



**REGULAR MEETING OF THE
BOARD OF DIRECTORS**

Thursday, October 17, 2024

at

8:00 A.M.

At

**Kern Health Systems
2900 Buck Owens Boulevard
Bakersfield, CA 93308**

The public is invited.

For more information - please call (661) 664-5000.

AGENDA

BOARD OF DIRECTORS

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Regular Meeting
Thursday, October 17, 2024

8:00 A.M.

All agenda item supporting documentation is available for public review on the Kern Health Systems website: <https://www.kernfamilyhealthcare.com/about-us/governing-board/>
Following the posting of the agenda, any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available on the KHS website.

PLEASE SILENT CELL PHONES AND OTHER ELECTRONIC DEVICES DURING THE MEETING

BOARD TO RECONVENE

Directors: Watson, Thygerson, Patel, Elliott, Acharya, Alva, Bowers, Hoffmann, Ma, McGlew, Meave, Singh, Tamsi, Turnipseed
ROLL CALL:

ADJOURN TO CLOSED SESSION

CLOSED SESSION

- 1) Request for Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) –
- 2) CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Government Code Section 54956.9 (d)(2): 1 case
Facts and circumstances that might result in litigation against the local agency but which the local agency believes are not yet known to a potential plaintiff or plaintiffs, which facts and circumstances need not be disclosed.
- 3) PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Title: Chief Executive Officer (Government Code Section 54957) –

8:45 A.M.

BOARD TO RECONVENE

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN HEALTH SYSTEMS STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE BOARD OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE BOARD CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 4) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct the staff to place a matter of business on a future agenda. **SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THE MEETING FACILITATOR WILL INDICATE WHEN THERE IS 15 SECONDS REMAINING TO YOUR PRESENTATION TIME!**

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 5) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2))

DEPARTMENTAL MATTERS

- CA-6) Minutes for Kern Health Systems Board of Directors regular meeting on August 15, 2024 (Fiscal Impact: None) –
 APPROVE
- 7) Appreciation recognition of Barbara Patrick for 13 years of dedicated service as a member of the Kern Health Systems Board of Directors (Fiscal Impact: None) –
 RECEIVE AND FILE
- 8) Proposed revision to Employee Compensation Program effective January 1, 2025 (Fiscal Impact: None) –
 APPROVE
- 9) Proposed Triscend Employee Retention Program (Fiscal Impact: \$4.8 million cash investment) –
 HEAR PRESENTATION; APPROVE; AUTHORIZE CHAIRMAN AND CEO TO EXECUTE AGREEMENTS TO IMPLEMENT PROGRAM
- 10) Proposed Amendment No.2 to Employment Agreement with Emily Duran, for services as Chief Executive Officer (Fiscal Impact: \$67,500 annually) –
 APPROVE; AUTHORIZE CHAIRMAN TO SIGN
- 11) Report on Kern Health Systems Healthcare Workforce Expansion Initiative (Fiscal Impact: None) –
 RECEIVE AND FILE
- 12) Report on Kern Health Systems 2023 Managed Care Accountability Set (MCAS) Report (Fiscal Impact: None) –
 RECEIVE AND FILE
- CA-13) Proposed Increase in the Not-to-Exceed amount with Dell by \$1,419,541 from \$2,344,713 to \$3,764,254 for the Retroactive Approval of Payments and Projection of Additional Expenses to the Microsoft Enterprise Agreement from January 1, 2022 through December 31, 2024 (Fiscal Impact: \$1,419,541; Budgeted) –
 APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- CA-14) Proposed Contract Renewal with Dell for the Microsoft Enterprise Agreement from January 1, 2025 through December 31, 2027 (Fiscal Impact: \$7,321,888 over the term of the contract; Budgeted) –
 APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- CA-15) Proposed increase in the Not-to-Exceed amount with Cognizant by \$555,940 from \$5,889,582 to \$6,445,522 for the HPA Robot services from September 11, 2024 through September 10, 2025 (Fiscal Impact: \$555,940; Budgeted) –
 APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN

- CA-16) Proposed increase in the Not-to-Exceed amount with Zipari by \$722,838 from \$1,986,734 to \$2,709,572 for the Member and Provider Portal, from June 1, 2024 through December 31, 2025, which includes a contract extension for seven (7) months. (Fiscal Impact: \$722,838; Budgeted) –
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- CA-17) Proposed Increase in the Not-to-Exceed amount with MCG Health by \$1,249,525 from \$4,442,712 to \$5,692,237 for the Evidence Based Clinical Guidelines, from May 31, 2024 through August 4, 2025 (Fiscal Impact: \$1,249,525 over the term of the contract; Budgeted) –
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- CA-18) Proposed Contract Extension with The Periscope Group, for the In-Home Medical Assessments, from September 5, 2024 through September 4, 2025. Increasing the Not-to-Exceed amount by \$162,000 from \$142,025 to \$304,025 over the term of the contract. (Fiscal Impact: \$162,000; Budgeted) –
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- CA-19) Proposed New Contract with BG Healthcare Consulting, for the Clinical Consulting Services, from January 1, 2025 through December 31, 2027 (Fiscal Impact: \$1,500,000 over the term of the contract; Budgeted) –
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- CA-20) Proposed Contract Extension with Reliable Janitorial Services, for the Janitorial Services, from November 1, 2024 through October 31, 2026. Increasing the Not-to-Exceed amount by \$660,968 from \$250,000 to \$910,968 over the term of the contract. (Fiscal Impact: \$660,968; Budgeted) –
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- CA-21) Proposed Contract Extension with Harte Hanks Response Management, for the New Member Welcome Call Center, from January 1, 2025 through December 31, 2027. Increasing the Not-to-Exceed amount by \$750,000 from \$198,060 to \$948,060 over the term of the contract. (Fiscal Impact: \$750,000; Budgeted)
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- 22) Report on Kern Health Systems financial statements for July 2024 and August 2024 (Fiscal Impact: None) –
RECEIVE AND FILE
- CA-23) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for July 2024 and August 2024 and IT Technology Consulting Resources for the period ended July 31, 2024 (Fiscal Impact: None) –
RECEIVE AND FILE
- CA-24) Proposed Kern Health Systems provider contracts (rates confidential per Welfare and Institutions Code Section 14087.38(m)) –
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN

-
- CA-25) Proposed New Policy QP 23.XX Ongoing Monitoring and Sanction Activity Review and proposed revisions to Policy 23.1-P Delegated Credentialing and Policy 23.06-P Non-Physician Medical Practitioner (Fiscal Impact: None) –
APPROVE
- CA-26) Kern Health Systems Chief Compliance and Fraud Prevention Officer report (Fiscal Impact: None) –
RECEIVE AND FILE
- CA-27) Report on Kern Health Systems Operation Performance and Review of the Kern Health Systems Grievance Report (Fiscal Impact: None) –
RECEIVE AND FILE
- 28) Kern Health Systems Chief Medical Officer report (Fiscal Impact: None) –
RECEIVE AND FILE
- 29) Kern Health Systems Chief Executive Officer report (Fiscal Impact: None) –
RECEIVE AND FILE
- CA-30) Miscellaneous Documents –
RECEIVE AND FILE
- A) Minutes for Behavioral Health Advisory Committee meeting on July 10, 2024
 - B) Minutes for Kern Health Systems Delegation Oversight Committee meeting on July 30, 2024
 - C) Minutes for Kern Health Systems Fraud, Waste, and Abuse Committee meeting on August 5, 2024
 - D) Minutes for Kern Health Systems Physician Advisory Committee meeting on August 7, 2024
 - E) Minutes for Kern Health Systems Finance Committee meeting on August 9, 2024
 - F) Minutes for Kern Health Systems Compliance Committee meeting on August 26, 2024
 - G) Minutes for Kern Health Systems Physician Advisory Committee meeting on September 4, 2024
 - H) Minutes for Kern Health Systems Utilization Management Committee Meeting on September 11, 2024
 - I) Minutes for Kern Health Systems Executive Quality Improvement Health Equity Committee Meeting on September 12, 2024
 - J) Minutes for Kern Health Systems Health Equity Transformation Steering Committee meeting on September 12, 2024
 - K) Minutes for Kern Health Systems Community Advisory Committee meeting on September 24, 2024
 - L) Minutes for Kern Health Systems Governance and Compliance Committee meeting on September 27, 2024
 - M) Minutes for Kern Health Systems Drug Utilization Review Committee meeting on September 30, 2024

ADJOURN TO DECEMBER 19, 2024 AT 8:00 A.M.

**AMERICANS WITH DISABILITIES ACT
(Government Code Section 54953.2)**

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the Board of Directors may request assistance at the Kern Health Systems office, 2900 Buck Owens Boulevard, Bakersfield, California 93308 or by calling (661) 664-5010. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

SUMMARY

BOARD OF DIRECTORS

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Regular Meeting
Thursday, August 15, 2024

8:00 A.M.

BOARD RECONVENED

Directors: Watson, Thygerson, Patel, Elliott, Acharya, Alva, Bowers, Hoffmann, Ma, McGlew, Meave, Patrick, Singh, Tamsi, Turnipseed
ROLL CALL: 9 – Present; 6 Absent – Thygerson, Alva, Ma, Patrick, Singh, Tamsi

NOTE: The vote is displayed in bold below each item. For example, McGlew-Patrick denotes Director McGlew made the motion and Director Patrick seconded the motion.

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" WERE CONSIDERED TO BE ROUTINE AND APPROVED BY ONE MOTION.

BOARD ACTION SHOWN IN CAPS

ADJOURNED TO CLOSED SESSION

Patel

CLOSED SESSION

- 1) Request for Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – SEE RESULTS BELOW
- 2) CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION
Government Code Section 59456.9 (d)(1) - Name of Case: *Michelle Oxford v. Kern Family Health Care dba Kern Health Systems; Emily Duran*, BCV-24-101473 – SEE RESULTS BELOW

NOTE: DIRECTOR ALVA ARRIVED AT 8:10 AM DURING CLOSED SESSION

NOTE: DIRECTOR SINGH ARRIVED AT 8:20 DURING CLOSED SESSION

8:30 A.M.

BOARD RECONVENED

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

Item No. 1 concerning a Request for Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) RECOMMENDED FOR **INITIAL CREDENTIALING FOR AUGUST 2024** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR BOWERS ABSTAINED FROM VOTING ON MORENO; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON RAYES, SWE; DIRECTOR MA ABSTAINED FROM VOTING ON RAYES; DIRECTOR MEAVE ABSTAINED FROM VOTING ON SWE; DIRECTOR TURNIPSEED ABSTAINED FROM VOTING ON HOROWITZ, LI

Item No. 1 concerning a Request for Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) RECOMMENDED FOR **RECREREDENTIALING FOR AUGUST 2024** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR RECREREDENTIALING; DIRECTOR ELLIOTT ABSTAINED FROM VOTING ON ETTINGER; DIRECTOR BOWERS ABSTAINED FROM VOTING ON SINGH; DIRECTOR MCGLEW ABSTAINED FROM VOTING ON ETTINGER; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON GABRILLO, MCGILL, PETERSEN, SPRINGER, VALENCIA, VARNES; DIRECTOR MEAVE ABSTAINED FROM VOTING ON SPRINGER, VALENCIA, VARNES

PUBLIC PRESENTATIONS

- 3) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THE MEETING FACILITATOR WILL INDICATE WHEN THERE IS 15 SECONDS REMAINING TO YOUR PRESENTATION TIME!
NO ONE HEARD

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 4) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2))

DIRECTOR WATSON THANKED ALL THE BOARD MEMBERS FOR SUBMITTING EMILY'S EVALUATION DOCUMENTS AND STATED THAT THE PERFORMANCE EVALUATION IS BEING PREPARED

DIRECTOR ELLIOTT THANKED KHS FOR DONATING IN SUPPORT THE VICTIMS OF THE BOREL FIRE

DIRECTOR BOWERS ALSO THANKED KHS FOR DONATING TO THE BOREL FIRE VICTIMS AND ALSO THANKED THE KHS TEAM FOR ASSISTING AND HELPING THE VICTIMS OF THE SHIRLEY LANE WATER ISSUE

EMILY DURAN INTRODUCED DARIN MOORE, KHS' INTERIM CHIEF INFORMATION OFFICER

DEPARTMENTAL MATTERS

- CA-5) Minutes for Kern Health Systems Board of Directors regular meeting on June 13, 2024 (Fiscal Impact: None) – APPROVED
Bowers-Singh: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- CA-6) Minutes for Kern Health Systems Board of Directors special meeting on July 11, 2024 (Fiscal Impact: None) – APPROVED
Bowers-Singh: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- CA-7) Proposed amended Conflict of Interest Code for Kern Health Systems (Fiscal Impact: None) – APPROVED; REFERRED TO KERN COUNTY BOARD OF SUPERVISORS FOR APPROVAL
Bowers-Singh: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- 8) Proposed selection of Moss Adams to perform financial audit services for calendar years 2024-2026 with the option of providing financial auditing services for two subsequent years (Fiscal Impact: \$500,000 Estimated over the three year term; Budgeted) – APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN THE ENGAGEMENT LETTER
Bowers-Acharya: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- 9) Proposed revisions to the Kern Health Systems Bylaws (Fiscal Impact: None) – APPROVED; REFERRED TO KERN COUNTY BOARD OF SUPERVISORS FOR APPROVAL
Singh-McGlew: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi

- CA-10) Report on Kern Health Systems investment portfolio for the second quarter ending June 30, 2024 (Fiscal Impact: None) – RECEIVED AND FILED
Bowers-Singh: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- CA-11) Proposed renewal and binding of insurance coverages for General Liability and Excess Liability from September 29, 2024 through September 29, 2025, Employed Lawyers Professional Liability Insurance from August 15, 2024 through August 15, 2025 and Earthquake Insurance from October 15, 2024 through October 15, 2025 (Fiscal Impact: \$700,000 Estimated; Budgeted) – APPROVED
Bowers-Singh: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- 12) Proposed Agreement with Cognizant (formerly Trizetto), for the support and maintenance services for the QNXT software along with claims workflow and DOFR Module, from September 11, 2024 through September 10, 2029 (Fiscal Impact: \$5,889,582 over the term of the contract; Budgeted) – APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN AGREEMENTS SUBJECT TO INFORMATION TECHNOLOGY AND COUNSEL APPROVAL
Meave-Hoffmann: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- 13) Report on Kern Health Systems financial statements for May 2024 and June 2024 (Fiscal Impact: None) – RECEIVED AND FILED
McGlew-Elliott: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- CA-14) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for May 2024 and June 2024 and IT Technology Consulting Resources for the period ended May 31, 2024 (Fiscal Impact: None) – RECEIVED AND FILED
Bowers-Singh: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- CA-15) Proposed Kern Health Systems provider contracts (rates confidential per Welfare and Institutions Code Section 14087.38(m)) – APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN
Bowers-Singh: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- CA-16) Kern Health Systems Chief Health Equity Officer report (Fiscal Impact: None) – RECEIVED AND FILED
Bowers-Singh: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- 17) Kern Health Systems Chief Compliance and Fraud Prevention Officer report (Fiscal Impact: None) – RECEIVED AND FILED
Bowers-Acharya: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi

- 18) Report on Kern Health Systems Operation Performance and Review of the Kern Health Systems Grievance Report (Fiscal Impact: None) – ALAN AVERY, CHIEF OPERATING OFFICER PRESENTED THE 2024 2ND QUARTER GRIEVANCE REPORT TO THE BOARD. HE SHARED THAT THE PLAN MEMBERSHIP GREW BY 60,000 MEMBERS IN JANUARY AND CONTINUES TO ADD NEW MEMBERS IN THE 2ND QUARTER ALONG WITH MEMBER GRIEVANCES GROWING AS WELL. QUESTION RAISED BY THE BOARD, WHAT WERE SPECIFIC AREAS AND REASONS FOR THE GROWTH. MR. AVERY INDICATED SOMETIMES NEW MEMBERS HAVE UNREALISTIC EXPECTATIONS WHEN THEY JOIN THE PLAN ALONG WITH PENT UP MEDICAL NEEDS. THE TWO AREAS THAT INCREASED FROM THE PREVIOUS QUARTER WAS ACCESS TO CARE AND QUALITY OF SERVICE. DISCRIMINATION GRIEVANCES LIKEWISE GREW SLIGHTLY DURING THE QUARTER AS WELL. ANY CALLER ALLEGING ANY DISCRIMINATION OF SEX, RACE, RELIGION, AGE, PHYSICAL DISABILITY OR GENDER IDENTIFICATION MUST BE REPORTED TO THE OFFICE OF CIVIL RIGHTS WITHIN 10 DAYS.
- EXEMPT GRIEVANCES DECREASED SIGNIFICANTLY FROM THE 1ST QUARTER. THESE ARE INFORMAL COMPLAINTS AND ARE NOT BROKEN DOWN FURTHER INTO SPECIFIC DETAILED CATEGORIES. THESE ARE MINOR COMPLAINTS; HOWEVER WE ARE STILL REQUIRED TO INVESTIGATE THEIR COMPLAINTS FURTHER. WE USE THIS INFORMATION AS PART OF THE PROVIDERS RECREDENTIALING PROCESS.
- MR. AVERY REVIEWED WITH THE BOARD HOW GRIEVANCES ARE PROCESSED, AND A DISPOSITION DECISION IS REACHED. EACH GRIEVANCE COMES TO MEMBER SERVICES FROM EITHER A MEMBER OR A PROVIDER. THE GRIEVANCE COORDINATOR RESEARCHES THE FACTS OF THE GRIEVANCE, REQUESTS MEDICAL RECORDS IF NEED OR INPUT FROM THE PROVIDER AND FORWARDS ALL POTENTIAL INAPPROPRIATE CARE TO THE QUALITY TEAM FOR FURTHER REVIEW. A RECOMMENDATION IS THEN MADE TO THE WEEKLY GRIEVANCE COMMITTEE FOR DISCUSSION AND APPROVAL. THIS COMMITTEE IS COMPRISED OF A MEDICAL DIRECTOR, AND REPRESENTATIVES FROM UM, QUALITY, CASE MANAGEMENT, PROVIDER NETWORK MANAGEMENT, COMPLIANCE, AND THE COO. THE COMMITTEE REVIEWS THE FACTS OF THE CASE PRIOR TO THE MEETING, REVIEWS THE RECOMMENDATION AND COMES TO A DECISION.
- IN REVIEWING THE DISPOSITION OF THE 2052 FORMAL GRIEVANCES FOR THE QUARTER, MR. AVERY REPORTED THE POTENTIAL INAPPROPRIATE CARE AND MEDICAL NECESSITY GRIEVANCES ARE THE CATEGORY WITH THE MOST GRIEVANCES RECEIVED DURING THE QUARTER. BOARD KIMBERLY HOFFMANN ASKED MR. AVERY THE IMPACT OF THE NEW MEMBERS FROM HEALTHNET HAD ON THE GRIEVANCE INCREASES. MR. AVERY INDICATED THERE WAS NOT SPECIFIC TRENDS THAT WAS APPARENT FROM THE NEW MEMBERS, BUT THE PLAN WOULD CONTINUE TO MONITOR THE PIC AND MEDICAL NECESSITY CATEGORIES IN THE COMING QUARTER TO VALIDATE IF THE NEW MEMBERSHIP WAS IMPACTING THE CHANGE OR OTHER ISSUES. - RECEIVED AND FILED
- Singh-Patel: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi**

- 19) Kern Health Systems Chief Medical Officer report (Fiscal Impact: None) –
RECEIVED AND FILED
Singh-Patel: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- 20) Kern Health Systems Chief Executive Officer report (Fiscal Impact: None) –
RECEIVED AND FILED
Patel-Elliott: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- CA-21) Miscellaneous Documents – RECEIVED AND FILED
Bowers-Meave: 11 Ayes; 4 Absent – Thygerson, Ma, Patrick, Tamsi
- A) Minutes for Kern Health Systems Behavioral Health Advisory Committee meeting on April 8, 2024
 - B) Minutes for Kern Health Systems Physician Advisory Committee meeting on June 5, 2024
 - C) Minutes for Kern Health Systems Population Health Management Committee meeting on June 5, 2024
 - D) Minutes for Kern Health Systems Utilization Management Committee meeting on June 19, 2024
 - E) Minutes for Kern Health Systems Drug Utilization Review Committee meeting on June 24, 2024
 - F) Minutes for Kern Health Systems Community Advisory Committee meeting on June 26, 2024
 - G) Minutes for Kern Health Systems Quality Improvement Committee meeting on June 27, 2024
 - H) Minutes for Kern Health Systems Health Equity Transformation Steering Committee meeting on July 1, 2024
 - I) Minutes for Kern Health Systems Governance and Compliance Committee meeting on August 1, 2024

ADJOURN TO OCTOBER 17, 2024 AT 8:00 A.M.

/s/ Vijaykumar Patel, Secretary
Kern Health Systems Board of Directors



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Kristen Watson, Chairman
SUBJECT: Service Recognition on KHS Board of Directors
DATE: October 17, 2024

Background

Barbara Patrick served as a member of the Kern Health Systems Board of Directors as the Fourth District Community Representative since September 27, 2011. Ms. Patrick resigned effective September 3, 2024.

During her tenure, Barbara served as Board Chairman (*March 2013 – May 2016*). In addition, she was a member of Board Committees including Nominating Committee and Compensation Committee where we relied on Barbara's keen insight and guidance. For this, KHS is eternally grateful.

Barbara's unique perspective on the role of public service was invaluable in helping the Board navigate the many challenges facing Kern Health Systems during her years of service.

On behalf of the Kern Health Systems Board of Directors, please know how much we appreciate Director Patrick's participation on Kern Health Systems Board of Directors for 13 years.

Recognition

The Board of Directors will recognize Board Member Patrick's contribution with a service recognition award to commemorate her years of service.



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Kern Health Systems Compensation Committee
SUBJECT: Proposed Revision to Employee Compensation Program
DATE: October 17, 2024

Introduction

The Kern Health Systems (“KHS”) Board of Directors and its Executive Leadership Team established a Corporate Strategic Plan for 2023-2025. One of the Strategic Priorities and Goals within the plan is focused on recruitment and retention initiatives for our current KHS workforce; specifically, surveying the current state of the labor market for gaps and addressing those through targeted programs.

In the fall of 2023, KHS staff engaged the consulting firm Mercer to review its current salary structure and position salaries against the relevant labor market. They provided an analysis of the comparison and made recommendations to address gaps between our current employee salary grades and those of the competitive labor market.

In coordination with this Committee, staff proposes adoption of the attached revised Employee Compensation Program. Contained in this revised policy is the following:

- An updated Salary Structure, as recommended by Mercer.
- Modification to the methodology utilized for position placement within the Salary Structure.
- Clear guidelines and authority for salary offers upon initial hiring and promotion.
- Adoption of current practices for progressive promotion and equity adjustment.
- Authority for CEO to implement additional recruitment and retention strategies within the approved policy and budgetary requirements of the Board of Directors.

Updated Salary Structure

The proposed Employee Compensation Program revision includes an updated Salary Structure. Mercer reviewed KHS’ current salary structure and benchmarked current KHS positions to survey data based on job responsibilities and requirements.

Mercer determined that the current salary structure was on average 2% below the market 50th percentile with larger gaps at the executive levels and bottom salary grades. They projected that our bottom 1-2 salary grades will be completely or mostly unused due to increases in minimum wage, particularly in the healthcare sector. Mercer also noted that the midpoint progression and range spread of the current salary grades were not consistent.

The updated Salary Structure proposed by Mercer includes the following adjustments to account for these issues:

- Increasing the bottom salary grade to start at \$21.15/hour to account for the increase in healthcare worker minimum to \$21.00/hour.
- Increasing the number of executive grades from 4 to 5 and non-executive grades from 12-14.
- Smoothing out the midpoint progressions and range spreads to allow for a more consistent grade structure.

Mercer also benchmarked over 300 distinct roles utilized by KHS. On average, Mercer found KHS base salaries to be 5% below the 50th percentile of the market. The most significant gaps were at the high and low end of our current salary grade assignment. Based upon Mercer's market study they recommended placement within the proposed Salary Structure at a salary grade with a midpoint salary closest to the 50th percentile of the studied labor market. This methodology is codified within the proposed Employee Compensation Program for future application.

Requested Action

Approve revision to KHS Employee Compensation Program effective January 1, 2025.

Attachments: KHS Policy and Procedures, Employee Compensation Program, Policy #15.09-I

KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Employee Compensation Program	Policy #	15.09-I
Policy Owner	Chief Legal and Human Resources Officer	Original Effective Date	05/22/2012
Revision Effective Date	10/17/2024	Approval Date	10/17/2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare		

I. PURPOSE

The purpose of this policy is to establish the base salary structure and compensation program applied to the class of positions utilized by Kern Health Systems (KHS).

Our compensation program is designed to attract, motivate, and retain high-performing employees across all positions, while ensuring fairness and equity across the organization.

II. POLICY

A. Salary Structure

KHS utilizes a salary structure based upon distinct salary grades. Each salary grade has a salary range with a minimum salary, midpoint salary, and maximum salary. The salary grades ensure consistent midpoint salary progression and salary range spread. The lowest and highest salary grades are set to ensure competitiveness within the relevant labor market for all positions.

Each individual position has its own job description defining the position, listing the essential job functions and duties, and identifying the knowledge, skills, and abilities required for each role. The job descriptions are utilized to evaluate and compare each position within the relevant labor market. Each position is placed in a salary grade with a midpoint salary closest to the 50th percentile of the studied labor market. Adjustments may be required to ensure differentiation between supervisory and subordinate positions and to ensure internal equity within the organization.

The Chief Legal and Human Resources Officer (CLHRO) is authorized to approve the placement of new positions within the salary structure and the adjustment of existing positions within the salary structure using this evaluation and comparison methodology.

B. Salary Upon Hiring

New employees are typically presented with a salary offer between the minimum salary and midpoint salary for their position. Their initial salary is set using many different factors including, but not limited to, the applicant or employee's years of experience, unique skills and abilities,

performance, and Kern Health Systems budgetary considerations. The CLHRO or their designee is authorized to offer an initial salary at or below the midpoint salary of a salary range.

When necessary to recruit qualified employees, the CEO or their designee is authorized to offer an initial salary above the midpoint salary. When considering re-employment of a former employee in the same department and same classification as they held prior to separation, the former employee may be rehired salary for their position. at the same salary level previously held. Under no circumstance shall a salary offer exceed the maximum

C. Salary Upon Promotion

Promoted employees are given a salary offer reflective of their experience and qualifications and the expectations contained within the role in which they are promoted to. The salary upon promotion should typically be an amount at least five percent higher than their current salary. In no case will the employee's salary be less than their current salary.

The CLHRO or their designee is authorized to offer a salary at or below the midpoint salary of the salary range of the new position. The CEO or their designee is authorized to offer a salary above the midpoint salary.

D. Salary Upon Demotion, Reclassification, or Transfer

An employee may receive a salary decrease upon demotion but in no case will the employee's salary be less than the minimum of the salary grade.

An employee may receive a salary increase or decrease upon reclassification dependent upon significant changes within the scope of work performed, but in no case will the employee's salary be less than the minimum of the salary grade.

An employee may receive a salary increase upon transfer to another position whose salary grade is the same as the previous position. A transfer requires that the employee meets the minimum qualifications and has demonstrated knowledge, skills, and abilities different and necessary to the new position.

E. Progressive Promotion

A progressive promotion is a personnel transaction that may take place without a formal recruitment. Typically, it involves an employee promoting within a defined position leveling (i.e., Member Services Representative I to Member Services Representative II). It may also occur when an employee promotes to another position within the same salary grade but accepts a higher-level of duties and responsibilities.

In all cases, a progressive promotion should only be considered when a department has developed and implemented a career progression matrix within existing job families that has been approved by Human Resources. Progressive promotions should not be considered when an employee promotes to a separate position in a higher salary grade.

The CLHRO or their designee is authorized to approve progressive promotions with salary

adjustments up to 10%. The CEO is authorized to approve progressive promotions above 10%, but not to exceed the maximum salary for the position.

F. Equity Adjustments

Equity adjustments are special salary actions necessary when market data, as judged by Human Resources, indicates that a different salary grade is required, or when inequities in salaries are identified and warrant correction. Adjustments may be made for individuals or groups of employees at any time during the year. Adjustments must be justified in writing by the affected department head or hiring manager.

Equity adjustments must be approved by the CLHRO and the CEO. The KHS Board of Directors shall approve organization-wide equity adjustments that are non-budgeted and result in a material financial impact to KHS.

G. Performance-based Adjustments

Each employee shall have their performance reviewed at annually. Employees whose salary is not at the maximum salary of their salary grade are eligible for performance-based adjustment. An employee's eligibility for a performance-based adjustment is based upon the employee's performance rating and application of a meeting or exceeding the performance expectations set forth in the performance appraisal. Any approved performance-based adjustment will be effective on January 1 of the following year.

H. Acting Assignment Pay

An employee may receive a salary increase for assuming a position on an "acting" basis. For an active, vacant position, one employee may be designated and compensated as "acting." Acting Assignment Pay shall be the minimum salary of the position "acting" position, but no less than five percent of the employee's current salary. The assigned employee must meet the qualifications for the position assigned to. An acting assignment shall not exceed six months unless approved by the CEO. Upon completion of acting assignment, the employee's salary shall return to the employee's regular salary in addition to any annual performance increases earned during the acting assignment.

I. Additional Compensation Measures

The CEO shall be authorized to develop and implement additional compensation and benefit strategies in order to remain competitive with the labor market and attract and retain high-performing employees (e.g., temporary housing, relocation assistance, recruitment or retention incentives, and retirement incentives). Such additional compensation measures are subject to established policy and budgetary requirements for Board of Directors approval.

III. DEFINITIONS

Compensation	Compensation includes the base salary or hourly rate and additional specialty pay provided to incentivize or compensate employees for specific skills or qualifications.
Internal Equity	The fair and consistent application of salary grade within specific departments across similar job functions and within the organization as a whole.
Labor Market	The labor market includes comparable positions within the public and private sectors in the healthcare and managed care industries.
Salary Grade	A salary grade is a range of compensation levels established for specific job roles within an organization. Each salary grade has a minimum, midpoint, and maximum pay amount, allowing for variations based on the employee's experience, performance, and tenure.
Salary Range	The dollar value of the spread from the minimum salary to the maximum salary of the range, separated by the dollar value of the midpoint of the range.
Minimum Salary	Represents the lowest salary for all positions within a salary grade.
Midpoint Salary	Represents the median salary for all positions within a salary grade.
Maximum Salary	Represents the highest salary for all positions within a salary grade.
Promotion	A promotion is the result of a change in position following the completion of a recruitment process wherein the successful candidate was selected for a role that has more complex duties and responsibilities and a higher salary grade.
Demotion	A demotion is the result of a change in position wherein the voluntarily or involuntarily assumes a new role with less complex duties and responsibilities and a lower salary grade.
Reclassification	A reclassification follows a review of an employees' duties and responsibilities and a determination that the employee's current position should be modified to a different position.
Transfer	A transfer is the result of a change in position to a new role with similar complexity and responsibility and within the same salary grade. A transfer may occur as a result of a recruitment.
Progressive Promotion	A progressive promotion is a change in position that reflects career growth in a particular job family and in accordance with an approved career progression matrix.

Career Progression Matrix	A career progression matrix is a defined career pathway within a job family, where with a demonstration of an employee's additional qualifications, they may move from one position to another.
Equity Adjustment	An equity adjustment is the increase of an employee's salary based upon a review of market comparable data reflecting that the position's midpoint salary is outside the 50 th percentile of the labor market, or a determination has been made that the employee's salary is inequitable internally.
Performance-based Adjustment	A performance-based adjustment is the increase of an employee's salary following the results of the annual performance review and the application of the performance adjustment matrix.
Performance Adjustment Matrix	The performance adjustment matrix is developed annually and represents the potential salary increases for all levels of an employee's performance.
Acting Assignment	An acting assignment occurs when an employee is selected to temporarily fill a vacant position that is in a higher salary grade.
Preferred Qualification	A preferred qualification is a specialized degree, certification, or skill that is not required for a position, but is identified on the job description as something valued in the role.

IV. PROCEDURES

- A. **Salary Structure** – The CLHRO shall conduct triennial compensation study to benchmark positions within the labor market. Upon completion, the CLHRO shall present its findings, and any recommendations necessary to maintain salaries in conformance with this policy to the CEO and the Compensation Committee of the Board of Directors. If approved, the CLHRO shall implement the changes as soon as practicable.
- B. **Salary Offers** – Human Resources staff shall make job offers for new hire and promotion in accordance with this policy. Upon final approval of either the CLHRO or CEO, as required, the salary offer may be presented to the successful candidate.
- C. **Reclassification** – Upon the request of a department head and/or an executive, Human Resources staff shall conduct a classification study of any position believed to have significantly expanded in terms of the level of responsibility. Findings of the classification study shall be reported to the person requesting the study within 60 calendar days of submission with recommendation for any reclassification. Any recommendation for reclassification shall be made effective the pay period following approval of the reclassification.
- D. **Progressive Promotion and Equity Adjustments** – Department heads requesting a progressive promotion or equity adjustment shall submit a Talent Acquisition Change Form.

Upon approval through the required workflow the promotion or equity adjustment shall take effect the following pay period.

- E. **Performance-based Adjustments** – Following the annual performance evaluations, departments shall apply the performance adjustment matrix to determine if employees in their department are eligible to receive a performance-based adjustment and the requisite amount. Human Resources staff will communicate any approved performance-based adjustment associated with the employee’s annual performance evaluation to the manager, who will in turn notify their employee. Performance-based adjustments shall take effect the January 1 following the completion of the performance evaluation process.
- F. **Other Pay Adjustments** – For all other pay adjustments, department heads shall submit a Talent Acquisition Change Form. Upon approval through the required workflow the pay adjustment shall take effect the following pay period.

V. ATTACHMENTS

Attachment A: Salary Structure
Attachment B:
Attachment C:
Attachment D:

VI. REFERENCES

Reference Type	Specific Reference
Choose an item.	
Choose an item.	
Choose an item.	

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective			
Revised			
Retired			

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Board of Directors (BOD)		
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Financial Officer		
Choose an item.		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		



KHS Policy & Procedure:

Reason for revision:

Director Approval		
Title	Signature	Date Approved

Date posted to public drive: _____

Date posted to website (“P” policies only) : _____

Proposed Salary Structure Design					
Band	MP	RS	Min	Mid	Max
Executive V	18%	65%	\$506,811	\$671,524	\$836,237
Executive IV	18%	65%	\$429,500	\$569,088	\$708,676
Executive III	18%	65%	\$363,983	\$482,278	\$600,573
Executive II	20%	65%	\$308,461	\$408,710	\$508,960
Executive I	30%	65%	\$257,050	\$340,592	\$424,133
54	15%	60%	\$201,534	\$261,994	\$322,454
53	15%	60%	\$175,247	\$227,821	\$280,395
52	15%	60%	\$152,388	\$198,105	\$243,821
51	15%	60%	\$132,512	\$172,265	\$212,019
50	12%	55%	\$117,487	\$149,796	\$182,105
49	12%	55%	\$104,899	\$133,746	\$162,593
48	12%	55%	\$93,660	\$119,416	\$145,173
47	12%	55%	\$83,625	\$106,622	\$129,619
46	12%	55%	\$74,665	\$95,198	\$115,731
45	12%	55%	\$66,665	\$84,998	\$103,331
44	12%	55%	\$59,523	\$75,891	\$92,260
43	12%	55%	\$53,145	\$67,760	\$82,375
42	10%	50%	\$48,400	\$60,500	\$72,600
41	10%	50%	\$44,000	\$55,000	\$66,000

KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Employee Compensation Philosophy Program	Policy #	15.09-I
Policy Owner	Director of Human Resources Chief Legal and Human Resources Officer	Original Effective Date	05/22/2012
Revision Effective Date	10/17/2024	Approval Date	10/17/2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare		

I. PURPOSE

The purpose of this policy is to establish the base salary structure and compensation program applied to the class of positions utilized by Kern Health Systems (KHS). ~~Kern Health Systems (KHS), as a local public agency and non-profit health plan, is dedicated to serving the residents of Kern County in a high-quality, effective and productive manner. As one of the largest health plans in the Central Valley, KHS strives to be a leader in the managed care sector, as well as an innovator of new programs through coalitions and partnerships designed to support community health and health insurance coverage for vulnerable populations.~~

~~Consistent with the foregoing, Kern Health System's compensation philosophy is to maintain and administer a performance-based total compensation program is designed to attract, motivate, and retain, and motivate high-performing employees across all positions, while ensuring fairness and equity across the organization a high-caliber workforce who will contribute to Kern Health Systems success. The foundation of the compensation plan is a commitment to recognize employees individually for their contributions to the organization and to the population it serves. This requires that this program be administered in a fair and consistent manner throughout the organization through a total compensation approach that balances internal equity and local marketplace competitiveness necessary to reinforce and focus employee energy on Kern Health Systems mission.~~

II. POLICY

III. Responsibility

~~The Director of Human Resources (HR), with approval from the Chief Executive Officer (CEO), is responsible for developing, implementing, maintaining and communicating the salary policy and program that is representative of Kern Health Systems compensation philosophy to pay salaries based on the skills and experience required and that recognize individual effort and contribution to the Kern Health Systems success.~~

~~The KHS Board of Directors (BOD) will have responsibility for the final approval of the overall KHS Compensation Policies & Procedures and any ensuing amendments. The Finance Committee will review and approve for recommendation to the Board, the annual compensation budget and any actions on the~~

part of the CEO having a material financial impact on KHS. The CEO will administer the compensation program consistent with the policy adopted by the BOD.

Managers and supervisors are responsible for ensuring the consistency amongst job descriptions and actual work being performed as well as conducting performance evaluations on their subordinates.

Compensation Administration

IV. II.

A. Salary Structure

KHS utilizes a salary structure based upon distinct salary grades. Each salary grade has a salary range with a minimum salary, midpoint salary, and maximum salary. The salary grades ensure consistent midpoint salary progression and salary range spread. The lowest and highest salary grades are set to ensure competitiveness within the relevant labor market for all positions.

Each individual position has its own job description defining the position, listing the essential job functions and duties, and identifying the knowledge, skills, and abilities required for each role. The job descriptions are utilized to evaluate and compare each position within the relevant labor market. Each position is placed in a salary grade with a midpoint salary closest to the 50th percentile of the studied labor market. Adjustments may be required to ensure differentiation between supervisory and subordinate positions and to ensure internal equity within the organization.

The Chief Legal and Human Resources Officer (CLHRO) is authorized to approve the placement of new positions within the salary structure and the adjustment of existing positions within the salary structure using this evaluation and comparison methodology.

B. Salary Upon Hiring

New employees are typically presented with a salary offer between the minimum salary and midpoint salary for their position. Their initial salary is set using many different factors including, but not limited to, the applicant or employee's years of experience, unique skills and abilities, performance, and Kern Health Systems budgetary considerations. The CLHRO or their designee is authorized to offer an initial salary at or below the midpoint salary of a salary range.

When necessary to recruit qualified employees, the CEO or their designee is authorized to offer an initial salary above the midpoint salary. When considering re-employment of a former employee in the same department and same classification as they held prior to separation, the former employee may be rehired salary for their position, at the same salary level previously held. Under no circumstance shall a salary offer exceed the maximum

C. Salary Upon Promotion

Promoted employees are given a salary offer reflective of their experience and qualifications and the expectations contained within the role in which they are promoted to. The salary upon promotion should typically be an amount at least five percent higher than their current salary. In no case will the employee's salary be less than their current salary.

The CLHRO or their designee is authorized to offer a salary at or below the midpoint salary of the salary range of the new position. The CEO or their designee is authorized to offer a salary above the midpoint salary.

D. Salary Upon Demotion, Reclassification, or Transfer

An employee may receive a salary decrease upon demotion but in no case will the employee's salary be less than the minimum of the salary grade.

An employee may receive a salary increase or decrease upon reclassification dependent upon significant changes within the scope of work performed, but in no case will the employee's salary be less than the minimum of the salary grade.

An employee may receive a salary increase upon transfer to another position whose salary grade is the same as the previous position. A transfer requires that the employee meets the minimum qualifications and has demonstrated knowledge, skills, and abilities different and necessary to the new position.

E. Progressive Promotion

A progressive promotion is a personnel transaction that may take place without a formal recruitment. Typically, it involves an employee promoting within a defined position leveling (i.e., Member Services Representative I to Member Services Representative II). It may also occur when an employee promotes to another position within the same salary grade but accepts a higher-level of duties and responsibilities.

In all cases, a progressive promotion should only be considered when a department has developed and implemented a career progression matrix within existing job families that has been approved by Human Resources. Progressive promotions should not be considered when an employee promotes to a separate position in a higher salary grade.

The CLHRO or their designee is authorized to approve progressive promotions with salary adjustments up to 10%. The CEO is authorized to approve progressive promotions above 10%, but not to exceed the maximum salary for the position.

F. Equity Adjustments

Equity adjustments are special salary actions necessary when market data, as judged by Human Resources, indicates that a different salary grade is required, or when inequities in salaries are identified and warrant correction. Adjustments may be made for individuals or groups of employees at any time during the year. Adjustments must be justified in writing by the affected department head or hiring manager.

Equity adjustments must be approved by the CLHRO and the CEO. The KHS Board of Directors shall approve organization-wide equity adjustments that are non-budgeted and result in a material financial impact to KHS.

G. Performance-based Adjustments

Each employee shall have their performance reviewed at annually. Employees whose salary is not at the maximum salary of their salary grade are eligible for performance-based adjustment. An employee's eligibility for a performance-based adjustment is based upon the employee's performance rating and application of a meeting or exceeding the performance expectations set forth in the performance appraisal. Any approved performance-based adjustment will be effective on January 1 of the following year.

H. Acting Assignment Pay

An employee may receive a salary increase for assuming a position on an "acting" basis. For an active, vacant position, one employee may be designated and compensated as "acting." Acting Assignment Pay shall be the minimum salary of the position "acting" position, but no less than five percent of the employee's current salary. The assigned employee must meet the qualifications for the position assigned to. An acting assignment shall not exceed six months unless approved by the CEO. Upon completion of acting assignment, the employee's salary shall return to the employee's regular salary in addition to any annual performance increases earned during the acting assignment.

I. Additional Compensation Measures

The CEO shall be authorized to develop and implement additional compensation and benefit strategies in order to remain competitive with the labor market and attract and retain high-performing employees (e.g., temporary housing, relocation assistance, recruitment or retention incentives, and retirement incentives). Such additional compensation measures are subject to established policy and budgetary requirements for Board of Directors approval.

The external labor market is defined as:

- ~~Clerical/Technical~~ market shall be the local area
- ~~Executive/Administrative/Professional/Clinical/Management~~ market shall be the local area and, in some cases, the state and West Coast will be used with geographical differentials utilized to Kern County's cost of living.

~~The objective is to create a salary structure that is externally competitive at the market median within the local area and/or with other similar public and private sector employers in the Central Valley, and is applied in an internally equitable fashion;~~

~~In conjunction with compensation information derived from external sources, an internal evaluation process is used to determine equity and consistency in our pay regarding total compensation.~~

~~Human Resources is responsible for conducting periodic market surveys and internal assessments of Kern Health Systems salary structure to ensure that salary ranges are standard for the area from which individuals are recruited.~~

~~New employees are paid within the appropriate salary range for their job. All employees are paid at least the minimum of the range and are not paid more than the maximum. The beginning salary is set using many different factors including, but not limited to, the applicant or employee's years of experience, unique skills and abilities, performance and Kern Health Systems budgetary considerations. New employees are typically placed at the minimum of the salary grade for their job title. Where new employees with significant experience are hired, they may be placed within the first half of the applicable salary grade (between minimum up to below midpoint). When necessary to recruit qualified employees, the Chief Executive Officer or her/his designee may approve a starting salary for the midpoint to the maximum of the salary grade. When considering re-employment of a former employee in the same department and same classification as that held before separation, the former employee may be rehired at the same salary level previously held.~~

~~The Board of Directors, at its sole discretion, is responsible for determining the total compensation package of the Chief Executive Officer.~~

Annual Performance Increase

~~Each employee shall have her/his performance reviewed at least annually on or near the anniversary date of employment in the current position. Employees whose salary is not at the maximum of their salary grade are eligible for an annual performance increase (salary increase within grade) based upon meeting or exceeding the performance expectations set forth in the performance appraisal. Any approved annual performance increase will be effective on the first day of the pay period following the anniversary date of the employee. Performance appraisal dates may change as a result of a transfer, promotion, demotion or modified position. Absences of one month or more may delay the performance appraisal and/or performance increase review by the length of time of the absence up to a maximum of six months.~~

~~Employees shall not be paid above the maximum of the grade unless their salary has been "red-circled". Red-circled employees are not eligible for an annual performance increase until the salary grade for their current job title is adjusted upward as a result of market advances.~~

Salary Adjustment upon Promotion, Demotion, Reclassification or Transfer

~~An employee may receive a salary increase upon promotion to a new job title but in no case will the employee's salary be less than the minimum of the salary grade.~~

~~An employee may receive a salary decrease upon demotion but in no case will the employee's salary be less than the minimum of the salary grade.~~

~~An employee may receive a salary increase or decrease upon reclassification dependent upon significant changes within the scope of work performed, but in no case will the employee's salary be less than the minimum of the salary grade.~~

~~An employee may receive a salary increase upon transfer to another job title whose salary grade is the same as the previous job title. To receive a salary increase upon transfer will usually require that the employee demonstrate knowledge, skills and abilities different and necessary to the new job title.~~

Equity Adjustments

~~Equity adjustments are special salary actions necessary when market data, as judged by Human Resources, indicates that a different salary grade is required, or when inequities in salaries are identified and warrant correction. Adjustments may be made for individuals or groups of employees at any time during the year. Adjustments must be justified in written form and approved in writing by the Director of Human Resources and the Chief Executive Officer.~~

Acting Assignments

~~An employee may receive a salary increase for assuming a position on an "acting" basis. For an active, vacant position, one employee may be designated and compensated as "acting". Upon completion of acting assignment, the employee's salary shall return to the employee's regular salary in addition to any annual performance increases earned during the acting assignment.~~

V.III. DEFINITIONS

Total Compensation	Compensation includes the base salary or hourly rate and additional specialty pay provided to incentivize or compensate employees for specific skills or qualifications. The aggregate base salary and employee benefits
Internal Equity	The fair and consistent application of salary grade compensation practices within specific departments across similar job functions and within KHS the organization as a whole.
External Equity Labor Market	The labor market includes comparable positions within the public and private sectors in the healthcare and managed care industries. The relevant local labor marketplace which KHS competes for qualified candidates
Salary Grades	A salary grade is a range of compensation levels established for specific job roles within an organization. Each salary grade has a minimum, midpoint, and maximum pay amount, allowing for variations based on the employee's experience, performance, and tenure. A group of jobs that are approximately equal as determined by the market pricing job placement process. The jobs in a pay grade are treated alike for salary administration purposes, even though the individual employees may earn different salaries and have different responsibilities.

Salary Range	The dollar value of the spread from the minimum salary to the maximum salary of the range, separated by the dollar value of the midpoint of the range. All salary ranges have a minimum, midpoint, and maximum. Employee salaries are to be administered within the established range for the band or level.
Salary Range Minimum Salary	Represents the lowest salary for all positions within a salary grade. Represents the lowest salary or entry level salary that KHS would pay for jobs within a pay band.
Salary Range Midpoint Salary	Represents the median salary for all positions within a salary grade. The salary range midpoint falls halfway between the salary range minimum and maximum. The salary range midpoint approximates the median salary paid in the labor market for similar jobs.
Salary Range Maximum Salary	Represents the highest salary for all positions within a salary grade. The salary range maximum represents the highest salary that KHS would pay for jobs within the pay band.
Promotion	A promotion is the result of a change in position following the completion of a recruitment process wherein the successful candidate was selected for a role that has more complex duties and responsibilities and a higher salary grade.
Demotion	A demotion is the result of a change in position wherein the voluntarily or involuntarily assumes a new role with less complex duties and responsibilities and a lower salary grade.
Reclassification	A reclassification follows a review of an employees' duties and responsibilities and a determination that the employee's current position should be modified to a different position.
Transfer	A transfer is the result of a change in position to a new role with similar complexity and responsibility and within the same salary grade. A transfer may occur as a result of a recruitment.
Progressive Promotion	A progressive promotion is a change in position that reflects career growth in a particular job family and in accordance with an approved career progression matrix.
Career Progression Matrix	A career progression matrix is a defined career pathway within a job family, where with a demonstration of an employee's additional qualifications, they may move from one position to another.
Equity Adjustment	An equity adjustment is the increase of an employee's salary based upon a review of market comparable data reflecting that the position's midpoint

	<u>salary is outside the 50th percentile of the labor market, or a determination has been made that the employee's salary is inequitable internally.</u>
<u>Performance-based Adjustment</u>	<u>A performance-based adjustment is the increase of an employee's salary following the results of the annual performance review and the application of the performance adjustment matrix.</u>
<u>Performance Adjustment Matrix</u>	<u>The performance adjustment matrix is developed annually and represents the potential salary increases for all levels of an employee's performance.</u>
<u>Acting Assignment</u>	<u>An acting assignment occurs when an employee is selected to temporarily fill a vacant position that is in a higher salary grade.</u>
<u>Preferred Qualification</u>	<u>A preferred qualification is a specialized degree, certification, or skill that is not required for a position, but is identified on the job description as something valued in the role.</u>
<u>Red-Circled Employee</u>	<u>When an employee reaches or exceeds the salary range. Typically occurs when the Company transfers a highly-compensated employee to a lesser role due to medical reasons or if a salary range reduces due to market conditions.</u>

VI.IV. PROCEDURES

- A. Salary Structure** – The CLHRO shall conduct triennial compensation study to benchmark positions within the labor market. Upon completion, the CLHRO shall present its findings, and any recommendations necessary to maintain salaries in conformance with this policy to the CEO and the Compensation Committee of the Board of Directors. If approved, the CLHRO shall implement the changes as soon as practicable.
- B. Salary Offers** – Human Resources staff shall make job offers for new hire and promotion in accordance with this policy. Upon final approval of either the CLHRO or CEO, as required, the salary offer may be presented to the successful candidate.
- C. Reclassification** – Upon the request of a department head and/or an executive, Human Resources staff shall conduct a classification study of any position believed to have significantly expanded in terms of the level of responsibility. Findings of the classification study shall be reported to the person requesting the study within 60 calendar days of submission with recommendation for any reclassification. Any recommendation for reclassification shall be made effective the pay period following approval of the reclassification.
- D. Progressive Promotion and Equity Adjustments** – Department heads requesting a progressive promotion or equity adjustment shall submit a Talent Acquisition Change Form. Upon approval through the required workflow the promotion or equity adjustment shall take effect the following pay period.

E. Performance-based Adjustments – Following the annual performance evaluations, departments shall apply the performance adjustment matrix to determine if employees in their department are eligible to receive a performance-based adjustment and the requisite amount. Human Resources staff will communicate any approved performance-based adjustment associated with the employee’s annual performance evaluation to the manager, who will in turn notify their employee. Performance-based adjustments shall take effect the January 1 following the completion of the performance evaluation process.

F. Other Pay Adjustments – For all other pay adjustments, department heads shall submit a Talent Acquisition Change Form. Upon approval through the required workflow the pay adjustment shall take effect the following pay period.

~~A. The Human Resources Department shall participate in and/or conduct periodic salary surveys, at least annually, and compare salary grades for benchmark positions within the Company. Upon completion, the Human Resources Department shall present its findings, and any recommendations necessary to maintain salaries based on industry standards, to the Chief Executive Officer.~~

~~The Human Resources Department, upon the request of a Department Head and/or an executive, shall conduct a classification study of any position believed to have significantly expanded in terms of the level of responsibility. Findings of the classification study shall be reported to the person requesting the study within 60 calendar days of submission. The decision as to the appropriateness of any job title is the responsibility of Human Resources.~~

~~Managers and supervisors shall conduct performance appraisals at or near the anniversary dates of their respective subordinates. Human Resources shall notify management of upcoming performance appraisals approximately 30 days before the appraisal is due and forward a copy of the most current job description. Human Resources will communicate any approved performance increase associated with the employee’s annual performance appraisal to the supervisor or manager, who will in turn notify their employee of such.~~

~~The Director of Human Resources shall review and either approve or deny hiring salaries and annual performance increases within the scope of these policy guidelines.~~

~~The Human Resources Department shall present any requests for hiring salaries at midpoint of the salary range or above, as well as any other salary adjustments (i.e., promotion, demotion, reclassification, transfer), along with its recommendation, to the Chief Executive Officer. The Chief Executive Officer or his/her designee has the exclusive right to grant or deny hiring salary and salary adjustment requests.~~

VII.V. ATTACHMENTS

Attachment A: Salary Structure
Attachment B:

Attachment C:
Attachment D:

VIII.VI. REFERENCES

Reference Type	Specific Reference
Choose an item	
Choose an item	
Choose an item	

IX.VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective			
Revised			
Retired			

X.VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Board of Directors (BOD)		
Choose an item		
Choose an item		
Choose an item		
Choose an item		
Choose an item		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item		
Choose an item		
Choose an item		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Financial Officer		
Choose an item		
Choose an item		
*Signatures are kept on file for reference but will not be on the published copy		



KHS Policy & Procedure:

Reason for revision:

Director Approval		
Title	Signature	Date Approved

Date posted to public drive: _____

Date posted to website (“P” policies only) : _____



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Kern Health Systems Compensation Committee
SUBJECT: Proposed Executive Retention Program with Triscend
DATE: October 17, 2024

Background

The Kern Health Systems (“KHS”) Compensation Committee, comprised of Kristen Beall Watson (Chairperson), Michael Bowers and Tim McGlew convened in August to consider a presentation by Triscend on an Executive Retention Plan and recommend approval and adoption by the KHS Board of Directors.

