

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

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**STATE OF OREGON
OREGON HEALTH AUTHORITY
HEALTH POLICY AND ANALYTICS DIVISION
SUSTAINABLE HEALTH CARE COST GROWTH TARGET PROGRAM**

In the Matter of:

Samaritan Health Services, Inc., an
Oregon nonprofit corporation

For the Cost Growth Target
measurement period: 2021-2022

Agency No. **CGT-2023-PROV-15**

**NOTICE OF PROPOSED DETERMINATION
AND RIGHT TO REQUEST A HEARING**

Oregon Health Authority's (OHA) Sustainable Health Care Cost Growth Target Program (CGT) is tasked with monitoring the cost of health care in Oregon and holding payers and provider organizations accountable for cost growth that exceeds the annual target with statistical confidence and without an acceptable reason. The CGT is governed by Oregon Revised Statutes (ORS) 442.385 through 442.386 and Oregon Administrative Rules (OAR) Chapter 409, Division 65.

Per ORS 442.386 and OAR 409-065-0035, OHA reviews underlying cost drivers and reasons for cost growth and makes a determination as to whether such conditions or factors, or combination of such conditions or factors, suffices as reasonable cause for an entity to exceed the cost growth target for the measurement period.

Now, therefore, upon due consideration of the circumstances, including the mandatory cost growth target data submissions, supplemental information provided by the entity, and the entirety of OHA's record, OHA enters the following Notice of Proposed Determination.

Procedural History and Findings of Fact

OHA's CGT conducted its cost growth review under OAR 409-065-0035, which requires that OHA conduct analyses to understand potential systematic causes or other factors that might result in payers or provider organizations exceeding the cost growth target. The cost growth target for 2021 through 2025 is 3.4%.¹

Samaritan Health Services, Inc., an Oregon nonprofit corporation ("Samaritan Health Services") is a provider organization in Oregon and was identified as an accountable organization for the 2021-2022 measurement period. To be accountable to the target, provider organizations must have at least 10,000 unique patient lives or 5,000 lives within any one CGT market (Medicaid, Medicare, Commercial) attributed to them across CGT data submissions for the measurement period.²

On or around December 13, 2023, OHA notified Samaritan Health Services that it had sufficient attributed patient volume to be accountable to the cost growth target. On or around January 10, 2024, OHA generated a data output summary and shared it with Samaritan Health Services on or around January 24, 2024. On or around March 4, 2024, OHA met with Samaritan Health Services to review data output for the 2023

¹ The cost growth target value for 2021-2025 was established by the Cost Growth Target Implementation Committee, as documented in their January 2021 Recommendations Report.

<https://www.oregon.gov/oha/HPA/HP/HCCGBDocs/Cost%20Growth%20Target%20Committee%20Recommendations%20Report%20FINAL%2001.25.21.pdf>

² Provider inclusion criteria were established by the Cost Growth Target Implementation Committee, as documented in their January 2021 Recommendations Report.

<https://www.oregon.gov/oha/HPA/HP/HCCGBDocs/Cost%20Growth%20Target%20Committee%20Recommendations%20Report%20FINAL%2001.25.21.pdf> OHA publishes the list of provider organizations that meet inclusion criteria every year.

https://www.oregon.gov/oha/HPA/HP/Cost%20Growth%20Target%20documents/List-of-Provider-Organizations-for-CGT_01.31.2024.pdf

data cycle and discuss and resolve any data validation concerns and considered the data to be validated soon after.

On or around May 7, 2024, OHA notified Samaritan Health Services of the cost growth data that were to be reported publicly in OHA's 2024 Cost Growth Target Annual Report, for the 2021-2022 cost growth measurement period. This report was released publicly on or around May 28, 2024.

On or around August 1, 2024, OHA reissued its 2024 Cost Growth Target Annual Report for the 2021-2022 cost growth measurement period due to data mitigation implemented after an error found in a mandatory reporter's previously-validated submission. This update resulted in an update to Samaritan Health Services' 2021-2022 cost growth.

In the corrected report, OHA identified Samaritan Health Services as having cost growth over the target between calendar years 2021 and 2022 for the following markets: **Medicare Advantage, 4.9%.**

On or around July 25, 2024, OHA notified Samaritan Health Services that it had exceeded the cost growth target for the 2021-2022 measurement period pursuant to OAR 409-065-0035(3).

OHA met with Samaritan Health Services in September of 2024 to discuss potential reasons for excess cost growth for Medicare Advantage from 2021-2022. See Attachment 1 for meeting dates and participants. Samaritan Health Services also provided additional data and responded to questions from OHA following this meeting.

