

**InterCommunity Health Plans Board of Directors Meeting - Public**  
**August 20, 2025, 1:00 pm – 3:00 pm**  
**in person SHS Walnut Board Room**  
**2300 Walnut Blvd, Corvallis, OR**  
**or**  
**Microsoft Teams**

[Join the meeting now](#)

Meeting ID: 237 490 399 923

Passcode: G6Q7TT

**Dial in by phone**

[+1 971-254-1254,,826908875#](tel:+19712541254826908875) United States, Portland

[Find a local number](#)

Phone conference ID: 826 908 875#

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

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

**Invited and Other Attendees**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Members of the Public | <input type="checkbox"/> Jan Chambers    | <input type="checkbox"/> Rachel Arnold        |
| <input type="checkbox"/> Anne Daly             | <input type="checkbox"/> 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**

	<b>Time</b>	<b>Item</b>	<b>Presenter</b>	<b>Purpose</b>
<b>1.</b>	<b>1:00</b> 5 min	<b>Call to Order and Welcome</b>	Kristy Jessop, MD	Informational
<b>2.</b>	<b>1:05</b> 5 min	<b>Reliability Moment</b>	Chris Peters	Informational

	Time	Item	Presenter	Purpose
3.	1:10 5 min	<b><u>Introductions and Announcements</u></b> <ul style="list-style-type: none"> <li>Kelley Burnett, DO New Chief Medical Officer, Health Plans</li> </ul>	Bruce Butler	Informational
4.	1:15 5 min	<b>Public Comments</b>	Kristy Jessop, MD	Informational
5.	1:20 5 min	<b><u>IHP Board Minutes of June 18, 2025</u></b> <ul style="list-style-type: none"> <li>Request motion</li> <li>Call for vote</li> </ul>	Kristy Jessop, MD	<b>Action</b>
6.	1:25 5 min	<b><u>2026 Proposed Board Meeting Schedule</u></b> <ul style="list-style-type: none"> <li>Request motion</li> <li>Call for vote</li> </ul>	Kristy Jessop, MD	<b>Action</b>
7.	1:30 15 min	<b>Finance Report</b> <ul style="list-style-type: none"> <li><u>Financials Review</u></li> <li><u>IHN Forecasting &amp; Trends Update</u></li> </ul>	Dan Smith Trent Began	Informational Informational
8.	1:45 15 min	<b><u>Compliance Officer Report</u></b>	Jennifer Hatchett	Informational
9.	2:00 20 min	<b><u>Government Relations Report</u></b>	Andi Easton	Informational
10.	2:20 10 min	<b><u>CEO Report</u></b> <ul style="list-style-type: none"> <li>Market Conditions</li> </ul>	Bruce Butler	
11.	2:30 10 min	<b>Health Equity &amp; Community Benefit Report</b>	Todd Jeter	Informational
12.	2:40 10 min	<b><u>Chief Medical Officer (CMO) Report</u></b>	Kelley Burnett, DO	Informational
13.	2:50 10 min	<b>Operations Report</b> <ul style="list-style-type: none"> <li><u>Project Portfolio Review</u></li> </ul>	Chris Peters	Informational
14.	3:00	<b>Good of the Order - Adjournment</b>	Kristy Jessop, MD	
		<b>Executive Session (if needed)</b>		

\*SHS Strategic Priorities:



Quality and Service Excellence



(QSE) Community Partnerships (CP)



Sustainability (S)



Employee Engagement (EE)

**Next meeting: October 15, 2025 - in-person option: Boysen Board Room  
Walnut Building – Corvallis, Oregon**

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

# High Reliability Moment

Chris Peters, Director  
Performance Excellence

InterCommunity   
Health Network CCO



# Strengthening Compliance Through Proactive Data Quality Checks

*High Reliability Organization (HRO) moment tailored to a regulatory required report with an emphasis on continuous improvement mindset.*

## Scenario:

Recently, a team preparing a regulatory-required report for OHA identified a discrepancy during internal review. The issue stemmed from inconsistent data mapping between systems. Fortunately, the error was caught before submission—but it revealed a critical vulnerability in our reporting process that could have led to non-compliance.

## HRO Moment:

Instead of treating this as a one-off correction, the team demonstrated HRO thinking by stepping back and asking: *What in our system allowed this to happen?*

# Staff Changes

**Bruce Butler, CEO**  
**Health Plans**

InterCommunity   
Health Network CCO



## **Dr. Kelley Burnett** **IHN Chief Medical Officer**

- **Joined Health Plans as Medical Director in October 2024.**
- **Over 10 years experience with CCO, MA, and other health plans.**
- **Former Chief Medical Officer at AllCare Health in Southern Oregon.**
- **Extensive experience with Quality and Compliance processes, provider credentialing, strategic planning, and employee engagement & training.**

**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**

**Board Members**

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

**Presenters**

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

**Invited and Other Attendees**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Members of the Public     | <input checked="" type="checkbox"/> Kelley Burnett, DO | <input type="checkbox"/> Rachel Arnold                   |
| <input checked="" type="checkbox"/> Anne Daly      | <input checked="" type="checkbox"/> Kristty Polanco    | <input checked="" type="checkbox"/> Rebekah Fowler, Ph.D |
| <input checked="" type="checkbox"/> Annette Fowler | <input checked="" type="checkbox"/> Melissa Bates      | <input checked="" type="checkbox"/> Tom Loach            |
| <input checked="" type="checkbox"/> Jan Chambers   |  |  |

**Minutes**

Topic	Discussion/Action
<b>Call to Order and Welcome</b>	Meeting called to order at 1:00pm. Chairman Cahill welcomed directors and attendees and introduced himself as the new President and CEO of Samaritan, replacing Doug Boysen.
<b>IHP Board Minutes of April 16, 2025</b> <ul style="list-style-type: none"> <li>• <i>Request motion</i></li> <li>• <i>Call for vote</i></li> </ul>	<b><i>A motion to approve the April 16, 2025, minutes was made by Gabe Shepherd and seconded by Will Tucker. There were no objections or corrections. Unanimous approval by all Directors present.</i></b>
<b>Reliability Moment</b>	Sheila Albeke told of a case of twin members with similar names and DOBs that led to misclassification in Medicaid status. Claims were misprocessed but resolved through collaboration efforts between pharmacy and claims teams. This has led to placing more emphasis on verifying three identifiers for patient safety.

