

HCMO RFI #4  
June 4, 2026

- 1. RFI #6: RFI #6 requested copies of Samaritan Board minutes for any meetings since December 15, 2025. A document titled “2.23.26 SHS Board Minutes” was provided in the 4.10.26 submission of RFI Exhibit 6, but it appears to be the Articles of Incorporation for an unrelated entity. Please update with the correct document, along with any minutes for any other Board meetings that have since occurred.**

[REDACTED]

- 2.**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**New Requests for Information**

**21. Please describe all anticipated changes to Samaritan’s payer contracts post-transaction (including government payers, Medicare Advantage, and commercial plans). In doing so, respond to the following:**

**a. Explain whether Samaritan expects to enter into any new payer contracts and, if so, identify which payer contracts.**

[REDACTED]

**b. Explain whether Samaritan expects to terminate any of its current payer contracts and, if so, identify which payer contracts.**

[REDACTED]

**c. Samaritan went out-of-network for United Healthcare’s (“United”) Medicare Advantage plan at the beginning of 2024. Explain whether there have been any discussions by either Samaritan or MultiCare regarding Samaritan re-entering into a contract with United for its Medicare Advantage plan. If yes, describe in detail the nature of those discussions. If no, please explain why not.**

[REDACTED]

**d. Explain whether the Entities expect that Samaritan will join any of MultiCare’s current payer contracts either immediately post-transaction or later in the future and, if so, identify which payer contracts.**

[REDACTED]

- e. **Identify who will be negotiating with payers on behalf of Samaritan and state whether this is the same team that currently negotiates on behalf of other MultiCare hospital systems.**

[REDACTED]

- 22. **Describe in detail how the termination of Samaritan’s Medicare Advantage plan impacted Samaritan’s health system finances. In doing so, respond to the following:**
  - a. **Explain how Samaritan’s payer mix changed in 2026 with the termination of Samaritan Medicare Advantage Plan.**

[REDACTED]

- b. **Has the termination of Samaritan’s Medicare Advantage plan led to reduced Medicare Advantage reimbursement revenues for Samaritan or have those revenues remained steady through patients moving to other covered Medicare Advantage plans?**

[REDACTED]

- c. **Please provide patient revenues for Samaritan for Q1 of 2026 (or YTD) by payer type and plan as previously provided for 2025 in Exhibit 20, Bates no. 004768 (“Samaritan – List of all payers and revenue 2025 004769.pdf”)**

Please see RFI Exhibit 22.c.

- 23. **Please provide copies of the 2025 audited and 2026 Q1 unaudited financial statements for Samaritan.**

Please see RFI Exhibit 23

**24. Explain whether Samaritan currently tracks out-of-system referrals for specialty or higher-acuity care that cannot be provided within the Samaritan system.**

- a. If so, please provide data for the most recent one-year period available. To the extent available, please provide data on the number of referrals, type of referral (inpatient or outpatient specialty), and the entities/providers to whom Samaritan patients were referred.**

[Redacted]

[Redacted]

[Redacted]

[Redacted]

- b. Explain whether there any expected changes to where patients may be referred that need higher acuity or specialty care than can be provided locally by Samaritan.**

[Redacted]

[Redacted]

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- c. Explain whether Samaritan expects to refer patients to MultiCare facilities in Washington and, if so, describe what circumstances might trigger this referral.**

Samaritan does not expect to refer patients to MultiCare facilities in Washington, unless a patient requests the transfer, or the sub-specialty care provided by MultiCare is not available at a location that is closer to home. Samaritan's focus will continue to be on ensuring patients receive the highest quality of care possible, as close to home as appropriate and available.