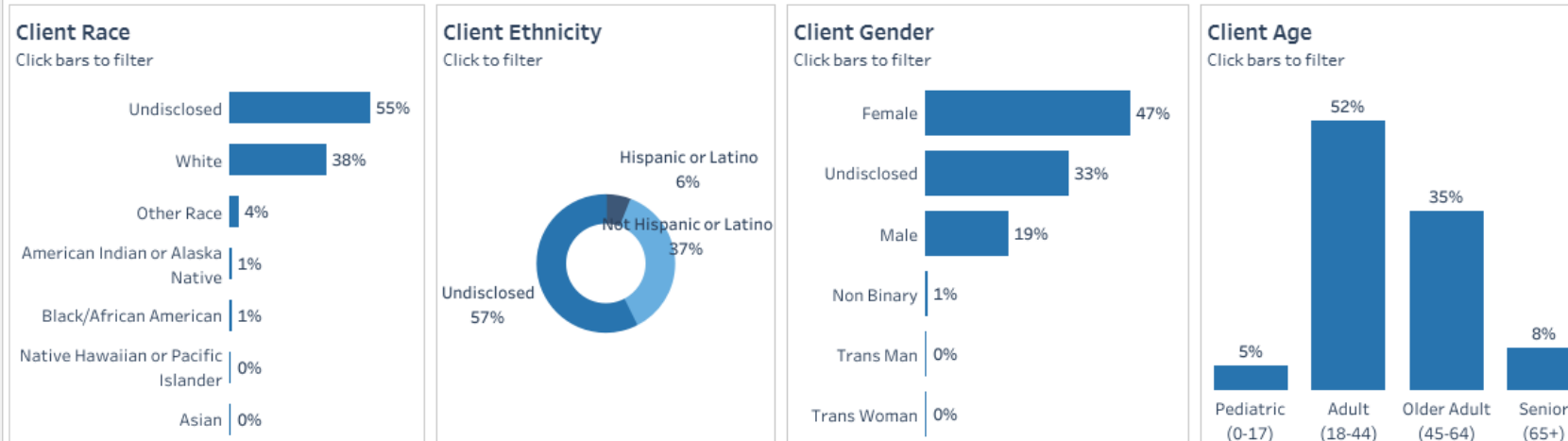


HRSN Benefit

Social Care Overview



Client Demographics



Population Health Board Report

PHSO: Population Health Services Organization

Brent Godek MD, MHCDS
VP/CMO Samaritan Health Plans