Item	Discussion/Action
<p><b>Introductions and Announcements</b></p> <ul style="list-style-type: none"> <li>• <b>Welcome Marty Cahill</b></li> <li>• <b>Leadership (CMO)</b></li> <li>• <b>MA Update</b></li> </ul>	<p>Bruce Butler first welcomed Marty Cahill to the board. Mr. Butler also announced a leadership change: Dr. Brent Godek is fully transitioning over to Pop Health and Dr. Kelley Burnett will assume the Chief Medical Officer (CMO) role vacated by Dr. Godek.</p> <p>Bruce Butler continued by giving an update on Medicare Advantage (MA) line of business (LOB). Mr. Butler noted that SHP will not renew standard MA contracts due to unsustainable economics but will continue to offer MA plans for the dual-eligible population. Furthermore, the \$100M retroactive supplement proposed for 2025 is insufficient to shore up viability. Potential cuts to eligibility, benefits, or provider reimbursement may be required. Mr. Butler noted communication is forthcoming though sensitive to timing given the current environment.</p>
<p><b>Public Comments</b></p>	<p>None.</p>
<p><b>Finance Report</b></p> <ul style="list-style-type: none"> <li>• <b>KPMG Audit Results</b></li> <li>• <b>Financials Review</b></li> </ul>	<p>Brian Eike from KPMG presented the year end 2024 financials audit. Key findings: there was no fraud or illegal acts; two minor uncorrected misstatements totaling &lt;100k. Overall KPMG gave a clean audit opinion under statutory accounting principles. Key areas reviewed include claims liabilities, related party transactions, investments and tax status.</p> <p>Dan Smith presented the May 2025 Financial statements for IHN. Mr. Smith noted that premium revenue was \$7.7M favorable to budget while claims expense was \$20M unfavorable to budget. Overall, the net loss to date is \$10M versus \$3M budgeted gain. Lastly, Mr. Smith noted that liabilities increased from \$78M to \$82M in May.</p>
<p><b>Compliance Officer Report</b></p>	<p>Jennifer Hatchett presented on current compliance activities. Ms. Hatchett noted there were minor errors found in Utilization Management (UM) processes in the internal audit. Ms. Hatchett also gave an update on corrective action plans (CAPs) - 6 open CAPs, including utilization management and provider directory accuracy. Focus on policy/procedure updates and hotline trends. In the Fraud, Waste, and Abuse (FWA) space, Ms. Hatchett spoke on the transition of responsibilities after Government Program's manager's departure and working with vendors, such as Cotiviti, for data mining and investigations.</p>
<p><b>Government Relations Report</b></p>	<p>Andi Easton gave an update on legislative activities. Ms. Easton noted that the current session is coming to an end and that the passage of the budget is imminent. The OHA budget will have a 16% increase with behavioral health and Medicaid prioritized. The CCO contract extension, HB 2205, passed which extends procurement by 2 years. Regarding federal concerns, Ms. Easton noted that the Senate bill may reduce</p>

	<p>the provider leverage tax. Additionally, Medicaid funding and accessing is under intense scrutiny by the federal government. There is active advocacy with the Oregon delegation in this regard.</p>
<p><b>Health Equity &amp; Community Benefit Report</b></p>	<p>Todd Jeter provided an update on several Health Equity (HE) initiatives and programs. Mr. Jeter noted that federal requests for data on Healthier Oregon program is raising some concerns around privacy. The Equity Assessment is ongoing in partnership with local HE alliances. The NCQA accreditation is also in progress. And lastly, Mr. Jeter is looking forward to the findings from the Utilization Management Analysis that focuses on disparities and delays.</p> <p>Alicia Bublitz gave an update on community funding initiatives. Ms. Bublitz noted the Delivery System Transformation RFP is now open and accepting applications; the Capacity building funds are under OHA review; and the SHARE funding allocation via CAC guidance is continuing; and the HRSN Benefit has received 650 member referrals with 98% of services received in the last 28 days. Lastly, Ms. Bublitz noted that the Unite Us Platform expansion is underway and will provide better data capture and coordination for our members.</p>
<p><b>Population Health Report</b></p> <ul style="list-style-type: none"> <li>• <b>Population Health Services Organization (PHSO) Update</b></li> </ul>	<p>Brent Godek, MD gave an update on the PHSO's mission and development. Dr. Godek noted that the overall goal is to cultivate in our service area the healthiest counties in Oregon, and in so doing, PHSO is partnering with NAVVIS for infrastructure and strategy services with a focus on quality metrics, equity, and upstream interventions. Dr. Godek noted the emphasis on collaboration of clinician input and community partnerships as part of the work.</p>
<p><b>Operations Report</b></p> <ul style="list-style-type: none"> <li>• <b>Pharmacy Update</b></li> </ul>	<p>Sheila Albek gave an update on pharmacy metrics. Ms. Albeke noted that comparatively between 2024-2025 there was an 11.2% increase in total cost and an 16.4% increase in specialty drug spend – specialty drugs are a major cost driver. Other key factors include billing changes for Indian Health Services; rare conditions requiring orphan drugs; legislation removing MAT restrictions, and unexpected rise in oncology prescriptions. Mitigation strategies include contracting with Samaritan pharmacies, site-of-care optimization, provider education and cost transparency.</p>
<p><b>Good of the Order - Adjournment</b></p>	<p>Meeting adjourned at 3:01pm by Chairman Cahill. No Executive Session needed.</p>
<p><b>Executive Session (if needed)</b></p>	

\*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  $\frac{3}{4}$  vote of quorum.

Respectfully submitted,  
Bruce Butler

---

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

DRAFT

## 2026 IHP Board of Directors Meeting Calendar

**\*\*Subject to change**

Meeting Dates 2026	Meeting Location	Meeting Time
<b>February 18th</b>	<i>2300 NW Walnut / BOYSEN Board room</i>	1:00-3:00 pm
<b>April 15th</b>	<i>2300 NW Walnut / BOYSEN Board room</i>	1:00-3:00 pm
<b>June 17th</b>	<i>2300 NW Walnut / BOYSEN Board room</i>	1:00-3:00 pm
<b>August 19th</b>	<i>2300 NW Walnut / BOYSEN Board room</i>	1:00-3:00 pm
<b>**October 15th (Retreat)</b>	TBD	8:00am – 4:00pm
<b>December 16th</b>	<i>2300 NW Walnut / BOYSEN Board room</i>	1:00-3:00 pm

**IMPORTANT:** If you would like to be added to the agenda and/or have a report to include, please email [healthplansboards@samhealth.org](mailto:healthplansboards@samhealth.org), one month prior to the board meeting date.

# Financial Reports

**Dan Smith, SVP-CFO SHS**

InterCommunity   
Health Network CCO

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

	Y-T-D		
	Jul 2025 Actual	Jul 2025 Budget	Act - Bud Variance
<b>Revenues:</b>			
Premium revenue	\$ 343,710,628	\$ 332,199,053	\$ 11,511,575
Other operating revenue	153,358	120,750	32,608
Total revenue	343,863,986	332,319,803	11,544,183
<b>Expenses:</b>			
Salaries	10,884,052	11,995,968	1,111,916
Employee benefits	3,752,089	4,167,668	415,579
Supplies	361,163	256,050	(105,113)
Purchased services	12,920,299	11,756,452	(1,163,847)
Agency	636,662	1,087,498	450,835
Depreciation	41,267	41,267	0
Insurance	2,043,636	3,044,498	1,000,861
Claims expense	319,674,404	293,095,358	(26,579,046)
Other	8,271,421	6,583,861	(1,687,560)
Total expenses	358,584,993	332,028,619	(26,556,375)
<b>Excess of revenues over expenses from operations</b>	(14,721,007)	291,185	(15,012,192)
<b>Non-operating income:</b>			
Investment income	3,361,236	4,607,309	(1,246,073)
Total non-operating income	3,361,236	4,607,309	(1,246,073)
<b>Excess of revenues over expenses</b>	\$ (11,359,771)	\$ 4,898,493	\$ (16,258,265)
Net operating margin	-4.3%	0.1%	
Total margin	-3.3%	1.5%	
Administrative % (Admin Costs/Total Prem Revenue)	8.6%	9.1%	
Medical Loss Ratio (Claims/Premium Revenue)	93.4%	88.9%	