Executive Retention Plan (“ERP”)

The Compensation Committee recommends an ERP for the CEO position and all the Chief positions (“Executives”) at KHS. The goal of the KHS ERP is to promote the retention and continued dedication of key Executives in a highly competitive market environment along with keeping the current Executive team in place over the foreseeable future to maintain consistency in executing the very complex DHCS managed care programs such as:

- 1) D-SNP
- 2) NCQA Accreditation
- 3) Enhanced Care Management
- 4) Community Support Services
- 5) New Transitional Rent Program for members experiencing or at risk for homelessness

The ERP will promote leadership continuity, a stronger culture at KHS, retain managed care knowledge obtained by the Executive team and decrease hiring and recruiting costs.

The KHS objective is to have a no cost ERP:

- KHS would recover the full value of their contribution and the interest that this investment would earn for the duration of the period of the ERP.

- Guarantee that all funds disbursed under the ERP along with interest are returned to KHS.
- Accounting treatment for this transaction would be as an asset and not a liability and there is minimal expense impact to the income statement.

In the past to accomplish these objectives, KHS has utilized a retention program called the CAP EX Plan provided through TRISCEND. The CAP-EX Plan is an alternative to traditional SERP design and funding arrangements. Instead of funding the benefit in a manner that affects KHS' operating expenses, the CAP-EX Plan allows the organization to reallocate a portion of its currently invested assets into an insurance investment that will provide a comparable rate of return while providing the SERP benefit using a more fiscally prudent method.

CAP EX Plan Design

- KHS would invest a portion of its assets into two life insurance policies (Repayment Policy and Accumulation Policy) that are jointly owned by each executive and KHS. Both policies are collaterally assigned to KHS as security for its investment.
- Each life insurance policy has a specific and important purpose:
 - The Repayment Policy repays KHS its investment plus a fixed rate of return.
 - The Accumulation Policy provides for the executive's retirement cash flow and/or death benefit.
- Because of the financial benefit to KHS, as with other investments which earn income through interest, the amount set aside to finance the ERP is also considered an investment and therefor treated as an asset on KHS's balance sheet.
- A fixed return to KHS is locked in at the Long-Term Applicable Federal Rate (AFR) in effect on the date the policies are funded.
- CAP-EX provides tax-favored retirement cash flow to the beneficiary and/or death benefits.

CAP EX Plan Funding

1. KHS will redirect up to \$4,800,000 from its current investments to the ERP. During the term of the Plan, KHS will receive interest on its investment approximating 4.37% per year.
2. The investment amounts are allocated as follows:
Chief Executive Officer \$1,200,000
Six additional Executives \$3,600,000 (\$600,000 per Executive)
3. KHS will obtain term life insurance policies for the four Executives over 60 years of age to make the death benefit for these four individuals closer to the expected death benefit under the CAP-EX Plan for those under age 60. The cost of the term life insurance policies is not to exceed \$60,000 in aggregate per year.



Conclusion

The TRISCEND opportunity provides a mutually beneficial option for the CEO and Executive team as well as KHS. For the CEO and Executive team, it provides for a meaningful period of post-retirement income and/or death benefit. For KHS, it represents an ERP in a manner and form that financially benefits KHS while offering a strategy for retaining key employees in the future.

The total cash impact to KHS is \$4.8 million, but there is no impact to KHS's balance sheet or income statement because of the structure of this financial arrangement.

Requested Action

The Compensation Committee recommends the following to the Board:

1. Authorize Chair to execute agreements with Triscend in an aggregate amount not to exceed \$4,800,000 (\$1,200,000 for CEO and \$3,600,000 for other Executives).
2. Authorize the CEO to amend other Executive employment agreements to incorporate the Triscend ERP into their employment agreements, subject to the following vesting schedule:
 - a. In order to receive the CAP EX Plan supplemental retirement plan benefits and/or term life insurance if applicable, the CEO and Executives must remain employed with KHS until December 31, 2027 to become 50% vested and to December 31, 2030 to become 100% vested.
 - b. In the event of permanent disability or death before the full vesting term, the CEO and/or Executive will become 100% vested. In the event of an involuntary termination for without cause (in accordance with the definition under an employment agreement) the vesting period will be prorated over the period January 1, 2025 to December 31, 2030.
3. Authorize the CEO to represent KHS to execute term life insurance policies for the four Executives over 60 in an amount not to exceed \$60,000 in aggregate per year.

Attachment – Triscend Presentation on ERP

October 18, 2024

Supplemental Retirement Plan Alternatives

Prepared for:

KERN HEALTH SYSTEMS

Board of Directors Meeting



Triscend Mission and Overview



 TRISCEND NP HEADQUARTERS
 HEALTHCARE  HIGHER EDUCATION
 CREDIT UNION  NON PROFIT

To build an all-employee-owned company of extraordinary and devoted professionals committed to supporting the champions of the nonprofit community through measurably superior executive benefit solutions and partnerships.

- Founded in 2001. All employee-owned.
- Fiercely private and independent.
- We serve multiple non-profit communities.
- Comprehensive design, analysis, implementation, and administrative capabilities.
- Hundreds of non-profit clients nationwide
- Administer plans representing **\$1 Billion** of supplemental executive retirement assets
- Projected capital recovery of over **\$3.5 Billion** for our client organizations.



TRISCEND

Assumptions

Assumptions

The following assumptions were used to generate preliminary supplemental executive benefit arrangement results.

- Aggregate funding is approximately \$4,800,000 for all plan types.

CAP-EX Program (Split-Dollar) Assumptions:

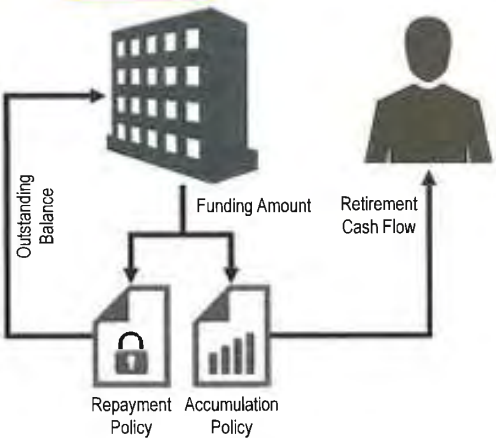
- Fully funded at implementation
- AFR: 4.37% (September)
- Standard pricing
- Crediting Rate: 0% (Y1)/6.0% (Y2+)
- Two Scenarios:
 - Projected Retirement Cash Flow
 - Projected Death Benefit Only



Plan Alternatives

Triscend's Split-Dollar Approach

How the CAP-EX Program Works



Split-dollar requires the achievement of two concurrent objectives.

- Organization's Repayment
- Participant Retirement Cash Flow and Death Benefit

		Debit	Credit
On the Funding Date			
Split-Dollar Receivable	Cash	xxx	xxx
At Least Annually			
Split-Dollar Receivable	Interest on Split-Dollar Receivable	xxx	xxx
Split-Dollar Receivable Value Adjustment			
	Split-Dollar Receivable	xxx	xxx
At Life Expectancy			
Cash	Split-Dollar Receivable	xxx	xxx
	Extraordinary Gain (if applicable)		xxx

- The Organization pays the premiums (Funding Amount) on two life insurance policies.
 - The **Repayment Policy** is designed to repay the Organization the Funding Amount with or without interest (Outstanding Balance). The Participant does not have access to this policy's value.
 - The **Accumulation Policy** is designed for efficient cash accumulation that the Participant will access in the future.
- At mortality, the Organization receives a share of the death benefits equal to the Outstanding Balance, and frequently, all or a portion of any remaining death benefits.
- The Participant has access to Accumulation Policy value during life, with their beneficiaries commonly sharing in some of the death benefits after the Organization received the Outstanding Balance.

Preliminary Results



Preliminary Results

- The individual and aggregate results for each available alternative follow.
- We made certain assumptions that you may wish to modify based on the results, such as:
 - Rates of Return/Crediting Rates
 - Cash flow timing (Funding)
 - Tax rate estimates
 - Retirement cash flow timeframe



Preliminary Results

Aggregate Comparison (Projected)

	CEO CAP-EX Program Retirement Cash Flow (4.37% AFR)	Executives (<60) CAP-EX Program Retirement Cash Flow (4.37% AFR)	Executives (>60) CAP-EX Program Retirement Cash Flow (4.37% AFR)	Totals
Retirement Cash Flow Years	20	20	20	20
Retirement Cash Flow Ages	A62-A81	A62-A81	Varies	Varies
Annual Benefit Amount (Aggregate)	\$78,611	\$128,491	\$26,144	\$233,246
Total Funding Amount / \$ of Retirement Cash Flow	\$15.27	\$14.27	\$70.57	\$43.01
Benefit Funding Amount	\$1,200,000	\$1,800,000	\$1,800,000	\$4,800,000
Projected Excise Tax	\$0	\$0	\$0	\$0
Total Funding Amount	\$1,200,000	\$1,800,000	\$1,800,000	\$4,800,000
PV of Funding Amount	\$1,200,000	\$1,800,000	\$1,800,000	\$4,800,000
Kern Health Systems Recovery	\$8,224,074	\$13,078,796	\$5,426,879	\$26,729,749
Projected Kern Health Systems IRR	4.37%	4.37%	4.37%	4.37%
Projected Death Benefit to Beneficiaries	\$1,984,464	\$2,731,167	\$211,633	\$4,927,264



Next Steps



Proposed Next Steps

- Approval to proceed
- Underwriting and implementation
- Ongoing service



Questions/Comments?



Contact Information

H. David Wright, MHA, MBA

Principal & Co-Founder
dwright@triscendnp.com
(214) 995-9022

Matt Morris, JD

Vice President, Client Relations
mmorris@triscendnp.com
(972) 318-1110



Biographies



H. David Wright, MHA, MBA (Co-Founder & Principal): Dave is a Co-founder and Principal with primary responsibility for strategy and business development and has served in this capacity for over 23 years. Areas of expertise include business development, compliance, business transactions, and financial and accounting topics. Additionally, he has over 12 years of experience in healthcare and has held executive positions ranging from operations to business development.

Dave holds health, life, and accident insurance licenses in multiple states. He received his Bachelor of Arts in Business Administration from Western Colorado University (where he earned All-RMAC, All-RMIGA, and Mountaineer Sports Hall of Fame (team) honors in golf) and a Master of Healthcare Administration from the University of Mary Hardin-Baylor. Additionally, he received a Master of Business Administration from Colorado State University, earning Beta Gamma Sigma honors and serving on the program's advisory council. He is also a former member of the Forbes Non-Profit Council.



Matt Morris, JD (Vice President, Client Services): Matt is responsible for overseeing the client relations department, including ensuring our clients' needs and expectations are met at every step of their journey with us. His focus is on providing ongoing plan administration, including financial, accounting, and compliance support for clients and their advisers.

Matt oversees the client relations department and ensures our clients' needs and expectations are met at every step of their journey with us. His focus is on providing ongoing plan administration, including financial, accounting, and compliance support for clients and their advisers.

Matt joined Triscend^{NP} in 2022 and has over a decade of experience working with executive benefits and life insurance in nonprofit organizations. He graduated with his B.A. in Business Administration from Western Washington University and obtained a Juris Doctor from Regent University School of Law.



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Kern Health Systems Compensation Committee

SUBJECT: Proposed Amendment No. 2 to Chief Executive Officer Employment Agreement

DATE: October 17, 2024

Background

The Kern Health Systems (“KHS”) Board of Directors (“Board”) appointed Emily Duran as Chief Executive Officer of Kern Health Systems on April 15, 2022, and executed an employment agreement (“Agreement”) for a term of three years. The Agreement specifies that Ms. Duran’s performance is to be evaluated on an annual basis and that additional merit-based compensation increases would be considered as part of that evaluation.

On August 17, 2023, the KHS Board approved Amendment No. 1 to the Agreement providing for an increase in base salary due to performance and established updated performance goals for 2023 and beyond.

Proposed Amendment

As delegated by the KHS Board, the Compensation Committee (“Committee”) met to discuss Ms. Duran’s performance and consider an increase in salary.

KHS retained Mercer, a leading company in compensation studies to perform a compensation study for the organization, including a review of the Chief Executive Officer salary. Mercer reviewed health plan organizations that are of a similar size to KHS. Based on their review, and as part of an overall proposed revision to KHS’s salary structure, Mercer recommended the following pay band for the CEO position:

Salary Grade	Minimum	Midpoint	Maximum
Executive V	\$506,811	\$671,524	\$836,237

The Committee recommends to the KHS Board that it adopt Mercer’s recommended salary grade for Ms. Duran’s position. Further, the Committee recommends that Ms. Duran’s salary be adjusted to \$540,000 annually, which is approximately 80% of the Midpoint recommended by Mercer. Ms.

Duran is currently at 91% of the Midpoint of her current salary grade. The proposed Amendment No. 2 to the Agreement incorporates this recommendation and would make it effective April 18, 2024.

The Committee was also presented with an Executive Retention Plan (“ERP”) from Triscend. The KHS Board has previously engaged with Triscend on benefit plans for its prior Chief Executive Officer. The Committee recommends incorporation of the proposed ERP with respect to Ms. Duran in this Amendment No. 2. The fully presentation on the details of the ERP are included in a separate item for the KHS Board’s consideration and approval on this meeting’s agenda.

Amendment No. 2 also includes an extension of Ms. Duran’s contract beyond the current expiration date of April 17, 2025. The amendment includes two successive three-year renewal terms that would take effect unless the Agreement is otherwise terminated by the parties according to its terms.

Finally, there is additional clean up language proposed to reflect and clarify the current benefits afforded to Ms. Duran.

The total increase in cost of this proposed contract amendment is \$67,500 annually.

Requested Action

Approve Amendment No. 2 to the Employment Agreement between KHS and Emily Duran and authorize the Chair to sign.

Attachment – Amendment No. 2

**AMENDMENT NO. 2
TO AGREEMENT FOR PROFESSIONAL SERVICES
CONTRACT EMPLOYEE
(Kern Health Systems – Emily Duran)**

This Amendment No. 2 to the Agreement for Professional Services (“Agreement”) is made and entered into this 17th day of October 2024 between Kern Health Systems, a county health authority (“KHS”), and Emily Duran (“Executive”).

**I.
RECITALS**

(a) Welfare and Institutions Code section 14087.38 authorizes KHS to contract for services required to meet its obligations; and

(b) KHS and Executive have entered into an Agreement for Professional Services dated April 15, 2022 (“Agreement”), whereby Executive is employed by KHS to serve as its Chief Executive Officer; and

(c) KHS and Executive mutually agreed to an Amendment No. 1 to Agreement dated August 17, 2023, to increase the base salary and update performance goals for 2023 and beyond; and

(d) KHS and Executive desire to amend the Agreement further modifying its term, compensation package, and benefits package; and

(e) NOW, THEREFORE, in consideration of the material advantages accruing to the two parties and the mutual covenants contained herein and incorporating by this reference the foregoing recitals, and intending to be legally and ethically bound hereby, KHS and Executive agree with each other to amend the Agreement as follows:

1. Section 1 – Term is hereby deleted in its entirety and superseded by the following:

“The initial term of this Agreement shall commence on April 18, 2022, and end on April 17, 2025. The parties agree to two (2) – three-year renewal terms, which shall commence on April 18, 2025, and April 18, 2028, respectively, unless either party provides the other party with written notice to the contrary at least 120 days prior to the expiration of either the initial term or renewal term of this Agreement. Notwithstanding, this Agreement may be terminated pursuant to the termination provision contain in Section 28.”

2. Section 4.1.2 – Base Salary is hereby deleted in its entirety and superseded by the following:

“Effective April 18, 2024, Executive shall be placed in the Executive V pay band.

KHS shall pay Executive a base salary of \$540,000 annually.”

3. Section 5.1.2 – Profit Sharing Plan is hereby deleted in its entirety and superseded by the following:

“Executive shall be eligible for continued participation in the KHS-sponsored 401(a) retirement plan the same as all eligible KHS employees. Executive shall be subject to all terms and conditions of the plan document and section 401(a) of the Internal Revenue Code, as amended from time to time. KHS shall contribute a match equivalent to Executive's contribution to their Deferred Compensation Plan, up to maximum of 6% of Executive's annual salary.”

4. Section 5.21 – Vision Coverage is added to the Agreement as follows:

“Executive shall continue to receive the same vision benefits as all eligible KHS employees. KHS shall be responsible for 100% of the monthly premium. The employee share of cost will depend on the selected benefit. Executive is eligible for coverage the first of the month following 30 days of continuous employment.”

5. Section 5.22 – Executive Retention Plan is added to the Agreement as follows:

“Executive Retention Plan

- a. Executive shall participate in an Executive Retention Plan (“ERP”). The ERP consists of a CAP EX Supplemental Retirement Plan (“CAP EX Plan”) to include a retirement annuity and death benefit. KHS will fund the CAP EX Plan as required by the CAP EX Agreement.
- b. In order to receive the CAP EX Plan benefits, Executive must remain employed with KHS as Chief Executive Officer according to the following vesting schedule:
 1. Fifty percent (50%) of CAP EX Plan benefits shall vest on December 31, 2027.
 2. One hundred percent (100%) of CAP EX Plan benefits shall vest on December 31, 2030.
- c. Executive shall remain eligible for the CAP EX Plan benefits unless terminated pursuant to section 28.4 Termination for Cause and in such case will forfeit all rights and benefits under the CAP EX Plan.
- d. In the event of an involuntary termination without cause under the Agreement, the vesting period will be prorated over the period January 1, 2025 to December 31, 2030.
- e. Upon retirement, Executive shall receive from the CAP EX Plan a projected annual estimated annuity payment of \$78,6711 per year for a projected twenty (20) years.
- f. Executive's estate shall be entitled to any remaining death benefit after applying all amounts owed to KHS following death of Executive or Executive's spouse whichever occurs last.”

- 6. Section 5.23 – Limitation on Benefits is added to the Agreement as follows:

“Except as expressly stated herein, and as customarily provided to all KHS employees, Executive shall receive no other benefits from KHS.”
- 7. Except as provided herein, all other terms and conditions in the Agreement shall remain in full force and effect.

IN WITNESS TO THE FOREGOING, the parties have entered into this Amendment No. 2 to Agreement as of the day and year first written above.

KERN HEALTH SYSTEMS

EXECUTIVE

By _____
Kristen Beall Watson
Chairman, Kern Health Systems

By _____
Emily Duran
Chief Executive Officer

APPROVED AS TO FORM:

By _____
Devin W. Brown
Chief Legal and Human
Resources Officer



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Amisha Pannu, Senior Director of Provider Network
SUBJECT: Healthcare Workforce Initiative
DATE: October 17, 2024

BACKGROUND

In August 2023, the Kern Health Systems Board of Directors approved the Healthcare Workforce Expansion initiative allocating \$10 million to educational institutions and health care providers that will work together to expand local nursing and physician professionals in Kern County.

The investment of this initiative is to grow our own local professional medical talent by cultivating the professional interests of students at a younger age and removing obstacles that give them a chance for higher education and ultimately post-graduate employment opportunities in Kern County. This Expansion initiative will also increase the number of primary care physician residents allowing for a larger, more robust, residency program in our community.

This presentation highlights the current progress of initiative goals. Also, two of the grantees will be presenting the progress of their initiatives.

REQUESTED ACTION

Receive and file.



KERN HEALTH SYSTEMS

2023 – 2025 Healthcare Workforce Expansion Initiative Update



Background

- The Healthcare Workforce Expansion initiative allocated **\$10million** to educational institutions and health care providers that will work together to expand local nursing and physician professionals in Kern County.
- Most of Kern County is federally designated as **Health Professional Shortage and Medically Underserved Areas**, which simply means that there is a provider shortage in our County. KHS recognizes that there are member waiting lists to see providers and specialists which results in a lack of access to health care, the current ratio of providers to members is not optimal when delivering an integrated health care delivery system.
- The investment of this initiative is to **grow our own local professional medical talent** by cultivating the professional interests of students at a younger age and removing obstacles that give them a chance for higher education and ultimately post-graduate employment opportunities in Kern County.
- This Expansion initiative will also **increase the number of primary care physician residents** allowing for a larger, more robust, residency program in our community.



Initiative Goals





Funding Allocation and Projects

Total Allocated Amount: \$10,000,000

Expansion of Physician Residency Program Projects	Expansion of Nursing Program Projects
New residency positions/slots	Expanding classroom, laboratory, and clinical simulation space
Training for residents	
Developing new residency programs in underserved areas	Purchasing technology, computer equipment, and software
Recruitment of Program Faculty	
Purchasing new equipment	
Building Infrastructure	Laboratory equipment
Educational Development	
Program Accreditation	Recruitment materials, and additional student learning resources, especially related to retention
Enhancing faculty salaries within personal guidelines	

EDUCATIONAL INSTITUTIONS			
Institution Name	Funding Amount	Project Summary	Current Status
Bakersfield Community College	\$150,000	Design (English/Spanish) course curriculum series for bilingual medical terminology and Spanish for Health Careers course. Course series for specialized certificates in Spanish for Healthcare Professionals (I- Written and II – Verbal)	<ul style="list-style-type: none"> There has been a shift to the current program due to challenges. An amendment has been executed with new milestones, new SOW, and funding amount reduced to \$150,000
Cerro Coso Community College	\$300,000	Implementation of Associate Degree of Nursing (ADN) and Expansion of Health Careers Programs. This initiative will support our rural communities by providing educational access to areas that include Bishop, Mammoth, Ridgecrest, California City, Mojave, Boron, Tehachapi, and Lake Isabella.	<ul style="list-style-type: none"> Cerro Coso is in the self-study phase of the process with the Board of Registered Nursing. The full curriculum for the RN program was submitted to the California Community College Chancellors office at the State and is fully approved at this time.
Taft Community College	\$300,000	Register Program with California Board of Registered Nursing (BRN) and infrastructure funding for building improvements to increase space and slots for the program.	<ul style="list-style-type: none"> The construction phase has been completed (included building new faculty offices, new carpet in classroom, moving the science laboratory to make way for nursing laboratory). Phase two will be the nursing laboratory, bid for Division of the State Architect (DSA) approval, and hiring of Nursing Director to manage the BRN application and start-up process.
California State University, Bakersfield	\$1,000,000	CSU Bakersfield will develop and implement a new Doctor of Nursing Practice (DNP) program that will start with the Fall Semester of 2025. The goal of the DNP program is to increase the number of doctoral educated and culturally competent Nurse Practitioners who are well prepared to address health equity and social determinants of health.	<ul style="list-style-type: none"> Support Staff and DNP Program Faculty hired. Curriculum Phase 1: Received official approval from WSCUC, CSUB Senate and CSU CO. Curriculum Phase 2: In process of developing and refining all new courses to align with current national standards.

PROVIDERS AND HOSPITALS

Organization Name	Funding Amount	Project Summary	Current Status
Adventist Health Bakersfield	\$100,000	This funding will provide a feasibility study to determine the viability of a Rural Family Medicine residency program throughout Adventist Health's Central Valley rural health clinics.	<ul style="list-style-type: none"> The feasibility study has been completed with the following recommendations: <ul style="list-style-type: none"> 2026: Family Medicine Residency at Adventist Health Bakersfield 2027: Family Medicine Rural Training Program at Adventist Health Tehachapi
Good Samaritan Hospital	\$1,000,000	To improve the healthcare provider shortage in Kern County through expansions in Internal Medicine Psychiatry Residency Programs at Good Samaritan Hospital through a partnership with Sierra View Hospital	<ul style="list-style-type: none"> The last quarter of 2024 will focus on staffing, MOU execution, and ACGME application and approvals.
Kern Medical Center	\$4,000,000	Through the healthcare workforce initiative funding, Kern Medical Center will continue expansion of the educational platform by focusing on medical student clerkship rotation development, fellowship program development, and research development.	<ul style="list-style-type: none"> Surgery Residency accreditation received – matching of residents in process. Addiction Medicine Fellowship accreditation received. Simulation Fellowship accreditation in process, to be developed early as March of 2025. Transitional Year Residency program application in progress.



Clinica Sierra Vista

Funding Allocation: \$2,000,000

Project Name: Rio Bravo/Clinica Sierra Vista Primary Care Residency Expansion

Project Goal: To expand the healthcare workforce by increasing the primary care residency program capacity. The first phase of the project involves securing the necessary physical space to accommodate the residency capacity of 36, as required by ACGME.

Presentation to be provided by Dr. Meave, CEO of CSV



Family Medicine Residency Program

Olga Meave, M.D.

Chief Executive Officer
Clinica Sierra Vista



Key Takeaways

UCLA Affiliated Residency Program:

We are proud to be affiliated with UCLA, enhancing our educational offerings.

Outstanding Exam Success:

100% of our residents pass the Family Medicine Board Exam on their first attempt, with most achieving this during their third year and scoring exceptionally high

10th Anniversary Celebration:

In 2024, we celebrated a decade of training future family medicine leaders.

Growth Plans:

We are expanding to 12 residents per year starting in 2025, with 10 new residents joining us this past July.



Key Takeaways

Alumni Impact:

We have trained a total of 85 residents, with 55 alumni actively contributing to healthcare in our community. Notably, 21 of our alumni have taken positions at Clinica Sierra Vista, and 16 have remained in the Central Valley.

Access to Care:

Our residents have conducted over 114,000 visits at East Niles CHC, our Teaching Health Center.

Advanced Certifications:

We have certified 149 healthcare professionals in Advanced Life Support in Obstetrics from various institutions.

Fellowship Pursuits:

This year, two of our graduates are pursuing fellowships in Geriatrics at Stanford and Kaiser Fontana, and Women's Health at Cleveland Clinic.



Key Takeaways

Diverse Training Tracks:

Our residency program offers specialized tracks in Complex Care for the Underserved, Global Health, Addiction Medicine, and more.

Diversity in our team:

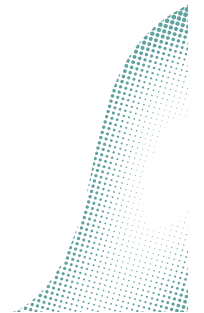
We are as diverse as it is possible!

Research Opportunities:

With our own Institutional Review Board (IRB), we are actively engaged in research and publication at the national level.

Innovative Learning:

We host two podcasts, including the Revista Médica AFP Podcast [Revista Médica AFP Podcast | AAFP](#) and the Rio Bravo qWeek Podcast, to share knowledge and insights. [Rio Bravo qWeek Podcast | Rio Bravo Residency. \(riobravofmrp.org\)](#).



Community Engagement and Development:

The screenshot shows the website for the Rio Bravo Family Medicine Residency Program. The header includes a navigation menu with links: ABOUT, LEADERSHIP, RESIDENTS, R.E.A.C.H., NEWS, PODCAST, LOCATION, and CONTACT. The main content area features a large heading for the REACH program, followed by a detailed description of the volunteer experience, and a contact section for the program coordinator.

Rio Bravo
Family Medicine Residency Program
FAMILY
MEDICINE
RESIDENCY
PROGRAM

ABOUT | LEADERSHIP | RESIDENTS | R.E.A.C.H. | NEWS | PODCAST | LOCATION | CONTACT

REACH

Redefining Expectations About Careers in Health

Are you thinking about starting a health-related career? Are you looking for a volunteer opportunity to pump up your resume? You have arrived at the right place!

R.E.A.C.H. is a volunteer experience sponsored by Clinica Sierra Vista at the Rio Bravo Family Medicine Residency Program that provides college-age students with interest in a health-related career with the opportunity to shadow, volunteer, and to be mentored by Family Medicine residents in an ambulatory clinic setting.


During 12 weeks, you will gain exposure to the medical field through Front Desk/ Referrals Desk Rotation, Medical Assistant Shadowing Rotation, and Resident Shadowing Rotations. You will receive didactic lectures on common diseases such as obesity, diabetes, hypertension, and addictions. Lectures include a public health component and discussion of health care disparities, often encountered first hand in the clinic. You will be taught some basic clinical skills during didactic sessions.

The students prepare a short case presentation about a patient they have seen while working in the clinic. A certificate of completion is provided at the end of the experience.

Program Contacts

East Niles Community Health Center
7800 Niles Street, Bakersfield, CA 93306

Arianna Herrera, Program Coordinator
Phone: (661) 635-3050 x7373
Fax : (661) 869-1503
Arianna.Herrera@clincasierravista.org

 REACH Us on Facebook!

Thank You

Looking ahead, we are excited about our plans for residency expansion and the development of additional fellowship programs.



Dr. Olga Meave

CSV Chief Medical Officer



Bakersfield Memorial Hospital

Funding Allocation: \$1,000,000

Project Name: BMH Graduate Medical Education Programs – Internal Medicine

Project Goal: Bakersfield Memorial Hospital is developing a New Graduate Medical Education (GME) Program in 2025 in partnership with Morehouse under “More in Common Alliance” to recruit Internal Medicine residents who will practice in Kern County. KHS funding is supporting the start-up expenses incurred in the first two years of program planning to include capital, faculty, administration, recruiting, accreditation, and related institutional costs, ensuring the successful ACGME accreditation.

Presentation to be provided by Ken Keller, CEO of BMH

More in Common Alliance & Graduate Medical Education at Bakersfield Memorial Hospital

Ken Keller, President and CEO Bakersfield Memorial Hospital

October 17, 2024



Growing physicians and health equity.

- By 2026, Kern County will have a deficit of 351 primary care physicians, and 130 specialists.
- More than 72% of students trained by MSM serve vulnerable communities.
- Studies show 60% of medical residents will practice within 100 miles of where they train.
- **Until the workforce is representative of the community, health equity cannot be achieved.**

We have to grow our own.

Growing year over year.

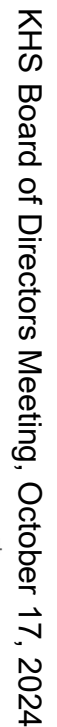


	2025	2026	2027	2028	2029
Internal Medicine	10	20	30	30	30
Pediatrics		6	12	18	18
Transitional Year		4	8	12	12
OBGYN			4	8	12
Family Practice			4	8	12
Neurology			1	2	3



These programs will be replicated in Kern County through MICA.

83 / 490



Uniting rigor, cultural competence and community partnership.

Together, we will:

Establish a robust, sustained pipeline of talented health professionals

Expand training opportunities for those underrepresented in medicine

Advance meaningful, representative clinical research, discovery, and translation

Ensure a culturally competent health workforce

CommonSpirit 

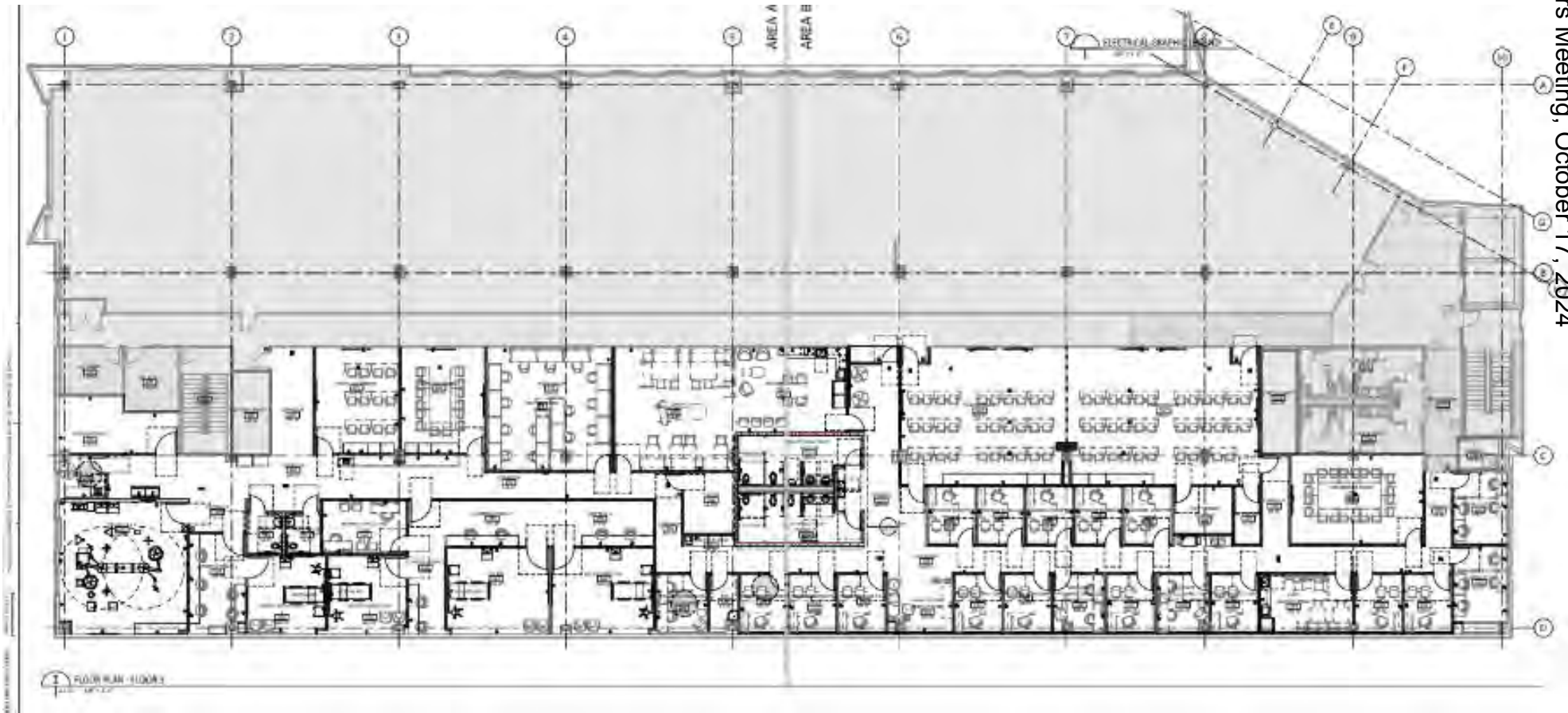


Grant Funding Update.

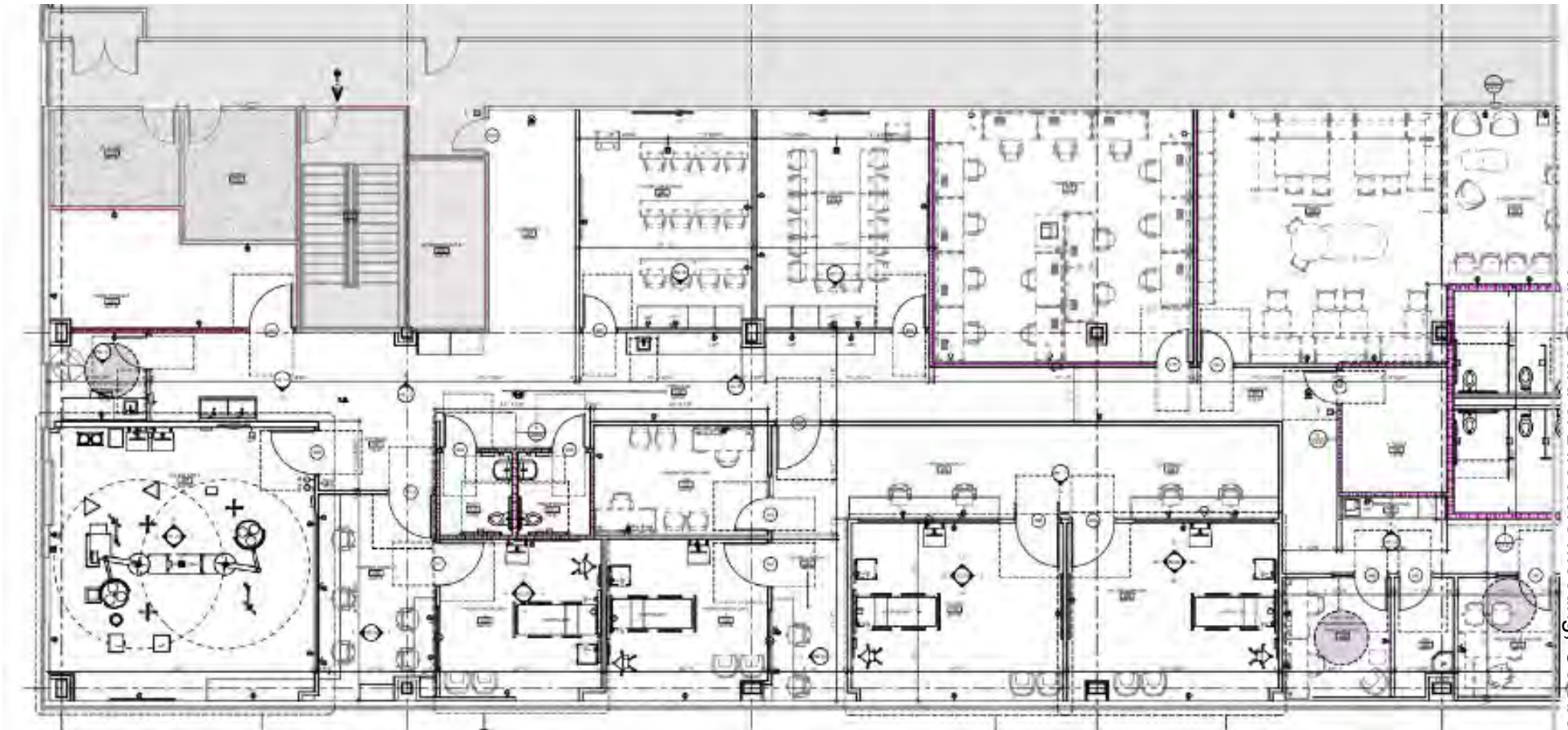
Milestones Complete to date:

- Space design and configuration
- Construction company selected through RFP process
- Permitting and regulatory approvals received
- Furniture, fixtures, and equipment selected - orders underway
- Evaluate and develop components for Simulation Labs - orders underway
- Construction underway

Final Design.

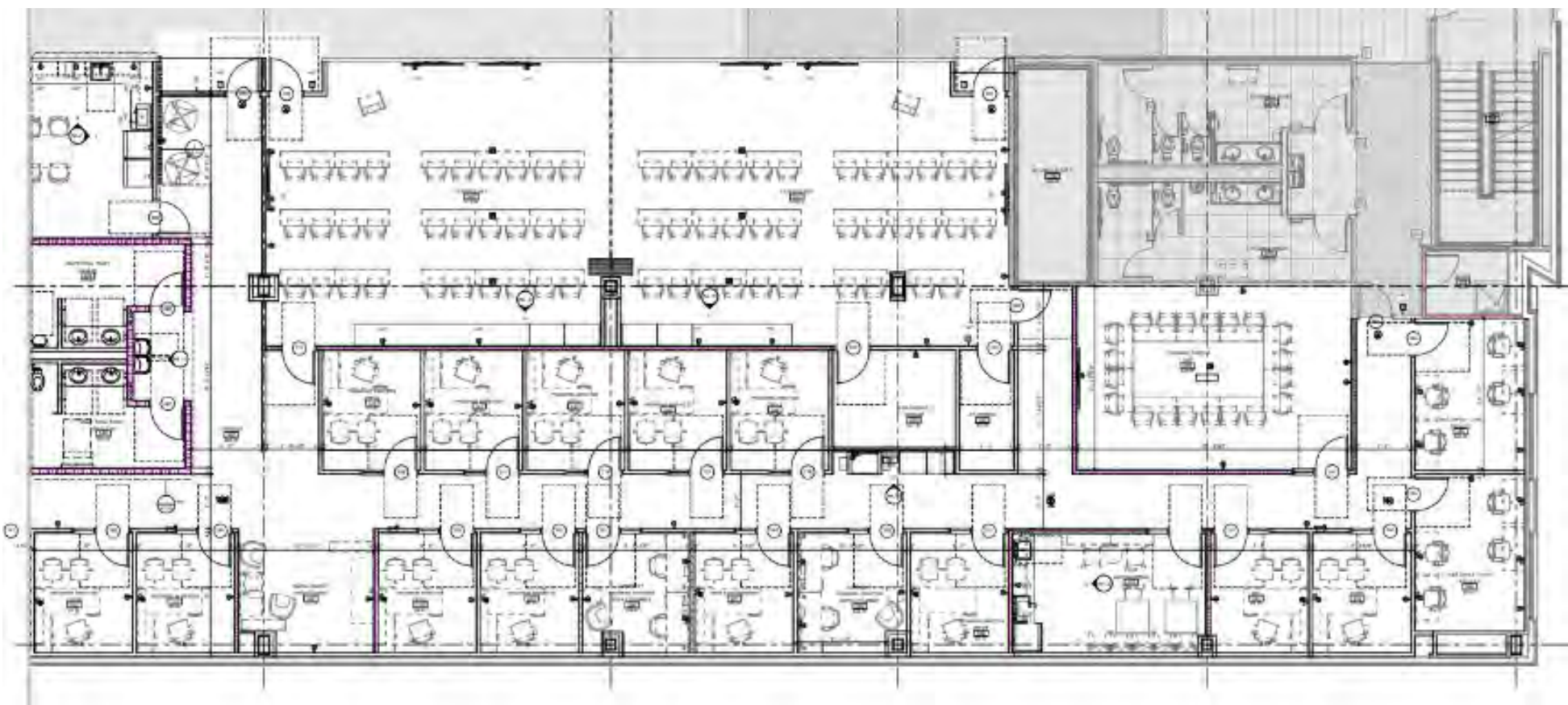


Final Design.



KHS Board of Directors Meeting, October 17, 2024

Final Design.





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Jake Hall, Senior Director of Contracting and Quality Performance
SUBJECT: Quality Performance, MCAS
DATE: October 17, 2024

BACKGROUND

The Quality Performance MCAS presentation is intended to provide a brief overview of historical MCAS performance dating back to 2017. It also summarizes Measurement Year 2023 results along with a comparison to Measurement Year 2022 performance for each health domain. In addition, a trending summary of current Measurement Year 2024 performance is provided. The presentation also highlights some of the various quality efforts and initiatives implemented during the 2023 and 2024 measurement years such as mobile units, specialist and urgent care collaborations, monthly provider MCAS meetings, as well as member engagement strategies.

Improvements in performance are being realized, and KHS continues to refine and iterate processes to further increase performance especially within the Children's Health Domain. MCAS is a continuous, year-round effort and collaboration between network providers, members, community-based organization and KHS.

REQUESTED ACTION

Receive and file.

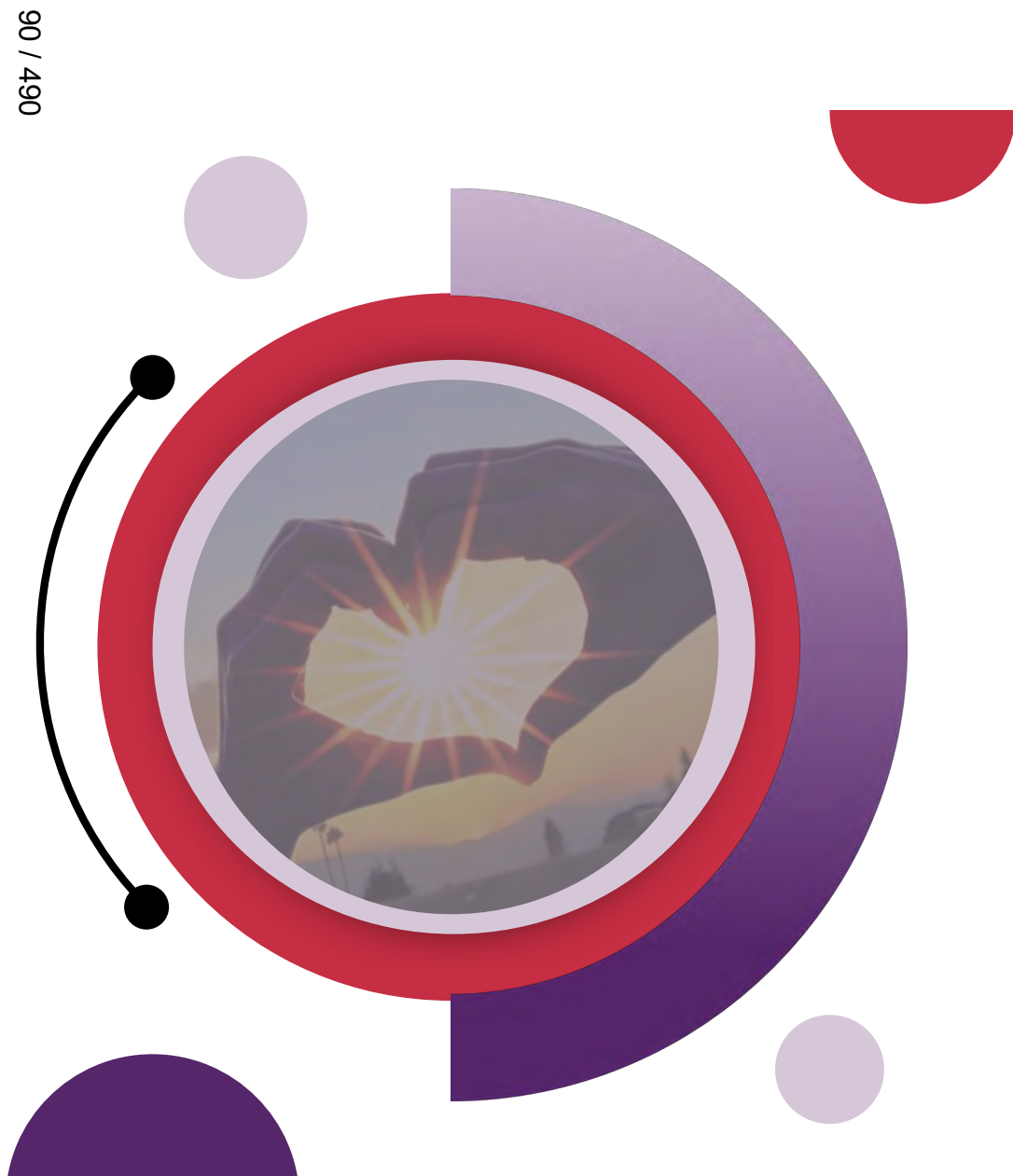


Quality Performance

MCAS

JAKE HALL

Senior Director of Contracting
and Quality Performance



Agenda

MCAS Performance Over Time

Comparing MY2022 to MY2023

MY2024 Trending Performance

2024 Goals & Initiatives



MCAS Performance Over the Years

KHS MCAS performance for measures held to MPL from the past 7 years to current submission.

- Met MPL for more measures in MY2023 than the previous 4 years.
- Met MPL for 3 measures that had never met MPL or had not met MPL in last few years (CHL, AMR, and CCS).

Measurement Year	MY2017	MY2018	MY2019	MY2020	MY2021	MY2022	MY2023
KHS Membership	242,265	246,564	251,280	277,616	299,864	334,078	346,049
Total Held to MPL	21	20	18	19	15	15	18
Met MPL	20	18	3	2	5	5	8
Did Not Meet MPL	1	2	15	17	10	10	10

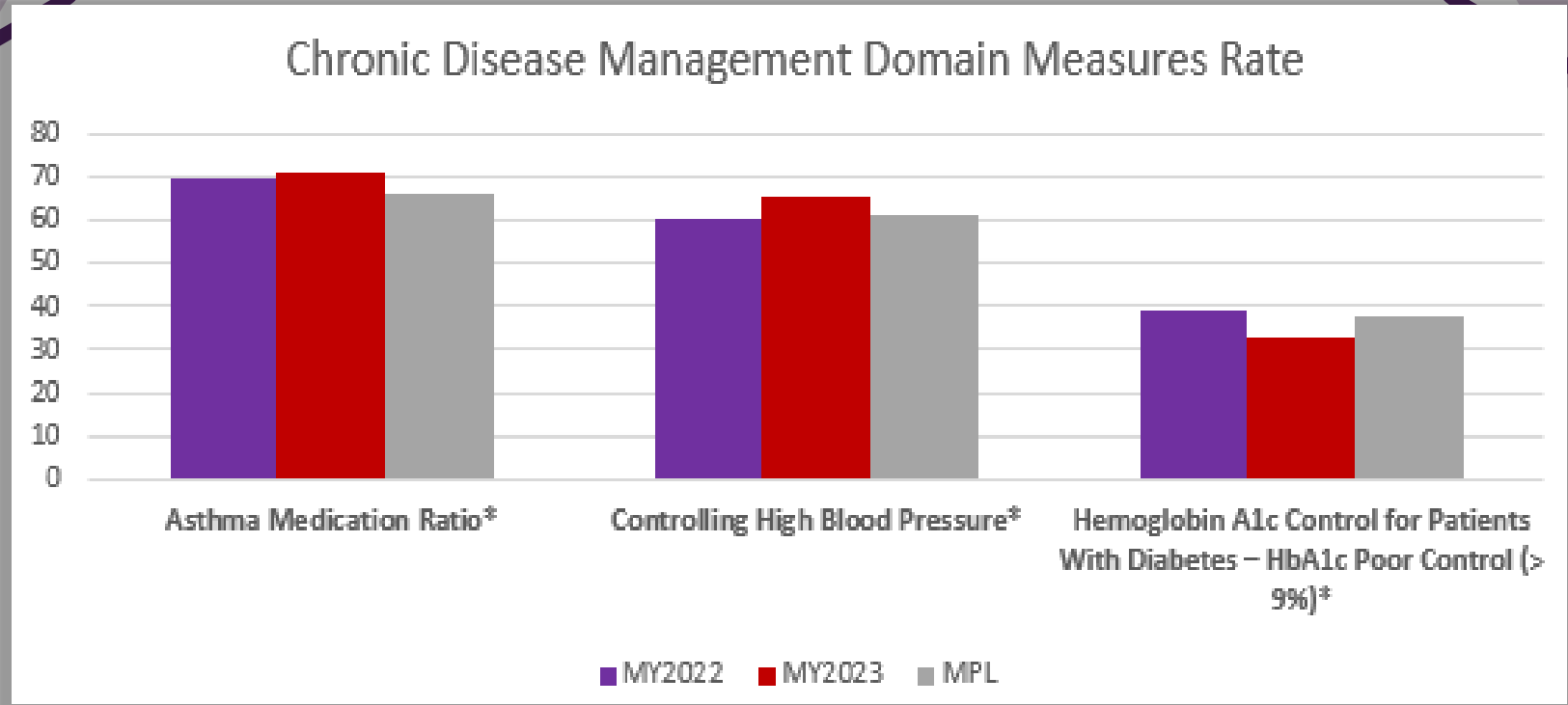


MCAS MY2022 vs. MY2023

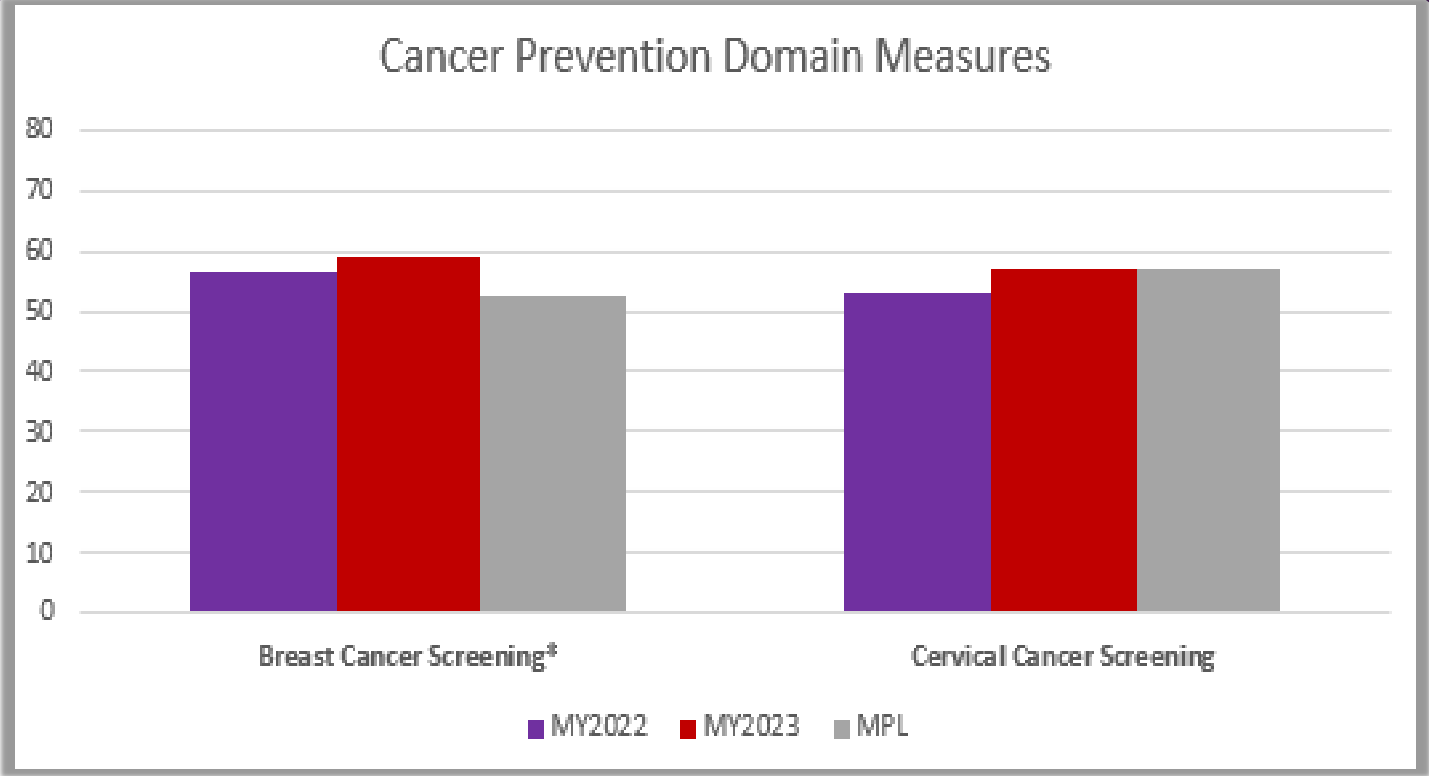
Improvements and Highlights

- Met MPL for 8 out of 18 measures:
 - CBP, HBD, PPC-Pre, PPC-Post, AMR, BCS-E, CCS, and CHL
- Met HPL for PPC-Post
- 16 out of 18 measures showed improvement compared to previous year:
 - CCS, HBD, CBP, IMA-2, PPC-Post, LSC, AMR, BCS-E, CHL, DEV, FUA, FUM, TFL, W30 (0-15), W30(15-30), and WCV.