Findings of Determining Reasonableness Process

- 1. Resurgent hospital and emergency department utilization following the COVID-19 pandemic** – During the COVID-19 pandemic, many patients delayed necessary care. As the pandemic eased, they returned for care, sometimes for illnesses that could have been identified and treated earlier and were more severe as a result. In 2022, these patients had increased hospital outpatient and emergency department utilization, which drove up cost growth during this period.

- 2. Expanded oncology services and access to oncology drugs** – Samaritan Health Services contracted with providers offering expanded oncology services in 2022, leading to an increase in both outpatient utilization and cost. This partnership led to further increases in medical pharmacy spending for expensive cancer drugs.

PROPOSED DETERMINATION

Following a review of CGT data and additional information on health care spending, OHA has determined that Samaritan's health care cost growth for Medicare Advantage from 2021-2022 was:

- **Due to acceptable reason(s).** Samaritan Health Services will not be held accountable for cost growth in this measurement period and no further action is required for this measurement period.

Please see Attachment 2 for a running summary of Samaritan's cost growth performance over time.

Dated this 21 day of January, 2025.

By:



Sarah Bartelmann, MPH
Cost Programs Manager
Oregon Health Authority

IMPORTANT NOTICES

PETITION FOR RECONSIDERATION: You may file a Petition for Reconsideration ("Petition") pursuant to OAR 409-065-0050 within 30 days from the date this proposed order was mailed (See the "Date Mailed" on the first page). The Petition must include the specific grounds for reconsideration, and may be supported by written argument or

attachments explaining why you believe OHA erred in its decision. This Petition will initiate an informal review process under OAR 409-065-0050.

The Petition must be submitted via email to HealthCare.CostTarget@oha.oregon.gov.

NOTICE OF RIGHT TO REQUEST A HEARING: You are entitled to a hearing as provided by the Administrative Procedures Act (chapter 183, Oregon Revised Statutes), OAR 409-065-0050 and OAR 137-070-0075. You are entitled to be represented by an attorney at the hearing. Legal aid organizations may be able to assist a party with limited resources. The Oregon Health Authority will be represented by an Assistant Attorney General from the Oregon Department of Justice.

To request a contested case hearing, your request must be in writing and must be received within twenty (20) calendar days from the date this Order was personally served, mailed, or electronically transmitted to you, based on the date at the top of this document.

A request sent by U.S. mail is “received” on the date it is postmarked. Your request may also be emailed. Your request should be sent to:

HealthCare.CostTarget@oha.oregon.gov

or

421 SW Oak Street, Suite 875
Attn: Cost Growth Target Program
Portland, OR 97204

If you submit a request for a contested case hearing, you will be notified of the time and place of the hearing. Information on the hearing process will be provided to you in accordance with ORS 183.413(2). Any hearing will be conducted by an administrative law judge from the Office of Administrative Hearings, assigned as required by ORS 183.635.

If you fail to request a hearing within the time allowed, if you request a hearing and subsequently withdraw your request for a hearing, if you request a hearing and fail to appear for the hearing, or if a hearing is scheduled and you later notify OHA that you

will not appear at the specified time and place, you will have waived your right to a hearing, and this proposed order will become a final order by default. If OHA issues a final order by default, it designates its file on this matter, including all materials that you have submitted relating to this matter, as the record in this case for purposes of proving a prima facie case.

NOTICE TO ACTIVE DUTY SERVICEMEMBERS: Active-duty service members have a right to stay these proceedings under the federal service members Civil Relief Act. For more information contact the Oregon State Bar at 800-452-8260, the Oregon Military Department at 503-584-3571, or the nearest United States Armed Forces Legal Assistance Office through <http://legalassistance.law.af.mil>. The Oregon Military Department does not have a toll-free telephone number.

Attachment 1: Meeting Dates and Participants

Meeting Date	Participants
September 6, 2024	Sarah Bartelmann (OHA), Margaret Munroe (OHA), Bruce Butler (Samaritan Health Plans), Doug Boyson (Samaritan Health Services), Andi Easton (Samaritan Health Services), Trent Began (Samaritan Health Plans), Janet McGuire (Samaritan Health Services), Shannon Welsh (Samaritan Health Plans), Wayne Penner (Samaritan Health Plans), Shannon Welsh (Samaritan Health Services)

Attachment 2: Cost Growth Target Performance Over Time

Samaritan Health Services's Medicare Advantage Cost Growth

Measurement Year	Cost Growth %	Status	Determination
2021-2022	4.9%	Not Met	Reasonable