June 11, 2025

InterCommunity 
Health Network CCO

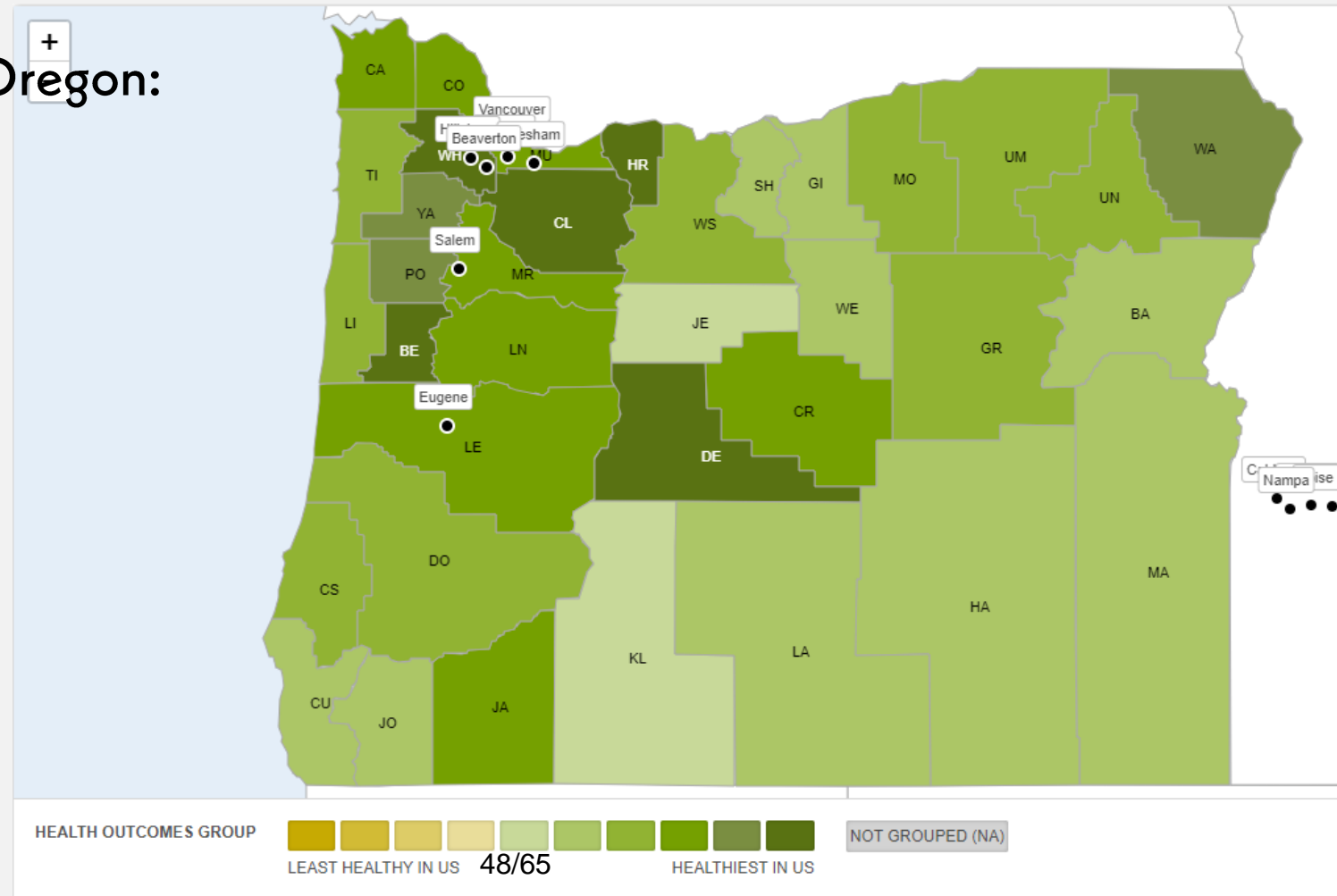
Population Health Goal at Samaritan: To have the healthiest counties in the state

Of the 36 counties in Oregon:

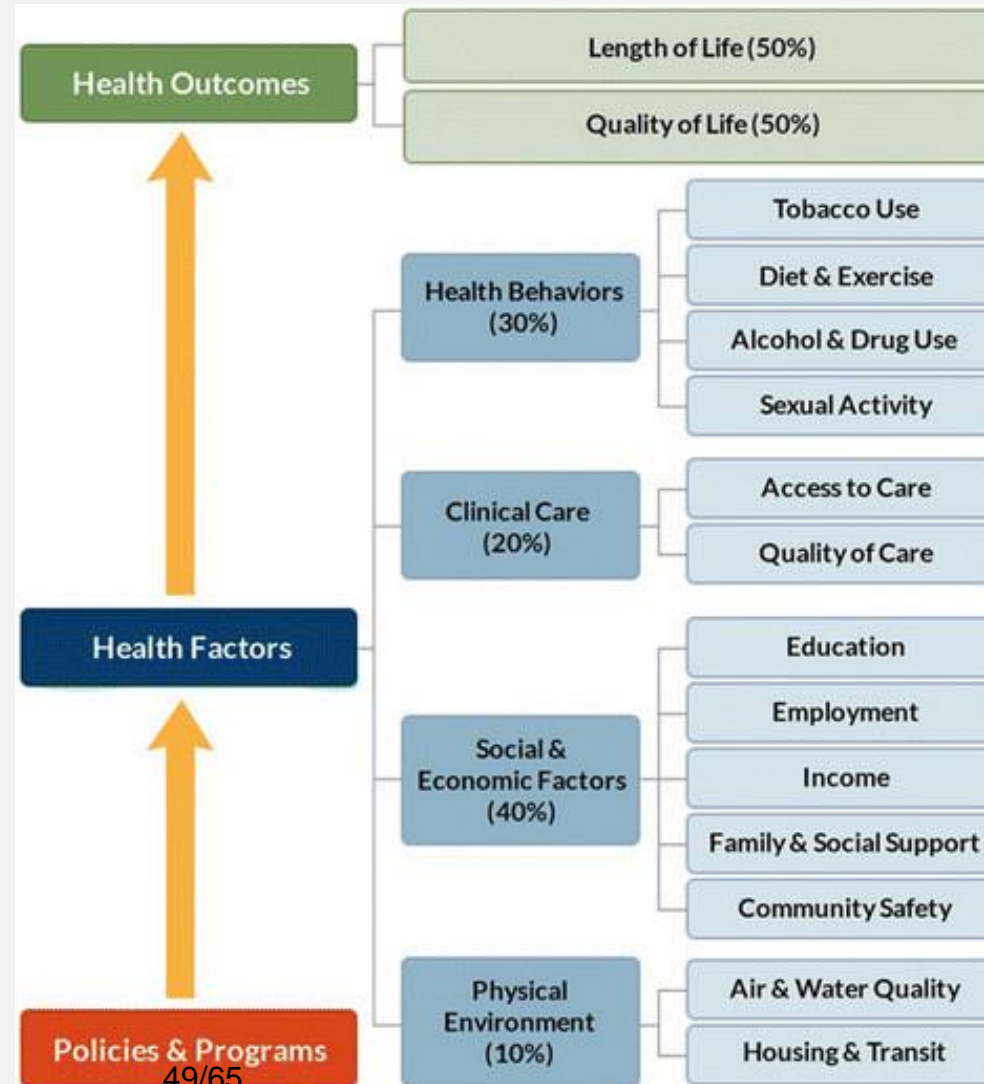
Benton: 1st

Linn: 18th

Lincoln: 27th



Contributing Factors for Health Outcomes



What is Population Health?

An approach that seeks to improve health outcomes and reduce health disparities. It focuses on the health of entire populations rather than individual patients, emphasizing the broader social, economic, and environmental factors that influence health.

Key aspects include:

1. Social Determinants of Health
2. Prevention and Intervention
3. Equity
4. Collaboration
5. Data and Metrics

The aim is to create healthier communities by understanding and addressing the factors that influence health at a population level.