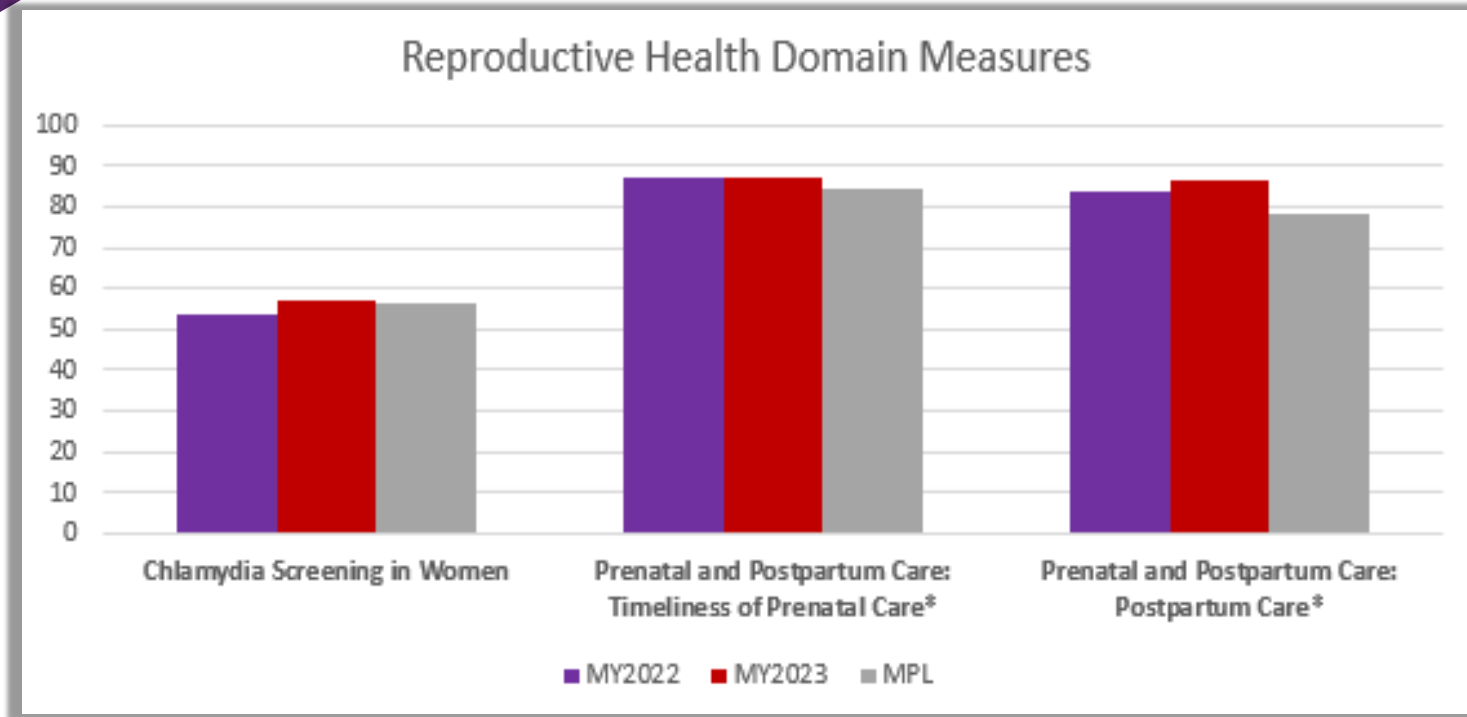
MCAS Performance MY2022 vs. MY2023



MCAS Performance MY2022 vs. MY2023



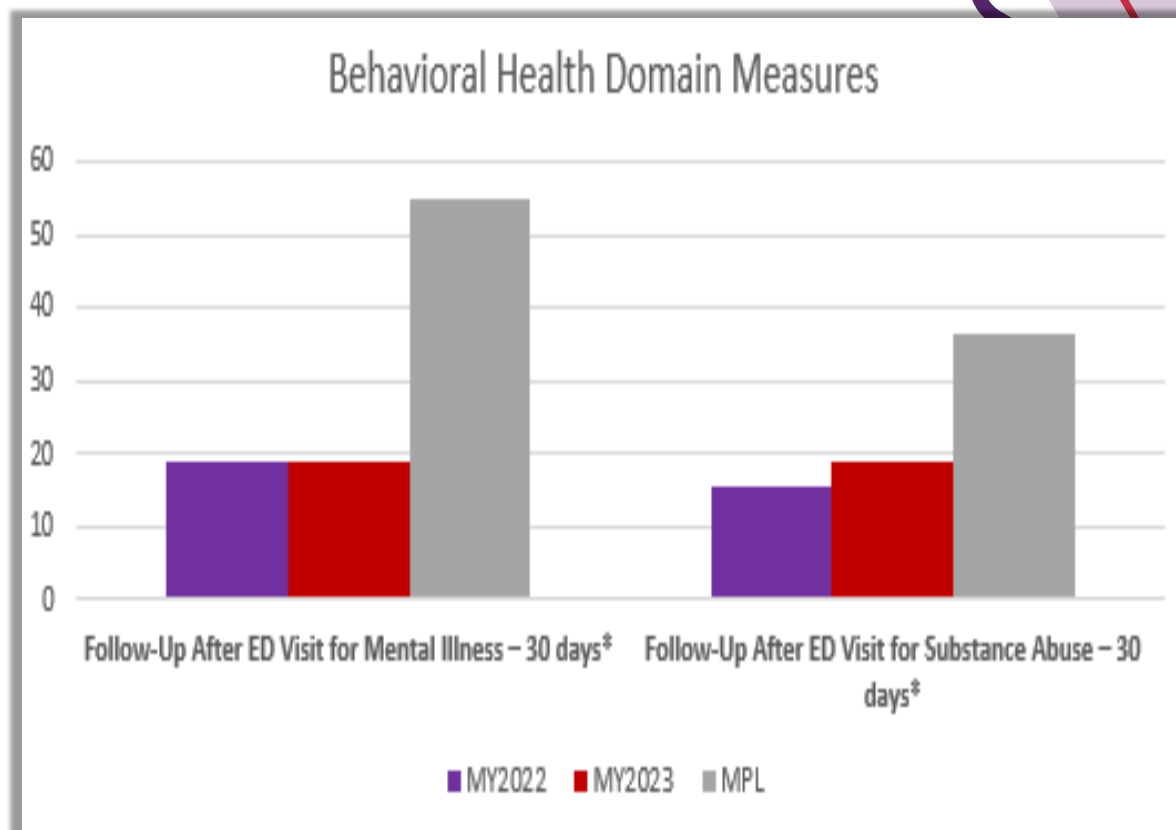
MCAS Performance MY2022 vs. MY2023



MCAS Performance MY2022 vs. MY2023

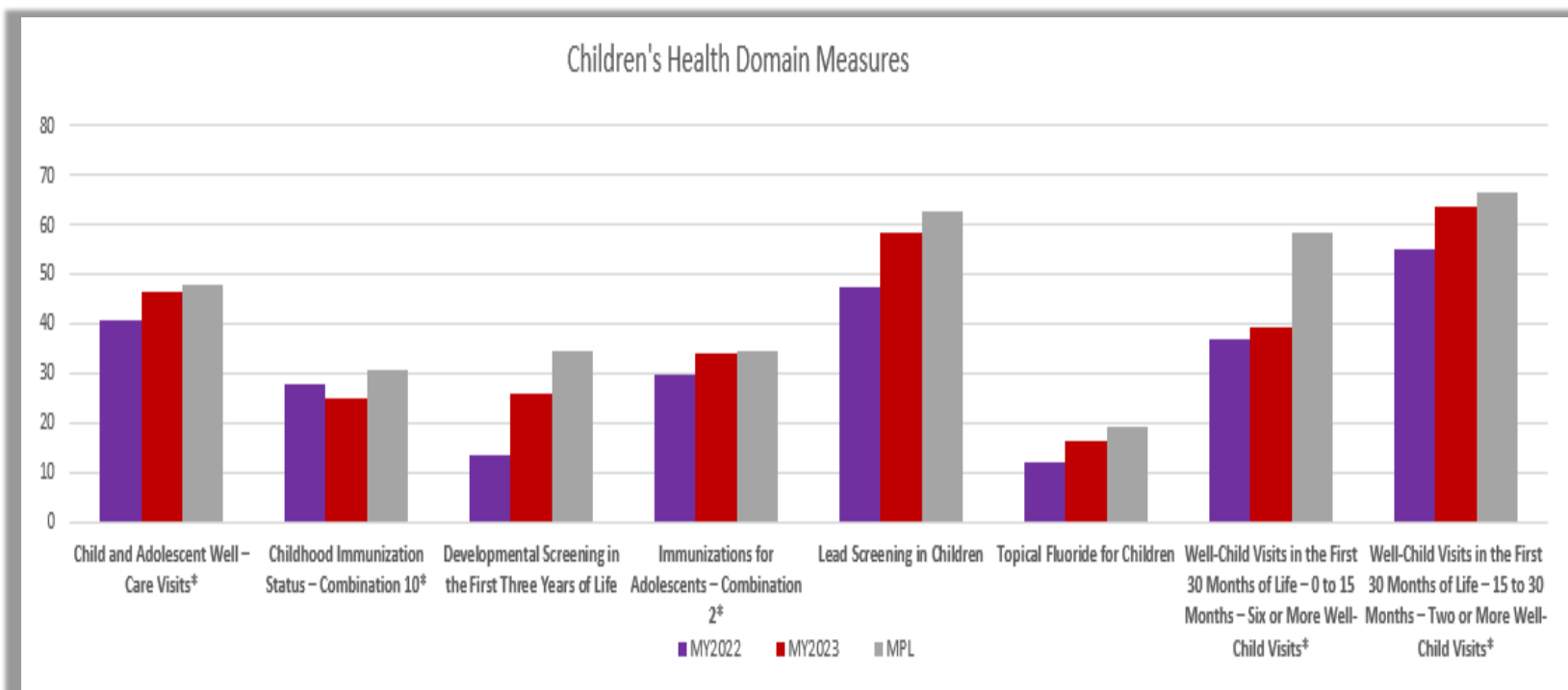
Improvements & Highlights

- FUA and FUM improvement for MY2023 vs. MY2022
- Expansion of real time data from two local hospitals to support notification of ED visits
- Development of provider notification feature on portal for awareness

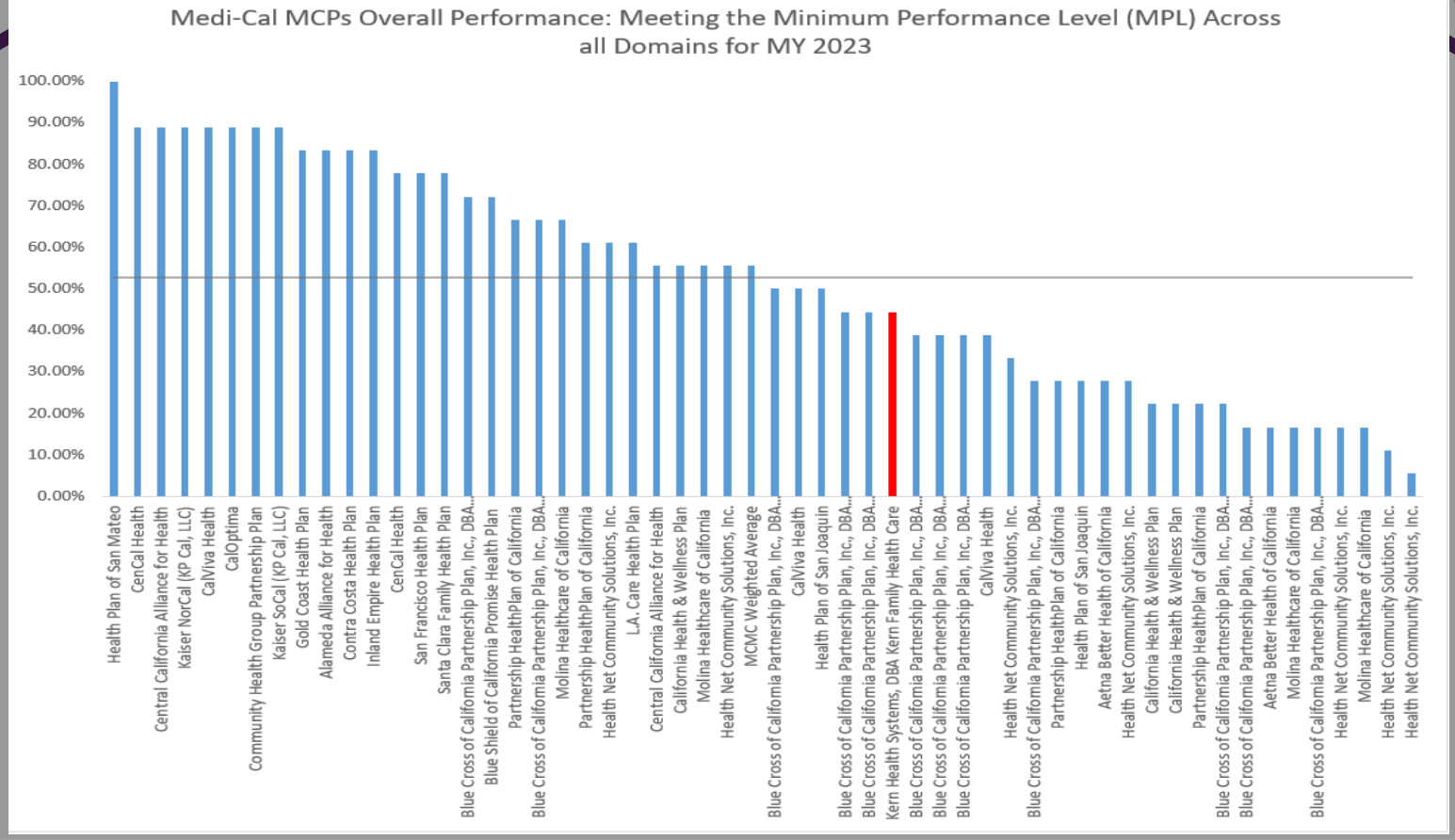


MCAS Performance MY2022 vs. MY2023

- Missed MPL for IMA by 1 numerator.
- KHS has demonstrated significant improvement in most of the Children's Domain measures except CIS-10.



MY2023 MCPs MCAS Performance



KHS MCAS MY2024 vs. MY2023 Comparison

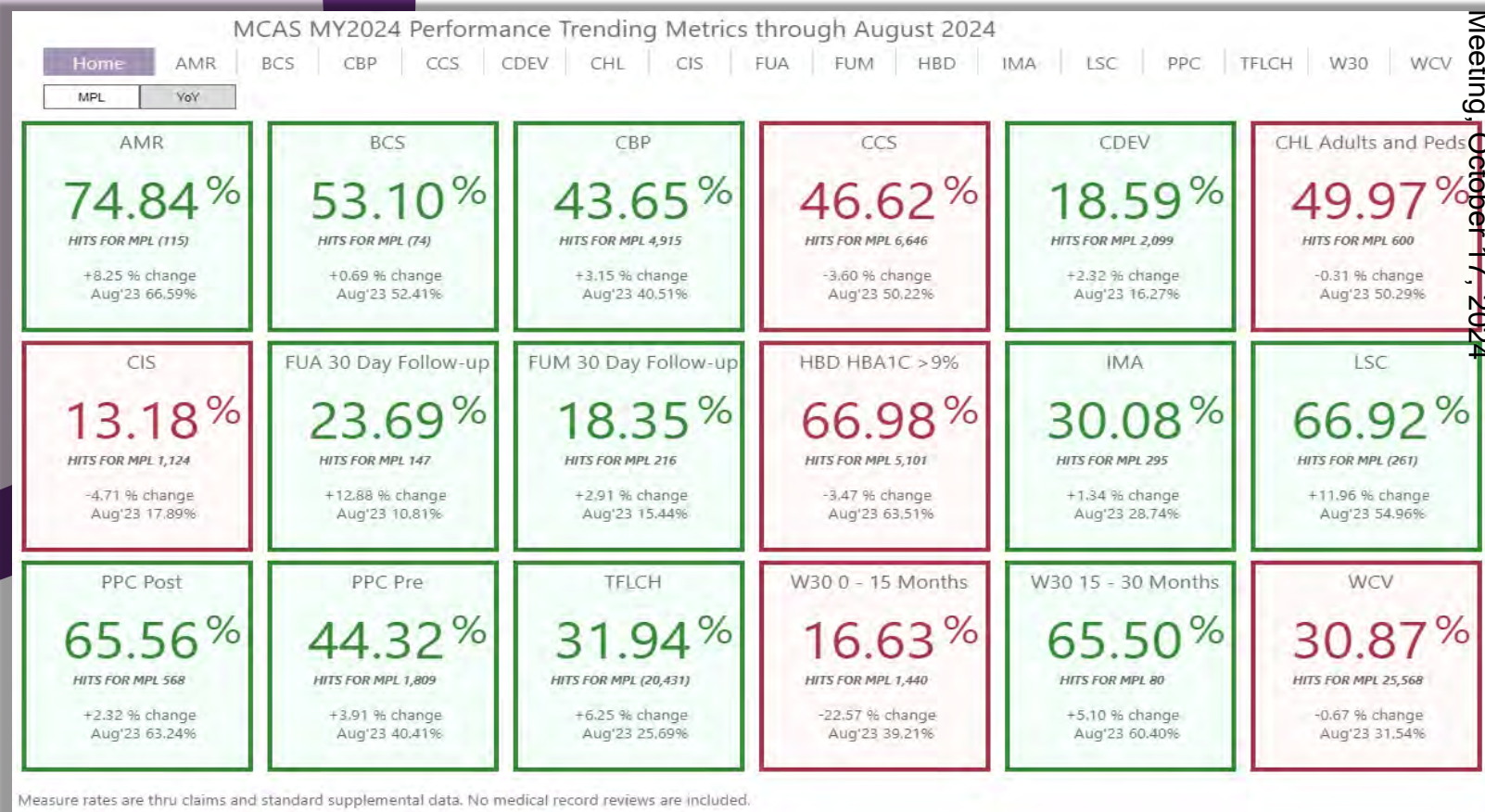


12 measures are trending higher than the previous year at the same point in time.

*TFLCH rate may vary and is under review.

*MPL reflects 2023 MPL rates. 2024 MPLs have not been released.

MY2024 Trending Performance



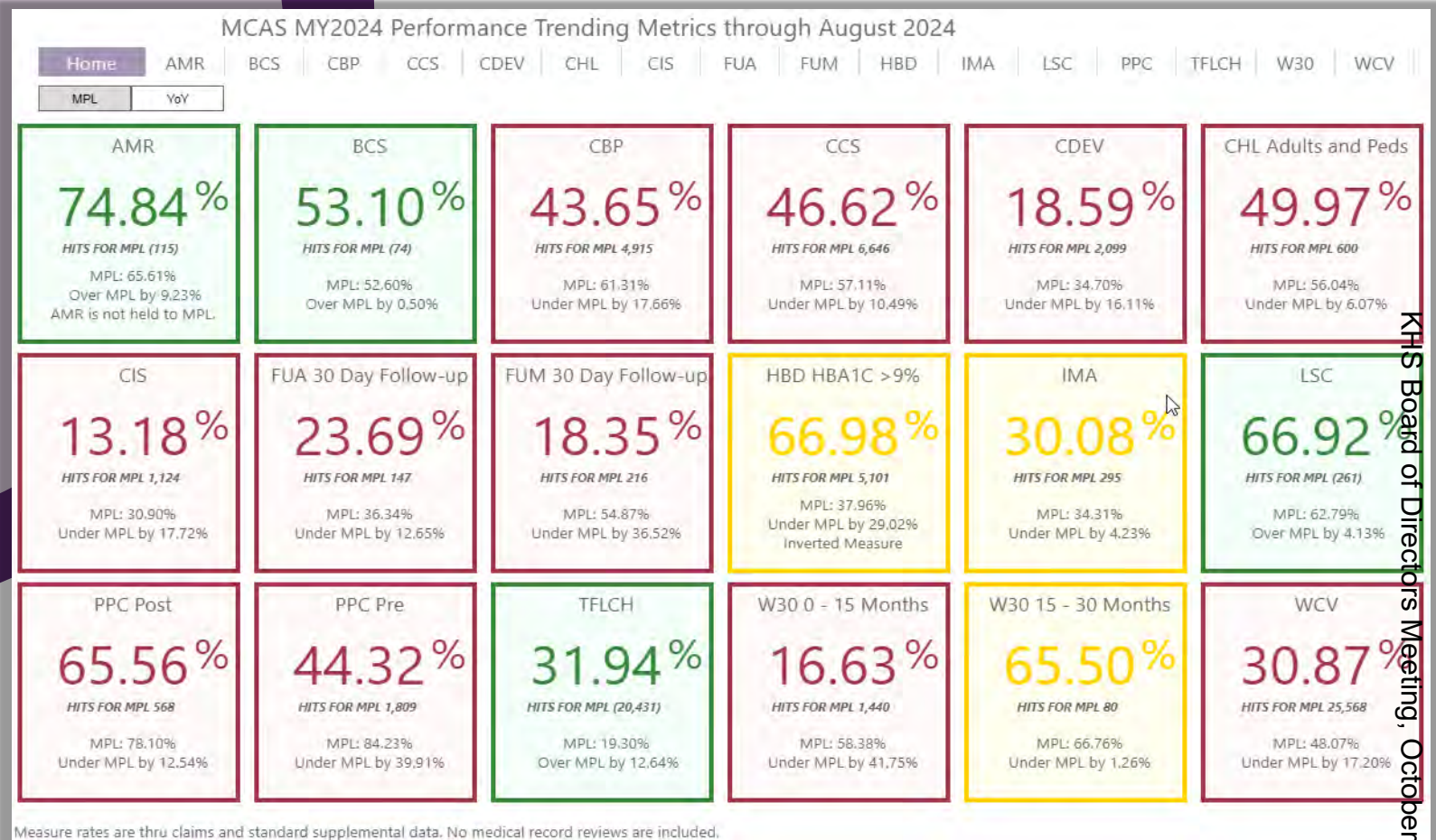
KHS MCAS MY2024 Trending Rates

- ➔ Meeting MPL for 4 measures
- ➔ 3 measures are within 5% of meeting MPL

*TFLCH rate may vary and is under review.

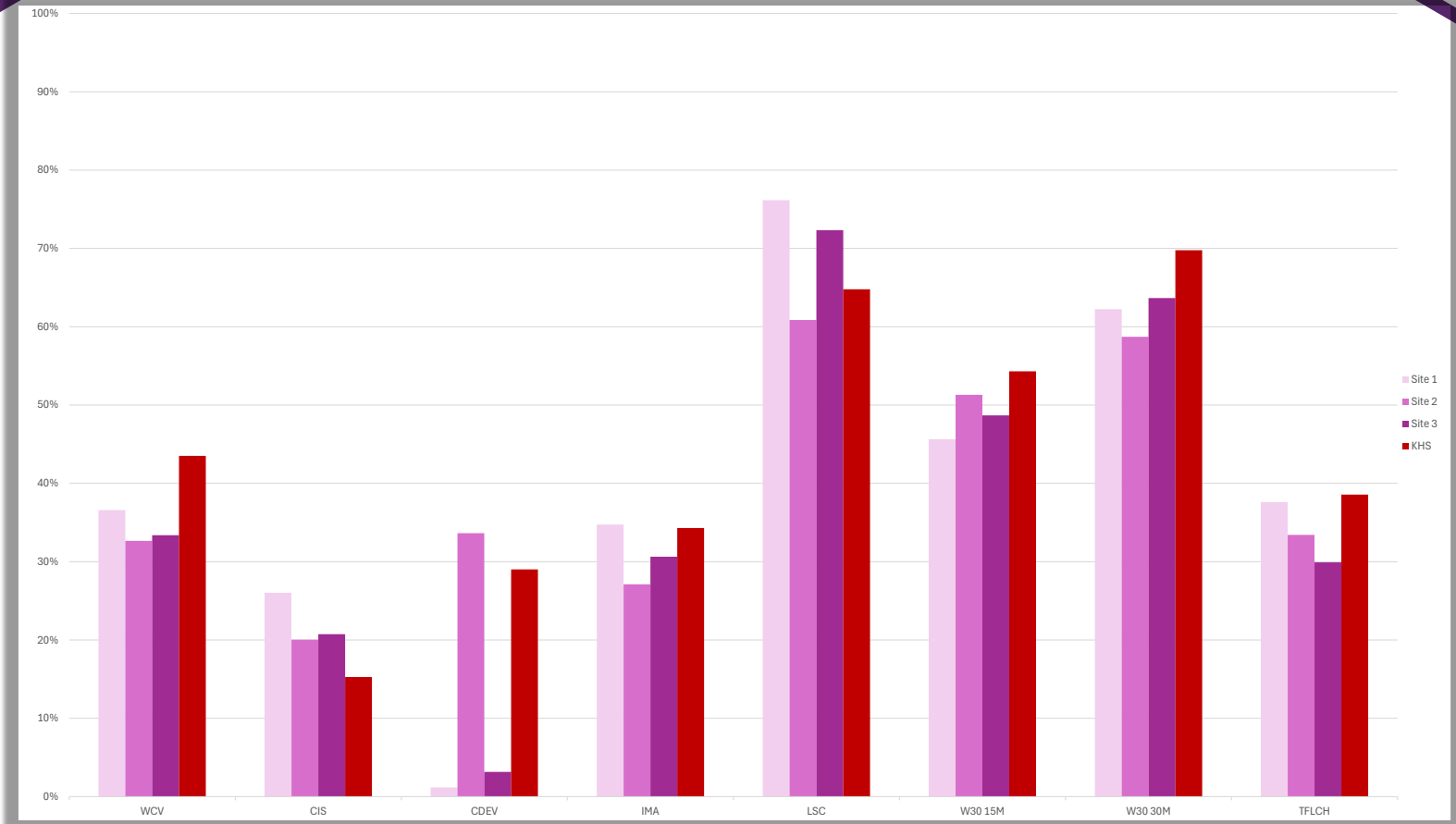
*MPL reflects 2023 MPL rates. 2024 MPLs have not been released.

MY2024 YTD Performance



KHS Board of Directors Meeting, October 17, 2024

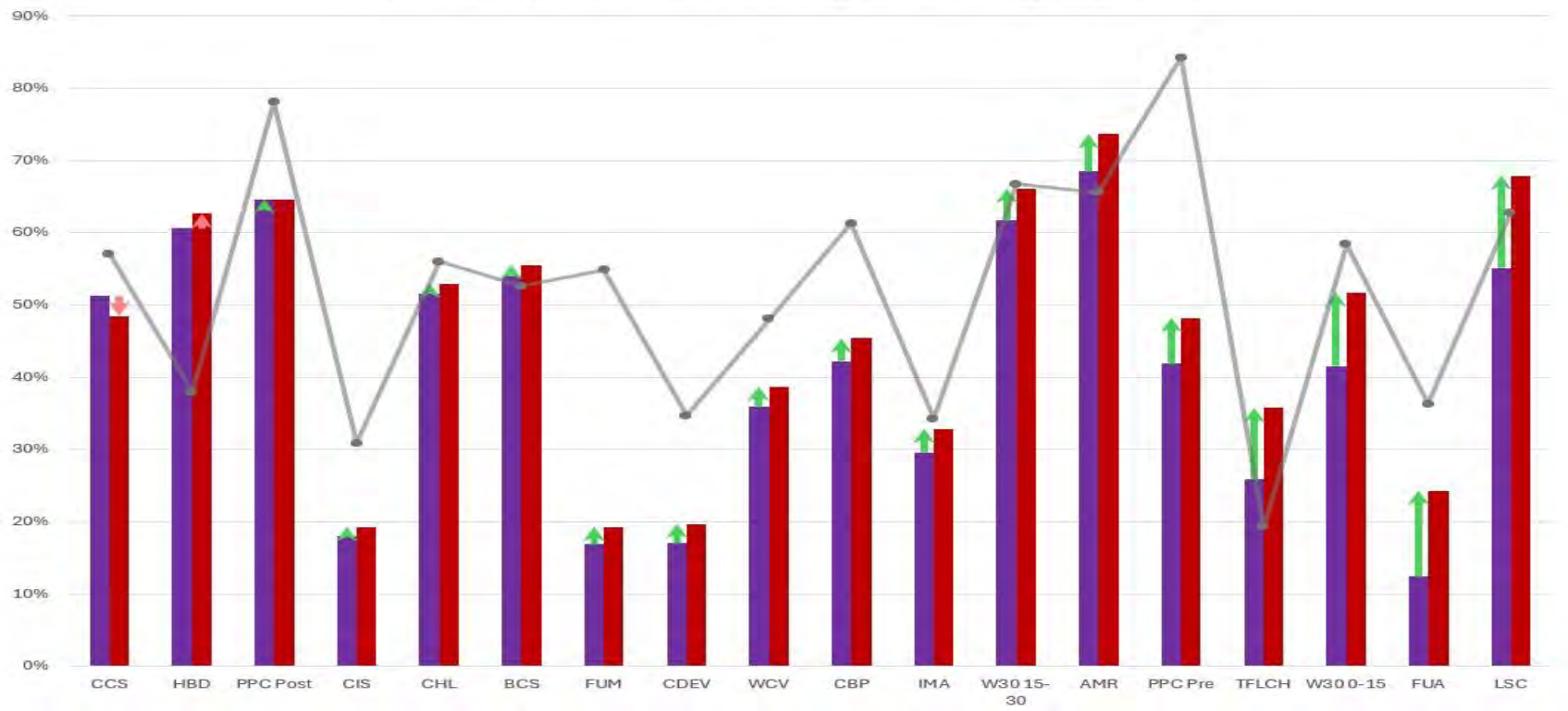
MCAS 2024 Trending – KHS vs Top 3 Providers by Membership in the Children’s Domain



KHS MCAS MY2024 Trending Rates

MY2024 Performance

MCAS MY2024 Performance Trending Metrics through September



KERN HEALTH
SYSTEMS

*HBD should be below the MPL

2024 Goals and Initiatives

Provider Meetings

The QP team has initiated monthly and quarterly meetings with assigned providers. Met with various scheduled and ad hoc provider groups to discuss rates, challenges, barriers and/or accomplishments.

Provider Collaborations

Endocrinologist maintaining program for Diabetic members, managing a group of members with uncontrolled Diabetes. The goal of the program is to improve members' A1C levels with the appropriate interventions. This is an incentive-based reimbursement structure I

- The QP leadership team is in the process of establishing an API to allow appointment scheduling for this population directly with the Endocrinologist's office.

Mobile Units

Pharmacy provider establishing routine vaccine events focused on children ages 2 and older. Large provider groups are operational and on track with grant milestones. Various initiatives partnering with school districts and community organizations focused on children's domain of care. KHS supporting various efforts with targeted call campaigns and geomapping insights for prime event locations.

Member Engagement

Member Engagement Reward Program (MERP) Campaigns:

- Text Messages to members encouraging the scheduling of their appointments for gaps in care with a focus on various MCAS measures.
- Targeted efforts for CCS, W30, and WCV text messaging for the month of June.
- Robocalls will be sent out to members that do not receive text messages.



FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

JAKE HALL
Senior Director of Contracts
and Quality Performance



KHS Board of Directors Meeting, October 17, 2024



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Cesar Delgado, Deputy Chief Information Officer

SUBJECT: Request for Retroactive Approval of Payments and Projection of Additional Expenses to the Microsoft Enterprise Agreement through December 31, 2024

DATE: October 17, 2024

Background

Kern Health Systems (“KHS”) extensively uses Microsoft software on its end user desktops (Windows), e-mail (Exchange), productivity (Office), data reporting databases (MSSQL), workflow and web development (TFS, Visual Studio), and core QNXT system (BizTalk, MSSQL). In September 2021, KHS performed a formal RFP process to select a vendor for these services. Based on the RFP responses and pricing, Dell was selected as the Licensed Service Provider (LSP) for this Microsoft Enterprise Agreement (MEA). The LSP was entered into by KHS with a three (3) year term of January 1, 2022 through December 31, 2024. The Board of Directors (Board) authorized the CEO to sign a three-year contract with a not to exceed amount of \$1,358,808. In addition, the Microsoft Azure VMWare Services (AVS) and Member Engagement were presented and approved by the Board in the not to exceed amounts of \$521,568 approved at February 15, 2024 Board and \$464,337 approved at December 12, 2023 Board. These three agreements totaling \$2,344,713, are all related to the original MEA through Dell.

Discussion

In our recent review of expenditures related to the original MEA, we have identified instances where additional functions were approved through the internal Contracts Committee, True-Up amounts were incurred primarily due to staffing increases, and unanticipated Azure cloud usage charges were incurred. Each of these expenditures were internally approved as separate agreements, and individually, they did not surpass the \$200,000 threshold that necessitates Board approval. We have subsequently determined that these expenditures are tied to the original MEA initially presented to the Board. To allow the MEA agreement to continue, it is necessary to seek retroactive Board approval for these payments as well as Board approval for increasing the not to exceed amount regarding additional projected cost for the remainder of the contract term through December 31, 2024.

The Retroactive & Remaining Year expenditures are as follows:

Expenditure Category	Board Contract Approval Amount	Internal Contract Committee Approval Amount	Actual Spend 2022-YTD 2024	Projected 2024 Remaining Spend	Total Spend (Actual + Projected 2024)	Variance Between Board Approval & Total Spend	2024 Total Spend (Actual + Projected Year Total)	2024 Total Budgeted Amount - approved by board	(Over)/Under budget
Original EA Functions	\$ 1,358,808	\$ 173,867	\$ 1,600,473	\$ -	\$ 1,600,473	\$ (241,665) (1)	\$ 608,896	\$ 609,256	\$ 359
Annual True Ups	\$ -	\$ 388,836	\$ 406,250	\$ 420,600	\$ 826,850	\$ (826,850) (2)	\$ 420,600	\$ 448,056	\$ 27,456
Azure Cloud Hosting	\$ 521,568	\$ 78,928	\$ 916,427	\$ 225,000	\$ 1,141,427	\$ (619,859) (3)	\$ 718,194	\$ 1,243,500	\$ 525,306
Member Engagement	\$ 464,337	\$ -	\$ 195,505	\$ -	\$ 195,505	\$ 268,832	\$ 195,505	\$ 350,000	\$ 154,495
GRAND TOTAL	\$ 2,344,713	\$ 641,631	\$ 3,118,654	\$ 645,600	\$ 3,764,254	\$ (1,419,541)	\$ 1,943,195	\$ 2,650,812	\$ 707,617

Variance Description:

(1) Original MEA Functions added in Years 2 & 3 are:

- a) Power BI which is a tool from Microsoft that turns data into easy-to-understand charts and graphs.
- b) Microsoft Defender which is a special security plan that protects each person's Office 365 apps with extra safety features.
- c) Dynamics365 which is a subscription plan that grants users access to essential features and tools necessary for their role in managing tasks and collaborating within the system.

These added functions resulted in additional costs of \$241,665 to the Original MEA.

(2) True ups which are year-end payments to cover the extra cost of additional licenses are due to the unanticipated significant increase in staff beyond the original MEA. The true ups for all 3 years are estimated at \$826,850.

(3) Azure Cloud Hosting usage, which functions like a utility, provides cloud services on a pay-as-you-go basis were not included/estimated in the original MEA contract. For future contracts, an analysis of past usage will be used to include an estimate of projected future usage. The sum of the actual and projected usage cost for the remainder of 2024 is estimated at \$1,141,427. This has resulted in an additional unexpected cost of \$619,859 to the original MEA.

Fiscal Impact

Based on the variance analysis described above, the original MEA contract value will increase by \$1,419,541 for a new not to exceed amount of \$3,764,254 for the remaining contract term ending December 31, 2024. The 2024 total spend including both the actual and projected are still under the approved 2024 budget in the amount of \$707,617.

Requested Action

Approve; Authorize Chief Executive Officer to Sign.



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Cesar Delgado, Deputy Chief Information Officer
SUBJECT: Contract Renewal with Dell for the Microsoft Enterprise Agreement
DATE: October 17, 2024

Background

Kern Health Systems (KHS) leverages Microsoft software to operate the various desktops, core systems, and databases within its infrastructure. The Microsoft Enterprise Agreement (MEA) products and services included are several functions which include Windows Office 365, Azure Cloud Usage, and Dynamics. The MEA supports long-term digital transformation strategies, including cloud migrations, security, and mobility initiatives.

KHS as a quasi-government agency, leverages the State of California's contracted pricing with Microsoft through the County of Riverside Microsoft Agreement, which allows Government 2% pricing off of published reseller cost, thereby optimizing costs for these services. In September 2021 KHS performed a formal RFP process to select a vendor for these services. Based on the RFP responses and pricing, Dell was selected as the Licensed Service Provider (LSP) for this MEA. KHS entered a three (3) year agreement with Dell as the LSP, effective from January 1, 2022, to December 31, 2024. In accordance with KHS policy, the renewal option is being exercised to extend the agreement for an additional three (3) year term from January 1, 2025, to December 31, 2027.

Discussion

Dell will provide KHS with Microsoft software license, maintenance (software assurance), and technical support for the organization for a three (3) year term.

Financial Impact

Cost for a three (3) year term not to exceed \$7,321,888 in budgeted expenses.

Requested Action

Approve; Authorize Chief Executive Officer to Sign.

Microsoft Licensing Dell, L.P.

Cesar Delgado
Deputy Chief Information Officer
October 17, 2024



Agenda

- Background
- Service Functions Overview
- Service Functions
- Cost Overview or Cost Analysis
- Board Request



Background

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Service Functions Overview

The proposed MEA covers the following 6 categories of functions:

- Microsoft 365 & Office 365 Services
- Server & Database Licenses
- Dynamics 365 (D365) Services
- Power Platform Services
- Azure Cloud Usage
- Annual True Ups



Service Functions - Microsoft 365 & Office 365

Service	Description
Microsoft 365	The M365 E5 Unified subscription provides advanced productivity, security, and compliance features for each user. The M365 E5 Unified from Software Assurance offers similar benefits through an existing agreement, and the M365 Copilot add-on enhances these capabilities with AI-driven features.
Project and Visio	Project Professional provides tools for managing projects. Project Server and its associated client access licenses support project management on a server. Project Standard offers basic project management features. Visio Professional is used for creating detailed diagrams and charts.
Visual Studio	Visual Studio Enterprise provides a comprehensive set of tools for software development. Visual Studio Professional offers essential development tools for smaller projects. Visual Studio Test Professional focuses on testing and quality assurance for software.
Azure DevOps	Azure DevOps helps teams plan, develop, and deliver software by providing tools for project management, coding, and collaboration. It integrates various stages of software development to streamline workflows and improve efficiency.



Service Functions - Server & Database Licenses

Service	Description
Server Licensing	BizTalk Server Standard is used for integrating and managing business processes. Windows Server Standard provides essential server functions, and Remote Desktop Services CAL allows users to access Windows Server remotely.
Database Licensing	SQL Server Enterprise Core is a powerful database management system designed for large-scale applications and high performance. SQL Server Standard Core provides essential database features for smaller-scale applications and everyday tasks.
Core Infrastructure Licensing	CIS Suite Datacenter Core is used for managing large data centers and provides extensive capabilities for core infrastructure. CIS Suite Standard Core offers essential tools for standard IT infrastructure needs.



Service Functions - Dynamics 365 (D365)

Service	Description
Customer Insights & Service	Dynamics 365 Customer Insight helps analyze and understand customer data. The Customer Service tools assist with managing customer support, including call management and automated responses. Customer Voice gathers feedback through surveys, while Fraud Protection helps safeguard accounts from fraudulent activities.
Marketing	Dynamics 365 Marketing Additional Application adds extra marketing tools. Additional Contacts allows for managing a larger number of contacts. Marketing Attach provides additional features to existing marketing applications, while the Non-Production App Add-on is used for testing and development purposes.
Sales & Team Members	Dynamics 365 Sales Premium provides advanced tools for managing and tracking sales activities. The Sales component offers essential sales management features. D365 Team Members provides basic access to tools for team collaboration and support.
Routing & Voice	Dynamics 365 Routing Overage handles extra charges for routing services beyond the standard limit. The Voice & OC Bundle Add-on includes additional features for voice and online communications.



Service Functions - Power Platform

Service	Description
Power Apps & Automate	Power Apps Premium provides advanced features for building custom apps. Power Automate Flow supports automating workflows with a minimum number of licenses. Power Automate Premium offers advanced automation capabilities for individual users.
Power BI	Power BI Premium P1 provides advanced data analysis and reporting tools with dedicated capacity. The Power BI Premium Add-on to Pro offers additional features and capabilities for individual users with a Pro license.
Power Pages & Virtual Agents	Power Pages Auth Users allows a set number of users to access and authenticate on Power Pages sites. Power Virtual Agent Legacy provides a limited-time subscription for managing up to 2,000 sessions with virtual agents.



Service Functions - Azure Cloud Usage & True Ups

Service	Description
Azure Cloud Usage	Azure Cloud Hosting usage, which functions like a utility, provides cloud services on a pay-as-you-go basis.
True Ups	Year-end payments to cover the extra cost of additional licenses are due to the unanticipated increase in staff beyond the Original EA



Cost Analysis

EA Service	Current Term: 1/1/22-12/31/24	Proposed Term: 1/1/25-12/31/27	Term Cost Difference
Microsoft 365 & Office 365 Services	\$ 827,156	\$ 2,360,427	\$ 1,533,271 ⁽¹⁾
Server & Database Licenses	\$ 762,074	\$ 988,075	\$ 226,001
Dynamics 365 (D365) Services	\$ 197,876	\$ 351,970	\$ 154,094
Power Platform Services	\$ 8,871	\$ 147,913	\$ 139,042
Azure Cloud Usage	\$ 1,141,427	\$ 2,725,863	\$ 1,584,436 ⁽²⁾
Annual True Ups	\$ 766,250	\$ 747,639	\$ (18,611)
Total	\$ 3,703,654	\$ 7,321,888	\$ 3,618,234

Footnotes:

1. Increase due to the switch from Microsoft 365 E3 to E5. E3 offers core Office apps and services with basic security and compliance features. E5 includes everything in E3 plus advanced security, compliance, and analytics capabilities, as well as enhanced communication tools. E5 is ideal for organizations needing more robust security and analytics.
2. The cost increase is attributed to anticipated higher usage in Azure Cloud, including a projected 10% rise each quarter to accommodate the expanded utilization.



Board of Directors Request

Authorize the CEO to sign a three (3) year contract with Dell Marketing L.P. for Microsoft licensing, annual support, and maintenance in an amount not to exceed \$7,321,888.



You + Us = a better day!

Questions

Please contact:

Cesar Delgado
Deputy Chief Information Officer
(661) 617-2518
cesar.delgado@khs-net.com





MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Cesar Delgado, Deputy Chief Information Officer

SUBJECT: Request to Increase the Not to Exceed Amount for Cognizant's Health Process Automation Robot Services

DATE: October 17, 2024

Background

In August 2024, Kern Health Systems (KHS) obtained approval from the Board of Directors (Board) to renew the core software solution with Cognizant for processing eligibility, provider contracts, authorizations, claims, and payments. In addition to the services detailed in the contract, we also utilize the Health Process Automation (HPA) tool, a critical element for optimizing our workflows and ensuring operational efficiency. Today, we are bringing this matter back to the Board to request approval for the inclusion of the HPA tool. We seek your approval for the necessary amount to integrate the HPA component into the existing renewal contract with Cognizant.

Discussion

Cognizant TriZetto Software Group, Inc will continue to provide KHS with the HPA tool for a one (1) year term. The HPA Robot significantly enhances operations by streamlining key workflows. For provider record management, it automates data entry and updates, ensuring accuracy and reducing manual effort. This also ensures consistent birthdate information across systems and automates the alignment of authorization requests with member records. Finally, the HPA tool facilitates efficient authorization creation and updates, speeding up the overall process for claims processing.

Financial Impact

Cost for a one (1) year term not to exceed \$555,940 in budgeted expenses.

Requested Action

Approve; Authorize Chief Executive Officer to Sign.

Cognizant – HPA Robot

Cesar Delgado
Deputy Chief Information Officer
October 17, 2024



Agenda

- Background
- HPA Robot Workflows
- Cost Overview
- Board Request



Background

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HPA Robot Workflows

Workflow	Service Benefits & Impact
Edit 101/Provider Build	Automation services streamline the creation and maintenance of provider records by automating data entry, updates, and validation. This reduces manual effort, ensures accuracy and consistency, and enhances overall process efficiency.
Birthday Comparison	Verifying and comparing birthdate information across multiple records or systems ensures consistency and identifies discrepancies. This helps maintain accurate and up-to-date patient records, which is crucial for effective identification and treatment planning.
Auth Matching	Verifies and aligns requests with the correct patient records and services. Automation enhances this by reducing manual intervention, speeding up approvals, and ensuring accurate and efficient processing
Contract Pricing	Managing and applying contract pricing agreements between healthcare providers and payers involves validating contract details and applying pricing rules to claims. Automation streamlines this process by extracting and applying contract terms, reducing errors and administrative overhead.
Auth Creation/Update	Authorization creation and update involve managing requests for healthcare services. Automation streamlines this by handling data entry, routing, and approval processes, reducing delays and ensuring timely and accurate processing.



Cost Overview

Year	Cost of HPA Robot ⁽¹⁾		Staff Need - Manual Review	Manual Review Cost	Cost Savings
2024	\$ 133,961	⁽²⁾	7	\$ 558,376	\$ (424,415)
2025	\$ 421,978	⁽³⁾	20	\$ 1,595,360	\$ (1,173,382)
Total	\$ 555,940			\$ 2,153,736	\$ (1,597,796)

1. Monthly cost varies by number of transactions processed by each active HPA workflow.
2. Contract renewal effective date of 09/2024.
3. Contract renewal to be for 1 year with a term end date of 09/2025.



Board of Directors Request

Approve increasing the not to exceed amount by \$555,940 from \$5,889,582 to \$6,445,522 to allow for the automatic renewal of the HPA Robot services with Cognizant TriZetto Software Group, Inc. for a one (1) year term.



You + Us = a better day!

Questions

Please contact:

Cesar Delgado
Deputy Chief Information Officer
(661) 617-2518
cesar.delgado@khs-net.com





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Alan Avery, Chief Operating Officer
SUBJECT: Contract Extension for Zipari
DATE: October 17, 2024

Background

In December 2015, Kern Health Systems (“KHS”) issued a Request for Proposal (“RFP”) to identify vendors to replace the existing home-grown Provider Portal and to introduce a Member Portal which was required by DHCS and received KHS Board of Directors (“Board”) approval and implemented the HealthX/Zipari provider and member portals. In April 2022, the KHS Board approved to extend the HealthX/Zipari agreement for an additional three years.

Discussion

Zipari provides member and provider online access. The Zipari member portal platform meets all the DHCS regulatory requirements. KHS Member Services continues to encourage members who call to obtain their own personal account on the portal for each family member. As of the 3rd Quarter, 21% of the KHS members have done so and this percentage continues to increase. Members can perform multiple function using the online portal including the top five reasons why members call.

Provider acceptance and use of the KHS provider portal has been embraced by the KHS contracted providers whereby 97% of professional prior authorization requests and 99% of all inpatient admissions are submitted through the portal. Providers have the availability to confirm member eligibility, patient gaps in care, check claim and authorization status along with geo mapping for their provider network.

In anticipation of the existing contract with Zipari expiring in 2025, KHS conducted a Request For Information (RFI) to gather information from competitors who provide similar solutions and found out that there is a good market with comprehensive and user-friendly portals along with more advanced technical capabilities, and at a lower cost.

KHS has recently launched the Member and Provider Portal RFP to evaluate both portal options and is requesting to extend the current agreement with Zipari by seven (7) months to allow for sufficient time should KHS need to execute a new project implementation plan of a new solution. System implementation will also include integration with KHS’ core systems QNXT and JIVA administrative platforms.

Additionally, the current agreement is under a PMPM structure and was originally based off approximately 285,000 covered lives. Additional approval is requested due to the increases of covered lives to approximately 401,000.

	Board Approved	Payments	Remaining Balance	Estimated Payments required under current Agreement	Board Approval Request
Current Agreement	\$ 1,986,734	\$ 1,394,572	\$ 592,162	\$ 805,000	\$ 212,838
Extension for 7 months (estimated)					\$ 510,000
Increase in Not-to-Exceed Amount					\$ 722,838

Financial Impact

Cost for increased member lives under the current contract and additional seven (7) month extension not to exceed **\$722,838** in budgeted expenses.

Requested Action

Approve; Authorize Chief Executive Officer to Sign.



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Christine Pence, Senior Director for Health Services

SUBJECT: Request to Increase the Not to Exceed Amount for the MCG Health Clinical Guidelines Agreement

DATE: October 17, 2024

Background

KHS is required to apply evidence-based criteria when rendering authorization decisions for medical and behavioral health conditions. Access to current care guidelines outlining medical necessity is mandatory for the clinical staff to render informed and medically appropriate decisions for service requests. MCG Health (MCG) is an industry standard that KHS has utilized since 2008 to provide evidence-based criteria to evaluate medical necessity.

Discussion

The MCG contract is licensed based on Per Member Per Year. Due to the increase in membership growth since the original Board of Directors approved contract amount, it is now necessary to increase the contract amount by \$1,249,525 from \$4,442,712 to \$5,692,237. The contract includes both static or web-based access as well as a dynamic and interactive version that can be used by both KHS staff and Provider network. It was an essential integration component to the JIVA medical management platform in 2017. Benefits include elimination of the manual process with accessing and publishing the guidelines for KHS staff and a training platform to ensure all clinical staff are consistently applying evidence-based criteria while reviewing service requests. In addition, KHS Providers have the option to perform point of service automatic authorization requests that provide immediate response to service requests.

Financial Impact

\$1,249,525 in budgeted expenses for the remaining term of the agreement through August 4, 2025.

Requested Action

Approve; Authorize Chief Executive Officer to Sign.

Request to Increase the Not to Exceed Amount for the MCG Health Clinical Guidelines Agreement

Christine Pence
Senior Director for Health Services
October 17, 2024



Agenda

- Chronological Overview
- Current Licensed Modules
- Pricing Model
- Contract Status
- Board Request



Chronological Overview

- DHCS contract requirement
- Evidence-based criteria for complex medical and behavioral health conditions
- Utilized for medical necessity decisions if Medi-cal Handbook not have guidelines



Chronological Overview (continued)

- Partner since 2008
 - Membership growth
 - 250,000 in 2021
 - 310,000 in 2022
 - 310,000 in 2023
 - 401,000 in 2024
- Static non-automated version transitioned to automated workflow
- Integrated into JIVA Medical Management System



Current Licensed Modules

- Ambulatory Care
- Inpatient and Surgical Care
- General Recovery Care
- Behavioral Health Care
- Multi-Condition Management
- Interrater Reliability Module-training
- CareWeb QI Guideline Modification Module – customization
- Cite Auto Auth-Point of Service Authorization
- CareWebQI Integrated API-JIVA automation



Pricing Model

- The fee is based on a Per Member Per Year (PMPY) basis
- Members increased from 250,000 to 401,000 from Year 1 until May 31, 2024
- Contract Expiration date: August 4, 2025



Contract Status

- Contract Expiration date: August 4, 2025
- Board of Directors previously approved \$4,442,712 for 5 year contract
- Members increased from 250,000 to 401,000 from Year 1 until May 31, 2024
- Total 5 year contract cost: \$5,692,237
- Overage of contract cost due to membership growth: \$1,249,525

Board Approval		
	Original PSA	2 Additional Modules
Year 1 '2020	\$ 742,148	
Year 2 '2021	\$ 771,834	
Year 3 '2022	\$ 802,707	\$ 141,000
Year 4 '2023	\$ 834,815	\$ 141,000
Year 5 '2024	\$ 868,208	\$ 141,000
Total	\$ 4,019,712	\$ 423,000
Grand Total		\$4,442,712

5 Yr Actual's		
	Actual Spend (250,000 members)	Additional Licenses
Year 1 '2020	\$ 742,148	
Year 2 '2021	\$ 886,777	\$ 93,111
Year 3 '2022	\$ 1,141,162	
Year 4 '2023	\$ 1,186,808	\$ 60,417
Year 5 '2024	\$ 1,581,813	
Total	\$ 5,538,708	\$ 153,529
Grand Total		\$5,692,237



Board of Directors Request

Authorize the CEO to sign the MCG Amendment and increase the not to exceed amount by \$1,249,525 from \$4,442,712 to \$5,692,237 for the remaining term of the contract for the Utilization Management Medical Budget.