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

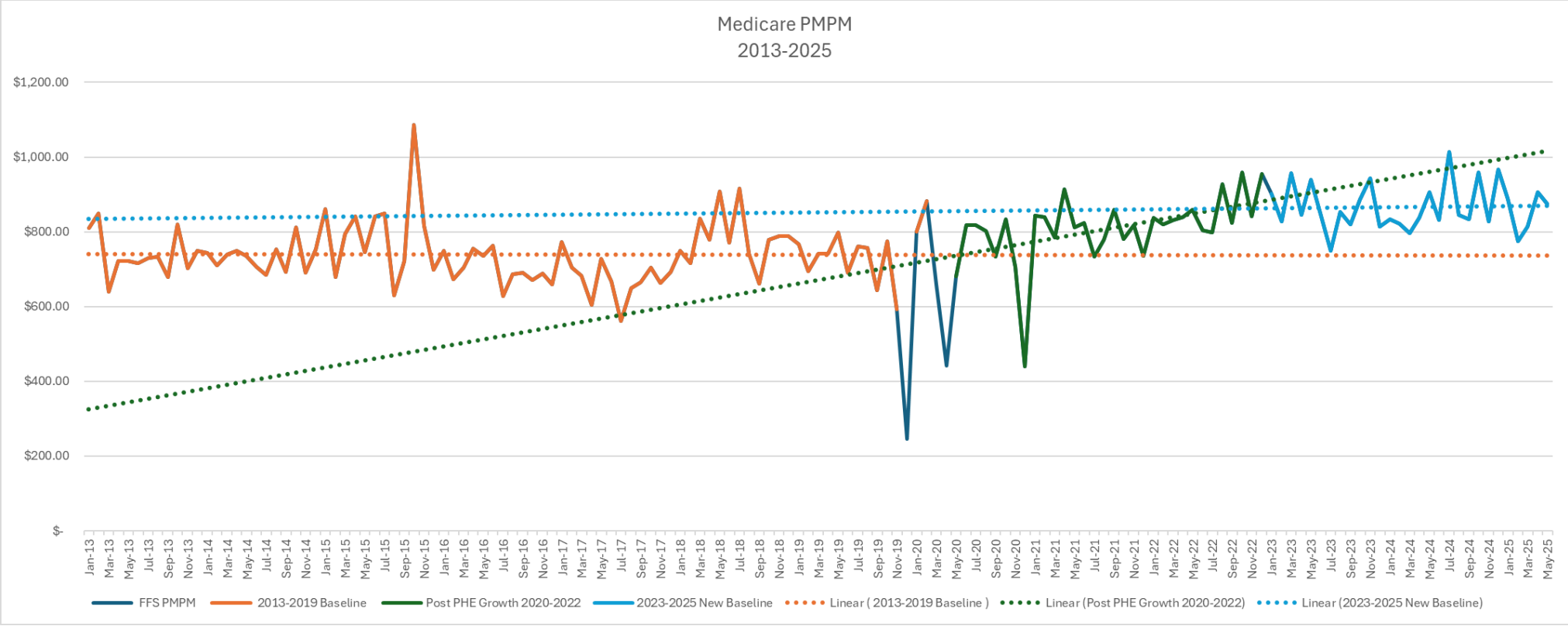
	<u>07/31/25</u>	<u>12/31/24</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 42,745,749	\$ 43,516,204
Short-term investments	87,112	4,439,131
Intercompany receivables (payables)	10,743,450	-
Other receivables	6,285,790	9,543,306
<b>Total current assets</b>	<u>\$ 59,862,101</u>	<u>\$ 57,498,641</u>
Long-term investments	\$ 95,881,960	\$ 87,164,669
Statutory deposits	21,649,181	20,082,690
<b>Total other assets</b>	<u>\$ 117,531,141</u>	<u>\$ 107,247,360</u>
Property, plant and equipment, net	\$ 3,193,884	\$ 3,235,152
<b>Total assets</b>	<u><u>\$ 180,587,126</u></u>	<u><u>\$ 167,981,152</u></u>
<b>Liabilities and net assets</b>		
Accounts payable	\$ 11,022,307	\$ 19,129,807
Intercompany payables	-	601,298
Liability for unpaid medical claims	51,997,564	44,790,156
Other current liabilities	38,447,189	13,560,270
<b>Total liabilities</b>	<u>\$ 101,467,059</u>	<u>\$ 78,081,531</u>
<b>Total net assets</b>	<u>\$ 79,120,066</u>	<u>\$ 89,899,621</u>
<b>Total liabilities and net assets</b>	<u><u>\$ 180,587,126</u></u>	<u><u>\$ 167,981,152</u></u>

# IHN Trends

Trent Began AVP Finance

# Medicare Trend

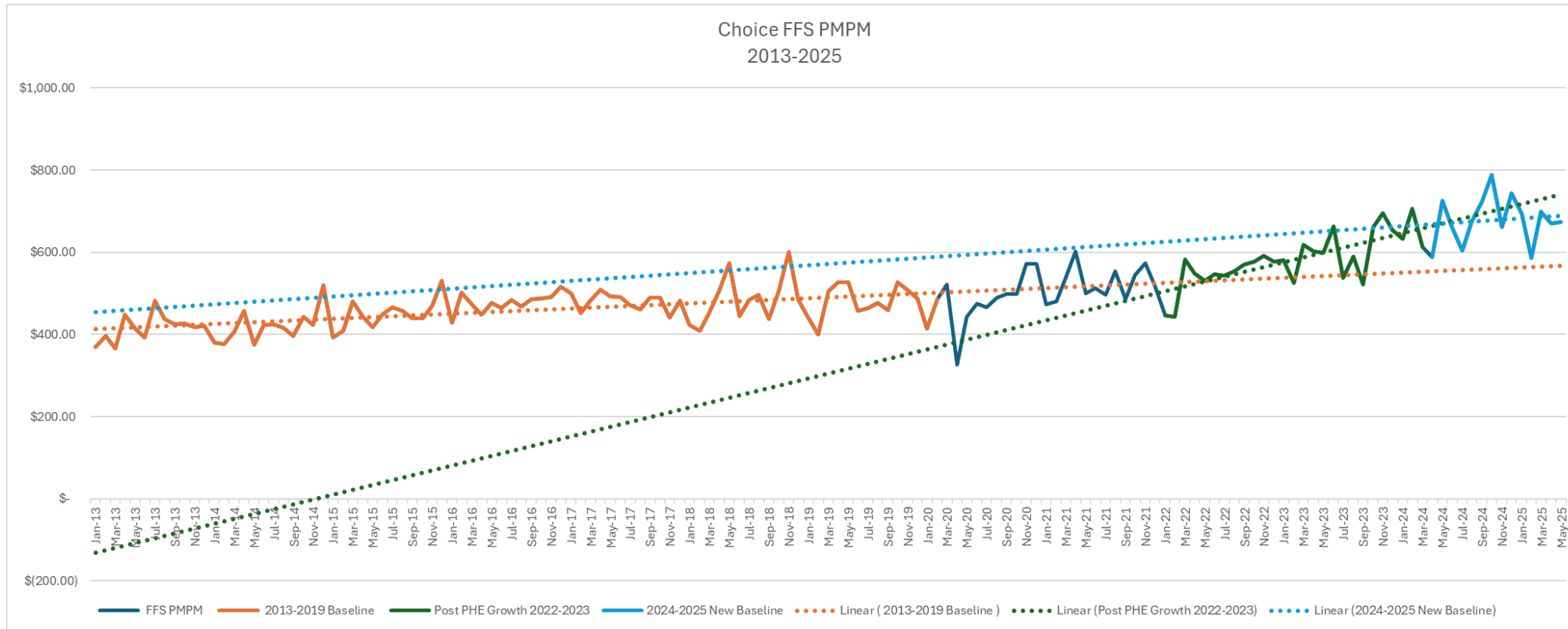
## Medical FFS



Medicare experienced a growth cycle from 2020 to 2022 before stabilizing to a higher baseline PMPM