A new direction toward Value Based Care

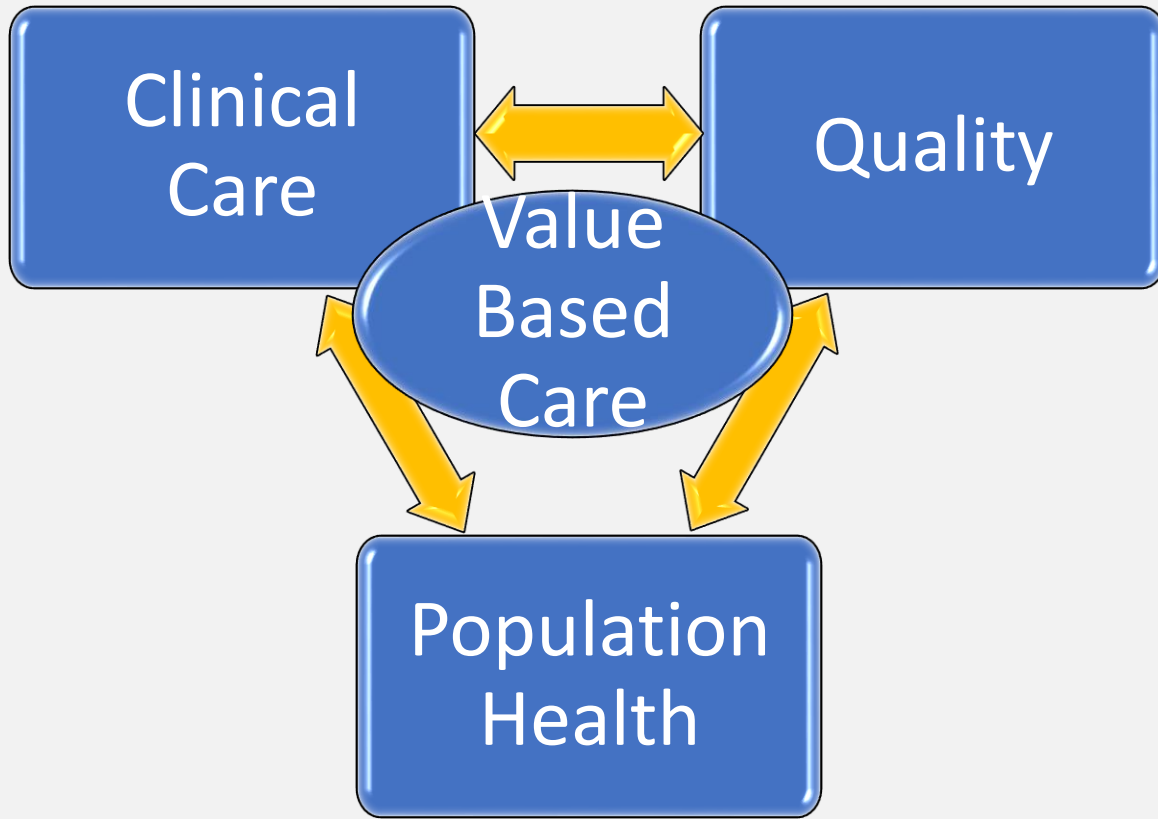
Time to adopt a Population Health mindset.....

“It feels misaligned that we make more money when our community members are sicker”

– Doug Boysen, Past President, Samaritan Health Services

How can we be recognized and rewarded for improving the health of our communities?

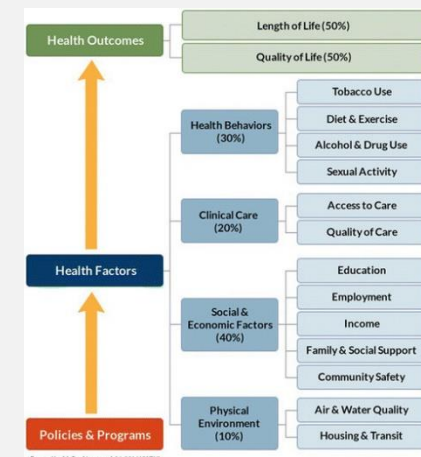
For success in Value, there needs to be successful performance and integration of key areas:



Components of Population Health:

1. Social determinants of health
2. Prevention and intervention
3. Health equity
4. Data and analytics
5. Collaboration

Remember our model of health outcome contributors



Population Health Service Organization (PHSO)



Dedicated focus on Population Health

- ✓ *Separate division in SHS with sole focus on population health*
- ✓ *Incorporate a new mindset toward care delivery*



Collaboration and Efficiency

- ✓ *Focus on aligning system resources to improve collaboration and efficiency with a unified vision of population health outcomes*



Clinician Driven

- ✓ *Governance / Leadership*
- ✓ *Peer-to-Peer Training*
- ✓ *Practice Engagement / Performance Management*
- ✓ *Early disease identification and management*



Technology Solutions

- ✓ *Leverage information from claims and EMR*
- ✓ *Use of population health data analytics*
- ✓ *Data Integrity*
- ✓ *Deliver data insights in the EMR at the point of care*
- ✓ *Patient Engagement*



Optimize Care Continuum

- ✓ *Focus on intervention to improve health outcomes and decrease total cost of care*
- ✓ *Care Management*
- ✓ *Augment quality improvement*
- ✓ *Coding integrity*
- ✓ *Address SDoH with BH/SW*

Population Health Service Organization (PHSO)



*We partner with health systems, physician enterprises, and health plans – bringing the intellectual property and **proven techniques** to **accelerate transformation** to and **performance** in value-based care*

Health Systems



Partners with health systems to facilitate and manage successful VBC transformation