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Questions

Please contact:

Name: Christine Pence

Title: Senior Director for Health Services

Phone Number: 661-337-9447

e-Mail: Christine.pence@khs-net.com





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Christine Pence, Senior Director for Health Services
SUBJECT: Request to Increase the Not to Exceed amount for The Periscope Group
DATE: October 17, 2024

Background

KHS first contracted with DME Consulting (now The Periscope Group) in June 2013 to perform medical necessity determination of member's mobility needs. This new agreement will extend their services to allow for a tiered billing approach with a maximum of 360 visits during the period of one year.

Discussion

The Periscope Group will perform visits at residential locations, including the member's home, and potentially in a nursing home or hospital location to determine personal and environmental constraints/capabilities in using durable medical equipment ("DME") and prosthetics/orthotics. The Periscope Group will provide written reports of findings and recommendations, and review of appropriateness of recommended DME equipment. KHS anticipates additional DME requests due to growth in membership. Annual aggregated reporting of performance metrics and cost savings of services are provided as part of ongoing KHS oversight.

Financial Impact

Cost for September 5, 2024 through September 4, 2025 not to exceed \$162,000 in budgeted expenses. The total cost of the contract since September 5, 2023 through September 4, 2025 not to exceed \$304,025.

Requested Action

Approve; Authorize Chief Executive Officer to Sign.

The Periscope Group

Christine Pence
Senior Director for Health Services
October 17, 2024



Agenda

- Overview
- Sequence of Events
- Included Assessments
- Contract Amendment
- Board of Directors Request



Overview/Background

- KHS has contracted with The Periscope Group since 2013
- Performs medical necessity determinations
 - Member's residence
 - Determines personal and environmental capabilities and constraints
- Provides written reports of findings and recommendations
 - Prosthetics/Orthotics
 - Durable medical equipment



Included Assessments

- Complex wheelchairs – manual and power
- All equipment repair requests > \$500
- All wheelchair modifications
- All POV's and Scooters
- Hospital Beds
- Hoyer Lifts
- Prostheses
- Home Safety Assessments



Contract Amendment

- Original contract
 - September 5, 2023-September 4, 2024
 - 1 year Cost:\$142,025
- Amendment
 - Extend contract to September 4, 2025
 - second year cost: \$162,000
 - Increase in expected services due to growth in membership
 - No change in cost structure
- Total cost of contract for September 5, 2023 through September 4, 2025 : \$304,025



Board of Directors Request

Authorize the CEO to sign The Periscope Group amendment and increase the not to exceed by \$162,000 from \$142,025 to \$304,025 for a one (1) year term.



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Questions

Please contact:

Name

Title

Phone Number

e-Mail





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Christine Pence, Senior Director for Health Services
SUBJECT: BG Healthcare Consulting, Inc
DATE: October 17, 2024

Background

BG Healthcare Consulting, Inc has been providing clinical consulting services for the KHS Health Services Department since 2022 under three separate contracts.

Discussion

BG Healthcare Consulting, Inc consultants are highly qualified Registered Nurses with Managed Medi-Cal leadership experience. BG Healthcare Consulting, Inc provides the following services:

- 1) Audits and institutes corrective procedures for regulatory standards and identifies deficiencies in operational procedures to ensure regulatory compliance.
- 2) Develops and revises work plans, departmental evaluations, and policies and procedures.
- 3) Staff training and special projects to support clinical departmental initiatives.

The above services are necessary for KHS to be compliant with regulatory and accreditation standards of NCQA and the 2024 DHCS contract, such as must pass standards for UM, Cal-AIM requirements including training on new regulations and requirements, clinical network oversight, and quality assurance.

The Health Services Leadership Team is requesting to consolidate the three separate agreements under one new contract with BG Healthcare Consulting, Inc agreement for an additional three years.

Financial Impact

The cost of the contract is not to exceed \$1,500,000 over the three-year term. The BG Healthcare Consulting, Inc agreement is based on time and materials.

Requested Action

Approve; Authorize Chief Executive Officer to Sign.



MEMORANDUM

TO: Kern Health Systems Board of Directors

FROM: Andrea Hylton, Director of Procurement and Facilities

SUBJECT: Reliable Janitorial Services

DATE: October 17, 2024

Background

The facilities cleaning contract provides comprehensive cleaning services to all KHS facilities, ensuring a clean, safe, and healthy environment for employees, members, and visitors. The contract is designed to meet KHS' high standards of cleanliness.

Discussion

The proposed two-year contract will be effective 11/01/2024 through 10/31/2026 and requires Reliable Janitorial Services to provide a range of services, including:

- **Janitorial services:** daily, weekly, and monthly cleaning of high-traffic areas, offices, restrooms, and common spaces
- **Deep cleaning services:** quarterly and annual deep cleaning of facilities, including carpets, upholstery, and hard surfaces
- **Specialized services:** event cleaning and spill response
- **Thorough cleaning:** will be managed during afterhours to prevent disruption to normal work and schedules.

Overall, the new modifications to the contract will standardize cleaning protocols, regularity, quality control checks, and reporting with dedicated crews and customer support.

Financial Impact

The two-year term is not to exceed \$660,968 in budgeted expenses.

Services	2025 Monthly	2025 Annual	2026 Monthly	2026 Annual	Contract Total
Routine Services/Taft	\$26,290	\$315,484	\$26,290	\$315,484	
Event Support/Ad-Hoc Services	\$1,250	\$15,000	\$1,250	\$15,000	
Total	\$27,540	\$330,484	\$27,540	\$330,484	\$660,968

2024 Existing Contract Terms

Services	2024 Monthly	2024 Annual
Routine Services	\$16,584	\$199,008
*Taft Remote Office	\$500	\$4,000
+15 Offices and 28 Cubicles	\$3,916	\$46,992
Total	\$21,000	\$250,000

*Taft Remote Office started 5/2024

*\$3,916/month for 15 Offices and 28 cubicles added in 2024 not reflected in the routine services above

2025/2026 projected annual cost	\$330,484	
2024 annual cost	<u>\$250,000</u>	
Total Annual Increase	\$78,484	
Increased scope for 2025/2026		\$63,484 (A)
Vendor's Expenses (6% increase labor, supplies etc.)		<u>\$15,000</u>
Annual Increase		\$78,484

(A) Increase in scope of services include:

- pressure washing
- tile and grout scrubbing
- carpet cleaning
- window cleaning

Requested Action

Approve; Authorize Chief Executive Officer to Sign.

Reliable Janitorial Services

Andrea Hylton
Director of Procurement and Facilities
October 17, 2024



Agenda

- Overview
- Content
- Financial Impact
- Board Request



Overview

The facilities cleaning contract provides comprehensive cleaning services to all KHS facilities, ensuring a clean, safe, and healthy environment for employees, members, and visitors. The contract is designed to meet KHS' high standards of cleanliness.



Content

The proposed two-year contract will be effective 11/01/2024 through 10/31/2026 and requires Reliable Janitorial Services to provide a range of services, including:

- **Janitorial services:** daily, weekly, and monthly cleaning of high-traffic areas, offices, restrooms, and common spaces
- **Deep cleaning services:** quarterly and annually deep cleaning of facilities, including carpets, upholstery, and hard surfaces
- **Specialized services:** event cleaning and spill response
- **Thorough cleaning:** will be managed during afterhours to prevent disruption to normal work and schedules.

Overall, the new modifications to the contract will standardize cleaning protocols, regularity, quality control checks, and reporting with dedicated crews and customer support.



Financial Impact

2024 Contract Terms

Services	2024 Monthly	2024 Annual
Routine Services	\$16,584	\$199,008
*Taft Remote Office	\$500	\$4,000
+15 Offices and 28 Cubicles	\$3,916	\$46,992
Total	\$21,000	\$250,000

*Taft Remote Office started 5/2024

+\$3,916/month for 15 Offices and 28 cubicles added in 2024 not reflected in the routine services to the left.

The two-year term is not to exceed **\$660,968** in budgeted expenses.

Services	2025 Monthly	2025 Annual	2026 Monthly	2026 Annual	Contract Total
Routine Services	\$26,290	\$315,484	\$26,290	\$315,484	
Event Support/Ad-Hoc Services	\$1,250	\$15,000	\$1,250	\$15,000	
Total	\$27,540	\$330,484	\$27,540	\$330,484	\$660,968



Cost Increase from 2024 vs 2025:

2025/2026 annual cost	\$330,484
2024 annual cost	<u>\$250,000</u>
Total Annual Increase	\$78,484

Increases include services such as:

- pressure washing
- tile and grout scrubbing
- carpet cleaning
- window cleaning
- vendor labor and supply increases

Board of Directors Request

Authorize the CEO to sign Reliable Janitorial amendment and increase not to exceed amount by \$660,968 from \$250,000 to \$910,968 for a two (2) year term extension.



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Questions

Please contact:

Name: Andrea Hylton

Title: Director of Procurement and Facilities

Phone Number: 661 664-5541

e-Mail: andrea.hylton@khs-net.com





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Alan Avery, Chief Operating Officer
SUBJECT: Harte Hanks Contract Extension
DATE: October 17, 2024

Background

Beginning in Q4 2023, KHS entered into a contractual agreement with Harte Hanks to provide New Member Orientation outreach calls to new members within 30 days from enrollment. Harte Hanks has successfully managed to the volume of orientation calls, which is estimated to be approximately 3,500 - 4,000 calls a month over the term of the contract, ensuring high levels of professionalism and member engagement.

Discussion

Over the contract period, Harte Hanks has demonstrated the ability to manage outreach calls effectively, handle surges during peak periods, and provide multi-language support for our new membership. The primary objective of these welcome calls is to ensure that new members feel acknowledged, provide essential information about KHS, and address any immediate questions or concerns new members may have. The outsourcing arrangement has led to cost reductions compared to handling the welcome calls internally, as it minimizes the need for additional staffing and training. Based on the positive results achieved, it is important to consider the advantages of extending this contract.

Financial Impact

Cost for a three (3) year term not to exceed \$750,000 in budgeted expenses.

Requested Action

Approve; Authorize Chief Executive Officer to Sign.

Harte Hanks Contract Extension

Alan Avery
Chief Operating Officer
October 17, 2024



Agenda

- Background
- Scope of Work
- Benefits of Contract Extension
- Board Request



Background

- KHS contracted with Harte Hanks in Q4 2023 and 2024 to initiate New Member Welcome calls to orient and onboard new enrollees.
- Since Q2 2024 Kern Health Systems (KHS) receives approximately 3500 new enrollees each month that require a welcome call.
- KHS is committed to ensuring that new members feel acknowledged, hear essential information, while addressing any immediate questions or concerns they may have.



Scope of Work

- Acknowledge and orientate new members about their Medi-Cal covered benefits and services within 30 days from enrollment.
- Adhere to a telephone script crafted by KHS and approved by DHCS.
- Alert members of the New Member Welcome packets arriving in the mail.
- Encourage new members to complete and return to us the Health Risk Assessment (HRA) form.
- Recommend and assist new members with scheduling their Initial Health Appointment (IHA) with their assigned provider.
- Give new members the opportunity to ask questions.



Benefits of Contract Extension

- No disruption to current processes.
- Ability to handle an unsuspected spike in new membership.
- Lock in favorable rates and avoid costs of reintegration.
- Leverage established partnership with Harte Hanks.
- Continued success and enhanced customer experience.



Board of Directors Request

Authorize the CEO to sign Harte Hanks amendment and increase the not to exceed amount by \$750,000 from \$198,060 to \$948,060 for a three (3) year term extension.



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Questions

Please contact:

Nate Scott
Senior Director of Member Services
(661) 6172503
nate.scott@khs-net.com





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: July 2024 Financial Results
DATE: October 17, 2024

The July results reflect a \$322,915 in Net Position which is a \$10,555 unfavorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$1.7 million unfavorable variance primarily due to:
 - A) \$7.1 million favorable variance in Premium Revenue primarily due to higher-than-expected budgeted membership.
 - B) \$1.2 million unfavorable timing variances primarily due to unfavorable timing differences on waiting for DHCS approval under the CalAim Incentive Payment Program and the Student Behavioral Health Incentive Program.
 - C) \$5.4 million unfavorable variance in MCO Tax Premium primarily due to receiving revised MCO Tax information from DHCS offset against a favorable variance included in the MCO Tax Expense line item on the Income Statement for the same amount.
 - D) \$2.6 million favorable variance in Premium-Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 along with higher-than-expected membership offset against amounts included in 2F below.
 - E) \$1.3 million favorable variance in Investment Earnings and Other Income primarily due from higher than forecasted interest rates being earned on the investment portfolio.
 - F) \$6.7 million unfavorable variance in Rate Adjustment -Hospital Directed Payments primarily due to receiving updated rate information from DHCS in July 2024 for the period 7/1/22-12/31/22 offset against amounts included in 2G below.
- 2) Total Medical Costs reflect a \$4.7 million unfavorable variance primarily due to:
 - A) \$3.4 million unfavorable variance in Physician Services primarily due to higher-than-expected utilization of Referral Specialty Services (\$1.8 million) and higher-than-expected Targeted Rate Increases (“TRI”) amounts allocated to PCP, Specialty and Urgent Care services (\$1.6 million). As previously reported, we began paying TRI amounts in May and believed it was necessary to increase our accruals for these categories of expenses. This amount is offset against amounts included Other Professional Services and Mental Health Services included in 2B (3) & 2B (4) below.

- B) \$6.3 million favorable variance in Other Professional Services primarily due from:
- 1) \$1.2 million favorable variance due to the timing of hiring 2024 Budgeted Utilization Management Employees during the first 7 months of 2024.
 - 2) \$1.1 million favorable variance from lower-than-expected utilization of Autism services.
 - 3) \$.9 million favorable variance in Mental Health Services primarily due to lower-than-expected utilization (\$.4 million) and lower-than-expected TRI expenses (\$.5 million) offset against amounts included in 2A above.
 - 4) \$3.1 million favorable variance in Other Professional Services primarily due to lowering our accruals for Targeted Rate Increases offset against amounts included in 2A above.
- C) \$5.0 million unfavorable variance in Inpatient primarily due to higher-than-expected utilization over the last several months.
- D) \$3.7 million unfavorable variance in Outpatient Hospital primarily due to higher-than-expected utilization over the last several months.
- E) \$5.3 million unfavorable variance in Other Medical primarily from:
- 1) \$1.9 million unfavorable variance in Ambulance and Non-emergency Medical Transportation (“NEMT”) due to higher-than-expected utilization of NEMT services over the last several months by our members.
 - 2) \$1.4 million unfavorable variance in Long Term Care expense primarily due to higher-than-expected utilization over the last several months.
 - 3) \$1.3 million unfavorable variance in CalAim Incentive Programs due to timing differences of receiving provider invoices.
- F) \$2.6 million unfavorable variance in Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 1D above.
- G) \$6.7 million favorable variance in Hospital Directed Payment Adjustment primarily due to receiving updated rate information from DHCS in July 2024 for the period 7/1/22-12/31/22 along with higher-than-expected membership offset against amounts included in 1F above.
- H) \$2.3 million favorable variance in IBNR, Incentives, Paid Claims Adjustment primarily relating to the 2022 Enhanced Care Management (“ECM”) Risk Corridor Liability owed to DHCS being lower than expected.

The July Medical Loss Ratio is 93.6% which is unfavorable to the 92.4% budgeted amount. The July Administrative Expense Ratio is 5.8% which is favorable to the 6.0% budgeted amount.

The results for the 7 months ended July 31, 2024 reflect a Net Increase in Net Position of \$6,805,648. This is a \$2,908,795 favorable variance to the budget and includes approximately \$6.8 million of favorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 93.3% which is unfavorable to the 92.4% budgeted amount. The year-to-date Administrative Expense Ratio is 5.3% which is favorable to the 5.9% budgeted amount.



**Financial Packet
July 2024**

KHS – Medi-Cal Line of Business

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KHS Group Health Plan – Healthy Families Line of Business

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KHS Administrative Analysis and Other Reporting

Monthly Member Count	Page 18
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**MEDI-CAL
STATEMENT OF NET POSITION
AS OF JULY 31, 2024**



ASSETS	July	June	Increase/ (Decrease)
Cash and Cash Equivalents	65,805,339	228,341,955	(162,536,615)
Short-Term Investments	486,206,713	408,046,220	78,160,493
Premiums Receivable	104,283,973	102,423,858	1,860,115
Premiums Receivable - MCO Tax	45,185,845	45,201,307	(15,462)
Premiums Receivable - Hospital Directed Payments	493,533,721	475,635,496	17,898,226
Interest Receivable	46,016	139,661	(93,645)
Provider Advance Payment	824,830	845,085	(20,255)
Other Receivables	1,266,765	940,360	326,404
Prepaid Expenses & Other Current Assets	8,616,709	6,308,632	2,308,078
Total Current Assets	1,205,769,911	1,267,882,573	(62,112,662)
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	921,564	982,404	(60,840)
Computer Equipment - Net	17,773,698	18,340,758	(567,060)
Building and Improvements - Net	32,660,816	32,737,871	(77,056)
Capital Projects In Process	5,022,389	4,818,836	203,553
Total Capital Assets	60,469,172	60,970,575	(501,403)
Restricted Assets	300,000	300,000	-
Officer Life Insurance Receivables	1,657,258	1,657,258	-
SBITA Asset	6,799,897	6,799,897	-
Total Long-Term Assets	8,757,155	8,757,155	-
Deferred Outflow of Resources	8,814,061	8,425,634	388,427
Total Assets and Deferred Outflows of Resources	1,283,810,300	1,346,035,937	(62,225,638)
CURRENT LIABILITIES			
Accrued Salaries and Benefits	7,022,878	6,597,188	425,691
Accrued Other Operating Expenses	6,512,327	6,218,427	293,899
MCO Tax Payable	87,870,823	160,833,580	(72,962,757)
Claims Payable (Reported)	18,790,617	18,585,176	205,441
IBNR - Inpatient Claims	68,367,603	72,946,647	(4,579,044)
IBNR - Physician Claims	15,291,334	20,908,178	(5,616,844)
IBNR - Accrued Other Medical	23,899,538	26,958,600	(3,059,062)
Risk Pool and Withholds Payable	6,495,831	5,892,819	603,012
Allowance for Claims Processing Expense	3,824,312	3,824,312	-
Other Liabilities	143,752,930	139,508,465	4,244,465
SBITA Liability – Current portion	2,617,467	2,617,467	-
Accrued Hospital Directed Payments	495,064,420	477,167,773	17,896,646
Total Current Liabilities	879,510,078	942,058,630	(62,548,552)
NONCURRENT LIABILITIES			
Net Pension Liability	12,965,462	12,965,462	-
SBITA Liability, net of current portion	4,182,430	4,182,430	-
Total NonCurrent Liabilities	17,147,892	17,147,892	-
Deferred Inflow of Resources	158,303	158,303	-
NET POSITION:			
Net Position at Beginning of Year	380,188,379	380,188,379	-
Increase (Decrease) in Net Position - Current Year	6,805,648	6,482,733	322,915
Total Net Position	386,994,027	386,671,112	322,915
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION	1,283,810,300	1,346,035,937	(62,225,638)



MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION
FOR THE MONTH ENDED JULY 31, 2024

	July	Budget	Variance	Year to Date	Budget	Variance
Family Members	242,998	243,144	(146)	1,720,218	1,730,507	(10,289)
Expansion Members	112,590	111,811	779	812,177	800,676	11,501
SPD Members	22,633	19,927	2,706	158,107	142,488	15,619
LTC Members	521	555	(34)	3,555	3,883	(328)
Other Members	23,266	24,164	(898)	159,739	169,145	(9,406)
Total Members - MCAL	402,008	399,600	2,408	2,853,796	2,846,700	7,096
REVENUES						
Medicaid - Family and Other	54,814,574	52,557,530	2,257,044	386,027,564	373,506,333	12,521,231
Medicaid - Expansion Members	45,242,639	44,880,044	362,594	328,772,250	321,385,371	7,386,879
Medicaid - SPD Members	24,362,723	20,956,459	3,406,264	167,388,751	149,850,212	17,538,539
Medicaid - LTC Members	4,316,218	4,470,309	(154,091)	29,081,394	31,292,160	(2,210,766)
Premium - MCO Tax	39,388,230	44,747,208	(5,358,978)	275,717,609	318,773,466	(43,055,858)
Premium - Hospital Directed Payments	24,576,449	21,927,823	2,648,625	172,376,763	156,494,465	15,882,297
Investment Earnings And Other Income	3,396,336	2,060,212	1,336,124	17,550,391	14,641,138	2,909,253
Reinsurance Recoveries	-	111,888	(111,888)	-	797,076	(797,076)
Rate Adjustments - Hospital Directed Payments	(6,686,334)	-	(6,686,334)	(4,525,333)	-	(4,525,333)
Rate/Income Adjustments	594,496	-	594,496	(1,042,920)	-	(1,042,920)
Total Revenues	190,005,330	191,711,473	(1,706,143)	1,371,346,468	1,366,740,221	4,606,247
EXPENSES						
MEDICAL COSTS						
Physician Services	32,448,391	29,022,640	(3,425,751)	227,818,681	206,943,955	(20,874,726)
Other Professional Services	8,910,610	15,228,348	6,317,738	75,669,664	108,554,219	32,884,556
Emergency Room	6,362,602	6,474,378	111,776	44,904,004	46,158,308	1,254,304
Inpatient	32,835,724	27,868,606	(4,967,118)	220,988,071	198,963,741	(22,024,330)
Reinsurance Expense	113,134	111,888	(1,246)	784,740	797,076	12,336
Outpatient Hospital	16,572,741	12,862,810	(3,709,931)	101,911,261	91,831,090	(10,080,172)
Other Medical	28,667,716	23,328,121	(5,339,595)	197,832,882	165,811,912	(32,020,970)
Pay for Performance Quality Incentive	603,012	599,400	(3,612)	4,280,684	4,270,050	(10,633)
Hospital Directed Payments	24,576,449	21,927,823	(2,648,625)	172,376,763	156,494,465	(15,882,297)
Hospital Directed Payment Adjustment	(6,679,802)	-	6,679,802	(3,997,332)	-	3,997,332
Non-Claims Expense Adjustment	1,831	-	(1,831)	335,966	-	(335,966)
IBNR, Incentive, Paid Claims Adjustment	(2,330,501)	-	2,330,501	(9,104,031)	-	9,104,031
Total Medical Costs	142,081,906	137,424,014	(4,657,892)	1,033,801,352	979,824,817	(53,976,535)
GROSS MARGIN	47,923,423	54,287,459	(6,364,035)	337,545,116	386,915,404	(49,370,289)
ADMINISTRATIVE COSTS						
Compensation	3,719,030	4,225,459	506,429	25,135,200	29,161,545	4,026,345
Purchased Services	2,266,065	1,739,891	(526,174)	12,791,477	12,179,236	(612,241)
Supplies	406,426	372,344	(34,081)	1,893,750	2,606,411	712,661
Depreciation	704,955	710,921	5,966	4,910,000	4,976,449	66,449
Other Administrative Expenses	608,392	554,843	(53,549)	3,967,916	3,883,902	(84,015)
Administrative Expense Adjustment	-	(43,839)	(43,839)	119,319	(306,876)	(426,195)
Total Administrative Expenses	7,704,868	7,559,619	(145,249)	48,817,662	52,500,666	3,683,004
TOTAL EXPENSES	149,786,774	144,983,633	(4,803,141)	1,082,619,013	1,032,325,483	(50,293,531)
OPERATING INCOME (LOSS) BEFORE TAX	40,218,556	46,727,840	(6,509,284)	288,727,454	334,414,738	(45,687,284)
MCO TAX	39,388,230	44,747,208	5,358,978	275,717,609	318,773,466	43,055,858
OPERATING INCOME (LOSS) NET OF TAX	830,326	1,980,632	(1,150,306)	13,009,845	15,641,272	(2,631,427)
NON-OPERATING REVENUE (EXPENSE)						
Provider Grants/CalAIM/Home Health	(438,143)	(823,581)	385,438	(4,305,766)	(5,872,209)	1,566,444
D-SNP Expenses	(69,268)	(823,581)	754,313	(1,898,432)	(5,872,209)	3,973,778
Total Non-Operating Revenue (Expense)	(507,411)	(1,647,162)	1,139,751	(6,204,198)	(11,744,419)	5,540,221
NET INCREASE (DECREASE) IN NET POSITION	322,915	333,469	(10,555)	6,805,648	3,896,853	2,908,795
MEDICAL LOSS RATIO	93.6%	92.4%	-1.2%	93.3%	92.4%	-0.9%
ADMINISTRATIVE EXPENSE RATIO	5.8%	6.0%	0.2%	5.3%	5.9%	0.6%

MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION
FOR THE MONTH ENDED JULY 31, 2024



	July	Budget	Variance
Family Members	242,998	243,144	(146)
Expansion Members	112,590	111,811	779
SPD Members	22,633	19,927	2,706
LTC Members	521	555	(34)
Other Members	23,266	24,164	(898)
Total Members - MCAL	402,008	399,600	2,408

Year to Date	Budget	Variance
1,720,218	1,730,507	(10,289)
812,177	800,676	11,501
158,107	142,488	15,619
3,555	3,883	(328)
159,739	169,145	(9,406)
2,853,796	2,846,700	7,096

REVENUES			
Medicaid - Family and Other	205.87	196.62	9.25
Medicaid - Expansion Members	401.84	401.39	0.44
Medicaid - SPD Members	1,076.42	1,051.67	24.76
Medicaid - LTC Members	8,284.49	8,058.24	226.25
Premium - MCO Tax	1,692.95	1,851.85	(158.90)
Premium - Hospital Directed Payments	61.13	54.87	6.26
Investment Earnings And Other Income	8.45	5.16	3.29
Reinsurance Recoveries	-	0.28	(0.28)
Rate Adjustments - Hospital Directed Payments	(16.63)	-	(16.63)
Rate/Income Adjustments	1.48	-	1.48
Total Revenues	472.64	479.76	(7.12)

205.34	196.62	8.72
404.80	401.39	3.41
1,058.71	1,051.67	7.04
8,180.42	8,058.24	122.18
1,726.05	1,884.62	(158.57)
60.40	54.97	5.43
6.15	5.14	1.01
-	0.28	(0.28)
(1.59)	-	(1.59)
(0.37)	-	(0.37)
480.53	480.11	0.42

EXPENSES			
MEDICAL COSTS			
Physician Services	80.72	72.63	(8.09)
Other Professional Services	22.17	38.11	15.94
Emergency Room	15.83	16.20	0.38
Inpatient	81.68	69.74	(11.94)
Reinsurance Expense	0.28	0.28	(0.00)
Outpatient Hospital	41.22	32.19	(9.04)
Other Medical	71.31	58.38	(12.93)
Pay for Performance Quality Incentive	1.50	1.50	(0.00)
Hospital Directed Payments	61.13	54.87	(6.26)
Hospital Directed Payment Adjustment	(16.62)	-	16.62
Non-Claims Expense Adjustment	0.00	-	(0.00)
IBNR, Incentive, Paid Claims Adjustment	(5.80)	-	5.80
Total Medical Costs	353.43	343.90	(9.53)
GROSS MARGIN	119.21	135.85	(16.64)

79.83	72.70	(7.13)
26.52	38.13	11.62
15.73	16.21	0.48
77.44	69.89	(7.54)
0.27	0.28	0.01
35.71	32.26	(3.45)
69.32	58.25	(11.08)
1.50	1.50	0.00
60.40	54.97	(5.43)
(1.40)	-	1.40
0.12	-	(0.12)
(3.19)	-	3.19
362.25	344.20	(18.06)
118.28	135.92	(17.64)

ADMINISTRATIVE COSTS			
Compensation	9.25	10.57	1.32
Purchased Services	5.64	4.35	(1.28)
Supplies	1.01	0.93	(0.08)
Depreciation	1.75	1.78	0.03
Other Administrative Expenses	1.51	1.39	(0.12)
Administrative Expense Adjustment	-	(0.11)	(0.11)
Total Administrative Expenses	19.17	18.92	(0.25)
TOTAL EXPENSES	372.60	362.82	(9.77)
OPERATING INCOME (LOSS) BEFORE TAX	100.04	116.94	(16.89)
MCO TAX	97.98	111.98	14.00
OPERATING INCOME (LOSS) NET OF TAX	2.07	4.96	(2.89)

8.81	10.24	1.44
4.48	4.28	(0.20)
0.66	0.92	0.25
1.72	1.75	0.03
1.39	1.36	(0.03)
0.04	(0.11)	(0.15)
17.11	18.44	1.34
379.36	362.64	(16.72)
101.17	117.47	(16.30)
96.61	111.98	15.37
4.56	5.49	(0.94)

NON-OPERATING REVENUE (EXPENSE)			
Provider Grants/CalAIM/Home Health	(0.17)	(2.06)	1.89
D-SNP Expenses	(1.09)	(2.06)	0.97
Total Non-Operating Revenue (Expense)	(1.26)	(4.12)	2.86
NET INCREASE (DECREASE) IN NET POSITION	0.80	0.83	(0.03)
MEDICAL LOSS RATIO	-24.4%	-20.3%	4.2%
ADMINISTRATIVE EXPENSE RATIO	-1.5%	-1.3%	0.2%

(0.67)	(2.06)	1.40
(1.51)	(2.06)	0.55
(2.17)	(4.13)	1.95
2.38	1.37	1.02
-23.2%	-19.8%	3.4%
-1.3%	-1.3%	0.0%



MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION BY QUARTER
ROLLING 4 QUARTERS
FOR THE MONTH ENDED JULY 31, 2024

	2023 - Q3	2023 - Q4	2024 - Q1	2024 - Q2
Total Members - MCAL	1,064,368	1,038,591	1,234,656	1,217,132
REVENUES				
Medicaid - Family and Other	130,829,220	119,336,194	163,114,742	168,098,248
Medicaid - Expansion Members	114,676,254	97,694,167	142,141,972	141,387,639
Medicaid - SPD Members	58,948,915	59,165,633	70,643,949	72,382,078
Medicaid - LTC Members	9,102,869	9,599,451	12,120,676	12,644,500
Premium - MCO Tax	-	375,849,146	118,164,689	118,164,689
Premium - Hospital Directed Payments	65,557,702	63,752,178	74,715,152	73,085,162
Investment Earnings And Other Income	4,444,990	9,031,183	6,526,452	7,627,603
Rate Adjustments - Hospital Directed Payments	545,253	(26,268,027)	2,628,208	(467,208)
Rate/Income Adjustments	2,190,288	495,587	3,361,928	(4,999,343)
Total Revenues	386,295,491	708,655,511	593,417,768	587,923,369
EXPENSES				
MEDICAL COSTS				
Physician Services	62,419,530	61,076,433	93,110,533	102,259,757
Other Professional Services	18,664,943	19,381,164	37,861,872	28,897,182
Emergency Room	16,279,390	15,523,588	19,266,762	19,274,640
Inpatient	67,920,330	79,244,732	91,080,658	97,071,689
Reinsurance Expense	288,694	190,133	324,349	347,257
Outpatient Hospital	32,005,177	40,939,501	44,304,385	41,034,136
Other Medical	72,388,155	79,194,627	80,881,278	88,283,888
Pay for Performance Quality Incentive	1,599,049	1,555,236	1,851,974	1,825,698
Hospital Directed Payments	65,557,702	63,752,178	74,715,152	73,085,162
Hospital Directed Payment Adjustment	(12,049)	(26,330,241)	2,663,543	18,927
Non-Claims Expense Adjustment	695,678	1,571,341	356,533	(22,398)
IBNR, Incentive, Paid Claims Adjustment	1,846,700	1,506,238	622,759	(7,396,288)
Total Medical Costs	339,653,299	337,604,928	447,039,796	444,679,650
GROSS MARGIN	46,642,192	371,050,583	146,377,973	143,243,720
ADMINISTRATIVE COSTS				
Compensation	11,815,434	13,584,268	10,509,085	10,907,085
Purchased Services	4,614,262	5,339,166	5,448,763	5,076,649
Supplies	801,939	680,996	764,751	722,573
Depreciation	2,073,030	2,099,363	2,040,936	2,164,109
Other Administrative Expenses	1,797,993	1,406,817	1,644,704	1,714,820
Administrative Expense Adjustment	9,949	1,580,132	96,938	22,381
Total Administrative Expenses	21,112,607	24,690,742	20,505,176	20,607,617
TOTAL EXPENSES	360,765,906	362,295,670	467,544,972	465,287,267
OPERATING INCOME (LOSS) BEFORE TAX	25,529,585	346,359,841	125,872,796	122,636,102
MCO TAX	-	376,495,887	118,164,689	118,164,689
OPERATING INCOME (LOSS) NET OF TAX	25,529,585	(30,136,046)	7,708,107	4,471,413
NON-OPERATING REVENUE (EXPENSE)				
Total Non-Operating Revenue (Expense)	(1,246,978)	(1,454,633)	(2,207,215)	(3,489,571)
NET INCREASE (DECREASE) IN NET POSITION	24,282,607	(31,590,679)	5,500,891	981,842
MEDICAL LOSS RATIO	85.6%	101.6%	92.9%	93.6%
ADMINISTRATIVE EXPENSE RATIO	6.6%	8.4%	5.2%	5.2%

Rolling 4-Quarter Totals
4,554,747

CURRENT QUARTER
2024 - Q3
402,008

581,378,404
495,900,032
261,140,575
43,467,496
612,178,524
277,110,194
27,630,227
(23,561,773)
1,048,459
2,276,292,139

54,814,574
45,242,639
24,362,723
4,316,218
39,388,230
24,576,449
3,396,336
(6,686,334)
594,496
190,005,330

318,866,253
104,805,160
70,344,380
335,317,408
1,150,433
158,283,198
320,747,947
6,831,956
277,110,194
(23,659,821)
2,601,155
(3,420,592)
1,568,977,672

32,448,391
8,910,610
6,362,602
32,835,724
113,134
16,572,741
28,667,716
603,012
24,576,449
(6,679,802)
1,831
(2,330,501)
142,081,906

46,815,872
20,478,840
2,970,259
8,377,438
6,564,335
1,709,400
86,916,143
1,655,893,815
620,398,324
612,825,265
7,573,059
(8,398,397)
(825,338)
93.3%
6.2%

3,719,030
2,266,065
406,426
704,955
608,392
-
7,704,868
149,786,774
40,218,556
39,388,230
830,326
(507,411)
322,915
93.6%
5.8%

MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION BY QUARTER
ROLLING 4 QUARTERS PMPM
FOR THE MONTH ENDED JULY 31, 2024



	2023 - Q3	2023 - Q4	2024 - Q1	2024 - Q2
Total Members - MCAL	1,064,368	1,038,591	1,234,656	1,217,132
REVENUES				
Medicaid - Family and Other	185.41	172.27	237.94	237.34
Medicaid - Expansion Members	379.60	338.10	486.57	469.83
Medicaid - SPD Members	1,063.89	1,063.71	1,298.20	1,303.90
Medicaid - LTC Members	7,467.49	7,447.21	15,094.24	10,441.37
Premium - MCO Tax	-	361.88	95.71	97.08
Premium - Hospital Directed Payments	61.59	61.38	60.51	60.05
Investment Earnings And Other Income	4.18	8.70	5.29	6.27
Rate Adjustments - Hospital Directed Payments	0.51	(25.29)	2.13	(0.38)
Rate/Income Adjustments	2.06	0.48	2.72	(4.11)
Total Revenues	362.93	682.32	480.63	483.04
EXPENSES				
MEDICAL COSTS				
Physician Services	58.64	58.81	75.41	84.02
Other Professional Services	17.54	18.66	30.67	23.74
Emergency Room	15.29	14.95	15.60	15.84
Inpatient	63.81	76.30	73.77	79.75
Reinsurance Expense	0.27	0.18	0.26	0.29
Outpatient Hospital	30.07	39.42	35.88	33.71
Other Medical	68.01	76.25	65.51	72.53
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50
Hospital Directed Payments	61.59	61.38	60.51	60.05
Hospital Directed Payment Adjustment	(0.01)	(25.35)	2.16	0.02
Non-Claims Expense Adjustment	0.65	1.51	0.29	(0.02)
IBNR, Incentive, Paid Claims Adjustment	1.74	1.45	0.50	(6.08)
Total Medical Costs	319.11	325.06	362.08	365.35
GROSS MARGIN	43.82	357.26	118.56	117.69
ADMINISTRATIVE COSTS				
Compensation	11.10	13.08	8.51	8.96
Purchased Services	4.34	5.14	4.41	4.17
Supplies	0.75	0.66	0.62	0.59
Depreciation	1.95	2.02	1.65	1.78
Other Administrative Expenses	1.69	1.35	1.33	1.41
Administrative Expense Adjustment	0.01	1.52	0.08	0.02
Total Administrative Expenses	19.84	23.77	16.61	16.93
TOTAL EXPENSES	338.95	348.83	378.68	382.28
OPERATING INCOME (LOSS) BEFORE TAX	23.99	333.49	101.95	100.76
MCO TAX	-	362.51	95.71	97.08
OPERATING INCOME (LOSS) NET OF TAX	23.99	(29.02)	6.24	3.67
NON-OPERATING REVENUE (EXPENSE)				
Total Non-Operating Revenue (Expense)	(1.17)	(1.40)	(1.79)	(2.87)
NET INCREASE (DECREASE) IN NET POSITION	22.81	(30.42)	4.46	0.81
MEDICAL LOSS RATIO	85.6%	101.6%	92.9%	93.6%
ADMINISTRATIVE EXPENSE RATIO	6.6%	8.4%	5.2%	5.2%

Rolling Quarter Totals
4,554,747

208.22
418.79
1,181.85
9,612.45
134.40
60.84
6.07
(5.17)
0.23
499.76

CURRENT QUARTER 2024 - Q3
402,008

68.29
131.05
359.78
2,799.10
97.98
61.13
8.45
(16.63)
1.48
472.64

70.01
23.01
15.44
73.62
0.25
34.75
70.42
1.50
60.84
(5.19)
0.57
(0.75)
344.47
155.29

80.72
22.17
15.83
81.68
0.28
41.22
71.31
1.50
61.13
(16.62)
0.00
(5.80)
353.43
119.21

10.28
4.50
0.65
1.84
1.44
0.38
19.08
363.55
136.21
134.55
1.66

9.25
5.64
1.01
1.75
1.51
-
19.17
372.60
100.04
97.98
2.07

(1.84)

(1.26)

(0.18)

0.80

93.3%

93.6%

6.2%

5.8%



MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION BY MONTH
ROLLING 6 MONTHS
FOR THE MONTH ENDED JULY 31, 2024

	JANUARY 2024	FEBRUARY 2024	MARCH 2024	APRIL 2024	MAY 2024	JUNE 2024	Prior 6 Month YTD	JULY 2024
Total Members - MCAL	404,835	413,898	415,923	407,608	405,829	403,695	1,642,264	402,008
REVENUES								
Medicaid - Family and Other	53,027,216	54,928,439	55,159,087	62,317,189	51,326,322	54,454,738	225,431,931	54,814,574
Medicaid - Expansion Members	46,811,852	48,031,590	47,298,530	49,970,629	46,004,215	45,412,795	192,112,601	45,242,639
Medicaid - SPD Members	23,417,694	23,534,898	23,691,358	24,349,771	23,846,423	24,185,884	94,993,720	24,362,723
Medicaid - LTC Members	3,975,666	4,090,307	4,054,703	4,060,726	4,122,208	4,461,566	16,181,402	4,316,218
Premium - MCO Tax	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	157,552,919	39,388,230
Premium - Hospital Directed Payments	24,282,372	24,917,058	25,515,722	24,754,858	22,990,345	25,339,960	99,470,009	24,576,449
Investment Earnings And Other Income	2,539,805	2,024,302	1,962,344	2,077,703	2,965,401	2,584,498	8,604,155	3,396,336
Rate Adjustments - Hospital Directed Payments	42,165	2,359,548	226,495	99,262	(108,928)	(457,542)	2,727,470	(6,686,334)
Rate/Income Adjustments	83,075	2,754,769	524,085	(7,486,909)	(794,733)	3,282,299	(4,124,982)	594,496
Total Revenues	193,568,075	202,029,140	197,820,554	199,531,458	189,739,482	198,652,429	792,949,226	190,005,330
EXPENSES								
MEDICAL COSTS								
Physician Services	30,082,718	32,725,820	30,301,995	32,742,882	32,962,778	36,554,096	125,853,415	32,448,391
Other Professional Services	13,699,554	10,865,981	13,296,336	10,516,696	9,231,655	9,148,831	48,378,568	8,910,610
Emergency Room	6,905,833	6,114,762	6,246,167	6,286,018	6,322,930	6,665,692	25,552,780	6,362,602
Inpatient	30,185,040	29,579,215	31,316,403	33,608,353	30,704,459	32,758,876	124,689,011	32,835,724
Reinsurance Expense	96,765	98,519	129,066	118,429	118,429	110,398	442,779	113,134
Outpatient Hospital	13,495,747	15,812,073	14,996,564	14,993,746	12,540,794	13,499,596	59,298,130	16,572,741
Other Medical	23,466,463	31,166,022	26,248,792	28,995,931	29,760,839	29,527,118	109,877,209	28,667,716
Pay for Performance Quality Incentive	607,242	620,847	623,885	611,412	608,744	605,543	2,463,386	603,012
Hospital Directed Payments	24,282,372	24,917,058	25,515,722	24,754,858	22,990,345	25,339,960	99,470,009	24,576,449
Hospital Directed Payment Adjustment	42,165	2,395,027	226,351	134,240	(95,313)	(20,001)	2,797,783	(6,679,802)
Non-Claims Expense Adjustment	141,502	115,821	99,211	74,266	(37,068)	(59,596)	430,799	1,831
IBNR, Incentive, Paid Claims Adjustment	164,572	329,680	128,506	(929,497)	(3,039,235)	(3,427,557)	(306,738)	(2,330,501)
Total Medical Costs	143,169,973	154,740,825	149,128,998	151,907,335	142,069,357	150,702,957	598,947,131	142,081,906
GROSS MARGIN	50,398,102	47,288,315	48,691,556	47,624,123	47,670,125	47,949,472	194,002,096	47,923,423
ADMINISTRATIVE COSTS								
Compensation	3,586,265	3,433,013	3,489,806	3,615,998	3,747,089	3,543,998	14,125,083	3,719,030
Purchased Services	2,026,416	1,860,964	1,561,384	1,716,357	1,750,418	1,609,874	7,165,120	2,266,065
Supplies	354,637	259,860	150,254	118,212	204,536	399,825	882,963	406,426
Depreciation	725,712	634,912	680,312	680,312	778,841	704,955	2,721,248	704,955
Other Administrative Expenses	663,019	551,825	429,859	693,862	531,586	489,373	2,338,566	608,392
Administrative Expense Adjustment	258,024	(160,374)	(712)	(28,014)	2,765	47,630	68,924	-
Total Administrative Expenses	7,614,072	6,580,201	6,310,903	6,796,727	7,015,235	6,795,655	27,301,904	7,704,868
TOTAL EXPENSES	150,784,046	161,321,026	155,439,900	158,704,062	149,084,592	157,498,613	626,249,034	149,786,774
OPERATING INCOME (LOSS) BEFORE TAX	42,784,029	40,708,114	42,380,653	40,827,396	40,654,890	41,153,817	166,700,192	40,218,556
MCO TAX	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	157,552,919	39,388,230
OPERATING INCOME (LOSS) NET OF TAX	3,395,799	1,319,884	2,992,423	1,439,166	1,266,660	1,765,587	9,147,273	830,326
NON-OPERATING REVENUE (EXPENSE)								
Total Non-Operating Revenue (Expense)	(778,999)	(695,356)	(732,861)	(1,052,399)	(805,587)	(1,631,585)	(3,259,614)	(507,411)
NET INCREASE (DECREASE) IN NET POSITION	2,616,800	624,528	2,259,563	386,767	461,073	134,002	5,887,658	322,915
MEDICAL LOSS RATIO	91.5%	94.1%	93.0%	93.9%	93.5%	93.3%	93.2%	93.6%
ADMINISTRATIVE EXPENSE RATIO	5.9%	4.9%	4.8%	5.0%	5.5%	5.1%	5.1%	5.8%



MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION BY MONTH
PMPM ROLLING 6 MONTHS
FOR THE MONTH ENDED JULY 31, 2024

	JANUARY 2024	FEBRUARY 2024	MARCH 2024	APRIL 2024	MAY 2024	JUNE 2024	6 Month Prior YTD	JULY 2024
Total Members - MCAL	404,835	413,898	415,923	407,608	405,829	403,695	1,642,264	402,008
REVENUES								
Medicaid - Family and Other	199.97	202.78	200.58	232.44	191.65	204.16	139.70	204.67
Medicaid - Expansion Members	399.31	402.60	401.46	428.55	399.45	400.25	274.61	392.83
Medicaid - SPD Members	1,067.25	1,014.04	1,047.92	1,086.56	1,068.10	1,052.52	701.20	1,091.23
Medicaid - LTC Members	8,130.20	8,083.61	8,158.36	8,154.07	7,973.32	8,465.97	5,333.36	8,348.58
Premium - MCO Tax	97.29	95.16	94.70	96.63	97.06	97.57	95.94	97.98
Premium - Hospital Directed Payments	59.98	60.20	61.35	60.73	56.65	62.77	60.57	61.13
Investment Earnings And Other Income	6.27	4.89	4.72	5.10	7.31	6.40	5.24	8.45
Rate Adjustments - Hospital Directed Payments	0.10	5.70	0.54	0.24	(0.27)	(1.13)	1.66	(16.63)
Rate/Income Adjustments	0.21	6.66	1.26	(18.37)	(1.96)	8.13	(2.51)	1.48
Total Revenues	478.14	488.11	475.62	489.52	467.54	492.09	482.84	472.64
EXPENSES								
MEDICAL COSTS								
Physician Services	74.31	79.07	72.85	80.33	81.22	90.55	76.63	80.72
Other Professional Services	33.84	26.25	31.97	25.80	22.75	22.66	29.46	22.17
Emergency Room	17.06	14.77	15.02	15.42	15.58	16.51	15.56	15.83
Inpatient	74.56	71.46	75.29	82.45	75.66	81.15	75.93	81.68
Reinsurance Expense	0.24	0.24	0.31	0.29	0.29	0.27	0.28	0.28
Outpatient Hospital	33.34	38.20	36.06	36.78	30.90	33.44	36.11	41.22
Other Medical	57.97	75.30	63.11	71.14	73.33	73.14	66.91	71.31
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	59.98	60.20	61.35	60.73	56.65	62.77	60.57	61.13
Hospital Directed Payment Adjustment	0.10	5.79	0.54	0.33	(0.23)	(0.05)	1.70	(16.62)
Non-Claims Expense Adjustment	0.35	0.28	0.24	0.18	(0.09)	(0.15)	0.26	0.00
IBNR, Incentive, Paid Claims Adjustment	0.41	0.80	0.31	(2.28)	(7.49)	(8.49)	(0.19)	(5.80)
Total Medical Costs	353.65	373.86	358.55	372.68	350.07	373.31	364.71	353.43
GROSS MARGIN	124.49	114.25	117.07	116.84	117.46	118.78	118.13	119.21
ADMINISTRATIVE COSTS								
Compensation	8.86	8.29	8.39	8.87	9.23	8.78	8.60	9.25
Purchased Services	5.01	4.50	3.75	4.21	4.31	3.99	4.36	5.64
Supplies	0.88	0.63	0.36	0.29	0.50	0.99	0.54	1.01
Depreciation	1.79	1.53	1.64	1.67	1.92	1.75	1.66	1.75
Other Administrative Expenses	1.64	1.33	1.03	1.70	1.31	1.21	1.42	1.51
Administrative Expense Adjustment	0.64	(0.39)	(0.00)	(0.07)	0.01	0.12	0.04	-
Total Administrative Expenses	18.81	15.90	15.17	16.67	17.29	16.83	16.62	19.17
TOTAL EXPENSES	372.46	389.76	373.72	389.35	367.36	390.14	381.33	372.60
OPERATING INCOME (LOSS) BEFORE TAX	105.68	98.35	101.90	100.16	100.18	101.94	101.51	100.04
MCO TAX	97.29	95.16	94.70	96.63	97.06	97.57	95.94	97.98
OPERATING INCOME (LOSS) NET OF TAX	8.39	3.19	7.19	3.53	3.12	4.37	5.57	2.07
NON-OPERATING REVENUE (EXPENSE)								
Total Non-Operating Revenue (Expense)	(1.92)	(1.68)	(1.76)	(2.58)	(1.99)	(4.04)	(1.98)	(1.26)
NET INCREASE (DECREASE) IN NET POSITION	6.46	1.51	5.43	0.95	1.14	0.33	3.59	0.80
MEDICAL LOSS RATIO	91.5%	94.1%	93.0%	93.9%	93.5%	93.3%	93.2%	93.6%
ADMINISTRATIVE EXPENSE RATIO	5.9%	4.9%	4.8%	5.0%	5.5%	5.1%	5.1%	5.8%

KHS 9/23/2024

Management Use Only

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MEDI-CAL
SCHEDULE OF REVENUES - ALL COA
FOR THE MONTH ENDED JULY 31, 2024

REVENUES	July	Budget	Variance	Year to Date	Budget	Variance
Premium - Medi-Cal	48,440,858	45,972,529	2,468,329	336,189,814	326,709,241	9,480,573
Premium - Maternity Kick	3,321,365	3,233,907	87,459	20,882,437	22,982,142	(2,099,705)
Premium - Enhanced Care Management	1,324,442	1,370,236	(45,794)	9,275,567	9,737,745	(462,178)
Premium - Major Organ Transplant	263,632	235,497	28,135	1,792,835	1,673,588	119,247
Premium - Provider Enhancement	1,180,759	1,073,977	106,782	8,132,291	7,632,344	499,947
Premium - GEMT	185,899	185,374	525	1,303,917	1,317,383	(13,466)
Premium - Cal AIM	-	329,582	(329,582)	-	2,342,214	(2,342,214)
Premium - Student Behavioral Health Incentive	-	156,428	(156,428)	798,493	1,111,675	(313,182)
Premium - Housing and Homelessness Incentive	-	-	-	6,395,468	-	6,395,468
Premium - Equity & Practice Transformation	-	-	-	569,537	-	569,537
Other	97,619	-	97,619	687,205	-	687,205
TOTAL MEDICAID - FAMILY & OTHER	54,814,574	52,557,530	2,257,044	386,027,564	373,506,333	12,521,231
Premium - Medi-Cal	42,240,002	41,406,918	833,084	303,273,738	296,514,362	6,759,376
Premium - Maternity Kick	340,274	422,753	(82,479)	2,995,886	3,027,326	(31,439)
Premium - Enhanced Care Management	1,569,286	1,585,202	(15,916)	11,338,328	11,351,610	(13,282)
Premium - Major Organ Transplant	420,674	414,707	5,967	3,016,407	2,969,710	46,697
Premium - Provider Enhancement	366,657	354,794	11,863	2,622,136	2,540,675	81,461
Premium - GEMT	260,625	262,662	(2,037)	1,874,690	1,880,918	(6,228)
Premium - Cal AIM	-	293,640	(293,640)	-	2,102,751	(2,102,751)
Premium - Student Behavioral Health Incentive	-	139,369	(139,369)	342,085	998,020	(655,934)
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	-	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	-	243,998
Other	45,122	-	45,122	325,077	-	325,077
TOTAL MEDICAID - EXPANSION MEMBERS	45,242,639	44,880,044	362,594	328,772,250	321,385,371	7,386,879
Premium - Medi-Cal	23,030,954	19,583,522	3,447,432	157,630,028	140,032,956	17,597,072
Premium - Enhanced Care Management	830,598	727,727	102,870	5,697,407	5,203,651	493,756
Premium - Major Organ Transplant	304,130	263,364	40,766	2,071,603	1,883,195	188,408
Premium - Provider Enhancement	28,168	24,705	3,463	193,337	176,654	16,683
Premium - GEMT	168,873	147,909	20,964	1,158,138	1,057,631	100,507
Premium - Cal AIM	-	141,888	(141,888)	-	1,014,579	(1,014,579)
Premium - Student Behavioral Health Incentive	-	67,344	(67,344)	65,644	481,545	(415,901)
Premium - Housing and Homelessness Incentive	-	-	-	525,772	-	525,772
Premium - Equity & Practice Transformation	-	-	-	46,822	-	46,822
Other	-	-	-	-	-	-
TOTAL MEDICAID - SPD MEMBERS	24,362,723	20,956,459	3,406,264	167,388,751	149,850,212	17,538,539
Premium - Medi-Cal	4,288,666	4,395,083	(106,417)	28,883,751	30,765,582	(1,881,831)
Premium - Enhanced Care Management	9,808	10,315	(507)	65,972	72,204	(6,233)
Premium - Major Organ Transplant	14,595	15,235	(641)	97,427	106,647	(9,220)
Premium - Provider Enhancement	5	4	0	28	31	(3)
Premium - GEMT	3,145	3,176	(31)	20,187	22,232	(2,045)
Premium - Cal AIM	-	31,530	(31,530)	-	220,710	(220,710)
Premium - Student Behavioral Health Incentive	-	14,965	(14,965)	1,443	104,755	(103,312)
Premium - Housing and Homelessness Incentive	-	-	-	11,558	-	11,558
Premium - Equity & Practice Transformation	-	-	-	1,029	-	1,029
Other	-	-	-	-	-	-
TOTAL MEDICAID - LTC MEMBERS	4,316,218	4,470,309	(154,091)	29,081,394	31,292,160	(2,210,766)