# Commercial Trend

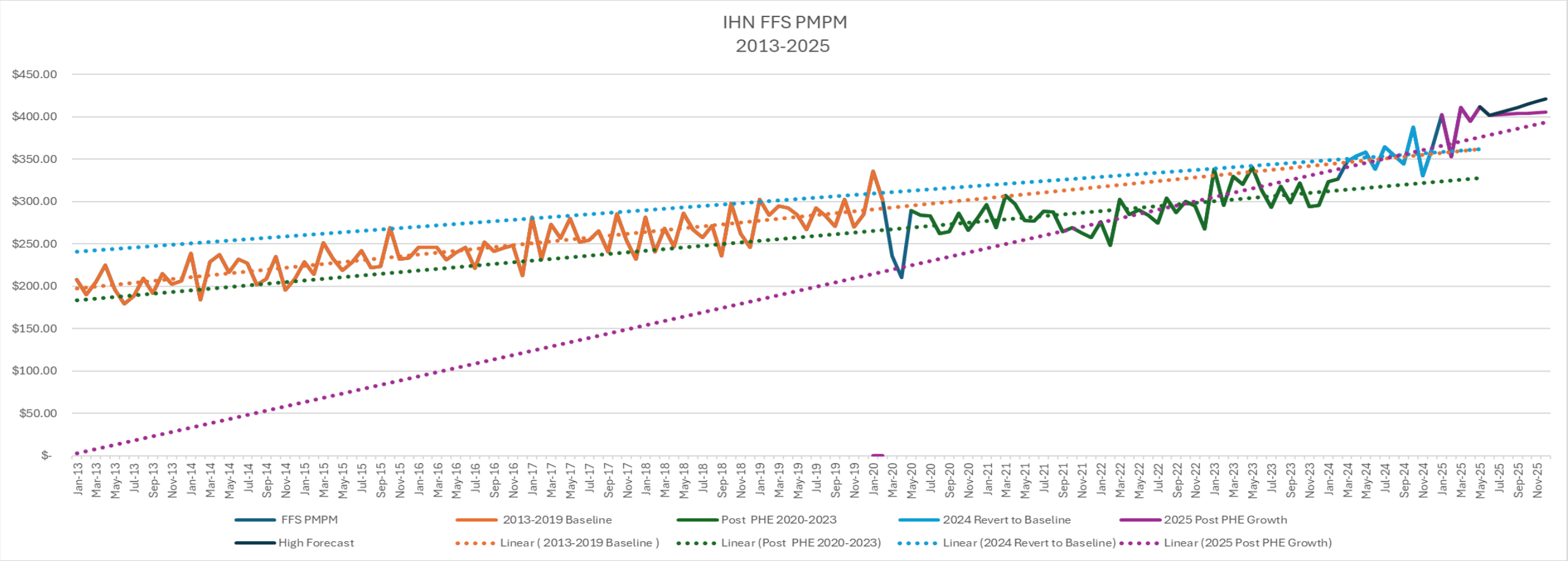
## Medical FFS



Commercial experienced the same growth cycle, just during a later period (2022 to 2023). PMPMs are now stabilizing in 2025

# IHN Trend

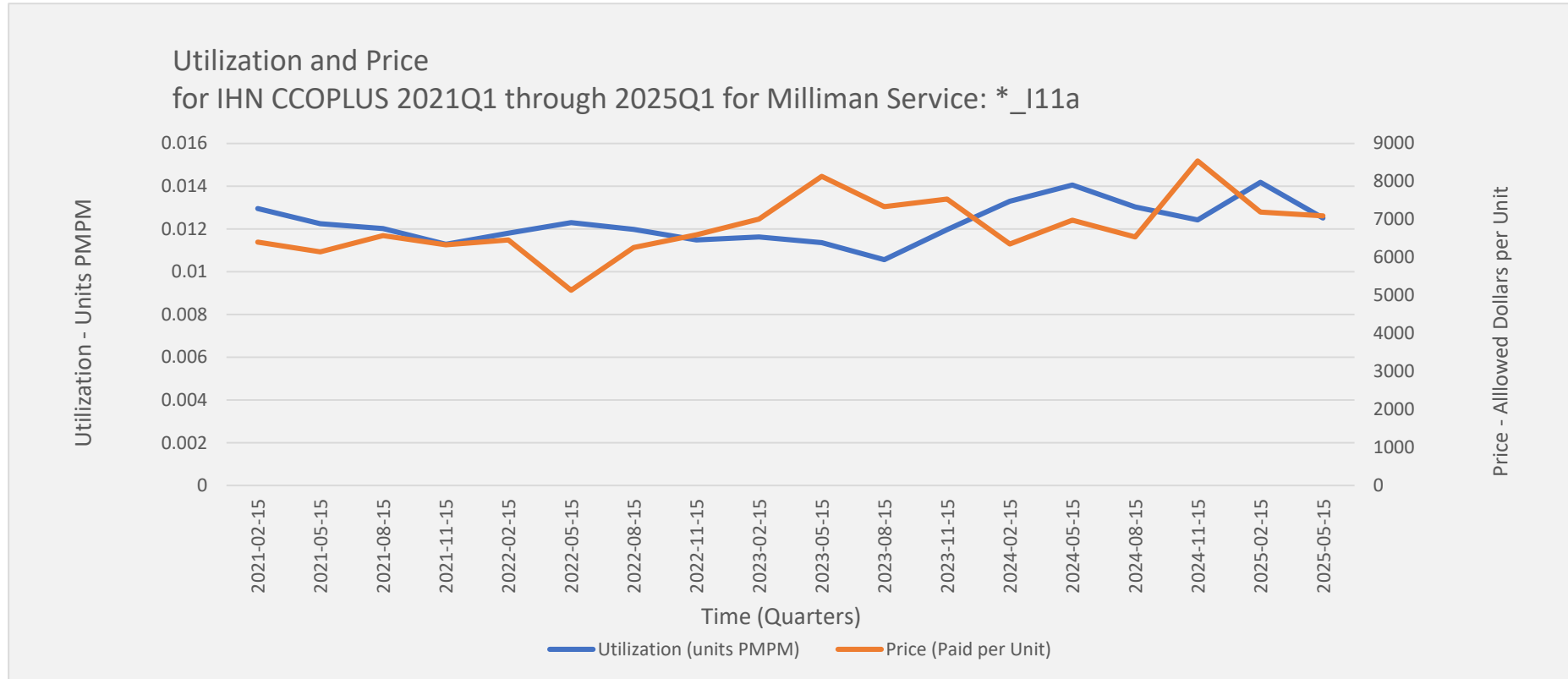
## Medical FFS



IHN reverted to back Baseline in 2024 after redetermination.  
The growth cycle looks to have begun in late 2024 and continues in 2025

# IHN Trend

## Price vs Utilization



- Cost growth is first tied to and increase in cost/service
- Next utilization increases add to total PMPM levels
- Summary: Utilization is close to baseline levels, just at a much higher cost/service than before

