



## Overview of Oregon Regulatory Programs

### MultiCare Health System – Samaritan Health Services – InterCommunity Health Network CCO

In Oregon, multiple state agencies and programs may review proposed business deals involving health care companies, including Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS). At OHA, regulatory programs include Health Care Market Oversight (HCMO) and Coordinated Care Organization (CCO) Form A reviews. DCBS conducts Domestic Insurer Form A reviews for transactions that involve changes in control of domestic insurance carriers.

On December 26, 2025, OHA accepted a complete [HCMO Notice of Material Change Transaction](#) from MultiCare Health System (MultiCare) and on January 9, 2026, OHA received a [CCO Form A submission](#) from MultiCare. The notice and CCO Form A submission describe plans for MultiCare to affiliate with Samaritan Health System (Samaritan), bringing Samaritan under its control. Because Samaritan also operates InterCommunity Health Network CCO, as well as commercial and self-funded insurance plans, the proposed transaction is subject to three separate regulatory reviews. The table below provides a high-level overview of each type of review.

	HCMO	CCO Form A	Domestic Insurer Form A
<b>State agency</b>	OHA	OHA	DCBS
<b>Related regulations</b>	ORS 415.500 et seq. OAR 409-070-0000 through -0085	ORS 415.011 OAR 410-141-5255 through -5280	ORS 732.517 to 732.547 OAR 836-027-0100 through -0130
<b>Who is subject to review?</b>	Providers, insurers, CCOs, and other health care entities	CCOs	Domestic Insurers
<b>Which markets are included?</b>	All markets (commercial, Medicaid, Medicare, and self-pay/ uninsured)	Medicaid	Commercial and Medicare Advantage
<b>What does a review look at?</b>	Cost, access, equity, quality, market share and competition, financial condition,	Alignment with CCO requirements, financial condition, leadership, control, competition,	Alignment with legal requirements, financial condition, leadership, control, competition

	HCMO	CCO Form A	Domestic Insurer Form A
	alignment with legal requirements	disparities and inequities, cost and cost growth, high-quality care	
<b>How long does a review take?</b>	Preliminary review is completed within 30 days and comprehensive review is completed within 180 days, unless extended.	No required timeline. The process has been known to take six months or longer. Other deadlines may apply, such as the timing for public hearings.	No required timeline. The process has been known to take six months or longer. Other deadlines may apply, such as the timing for public hearings.
<b>For more information</b>	<a href="#">Health Care Market Oversight Program</a>	<a href="#">CCO Form A</a>	<a href="#">Domestic Insurer Form A</a>