MEDI-CAL
SCHEDULE OF REVENUES - ALL COA
FOR THE MONTH ENDED JULY 31, 2024



REVENUES	January	February	March	April	May	June	July	Year to Date
Premium - Medi-Cal	47,241,506	48,947,162	49,229,878	48,457,890	45,604,186	48,268,333	48,440,858	336,189,814
Premium - Maternity Kick	2,781,366	2,862,736	2,796,161	3,040,270	3,173,420	2,907,119	3,321,365	20,882,437
Premium - Enhanced Care Management	1,360,425	1,373,690	1,369,893	1,329,522	1,080,066	1,437,528	1,324,442	9,275,567
Premium - Major Organ Transplant	242,912	264,248	268,461	260,651	203,323	289,608	263,632	1,792,835
Premium - Cal AIM	-	-	-	-	-	-	-	-
Premium - Provider Enhancement	1,115,725	1,189,379	1,203,274	1,179,009	1,008,150	1,255,995	1,180,759	8,132,291
Premium - GEMT	187,833	192,364	192,415	187,592	158,941	198,874	185,899	1,303,917
Premium - Student Behavioral Health Incentive	-	-	-	798,493	-	-	-	798,493
Premium - Housing and Homelessness Incentive	-	-	-	6,395,468	-	-	-	6,395,468
Premium - Equity & Practice Transformation	-	-	-	569,537	-	-	-	569,537
Other	97,449	98,860	99,005	98,756	98,236	97,279	97,619	687,205
TOTAL MEDICAID - FAMILY & OTHER	53,027,216	54,928,439	55,159,087	62,317,189	51,326,322	54,454,738	54,814,574	386,027,564
Premium - Medi-Cal	43,459,690	44,508,533	44,016,473	43,567,402	43,005,883	42,475,755	42,240,002	303,273,738
Premium - Maternity Kick	576,986	710,136	503,013	325,479	281,096	258,904	340,274	2,995,886
Premium - Enhanced Care Management	1,651,191	1,664,324	1,642,575	1,626,006	1,605,210	1,579,736	1,569,286	11,338,328
Premium - Major Organ Transplant	432,007	442,199	437,523	433,298	427,929	422,778	420,674	3,016,407
Premium - Cal AIM	-	-	-	-	-	-	-	-
Premium - Provider Enhancement	373,632	384,099	380,389	376,842	372,278	368,239	366,657	2,622,136
Premium - GEMT	271,454	274,545	271,386	268,943	265,767	261,970	260,625	1,874,690
Premium - Student Behavioral Health Incentive	-	-	-	342,085	-	-	-	342,085
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	-	-	-	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	-	-	-	243,998
Other	46,893	47,755	47,171	46,671	46,053	45,413	45,122	325,077
TOTAL MEDICAID - EXPANSION MEMBERS	46,811,852	48,031,590	47,298,530	49,970,629	46,004,215	45,412,795	45,242,639	328,772,250
Premium - Medi-Cal	22,135,884	22,247,086	22,395,301	22,414,824	22,542,535	22,863,443	23,030,954	157,630,028
Premium - Enhanced Care Management	802,416	805,446	810,071	809,677	813,823	825,377	830,598	5,697,407
Premium - Major Organ Transplant	289,069	291,313	293,840	294,966	297,016	301,270	304,130	2,071,603
Premium - Cal AIM	-	-	-	-	-	-	-	-
Premium - Provider Enhancement	27,257	27,350	27,490	27,471	27,602	27,999	28,168	193,337
Premium - GEMT	163,069	163,702	164,656	164,596	165,447	167,796	168,873	1,158,138
Premium - Student Behavioral Health Incentive	-	-	-	65,644	-	-	-	65,644
Premium - Housing and Homelessness Incentive	-	-	-	525,772	-	-	-	525,772
Premium - Equity & Practice Transformation	-	-	-	46,822	-	-	-	46,822
Other	-	-	-	-	-	-	-	-
TOTAL MEDICAID - SPD MEMBERS	23,417,694	23,534,898	23,691,358	24,349,771	23,846,423	24,185,884	24,362,723	167,388,751
Premium - Medi-Cal	3,950,994	4,064,582	4,029,135	4,021,131	4,096,164	4,433,079	4,288,666	28,883,751
Premium - Enhanced Care Management	9,002	9,285	9,206	9,179	9,347	10,145	9,808	65,972
Premium - Major Organ Transplant	13,131	13,656	13,568	13,567	13,823	15,086	14,595	97,427
Premium - Cal AIM	-	-	-	-	-	-	-	-
Premium - Provider Enhancement	3	4	4	4	4	5	5	28
Premium - GEMT	2,536	2,779	2,790	2,814	2,870	3,252	3,145	20,187
Premium - Student Behavioral Health Incentive	-	-	-	1,443	-	-	-	1,443
Premium - Housing and Homelessness Incentive	-	-	-	11,558	-	-	-	11,558
Premium - Equity & Practice Transformation	-	-	-	1,029	-	-	-	1,029
Other	-	-	-	-	-	-	-	-
TOTAL MEDICAID - LTC MEMBERS	3,975,666	4,090,307	4,054,703	4,060,726	4,122,208	4,461,566	4,316,218	29,081,394



MEDI-CAL
SCHEDULE OF MEDICAL COSTS - ALL COA
FOR THE MONTH ENDED JULY 31, 2024

	July	Budget	Variance	Year to Date	Budget	Variance
Physician Services						
Primary Care Physician Services	4,814,529	5,598,859	784,330	51,705,993	39,886,789	(11,819,203)
Referral Specialty Services	24,157,015	20,764,453	(3,392,562)	154,069,168	148,115,670	(5,953,498)
Urgent Care & After Hours Advice	3,467,547	2,650,028	(817,519)	21,979,621	18,932,196	(3,047,425)
Hospital Admitting Team	9,300	9,300	-	63,900	9,300	(54,600)
Total Physician Services	32,448,391	29,022,640	(3,425,751)	227,818,681	206,943,955	(20,874,726)
Other Professional Services						
Vision Service Capitation	343,443	339,660	(3,783)	2,227,266	2,419,695	192,429
221 - Business Intelligence	162,549	155,251	(7,297)	1,110,153	1,106,981	(3,173)
310 - Health Services - Utilization Management	698,997	1,113,901	414,904	5,456,073	7,942,397	2,486,325
311 - Health Services - Quality Improvement	202,485	336,205	133,720	1,218,370	2,397,228	1,178,858
312 - Health Services Education	286,717	384,165	97,447	1,781,513	2,739,192	957,679
313 - Pharmacy	102,845	135,791	32,946	752,280	968,224	215,944
314 - Enhanced Care Management	332,277	421,683	89,406	2,137,738	3,006,709	868,972
316 - Population Health Management	507,513	654,846	147,333	3,469,548	4,669,218	1,199,671
317 - In Lieu of Services	117,324	137,856	20,533	665,951	982,951	317,001
321 - Homeless Management Information Services	37,075	32,960	(4,114)	204,988	235,016	30,028
330 - Member Services	1,092,015	1,060,014	(32,002)	7,141,832	7,558,166	416,334
331 - Member Outreach	70,696	336,311	265,614	230,985	2,397,981	2,166,997
410 - Member Engagement	45,774	75,758	29,985	426,235	540,177	113,942
601 - Behavioral Health	137,330	170,035	32,705	769,714	1,212,394	442,680
602 - Quality & Health Equity	67,412	73,871	6,460	504,271	526,719	22,448
604 - Clinical Operations, Strategy, and Analytics	102,114	128,017	25,904	583,799	912,797	328,998
Behavior Health Treatment	2,668,314	3,729,435	1,061,121	17,633,396	26,547,393	8,913,997
Mental Health Services	173,541	1,069,572	896,032	4,939,072	7,646,194	2,707,122
Other Professional Services	1,762,191	4,873,015	3,110,824	24,416,481	34,744,786	10,328,305
Total Other Professional Services	8,910,610	15,228,348	6,317,738	75,669,664	108,554,219	32,884,556
Emergency Room						
Emergency Room	6,362,602	6,474,378	111,776	44,904,004	46,158,308	1,254,304
Inpatient Hospital	32,835,724	27,868,606	(4,967,118)	220,988,071	198,963,741	(22,024,330)
Reinsurance Expense Premium	113,134	111,888	(1,246)	784,740	797,076	12,336
Outpatient Hospital	16,572,741	12,862,810	(3,709,931)	101,911,261	91,831,090	(10,080,172)
Other Medical						
Ambulance and NEMT	4,700,022	2,753,270	(1,946,752)	29,529,250	19,633,277	(9,895,973)
Home Health Services & CBAS	1,254,827	866,364	(388,462)	8,972,504	6,184,512	(2,787,992)
Utilization and Quality Review Expenses	1,593,640	1,717,174	123,534	7,367,873	12,243,884	4,876,011
Long Term/SNF/Hospice	10,338,299	8,980,150	(1,358,150)	75,262,450	63,459,675	(11,802,775)
Provider Enhancement Expense - Prop. 56	1,493,732	1,770,849	277,117	10,397,261	12,641,944	2,244,683
Provider Enhancement Expense - GEMT	1,021,009	179,123	(841,886)	5,662,004	1,254,531	(4,407,473)
Enhanced Care Management	3,445,004	3,533,556	88,552	24,956,512	25,224,184	267,673
Major Organ Transplant	795,627	882,363	86,736	6,627,457	6,301,483	(325,974)
Cal AIM Incentive Programs	2,048,408	756,808	(1,291,600)	12,908,688	5,396,242	(7,512,447)
Student Behavioral Health Incentive	-	359,201	359,201	-	2,561,195	2,561,195
Housing and Homelessness Incentive	-	-	-	3,554,714	-	(3,554,714)
DME/Rebates	1,977,148	1,529,264	(447,884)	12,594,168	10,910,986	(1,683,182)
Total Other Medical	28,667,716	23,328,121	(5,339,595)	197,832,882	165,811,912	(32,020,970)
Pay for Performance Quality Incentive	603,012	599,400	(3,612)	4,280,684	4,270,050	(10,633)
Hospital Directed Payments	24,576,449	21,927,823	(2,648,625)	172,376,763	156,494,465	(15,882,297)
Hospital Directed Payment Adjustment	(6,679,802)	-	6,679,802	(3,997,332)	-	3,997,332
Non-Claims Expense Adjustment	1,831	-	(1,831)	335,966	-	(335,966)
IBNR, Incentive, Paid Claims Adjustment	(2,330,501)	-	2,330,501	(9,104,031)	-	9,104,031
Total Medical Costs	142,081,906	137,424,014	(4,657,892)	1,033,801,352	979,824,817	(53,976,535)

* MEDICAL COSTS PER DMHC REGULATIONS

MEDI-CAL
SCHEDULE OF MEDICAL COSTS - ALL COA
FOR THE MONTH ENDED JULY 31, 2024



	July	Budget	Variance	Year to Date	Budget	Variance
TOTAL MEMBERS - MCAL	402,008	399,600	2,408	2,853,796	2,846,700	7,096
Physician Services						
Primary Care Physician Services	11.98	14.01	2.03	18.12	14.01	(4.11)
Referral Specialty Services	60.09	51.96	(8.13)	53.99	52.03	(1.96)
Urgent Care & After Hours Advice	8.63	6.63	(1.99)	7.70	6.65	(1.05)
Hospital Admitting Team	0.02	0.02	0.00	0.02	0.00	(0.02)
Total Physician Services	80.72	72.63	(8.09)	79.83	72.70	(7.13)
Other Professional Services						
Vision Service Capitation	0.85	0.85	(0.00)	0.78	0.85	0.07
221 - Business Intelligence	0.40	0.39	(0.02)	0.39	0.39	(0.00)
310 - Health Services - Utilization Management	1.74	2.79	1.05	1.91	2.79	0.88
311 - Health Services - Quality Improvement	0.50	0.84	0.34	0.43	0.84	0.42
312 - Health Services Education	0.71	0.96	0.25	0.62	0.96	0.34
313 - Pharmacy	0.26	0.34	0.08	0.26	0.34	0.08
314 - Enhanced Care Management	0.83	1.06	0.23	0.75	1.06	0.31
316 - Population Health Management	1.26	1.64	0.38	1.22	1.64	0.42
317 - In Lieu of Services	0.29	0.34	0.05	0.23	0.35	0.11
321 - Homeless Management Information Services	0.09	0.08	(0.01)	0.07	0.08	0.01
330 - Member Services	2.72	2.65	(0.06)	2.50	2.66	0.15
331 - Member Outreach	0.18	0.84	0.67	0.08	0.84	0.76
410 - Member Engagement	0.11	0.19	0.08	0.15	0.19	0.04
601 - Behavioral Health	0.34	0.43	0.08	0.27	0.43	0.16
602 - Quality & Health Equity	0.17	0.18	0.02	0.18	0.19	0.01
604 - Clinical Operations, Strategy, and Analytics	0.25	0.32	0.07	0.20	0.32	0.12
Behavior Health Treatment	6.64	9.33	2.70	6.18	9.33	3.15
Mental Health Services	0.43	2.68	2.24	1.73	2.69	0.96
Other Professional Services	4.38	12.19	7.81	8.56	12.21	3.65
Total Other Professional Services	22.17	38.11	15.94	26.52	38.13	11.62
Emergency Room	15.83	16.20	0.38	15.73	16.21	0.48
Inpatient Hospital	81.68	69.74	(11.94)	77.44	69.89	(7.54)
Reinsurance Expense Premium	0.28	0.28	(0.00)	0.27	0.28	0.01
Outpatient Hospital	41.22	32.19	(9.04)	35.71	32.26	(3.45)
Other Medical						
Ambulance and NEMT	11.69	6.89	(4.80)	10.35	6.90	(3.45)
Home Health Services & CBAS	3.12	2.17	(0.95)	3.14	2.17	(0.97)
Utilization and Quality Review Expenses	3.96	4.30	0.33	2.58	4.30	1.72
Long Term/SNF/Hospice	25.72	22.47	(3.24)	26.37	22.29	(4.08)
Provider Enhancement Expense - Prop. 56	3.72	4.43	0.72	3.64	4.44	0.80
Provider Enhancement Expense - GEMT	2.54	0.45	(2.09)	1.98	0.44	(1.54)
Enhanced Care Management	8.57	8.84	0.27	8.75	8.86	0.12
Major Organ Transplant	1.98	2.21	0.23	2.32	2.21	(0.11)
Cal AIM Incentive Programs	5.10	1.89	(3.20)	4.52	1.90	(2.63)
Student Behavioral Health Incentive	-	0.90	0.90	-	0.90	0.90
Housing and Homelessness Incentive	-	-	-	1.25	-	(1.25)
DME/Rebates	4.92	3.83	(1.09)	4.41	3.83	(0.58)
Total Other Medical	71.31	58.38	(12.93)	69.32	58.25	(11.08)
Pay for Performance Quality Incentive	1.50	1.50	(0.00)	1.50	1.50	0.00
Hospital Directed Payments	61.13	54.87	(6.26)	60.40	54.97	(5.43)
Hospital Directed Payment Adjustment	(16.62)	-	16.62	(1.40)	-	1.40
Non-Claims Expense Adjustment	0.00	-	(0.00)	0.12	-	(0.12)
IBNR, Incentive, Paid Claims Adjustment	(5.80)	-	5.80	(3.19)	-	3.19
Total Medical Costs	353.43	343.90	(9.53)	362.25	344.20	(18.06)

MEDI-CAL
SCHEDULE OF MEDICAL COSTS - ALL COA
FOR THE MONTH ENDED JULY 31, 2024



	January	February	March	April	May	June	July	Year to Date
Physician Services								
Primary Care Physician Services	6,499,076	6,559,994	7,176,252	8,439,162	7,656,483	10,560,497	4,814,529	51,705,993
Referral Specialty Services	21,255,092	22,977,486	20,309,856	21,606,841	21,227,905	22,534,971	24,157,015	154,069,168
Urgent Care & After Hours Advice	2,319,250	3,179,640	2,806,586	2,687,879	4,069,091	3,449,628	3,467,547	21,979,621
Hospital Admitting Team	9,300	8,700	9,300	9,000	9,300	9,000	9,300	63,900
Total Physician Services	30,082,718	32,725,820	30,301,995	32,742,882	32,962,778	36,554,096	32,448,391	227,818,681
Other Professional Services								
Vision Service Capitation	140,322	296,413	344,110	359,517	404,063	339,399	343,443	2,227,266
221 - Business Intelligence	166,419	154,838	154,693	149,676	157,920	164,059	162,549	1,110,153
310 - Health Services - Utilization Management	852,585	802,658	800,584	810,297	790,917	700,035	698,997	5,456,073
311 - Health Services - Quality Improvement	240,989	241,505	131,143	25,469	194,860	181,920	202,485	1,218,370
312 - Health Services Education	238,074	244,710	246,020	243,125	259,637	263,229	286,717	1,781,513
313 - Pharmacy	117,253	108,343	102,637	102,244	111,483	107,476	102,845	752,280
314 - Enhanced Care Management	296,401	292,841	287,850	309,036	318,231	301,102	332,277	2,137,738
316 - Population Health Management	495,663	471,064	489,719	503,611	532,764	469,214	507,513	3,469,548
317 - In Lieu of Services	88,658	84,311	80,050	94,979	105,477	95,152	117,324	665,951
321 - Homeless Management Information Services	-	9,044	676	101,045	26,625	30,523	37,075	204,988
330 - Member Services	996,071	988,648	974,384	1,059,971	1,115,929	914,815	1,092,015	7,141,832
410 - Member Engagement	68,866	68,715	62,767	70,719	55,899	53,496	45,774	426,235
601 - Behavioral Health	63,991	79,219	103,195	113,713	138,092	134,174	137,330	769,714
602 - Quality & Health Equity	76,057	71,516	71,726	71,420	73,359	72,782	67,412	504,271
604 - Clinical Operations, Strategy, and Analytics	77,153	69,408	82,369	83,076	79,230	90,449	102,114	583,799
Behavior Health Treatment	3,612,672	1,051,116	3,458,567	1,308,993	2,602,725	2,931,009	2,668,314	17,633,396
Mental Health Services	1,525,645	620,225	1,069,857	826,611	393,105	330,088	173,541	4,939,072
Other Professional Services	4,642,734	5,211,408	4,823,947	4,258,014	1,813,653	1,904,534	1,762,191	24,416,481
Total Other Professional Services	13,699,554	10,865,981	13,296,336	10,516,696	9,231,655	9,148,831	8,910,610	75,669,664
Emergency Room	6,905,833	6,114,762	6,246,167	6,286,018	6,322,930	6,665,692	6,362,602	44,904,004
Inpatient Hospital	30,185,040	29,579,215	31,316,403	33,608,353	30,704,459	32,758,876	32,835,724	220,988,071
Reinsurance Expense Premium	96,765	98,519	129,066	118,429	118,429	110,398	113,134	784,740
Outpatient Hospital	13,495,747	15,812,073	14,996,564	14,993,746	12,540,794	13,499,596	16,572,741	101,911,261
Other Medical								
Ambulance and NEMT	3,214,531	3,869,951	4,117,183	4,046,350	4,886,538	4,694,674	4,700,022	29,529,250
Home Health Services & CBAS	821,583	1,260,395	1,162,579	1,286,263	1,383,467	1,803,391	1,254,827	8,972,504
Utilization and Quality Review Expenses	778,360	1,419,906	764,904	659,673	1,094,286	1,057,105	1,593,640	7,367,873
Long Term/SNF/Hospice	8,782,404	11,938,647	10,174,399	11,100,770	11,407,241	11,520,690	10,338,299	75,262,450
Provider Enhancement Expense - Prop. 56	1,440,786	1,520,790	1,530,599	1,504,160	1,337,631	1,569,564	1,493,732	10,397,261
Provider Enhancement Expense - GEMT	697,353	720,314	727,161	758,687	923,611	813,870	1,021,009	5,662,004
Enhanced Care Management	3,631,882	3,736,622	3,563,643	3,585,665	3,333,024	3,660,671	3,445,004	24,956,512
Major Organ Transplant	928,263	960,846	962,722	952,357	894,987	1,132,655	795,627	6,627,457
Cal AIM Incentive Programs	1,210,017	1,499,955	1,042,387	3,055,050	2,549,702	1,503,170	2,048,408	12,908,688
Housing and Homelessness Incentive	516,672	1,955,761	401,264	409,983	271,034	-	-	3,554,714
DME	1,444,613	2,282,835	1,801,951	1,636,974	1,679,318	1,771,328	1,977,148	12,594,168
Total Other Medical	23,466,463	31,166,022	26,248,792	28,995,931	29,760,839	29,527,118	28,667,716	197,832,882
Pay for Performance Quality Incentive	607,242	620,847	623,885	611,412	608,744	605,543	603,012	4,280,684
Hospital Directed Payments	24,282,372	24,917,058	25,515,722	24,754,858	22,990,345	25,339,960	24,576,449	172,376,763
Hospital Directed Payment Adjustment	42,165	2,395,027	226,351	134,240	(95,313)	(20,001)	(6,679,802)	(3,997,332)
Non-Claims Expense Adjustment	141,502	115,821	99,211	74,266	(37,068)	(59,596)	1,831	335,966
IBNR, Incentive, Paid Claims Adjustment	164,572	329,680	128,506	(929,497)	(3,039,235)	(3,427,557)	(2,330,501)	(9,104,031)
Total Medical Costs	143,169,973	154,740,825	149,128,998	151,907,335	142,069,357	150,702,957	142,081,906	1,033,801,352

* MEDICAL COSTS PER DMHC REGULATIONS

MEDI-CAL
SCHEDULE OF MEDICAL COSTS - ALL COA
FOR THE MONTH ENDED JULY 31, 2024



	January	February	March	April	May	June	July	Year to Date
Physician Services								
Primary Care Physician Services	16.05	15.85	17.25	20.70	18.87	26.16	11.98	18.12
Referral Specialty Services	52.50	55.51	48.83	53.01	52.31	55.82	60.09	53.99
Urgent Care & After Hours Advice	5.73	7.68	6.75	6.59	10.03	8.55	8.63	7.70
Hospital Admitting Team	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Total Physician Services	74.31	79.07	72.85	80.33	81.22	90.55	80.72	79.83
Other Professional Services								
Vision Service Capitation	0.35	0.72	0.83	0.88	1.00	0.84	0.85	0.78
221 - Business Intelligence	0.41	0.37	0.37	0.37	0.39	0.41	0.40	0.39
310 - Health Services - Utilization Management	2.11	1.94	1.92	1.99	1.95	1.73	1.74	1.91
311 - Health Services - Quality Improvement	0.60	0.58	0.32	0.06	0.48	0.45	0.50	0.43
312 - Health Services Education	0.59	0.59	0.59	0.60	0.64	0.65	0.71	0.62
313 - Pharmacy	0.29	0.26	0.25	0.25	0.27	0.27	0.26	0.26
314 - Enhanced Care Management	0.73	0.71	0.69	0.76	0.78	0.75	0.83	0.75
316 - Population Health Management	1.22	1.14	1.18	1.24	1.31	1.16	1.26	1.22
317 - In Lieu of Services	0.22	0.20	0.19	0.23	0.26	0.24	0.29	0.23
330 - Member Services	2.46	2.39	2.34	2.60	2.75	2.27	2.72	2.50
410 - Member Engagement	0.17	0.17	0.15	0.17	0.14	0.13	0.11	0.15
601 - Behavioral Health	0.16	0.19	0.25	0.28	0.34	0.33	0.34	0.27
602 - Quality & Health Equity	0.19	0.17	0.17	0.18	0.18	0.18	0.17	0.18
604 - Clinical Operations, Strategy, and Analytics	0.19	0.17	0.20	0.20	0.20	0.22	0.25	0.20
Behavior Health Treatment	8.92	2.54	8.32	3.21	6.41	7.26	6.64	6.18
Mental Health Services	3.77	1.50	2.57	2.03	0.97	0.82	0.43	1.73
Other Professional Services	11.47	12.59	11.60	10.45	4.47	4.72	4.38	8.56
Total Other Professional Services	33.84	26.25	31.97	25.80	22.75	22.66	22.17	26.52
Emergency Room	17.06	14.77	15.02	15.42	15.58	16.51	15.83	15.73
Inpatient Hospital	74.56	71.46	75.29	82.45	75.66	81.15	81.68	77.44
Reinsurance Expense Premium	0.24	0.24	0.31	0.29	0.29	0.27	0.28	0.27
Outpatient Hospital	33.34	38.20	36.06	36.78	30.90	33.44	41.22	35.71
Other Medical								
Ambulance and NEMT	7.94	9.35	9.90	9.93	12.04	11.63	11.69	10.35
Home Health Services & CBAS	2.03	3.05	2.80	3.16	3.41	4.47	3.12	3.14
Utilization and Quality Review Expenses	1.92	3.43	1.84	1.62	2.70	2.62	3.96	2.58
Long Term/SNF/Hospice	21.69	28.84	24.46	27.23	28.11	28.54	25.72	26.37
Provider Enhancement Expense - Prop. 56	3.56	3.67	3.68	3.69	3.30	3.89	3.72	3.64
Provider Enhancement Expense - GEMT	1.72	1.74	1.75	1.86	2.28	2.02	2.54	1.98
Enhanced Care Management	8.97	9.03	8.57	8.80	8.21	9.07	8.57	8.75
Major Organ Transplant	2.29	2.32	2.31	2.34	2.21	2.81	1.98	2.32
Cal AIM Incentive Programs	2.99	3.62	2.51	7.50	6.28	3.72	5.10	4.52
Housing and Homelessness Incentive	1.28	4.73	0.96	1.01	0.67	-	-	1.25
DME	3.57	5.52	4.33	4.02	4.14	4.39	4.92	4.41
Total Other Medical	57.97	75.30	63.11	71.14	73.33	73.14	71.31	69.32
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	59.98	60.20	61.35	60.73	56.65	62.77	61.13	60.40
Hospital Directed Payment Adjustment	0.10	5.79	0.54	0.33	(0.23)	(0.05)	(16.62)	(1.40)
Non-Claims Expense Adjustment	0.35	0.28	0.24	0.18	(0.09)	(0.15)	0.00	0.12
IBNR, Incentive, Paid Claims Adjustment	0.41	0.80	0.31	(2.28)	(7.49)	(8.49)	(5.80)	(3.19)
Total Medical Costs	353.65	373.86	358.55	372.68	350.07	373.31	353.43	362.25



**MEDI-CAL
SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT
FOR THE MONTH ENDED JULY 31, 2024**

	July	Budget	Variance	Year to Date	Budget	Variance
110 - Executive	711,301	614,464	(96,837)	4,284,950	3,884,579	(400,371)
112 - Government Relations	47,612	47,358	(254)	389,958	331,505	(58,452)
210 - Accounting	282,315	351,597	69,282	2,048,023	2,461,181	413,158
220 - Management Information Systems (MIS)	372,267	276,982	(95,285)	1,999,860	1,938,876	(60,984)
221 - Business Intelligence	360,364	202,179	(158,186)	1,608,506	1,415,252	(193,254)
222 - MIS Development	337,554	381,923	44,369	2,385,067	2,673,462	288,396
223 - Enterprise Configuration	266,274	178,406	(87,869)	1,246,399	1,248,840	2,440
225 - Infrastructure	815,160	859,136	43,976	5,183,675	6,013,951	830,276
226 - Technical Administrative Services	180,639	220,111	39,472	1,081,495	1,540,780	459,285
230 - Claims	869,709	795,470	(74,240)	5,347,835	5,568,287	220,451
240 - Project Development	348,056	417,789	69,734	2,272,113	2,924,526	652,413
310 - Health Services - Utilization Management	25,555	55,322	29,766	200,145	387,252	187,107
311 - Health Services - Quality Improvement	7,001	45,141	38,140	40,311	315,987	275,675
312 - Health Services - Education	243	357	114	1,738	2,497	759
313 - Pharmacy	10,500	38,333	27,833	84,954	268,333	183,380
314 - Enhanced Care Management	25,259	24,753	(505)	296,059	173,273	(122,787)
316 - Population Health Management	-	2,975	2,975	3,500	20,825	17,325
317 - Community Support Services	-	1,625	1,625	433	11,375	10,942
318 - Housing & Homeless Incentive Program (HHIP)	-	-	-	(0)	-	0
319 - CAL AIM Incentive Payment Program (IPP)	-	-	-	0	-	(0)
320 - Provider Network Management	276,996	325,800	48,804	1,864,801	2,280,603	415,802
321 - Homeless Management Information Services	-	896	896	-	6,271	6,271
322 - Delegation & Oversight	52,664	31,116	(21,547)	296,953	217,815	(79,138)
330 - Member Services	159,911	272,551	112,640	1,703,086	1,907,858	204,772
331 - Member Outreach	-	-	-	-	-	-
340 - Corporate Services	1,002,122	1,034,659	32,538	7,008,586	7,242,615	234,029
360 - Audit & Investigative Services	226,650	241,240	14,590	1,466,458	1,688,680	222,222
410 - Member Engagement	52,063	100,456	48,393	490,840	703,192	212,352
420 - Sales/Marketing/Public Relations	593,890	270,104	(323,787)	1,997,758	1,890,726	(107,032)
510 - Human Resources	389,991	464,570	74,579	3,267,258	3,251,991	(15,267)
601 - Behavioral Health	57	1,779	1,723	22,610	12,454	(10,156)
602 - Quality & Health Equity	8,554	40,769	32,215	224,378	285,383	61,004
604 - Clinical Operations, Strategy & Analytics	-	479	479	-	3,354	3,354
605 - Quality Performance	282,161	305,117	22,956	1,880,594	2,135,821	255,227
Administrative Expense Adjustment	-	(43,839)	(43,839)	119,319	(306,876)	(426,195)
Total Administrative Expenses	7,704,868	7,559,619	(145,249)	48,817,662	52,500,666	3,683,004

MEDI-CAL
SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT
FOR THE MONTH ENDED JULY 31, 2024



	January	February	March	April	May	June	July	YTD TOTALS
110 - Executive	624,355	577,007	603,344	648,716	539,284	580,943	711,301	4,284,950
112 - Government Relations	68,770	45,458	47,484	87,379	45,680	47,575	47,612	389,958
210 - Accounting	304,846	303,886	292,257	252,083	318,893	293,744	282,315	2,048,023
220 - Management Information Systems (MIS)	391,965	262,588	237,010	146,132	253,670	336,226	372,267	1,999,860
221 - Business Intelligence	269,666	199,076	187,188	165,837	228,645	197,729	360,364	1,608,506
222 - MIS Development	377,641	315,894	321,173	281,395	395,954	355,456	337,554	2,385,067
223 - Enterprise Configuration	174,793	155,969	171,033	161,377	180,934	136,019	266,274	1,246,399
225 - Infrastructure	617,597	874,756	639,101	642,546	760,253	834,263	815,160	5,183,675
226 - Technical Administrative Services	49,489	108,635	117,698	325,913	126,222	172,900	180,639	1,081,495
230 - Claims	819,584	766,126	717,167	701,834	775,174	698,241	869,709	5,347,835
240 - Project Development	347,377	265,411	322,425	313,084	371,811	303,949	348,056	2,272,113
310 - Health Services - Utilization Management	30,997	29,562	29,327	29,768	28,807	26,129	25,555	200,145
311 - Health Services - Quality Improvement	8,514	7,726	4,159	858	6,234	5,820	7,001	40,311
312 - Health Services - Education	341	138	436	581	-	-	243	1,738
313 - Pharmacy	21,270	10,500	10,861	10,822	10,500	10,500	10,500	84,954
314 - Enhanced Care Management	44,036	43,641	48,782	54,522	24,778	55,043	25,259	296,059
316 - Population Health Management	656	700	1,145	-	-	999	-	3,500
317 - Community Support Services	34	-	280	25	-	94	-	433
318 - Housing & Homeless Incentive Program (HHIP)	3	12	(16)	1	-	-	-	(0)
319 - CAL AIM Incentive Payment Program (IPP)	22,503	12,348	2,057	(36,908)	-	0	-	0
320 - Provider Network Management	386,421	336,270	234,388	95,804	284,140	250,781	276,996	1,864,801
322 - Delegation & Oversight	21,948	20,301	29,846	95,971	39,170	37,054	52,664	296,953
330 - Member Services	667,205	268,918	162,283	166,335	135,344	143,090	159,911	1,703,086
340 - Corporate Services	1,024,905	966,025	929,506	977,234	1,148,873	959,922	1,002,122	7,008,586
360 - Audit & Investigative Services	195,508	186,054	187,655	202,574	244,557	223,461	226,650	1,466,458
410 - Member Engagement	76,778	80,429	69,534	82,742	63,776	65,519	52,063	490,840
420 - Sales/Marketing/Public Relations	177,987	306,155	176,484	267,848	246,762	228,632	593,890	1,997,758
510 - Human Resources	447,072	430,722	409,608	641,247	485,837	462,781	389,991	3,267,258
601 - Behavioral Health	43	-	167	22,281	63	-	57	22,610
602 - Quality & Health Equity	40,103	59,304	81,243	(38,694)	14,311	59,557	8,554	224,378
604 - Clinical Operations, Strategy & Analytics	-	-	-	-	-	-	-	-
605 - Quality Performance	143,642	106,967	277,993	525,434	282,798	261,599	282,161	1,880,594
Administrative Expense Adjustment	258,024	(160,374)	(712)	(28,014)	2,765	47,630	-	119,319
Total Administrative Expenses	7,614,072	6,580,201	6,310,903	6,796,727	7,015,235	6,795,655	7,704,868	48,817,662

KHS 9/23/2024

Management Use Only

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**KHS - GROUP HEALTH PLAN
STATEMENT OF NET POSITION
AS OF JULY 31, 2024**

ASSETS	July 2024	June 2024	Increase/ (Decrease)
Cash and Cash Equivalents	1,213,037	1,199,514	13,523
Interest Receivable	500	12,000	(11,500)
Total Current Assets	1,213,537	1,211,514	2,023
CURRENT LIABILITIES			
Other Liabilities	-	-	-
Total Current Liabilities	-	-	-
NET POSITION:			
Net Position at Beginning of Year	1,183,678	1,183,678	-
Increase (Decrease) in Net Position - Current Year	29,858	27,835	2,023
Total Net Position	1,213,537	1,211,514	2,023
TOTAL LIABILITIES AND NET POSITION	1,213,537	1,211,514	2,023

KHS - GROUP HEALTH PLAN
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION
FOR THE MONTH ENDED JULY 31, 2024



	July	Budget	Variance	Year to Date	Budget	Variance
REVENUES						
Premium	-	-	-	-	-	-
Interest	2,023	-	2,023	26,694	-	26,694
Other Investment Income	-	-	-	3,165	-	3,165
Total Revenues	2,023	-	2,023	29,858	-	29,858
EXPENSES						
MEDICAL COSTS						
IBNR and Paid Claims Adjustment	-	-	-	-	-	-
Total Medical Costs	-	-	-	-	-	-
GROSS MARGIN	2,023	-	2,023	29,858	-	29,858
ADMINISTRATIVE COSTS						
Management Fee Expense and Other Admin Exp	-	-	-	-	-	-
Total Administrative Expenses	-	-	-	-	-	-
TOTAL EXPENSES	-	-	-	-	-	-
OPERATING INCOME (LOSS) BEFORE TAX	2,023	-	2,023	29,858	-	29,858
NON-OPERATING REVENUE (EXPENSE)						
Total Non-Operating Revenue (Expense)	-	-	-	-	-	-
NET INCREASE (DECREASE) IN NET POSITION	2,023	-	2,023	29,858	-	29,858
MEDICAL LOSS RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ADMINISTRATIVE EXPENSE RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



**KERN HEALTH SYSTEMS
MONTHLY MEMBERS COUNT**

MEDI-CAL		2024 MEMBER MONTHS	JAN'24	FEB'24	MAR'24	APR'24	MAY'24	JUN'24	JUL'24	AUG'24	SEP'24	OCT'24	NOV'24	DEC'24
ADULT AND FAMILY														
ADULT (SEE COMMENT)	517,239	73,352	78,663	78,717	63,272	74,432	74,454	74,349						
CHILD	1,200,409	169,496	168,966	173,240	181,718	169,847	169,044	168,098						
SUB-TOTAL ADULT & FAMILY	1,717,648	242,848	247,629	251,957	244,990	244,279	243,498	242,447	0	0	0	0	0	0
OTHER MEMBERS														
PARTIAL DUALS - FAMILY	4,809	774	770	790	694	629	601	551						
PARTIAL DUALS - CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PARTIAL DUALS - BCCTP	35	6	5	5	3	5	4	7						
BCCTP - TABACCO SETTLEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FULL DUALS (SPD)														
SPD FULL DUALS	157,755	21,544	22,475	22,251	22,380	22,903	22,959	23,243						
SUBTOTAL OTHER MEMBERS	162,599	22,324	23,250	23,046	23,077	23,537	23,564	23,801	0	0	0	0	0	0
TOTAL FAMILY & OTHER	1,880,247	265,172	270,879	275,003	268,067	267,816	267,062	266,248	0	0	0	0	0	0
SDP MEMBERS														
SPD (AGED AND DISABLED)	157,817	21,942	23,209	22,608	22,438	22,326	22,645	22,649						
TOTAL CLASSIC MEMBERS	2,038,064	287,114	294,088	297,611	290,505	290,142	289,707	288,897	0	0	0	0	0	0
ACA OE - MEDI-CAL OPTIONAL EXPANSION														
ACA Expansion Adult-Citizen	805,124	115,850	117,787	116,589	115,661	114,198	112,827	112,212						
EXPANSION DUALS	7,053	1,382	1,517	1,226	944	972	634	378						
TOTAL ACA OE	812,177	117,232	119,304	117,815	116,605	115,170	113,461	112,590	0	0	0	0	0	0
LONG TERM CARE (LTC)														
LTC	342	38	49	47	46	53	57	52						
LTC DUALS	3,213	451	457	450	452	464	470	469						
TOTAL LTC	3,555	489	506	497	498	517	527	521	0	0	0	0	0	0
GRAND TOTAL	2,853,796	404,835	413,898	415,923	407,608	405,829	403,695	402,008	0	0	0	0	0	0



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: August 2024 Financial Results
DATE: October 17, 2024

The August results reflect a \$862,540 in Net Position which is a \$524,619 favorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$4.2 million favorable variance primarily due to:
 - A) \$6.8 million favorable variance in Premium Revenue primarily due to higher-than-expected budgeted membership.
 - B) \$1.2 million unfavorable timing variances primarily due to unfavorable timing differences on waiting for DHCS approval under the CalAim Incentive Payment Program and the Student Behavioral Health Incentive Program.
 - C) \$5.4 million unfavorable variance in MCO Tax Premium primarily due to receiving revised MCO Tax information from DHCS offset against a favorable variance included in the MCO Tax Expense line item on the Income Statement for the same amount.
 - D) \$2.5 million favorable variance in Premium-Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 2F below.
 - E) \$1.5 million favorable variance in Investment Earnings and Other Income primarily due from higher than forecasted interest rates being earned on the investment portfolio.
- 2) Total Medical Costs reflect a \$10.5 million unfavorable variance primarily due to:
 - A) \$5.3 million unfavorable variance in Physician Services primarily due to higher-than-expected utilization (\$.5 million) and higher-than-expected Targeted Rate Increases ("TRI") amounts allocated to PCP, Specialty and Urgent Care services (\$4.8 million). As previously reported, we began paying TRI amounts in May and believed it was necessary to increase our accruals for these categories of expenses. This amount is offset against amounts included Other Professional Services and Mental Health Services included in 2B (3) & 2B (4) below.
 - B) \$6.0 million favorable variance in Other Professional Services primarily due from:
 - 1) \$1.3 million favorable variance due to the timing of hiring 2024 Budgeted Utilization Management Employees during the first 8 months of 2024.

- 2) \$.9 million favorable variance from lower-than-expected utilization of Autism services.
- 3) \$.7 million favorable variance in Mental Health Services primarily due to lower-than-expected utilization (\$.1 million) and lower-than-expected TRI expenses (\$.6 million) offset against amounts included in 2A above.
- 4) \$3.1 million favorable variance in Other Professional Services primarily due to lowering our accruals for TRI expenses offset against amounts included in 2A above.
- C) \$4.8 million unfavorable variance in Inpatient primarily due to higher-than-expected utilization over the last several months.
- D) \$2.2 million unfavorable variance in Outpatient Hospital primarily due to higher-than-expected utilization over the last several months.
- E) \$7.7 million unfavorable variance in Other Medical primarily from:
 - 1) \$2.9 million unfavorable variance in Ambulance and Non-emergency Medical Transportation (“NEMT”) due to higher-than-expected utilization of NEMT services over the last several months by our members.
 - 2) \$2.6 million unfavorable variance in Long Term Care expense primarily due to higher-than-expected utilization over the last several months.
 - 3) \$1.9 million unfavorable variance in CalAim Incentive Programs due to timing differences of receiving provider invoices.
- F) \$2.5 million unfavorable variance in Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 1D above.
- G) \$3.9 million favorable variance in Non-Claims Expense Adjustment primarily due to a favorable reduction in the Proposition 56 liability resulting from a favorable determination letter from DHCS (\$2.2 million) and lower than expected Ground Emergency Medical Transportation (“GEMT”) utilization from the prior year (\$1.7 million).
- H) \$2.2 million favorable variance in IBNR, Incentives, Paid Claims Adjustment primarily relating to IBNR Adjustments relating to the prior year.

The August Medical Loss Ratio is 93.4% which is unfavorable to the 92.4% budgeted amount. The August Administrative Expense Ratio is 5.7% which is favorable to the 6.0% budgeted amount.

The results for the 8 months ended August 31, 2024 reflect a Net Increase in Net Position of \$7,668,188. This is a \$3,433,414 favorable variance to the budget and includes approximately \$12.9 million of favorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 93.3% which is unfavorable to the 92.4% budgeted amount. The year-to-date Administrative Expense Ratio is 5.3% which is favorable to the 5.9% budgeted amount.



**Financial Packet
August 2024**

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KHS Administrative Analysis and Other Reporting

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MEDI-CAL
STATEMENT OF NET POSITION
AS OF AUGUST 31, 2024



ASSETS	August	July	Increase/ (Decrease)
Cash and Cash Equivalents	82,229,490	65,805,339	16,424,151
Short-Term Investments	515,703,638	486,206,713	29,496,925
Premiums Receivable	104,541,088	104,283,973	257,115
Premiums Receivable - MCO Tax	45,025,721	45,185,845	(160,124)
Premiums Receivable - Hospital Directed Payments	517,952,194	493,533,721	24,418,473
Interest Receivable	92,432	46,016	46,416
Provider Advance Payment	873,451	824,830	48,621
Other Receivables	1,647,654	1,266,765	380,889
Prepaid Expenses & Other Current Assets	7,893,210	8,616,709	(723,500)
Total Current Assets	1,275,958,877	1,205,769,911	70,188,966
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	869,473	921,564	(52,091)
Computer Equipment - Net	17,206,562	17,773,698	(567,136)
Building and Improvements - Net	32,583,760	32,660,816	(77,056)
Capital Projects In Process	4,961,497	5,022,389	(60,891)
Total Capital Assets	59,711,999	60,469,172	(757,174)
Restricted Assets	300,000	300,000	-
Officer Life Insurance Receivables	1,657,258	1,657,258	-
SBITA Asset	6,799,897	6,799,897	-
Total Long-Term Assets	8,757,155	8,757,155	-
Deferred Outflow of Resources	8,814,061	8,425,634	388,427
Total Assets and Deferred Outflows of Resources	1,353,242,092	1,283,421,873	69,820,220
CURRENT LIABILITIES			
Accrued Salaries and Benefits	6,074,713	7,022,878	(948,165)
Accrued Other Operating Expenses	7,319,959	6,512,327	807,632
MCO Tax Payable	132,734,102	87,870,823	44,863,280
Claims Payable (Reported)	14,858,384	18,790,617	(3,932,232)
IBNR - Inpatient Claims	69,108,469	68,367,603	740,866
IBNR - Physician Claims	11,702,277	15,291,334	(3,589,056)
IBNR - Accrued Other Medical	32,020,804	23,899,538	8,121,267
Risk Pool and Withholds Payable	7,096,713	6,495,831	600,882
Allowance for Claims Processing Expense	3,824,312	3,824,312	-
Other Liabilities	141,242,470	143,752,930	(2,510,460)
SBITA Liability – Current portion	2,617,467	2,617,467	-
Accrued Hospital Directed Payments	519,479,660	495,064,420	24,415,240
Total Current Liabilities	948,079,330	879,510,078	68,569,253
NONCURRENT LIABILITIES			
Net Pension Liability	12,965,462	12,965,462	-
SBITA Liability, net of current portion	4,182,430	4,182,430	-
Total NonCurrent Liabilities	17,147,892	17,147,892	-
Deferred Inflow of Resources	158,303	158,303	-
NET POSITION:			
Net Position at Beginning of Year	380,188,379	380,188,379	-
Increase (Decrease) in Net Position - Current Year	7,668,188	6,417,221	1,250,967
Total Net Position	387,856,567	386,605,600	1,250,967
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION	1,353,242,092	1,283,421,873	69,820,220



MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION
FOR THE MONTH ENDED AUGUST 31, 2024

	August	Budget	Variance	Year to Date	Budget	Variance
Family Members	241,056	243,644	(2,588)	1,961,274	1,974,151	(12,877)
Expansion Members	111,535	111,811	(276)	923,712	912,487	11,225
SPD Members	23,823	19,927	3,896	181,930	162,415	19,515
LTC Members	522	555	(33)	4,077	4,438	(361)
Other Members	23,652	24,164	(512)	183,391	193,308	(9,917)
Total Members - MCAL	400,588	400,100	488	3,254,384	3,246,800	7,584

REVENUES

Medicaid - Family and Other	55,394,125	52,655,839	2,738,285	441,421,689	426,162,172	15,259,517
Medicaid - Expansion Members	44,943,353	44,880,044	63,308	373,715,602	366,265,415	7,450,187
Medicaid - SPD Members	24,068,270	20,956,459	3,111,811	191,457,021	170,806,671	20,650,350
Medicaid - LTC Members	4,169,310	4,470,309	(300,999)	33,250,704	35,762,469	(2,511,765)
Premium - MCO Tax	39,388,230	44,803,198	(5,414,968)	315,105,838	363,576,664	(48,470,826)
Premium - Hospital Directed Payments	24,409,832	21,944,444	2,465,387	196,786,594	178,438,909	18,347,685
Investment Earnings And Other Income	3,597,586	2,064,065	1,533,521	21,147,977	16,705,203	4,442,774
Reinsurance Recoveries	-	112,028	(112,028)	-	909,104	(909,104)
Rate Adjustments - Hospital Directed Payments	5,409	-	5,409	(4,519,925)	-	(4,519,925)
Rate/Income Adjustments	117,721	-	117,721	(925,199)	-	(925,199)
Total Revenues	196,093,834	191,886,387	4,207,448	1,567,440,302	1,558,626,607	8,813,694

EXPENSES

MEDICAL COSTS

Physician Services	34,358,210	29,051,900	(5,306,310)	262,176,891	235,995,855	(26,181,036)
Other Professional Services	9,280,419	15,243,291	5,962,872	84,950,082	123,797,510	38,847,428
Emergency Room	6,439,132	6,481,182	42,049	51,343,137	52,639,490	1,296,353
Inpatient	32,643,856	27,886,840	(4,757,016)	253,631,927	226,850,581	(26,781,346)
Reinsurance Expense	111,965	112,028	63	896,705	909,104	12,399
Outpatient Hospital	15,115,990	12,871,341	(2,244,649)	117,027,251	104,702,431	(12,324,821)
Other Medical	31,090,485	23,345,993	(7,744,493)	228,923,367	189,157,905	(39,765,462)
Pay for Performance Quality Incentive	600,882	600,150	(732)	4,881,566	4,870,200	(11,365)
Hospital Directed Payments	24,409,832	21,944,444	(2,465,387)	196,786,594	178,438,909	(18,347,685)
Hospital Directed Payment Adjustment	5,409	-	(5,409)	(3,991,924)	-	3,991,924
Non-Claims Expense Adjustment	(3,882,116)	-	3,882,116	(3,546,150)	-	3,546,150
IBNR, Incentive, Paid Claims Adjustment	(2,153,720)	-	2,153,720	(11,257,751)	-	11,257,751
Total Medical Costs	148,020,343	137,537,168	(10,483,175)	1,181,821,695	1,117,361,985	(64,459,710)
GROSS MARGIN	48,073,491	54,349,218	(6,275,727)	385,618,607	441,264,623	(55,646,016)

ADMINISTRATIVE COSTS

Compensation	3,883,154	4,225,459	342,305	29,018,354	33,387,004	4,368,650
Purchased Services	2,446,404	1,739,891	(706,513)	15,237,881	13,919,127	(1,318,754)
Supplies	102,708	372,344	269,637	1,996,457	2,978,755	982,298
Depreciation	703,523	710,921	7,398	5,613,523	5,687,370	73,847
Other Administrative Expenses	453,737	554,843	101,106	4,421,654	4,438,745	17,091
Administrative Expense Adjustment	(2,444)	(43,839)	(41,395)	116,874	(350,716)	(467,590)
Total Administrative Expenses	7,587,082	7,559,619	(27,463)	56,404,744	60,060,285	3,655,541
TOTAL EXPENSES	155,607,426	145,096,787	(10,510,638)	1,238,226,439	1,177,422,270	(60,804,169)
OPERATING INCOME (LOSS) BEFORE TAX	40,486,409	46,789,599	(6,303,191)	329,213,863	381,204,338	(51,990,475)
MCO TAX	39,388,230	44,803,198	5,414,968	315,105,838	363,576,664	48,470,826
OPERATING INCOME (LOSS) NET OF TAX	1,098,179	1,986,401	(888,222)	14,108,025	17,627,673	(3,519,649)

NON-OPERATING REVENUE (EXPENSE)

Provider Grants/CalAIM/Home Health	(591,684)	(824,240)	232,556	(4,897,450)	(6,696,450)	1,799,000
D-SNP Expenses	356,045	(824,240)	1,180,286	(1,542,386)	(6,696,450)	5,154,063
Total Non-Operating Revenue (Expense)	(235,639)	(1,648,480)	1,412,841	(6,439,836)	(13,392,899)	6,953,063
NET INCREASE (DECREASE) IN NET POSITION	862,540	337,921	524,619	7,668,188	4,234,774	3,433,414
MEDICAL LOSS RATIO	93.4%	92.4%	-1.1%	93.3%	92.4%	-0.9%
ADMINISTRATIVE EXPENSE RATIO	5.7%	6.0%	0.3%	5.3%	5.9%	0.6%



MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION
FOR THE MONTH ENDED AUGUST 31, 2024