# IHN Trends

## Forecast

- 2025 will be in the 92-94% MLR range, similar to other CCOs
- IHN will get a 6.5% Premium rate increase in 2026. (state avg is 6.8%)
  - A 7.5% cost increase is most likely assuming the Growth cycle ends Q1 or Q2 of 2026

2026 Medical Trend	2026 MLR	2026 Margin	2026 RBC
5%	~90%	\$0M	400%
7.5%	~91%	(\$8M) to (\$5M)	362%
10%	~92-93%	(\$16M) to (\$17M)	315%

# IHN 2026 Rates

## OHA Rate Development

### CY26 Levers Used

- Trend percentile
  - OHA is estimating at the low end of the trend ranges, assuming the high 2025 trend will abate by 2026
- Performance Based Reward Pool Reduced (\$50m)
  - Lower budget for Community Benefits and Health Related Services
- Dental Directed Payment Removal
  - Discontinued bonus program after launching in 2025
- Clinical Efficiency Adjustment (75% TEL versus 100%)
  - Assumes Medical Management savings will materialize in 2026
- Quality Pool % Reduction
  - Reduced bonus pool to Providers from 4.25% to 3.5% (not final)

### CY26 Levers not Used

- Provider IP/OP and Professional Rates have not been reduced

# Compliance Report

**August 20, 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 – issues with standards used by Protiviti to audit A&G and UM teams
  - Meeting internally with SHS Compliance to identify issues and potentially request refund for part of service fees

# Audits

## External

- IHN Financial Audit
  - Finance Team leading
- HSAG CMR 2025
  - Audit completed on July 9-10
  - Exit interview completed – likely reduced active CAPs by approximately 2/3
  - New items of noncompliance identified – likely 3-4 findings to be issued
  - Awaiting draft report
- Qlarent
  - Special Investigations Unit/Fraud Waste & Abuse In Process
- Attest Data Validation Audit
  - Corrective Action Plan related to universe submissions

# OHA Review

## Deliverables

OHA provided feedback and a request for a second resubmission to IHN regarding FWA

- 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 on August 6

IHN submitted second resubmission on August 15, 2025

# Policies & Procedures

- Partnering with SHS to move all SHP policies into PolicyTech
- Initiating business unit by business unit review of all policies to remove duplicative language and to align with legal and contractual requirements
  - Policy review process will focus first on those policies that will be covered in the 2026 HSAG audit
  - Compliance team updating compliance tool for tracking OHA contract requirements

# Hotline

- Developing new reporting of reports of noncompliance and suspected Fraud, Waste and Abuse
- Compliance will gather information from EthicsPoint and summarize it for the Board and the Audit and Compliance Committee
  - Board and Committee will provide guidance on mitigation of issues of significance

# Government Relations Update

Andi Easton, Government  
Relations Director

InterCommunity   
Health Network CCO

**EXPONENTIAL  
WORKFORCE  
COSTS**

**PERFECT STORM  
FOR OPPORTUNITY...  
OR THE CRUMBLING  
OF A SYSTEM?**

**PROVIDER  
SHORTAGES**

**UNSUSTAINABLE  
2026  
RATES**

**CCO**

**OHA**

**ELIMINATE  
PRIORITIZED  
LIST**

**MEDICAID  
CUTS  
(H.R.1)**

# No shortages of issues...

## STATE FRONT

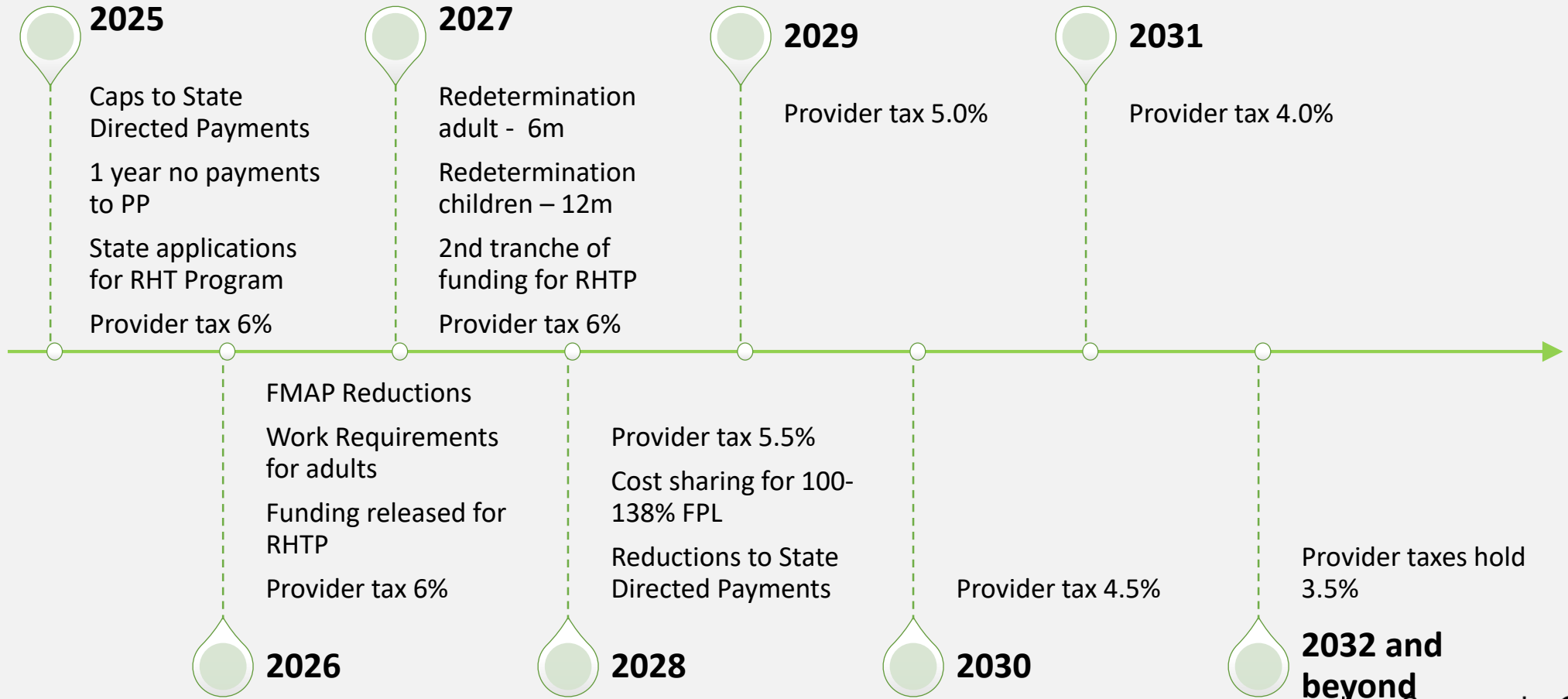
- CCO re-instatement contract
- Proposed 2026 CCO rates
- Prioritized List Workgroup
- Rule making process
- Interim Days: September 29 – Oct 1

## FEDERAL FRONT

- H.R. 1

# H.R. 1

## Health Provisions in the 2025 Federal Budget Reconciliation Bill KFF: Medicaid Watch



# Estimated Lives Impacted\*

ESTIMATES	IHN-CCO LIVES	EXPANSION POP	BRIDGE POP	HOP POP
Current Number	~88,000	27,000 - 34,000	2,000 – 3,000	1,000 – 2,000
Benton County	22,095			
Lincoln County	18,669			
Linn County	47,519			
May lose coverage		8,100 - 11,900	600 – 1,050	
IHN lives estimated to be impacted by PP prohibition	~ 1% or 900			