Physicians and Physician Enterprises



Partners with physician enterprises to enable optimal delivery of value-based care to patients

Health Plans



Partners with health plans seeking to transform provider network performance and engagement

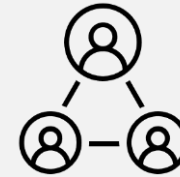
Samaritan/Navvis Partnership Model



***Accelerate
Timeline***



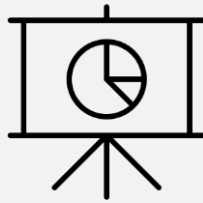
***Long term
collaboration***



***Bring value-
based expertise
to the region***



***Equal
Partnership***



***Shared
Outcomes***



***Joint Governance
Structure***

Pharmacy Updates

Sheila Albeke, PharmD, MBA
Director of Pharmacy

InterCommunity 
Health Network CCO



Reliability Moment

Member Misidentification Due to Twin Confusion

- A Medicaid member was incorrectly listed in Facets as having primary coverage with a Medicare plan; however, the member was not listed as Duals in RxClaim.
- It was discovered that the member had been misidentified as his twin brother's Medicare coverage as the member's.
- The pharmacy was also billing the member's twin's Medicare coverage as primary when the actual member in question only had IHN coverage.

This is a great example of research between the PSR team and the COB team resolving an issue that was confusing based on the very similar names of the members in question.

Pharmacy Trends

Pharmacy Trends

January through April: 2024 versus 2025

Measure	2025 Jan-April	2024 Jan-April	% Change
Eligible Members	82,435	82,230	0.2%
% Utilizing Members	10.8%	10.4%	4.0%
Plan Paid (total specialty and non-specialty)	\$29,269,754.88	\$26,315,971.12	11.2%
Specialty Plan Paid	\$15,730,276.77	\$13,512,112.84	16.4%
PMPM	\$88.87	\$80.01	10.9%
Non-Specialty Plan Paid PMPM	\$41.06	\$38.93	5.5%
Specialty Plan Paid PMPM	\$47.71	\$41.08	16.1%
Total Rxs	253,513	249,205	1.7%
% Retail 90 Rxs	9.0%	6.0%	50.1%
Total Specialty Rxs	2,321 (+490)	1,831	26.8%

Key Cost Drivers in 2025

January through April

Trend Driver	Details	Estimated Impact
Corrected Indian Health Services pharmacy payments	Prescriptions are reimbursed at \$807/fill versus standard drug costs	\$556,000
Medications for rare conditions	Evrysdi for spinal muscular atrophy , Cystaran for cystinosis, Oxervate for neurotrophic keratitis, and Carbaglu for hyperammonemia due to generic metabolic disorder	\$1,187,000
Limited management of MAT drugs	Oregon passed legislation requiring the removal of formulary management tools such as prior authorization or step therapy for the following drugs when used for MAT: buprenorphine, naloxone, methadone, Sublocade, Brixadi, Naltrexone, Vivitrol	\$619,000
Increased oncology spend	Additional indications and new therapies are increasing rx oncology spend	\$710,000