	August	Budget	Variance	Year to Date	Budget	Variance
Family Members	241,056	243,644	(2,588)	1,961,274	1,974,151	(12,877)
Expansion Members	111,535	111,811	(276)	923,712	912,487	11,225
SPD Members	23,823	19,927	3,896	181,930	162,415	19,515
LTC Members	522	555	(33)	4,077	4,438	(361)
Other Members	23,652	24,164	(512)	183,391	193,308	(9,917)
Total Members - MCAL	400,588	400,100	488	3,254,384	3,246,800	7,584
REVENUES						
Medicaid - Family and Other	209.27	196.62	12.65	205.82	196.62	9.20
Medicaid - Expansion Members	402.95	401.39	1.56	404.58	401.39	3.19
Medicaid - SPD Members	1,010.30	1,051.67	(41.37)	1,052.37	1,051.67	0.70
Medicaid - LTC Members	7,987.18	8,058.24	(71.06)	8,155.68	8,058.24	97.44
Premium - MCO Tax	1,665.32	1,854.17	(188.84)	1,718.22	1,880.82	(162.60)
Premium - Hospital Directed Payments	60.94	54.85	6.09	60.47	54.96	5.51
Investment Earnings And Other Income	8.98	5.16	3.82	6.50	5.15	1.35
Reinsurance Recoveries	-	0.28	(0.28)	-	0.28	(0.28)
Rate Adjustments - Hospital Directed Payments	0.01	-	0.01	(1.39)	-	(1.39)
Rate/Income Adjustments	0.29	-	0.29	(0.28)	-	(0.28)
Total Revenues	489.51	479.60	9.92	481.64	480.05	1.59
EXPENSES						
MEDICAL COSTS						
Physician Services	85.77	72.61	(13.16)	80.56	72.69	(7.88)
Other Professional Services	23.17	38.10	14.93	26.10	38.13	12.03
Emergency Room	16.07	16.20	0.12	15.78	16.21	0.44
Inpatient	81.49	69.70	(11.79)	77.94	69.87	(8.07)
Reinsurance Expense	0.28	0.28	0.00	0.28	0.28	0.00
Outpatient Hospital	37.73	32.17	(5.56)	35.96	32.25	(3.71)
Other Medical	77.61	58.35	(19.26)	70.34	58.26	(12.08)
Pay for Performance Quality Incentive	1.50	1.50	(0.00)	1.50	1.50	0.00
Hospital Directed Payments	60.94	54.85	(6.09)	60.47	54.96	(5.51)
Hospital Directed Payment Adjustment	0.01	-	(0.01)	(1.23)	-	1.23
Non-Claims Expense Adjustment	(9.69)	-	9.69	(1.09)	-	1.09
IBNR, Incentive, Paid Claims Adjustment	(5.38)	-	5.38	(3.46)	-	3.46
Total Medical Costs	369.51	343.76	(25.75)	363.15	344.14	(19.01)
GROSS MARGIN	120.01	135.84	(15.83)	118.49	135.91	(17.42)
ADMINISTRATIVE COSTS						
Compensation	9.69	10.56	0.87	8.92	10.28	1.37
Purchased Services	6.11	4.35	(1.76)	4.68	4.29	(0.40)
Supplies	0.26	0.93	0.67	0.61	0.92	0.30
Depreciation	1.76	1.78	0.02	1.72	1.75	0.03
Other Administrative Expenses	1.13	1.39	0.25	1.36	1.37	0.01
Administrative Expense Adjustment	(0.01)	(0.11)	(0.10)	0.04	(0.11)	(0.14)
Total Administrative Expenses	18.94	18.89	(0.05)	17.33	18.50	1.17
TOTAL EXPENSES	388.45	362.65	(25.80)	380.48	362.64	(17.84)
OPERATING INCOME (LOSS) BEFORE TAX	101.07	116.94	(15.88)	101.16	117.41	(16.25)
MCO TAX	98.33	111.98	13.65	96.83	111.98	15.15
OPERATING INCOME (LOSS) NET OF TAX	2.74	4.96	(2.22)	4.34	5.43	(1.09)
NON-OPERATING REVENUE (EXPENSE)						
Provider Grants/CalAIM/Home Health	0.89	(2.06)	2.95	(0.47)	(2.06)	1.59
D-SNP Expenses	(1.48)	(2.06)	0.58	(1.50)	(2.06)	0.56
Total Non-Operating Revenue (Expense)	(0.59)	(4.12)	3.53	(1.98)	(4.12)	2.15
NET INCREASE (DECREASE) IN NET POSITION	2.15	0.84	1.31	2.36	1.30	1.05
MEDICAL LOSS RATIO	-24.9%	-20.2%	4.7%	-23.5%	-19.9%	3.6%
ADMINISTRATIVE EXPENSE RATIO	-1.5%	-1.3%	0.2%	-1.3%	-1.3%	0.1%

MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION BY QUARTER
ROLLING 4 QUARTERS
FOR THE MONTH ENDED AUGUST 31, 2024



	2023 - Q3	2023 - Q4	2024 - Q1	2024 - Q2
Total Members - MCAL	1,064,368	1,038,591	1,234,656	1,217,132

Rolling 4-Quarter Totals
4,554,747

CURRENT QUARTER
2024 - Q3
802,596

REVENUES				
Medicaid - Family and Other	130,829,220	119,336,194	163,114,742	168,098,248
Medicaid - Expansion Members	114,676,254	97,694,167	142,141,972	141,387,639
Medicaid - SPD Members	58,948,915	59,165,633	70,643,949	72,382,078
Medicaid - LTC Members	9,102,869	9,599,451	12,120,676	12,644,500
Premium - MCO Tax	-	375,849,146	118,164,689	118,164,689
Premium - Hospital Directed Payments	65,557,702	63,752,178	74,715,152	73,085,162
Investment Earnings And Other Income	4,444,990	9,031,183	6,526,452	7,627,603
Rate Adjustments - Hospital Directed Payments	545,253	(26,268,027)	2,628,208	(467,208)
Rate/Income Adjustments	2,190,288	495,587	3,361,928	(4,999,343)
Total Revenues	386,295,491	708,655,511	593,417,768	587,923,369

581,378,404
495,900,032
261,140,575
43,467,496
612,178,524
277,110,194
27,630,227
(23,561,773)
1,048,459
2,276,292,139

110,208,699
90,185,991
48,430,993
8,485,528
78,776,460
48,986,280
6,993,922
(6,680,925)
712,217
386,099,164

EXPENSES				
MEDICAL COSTS				
Physician Services	62,419,530	61,076,433	93,110,533	102,259,757
Other Professional Services	18,664,943	19,381,164	37,861,872	28,897,182
Emergency Room	16,279,390	15,523,588	19,266,762	19,274,640
Inpatient	67,920,330	79,244,732	91,080,658	97,071,689
Reinsurance Expense	288,694	190,133	324,349	347,257
Outpatient Hospital	32,005,177	40,939,501	44,304,385	41,034,136
Other Medical	72,388,155	79,194,627	80,881,278	88,283,888
Pay for Performance Quality Incentive	1,599,049	1,555,236	1,851,974	1,825,698
Hospital Directed Payments	65,557,702	63,752,178	74,715,152	73,085,162
Hospital Directed Payment Adjustment	(12,049)	(26,330,241)	2,663,543	18,927
Non-Claims Expense Adjustment	695,678	1,571,341	356,533	(22,398)
IBNR, Incentive, Paid Claims Adjustment	1,846,700	1,506,238	622,759	(7,396,288)
Total Medical Costs	339,653,299	337,604,928	447,039,796	444,679,650
GROSS MARGIN	46,642,192	371,050,583	146,377,973	143,243,720

318,866,253
104,805,160
70,344,380
335,317,408
1,150,433
158,283,198
320,747,947
6,831,956
277,110,194
(23,659,821)
2,601,155
(3,420,592)
1,568,977,672
707,314,467

66,806,601
18,191,029
12,801,735
65,479,580
225,099
31,688,731
59,758,202
1,203,894
48,986,280
(6,674,393)
(3,880,286)
(4,484,221)
290,102,250
95,996,914

ADMINISTRATIVE COSTS				
Compensation	11,815,434	13,584,268	10,509,085	10,907,085
Purchased Services	4,614,262	5,339,166	5,448,763	5,076,649
Supplies	801,939	680,996	764,751	722,573
Depreciation	2,073,030	2,099,363	2,040,936	2,164,109
Other Administrative Expenses	1,797,993	1,406,817	1,644,704	1,714,820
Administrative Expense Adjustment	9,949	1,580,132	96,938	22,381
Total Administrative Expenses	21,112,607	24,690,742	20,505,176	20,607,617
TOTAL EXPENSES	360,765,906	362,295,670	467,544,972	465,287,267
OPERATING INCOME (LOSS) BEFORE TAX	25,529,585	346,359,841	125,872,796	122,636,102
MCO TAX	-	376,495,887	118,164,689	118,164,689
OPERATING INCOME (LOSS) NET OF TAX	25,529,585	(30,136,046)	7,708,107	4,471,413

46,815,872
20,478,840
2,970,259
8,377,438
6,564,335
1,709,400
86,916,143
1,655,893,815
620,398,324
612,825,265
7,573,059

7,602,184
4,712,469
509,133
1,408,478
1,062,129
(2,444)
15,291,950
305,394,200
80,704,965
78,776,460
1,928,505

NON-OPERATING REVENUE (EXPENSE)				
Total Non-Operating Revenue (Expense)	(1,246,978)	(1,454,633)	(2,207,215)	(3,489,571)

(8,398,397)

(743,050)

NET INCREASE (DECREASE) IN NET POSITION	24,282,607	(31,590,679)	5,500,891	981,842
MEDICAL LOSS RATIO	85.6%	101.6%	92.9%	93.6%
ADMINISTRATIVE EXPENSE RATIO	6.6%	8.4%	5.2%	5.2%

(825,338)
93.3%
6.2%

1,185,455
93.5%
5.8%



**MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION BY QUARTER
ROLLING 4 QUARTERS PMPM
FOR THE MONTH ENDED AUGUST 31, 2024**

	2023 - Q3	2023 - Q4	2024 - Q1	2024 - Q2
Total Members - MCAL	1,064,368	1,038,591	1,234,656	1,217,132
REVENUES				
Medicaid - Family and Other	185.41	172.27	237.94	237.34
Medicaid - Expansion Members	379.60	338.10	486.57	469.83
Medicaid - SPD Members	1,063.89	1,063.71	1,298.20	1,303.90
Medicaid - LTC Members	7,467.49	7,447.21	15,094.24	10,441.37
Premium - MCO Tax	-	361.88	95.71	97.08
Premium - Hospital Directed Payments	61.59	61.38	60.51	60.05
Investment Earnings And Other Income	4.18	8.70	5.29	6.27
Rate Adjustments - Hospital Directed Payments	0.51	(25.29)	2.13	(0.38)
Rate/Income Adjustments	2.06	0.48	2.72	(4.11)
Total Revenues	362.93	682.32	480.63	483.04
EXPENSES				
MEDICAL COSTS				
Physician Services	58.64	58.81	75.41	84.02
Other Professional Services	17.54	18.66	30.67	23.74
Emergency Room	15.29	14.95	15.60	15.84
Inpatient	63.81	76.30	73.77	79.75
Reinsurance Expense	0.27	0.18	0.26	0.29
Outpatient Hospital	30.07	39.42	35.88	33.71
Other Medical	68.01	76.25	65.51	72.53
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50
Hospital Directed Payments	61.59	61.38	60.51	60.05
Hospital Directed Payment Adjustment	(0.01)	(25.35)	2.16	0.02
Non-Claims Expense Adjustment	0.65	1.51	0.29	(0.02)
IBNR, Incentive, Paid Claims Adjustment	1.74	1.45	0.50	(6.08)
Total Medical Costs	319.11	325.06	362.08	365.35
GROSS MARGIN	43.82	357.26	118.56	117.69
ADMINISTRATIVE COSTS				
Compensation	11.10	13.08	8.51	8.96
Purchased Services	4.34	5.14	4.41	4.17
Supplies	0.75	0.66	0.62	0.59
Depreciation	1.95	2.02	1.65	1.78
Other Administrative Expenses	1.69	1.35	1.33	1.41
Administrative Expense Adjustment	0.01	1.52	0.08	0.02
Total Administrative Expenses	19.84	23.77	16.61	16.93
TOTAL EXPENSES	338.95	348.83	378.68	382.28
OPERATING INCOME (LOSS) BEFORE TAX	23.99	333.49	101.95	100.76
MCO TAX	-	362.51	95.71	97.08
OPERATING INCOME (LOSS) NET OF TAX	23.99	(29.02)	6.24	3.67
NON-OPERATING REVENUE (EXPENSE)				
Total Non-Operating Revenue (Expense)	(1.17)	(1.40)	(1.79)	(2.87)
NET INCREASE (DECREASE) IN NET POSITION	22.81	(30.42)	4.46	0.81
MEDICAL LOSS RATIO	85.6%	101.6%	92.9%	93.6%
ADMINISTRATIVE EXPENSE RATIO	6.6%	8.4%	5.2%	5.2%

Rolling Quarter Totals
4,554,747
208.22
418.79
1,181.85
9,612.45
134.40
60.84
6.07
(5.17)
0.23
499.76
70.01
23.01
15.44
73.62
0.25
34.75
70.42
1.50
60.84
(5.19)
0.57
(0.75)
344.47
155.29
10.28
4.50
0.65
1.84
1.44
0.38
19.08
363.55
136.21
134.55
1.66
(1.84)
(0.18)
93.3%
6.2%

CURRENT QUARTER 2024 - Q3
802,596
137.31
261.23
715.22
5,502.94
98.15
61.03
8.71
(8.32)
0.89
481.06
83.24
22.67
15.95
81.58
0.28
39.48
74.46
1.50
61.03
(8.32)
(4.83)
(5.59)
361.45
119.61
9.47
5.87
0.63
1.75
1.32
(0.00)
19.05
380.51
100.55
98.15
2.40
(0.93)
1.48
93.5%
5.8%



MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION BY MONTH
ROLLING 6 MONTHS
FOR THE MONTH ENDED AUGUST 31, 2024

	FEBRUARY 2024	MARCH 2024	APRIL 2024	MAY 2024	JUNE 2024	JULY 2024	Prior 6 Month YTD	AUGUST 2024
Total Members - MCAL	413,898	415,923	407,608	405,829	403,695	402,008	2,448,961	400,588
REVENUES								
Medicaid - Family and Other	54,928,439	55,159,087	62,317,189	51,326,322	54,454,738	54,814,574	333,000,348	55,394,125
Medicaid - Expansion Members	48,031,590	47,298,530	49,970,629	46,004,215	45,412,795	45,242,639	281,960,398	44,943,353
Medicaid - SPD Members	23,534,898	23,691,358	24,349,771	23,846,423	24,185,884	24,362,723	143,971,057	24,068,270
Medicaid - LTC Members	4,090,307	4,054,703	4,060,726	4,122,208	4,461,566	4,316,218	25,105,728	4,169,310
Premium - MCO Tax	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	236,329,379	39,388,230
Premium - Hospital Directed Payments	24,917,058	25,515,722	24,754,858	22,990,345	25,339,960	24,576,449	148,094,391	24,409,832
Investment Earnings And Other Income	2,024,302	1,962,344	2,077,703	2,965,401	2,584,498	3,396,336	15,010,585	3,597,586
Rate Adjustments - Hospital Directed Payments	2,359,548	226,495	99,262	(108,928)	(457,542)	(6,686,334)	(4,567,499)	5,409
Rate/Income Adjustments	2,754,769	524,085	(7,486,909)	(794,733)	3,282,299	594,496	(1,125,995)	117,721
Total Revenues	202,029,140	197,820,554	199,531,458	189,739,482	198,652,429	190,005,330	1,177,778,392	196,093,834
EXPENSES								
MEDICAL COSTS								
Physician Services	32,725,820	30,301,995	32,742,882	32,962,778	36,554,096	32,448,391	197,735,963	34,358,210
Other Professional Services	10,865,981	13,296,336	10,516,696	9,231,655	9,148,831	8,910,610	61,970,110	9,280,419
Emergency Room	6,114,762	6,246,167	6,286,018	6,322,930	6,665,692	6,362,602	37,998,171	6,439,132
Inpatient	29,579,215	31,316,403	33,608,353	30,704,459	32,758,876	32,835,724	190,803,030	32,643,856
Reinsurance Expense	98,519	129,066	118,429	118,429	110,398	113,134	687,975	111,965
Outpatient Hospital	15,812,073	14,996,564	14,993,746	12,540,794	13,499,596	16,572,741	88,415,515	15,115,990
Other Medical	31,166,022	26,248,792	28,995,931	29,760,839	29,527,118	28,667,716	174,366,419	31,090,485
Pay for Performance Quality Incentive	620,847	623,885	611,412	608,744	605,543	603,012	3,673,442	600,882
Hospital Directed Payments	24,917,058	25,515,722	24,754,858	22,990,345	25,339,960	24,576,449	148,094,391	24,409,832
Hospital Directed Payment Adjustment	2,395,027	226,351	134,240	(95,313)	(20,001)	(6,679,802)	(4,039,498)	5,409
Non-Claims Expense Adjustment	115,821	99,211	74,266	(37,068)	(59,596)	1,831	194,464	(3,882,116)
IBNR, Incentive, Paid Claims Adjustment	329,680	128,506	(929,497)	(3,039,235)	(3,427,557)	(2,330,501)	(9,268,603)	(2,153,720)
Total Medical Costs	154,740,825	149,128,998	151,907,335	142,069,357	150,702,957	142,081,906	890,631,379	148,020,343
GROSS MARGIN	47,288,315	48,691,556	47,624,123	47,670,125	47,949,472	47,923,423	287,147,014	48,073,491
ADMINISTRATIVE COSTS								
Compensation	3,433,013	3,489,806	3,615,998	3,747,089	3,543,998	3,719,030	21,548,935	3,883,154
Purchased Services	1,860,964	1,561,384	1,716,357	1,750,418	1,609,874	2,266,065	10,765,061	2,446,404
Supplies	259,860	150,254	118,212	204,536	399,825	406,426	1,539,113	102,708
Depreciation	634,912	680,312	680,312	778,841	704,955	704,955	4,184,288	703,523
Other Administrative Expenses	551,825	429,859	693,862	531,586	489,373	608,392	3,304,897	453,737
Administrative Expense Adjustment	(160,374)	(712)	(28,014)	2,765	47,630		(138,705)	(2,444)
Total Administrative Expenses	6,580,201	6,310,903	6,796,727	7,015,235	6,795,655	7,704,868	41,203,589	7,587,082
TOTAL EXPENSES	161,321,026	155,439,900	158,704,062	149,084,592	157,498,613	149,786,774	931,834,968	155,607,426
OPERATING INCOME (LOSS) BEFORE TAX	40,708,114	42,380,653	40,827,396	40,654,890	41,153,817	40,218,556	245,943,425	40,486,409
MCO TAX	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	39,388,230	236,329,379	39,388,230
OPERATING INCOME (LOSS) NET OF TAX	1,319,884	2,992,423	1,439,166	1,266,660	1,765,587	830,326	9,614,046	1,098,179
NON-OPERATING REVENUE (EXPENSE)								
Total Non-Operating Revenue (Expense)	(695,356)	(732,861)	(1,052,399)	(805,587)	(1,631,585)	(507,411)	(5,425,198)	(235,639)
NET INCREASE (DECREASE) IN NET POSITION	624,528	2,259,563	386,767	461,073	134,002	322,915	4,188,848	862,540
MEDICAL LOSS RATIO	94.1%	93.0%	93.9%	93.5%	93.3%	93.6%	93.6%	93.4%
ADMINISTRATIVE EXPENSE RATIO	4.9%	4.8%	5.0%	5.5%	5.1%	5.8%	5.2%	5.7%



MEDI-CAL - ALL COA
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION BY MONTH
PMPM ROLLING 6 MONTHS
FOR THE MONTH ENDED AUGUST 31, 2024

	FEBRUARY 2024	MARCH 2024	APRIL 2024	MAY 2024	JUNE 2024	JULY 2024	6 Month Prior YTD	AUGUST 2024
Total Members - MCAL	413,898	415,923	407,608	405,829	403,695	402,008	2,448,961	400,588
REVENUES								
Medicaid - Family and Other	202.78	200.58	232.44	191.65	204.16	205.87	206.22	209.27
Medicaid - Expansion Members	402.60	401.46	428.55	399.45	400.25	401.84	405.73	402.95
Medicaid - SPD Members	1,014.04	1,047.92	1,086.56	1,068.10	1,052.52	1,076.42	1,057.33	1,010.30
Medicaid - LTC Members	8,083.61	8,158.36	8,154.07	7,973.32	8,465.97	8,284.49	8,188.43	7,987.18
Premium - MCO Tax	95.16	94.70	96.63	97.06	97.57	97.98	96.50	98.33
Premium - Hospital Directed Payments	60.20	61.35	60.73	56.65	62.77	61.13	60.47	60.94
Investment Earnings And Other Income	4.89	4.72	5.10	7.31	6.40	8.45	6.13	8.98
Rate Adjustments - Hospital Directed Payments	5.70	0.54	0.24	(0.27)	(1.13)	(16.63)	(1.87)	0.01
Rate/Income Adjustments	6.66	1.26	(18.37)	(1.96)	8.13	1.48	(0.46)	0.29
Total Revenues	488.11	475.62	489.52	467.54	492.09	472.64	480.93	489.51
EXPENSES								
MEDICAL COSTS								
Physician Services	79.07	72.85	80.33	81.22	90.55	80.72	80.74	85.77
Other Professional Services	26.25	31.97	25.80	22.75	22.66	22.17	25.30	23.17
Emergency Room	14.77	15.02	15.42	15.58	16.51	15.83	15.52	16.07
Inpatient	71.46	75.29	82.45	75.66	81.15	81.68	77.91	81.49
Reinsurance Expense	0.24	0.31	0.29	0.29	0.27	0.28	0.28	0.28
Outpatient Hospital	38.20	36.06	36.78	30.90	33.44	41.22	36.10	37.73
Other Medical	75.30	63.11	71.14	73.33	73.14	71.31	71.20	77.61
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	60.20	61.35	60.73	56.65	62.77	61.13	60.47	60.94
Hospital Directed Payment Adjustment	5.79	0.54	0.33	(0.23)	(0.05)	(16.62)	(1.65)	0.01
Non-Claims Expense Adjustment	0.28	0.24	0.18	(0.09)	(0.15)	0.00	0.08	(9.69)
IBNR, Incentive, Paid Claims Adjustment	0.80	0.31	(2.28)	(7.49)	(8.49)	(5.80)	(3.78)	(5.38)
Total Medical Costs	373.86	358.55	372.68	350.07	373.31	353.43	363.68	369.51
GROSS MARGIN	114.25	117.07	116.84	117.46	118.78	119.21	117.25	120.01
ADMINISTRATIVE COSTS								
Compensation	8.29	8.39	8.87	9.23	8.78	9.25	8.80	9.69
Purchased Services	4.50	3.75	4.21	4.31	3.99	5.64	4.40	6.11
Supplies	0.63	0.36	0.29	0.50	0.99	1.01	0.63	0.26
Depreciation	1.53	1.64	1.67	1.92	1.75	1.75	1.71	1.76
Other Administrative Expenses	1.33	1.03	1.70	1.31	1.21	1.51	1.35	1.13
Administrative Expense Adjustment	(0.39)	(0.00)	(0.07)	0.01	0.12	-	(0.06)	(0.01)
Total Administrative Expenses	15.90	15.17	16.67	17.29	16.83	19.17	16.82	18.94
TOTAL EXPENSES	389.76	373.72	389.35	367.36	390.14	372.60	380.50	388.45
OPERATING INCOME (LOSS) BEFORE TAX	98.35	101.90	100.16	100.18	101.94	100.04	100.43	101.07
MCO TAX	95.16	94.70	96.63	97.06	97.57	97.98	96.50	98.33
OPERATING INCOME (LOSS) NET OF TAX	3.19	7.19	3.53	3.12	4.37	2.07	3.93	2.74
NON-OPERATING REVENUE (EXPENSE)								
Total Non-Operating Revenue (Expense)	(1.68)	(1.76)	(2.58)	(1.99)	(4.04)	(1.26)	(2.22)	(0.59)
NET INCREASE (DECREASE) IN NET POSITION	1.51	5.43	0.95	1.14	0.33	0.80	1.71	2.15
MEDICAL LOSS RATIO	94.1%	93.0%	93.9%	93.5%	93.3%	93.6%	93.6%	93.4%
ADMINISTRATIVE EXPENSE RATIO	4.9%	4.8%	5.0%	5.5%	5.1%	5.8%	5.2%	5.7%

MEDI-CAL
SCHEDULE OF REVENUES - ALL COA
FOR THE MONTH ENDED AUGUST 31, 2024



REVENUES	August	Budget	Variance	Year to Date	Budget	Variance
Premium - Medi-Cal	48,131,710	46,058,521	2,073,189	384,321,524	372,767,762	11,553,762
Premium - Maternity Kick	4,231,227	3,239,956	991,271	25,113,664	26,222,098	(1,108,434)
Premium - Enhanced Care Management	1,315,508	1,372,799	(57,291)	10,591,075	11,110,544	(519,469)
Premium - Major Organ Transplant	262,300	235,938	26,363	2,055,136	1,909,526	145,610
Premium - Provider Enhancement	1,172,208	1,075,986	96,223	9,304,499	8,708,330	596,169
Premium - GEMT	184,380	185,721	(1,341)	1,488,297	1,503,104	(14,807)
Premium - Cal AIM	-	330,199	(330,199)	-	2,672,413	(2,672,413)
Premium - Student Behavioral Health Incentive	-	156,721	(156,721)	798,493	1,268,396	(469,902)
Premium - Housing and Homelessness Incentive	-	-	-	6,395,468	-	6,395,468
Premium - Equity & Practice Transformation	-	-	-	569,537	-	569,537
Other	96,791	-	96,791	783,996	-	783,996
TOTAL MEDICAID - FAMILY & OTHER	55,394,125	52,655,839	2,738,285	441,421,689	426,162,172	15,259,517
Premium - Medi-Cal	42,088,885	41,406,918	681,967	345,362,623	337,921,279	7,441,344
Premium - Maternity Kick	199,726	422,753	(223,027)	3,195,612	3,450,078	(254,466)
Premium - Enhanced Care Management	1,564,662	1,585,202	(20,540)	12,902,990	12,936,812	(33,822)
Premium - Major Organ Transplant	419,415	414,707	4,708	3,435,822	3,384,417	51,406
Premium - Provider Enhancement	365,604	354,794	10,810	2,987,740	2,895,469	92,271
Premium - GEMT	260,108	262,662	(2,554)	2,134,798	2,143,579	(8,782)
Premium - Cal AIM	-	293,640	(293,640)	-	2,396,391	(2,396,391)
Premium - Student Behavioral Health Incentive	-	139,369	(139,369)	342,085	1,137,389	(795,303)
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	-	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	-	243,998
Other	44,952	-	44,952	370,029	-	370,029
TOTAL MEDICAID - EXPANSION MEMBERS	44,943,353	44,880,044	63,308	373,715,602	366,265,415	7,450,187
Premium - Medi-Cal	22,753,177	19,583,522	3,169,655	180,383,205	159,616,478	20,766,727
Premium - Enhanced Care Management	819,178	727,727	91,451	6,516,585	5,931,378	585,207
Premium - Major Organ Transplant	301,571	263,364	38,207	2,373,174	2,146,559	226,615
Premium - Provider Enhancement	27,768	24,705	3,063	221,105	201,359	19,745
Premium - GEMT	166,576	147,909	18,667	1,324,715	1,205,540	119,174
Premium - Cal AIM	-	141,888	(141,888)	-	1,156,467	(1,156,467)
Premium - Student Behavioral Health Incentive	-	67,344	(67,344)	65,644	548,889	(483,245)
Premium - Housing and Homelessness Incentive	-	-	-	525,772	-	525,772
Premium - Equity & Practice Transformation	-	-	-	46,822	-	46,822
Other	-	-	-	-	-	-
TOTAL MEDICAID - SPD MEMBERS	24,068,270	20,956,459	3,111,811	191,457,021	170,806,671	20,650,350
Premium - Medi-Cal	4,143,142	4,395,083	(251,941)	33,026,893	35,160,665	(2,133,772)
Premium - Enhanced Care Management	9,445	10,315	(870)	75,416	82,519	(7,103)
Premium - Major Organ Transplant	13,905	15,235	(1,330)	111,332	121,882	(10,550)
Premium - Provider Enhancement	4	4	(1)	31	35	(4)
Premium - GEMT	2,814	3,176	(362)	23,001	25,408	(2,407)
Premium - Cal AIM	-	31,530	(31,530)	-	252,240	(252,240)
Premium - Student Behavioral Health Incentive	-	14,965	(14,965)	1,443	119,720	(118,276)
Premium - Housing and Homelessness Incentive	-	-	-	11,558	-	11,558
Premium - Equity & Practice Transformation	-	-	-	1,029	-	1,029
Other	-	-	-	-	-	-
TOTAL MEDICAID - LTC MEMBERS	4,169,310	4,470,309	(300,999)	33,250,704	35,762,469	(2,511,765)



MEDI-CAL
SCHEDULE OF REVENUES - ALL COA
FOR THE MONTH ENDED AUGUST 31, 2024

REVENUES	January	February	March	April	May	June	July	August	Year to Date
Premium - Medi-Cal	47,241,506	48,947,162	49,229,878	48,457,890	45,604,186	48,268,333	48,440,858	48,131,710	384,321,524
Premium - Maternity Kick	2,781,366	2,862,736	2,796,161	3,040,270	3,173,420	2,907,119	3,321,365	4,231,227	25,113,664
Premium - Enhanced Care Management	1,360,425	1,373,690	1,369,893	1,329,522	1,080,066	1,437,528	1,324,442	1,315,508	10,591,075
Premium - Major Organ Transplant	242,912	264,248	268,461	260,651	203,323	289,608	263,632	262,300	2,055,136
Premium - Cal AIM	-	-	-	-	-	-	-	-	-
Premium - Provider Enhancement	1,115,725	1,189,379	1,203,274	1,179,009	1,008,150	1,255,995	1,180,759	1,172,208	9,304,499
Premium - GEMT	187,833	192,364	192,415	187,592	158,941	198,874	185,899	184,380	1,488,297
Premium - Student Behavioral Health Incentive	-	-	-	798,493	-	-	-	-	798,493
Premium - Housing and Homelessness Incentive	-	-	-	6,395,468	-	-	-	-	6,395,468
Premium - Equity & Practice Transformation	-	-	-	569,537	-	-	-	-	569,537
Other	97,449	98,860	99,005	98,756	98,236	97,279	97,619	96,791	783,996
TOTAL MEDICAID - FAMILY & OTHER	53,027,216	54,928,439	55,159,087	62,317,189	51,326,322	54,454,738	54,814,574	55,394,125	441,421,689
Premium - Medi-Cal	43,459,690	44,508,533	44,016,473	43,567,402	43,005,883	42,475,755	42,240,002	42,088,885	345,362,623
Premium - Maternity Kick	576,986	710,136	503,013	325,479	281,096	258,904	340,274	199,726	3,195,612
Premium - Enhanced Care Management	1,651,191	1,664,324	1,642,575	1,626,006	1,605,210	1,579,736	1,569,286	1,564,662	12,902,990
Premium - Major Organ Transplant	432,007	442,199	437,523	433,298	427,929	422,778	420,674	419,415	3,435,822
Premium - Cal AIM	-	-	-	-	-	-	-	-	-
Premium - Provider Enhancement	373,632	384,099	380,389	376,842	372,278	368,239	366,657	365,604	2,987,740
Premium - GEMT	271,454	274,545	271,386	268,943	265,767	261,970	260,625	260,108	2,134,798
Premium - Student Behavioral Health Incentive	-	-	-	342,085	-	-	-	-	342,085
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	-	-	-	-	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	-	-	-	-	243,998
Other	46,893	47,755	47,171	46,671	46,053	45,413	45,122	44,952	370,029
TOTAL MEDICAID - EXPANSION MEMBERS	46,811,852	48,031,590	47,298,530	49,970,629	46,004,215	45,412,795	45,242,639	44,943,353	373,715,602
Premium - Medi-Cal	22,135,884	22,247,086	22,395,301	22,414,824	22,542,535	22,863,443	23,030,954	22,753,177	180,383,205
Premium - Enhanced Care Management	802,416	805,446	810,071	809,677	813,823	825,377	830,598	819,178	6,516,585
Premium - Major Organ Transplant	289,069	291,313	293,840	294,966	297,016	301,270	304,130	301,571	2,373,174
Premium - Cal AIM	-	-	-	-	-	-	-	-	-
Premium - Provider Enhancement	27,257	27,350	27,490	27,471	27,602	27,999	28,168	27,768	221,105
Premium - GEMT	163,069	163,702	164,656	164,596	165,447	167,796	168,873	166,576	1,324,715
Premium - Student Behavioral Health Incentive	-	-	-	65,644	-	-	-	-	65,644
Premium - Housing and Homelessness Incentive	-	-	-	525,772	-	-	-	-	525,772
Premium - Equity & Practice Transformation	-	-	-	46,822	-	-	-	-	46,822
Other	-	-	-	-	-	-	-	-	-
TOTAL MEDICAID - SPD MEMBERS	23,417,694	23,534,898	23,691,358	24,349,771	23,846,423	24,185,884	24,362,723	24,068,270	191,457,021
Premium - Medi-Cal	3,950,994	4,064,582	4,029,135	4,021,131	4,096,164	4,433,079	4,288,666	4,143,142	33,026,893
Premium - Enhanced Care Management	9,002	9,285	9,206	9,179	9,347	10,145	9,808	9,445	75,416
Premium - Major Organ Transplant	13,131	13,656	13,568	13,567	13,823	15,086	14,595	13,905	111,332
Premium - Cal AIM	-	-	-	-	-	-	-	-	-
Premium - Provider Enhancement	3	4	4	4	4	5	5	4	31
Premium - GEMT	2,536	2,779	2,790	2,814	2,870	3,252	3,145	2,814	23,001
Premium - Student Behavioral Health Incentive	-	-	-	1,443	-	-	-	-	1,443
Premium - Housing and Homelessness Incentive	-	-	-	11,558	-	-	-	-	11,558
Premium - Equity & Practice Transformation	-	-	-	1,029	-	-	-	-	1,029
Other	-	-	-	-	-	-	-	-	-
TOTAL MEDICAID - LTC MEMBERS	3,975,666	4,090,307	4,054,703	4,060,726	4,122,208	4,461,566	4,316,218	4,169,310	33,250,704

MEDI-CAL
SCHEDULE OF MEDICAL COSTS - ALL COA
FOR THE MONTH ENDED AUGUST 31, 2024



	August	Budget	Variance	Year to Date	Budget	Variance
Physician Services						
Primary Care Physician Services	6,586,511	5,605,828	(980,684)	58,292,504	45,492,617	(12,799,887)
Referral Specialty Services	24,334,504	20,783,382	(3,551,121)	178,403,671	168,899,052	(9,504,619)
Urgent Care & After Hours Advice	3,427,895	2,653,389	(774,505)	25,407,516	21,594,885	(3,812,630)
Hospital Admitting Team	9,300	9,300	-	73,200	9,300	(63,900)
Total Physician Services	34,358,210	29,051,900	(5,306,310)	262,176,891	235,995,855	(26,181,036)
Other Professional Services						
Vision Service Capitation	339,893	340,085	192	2,567,159	2,759,780	192,621
221 - Business Intelligence	93,397	155,371	61,975	1,203,550	1,262,352	58,802
310 - Health Services - Utilization Management	669,680	1,114,764	445,084	6,125,752	9,057,161	2,931,409
311 - Health Services - Quality Improvement	217,662	336,466	118,804	1,436,032	2,733,694	1,297,662
312 - Health Services Education	282,077	384,462	102,385	2,063,590	3,123,654	1,060,065
313 - Pharmacy	112,041	135,896	23,855	864,321	1,104,121	239,800
314 - Enhanced Care Management	343,316	422,010	78,694	2,481,054	3,428,719	947,666
316 - Population Health Management	529,689	655,353	125,664	3,999,237	5,324,572	1,325,335
317 - In Lieu of Services	119,643	137,963	18,320	785,594	1,120,915	335,321
321 - Homeless Management Information Services	37,682	32,986	(4,696)	242,670	268,002	25,332
330 - Member Services	1,055,537	1,060,835	5,298	8,197,369	8,619,001	421,632
331 - Member Outreach	68,706	336,571	267,866	299,690	2,734,552	2,434,862
410 - Member Engagement	55,207	75,817	20,610	481,442	615,994	134,553
601 - Behavioral Health	136,230	170,167	33,936	905,944	1,382,561	476,617
602 - Quality & Health Equity	72,107	73,928	1,821	576,378	600,647	24,269
604 - Clinical Operations, Strategy, and Analytics	113,575	128,117	14,542	697,374	1,040,914	343,540
Behavior Health Treatment	2,863,238	3,734,549	871,311	20,496,634	30,281,942	9,785,308
Mental Health Services	343,978	1,069,963	725,985	5,283,050	8,716,157	3,433,107
Other Professional Services	1,826,761	4,877,987	3,051,226	26,243,242	39,622,772	13,379,530
Total Other Professional Services	9,280,419	15,243,291	5,962,872	84,950,082	123,797,510	38,847,428
Emergency Room	6,439,132	6,481,182	42,049	51,343,137	52,639,490	1,296,353
Inpatient Hospital	32,643,856	27,886,840	(4,757,016)	253,631,927	226,850,581	(26,781,346)
Reinsurance Expense Premium	111,965	112,028	63	896,705	909,104	12,399
Outpatient Hospital	15,115,990	12,871,341	(2,244,649)	117,027,251	104,702,431	(12,324,821)
Other Medical						
Ambulance and NEMT	5,617,091	2,755,850	(2,861,241)	35,146,341	22,389,127	(12,757,214)
Home Health Services & CBAS	1,371,979	866,904	(505,075)	10,344,483	7,051,416	(3,293,067)
Utilization and Quality Review Expenses	1,413,209	1,718,504	305,295	8,781,082	13,962,388	5,181,305
Long Term/SNF/Hospice	11,587,366	8,986,455	(2,600,911)	86,849,817	72,446,130	(14,403,686)
Provider Enhancement Expense - Prop. 56	1,487,305	1,772,757	285,452	11,884,566	14,417,718	2,533,152
Provider Enhancement Expense - GEMT	374,123	179,452	(194,671)	6,036,128	1,430,966	(4,605,162)
Enhanced Care Management	3,420,931	3,535,991	115,060	28,377,443	28,760,175	382,733
Major Organ Transplant	947,331	882,781	(64,550)	7,574,789	7,184,264	(390,524)
Cal AIM Incentive Programs	2,649,795	757,394	(1,892,401)	15,558,484	6,153,636	(9,404,848)
Student Behavioral Health Incentive	-	359,479	359,479	-	2,920,673	2,920,673
Housing and Homelessness Incentive	410,015	-	(410,015)	3,964,729	-	(3,964,729)
DME/Rebates	1,811,340	1,530,426	(280,914)	14,405,507	12,441,412	(1,964,096)
Total Other Medical	31,090,485	23,345,993	(7,744,493)	228,923,367	189,157,905	(39,765,462)
Pay for Performance Quality Incentive	600,882	600,150	(732)	4,881,566	4,870,200	(11,365)
Hospital Directed Payments	24,409,832	21,944,444	(2,465,387)	196,786,594	178,438,909	(18,347,685)
Hospital Directed Payment Adjustment	5,409	-	(5,409)	(3,991,924)	-	3,991,924
Non-Claims Expense Adjustment	(3,882,116)	-	3,882,116	(3,546,150)	-	3,546,150
IBNR, Incentive, Paid Claims Adjustment	(2,153,720)	-	2,153,720	(11,257,751)	-	11,257,751
Total Medical Costs	148,020,343	137,537,168	(10,483,175)	1,181,821,695	1,117,361,985	(64,459,710)

* MEDICAL COSTS PER DMHC REGULATIONS



MEDI-CAL
SCHEDULE OF MEDICAL COSTS - ALL COA
FOR THE MONTH ENDED AUGUST 31, 2024

	August	Budget	Variance	Year to Date	Budget	Variance
TOTAL MEMBERS - MCAL	400,588	400,100	488	3,254,384	3,246,800	7,584
Physician Services						
Primary Care Physician Services	16.44	14.01	(2.43)	17.91	14.01	(3.90)
Referral Specialty Services	60.75	51.95	(8.80)	54.82	52.02	(2.80)
Urgent Care & After Hours Advice	8.56	6.63	(1.93)	7.81	6.65	(1.16)
Hospital Admitting Team	0.02	0.02	0.00	0.02	0.00	(0.02)
Total Physician Services	85.77	72.61	(13.16)	80.56	72.69	(7.88)
Other Professional Services						
Vision Service Capitation	0.85	0.85	0.00	0.79	0.85	0.06
221 - Business Intelligence	0.23	0.39	0.16	0.37	0.39	0.02
310 - Health Services - Utilization Management	1.67	2.79	1.11	1.88	2.79	0.91
311 - Health Services - Quality Improvement	0.54	0.84	0.30	0.44	0.84	0.40
312 - Health Services Education	0.70	0.96	0.26	0.63	0.96	0.33
313 - Pharmacy	0.28	0.34	0.06	0.27	0.34	0.07
314 - Enhanced Care Management	0.86	1.05	0.20	0.76	1.06	0.29
316 - Population Health Management	1.32	1.64	0.32	1.23	1.64	0.41
317 - In Lieu of Services	0.30	0.34	0.05	0.24	0.35	0.10
321 - Homeless Management Information Services	0.09	0.08	(0.01)	0.07	0.08	0.01
330 - Member Services	2.63	2.65	0.02	2.52	2.65	0.14
331 - Member Outreach	0.17	0.84	0.67	0.09	0.84	0.75
410 - Member Engagement	0.14	0.19	0.05	0.15	0.19	0.04
601 - Behavioral Health	0.34	0.43	0.09	0.28	0.43	0.15
602 - Quality & Health Equity	0.18	0.18	0.00	0.18	0.18	0.01
604 - Clinical Operations, Strategy, and Analytics	0.28	0.32	0.04	0.21	0.32	0.11
Behavior Health Treatment	7.15	9.33	2.19	6.30	9.33	3.03
Mental Health Services	0.86	2.67	1.82	1.62	2.68	1.06
Other Professional Services	4.56	12.19	7.63	8.06	12.20	4.14
Total Other Professional Services	23.17	38.10	14.93	26.10	38.13	12.03
Emergency Room	16.07	16.20	0.12	15.78	16.21	0.44
Inpatient Hospital	81.49	69.70	(11.79)	77.94	69.87	(8.07)
Reinsurance Expense Premium	0.28	0.28	0.00	0.28	0.28	0.00
Outpatient Hospital	37.73	32.17	(5.56)	35.96	32.25	(3.71)
Other Medical						
Ambulance and NEMT	14.02	6.89	(7.13)	10.80	6.90	(3.90)
Home Health Services & CBAS	3.42	2.17	(1.26)	3.18	2.17	(1.01)
Utilization and Quality Review Expenses	3.53	4.30	0.77	2.70	4.30	1.60
Long Term/SNF/Hospice	28.93	22.46	(6.47)	26.69	22.31	(4.37)
Provider Enhancement Expense - Prop. 56	3.71	4.43	0.72	3.65	4.44	0.79
Provider Enhancement Expense - GEMT	0.93	0.45	(0.49)	1.85	0.44	(1.41)
Enhanced Care Management	8.54	8.84	0.30	8.72	8.86	0.14
Major Organ Transplant	2.36	2.21	(0.16)	2.33	2.21	(0.11)
Cal AIM Incentive Programs	6.61	1.89	(4.72)	4.78	1.90	(2.89)
Student Behavioral Health Incentive	-	0.90	0.90	-	0.90	0.90
Housing and Homelessness Incentive	1.02	-	(1.02)	1.22	-	(1.22)
DME/Rebates	4.52	3.83	(0.70)	4.43	3.83	(0.59)
Total Other Medical	77.61	58.35	(19.26)	70.34	58.26	(12.08)
Pay for Performance Quality Incentive	1.50	1.50	(0.00)	1.50	1.50	0.00
Hospital Directed Payments	60.94	54.85	(6.09)	60.47	54.96	(5.51)
Hospital Directed Payment Adjustment	0.01	-	(0.01)	(1.23)	-	1.23
Non-Claims Expense Adjustment	(9.69)	-	9.69	(1.09)	-	1.09
IBNR, Incentive, Paid Claims Adjustment	(5.38)	-	5.38	(3.46)	-	3.46
Total Medical Costs	369.51	343.76	(25.75)	363.15	344.14	(19.01)

MEDI-CAL
SCHEDULE OF MEDICAL COSTS - ALL COA
FOR THE MONTH ENDED AUGUST 31, 2024



	January	February	March	April	May	June	July	August	Year to Date
Physician Services									
Primary Care Physician Services	6,499,076	6,559,994	7,176,252	8,439,162	7,656,483	10,560,497	4,814,529	6,586,511	58,292,504
Referral Specialty Services	21,255,092	22,977,486	20,309,856	21,606,841	21,227,905	22,534,971	24,157,015	24,334,504	178,403,671
Urgent Care & After Hours Advice	2,319,250	3,179,640	2,806,586	2,687,879	4,069,091	3,449,628	3,467,547	3,427,895	25,407,516
Hospital Admitting Team	9,300	8,700	9,300	9,000	9,300	9,000	9,300	9,300	73,200
Total Physician Services	30,082,718	32,725,820	30,301,995	32,742,882	32,962,778	36,554,096	32,448,391	34,358,210	262,176,891
Other Professional Services									
Vision Service Capitation	140,322	296,413	344,110	359,517	404,063	339,399	343,443	339,893	2,567,159
221 - Business Intelligence	166,419	154,838	154,693	149,676	157,920	164,059	162,549	93,397	1,203,550
310 - Health Services - Utilization Management	852,585	802,658	800,584	810,297	790,917	700,035	698,997	669,680	6,125,752
311 - Health Services - Quality Improvement	240,989	241,505	131,143	25,469	194,860	181,920	202,485	217,662	1,436,032
312 - Health Services Education	238,074	244,710	246,020	243,125	259,637	263,229	286,717	282,077	2,063,590
313 - Pharmacy	117,253	108,343	102,637	102,244	111,483	107,476	102,845	112,041	864,321
314 - Enhanced Care Management	296,401	292,841	287,850	309,036	318,231	301,102	332,277	343,316	2,481,054
316 - Population Health Management	495,663	471,064	489,719	503,611	532,764	469,214	507,513	529,689	3,999,237
317 - In Lieu of Services	88,658	84,311	80,050	94,979	105,477	95,152	117,324	119,643	785,594
321 - Homeless Management Information Services	-	9,044	676	101,045	26,625	30,523	37,075	37,682	242,670
330 - Member Services	996,071	988,648	974,384	1,059,971	1,115,929	914,815	1,092,015	1,055,537	8,197,369
410 - Member Engagement	68,866	68,715	62,767	70,719	55,899	53,496	45,774	55,207	481,442
601 - Behavioral Health	63,991	79,219	103,195	113,713	138,092	134,174	137,330	136,230	905,944
602 - Quality & Health Equity	76,057	71,516	71,726	71,420	73,359	72,782	67,412	72,107	576,378
604 - Clinical Operations, Strategy, and Analytics	77,153	69,408	82,369	83,076	79,230	90,449	102,114	113,575	697,374
Behavior Health Treatment	3,612,672	1,051,116	3,458,567	1,308,993	2,602,725	2,931,009	2,668,314	2,863,238	20,496,634
Mental Health Services	1,525,645	620,225	1,069,857	826,611	393,105	330,088	173,541	343,978	5,283,050
Other Professional Services	4,642,734	5,211,408	4,823,947	4,258,014	1,813,653	1,904,534	1,762,191	1,826,761	26,243,242
Total Other Professional Services	13,699,554	10,865,981	13,296,336	10,516,696	9,231,655	9,148,831	8,910,610	9,280,419	84,950,082
Emergency Room	6,905,833	6,114,762	6,246,167	6,286,018	6,322,930	6,665,692	6,362,602	6,439,132	51,343,137
Inpatient Hospital	30,185,040	29,579,215	31,316,403	33,608,353	30,704,459	32,758,876	32,835,724	32,643,856	253,631,927
Reinsurance Expense Premium	96,765	98,519	129,066	118,429	118,429	110,398	113,134	111,965	896,705
Outpatient Hospital	13,495,747	15,812,073	14,996,564	14,993,746	12,540,794	13,499,596	16,572,741	15,115,990	117,027,251
Other Medical									
Ambulance and NEMT	3,214,531	3,869,951	4,117,183	4,046,350	4,886,538	4,694,674	4,700,022	5,617,091	35,146,341
Home Health Services & CBAS	821,583	1,260,395	1,162,579	1,286,263	1,383,467	1,803,391	1,254,827	1,371,979	10,344,483
Utilization and Quality Review Expenses	778,360	1,419,906	764,904	659,673	1,094,286	1,057,105	1,593,640	1,413,209	8,781,082
Long Term/SNF/Hospice	8,782,404	11,938,647	10,174,399	11,100,770	11,407,241	11,520,690	10,338,299	11,587,366	86,849,817
Provider Enhancement Expense - Prop. 56	1,440,786	1,520,790	1,530,599	1,504,160	1,337,631	1,569,564	1,493,732	1,487,305	11,884,566
Provider Enhancement Expense - GEMT	697,353	720,314	727,161	758,687	923,611	813,870	1,021,009	374,123	6,036,128
Enhanced Care Management	3,631,882	3,736,622	3,563,643	3,585,665	3,333,024	3,660,671	3,445,004	3,420,931	28,377,443
Major Organ Transplant	928,263	960,846	962,722	952,357	894,987	1,132,655	795,627	947,331	7,574,789
Cal AIM Incentive Programs	1,210,017	1,499,955	1,042,387	3,055,050	2,549,702	1,503,170	2,048,408	2,649,795	15,558,484
Housing and Homelessness Incentive	516,672	1,955,761	401,264	409,983	271,034	-	-	410,015	3,964,729
DME	1,444,613	2,282,835	1,801,951	1,636,974	1,679,318	1,771,328	1,977,148	1,811,340	14,405,507
Total Other Medical	23,466,463	31,166,022	26,248,792	28,995,931	29,760,839	29,527,118	28,667,716	31,090,485	228,923,367
Pay for Performance Quality Incentive	607,242	620,847	623,885	611,412	608,744	605,543	603,012	600,882	4,881,566
Hospital Directed Payments	24,282,372	24,917,058	25,515,722	24,754,858	22,990,345	25,339,960	24,576,449	24,409,832	196,786,594
Hospital Directed Payment Adjustment	42,165	2,395,027	226,351	134,240	(95,313)	(20,001)	(6,679,802)	5,409	(3,991,924)
Non-Claims Expense Adjustment	141,502	115,821	99,211	74,266	(37,068)	(59,596)	1,831	(3,882,116)	(3,546,150)
IBNR, Incentive, Paid Claims Adjustment	164,572	329,680	128,506	(929,497)	(3,039,235)	(3,427,557)	(2,330,501)	(2,153,720)	(11,257,751)
Total Medical Costs	143,169,973	154,740,825	149,128,998	151,907,335	142,069,357	150,702,957	142,081,906	148,020,343	1,181,821,695

* MEDICAL COSTS PER DMHC REGULATIONS

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MEDI-CAL
SCHEDULE OF MEDICAL COSTS - ALL COA
FOR THE MONTH ENDED AUGUST 31, 2024

	January	February	March	April	May	June	July	August	Year to Date
Physician Services									
Primary Care Physician Services	16.05	15.85	17.25	20.70	18.87	26.16	11.98	16.44	17.91
Referral Specialty Services	52.50	55.51	48.83	53.01	52.31	55.82	60.09	60.75	54.82
Urgent Care & After Hours Advice	5.73	7.68	6.75	6.59	10.03	8.55	8.63	8.56	7.81
Hospital Admitting Team	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Total Physician Services	74.31	79.07	72.85	80.33	81.22	90.55	80.72	85.77	80.56
Other Professional Services									
Vision Service Capitation	0.35	0.72	0.83	0.88	1.00	0.84	0.85	0.85	0.79
221 - Business Intelligence	0.41	0.37	0.37	0.37	0.39	0.41	0.40	0.23	0.37
310 - Health Services - Utilization Management	2.11	1.94	1.92	1.99	1.95	1.73	1.74	1.67	1.88
311 - Health Services - Quality Improvement	0.60	0.58	0.32	0.06	0.48	0.45	0.50	0.54	0.44
312 - Health Services Education	0.59	0.59	0.59	0.60	0.64	0.65	0.71	0.70	0.63
313 - Pharmacy	0.29	0.26	0.25	0.25	0.27	0.27	0.26	0.28	0.27
314 - Enhanced Care Management	0.73	0.71	0.69	0.76	0.78	0.75	0.83	0.86	0.76
316 - Population Health Management	1.22	1.14	1.18	1.24	1.31	1.16	1.26	1.32	1.23
317 - In Lieu of Services	0.22	0.20	0.19	0.23	0.26	0.24	0.29	0.30	0.24
330 - Member Services	2.46	2.39	2.34	2.60	2.75	2.27	2.72	2.63	2.52
410 - Member Engagement	0.17	0.17	0.15	0.17	0.14	0.13	0.11	0.14	0.15
601 - Behavioral Health	0.16	0.19	0.25	0.28	0.34	0.33	0.34	0.34	0.28
602 - Quality & Health Equity	0.19	0.17	0.17	0.18	0.18	0.18	0.17	0.18	0.18
604 - Clinical Operations, Strategy, and Analytics	0.19	0.17	0.20	0.20	0.20	0.22	0.25	0.28	0.21
Behavior Health Treatment	8.92	2.54	8.32	3.21	6.41	7.26	6.64	7.15	6.30
Mental Health Services	3.77	1.50	2.57	2.03	0.97	0.82	0.43	0.86	1.62
Other Professional Services	11.47	12.59	11.60	10.45	4.47	4.72	4.38	4.56	8.06
Total Other Professional Services	33.84	26.25	31.97	25.80	22.75	22.66	22.17	23.17	26.10
Emergency Room	17.06	14.77	15.02	15.42	15.58	16.51	15.83	16.07	15.78
Inpatient Hospital	74.56	71.46	75.29	82.45	75.66	81.15	81.68	81.49	77.94
Reinsurance Expense Premium	0.24	0.24	0.31	0.29	0.29	0.27	0.28	0.28	0.28
Outpatient Hospital	33.34	38.20	36.06	36.78	30.90	33.44	41.22	37.73	35.96
Other Medical									
Ambulance and NEMT	7.94	9.35	9.90	9.93	12.04	11.63	11.69	14.02	10.80
Home Health Services & CBAS	2.03	3.05	2.80	3.16	3.41	4.47	3.12	3.42	3.18
Utilization and Quality Review Expenses	1.92	3.43	1.84	1.62	2.70	2.62	3.96	3.53	2.70
Long Term/SNF/Hospice	21.69	28.84	24.46	27.23	28.11	28.54	25.72	28.93	26.69
Provider Enhancement Expense - Prop. 56	3.56	3.67	3.68	3.69	3.30	3.89	3.72	3.71	3.65
Provider Enhancement Expense - GEMT	1.72	1.74	1.75	1.86	2.28	2.02	2.54	0.93	1.85
Enhanced Care Management	8.97	9.03	8.57	8.80	8.21	9.07	8.57	8.54	8.72
Major Organ Transplant	2.29	2.32	2.31	2.34	2.21	2.81	1.98	2.36	2.33
Cal AIM Incentive Programs	2.99	3.62	2.51	7.50	6.28	3.72	5.10	6.61	4.78
Housing and Homelessness Incentive	1.28	4.73	0.96	1.01	0.67	-	-	1.02	1.22
DME	3.57	5.52	4.33	4.02	4.14	4.39	4.92	4.52	4.43
Total Other Medical	57.97	75.30	63.11	71.14	73.33	73.14	71.31	77.61	70.34
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	59.98	60.20	61.35	60.73	56.65	62.77	61.13	60.94	60.47
Hospital Directed Payment Adjustment	0.10	5.79	0.54	0.33	(0.23)	(0.05)	(16.62)	0.01	(1.23)
Non-Claims Expense Adjustment	0.35	0.28	0.24	0.18	(0.09)	(0.15)	0.00	(9.69)	(1.09)
IBNR, Incentive, Paid Claims Adjustment	0.41	0.80	0.31	(2.28)	(7.49)	(8.49)	(5.80)	(5.38)	(3.46)
Total Medical Costs	353.65	373.86	358.55	372.68	350.07	373.31	353.43	369.51	363.15