*\*National estimates suggest 30-35% of the expansion population may lose coverage because of work and renewal requirements*

# Planned Parenthood impacted

## H.R. 1 prohibits federal payments to Planned Parenthood

- Oregon Health Authority (OHA) estimates a loss of ~\$17 million in federal funds.
- PP supports ~ 51,000 patient visits a year; 60% are Medicaid-covered.
- Implications are access to primary and public health as well as clinic closures
- Attorney General Dan Rayfield joined 22 states + DC in a lawsuit challenging the provision.
  - Legal arguments: Violates First Amendment, Equal Protection Clause, and prohibition on Bills of Attainder.
  - Preliminary injunction is in place, but it is partial and limited

# Preliminary Injunction

- On July 21, 2025, a federal court issued a preliminary injunction blocking enforcement of the defunding provision in H.R. 1.
- This injunction applied only to:
  - Affiliates that do not provide abortion services, or
  - Affiliates receiving less than \$800,000 in Medicaid reimbursements in 2023.
- Majority of Planned Parenthood clinics remained affected by the provision.
- On July 28, 2025, the court expanded the injunction to block the entire Section 71113 of H.R. 1.
- Court ruled the provision violated: First Amendment and Bill of Attainder Clause

# Current Status

- The **FULL** defunding provision is temporarily blocked nationwide.
- Allows Planned Parenthood to continue receiving Medicaid reimbursements.
- Case remains active and may be appealed to the Supreme Court.
- Side note, there was money dedicated to Planned Parenthood in the last OHA budget, for \$10m.

# QUESTIONS

Andi Easton  
Government Relations Director  
[aeaston@samhealth.org](mailto:aeaston@samhealth.org)

# CEO Report

Bruce Butler, VP-CEO

 Samaritan Health Plans

InterCommunity   
Health Network CCO

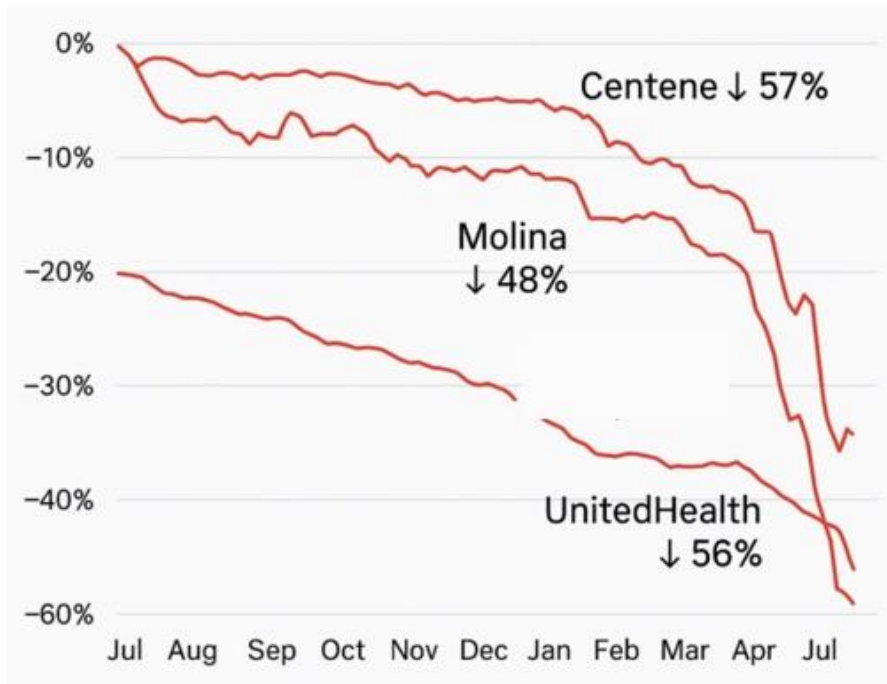


# CCO Market Conditions

- **Nationwide Health Plan Business Cycles**
- **Oregon Conditions**
  - CCOs
  - Hospitals
  - Convergent Cycles
- **IHN's Experience**
- **Oregon Health Authority Engagement**

# Nationwide Health Plan Business Cycles

## Leading National Companies



Reuters

UnitedHealth shares crash after surprise earnings miss, cuts to forecast

BARRON'S · 18d · on MSN

Centene Stock Plummets. The Health Insurer's Results Were Even Worse Than Feared.

- Higher than predicted member healthcare utilization and claims expense.
- Lagged and uncertain government products premium revenue.
- Investor expectations about future.

# Oregon Conditions

## CCOs: Medical Cost Ratios

CCO	Q1 YTD 2025 MLR (self-reported)
CareOregon - All Regions	105%
Health Share of Oregon	100%
Yamhill Community Care	98%
Eastern Oregon CCO	97%
PacificSource - All Regions	96%
InterCommunity Health Network	94%
Advanced Health	94%
AllCare Health	91%
Cascade Health Alliance	90%
Trillium – All Regions	89%
Umpqua Health Alliance	87%
<b>CCO Average</b>	<b>95%</b>

Medical Cost Ratio = the percentage of a CCO's monthly per-member payments that go out as claims expenses to reimburse providers for giving care.

8-12% of monthly revenue is typically required to sustain CCO administrative functions.

A Medical Cost Ratio above 90% generally indicates breakeven or losses.

For IHN, 1% of Medical Cost Ratio = \$5-6m per year.

# Oregon Conditions

## Hospitals

### Oregon hospitals' bleak financials leaves them vulnerable to tariffs, proposed Medicaid cuts

A new report from the Hospital Association of Oregon shows half of all hospitals in the state are in the red again, raising the stakes if the U.S. Congress makes cuts to federal benefit programs.

### Local Governments Practically Giving Away Some Rural Hospitals

Some hospitals are in such bad shape, few companies are interested in buying them. And those that are willing don't want to pay much, if anything.

### Providence discloses job cuts, citing darkening picture for hospital systems

Oregon's largest hospital system will cut the equivalent of 600 people from its seven-state workforce of 125,000, including 134 in Oregon. Leaders faulted onerous requirements approved by the Oregon Legislature among other things.

### PeaceHealth, other hospitals' cuts diminish communities' access to care

PeaceHealth, facing chronic financial losses, is following a national trend of trimming jobs and services

### Beset by unique, severe financial woes, Coos Bay hospital struggles forward

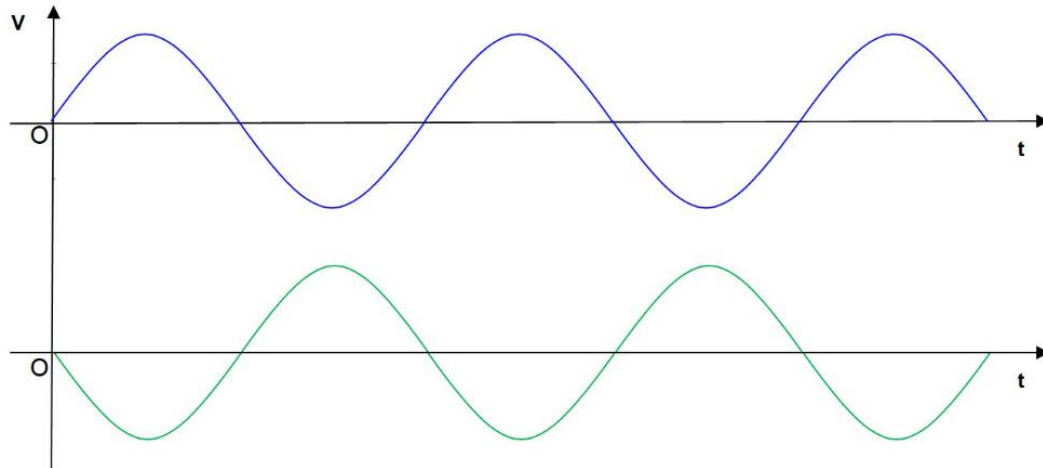
The Oregon Coast's largest hospital aims to gradually emerge from heavy debt, deep operating losses

# Oregon Conditions

## Unprecedented Convergent Cycles

### Usually:

Hospital and Health Plan business cycles are lagged and often offset each other.