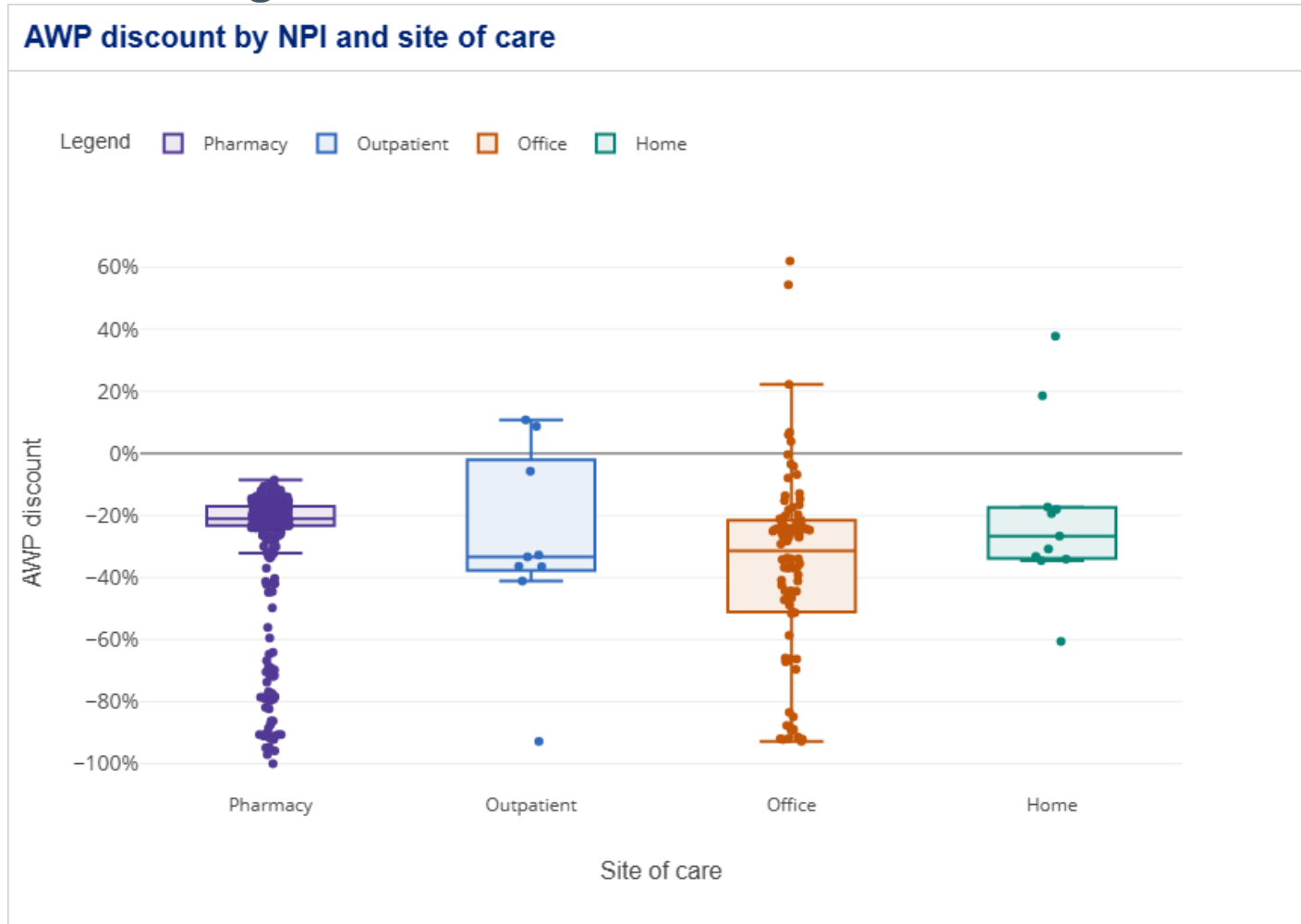
Cost Saving Strategies

Direct Specialty Contracting with SHS Pharmacies

- There were ~ 990 specialty prescriptions filled January through April 2025 totaling ~\$9 million in plan cost that were filled outside of the SHS system
- Many of these products are eligible for 340B pricing which allows SHS pharmacy to obtain medications substantially lower than standard pharmacies.
- Started discussions with SHS to determine feasibility of making SHS our preferred specialty pharmacy with a lower negotiated rate of reimbursement.

Cost Saving Strategies

Site of Care Program



Regulatory Updates

Regulatory Updates

Pharmacy Focused

1. MAT Restrictions Removed
 - Legislation passed in 2024 requiring open access to therapies without consideration of lower cost trial of medications prior to higher cost medications
2. New Medicaid Groups of 2024
 - Bridge Plan
 - Young Adults with Special health Care Needs (YSHCN) .
3. Prioritized List Discontinuation
 - Federal government is clarifying that by 2027 the Prioritized list must be discontinued.
 - SHP is participating in an ongoing workgroup (Benefit Update Project or BUP) to provide input on the overall impact of this change.

Questions