MEDI-CAL
SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT
FOR THE MONTH ENDED AUGUST 31, 2024



	August	Budget	Variance	Year to Date	Budget	Variance
110 - Executive	798,056	614,464	(183,593)	5,083,006	4,499,043	(583,964)
112 - Government Relations	49,875	47,358	(2,517)	439,833	378,863	(60,969)
210 - Accounting	313,691	351,597	37,907	2,361,714	2,812,778	451,065
220 - Management Information Systems (MIS)	488,182	276,982	(211,199)	2,488,041	2,215,858	(272,183)
221 - Business Intelligence	474,405	202,179	(272,226)	2,082,912	1,617,431	(465,481)
222 - MIS Development	358,888	381,923	23,035	2,743,955	3,055,385	311,431
223 - Enterprise Configuration	408,183	178,406	(229,777)	1,654,582	1,427,245	(227,336)
225 - Infrastructure	608,118	859,136	251,018	5,791,793	6,873,086	1,081,293
226 - Technical Administrative Services	205,076	220,111	15,035	1,286,571	1,760,892	474,321
230 - Claims	769,883	795,470	25,587	6,117,718	6,363,756	246,038
240 - Project Development	381,627	417,789	36,162	2,653,741	3,342,315	688,575
310 - Health Services - Utilization Management	24,524	55,322	30,797	224,669	442,573	217,904
311 - Health Services - Quality Improvement	6,963	45,141	38,178	47,275	361,127	313,853
312 - Health Services - Education	137	357	220	1,875	2,853	979
313 - Pharmacy	10,500	38,333	27,833	95,454	306,667	211,213
314 - Enhanced Care Management	6,064	24,753	18,689	302,123	198,026	(104,098)
316 - Population Health Management	-	2,975	2,975	3,500	23,800	20,300
317 - Community Support Services	224	1,625	1,401	656	13,000	12,344
318 - Housing & Homeless Incentive Program (HHIP)	-	-	-	(0)	-	0
319 - CAL AIM Incentive Payment Program (IPP)	-	-	-	0	-	(0)
320 - Provider Network Management	260,789	325,800	65,011	2,125,590	2,606,403	480,814
321 - Homeless Management Information Services	1,200	896	(304)	1,200	7,167	5,967
322 - Delegation & Oversight	68,721	31,116	(37,605)	365,674	248,931	(116,743)
330 - Member Services	143,624	272,551	128,927	1,846,709	2,180,409	333,700
331 - Member Outreach	-	-	-	-	-	-
340 - Corporate Services	960,105	1,034,659	74,555	7,968,691	8,277,275	308,584
360 - Audit & Investigative Services	212,147	241,240	29,093	1,678,605	1,929,920	251,315
410 - Member Engagement	63,155	100,456	37,301	553,995	803,648	249,652
420 - Sales/Marketing/Public Relations	194,985	270,104	75,119	2,192,743	2,160,830	(31,913)
510 - Human Resources	466,695	464,570	(2,125)	3,733,953	3,716,561	(17,392)
601 - Behavioral Health	5,616	1,779	(3,837)	28,226	14,233	(13,993)
602 - Quality & Health Equity	11,040	40,769	29,729	235,418	326,151	90,734
604 - Clinical Operations, Strategy & Analytics	-	479	479	-	3,833	3,833
605 - Quality Performance	297,054	305,117	8,063	2,177,648	2,440,938	263,291
Administrative Expense Adjustment	(2,444)	(43,839)	(41,395)	116,874	(350,716)	(467,590)
Total Administrative Expenses	7,587,082	7,559,619	(27,463)	56,404,744	60,060,285	3,655,541

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MEDI-CAL
SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT
FOR THE MONTH ENDED AUGUST 31, 2024

	January	February	March	April	May	June	July	August	YTD TOTALS
110 - Executive	624,355	577,007	603,344	648,716	539,284	580,943	711,301	798,056	5,083,006
112 - Government Relations	68,770	45,458	47,484	87,379	45,680	47,575	47,612	49,875	439,833
210 - Accounting	304,846	303,886	292,257	252,083	318,893	293,744	282,315	313,691	2,361,714
220 - Management Information Systems (MIS)	391,965	262,588	237,010	146,132	253,670	336,226	372,267	488,182	2,488,041
221 - Business Intelligence	269,666	199,076	187,188	165,837	228,645	197,729	360,364	474,405	2,082,912
222 - MIS Development	377,641	315,894	321,173	281,395	395,954	355,456	337,554	358,888	2,743,955
223 - Enterprise Configuration	174,793	155,969	171,033	161,377	180,934	136,019	266,274	408,183	1,654,582
225 - Infrastructure	617,597	874,756	639,101	642,546	760,253	834,263	815,160	608,118	5,791,793
226 - Technical Administrative Services	49,489	108,635	117,698	325,913	126,222	172,900	180,639	205,076	1,286,571
230 - Claims	819,584	766,126	717,167	701,834	775,174	698,241	869,709	769,883	6,117,718
240 - Project Development	347,377	265,411	322,425	313,084	371,811	303,949	348,056	381,627	2,653,741
310 - Health Services - Utilization Management	30,997	29,562	29,327	29,768	28,807	26,129	25,555	24,524	224,669
311 - Health Services - Quality Improvement	8,514	7,726	4,159	858	6,234	5,820	7,001	6,963	47,275
312 - Health Services - Education	341	138	436	581	-	-	243	137	1,875
313 - Pharmacy	21,270	10,500	10,861	10,822	10,500	10,500	10,500	10,500	95,454
314 - Enhanced Care Management	44,036	43,641	48,782	54,522	24,778	55,043	25,259	6,064	302,123
316 - Population Health Management	656	700	1,145	-	-	999	-	-	3,500
317 - Community Support Services	34	-	280	25	-	94	-	224	656
318 - Housing & Homeless Incentive Program (HHIP)	3	12	(16)	1	-	-	-	-	(0)
319 - CAL AIM Incentive Payment Program (IPP)	22,503	12,348	2,057	(36,908)	-	0	-	-	0
320 - Provider Network Management	386,421	336,270	234,388	95,804	284,140	250,781	276,996	260,789	2,125,590
322 - Delegation & Oversight	21,948	20,301	29,846	95,971	39,170	37,054	52,664	68,721	365,674
330 - Member Services	667,205	268,918	162,283	166,335	135,344	143,090	159,911	143,624	1,846,709
340 - Corporate Services	1,024,905	966,025	929,506	977,234	1,148,873	959,922	1,002,122	960,105	7,968,691
360 - Audit & Investigative Services	195,508	186,054	187,655	202,574	244,557	223,461	226,650	212,147	1,678,605
410 - Member Engagement	76,778	80,429	69,534	82,742	63,776	65,519	52,063	63,155	553,995
420 - Sales/Marketing/Public Relations	177,987	306,155	176,484	267,848	246,762	228,632	593,890	194,985	2,192,743
510 - Human Resources	447,072	430,722	409,608	641,247	485,837	462,781	389,991	466,695	3,733,953
601 - Behavioral Health	43	-	167	22,281	63	-	57	5,616	28,226
602 - Quality & Health Equity	40,103	59,304	81,243	(38,694)	14,311	59,557	8,554	11,040	235,418
604 - Clinical Operations, Strategy & Analytics	-	-	-	-	-	-	-	-	-
605 - Quality Performance	143,642	106,967	277,993	525,434	282,798	261,599	282,161	297,054	2,177,648
Administrative Expense Adjustment	258,024	(160,374)	(712)	(28,014)	2,765	47,630	-	(2,444)	116,874
Total Administrative Expenses	7,614,072	6,580,201	6,310,903	6,796,727	7,015,235	6,795,655	7,704,868	7,587,082	56,404,744

KHS - GROUP HEALTH PLAN
STATEMENT OF NET POSITION
AS OF AUGUST 31, 2024



ASSETS	August 2024	July 2024	Increase/ (Decrease)
Cash and Cash Equivalents	1,213,037	1,213,037	-
Interest Receivable	9,000	500	8,500
Total Current Assets	1,222,037	1,213,537	8,500
CURRENT LIABILITIES			
Other Liabilities	-	-	-
Total Current Liabilities	-	-	-
NET POSITION:			
Net Position at Beginning of Year	1,183,678	1,183,678	-
Increase (Decrease) in Net Position - Current Year	38,358	29,858	8,500
Total Net Position	1,222,037	1,213,537	8,500
TOTAL LIABILITIES AND NET POSITION	1,222,037	1,213,537	8,500



KHS - GROUP HEALTH PLAN
STATEMENT OF REVENUE, EXPENSES, AND CHANGES
IN NET POSITION
FOR THE MONTH ENDED AUGUST 31, 2024

	August	Budget	Variance	Year to Date	Budget	Variance
REVENUES						
Premium	-	-	-	-	-	-
Interest	8,500	-	8,500	35,194	-	35,194
Other Investment Income	-	-	-	3,165	-	3,165
Total Revenues	8,500	-	8,500	38,358	-	38,358
EXPENSES						
MEDICAL COSTS						
IBNR and Paid Claims Adjustment	-	-	-	-	-	-
Total Medical Costs	-	-	-	-	-	-
GROSS MARGIN	8,500	-	8,500	38,358	-	38,358
ADMINISTRATIVE COSTS						
Management Fee Expense and Other Admin Exp	-	-	-	-	-	-
Total Administrative Expenses	-	-	-	-	-	-
TOTAL EXPENSES	-	-	-	-	-	-
OPERATING INCOME (LOSS) BEFORE TAX	8,500	-	8,500	38,358	-	38,358
NON-OPERATING REVENUE (EXPENSE)						
Total Non-Operating Revenue (Expense)	-	-	-	-	-	-
NET INCREASE (DECREASE) IN NET POSITION	8,500	-	8,500	38,358	-	38,358
MEDICAL LOSS RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
ADMINISTRATIVE EXPENSE RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%


KERN HEALTH SYSTEMS
MONTHLY MEMBERS COUNT

2024 MEMBER MONTHS													
MEDI-CAL		JAN'24	FEB'24	MAR'24	APR'24	MAY'24	JUN'24	JUL'24	AUG'24	SEP'24	OCT'24	NOV'24	DEC'24
ADULT AND FAMILY													
ADULT (SEE COMMENT)	591,764	73,352	78,663	78,717	63,272	74,432	74,454	74,349	74,525				
CHILD	1,366,352	169,496	168,966	173,240	181,718	169,847	169,044	168,098	165,943				
SUB-TOTAL ADULT & FAMILY	1,958,116	242,848	247,629	251,957	244,990	244,279	243,498	242,447	240,468	0	0	0	0
OTHER MEMBERS													
PARTIAL DUALS - FAMILY	5,397	774	770	790	694	629	601	551	588				
PARTIAL DUALS - CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0
PARTIAL DUALS - BCCTP	36	6	5	5	3	5	4	7	1				
BCCTP - TABACCO SETTLEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
FULL DUALS (SPD)													
SPD FULL DUALS	181,406	21,544	22,475	22,251	22,380	22,903	22,959	23,243	23,651				
SUBTOTAL OTHER MEMBERS	186,839	22,324	23,250	23,046	23,077	23,537	23,564	23,801	24,240	0	0	0	0
TOTAL FAMILY & OTHER	2,144,955	265,172	270,879	275,003	268,067	267,816	267,062	266,248	264,708	0	0	0	0
SDP MEMBERS													
SPD (AGED AND DISABLED)	181,640	21,942	23,209	22,608	22,438	22,326	22,645	22,649	23,823				
TOTAL CLASSIC MEMBERS	2,326,595	287,114	294,088	297,611	290,505	290,142	289,707	288,897	288,531	0	0	0	0
ACA OE - MEDI-CAL OPTIONAL EXPANSION													
ACA Expansion Adult-Citizen	916,201	115,850	117,787	116,589	115,661	114,198	112,827	112,212	111,077				
EXPANSION DUALS	7,511	1,382	1,517	1,226	944	972	634	378	458				
TOTAL ACA OE	923,712	117,232	119,304	117,815	116,605	115,170	113,461	112,590	111,535	0	0	0	0
LONG TERM CARE (LTC)													
LTC	397	38	49	47	46	53	57	52	55				
LTC DUALS	3,680	451	457	450	452	464	470	469	467				
TOTAL LTC	4,077	489	506	497	498	517	527	521	522	0	0	0	0
GRAND TOTAL	3,254,384	404,835	413,898	415,923	407,608	405,829	403,695	402,008	400,588	0	0	0	0



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: Reports on Accounts Payable, Administrative Contracts and IT Technology Consulting Resources
DATE: October 17, 2024

Attached for your review are the following items:

- 1) Accounts Payable Vendor Report listing of payments over \$20,000 for the months of July 2024 and August 2024.
- 2) Administrative Contract Report listing of contracts between \$50,000 and \$200,000 for the months of July 2024 and August 2024.
- 3) IT Technology Consulting Resources Report for the period ending July 31, 2024.

Requested Action

Receive and File.



July AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T2704	MCG HEALTH LLC ****	1,234,280.77	1,234,280.77	ANNUAL HEALTH CARE MANAGEMENT & SOFTWARE LICENSE 8/5/2024 -08/04/2025	UTILIZATION MANAGEMENT
T1045	KAISER FOUNDATION HEALTH - HMO	860,640.08	5,834,831.97	JUL. 2024 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T2686	ALLIANT INSURANCE SERVICES INC. ****	749,649.25	749,649.25	2024 -2025 INSURANCE PREMIUMS FOR MANAGED CARE, ACIP CRIME, PROPERTY, EXCESS CRIME, AMVP, WORK PLACE VIOLENCE, EXCESS CYBER, COMMERCIAL CYBER RENEWALS	ADMINISTRATION
T1845	DEPARTMENT OF MANAGED HEALTH CARE ****	727,682.82	727,682.82	2024-2025 1ST INSTALLMENT MCAL ANNUAL ASSESSMENT	ADMINISTRATION
T4350	COMPUTER ENTERPRISE	604,082.04	3,525,578.29	JUN. 2024 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T1180	LANGUAGE LINE SERVICES INC. ****	560,594.11	1,051,952.84	INTERPRETATION SERVICES - CSV (MAR. & APR.) & KM (MAY & JUN.) 2024	HEALTH SERVICES - WELLNESS & PREVENTION
T5022	SVAM INTERNATIONAL INC ****	297,678.00	759,063.50	MAY & JUN. 2024 PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4737	TEKSYSTEMS, INC.	283,431.12	2,013,265.90	JUN. 2024 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5155	A-C ELECTRIC COMPANY ****	253,353.12	328,206.55	CARPORT SOLAR PROJECT	CAPITAL PROJECT
T4733	UNITED STAFFING ASSOCIATES	181,157.18	708,376.67	MAY & JUN. 2024 TEMPORARY HELP - (13) MS: (4) AD	VARIOUS
T5907	DIAMOND PEAK CONSTRUCTION	133,184.50	398,452.00	BUILDING IMPROVEMENT 3RD & 4TH FLOOR - OFFICE CONVERSION	CAPITAL PROJECT/CORPORATE SERVICES
T2918	STINSON'S ****	128,653.80	418,851.73	MAY 2024 OFFICE SUPPLIES	VARIOUS
T5337	CAZADOR CONSULTING GROUP INC	125,973.54	735,153.30	MAY & JUN. 2024 TEMPORARY HELP - (2) IT: (19) MS: (1) PNM: (1) HR	VARIOUS
T5292	ALL'S WELL HEALTH CARE SERVICES	122,224.64	503,489.13	MAY & JUN. 2024 TEMPORARY HELP - QI: (6), UM: (3), PHM: (1),	VARIOUS
T4353	TWE SOLUTIONS, INC. ****	101,040.00	154,579.31	ANNUAL LICENSE - CRITICAL START MDR IMPLEMENTATION SECURITY MONITORING	TECHNICAL ADMINISTRATIVE SERVICES
T5877	TGN CONSULTING LLC	99,120.00	272,021.56	FRONT LINES ACTIVATION & MGR BOOTCAMP, ADVANCED LEADERSHIP CONSULTING & EXCUTIVE COACHING	HUMAN RESOURCES

KERN HEALTH SYSTEMS

July AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T2961	SOLUTION BENCH, LLC ****	95,000.00	118,220.00	M-FILES ANNUAL RENEWAL FEES 7.24.24-7.23.25	MIS INFRASTRUCTURE
T4237	FLUIDEDGE CONSULTING, INC.	70,822.50	340,347.50	MAY & JUN. 2024 CONSULTING SERVICES	CAPITALPROJECT/PROJECT MANAGEMENT
T4460	PAYSPAN, INC	69,288.40	325,912.84	MAY & JUN. 2024 EDI CLAIMS	CLAIMS
T2967	DEPARTMENT OF HEALTH CARE SERVICES ****	69,000.00	238,000.00	YR 2022 MONETARY SANCTION	ADMINISTRATION
T3011	OFFICE ALLY, INC	67,880.36	387,829.91	JUN. 2024 EDI CLAIMS	CLAIMS
T5435	TEGRIA SERVICES GROUP - US, INC	60,112.50	252,700.00	MAY & JUN. 2024 CONSULTING SERVICES	BUSINESS INTELLIGENCE/PROJECT MANAGEMENT
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	57,695.79	402,003.55	JUL. 2024 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T3088	GLEN BROWN CONSULTING	52,350.00	381,525.00	JUN. 2024 CONSULTING	CAPITAL PROJECT
T5742	MICHAEL NGUYEN ****	50,000.00	150,000.00	APR.- JUN. 2024 PROFESSIONAL SERVICES	QUALITY & HEALTH EQUITY
T5564	CLARISHEALTH, INC ****	47,029.88	515,945.15	MAY & JUN. 2024 CONSULTING SERVICES	ADMINISTRATION
T5890	DELTA DENTAL OF CALIFORNIA	46,130.94	313,779.41	JUL. 2024 EMPLOYEE DENTAL HEALTH BENEFITS PREMIUM	VARIOUS
T2458	HEALTHCARE FINANCIAL, INC.	42,054.66	229,157.88	MAY. & JUN. 2024 CONSULTING	ADMINISTRATION
T2584	UNITED STATES POSTAL SVC. - HASLER ****	40,000.00	200,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5520	BG HEALTHCARE CONSULTING, INC	34,575.00	242,420.00	JUN. 2024 SERVICES	HEALTH SERVICES - QUALITY MGMT. & POPULATION HEALTH MGMT.
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	33,658.13	2,141,046.59	JUN. 2024 PROFESSIONAL SERVICES & EDI CLAIM PROCESSING	VARIOUS
T5930	DAYFORCE US, INC	32,621.65	151,304.00	JUN - JUL. 2024 SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES



July AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T4452	WELLS FARGO ACH	38,355.92	243,600.81	JUN. 2024 MISC CREDIT CARD PURCHASES	VARIOUS
T5420	PAYPRO ACH	37,539.29	262,261.24	JUL. 2024 EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5963	ANTAGE INCOPORATED ****	27,300.00	49,619.97	MAY & JUN. 2024 PROFESSIONAL SERVICES	ENTERPRISE DEVELOPMENT
T4424	GUROCK SOFTWARE GmbH ****	26,565.97	26,565.97	HOSTED SOFTWARE ANNUAL RENEWAL (9.01.24-8.31.25)	MIS INFRASTRUCTURE
T2869	COMMUNITY ACTION PARTNERSHIP OF KERN ****	26,200.00	32,800.00	COMMUNITY GRANTS (SPRING)	SALES/MARKETING/PUBLIC RELATIONS
T5757	BITFOCUS, INC	23,911.89	168,677.15	JUN. & JUL. 2024 HEALTH CHECK OF CLARITY HMIS SYSTEM	HOMELESS MANAGEMENT INFORMATION SERVICES
T4657	DAPONDE SIMPSON ROWE PC ****	23,705.00	251,981.50	MAY. 2024 LEGAL SERVICES	ADMINISTRATION/PROVIDER NETWORK MANAGEMENT
T3118	AAPC ****	23,563.40	23,563.40	DISTANCE LEARNING TRAINING PACKAGE	CLAIMS
T4985	CYBERCODERS, INC ****	23,125.00	148,625.00	JUN. 2024 PROFESSIONAL SERVICES	CAPITAL PROJECT
T1408	DELL MARKETING L.P.	22,975.60	1,480,175.77	50 USB-C HUB MONITORS, 1 TABLET & DEFENDER VULNERABILITY MGMNT SOFTWARE	CAPITAL PROJECTS/MIS INFRASTRUCTURE/CORPORATE SERVICES
T5319	CITIUSTECH INC. ****	21,250.00	63,749.00	Q3 2024 FAST + SUBSCRIPTION	MIS INFRASTRUCTURE
		<u>7,625,456.85</u>			
	TOTAL VENDORS OVER \$20,000	7,625,456.85			
	TOTAL VENDORS UNDER \$20,000	1,015,193.98			
	TOTAL VENDOR EXPENSES- JULY	<u>\$ 8,640,650.83</u>			

Note:
****New vendors over \$20,000 for the month of July

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T1045	KAISER FOUNDATION HEALTH - HMO	5,834,831.97	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	4,129,660.33	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	2,141,046.59	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T4737	TEKSYSTEMS, INC.	2,013,265.90	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T1408	DELL MARKETING L.P.	1,480,175.77	COMPUTER EQUIPMENT & SOFTWARE MAINTENANCE	MIS INFRASTRUCTURE
T3130	OPTUMINSIGHT, INC	1,416,456.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T2704	MCG HEALTH LLC ****	1,234,280.77	ANNUAL HEALTH CARE MANAGEMENT & SOFTWARE LICENSE	HEALTH SERVICES - UTILIZATION MANAGEMENT
T1180	LANGUAGE LINE SERVICES INC	1,051,952.84	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T5111	ENTISYS 360, E360	916,448.92	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T5022	SVAM INTERNATIONAL INC	759,063.50	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T2686	ALLIANT INSURANCE SERVICES INC. ****	749,649.25	2024 -2025 INSURANCE PREMIUMS	ADMINISTRATION
T4699	ZEOMEGA, INC	735,178.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5337	CAZADOR CONSULTING GROUP INC	735,153.30	TEMPORARY HELP	VARIOUS
T1845	DEPARTMENT OF MANAGED HEALTH CARE ****	727,682.82	2024-2025 MCAL ANNUAL ASSESSMENT & YR 2022 MONETARY SANCTION	ADMINISTRATION

KERN•HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	721,892.70	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES -QI
T4733	UNITED STAFFING ASSOCIATES	708,376.67	TEMPORARY HELP	VARIOUS
T3022	MICROSOFT CORPORATION	612,498.75	CONSULTING SERVICES	ENTERPRISE CONFIGURATION
T5684	REBELLIS GROUP LLC	574,180.47	MAPD BUSINESS CONSULTING	MEDICARE
T5564	CLARISHEALTH, INC	515,945.15	DRG AUDIT RECOVERIES	ADMINISTRATION
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC	503,635.20	2024 SALESFORCE LICENSE FEES-CUSTOMER CARE CONTACT CENTER	MEMBER SERVICES
T5292	ALL'S WELL HEALTH CARE SERVICES	503,489.13	TEMPORARY HELP	VARIOUS
T2918	STINSON'S	418,851.73	OFFICE SUPPLIES	VARIOUS
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	402,003.55	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T5907	DIAMOND PEAK CONSTRUCTION	398,452.00	MAIL ROOM REDESIGN & WALL REPAIR NEAR GENERATOR AREA	CAPITAL/CORPORATE SERVICES
T3011	OFFICE ALLY, INC	387,829.91	EDI CLAIM PROCESSING	CLAIMS
T3088	GLEN BROWN CONSULTING	381,525.00	CONSULTING	CAPITAL PROJECT
T5340	GARTNER INC	374,565.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	HUMAN RESOURCES

KERN HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5877	TGN CONSULTING LLC	371,141.56	FRONT LINES ACTIVATION & EXECUTIVE COACHING	HUMAN RESOURCES
T4237	FLUIDEDGE CONSULTING, INC	340,347.50	CONSULTING SERVICES	VARIOUS
T5155	A-C ELECTRIC COMPANY	328,206.55	CARPORT SOLAR PROJECT	CAPITAL PROJECT
T4460	PAYSPAN, INC	325,912.84	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T5890	DELTA DENTAL OF CALIFORNIA	313,779.41	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T3449	CDW GOVERNMENT	284,379.39	FORTINET RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T5420	PAYPRO ACH	262,261.24	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T2167	PG&E	256,755.51	UTILITIES	CORPORATE SERVICES
T5435	TEGRIA SERVICES GROUP - US, INC	252,700.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4657	DAPONDE SIMPSON ROWE PC	251,981.50	LEGAL FEES	VARIOUS
T4452	WELLS FARGO	243,600.81	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T5520	BG HEALTHCARE CONSULTING, INC	242,420.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5344	SIGNATURE STAFF RESOURCES LLC	239,710.00	2023 & 2024 PROFESSIONAL SERVICES	PROJECT MGMNT/CAPITAL PROJECT
T2967	DEPARTMENT OF HEALTH CARE SERVICES	238,000.00	2024-2025 1ST INSTALLMENT MCAL ANNUAL ASSESSMENT & 2021 MEDICAL MCAS PERFORMANCE MEASUREMENT MONETARY SANCTION	ADMINISTRATION
T2458	HEALTHCARE FINANCIAL, INC	229,157.88	CONSULTING	ADMINISTRATION
T5026	TEL-TEC SECURITY SYSTEMS	202,843.12	SECURITY MAINTENANCE & UPGRADES	CAPITAL/ CORPORATE SERVICES
T2469	DST HEALTH SOLUTIONS, LLC	200,350.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLIGENCE
T2584	UNITED STATES POSTAL SVC - HASLER	200,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T4024	QUADIENT INC	192,570.22	MAIL INSERTER, METER RENTAL & SOFTWARE SUPPORT	CAPITAL PROJECT/CORPORATE SERVICES
T5751	EXCELL HCA, LLC	190,774.00	PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T2413	TREK IMAGING INC	185,174.84	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T1272	COFFEY COMMUNICATIONS INC	174,778.87	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH SERVICES - WELLNESS & PREVENTION/MEDIA & ADVERTISING
T5757	BITFOCUS, INC	168,677.15	ENTERPRISE SOFTWARE LICENSING & DATA MODELING	CAPITAL PROJECT
T1128	HALL LETTER SHOP	165,324.72	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS

KERN HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5886	US POSTAL SERVICE	160,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	159,675.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4353	TWE SOLUTIONS, INC	154,579.31	JUNIPER QFX SWITCHES & LICENSES	MIS INFRASTRUCTURE
T5930	DAYFORCE US, INC	151,304.00	SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T4501	ALLIED UNIVERSAL SECURITY SERVICES	150,958.09	ONSITE SECURITY	CORPORATE SERVICES
T5742	MICHAEL NGUYEN	150,000.00	PROFESSIONAL SERVICES	QUALITY & HEALTH EQUITY
T4985	CYBERCODERS, INC	148,625.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T5509	NGUYEN CAO LUU-TRONG	145,312.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5931	SPROUT SOCIAL, INC	145,264.00	12 MONTHS OF SOCIAL MEDIA VIGILANCE & MANAGEMENT	CAPITAL PROJECT
T4484	JACOBSON SOLUTIONS	135,646.98	TEMPORARY HELP	HEALTH SERVICES - UM
T5121	TPX COMMUNICATIONS	125,778.87	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE
T5882	RELIABLE JANITORIAL SERVICES AND CARPET CLEANING INC	121,875.28	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES

KERN•HEALTH
SYSTEMS

Year to Date AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2961	SOLUTION BENCH, LLC	118,220.00	M-FILES SOFTWARE ANNUAL RENEWAL	MIS INFRASTRUCTURE
T1183	MILLIMAN USA	116,887.25	CY2022/2023 TNE & IBNP CONSULTING - ACTUARIAL	ADMINISTRATION
T5329	RELAY NETWORK, LLC	116,666.54	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
T5571	GHA TECHNOLOGIES INC	109,600.73	FORTINET SECURITY	MIS INFRASTRUCTURE
T1022	UNUM LIFE INSURANCE CO.	108,658.91	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T2969	AMERICAN BUSINESS MACHINES INC	106,695.57	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T5583	THE MIHALIK GROUP, LLC	105,757.50	NCQA TRAINING	HEALTH SERVICES - QI
T2941	KERN PRINT SERVICES INC	102,333.30	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T4165	SHI INTERNATIONAL CO.	100,036.29	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE/CAPITAL PROJECT
T4331	COTIVITI, INC	98,253.86	PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T4217	CONTEXT 4 HEALTHCARE, INC	97,775.15	ANNL RENEWAL AMA FEES 6/2024-6/2025	MIS INFRASTRUCTURE - QNXT
T5291	PINNACLE RECRUITMENT SERVICES LLC	97,451.23	TEMPORARY HELP	VARIOUS

KERN HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4563	SPH ANALYTICS	97,029.50	HEDIS CAHPS, ECM & PROVIDER SATISFACTION SURVEY	VARIOUS
T5850	SERRANO ADVISORS LLC	96,300.00	PROFESSIONAL SERVICES	ENHANCED CARE MANAGEMENT
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	92,500.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T4514	A.J. KLEIN, INC T. DENATALE, B. GOLDNER	91,635.77	LEGAL FEES	ADMINISTRATION
T5863	MANNA HAGOS	85,912.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T1005	COLONIAL LIFE & ACCIDENT	84,462.64	LIFE INSURANCE PREMIUM	VARIOUS
T4963	LINKEDIN CORPORATION	84,018.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T4708	WAKELY CONSULTING GROUP, LLC FRMLY HEALTH MANAGEMENT ASSOCIATES, INC.	82,071.25	PROFESSIONAL SERVICES	ADMINISTRATION
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	77,226.59	BOARDROOM FURNITURE	CORPORATE SERVICES
T2955	DELTA ELECTRIC INC.	76,280.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T5967	SAI360 INC	74,880.00	REGULATORY COMPLIANCE & BEST PRACTICES POLICY MANAGEMENT MODULES	CAPITAL PROJECT
T4503	VISION SERVICE PLAN	74,645.50	EMPLOYEE HEALTH BENEFITS	VARIOUS

KERN•HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4216	NEXSTAR BROADCASTING INC	73,525.00	ADVERTISEMENT - MEDIA	MARKETING
T5298	TOTALMED, INC	71,669.59	TEMPORARY HELP	VARIOUS
T5562	JDM SOLUTIONS INC.	69,440.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5778	CONTOUR DATA SOLUTIONS, LLC	68,600.00	ANNUAL DATA SOLUTIONS	CAPITAL PROJECT
T5319	CITIUSTECH INC	63,749.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T2726	DST PHARMACY SOLUTIONS, INC	63,000.00	PHARMACY CLAIMS	PHARMACY
T4792	KP LLC	59,949.18	PROVIDER DIRECTORIES	PROVIDER NETWORK MANAGEMENT
T5467	MOSS ADAMS LLP	57,142.00	CLAIMS AUDIT TOOL ENHANCEMENT	CLAIMS
T2509	UNITED STATES POSTAL SERVICE	56,882.58	PERMIT 162 MEMBER NEWSLETTER POSTAGE	HEALTH SERVICES - WELLNESS & PREVENTION
T5941	CORDELL KEY	56,610.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK	54,500.00	2023 AUDIT FEES	FINANCE
T1861	CERIDIAN HCM, INC.	53,039.29	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES

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Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2446	AT&T MOBILITY	52,996.47	CELLULAR PHONE/INTERNET USAGE	MIS INFRASTRUCTURE
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	52,821.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T2933	SIERRA PRINTERS, INC	51,995.35	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS
T1655	KERN,KKXX,KISV,KGEO,KGFM,KEBT,KZOZ,KKJG,KVEC,KSTT,KRQK,KPAT,	51,625.00	RADIO ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T5963	ANTAGE INCORPORATED	49,619.97	PROFESSIONAL SERVICES	ENTERPRISE DEVELOPMENT
T4785	COMMGAP	48,228.75	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T5421	PREMIER ACCESS INSURANCE COMPANY	46,074.50	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T4227	FREESTYLE EVENTS SERVICES INC	45,146.40	AUDIO SERVICES CONNECT FORUM & SPRING GALA EVENT	ADMINISTRATION/HUMAN RESOURCES
T5846	MOKSHA PSYCHOTHERAPY & COMMUNITY HEALTH CONSULTING INC	44,187.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5550	CHARTER COMMUNICATIONS OPERATING, LLC	42,771.36	INTERNET SERVICES	MIS INFRASTRUCTURE
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	42,496.78	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T5696	ASA GLOBAL HEALTHCARE SERVICES PC	40,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T3986	JACQUELYN S. JANS	40,320.00	CONSULTING FOR KHS PUBLIC IMAGE CAMPAIGN	ADMINISTRATION/ MARKETING
T1650	UNIVISION TELEVISION GROUP	38,086.50	ADVERTISEMENT - MEDIA	SALES/MARKETING/PUBLIC RELATIONS
T5791	WEINTRAUB TOBIN	37,086.50	LEGAL SERVICES	ADMINISTRATION
T4182	THE LAMAR COMPANIES	36,212.02	OUTDOOR ADVERTISEMENT - BILLBOARDS	ADVERTISING
T3972	JOURNEY AIR CONDITIONING CO., INC.	36,157.00	HVAC RECONFIGURATION OF MAILROOM, 3RD & 4TH FLOOR	CAPITAL PROJECT
T5743	INTEL AGREE, COLABS	35,650.00	INTEL AGREE SUBSCRIPTION YEAR 2 OF 3	MIS INFRASTRUCTURE
T5119	PACIFIC WEST SOUND PROFESSIONAL AUDIO & DESIGN INC	35,195.30	INSTALL & RELOCATE PROJECTORS/SMARTBOARDS	CORPORATE SERVICES
T2441	LAURA J. BREZINSKI	35,000.00	MARKETING MATERIALS	MARKETING
T2851	SINCLAIR TELEVISION OF BAKERSFIELD, LLC	34,790.00	ADVERTISEMENT - MEDIA	MARKETING
T5592	BRAND CO MARKETING	34,672.10	WEB HOSTING, RECRUITMENT & COMPANY STORE SUPPLIES	HUMAN RESOURCES
T4228	THE SSI GROUP, LLC	33,794.40	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T2562	CACTUS SOFTWARE LLC	33,506.15	2024 CREDENTIALING LICENSE & SUPPORT	MIS INFRASTRUCTURE

KERN HEALTH SYSTEMS

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2787	SAGE SOFTWARE. INC	33,019.32	SAGE 300 LICENSE RENEWAL - FINANCE SOFTWARE	FINANCE
T2869	COMMUNITY ACTION PARTNERSHIP OF KERN ****	32,800.00	SPRING GRANTS & MEMBER ENGAGEMENT	SALES/MARKETING/PUBLIC RELATIONS/ CORPORATE SERVICES
T4607	AGILITY RECOVERY SOLUTIONS INC.	32,210.00	PROFESSIONAL SERVICES	CORPORATE SERVICES
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC	32,068.08	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T1097	NCQA	31,760.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDIATION	HEALTH SERVICES - QI
T5109	RAND EMPLOYMENT SOLUTIONS	31,226.18	TEMPORARY HELP	VARIOUS
T4259	SKARPHOL ASSOCIATES	30,333.12	BUILDING IMPROVEMENT -REMODELING & NEW OFFICES	CAPITAL PROJECT
T4934	APPLE INC.	30,291.38	IPADS, IPHONES & POWER ADAPTERS	MIS INFRASTRUCTURE/CAPITAL
T5843	SEVEN OAKS COUNTRY CLUB	29,227.50	PROVIDER DINNER EVENT & Q2 FORUM	PROVIDER NETWORK MANAGEMENT
T5936	AXIOS HQ INC	28,800.00	AI COMMUNICATION SOFTWARE LICENSING	CAPITAL PROJECT
T5779	COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION	28,000.00	SPONSORSHIP	SALES/MARKETING/PUBLIC RELATIONS
T4731	GO TO TECHNOLOGIES, INC	28,560.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T5741	HEALTHWISE, INCORPORATED	28,402.23	MEMBER SELF MANAGEMENT TOOLS	HEALTH SERVICES - WELLNESS & PREVENTION

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5376	KCHCC ****	28,250.00	2024 SPONSORSHIPS	SALES/MARKETING/PUBLIC RELATIONS
T5494	LDP ASSOCIATES, INC.	28,045.00	YEAR 1 OF 3 UPS BATTERY SUPPORT	MIS INFRASTRUCTURE
T2578	AMERICAN STROKE ASSOC/AMERICAN HEART ASSOC WESTERN STATES	27,500.00	SPONSORSHIP KERN CPRA, GRFW & HEART WALK	MARKETING
T5851	ABSORB SOFTWARE NORTH AMERICA, LLC	26,795.76	DAYFORCE LEARNING LICENSE	MIS INFRASTRUCTURE
T4424	GUROCK SOFTWARE GmbH ****	26,565.97	HOSTED SOFTWARE ANNUAL RENEWAL (9.01.24-8.31.25)	MIS INFRASTRUCTURE
T5783	TELADOC HEALTH INC	25,116.00	EMPLOYEE MENTAL HEALTH PREMIUM	VARIOUS
T5536	CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	25,000.00	2024 SCHOOL SCHOLARSHIPS	SALES/MARKETING/PUBLIC RELATIONS
T5486	ALLIED GENERAL CONTRACTORS, INC	24,800.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T5653	SUN OUTDOOR ADVERTISING LLC ****	24,000.00	HOSTED SOFTWARE RENEWAL	MIS INFRASTRUCTURE
T3118	AAPC ****	23,563.40	CPC & MEDICAL HEALTHCARE TERMINOLOGY TRAINING	CLAIMS
T5759	SHELLBY ROSE P DUMLAO	23,068.50	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T5466	ZIPARI, INC	23,000.00	OUTBOUND SSO SUBSCRIPTION & PROVIDER DIRECTORY UPDATES	MIS INFRASTRUCTURE
T4993	LEGALSHIELD ****	22,786.00	EMPLOYEE PAID VOLUNTARY COVERAGE	PAYROLL DEDUCTION

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T1347	ADVANCED DATA STORAGE ****	22,746.33	STORAGE AND SHREDDING SERVICES	CORPORATE SERVICES
T4605	KERVILLE UNION SCHOOL DISTRICT ****	22,000.00	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS
T2641	MARANATHA GARDENING & LANDSCAPING, INC. ****	21,965.00	2024 BUILDING MAINTENANCE	CORPORATE SERVICE
T3084	KERN COUNTY-COUNTY COUNSEL	21,915.30	LEGAL SERVICES	ADMINISTRATION
T5986	ABSOLUTE DRYWALL, INC	21,870.00	BLUE ZONES WELLNESS GARDEN	CORPORATE SERVICES
T5762	SCREENVISION MEDIA	21,741.65	CINEMA ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T6054	WEBMD IGNITE	21,447.28	HEALTHWISE LICENSE FEES 2024	HEALTH SERVICES - WELLNESS & PREVENTION
T5615	HAPPY WHOLE YOU, INC	21,355.11	2024 CUSTOM PROGRAMS	HUMAN RESOURCES
T5701	THE GRANGER NETWORK LLC	21,146.71	SUPERVISOR BOOTCAMP	HUMAN RESOURES
T1172	BUCK OWENS PRODUCTIONS ****	20,915.00	RADIO ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T5408	MARY HARRIS ****	20,825.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM

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Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4764	BAKERSFIELD COLLEGE FOUNDATION ****	20,750.00	2024 SPONSORSHIPS	SALES/MARKETING/PUBLIC RELATIONS
T6040	KARLEN & PANICI BREWING LLC	20,333.75	SPRING GALA CATERING	HUMAN RESOURCES
T5436	THE BEACON STUDIOS, LLC	20,250.00	VIDEO SERVICES	SALES/MARKETING/PUBLIC RELATIONS
T2580	GOLDEN EMPIRE TRANSIT DISTRICT ****	20,000.00	MARKETING - BUS ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T5535	PANAMA-BUENA VISTA UNION SCHOOL DISTRICT	20,000.00	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS
		<u>43,144,745.42</u>		
	TOTAL VENDORS OVER \$20,000	43,144,745.42		
	TOTAL VENDORS UNDER \$20,000	2,199,328.38		
	TOTAL VENDOR EXPENSES- JULY	\$ <u>45,344,073.80</u>		

Note:
****New vendors over \$20,000 for the month of July

KERN HEALTH SYSTEMS

August AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T1045	KAISER FOUNDATION HEALTH - HMO	876,816.39	6,711,648.36	AUG. 2024 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	392,357.59	4,522,017.92	JUL. 2024 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T4737	TEKSYSTEMS, INC.	273,063.00	2,286,328.90	JUL. 2024 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5337	CAZADOR CONSULTING GROUP INC	245,794.87	980,948.17	JUN, JUL & AUG 2024 TEMPORARY HELP - (2) IT: (19) MS: (1) PNM: (1) HR	VARIOUS
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC ****	180,000.00	901,892.70	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES - QI
T5738	INSURICA - WALTER MORTENSEN INSURANCE ****	147,346.00	150,147.00	WORKERS COMP PREMIUM 2024-2025	ADMINISTRATION
T4733	UNITED STAFFING ASSOCIATES	115,639.93	824,016.60	MAY, JUN & JUL. 2024 TEMPORARY HELP - (13) MS: (4) AD	VARIOUS
T2955	DELTA ELECTRIC ****	102,220.00	360,736.48	BUILDING IMPROVEMENT/BUILDING MAINTENACE -ELECTRICAL WORK	CAPITAL PROJECT/ CORPORATE SERVICES
T2918	STINSON'S	80,887.92	499,739.65	JUN. & JUL. 2024 OFFICE SUPPLIES	VARIOUS
T5564	CLARISHEALTH, INC	76,025.72	591,970.87	JUL. 2024 CONSULTING SERVICES	ADMINISTRATION
T5538/WT	OCTOPAI B.I. LTD	74,496.00	74,496.00	ANNUAL RENEWAL - METADATA PLATFORM	BUSINESS INTELLIGENCE
T5292	ALL'S WELL HEALTH CARE SERVICES	73,070.12	576,559.25	APR, JUN. & JUL. 2024 TEMPORARY HELP - QI: (6), UM: (3), PHM: (1),	VARIOUS
T3011	OFFICE ALLY, INC	73,021.62	460,851.53	JUL. 2024 EDI CLAIMS	CLAIMS
T5155	A-C ELECTRIC COMPANY	68,052.11	396,258.66	CARPORT SOLAR PROJECT	CAPITAL PROJECT
T6100	SYMPLR ****	67,512.48	67,512.48	HAYES KNOWLEDGE CENTER SOFTWARE LICENSE 2024/2025	HEALTH SERVICES - UTIL REVIEW
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	66,877.09	2,207,923.68	JUN. & JUL. 2024 PROFESSIONAL SERVICES & EDI CLAIM PROCESSING	VARIOUS
T5877	TGN CONSULTING LLC	66,248.67	437,390.23	FRONT LINES ACTIVATION & MGR BOOTCAMP, ADVANCED LEADERSHIP CONSULTING & EXCUTIVE COACHING	HUMAN RESOURCES
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	60,630.11	462,633.66	AUG. 2024 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS



August AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5420	PAYPRO ACH	56,398.70	318,659.94	AUG. 2024 EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T2458	HEALTHCARE FINANCIAL, INC.	47,735.02	276,892.90	JUN.& JUL. 2024 CONSULTING	ADMINISTRATION
T5890	DELTA DENTAL OF CALIFORNIA	46,957.07	360,736.48	AUG. 2024 EMPLOYEE DENTAL HEALTH BENEFITS PREMIUM	VARIOUS
T6054	WEBMD IGNITE ****	45,187.66	66,634.94	JUN & 3RD QTR LICENSE FEES	HEALTH SERVICES - WELLNESS & PREVENTION
T2941	KERN PRINT SERVICES INC. ****	44,954.00	147,287.30	ENVELOPES & LETTERHEAD PAPER	CORPORATE SERVICES
T5520	BG HEALTHCARE CONSULTING, INC	44,400.00	286,820.00	JUL. 2024 SERVICES	HEALTH SERVICES - QUALITY MGMT. & POPULATION HEALTH MGMT.
T5022	SVAM INTERNATIONAL INC	40,915.00	799,978.50	JUN. & JUL. 2024 PROFESSIONAL SERVICES	MIS ADMINISTRATION
T5886	US POSTAL SERVICE ****	40,000.00	200,000.00	QUADIENT POSTAGE METER REPLENISHMENT	CORPORATE SERVICES
T4452	WELLS FARGO ACH	39,553.80	283,154.61	JUL. 2024 MISC CREDIT CARD PURCHASES	VARIOUS
T3088	GLEN BROWN CONSULTING	39,225.00	420,750.00	JUL. 2024 CONSULTING	CAPITAL PROJECT
T1071	CLINICA SIERRA VISTA ****	39,110.12	46,610.12	FEB. 2024 INTERPRETATION FEES - CSV	HEALTH SERVICES - WELLNESS & PREVENTION
T2413	TREK IMAGING INC ****	38,537.92	223,712.76	NEW HIRE SHIRTS, KHS STORE INVENTORY ITEMS & MEMBER ITEMS	VARIOUS
T2969	AMERICAN BUSINESS MACHINES INC ****	34,798.47	141,494.04	JUL. & AUG. 2024 COPIER SERVICES & 2ND QTR OVERAGES	TECHNICAL ADMINISTRATIVE SERVICES
T3001	MERCER ****	34,000.00	34,000.00	JUN. & JUL. 2024 COMPENSATION STUDY	ADMINISTRATION
T4708	WAKELY CONSULTING GROUP, LLC ****	33,328.75	115,400.00	MAR, APR. & JUN. 2024 PROFESSIONAL SERVICES	FINANCE/MEDICARE
T4484	JACOBSON SOLUTIONS ****	32,066.09	167,713.07	JUN, JUL & AUG. 2024 TEMPORARY STAFF	CLAIMS

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August AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5930	DAYFORCE US, INC	32,042.83	183,346.83	JUL-AUG. 2024 SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T1128	HALL LETTER SHOP, INC. ****	31,935.55	197,260.27	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
T4460	PAYSPAN, INC	29,371.84	355,284.68	JUL. 2024 EDI CLAIMS	CLAIMS
T5435	TEGRIA SERVICES GROUP - US, INC	28,175.00	280,875.00	JUL. 2024 CONSULTING SERVICES	BUSINESS INTELLIGENCE/PROJECT MANAGEMENT
T4657	DAPONDE SIMPSON ROWE PC	26,794.50	278,776.00	JUN. 2024 LEGAL SERVICES	ADMINISTRATION/PROVIDER NETWORK MANAGEMENT
T4514	A.J. KLEIN, INC. T. DENATALE, B. GOLDNER ****	23,165.50	114,801.27	MAY, JUN. & JUL. 2024 LEGAL SERVICES	ADMINISTRATION
T5509	NGUYEN CAO LUU-TRONG ****	22,200.00	167,512.50	JUL. 2024 PROFESSIONAL SERVICES	HEALTH SERVICES - UTIL REVIEW
T2167	PG&E ****	21,048.77	277,804.28	JUL. 2024 UTILITIES	CORPORATE SERVICES
T2726	DST PHARMACY SOLUTIONS, INC ****	21,000.00	84,000.00	JUN. & JUL. 2024 PHARMACY CLAIMS	PHARMACY
T1022	UNUM LIFE INSURANCE CO. ****	20,772.00	129,430.91	AUG. 2024 EMPLOYEE PREMIUM	PAYROLL DEDUCTION
		<u>3,953,733.21</u>			
	TOTAL VENDORS OVER \$20,000	3,953,733.21			
	TOTAL VENDORS UNDER \$20,000	750,773.83			
	TOTAL VENDOR EXPENSES- AUGUST	<u>\$ 4,704,507.04</u>			

Note:
****New vendors over \$20,000 for the month of August

KERN HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T1045	KAISER FOUNDATION HEALTH - HMO	6,711,648.36	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	4,522,017.92	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T4737	TEKSYSTEMS, INC.	2,286,328.90	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	2,207,923.68	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T1408	DELL MARKETING L.P.	1,493,372.92	COMPUTER EQUIPMENT & SOFTWARE MAINTENANCE	MIS INFRASTRUCTURE
T3130	OPTUMINSIGHT, INC	1,416,456.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T2704	MCG HEALTH LLC	1,234,280.77	ANNUAL HEALTH CARE MANAGEMENT & SOFTWARE LICENSE	UTILIZATION MANAGEMENT
T1180	LANGUAGE LINE SERVICES INC	1,070,187.10	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T5337	CAZADOR CONSULTING GROUP INC	980,948.17	TEMPORARY HELP	VARIOUS
T5111	ENTISYS 360, E360	916,448.92	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	901,892.70	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES -QI
T4733	UNITED STAFFING ASSOCIATES	824,016.60	TEMPORARY HELP	VARIOUS

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Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5022	SVAM INTERNATIONAL INC	799,978.50	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T2686	ALLIANT INSURANCE SERVICES INC.	749,649.25	2024 -2025 INSURANCE PREMIUMS	ADMINISTRATION
T4699	ZEOMEGA, INC	735,178.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T1845	DEPARTMENT OF MANAGED HEALTH CARE	727,682.82	2024-2025 MCAL ANNUAL ASSESSMENT & YR 2022 MONETARY SANCTION	ADMINISTRATION
T3022	MICROSOFT CORPORATION	612,498.75	CONSULTING SERVICES	ENTERPRISE CONFIGURATION
T5564	CLARISHEALTH, INC	591,970.87	DRG AUDIT RECOVERIES	ADMINISTRATION
T5292	ALL'S WELL HEALTH CARE SERVICES	576,559.25	TEMPORARY HELP	VARIOUS
T5684	REBELLIS GROUP LLC	574,180.47	MAPD BUSINESS CONSULTING	MEDICARE
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC	519,341.91	2024 SALESFORCE LICENSE FEES-CUSTOMER CARE CONTACT CENTER	MEMBER SERVICES
T2918	STINSON'S	499,739.65	OFFICE SUPPLIES	VARIOUS
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	462,633.66	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T3011	OFFICE ALLY, INC	460,851.53	EDI CLAIM PROCESSING	CLAIMS
T5877	TGN CONSULTING LLC	437,390.23	FRONT LINES ACTIVATION & EXECUTIVE COACHING	HUMAN RESOURCES
T3088	GLEN BROWN CONSULTING	420,750.00	CONSULTING	CAPITAL PROJECT
T5907	DIAMOND PEAK CONSTRUCTION	398,452.00	MAIL ROOM REDESIGN & WALL REPAIR NEAR GENERATOR AREA	CAPITAL/CORPORATE SERVICES
T5155	A-C ELECTRIC COMPANY	396,258.66	CARPORT SOLAR PROJECT	CAPITAL PROJECT

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5340	GARTNER INC	374,565.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	HUMAN RESOURCES
T5890	DELTA DENTAL OF CALIFORNIA	360,736.48	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T4460	PAYSPAN, INC	355,284.68	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T4237	FLUIDEDGE CONSULTING, INC	340,347.50	CONSULTING SERVICES	VARIOUS
T5420	PAYPRO ACH	318,659.94	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T3449	CDW GOVERNMENT	287,656.67	FORTINET RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T5520	BG HEALTHCARE CONSULTING, INC	286,820.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T4452	WELLS FARGO	283,154.61	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T5435	TEGRIA SERVICES GROUP - US, INC	280,875.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4657	DAPONDE SIMPSON ROWE PC	278,776.00	LEGAL FEES	VARIOUS
T2167	PG&E	277,804.28	UTILITIES	CORPORATE SERVICES
T2458	HEALTHCARE FINANCIAL, INC	276,892.90	CONSULTING	ADMINISTRATION
T5344	SIGNATURE STAFF RESOURCES LLC	239,710.00	2023 & 2024 PROFESSIONAL SERVICES	PROJECT MGMNT/CAPITAL PROJECT
T2967	DEPARTMENT OF HEALTH CARE SERVICES	238,000.00	2024-2025 1ST INSTALLMENT MCAL ANNUAL ASSESSMENT & 2021 MEDICAL MCAS PERFORMANCE MEASUREMENT MONETARY SANCTION	ADMINISTRATION