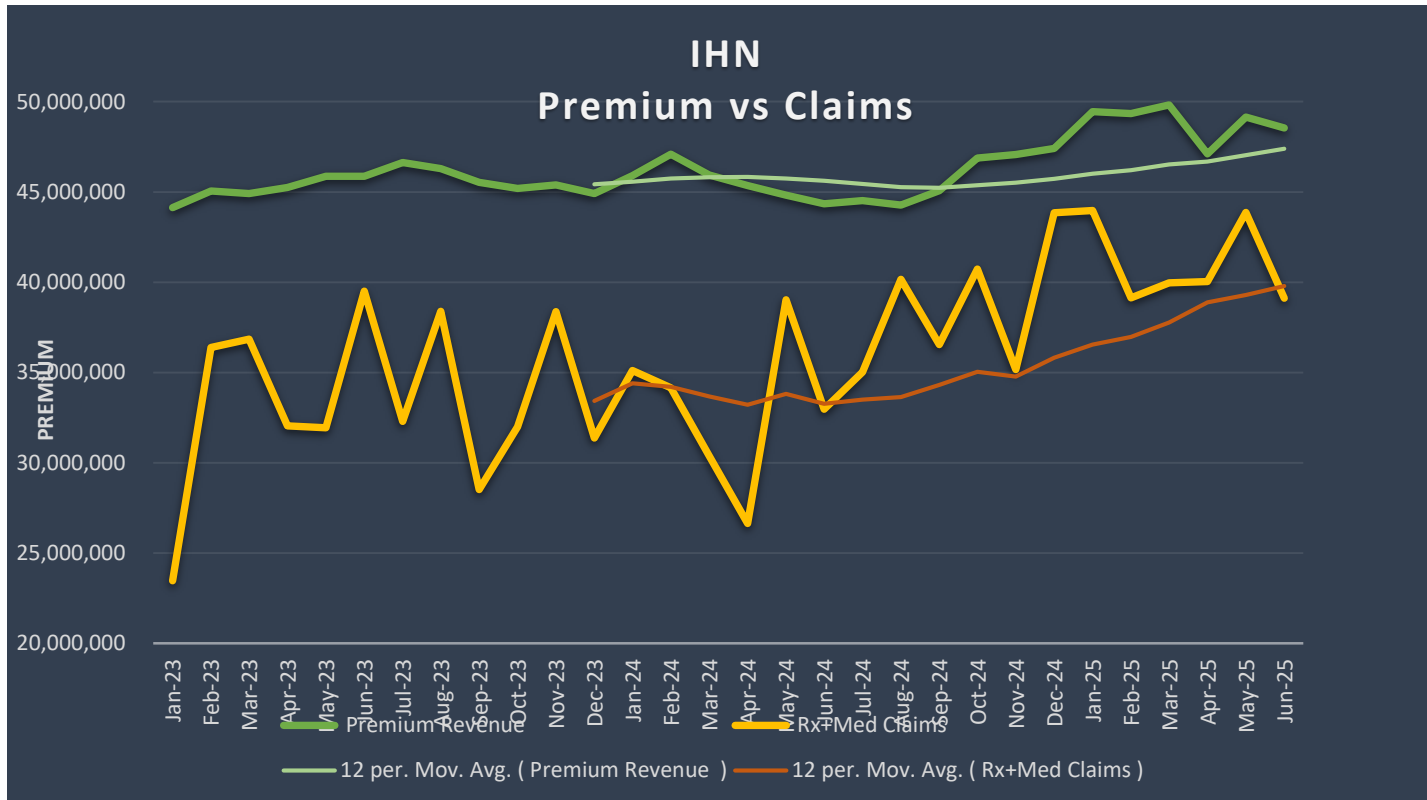
### Now:

Cycles have synced up into a “perfect storm”.



# IHN's Experience

## Mid-2024 Landfall



- Revenue is driven by membership x OHA-set per-member rates.
- Claims typically fluctuate more than revenue month-to-month.
- First half of 2024: smooth weather.
- Mid-2024: Claims trendline began diverging from revenue trendline.

# Oregon Health Authority Engagement

## Intensifying Dialog and Collaboration

- Extensive dialog with CEOs, Finance Leaders, Operations Leaders.
- CCO voices are being heard.
- Problem is recognized.
- Solutions are being actively and collaboratively sought.
  - Rate adjustments
  - Expense reductions
- Will they work effectively enough and rapidly enough?
- Will they be overwhelmed by Federal policy changes?

# CMO Report

Kelley Burnett DO

IHN | SHP Chief Medical Officer

InterCommunity   
Health Network CCO

# Current Responsibilities

**Prior Authorizations – frontline for initial review for MDRs**

**Clinical Services Division leadership:**

- **UM, Care Coordination, Pharmacy, Quality, Medical Directors**
- **Quality of Care Grievances, Appeals**
- **Interface with Compliance**

# Priorities

## Regulatory:

- Medicare – new PA requirements 1/1/2026, CFRs
- OHP – Benefit Update Project (BUP), OARs, guidelines

## Process Improvement:

- Automation
- Improving workflows for all staff
- Working “smarter, not harder”

# SHP Project Portfolio

Presented by:

**Chris Peters**

Director Center of Performance Excellence

InterCommunity   
Health Network CCO




**The everyday life of a project manager**

# SHP Project Management

## Standardized, Efficient, & Prioritized

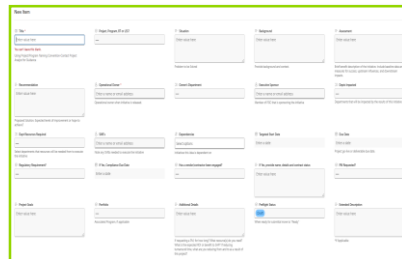
### Standardized Intake Process



**Submitting a Project/Initiative...**

Below is a summary of the intake process. A detailed step-by-step can be found in the [Intake Process Work Procedure](#) and additional details in the references below.

1. Click on the blue button above and fill out the Intake Form. You do not have to finish it in one sitting - click "Save" and come back to it any time. Reference the detailed [Form Field Definitions](#) for guidance on each field.



### Efficient Vetting & Determination

**Project Governance Committee**

Chair: Bruce Butler

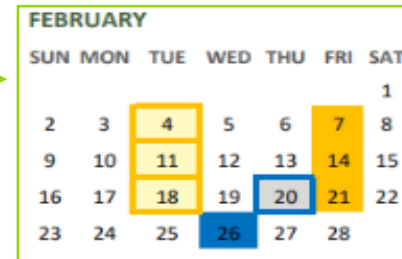
Members: Annette Fowler  
Kelley Burnett  
Jennifer Hatchet  
Trent Began  
Trevin Bernarding  
Tom Loach

**PGC**

Meetings:

Meeting Mtrls Due:

**Please submit agenda AND pre-reads items by materials due date.**



### Prioritized Project Resourcing

Priority	Initiatives
01	PDM Transformation
02	Care Coordination Redesign
03	Portal Implementation
04	Facets HIPAA Module
05	SHP-Enrollment Application Processing SaaS
06	SHP-PDM Attestation Services
07	SHP-Establish 270_271 Transaction Connection with OHA
08	SHP-VBP Scorecard Automation
09	SHP-Child Level Social Emotional Health Metric
10	SHP-Crystal Reports Migration
11	SHP-MY2024 SDOH & Referral Metric
12	SHP-PGM 1115 Waiver-HRSN Housing
13	SHP-PGM-Interop-CMS-0057-F Implementation
14	Automated PCP Selection
15	SHP-Transition Analytics from Reveleer to Pareto

Status	% Complete	Finish
	97	8/29/2025
	55	10/30/2026
	76	7/30/2026
	95	8/18/2025
	47	11/10/2025


# Our Project Portfolio

IHN is our Focus. In 2025:  
 62% of projects directly support IHN, using 73% of our project resources. Combined direct and indirect IHN support accounts for 99% of resourcing.



## SHP Prioritized Project Portfolio

 In Flight Projects

Priority	Initiatives	Executive Sponsor	Project Manager	Operational Owner	Status	% Complete
01	PDM Transformation	Annette Fowler	Angel Parmeter	Lauri Satterthwaite (Contract Staff)		97
02	Care Coordination Redesign	Nana Ama Kuffour	Randy Moore	Tracy Sasso		55
03	Portal Implementation	Trevin Bernarding (Contract Staff)	Bonnie Swaney	Annette Fowler		76
04	Facets HIPAA Module	Marjan Fakki	Christopher McMasters	Marjan Fakki		95
05	SHP-Enrollment Application Processing SaaS	Marjan Fakki	Lawrence Lin	Staci Harris (Agency)		47
06	SHP-PDM Attestation Services	Annette Fowler	Angel Parmeter	Marjan Fakki		47
07	SHP-Establish 270_271 Transaction Connection with OHA for DSNP Eligibility	Marjan Fakki	BRUTUS SEGUN	Staci Harris (Agency)		35
08	SHP-VBP Scorecard Automation		Hope Tolman			
09	SHP-Child Level Social Emotional Health Metric	Nana Ama Kuffour	Chris McMasters	Menna Alamia		17
10	SHP-Crystal Reports Migration		Phillip Leland			
11	SHP-MY2024 SDOH & Referral Metric	Nana Ama Kuffour	BRUTUS SEGUN	Hope Tolman		64
12	SHP-PGM 1115 Waiver-HRSN Housing	Annette Fowler	Christopher McMasters	Alicia Bublitz		98
13	SHP-PGM-Interop-CMS-0057-F Implementation	Trevin Bernarding (Contract Staff)	Bonnie Swaney	Tom Loach		0
14	Automated PCP Selection	Brent Godek	Christopher McMasters	Vijay Thacker		50
15	SHP-Transition Analytics from Reveleer to Pareto	Trent Began	Wendi Proctor	Wade Penner		90
16	SHP-PGM-Interop-CMS-9115-F Implementation	Trevin Bernarding (Contract Staff)	Wendi Proctor	Tom Loach		30
17	SHP-Health Plans Financial Statement and KPI		Glen Champlin			
18	Arcadia Phase IV	Nana Ama Kuffour	BRUTUS SEGUN	Nana Ama Kuffour		94
19	SHP-PGM-Interop-Prior Auth Process Improvements		Tracy Sasso			
20	Mercer-Artemis Data Submission	Trent Began	Wendi Proctor	Trent Began		95
21	SHP-Protenus - Facets and CCA PHI Audit		Jay Alda			



# PDM Transformation

## Why This Matters

The **Provider Data Management (PDM) Transformation** Project is a foundational upgrade that ensures members have timely, accurate access to provider information. SHP introduced a next-generation data management platform that enables real-time updates and automated data validation.

## Strategic Outcomes

**ProviderLenz Platform** – Enables real-time updates to provider data, improving accuracy and reducing delays in care access.

**Automated Roster Ingestion & Data Sync** – Enhances timeliness and reliability of provider information across systems.

**Streamlined Provider Add/Term Processes** – Reduces manual effort and ensures members see up-to-date provider availability.

**Regulatory Compliance & Governance** – Meets CMS and OHA standards, protecting members from disruptions and ensuring directory integrity.

## Resourcing Impact

--July'24 to June'25--

*SHP dedicated **over 9,000** project hours, representing 29% of total project resourcing—underscoring our strategic prioritization and operational commitment.*

# Care Coordination Redesign

## Why This Matters

The **Care Coordination Redesign** Project is a strategic initiative that improves early identification of member health needs, assigns appropriate care pathways, and reduces hospital and ED utilization through integrated care management. This redesign delivers meaningful value to our members by enabling timely, accurate insights and strengthening SHP's ability to deliver coordinated, community-focused care aligned with our long-term strategic goals.

## Strategic Outcomes

**OHA-Approved Risk Stratification Model** – A standardized approach to member health risk leveling.

**Updated HRA** – Flexible, OHA-approved HRA process for IHN and Dual members, integrated into overall risk profiles.

**LTSS Member Management Enhancements** – Improved automation and recordkeeping for accurate identification, care management, and compliance reporting.

**CHRC Event Capture & Outreach** – Enables proactive outreach and timely care coordination for members experiencing significant health changes.

*HRA = Health Risk Assessment  
LTSS = Long Term Service and Support  
CHRC = Change in Health-Related Circumstance*

## Resourcing Impact

*--July'24 to June'25--*

*SHP dedicated **over 9,500** project hours, representing 31% of total project resourcing.*

# Portals Implementation

## Why This Matters

**Portals Implementation** project is a direct response to member feedback—especially from our IHN community—aimed at delivering a unified, intuitive, and secure digital experience. It empowers members with easier access to their health information, improving engagement and satisfaction.

## Strategic Outcomes

**ID Cards** – Members can view, download, print, and request physical cards.

**Multi-Language Support** – Expands accessibility with English and Spanish options, with future scalability.

**Enhanced Claims & Benefits Access** – Offers detailed benefit history, medication records, and filterable/exportable claims data.

**Secure Messaging & Forms** – Enables personalized, secure communication and prefilled form submission.

**Mobile App Launch (Q1 2026)** – Extends portal functionality to mobile, increasing convenience and member engagement.

## Resourcing Impact

--July'24 to June'25--

SHP dedicated **over 2,100** project hours to this initiative, representing 7% of total project resourcing.

*Note: To optimize internal capacity—given significant resource allocation to the two prior strategic projects—SHP negotiated a highly favorable development contract with HealthTrio, offsetting approximately 9,000 hours through external support.*

# Preparing for 2026 and Beyond

Projects Nearing Completion	<b>33%</b> of our projects are $\geq 90\%$ complete
Project Pipeline	Four new projects are currently under review
Resourcing	<b>5 of our 7</b> project resourcing teams are forecasting available capacity in Q4'25 - Compared to <b>1 out of 7</b> in April'25
Programs	SHP Project Managers have expanded their roles to lead five essential programs—demonstrating our deep commitment to meeting IHN's evolving needs with agility, accountability, and strategic focus.