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2413	TREK IMAGING INC	223,712.76	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T5026	TEL-TEC SECURITY SYSTEMS	202,843.12	SECURITY MAINTENANCE & UPGRADES	CAPITAL/ CORPORATE SERVICES
T2469	DST HEALTH SOLUTIONS, LLC	200,350.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLIGENCE
T2584	UNITED STATES POSTAL SVC - HASLER	200,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5886	US POSTAL SERVICE	200,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T1128	HALL LETTER SHOP	197,260.27	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
T4024	QUADIENT INC	192,570.22	MAIL INSERTER, METER RENTAL & SOFTWARE SUPPORT	CAPITAL PROJECT/CORPORATE SERVICES
T5751	EXCELL HCA, LLC	190,774.00	PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T5930	DAYFORCE US, INC	183,346.83	SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T1272	COFFEY COMMUNICATIONS INC	179,834.71	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH SERVICES - WELLNESS & PREVENTION/MEDIA & ADVERTISING
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	179,250.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2955	DELTA ELECTRIC INC.	178,500.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T5757	BITFOCUS, INC	168,677.15	ENTERPRISE SOFTWARE LICENSING & DATA MODELING	CAPITAL PROJECT
T4484	JACOBSON SOLUTIONS	167,713.07	TEMPORARY HELP	HEALTH SERVICES - UM

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5509	NGUYEN CAO LUU-TRONG	167,512.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4353	TWE SOLUTIONS, INC	154,579.31	JUNIPER QFX SWITCHES & LICENSES	MIS INFRASTRUCTURE
T4985	CYBERCODERS, INC	153,625.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4501	ALLIED UNIVERSAL SECURITY SERVICES	150,958.09	ONSITE SECURITY	CORPORATE SERVICES
T5738	INSURICA - WALTER MORTENSEN INSURANCE ****	150,147.00	WORKERS COMP PREMIUM 2024-2025	ADMINISTRATION
T5742	MICHAEL NGUYEN	150,000.00	PROFESSIONAL SERVICES	QUALITY & HEALTH EQUITY
T2941	KERN PRINT SERVICES INC	147,287.30	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T5931	SPROUT SOCIAL, INC	145,264.00	12 MONTHS OF SOCIAL MEDIA VIGILANCE & MANAGEMENT	CAPITAL PROJECT
T5121	TPX COMMUNICATIONS	143,977.20	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE
T2969	AMERICAN BUSINESS MACHINES INC	141,494.04	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T5882	RELIABLE JANITORIAL SERVICES AND CARPET CLEANING INC	138,959.28	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T1183	MILLIMAN USA	133,809.75	CY2022/2023 TNE & IBNP CONSULTING - ACTUARIAL	ADMINISTRATION
T5329	RELAY NETWORK, LLC	133,333.12	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
T1022	UNUM LIFE INSURANCE CO.	129,430.91	EMPLOYEE PREMIUM	PAYROLL DEDUCTION

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5583	THE MIHALIK GROUP, LLC	121,435.00	NCQA TRAINING	HEALTH SERVICES - QI
T2961	SOLUTION BENCH, LLC	118,220.00	M-FILES SOFTWARE ANNUAL RENEWAL	MIS INFRASTRUCTURE
T4708	WAKELY CONSULTING GROUP, LLC FRMLY HEALTH MANAGEMENT ASSOCIATES, INC.	115,400.00	PROFESSIONAL SERVICES	ADMINISTRATION
T4514	A.J. KLEIN, INC T. DENATALE, B. GOLDNER	114,801.27	LEGAL FEES	ADMINISTRATION
T4331	COTIVITI, INC	113,787.73	PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T5571	GHA TECHNOLOGIES INC	109,600.73	FORTINET SECURITY	MIS INFRASTRUCTURE
T4563	SPH ANALYTICS	102,242.00	HEDIS CAHPS, ECM & PROVIDER SATISFACTION SURVEY	VARIOUS
T4165	SHI INTERNATIONAL CO.	100,036.29	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE/CAPITAL PROJECT
T4217	CONTEXT 4 HEALTHCARE, INC	97,775.15	ANNL RENEWAL AMA FEES 6/2024-6/2025	MIS INFRASTRUCTURE - QNXT
T5291	PINNACLE RECRUITMENT SERVICES LLC	97,451.23	TEMPORARY HELP	VARIOUS
T5863	MANNA HAGOS	96,423.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T1005	COLONIAL LIFE & ACCIDENT	96,349.06	LIFE INSURANCE PREMIUM	VARIOUS
T5850	SERRANO ADVISORS LLC	96,300.00	PROFESSIONAL SERVICES	ENHANCED CARE MANAGEMENT
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	92,500.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION

KERN•HEALTH SYSTEMS

Year to Date AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4503	VISION SERVICE PLAN	85,954.78	EMPLOYEE HEALTH BENEFITS	VARIOUS
T4963	LINKEDIN CORPORATION	84,018.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T2726	DST PHARMACY SOLUTIONS, INC	84,000.00	PHARMACY CLAIMS	PHARMACY
T5298	TOTALMED, INC	81,587.99	TEMPORARY HELP	VARIOUS
T5562	JDM SOLUTIONS INC.	79,360.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5967	SAI360 INC	79,290.00	REGULATORY COMPLIANCE & BEST PRACTICES POLICY MANAGEMENT MODULES	CAPITAL PROJECT
T5778	CONTOUR DATA SOLUTIONS, LLC	78,400.00	ANNUAL DATA SOLUTIONS	CAPITAL PROJECT
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	77,226.59	BOARDROOM FURNITURE	CORPORATE SERVICES
T4216	NEXSTAR BROADCASTING INC	76,025.00	ADVERTISEMENT - MEDIA	MARKETING
T5941	CORDELL KEY	74,970.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5538/WT	OCTOPAI B.I. LTD	74,496.00	ANNUAL RENEWAL - METADATA PLATFORM	BUSINESS INTELLIGENCE
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK	69,500.00	2023 AUDIT FEES	FINANCE
T6100	SYMPLR *****	67,512.48	SOFTWARE LICENSE 2024/2025	HEALTH SERVICES - UTIL REVIEW
T6054	WEBMD IGNITE	66,634.94	HEALTHWISE LICENSE FEES 2024	HEALTH SERVICES - WELLNESS & PREVENTION
T5319	CITIUSTECH INC	63,749.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE

KERN HEALTH SYSTEMS

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2446	AT&T MOBILITY	62,406.18	CELLULAR PHONE/INTERNET USAGE	MIS INFRASTRUCTURE
T4792	KP LLC	60,699.18	PROVIDER DIRECTORIES	PROVIDER NETWORK MANAGEMENT
T4785	COMMGAP	59,171.25	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T5467	MOSS ADAMS LLP	57,142.00	CLAIMS AUDIT TOOL ENHANCEMENT	CLAIMS
T2509	UNITED STATES POSTAL SERVICE	56,882.58	PERMIT 162 MEMBER NEWSLETTER POSTAGE	HEALTH SERVICES - WELLNESS & PREVENTION
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	56,221.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T2933	SIERRA PRINTERS, INC	53,203.53	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS
T1861	CERIDIAN HCM, INC.	53,039.29	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T3986	JACQUELYN S. JANS	51,920.00	CONSULTING FOR KHS PUBLIC IMAGE CAMPAIGN	ADMINISTRATION/ MARKETING
T1655	KERN,KKXX,KISV,KGEO,KGFM,KEBT,KZOZ,KKJG,KVEC,KSTT,KRQK,KPAT,	51,625.00	RADIO ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T5963	ANTAGE INCORPORATED	49,619.97	PROFESSIONAL SERVICES	ENTERPRISE DEVELOPMENT
T5550	CHARTER COMMUNICATIONS OPERATING, LLC	48,899.32	INTERNET SERVICES	MIS INFRASTRUCTURE
T1091	CLINICA SIERRA VISTA ****	46,610.12	2024 INTERPRETATION FEES - CSV	HEALTH SERVICES - WELLNESS & PREVENTION
T5421	PREMIER ACCESS INSURANCE COMPANY	46,074.50	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS

KERN•HEALTH SYSTEMS

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4227	FREESTYLE EVENTS SERVICES INC	45,146.40	AUDIO SERVICES CONNECT FORUM & SPRING GALA EVENT	ADMINISTRATION/HUMAN RESOURCES
T5846	MOKSHA PSYCHOTHERAPY & COMMUNITY HEALTH CONSULTING INC	44,187.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	42,496.78	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T1097	NCQA	42,150.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDITATION	HEALTH SERVICES - QI
T4182	THE LAMAR COMPANIES	40,831.40	OUTDOOR ADVERTISEMENT - BILLBOARDS	ADVERTISING
T1650	UNIVISION TELEVISION GROUP	40,696.00	ADVERTISEMENT - MEDIA	SALES/MARKETING/PUBLIC RELATIONS
T5696	ASA GLOBAL HEALTHCARE SERVICES PC	40,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2441	LAURA J. BREZINSKI	40,000.00	MARKETING MATERIALS	MARKETING
T4228	THE SSI GROUP, LLC	39,504.20	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T5109	RAND EMPLOYMENT SOLUTIONS	39,352.21	TEMPORARY HELP	VARIOUS
T5791	WEINTRAUB TOBIN	37,086.50	LEGAL SERVICES	ADMINISTRATION
T5592	BRAND CO MARKETING	36,489.26	WEB HOSTING, RECRUITMENT & COMPANY STORE SUPPLIES	HUMAN RESOURCES
T3972	JOURNEY AIR CONDITIONING CO., INC.	36,157.00	HVAC RECONFIGURATION OF MAILROOM, 3RD & 4TH FLOOR	CAPITAL PROJECT
T5743	INTEL AGREE, COLABS	35,650.00	INTEL AGREE SUBSCRIPTION YEAR 2 OF 3	MIS INFRASTRUCTURE

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5119	PACIFIC WEST SOUND PROFESSIONAL AUDIO & DESIGN INC	35,195.30	INSTALL & RELOCATE PROJECTORS/SMARTBOARDS	CORPORATE SERVICES
T2851	SINCLAIR TELEVISION OF BAKERSFIELD, LLC	34,790.00	ADVERTISEMENT - MEDIA	MARKETING
T2869	COMMUNITY ACTION PARTNERSHIP OF KERN	34,000.00	SPRING GRANTS & MEMBER ENGAGEMENT	SALES/MARKETING/PUBLIC RELATIONS/ CORPORATE SERVICES
T3001	MERCER ****	34,000.00	2024 COMPENSATION STUDY	ADMINISTRATION
T5201	JAC SERVICES, INC ****	33,842.00	AIR CONDITIONING PM SERVICES	CORPORATE SERVICES
T2562	CACTUS SOFTWARE LLC	33,506.15	2024 CREDENTIALING LICENSE & SUPPORT	MIS INFRASTRUCTURE
T5762	SCREENVISION MEDIA	33,489.65	CINEMA ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T2787	SAGE SOFTWARE. INC	33,019.32	SAGE 300 LICENSE RENEWAL - FINANCE SOFTWARE	FINANCE
T5783	TELADOC HEALTH INC	32,856.00	EMPLOYEE MENTAL HEALTH PREMIUM	VARIOUS
T4259	SKARPHOL ASSOCIATES	32,798.04	BUILDING IMPROVEMENT -REMODELING & NEW OFFICES	CAPITAL PROJECT
T4607	AGILITY RECOVERY SOLUTIONS INC.	32,210.00	PROFESSIONAL SERVICES	CORPORATE SERVICES
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC	32,068.08	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T2580	GOLDEN EMPIRE TRANSIT DISTRICT	32,000.00	MARKETING -BUS ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T5130	BUILDING ELECTRONIC CONTROLS, INC. ****	30,484.34	FIRE ALARM EXPANSION & INSTALLATION	CAPITAL PROJECT/CORPORATE SERVICES

KERN·HEALTH SYSTEMS

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4934	APPLE INC.	30,291.38	IPADS, IPHONES & POWER ADAPTERS	MIS INFRASTRUCTURE/CAPITAL
T5653	SUN OUTDOOR ADVERTISING LLC	30,000.00	HOSTED SOFTWARE RENEWAL	MIS INFRASTRUCTURE
T5843	SEVEN OAKS COUNTRY CLUB	29,227.50	PROVIDER DINNER EVENT & Q2 FORUM	PROVIDER NETWORK MANAGEMENT
T5936	AXIOS HQ INC	28,800.00	AI COMMUNICATION SOFTWARE LICENSING	CAPITAL PROJECT
T4731	GO TO TECHNOLOGIES, INC	28,560.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T5741	HEALTHWISE, INCORPORATED	28,402.23	MEMBER SELF MANAGEMENT TOOLS	HEALTH SERVICES - WELLNESS & PREVENTION
T5376	KCHCC	28,250.00	SPONSORSHIPS	SALES/MARKETING/PUBLIC RELATIONS
T5494	LDP ASSOCIATES, INC.	28,045.00	YEAR 1 OF 3 UPS BATTERY SUPPORT	MIS INFRASTRUCTURE
T5779	COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION	28,000.00	SPONSORSHIP	SALES/MARKETING/PUBLIC RELATIONS
T2578	AMERICAN STROKE ASSOC/AMERICAN HEART ASSOC WESTERN STATES	27,500.00	SPONSORSHIP KERN CPRA, GRFW & HEART WALK	MARKETING
T5759	SHELLBY ROSE P DUMLAO	27,373.50	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T5851	ABSORB SOFTWARE NORTH AMERICA, LLC	26,795.76	DAYFORCE LEARNING LICENSE	MIS INFRASTRUCTURE
T4993	LEGALSHIELD	26,672.50	EMPLOYEE PAID VOLUNTARY COVERAGE	PAYROLL DEDUCTION
T4424	GUROCK SOFTWARE GmbH	26,565.97	TESTRAIL SOFTWARE RENEWAL	MIS INFRASTRUCTURE
T1347	ADVANCED DATA STORAGE	25,792.47	STORAGE AND SHREDDING SERVICES	CORPORATE SERVICES

KERN·HEALTH SYSTEMS

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5536	CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION	25,000.00	2024 SCHOOL SCHOLARSHIPS	SALES/MARKETING/PUBLIC RELATIONS
T5486	ALLIED GENERAL CONTRACTORS, INC	24,800.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T2641	MARANATHA GARDENING & LANDSCAPING, INC.	24,365.00	2024 BUILDING MAINTENANCE	CORPORATE SERVICE
T3118	AMERICAN ACADEMY HOLDINGS LLC dba AAPC	23,563.40	CPC & MEDICAL HEALTHCARE TERMINOLOGY TRAINING	CLAIMS
T5466	ZIPARI, INC	23,000.00	OUTBOUND SSO SUBSCRIPTION & PROVIDER DIRECTORY UPDATES	MIS INFRASTRUCTURE
T4605	KERNVILLE UNION SCHOOL DISTRICT	22,000.00	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS
T5436	THE BEACON STUDIOS, LLC	21,930.00	VIDEO SERVICES	SALES/MARKETING/PUBLIC RELATIONS
T3084	KERN COUNTY-COUNTY COUNSEL	21,915.30	LEGAL SERVICES	ADMINISTRATION
T5986	ABSOLUTE DRYWALL, INC	21,870.00	BLUE ZONES WELLNESS GARDEN	CORPORATE SERVICES
T5615	HAPPY WHOLE YOU, INC	21,355.11	2024 CUSTOM PROGRAMS	HUMAN RESOURCES
T4920	OTIS ELEVATOR COMPANY ****	21,185.82	ELEVATOR MAINTENANCE & SERVICE CALLS	CORPORATE SERVICES
T5701	THE GRANGER NETWORK LLC	21,146.71	SUPERVISOR BOOTCAMP	HUMAN RESOURES
T1957	FRIENDS OF MERCY FOUNDATION ****	21,000.00	SPONSORSHIPS	SALES/MARKETING/PUBLIC RELATIONS
T1172	BUCK OWENS PRODUCTIONS	20,915.00	RADIO ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T5408	MARY HARRIS	20,825.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM

KERN•HEALTH SYSTEMS

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4764	BAKERSFIELD COLLEGE FOUNDATION	20,750.00	SPONSORSHIPS	SALES/MARKETING/PUBLIC RELATIONS
T1007	FEDERAL EXPRESS CORP. ****	20,642.20	SHIPPING SERVICES	VARIOUS
T4249	LOTUS BAKERSFIELD CORP ****	20,600.00	SPANISH RADIO ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T2601	RLH FIRE PROTECTION, INC. ****	20,468.00	OFFICE SPRINKLER INSPECTIONS	CORPORATE SERVICES
T4230	COFFEE BREAK SERVICE, INC. ****	20,442.93	COFFEE SUPPLIES	CORPORATE SERVICES
T5398	GOLDEN EMPIRE GLEANERS ****	20,376.55	FOOD BASKETS FOR MEMBERS	ENHANCED CARE MANAGEMENT
T6040	KARLEN & PANICI BREWING LLC	20,333.75	SPRING GALA CATERING	HUMAN RESOURCES
T4544	BARNES WEALTH MANAGEMENT GROUP ****	20,280.00	RETIREMENT PLAN CONSULTANTS	ADMINISTRATION
T5535	PANAMA-BUENA VISTA UNION SCHOOL DISTRICT	20,000.00	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS
		<u>47,765,238.37</u>		
	TOTAL VENDORS OVER \$20,000	47,765,238.37		
	TOTAL VENDORS UNDER \$20,000	2,277,099.74		
	TOTAL VENDOR EXPENSES- AUGUST	<u>\$ 50,042,338.11</u>		

Note:
****New vendors over \$20,000 for the month of August

Vendor Name	Contract Amount	Budgeted	Department	Department Head	Services that this vendor will provide to KHS	Effective Date	Termination Date
January 2024							
Press Ganey/SPH Analytics	\$81,696.00	Yes	ECM	Loni Hill-Pirtle	ECM Member Satisfaction Survey	1/1/2024	12/31/2026
Michael Nguyen	\$197,500.00	Yes	HE	Traco Matthews	Health Equity Strategic Guidance and Cultural Insights Services	1/1/2024	12/31/2024
Harte Hanks	\$198,064.00	Yes	MS	Nate Scott	Up to (3,200) New Member Welcome calls	1/1/2024	12/31/2024
Entysis360	\$51,837.28	Yes	IT	Richard Pruitt	(52) licenses for VMware maintenance & technical support	1/1/2024	12/31/2024
GHA Technologies	\$71,550.61	Yes	IT	Richard Pruitt	Fotinet-Fortigate Maintenance & Support for Security Appliances	1/1/2024	12/31/2024
Gartner	\$189,765.00	Yes	IT	Richard Pruitt	Executive Program Leadership licenses (3)	1/1/2024	12/31/2024
Moss Adams	\$143,334.50	Yes	CLM	Robin Dow-Morales	Claims Audit Tool	1/1/2024	12/31/2026
The Granger Network	\$198,800.00	Yes	HR	Alan Avery	Front Lines Activation and Manager Bootcamp	1/1/2024	6/30/2024
BG Healthcare	\$199,000.00	Yes	QI	Dr. Martha Tasinga	Consulting services for the QI dept	1/1/2024	12/31/2024
BG Healthcare	\$199,000.00	Yes	PHM	Michelle Curiouso	Consulting services for the PHM dept	1/1/2024	12/31/2024
HD Dynamics	\$50,000.00	Yes	PNM	Amisha Pannu	Consulting services for CRM process	1/2/2024	12/31/2024
Poppyrock	\$120,000.00	Yes	MRKT	Louie Iturriria	KHS & KFHC Graphic Design	1/2/2024	12/31/2025
CEI	\$199,920.00	Yes	COSA	Josh Hosch	Business Analyst for UM team	1/2/2024	12/31/2024
Reliable Janitorial	\$199,008.00	Yes	CS	Andrea Hylton	Janitorial services	1/11/2024	1/10/2025
CAQH	\$50,000.00	Yes	PNM	Amisha Pannu	Access to real-time Provider applications (ProView)	1/25/2024	1/24/2025
CDW-G	\$67,761.50	Yes	IT	Richard Pruitt	All Adobe licenses annual renewal (257)	1/26/2024	1/25/2025
TEKSystems	\$78,000.00	Yes	HR	Devin Brown	HRIS Analyst for HR DEPT	1/30/2024	7/30/2024
February 2024							
Clinica Sierra Vista	\$145,000.00	Yes	HE	Isabel Silva	MOU	2/1/2024	1/31/2025
BG Healthcare	\$81,000.00	Yes	UM	Dr. Tasinga	Consulting services for the UM dept	2/6/2024	5/5/2024
Diligent Corporation	\$50,000.00	Yes	CPL	Deborah Murr	Compliance Training Material	2/7/2024	2/6/2027
SPH Analytics	\$63,809.00	Yes	BH	Melinda Santiago	ECHO 3.0 (Behavioral Health) Satisfaction Survey	2/7/2024	2/6/2027
Coffey Communications	\$170,000.00	Yes	HE	Isabel Silva	Printing of Member Newsletters	2/15/2024	2/14/2025
CDW-G	\$111,495.80	Yes	IT	Richard Pruitt	Nutanix renewal co-termed	2/17/2024	1/23/2026
Sprout Social	\$145,264.00	Yes	MRKT	Louie Iturriria	Social Media Vigilance software	2/23/2024	2/25/2025
Axios HQ	\$59,040.00	Yes	MRKT	Louie Iturriria	Internal AI Communication Software for Marketing team	2/23/2024	2/22/2026
LanguageLine	\$90,000.00	Yes	HE	Isabel Silva	Interpreting services	2/28/2024	2/27/2025
March 2024							
Gartner	\$184,800.00	Yes	HR	Devin Brown	Gartner Advisory licenses for HR team	3/1/2024	2/28/2025
Serrano Advisors	\$119,000.00	Yes	ECM	Dr. Tasinga	Staff Augmentation Services	3/1/2024	8/31/2024
TEKSystems	\$198,432.00	Yes	COSA	Josh Hosch	One (1) Solution Architect & Analyst Resoucece	3/4/2024	12/31/2024
HMA	\$199,000.00	Yes	Acct	Veronica Barker	Actuarial services (RTD, Rate Analyst, & SDR's)	3/6/2024	3/5/2025
TEKSystems	\$193,752.00	Yes	UM	Dr. Tasinga	Reports & Dashboard Analyst for UM dept.	3/18/2024	12/31/2024
Dell	\$65,909.11	Yes	IT	Richard Pruitt	Dell 5540 laptops (30) & monitors (32)	3/25/2024	3/23/2028
SAI360	\$159,070.00	Yes	CPL	Deb Murr	Policy Management Platform	3/28/2024	3/27/2026

Vendor Name	Contract Amount	Budgeted	Department	Department Head	Services that this vendor will provide to KHS	Effective Date	Termination Date
April 2024							
Coffey Communications	\$92,944.00	Yes	MRKT	Louie Iturriria	Digital renewal agreement for KHS website	4/1/2024	3/31/2026
Imagenet	\$197,000.00	Yes	CLM	Robin Dow-Morales	OCR services	4/4/2024	4/3/2027
The SSI Group	\$70,000.00	Yes	CLM	Robin Dow-Morales	EDI Claims & Electronic Remittance	4/4/2024	4/5/2026
Dell	\$78,927.60	Yes	IT	Richard Pruitt	Microsoft Defender for Servers Standard P2 Node	4/16/2024	12/31/2024
Dell	\$61,480.00	Yes	IT	Richard Pruitt	Dell monitors (50) & Laptops (25)	4/24/2024	4/24/2028
Entysis360	\$162,227.40	Yes	IT	Richard Pruitt	Rubrik renewal of premium support for enterprise edition software and hardware for a co-term	4/29/2024	4/28/2025
May 2024							
BG Healthcare	\$118,000.00	Yes	UM	Dr. Tasinga	Consulting services for UM team	5/6/2024	12/31/2024
June 2024							
Relay Network	\$199,999.00	Yes	IT	Richard Pruitt	Mobile Communication Platform, Unlimited Texting	6/1/2024	5/31/2025
The Granger Network	\$197,500.00	Yes	HR	Devin Brown	Advance Leadership Development	6/1/2024	1/31/2025
Milliman	\$199,000.00	Yes	ACCT	Veronica Barker	Actuarial Services	6/1/2024	5/31/2025
Context4 Healthcare	\$97,775.15	Yes	IT	Richard Pruitt	ICD-10 Coding software	6/27/2024	6/27/2025
HMA	\$30,681.00	Yes	PNM	Amisha Pannu	Timely Access Validation renewal	6/1/2024	5/31/2025
Bitfocus	\$190,692.67	Yes	IT	Richard Pruitt	Clarity Human Services SaaS	6/22/2024	6/21/2025
TWE Solutions	\$101,040.00	Yes	IT	Richard Pruitt	24x7 Security Monitoring	6/23/2024	6/22/2025
SS&C	\$73,500.00	Yes	PHARM	Bruce Wearda	Rx Claims Processing	6/1/2024	12/31/2024
LDP	\$122,850.00	Yes	CS	Andrea Hylton	UPS Battery Replacement & Service Plan	6/21/2024	6/20/2027
Ignite Healthwise	\$146,062.26	Yes	HE	Isabel Silva	Care Management & Digital Experience w/ Patient Instructions Add-on	6/5/2024	6/4/2025
Caravel	\$189,365.00	Yes	ACCT	Veronica Barker	Financial Advisory Services	6/25/2024	6/24/2026
Dell	\$186,443.39	Yes	IT	Richard Pruitt	Microsoft Unified Enterprise Support	6/15/2024	6/14/2025
July 2024							
California Health Collaborativ	\$84,000.00	Yes	HE	Isabel Silva	Diabetes Prevention and Diabetes Empowerment and Education Program (DEEP & DPP)	7/1/2024	6/30/2025
Bakersfield American Indian I	\$90,000.00	Yes	HE	Isabel Silva	MCP Tribal Liaison	7/1/2024	6/30/2025
Commgap	\$190,000.00	Yes	HE	Isabel Silva	In-person interpreting services	7/6/2024	7/5/2026
JDM	\$119,040.00	Yes	HE	Richard Pruitt	Data Extraction & Transformation Solution	7/1/2024	6/30/2025
Solution Bench	\$190,000.00	Yes	IT	Richard Pruitt	M-Files Subscription Base Licensing	7/24/2024	7/23/2026
August 2024							
The Granger Network	\$198,750.00	Yes	HR	Devin Brown	Leadership Development and Consulting Services	8/1/2024	7/31/2025
Blackhawk	\$65,000.00	Yes	ME	Lela Criswell	Member Gift cards, Amendment	8/7/2024	12/31/2024
Symplr	\$67,512.48	Yes	UM	Dr Tasinga	Knowledge library for new medical procedures	8/1/2024	7/31/2027
Preparis	\$107,093.84	Yes	CS	Andrea Hylton	Increase to Preparis alerts	8/19/2024	12/27/2026

2024 PROJECT CONSULTING PROFESSIONAL SERVICES																	
ITEM	PROJECT	CAP/EXP	BUDGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTAL	REMAINING BALANCE
1	Member Engagement Platform	CAP	\$ 2,078,861	\$ 49,106	\$ 434,335	\$ 43,576	\$ 67,939	\$ 107,616	\$ 96,594	\$ 61,886						\$ 861,050	\$ 1,217,811
2	DSNP	CAP	\$ 4,232,682	\$ 24,075	\$ 23,625	\$ 18,675	\$ 22,193	\$ 26,025	\$ 22,050	\$ 24,638						\$ 161,280	\$ 4,071,402
3	HIE	CAP	\$ 1,250,870	\$ 18,000	\$ 32,152	\$ 45,024	\$ 25,168	\$ 24,024	\$ 22,880	\$ 24,024						\$ 191,272	\$ 1,059,598
4	Artificial Intelligence	CAP	\$ 534,560	\$ 29,496	\$ 29,411	\$ 31,378	\$ 31,509	\$ 31,290	\$ 28,008	\$ 28,271						\$ 209,363	\$ 325,197
5	PHI Data Visibility & Security	CAP	\$ 588,016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$ -	\$ 588,016
6	CBO Electronic Medical Record System	CAP	\$ 777,550	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$ -	\$ 777,550
7	Policy Management System	CAP	\$ 267,280	\$ -	\$ -	\$ -	\$ 22,000	\$ 2,000	\$ -	\$ -						\$ 24,000	\$ 243,280
8	Accounting System Review	CAP	\$ 245,898	\$ 20,875	\$ 19,250	\$ 18,372	\$ 19,250	\$ 21,750	\$ 16,188	\$ 20,375						\$ 136,059	\$ 109,839
	CAPITAL TOTALS		\$ 9,975,716	\$ 141,552	\$ 538,773	\$ 157,024	\$ 188,058	\$ 212,705	\$ 185,720	\$ 159,193	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,583,024	\$ 8,392,693
9	IT Staff Augmentation	EXP	\$ 1,388,680	\$ 658,391	\$ 669,659	\$ 744,969	\$ 768,752	\$ 785,756	\$ 660,557	\$ 660,617						\$ 4,948,702	\$ (3,560,022)
10	PM Staff Augmentation	EXP	\$ 3,739,782	\$ 241,543	\$ 219,591	\$ 212,689	\$ 234,970	\$ 246,493	\$ 205,888	\$ 236,851						\$ 1,598,024	\$ 2,141,758
11	DSNP Staff Augmentation	EXP	\$ 4,220,747	\$ 21,769	\$ 22,915	\$ 23,345	\$ 24,777	\$ 24,419	\$ 20,767	\$ 23,345						\$ 161,337	\$ 4,059,409
12	NCQA (The Mihalik Group)	EXP	\$ 350,000	\$ 23,408	\$ 16,703	\$ 11,520	\$ 8,418	\$ 7,260	\$ 11,003	\$ -						\$ 78,310	\$ 271,690
13	DSNP (Rebellis)	EXP	\$ 4,200,000	\$ 956	\$ 16,413	\$ 49,340	\$ 38,069	\$ 43,988	\$ 42,831	\$ 70,287						\$ 261,883	\$ 3,938,117
	OPERATING EXPENSE TOTALS		\$ 13,899,209	\$ 946,067	\$ 945,280	\$ 1,041,863	\$ 1,074,985	\$ 1,107,916	\$ 941,046	\$ 991,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,048,256	\$ 6,850,952

**KERN HEALTH SYSTEMS
BOARD OF DIRECTORS
NEW VENDOR CONTRACTS
October 10, 2024**

Legal Name DBA	Specialty	Address	Comments	Contract Effective Date
PAC 09/04/2024				
Alinea Psychology Inc	Mental Health	2375 E. Imperial Hwy Ste. 1063 Breat CA		Retro-Eff 9/1/2024
Free at Heart Online Therapy Licensed Clinical Social Worker PC dba: Free at Heart Online	Mental Health	140 E Commonwealth Ave Ste. 208 Fullerton CA		Retro-Eff 9/1/2024
Be Finally Free	ECM Case Management	225 California Avenue Bakersfield CA		10/1/2024
California Dermatology Institute PC dba: California Dermatology Institute	Dermatology	2020 21st St Bakersfield CA		10/1/2024
Dagnachew Fantaye dba: DSN Transportation LLC	Transportation (NMT & NEMT)	312 Calderwood Lane Bakersfield CA		10/1/2024
Inland Valley Partners LLC dba: Inland Valley Care & Rehab Center	SNF	250 West Artesia Street Pomona CA		10/1/2024
Palmdale Urgent Care Inc	Urgent Care	2270 E. Palmdale Blvd., Suite F Palmdale CA		10/1/2024
Sundee Grandhe MD Corporation dba: Central Valley Pain Management	Specialty	6401 Truxtun Ave Ste B Bakersfield CA		10/1/2024
US Medtrade Hospice Inc	Hospice	16159 Cohasset Street Van Nuys CA		10/1/2024
PAC 10/02/2024				
Anneka M. Hofschneider dba: AMH Consulting	ABA Services	PO Box 20604 Bakersfield CA		Retro-Eff 10/1/2024
Achievements Unlimited Psychology Services Inc. dba: Minddivers	Mental Health	1421 Panorama Dr Bakersfield CA		Retro-Eff 10/1/2024
Jessica Ann Acevedo dba: Kern Behavior Therapy	ABA Services	5308 Aurora Way Bakersfield CA	Existing Provider: Jessica Ann Acevedo BCBA NPI 1225812530 (similar providers in system)	Retro-Eff 10/1/2024
Delia C. Salgado, Licensed MFT	Mental Health	4900 California Ave. Ste. 210B Bakersfield CA		Retro-Eff 10/1/2024

**KERN HEALTH SYSTEMS
BOARD OF DIRECTORS
NEW VENDOR CONTRACTS
October 10, 2024**

Legal Name DBA	Specialty	Address	Comments	Contract Effective Date
Trinytei Alexia Aaron dba: Luxury Baby Concierge	Doula	1602 Nisson Rd #G7 Tustin CA		11/1/2024
AW Pathology Medical Group Inc	Pathology Hospital Based	2215 Truxtun Ave@ MH Bakersfield CA	Hosp Based	11/1/2024
Carepharm Pharmacy #2	Pharmacy	6647 Ming Ave Bakersfield CA		11/1/2024
Kyle Huber DPM LLC	Specialty - Podiatry	2603 H Street Bakersfield CA		11/1/2024
Mercy House Living Centers	CSS - Housing Trio	1900 E. Brundage Ln Bakersfield CA		11/1/2024
Premier Surgical Institute Inc	Specialty - General Surgery	5500 Ming Ave Ste. 320 Bakersfield CA	Existing Provider: Ravi Kapadia MD	11/1/2024
SunTerra Produce Traders, Inc. dba: Project Food Box	CSS-Med Tailored Meals	892 W. 18th St Costa Mesa CA		11/1/2024
Vista Home Health Services Inc	Home Health	343 E Palmdale Blvd Ste4 Palmdale CA		11/1/2024



MEMORANDUM

TO: KHS Board of Directors

FROM: Martha Tasinga MD, Chief Medical Officer

SUBJECT: REVISED POLICY AND PROCEDURE – QP 23.XX New Ongoing Monitoring and Sanction Activity Review; Revisions to QP 23.1-P Delegated Credentialing and 23.06-P Non-Physician Medical Practitioner

DATE: October 17, 2024

Background

On 9/4/2024, PAC approved New Quality Performance Policy and Procedure “Ongoing Monitoring and Sanction Activity Review” as a result of NCQA preparations. The enclosed document was developed based on current process that Credentialing conducts ongoing monitoring and interventions when a contracted and credentialed provider appears to be sanctioned, suspended, debarred or excluded from state and federal programs, including licensing agencies.

On 10/2/2024, PAC approved Revisions to Quality Performance Policy and Procedure 23.10-P “Delegated Credentialing” and 23.06-P “Non-Physician Medical Practitioners”. The Delegated Agreement P&P red-lines were made to bring the policy up-to-date with current NCQA Credentialing Standards and revised delegated credentialing agreement that will be used with all delegation contracts throughout the organization. The Non-Physicians Medical Practitioners P&P red-lines show modifications made to bring policy up-to-date with current State Regulations that have changed significantly in California in accordance with California Code of Regulation, Business and Professions Code and California State Licensing Agencies responsible for the Non-Physician Medical Practitioners such as Nurse Practitioners, Physician Assistants, Certified Nurse Midwives and Licensed Midwives as well as KHS Contract with DHCS requirements.

NEW POLICIES	New Policy & Procedures
<p>23.XX New P&P – QP_Ongoing Monitoring and Sanction Activity Review</p> <p>A-HICE Ongoing Monitoring Review Tool 2024</p>	<ul style="list-style-type: none"> • New P&P Required by NCQA Credentialing Standards CR.5 related to ongoing monitoring and interventions to ensure all contracted providers are absent from being identified as ineligible or suspended, sanctioned, debarred, excluded, restricted or opted out of Federal and State Programs. Reporting and interventions that will be taken in the event that a contract provider is identified.
REVISED POLICIES	• Policy Revisions
<p>P&P QP_23.10-P_Delegated Credentialing & Attachment A-Delegated Credentialing Agreement</p>	<ul style="list-style-type: none"> • Extensive policy and procedure modifications were made to bring policy up-to-date with current NCQA Credentialing Standards. This included revising Attachment A-Delegation Agreement that underwent review by NCQA Consultants The Mahalik Group and outside legal counsel DSR Healthcare Law. • The policy was updated to describe KHS’s Delegation Process in general and moving the detailed description requirements for delegated credentialing activities and reporting requirements to be described in specific detail in the Delegated Credentialing Agreement using new template approved by Compliance.
<p>P&P QP_23.06-P_Non-Physician Medical Practitioner & Attachment A Supervising Physician Agreement</p>	<ul style="list-style-type: none"> • Extensive policy and procedure modifications were made to bring policy up-to-date with current State Regulations that have changed significantly in California. All state regulations have been updated in accordance with California Code of Regulation, Business and Professions Code and California State Licensing Agencies responsible for the Non-Physician Medical Practitioners such as Nurse Practitioners, Physician Assistants, Certified Nurse Midwives and Licensed Midwives. • Section 2.0 Scope - The policy was updated with language specific to state regulatory language regarding oversight by supervising physician. • Section 2.0 Scope – References were removed related to limiting a NPMP scope of practice or references to regulations that have been removed or revised. • Section 3.0 Approval – Revised to outline current procedure conducted in the credentialing process. • Section 3.1 Ratio – Revised to outline current physician supervisor to NPMP Ratio as defined by DHCS Contract Section 5.2.4 Network Ratios (C) separating ratios for Primary Care NPMPs 1:4 and defining separate ratios for specialty NPMPs under California State Licensing ratios which allow 1:8. • Section 5.0 Monitoring – Removed due to no longer applicable. • Added New 5.0 – Identification requirements

Requested Action

- Approve new policy and procedure: QP 23.XX New Ongoing Monitoring and Sanction Activity Review
- Approve revisions to policy and procedures: QP 23.1-P Delegated Credentialing and 23.06-P Non-Physician Medical Practitioner



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Ongoing Monitoring & Sanction Activity Review	Policy #	New - P
Policy Owner	Quality Performance	Original Effective Date	10/01/2024
Revision Effective Date	n/a	Approval Date	9/4/2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		

I. PURPOSE

To ensure all contracted providers are absent from being identified as ineligible, suspended, sanctioned, debarred, excluded, restricted or opted out of Federal and State Programs. Additionally, in accordance with Welfare and Institutions Code 14043.61, subdivision (a) a contracted provider shall be subject to suspension if claims for payment are submitted for services, goods, supplies, or merchandise provided, directly or indirectly to a Medi-Cal beneficiary, by an individual or entity that is suspended, excluded or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from the Medi-Cal program and the individual or entity is listed on the Suspended and Ineligible Provider List, published by the department to identify suspended and otherwise ineligible providers, or on any list published by the Federal Office of Inspector General regarding the suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs, to identify suspended, excluded, or otherwise ineligible providers.

II. POLICY

- A. Kern Health Systems ("KHS") requires verification at initial, recredentialing and monthly thereafter, of practitioners and organizational providers ensuring all contracted providers are absent from being identified as ineligible or suspended, sanctioned, debarred, excluded, restricted or opted out of Federal and State Programs.

III. DEFINITIONS

TERMS	DEFINITIONS
Adverse Event	Adverse Event may include, but are not limited to, an injury that occurs while a member is receiving healthcare services from a provider; criminal indictments or convictions; media alerts; notification from other health plans; 805 Reports filed with the Medical Board of California; NPDB clinical privilege actions; pattern or trend of quality of care cases filed against practitioner.
Complaint	A complaint is the same as a Grievance. When KHS is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.

DHCS	Department of Health Care Services (California)
Grievance	A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care of services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, and the beneficiary's right to dispute an extension of time proposed by KHS to make an authorization decision.
MBC	Medical Board of California
OIG	HHS Office of Inspector General
Opt Out Affidavits	CMS Opt Out Affidavits – A list of practitioners who are currently opted out of Medicare
RPD	DHCS Restricted Provider List
SAM	System for Award Management

IV. PROCEDURES

A. The following procedure will be followed in reviewing the sanction reports:

1. Primary source verification of Medicare and Medicaid sanction activity is obtained from:
 - a. The Office of Inspector General (OIG)
 - b. The System for Award Management (SAM) formerly the Excluded Parties List System (EPLS)
 - c. DHCS Medi-Cal Provider Suspended and Ineligible List (S&I)
 - d. DHCS Restricted Provider List (RPD)
 - e. CMS Opt Out Affidavits (CMS Opt Out)
 - f. National Practitioner Data Bank (NPDB) Continuous Query upon receipt.
2. Primary source verification of California state licensure including licensure status, public actions, and 805 reports, as applicable, is obtained from the appropriate California licensing board at the time of initial, recredentialing and upon license expiration/renewal. During initial and recredentialing a record of review of the sanction reports and findings is maintained in the Provider's KHS electronic credentials.
3. Ongoing monitoring of providers in-between credentialing and recredentialing cycles is accomplished by reviewing the reports listed below relevant to the current provider types within the KHS Provider Network. The Credentialing Staff receives information when sanctions are filed against a provider and checks these providers against the KHS Network. Reports that must be downloaded due to size, are conducted through the KHS Business Intelligence "sweep" auto-report compared against all providers listed in the Symplr Credentialing database (Participating Providers) and providers in the QNXT database (Participating and Non-Participating) these auto-reports include OIG, SAM and Medi-Cal Suspended & Ineligible List.

Reports are reviewed within thirty (30) days of release (published/posting date if available), unless otherwise noted that there is no release date. If the reporting entity does not publish sanction information on a set schedule or published date, KHS Credentialing Staff will do one of the following:

- Record the "date reviewed" on the document and indicate there is no release/published date.
- Query the information at least every six (6) months if the reporting entity does not publish a sanctions report; or

- KHS utilizes the sanction alert subscription service through the National Practitioner Data Banks Continuous Query for all credentialed licensed independent practitioners.
 - a. Medical Board of California (www.mbca.gov) – KHS subscribes to e-mail notifications of accusations, license suspensions, restrictions, revocations, or surrenders for physicians and surgeons licensed by the MBC. *
 - b. Osteopathic Medical Board of California (www.ombca.gov/consumers/enforce_actions.shtml) – KHS subscribes to e-mail notifications and reviews the website monthly for published enforcement and disciplinary action reports. *
 - c. Podiatric Medical Board of California (www.bpm.ca.gov/enforce/discpumm.shtml) KHS reviews the website monthly for published enforcement and disciplinary action reports for all doctors of Podiatric Medicine monthly. *
 - d. California Board of Psychology (www.psychboard.ca.gov) – KHS subscribes to e-mail notifications and reviews the website monthly for published enforcement and disciplinary action reports
 - e. California Board of Registered Nursing – KHS utilizes the National Practitioner Data Bank (NPDB) Continuous Query process as a mechanism to receive disciplinary actions for Nurse Practitioners. *
 - f. Additional Boards and Bureaus included in monthly monitoring: Acupuncture Board of California, Behavioral Health Science Board of California, Chiropractic Examiners Board of California, California Board of Naturopathic Medicine, California Board of Optometry, Board of California Pharmacy, Physician Assistant Board of California, Board of California Psychology and Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board of California. *
 - g. HHS Office of Inspector General (www.oig.hhs.gov/fraudexclusions/exclusions_list.asp) – KHS subscribes to email notifications alerts when new sanction reports have been posted. OIG reports are downloaded from their website monthly for review. *
 - h. DHCS Medi-Cal Provider Suspended and Ineligible List (<https://mcweb.apps.prd.cammis.medical.ca.gov/references/sandi>) – KHS downloads the newest report from their website monthly for review. *
 - i. DHCS Restricted Provider List - KHS downloads the newest report from their website monthly for review.*

****No excluded, ineligible, sanctioned, debarred or suspended providers qualify for Network membership or continued membership. (Source: Medicare Managed Care Manual, Chapter 6 § 60.2; DHCS All Plan Letter APL 19-004)***
 - j. CMS Medicare Opt-Out Physicians, Northern and Southern California (<https://data.cms.gov/Medicare-Enrollment/Opt-Out-Affidavits>) – KHS downloads the newest report from their website monthly for review.*

****No prospective or current KHS Provider shall qualify for Network membership or continued membership if provider has opted-out of the CMS Medicare Program. (Source: Medicare Managed Care Manual: Chapter 6 § 60.2)***
 - k. Complaints, Grievances and Adverse Events (related to quality of care) – At a minimum, information on complaints, grievances or adverse events will be reviewed at least once every six (6) months pursuant to *Policy and Procedure #2.70-I Potential Quality of Care Issue (PQI), Section IV. PQI Review Process, Section K. Tracking and Trending*. Complaints, grievances and adverse events (quality of care related) are reviewed with the Chief Medical Officer, or designee, for appropriate action and follow-up which may include corrective action plans, education or counseling of the provider and when applicable, referral to the Physician Advisory Committee.
 - l. Performance Monitoring for Recredentialing – Additionally, recredentialing for all providers shall include performance monitoring data from quality improvement activities, utilization

management, member services complaints/grievances and compliance activities. The Physician Advisory Committee monitors the performance and outcomes of practitioners.
(Source: Medicare Managed Care Manual, Chapter 6 § 60.3; DHCS All Plan Letter (APL) 19-004 and Exhibit A, Attachment 4 of Plan Contract)

B. Reporting and Interventions

1. All sanctions, disciplinary and adverse actions are reported immediately to the KHS Chief Medical Office and/or KHS Chief Executive Officer. The KHS Chief Medical Office and/or KHS Chief Executive Officer shall determine if immediate action is warranted. All sanctions and disciplinary actions will be reported to the next regularly scheduled Physician Advisory Committee meeting for appropriate action and follow-up which may include, but not limited to the course of action pursuant to Policy and Procedure 4.48-P Disciplinary Action such as corrective action plans, education or counseling of the provider when warranted.
2. If a Provider is identified on the Medicare Opt-Out listing or is actively excluded, ineligible, sanctioned, debarred or suspended on the OIG Report, Medi-Cal Suspended/Ineligible List or DHCS Restricted Provider List, the provider will be inactivated from the KHS Provider Network and notified immediately of their ineligibility for new or continued network participation and membership.
3. Record of verifications shall include the published report date or website date of verification (if there is no new report or a new published date) and initials of KHS Credentialing Staff who completed the verification. This information is saved in the providers electronic credential file and recorded on the file processing checklist for initial and recredentialing. Monthly monitoring reports, conducted by KHS Credentialing Staff, are kept electronically by month of review and reported to the KHS Compliance Department's Fraud Waste and Abuse Committee

V. ATTACHMENTS

Attachment A: HICE Ongoing Monitoring Review Tool 2024
Attachment B:
Attachment C:
Attachment D:

VI. REFERENCES

Reference Type	Specific Reference
Other	<i>National Committee of Quality Assurance Credentialing Standards CR.5 Ongoing Monitoring & Interventions 2023</i>
Regulatory	<i>Medicare Managed Care Manual, Chapter 6 § 60.3; Medicare Managed Care Manual: Chapter 6 § 60.2</i>
All Plan Letter(s) (APL)	<i>DHCS All Plan Letter (APL) 19-004 and Exhibit A, Attachment 4 of Plan Contract;</i>
Other KHS Policies	<i>KHS Policy and Procedure #2.70-I Potential Quality of Care Issue (PQI)</i>

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	10/01/2024	New Policy and Procedures in preparation for NCQA	Yolanda Herrera
Revised			
Retired			

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Physician Advisory Committee (PAC)	9/4/2024	
Board of Directors (BOD)	10/17/2024	
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		

**Policy and Procedure Review**

KHS Policy & Procedure:

Last approved version: None

Reason for revision: New Policy

Director Approval		
Title	Signature	Date Approved
Jake Hall Sr. Director of Contracting and Quality Performance		

Date posted to public drive: _____

Date posted to website (“P” policies only) : _____

Ongoing Monitoring Auditor Review List
Kern Health Systems

1

Licensing Board	Degree/Board	Frequency	Sanctions Alert Service/Web Crawler/Software	Jan			Feb			Mar								
			Name of Alert Service	Publication Date	Review Date	Reviewer	# of Days	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings
CA Board of Chiropractic Examiners *	DC	MO		*			Publication Date		*			Publication Date		*			Publication Date	
Dental Board of California *	DDS	MO		*			Publication Date		*			Publication Date		*			Publication Date	
Osteopathic Medical Board of CA	DO	QTRLY or email subscription					0					0					0	
Board of Podiatric Medicine	DPM	MO					0					0					0	
Medical Board of CA	MD	E-mail subscription, Monthly e-mails					0					0					0	
Acupuncture Board	LAC, AC	MO					0					0					0	
CA Board of Optometry	OD	QTRLY					0					0					0	
Board of Occupational Therapy *	OT, OTA	MO		*			Publication Date		*			Publication Date		*			Publication Date	
Physician Assistant Committee *	PA, PAC	MO		*			Publication Date		*			Publication Date		*			Publication Date	
Physical Therapy Board of CA *	PT	MO		*			Publication Date		*			Publication Date		*			Publication Date	
Speech-Language Pathology & Audiology Board *	SP, AU	QTRLY		*			Publication Date		*			Publication Date		*			Publication Date	
Board of Behavioral Science	LCSW, MFCC, MFT, LPCC, etc.	Monthly - Must subscribe to get updates, or conduct individual queries on a QTRLY basis					0					0					0	
Board of Psychology	Ph.D, PsyD	Must subscribe to receive monthly reports.					0					0					0	
CA Board of Registered Nursing *	RN, NP, CNM, etc.	Monthly		*			No Publication Date		*			No Publication Date		*			No Publication Date	
Organization/Agency	Report	Frequency		Jan			Feb			Mar								
				Publication Date	Review Date	Compliant	Findings	Publication Date	Review Date	# of Days	Findings	Publication Date	Review Date	# of Days	Findings			
Medicare Opt-Out	https://www.CMS.gov	QTRLY				0				0				0				
Medicare/ Medicaid Sanctions	OIG	MO				0				0				0				
Medi-Cal Suspended/Ineligible Provider	Medi-Cal	MO				0				0				0				
DHCS Restricted Provider List	DHCS RPD	Secure Access YH																
SAM (System for Award management) formerly EPLS	https://www.SAM.gov - Individuals & organizations debarred from participating in government contracts	MO				0				0				0				
* Board does not provide a publication date. Enter date of review																		

Ongoing Monitoring Auditor Review List
Kern Health Systems

1

Licensing Board	Degree/Board	Frequency	Apr				May				Jun						
			Publication Date	Review Date		Compliant	Findings	Publication Date	Review Date		# of Days	Findings	Publication Date	Review Date		# of Days	Findings
CA Board of Chiropractic Examiners	DC	MO	*					*					*				
Dental Board of California	DDS	MO	*					*					*				
Osteopathic Medical Board of CA *	DO	QTRLY or email subscription				0					0					0	
Board of Podiatric Medicine *	DPM	MO				0					0					0	
Medical Board of CA	MD	E-mail subscription, Monthly e-mails				0					0					0	
Acupuncture Board *	LAC, AC	MO				0					0					0	
CA Board of Optometry *	OD	QTRLY				0					0					0	
Board of Occupational Therapy	OT, OTA	MO	*					*					*				
Physician Assistant Committee	PA, PAC	MO	*					*					*				
Physical Therapy Board of CA	PT	MO	*					*					*				
Speech-Language Pathology & Audiology Board	SP, AU	QTRLY	*					*					*				
Board of Behavioral Science *	LCSW, MFCC, MFT, LPCC, etc.	Monthly - Must subscribe to get updates, or conduct individual queries on a QTRLY basis				0					0					0	
Board of Psychology *	Ph.D, PsyD	Must subscribe to receive monthly reports.				0					0					0	
CA Board of Registered Nursing	RN, NP, CNM, etc.	Monthly	*			No Publication Date		*			No Publication Date		*			No Publication Date	
Organization/Agency	Report	Frequency	Apr				May				Jun						
			Publication Date	Review Date	Reviewer	Compliant	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings
Medicare Opt-Out	https://www.CMS.gov	QTRLY				0					0					0	
Medicare/ Medicaid Sanctions	OIG	MO				0					0					0	
Medi-Cal Suspended/Ineligible Provider	Medi-Cal	MO				0					0					0	
DHCS Restricted Provider List	DHCS RPD	Secure Access YH															
SAM (System for Award management) formerly EPLS	https://www.SAM.gov - Individuals & organizations debarred from participating in government contracts	MO				0					0					0	
* Board does not provide a publication date. Enter date of review																	

Ongoing Monitoring Auditor Review List
Kern Health Systems

1

Licensing Board	Degree/Board	Frequency	Jul					Aug					Sep				
			Publication Date	Review Date	Reviewer	Compliant	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings
CA Board of Chiropractic Examiners	DC	MO						*					*				
Dental Board of California	DDS	MO	*					*					*				
Osteopathic Medical Board of CA *	DO	QTRLY or email subscription									0					0	
Board of Podiatric Medicine *	DPM	MO									0					0	
Medical Board of CA	MD	E-mail subscription, Monthly e-mails									0					0	
Acupuncture Board *	LAC, AC	MO									0					0	
CA Board of Optometry *	OD	QTRLY									0					0	
Board of Occupational Therapy	OT, OTA	MO	*					*					*				
Physician Assistant Committee	PA, PAC	MO						*					*				
Physical Therapy Board of CA	PT	MO	*					*					*				
Speech-Language Pathology & Audiology Board	SP, AU	QTRLY	*					*					*				
Board of Behavioral Science *	LCSW, MFCC, MFT, LPCC, etc.	Monthly - Must subscribe to get updates, or conduct individual queries on a QTRLY basis									0					0	
Board of Psychology *	Ph.D, PsyD	Must subscribe to receive monthly reports.									0					0	
CA Board of Registered Nursing	RN, NP, CNM, etc.	Monthly						*					*				
Organization/Agency	Report	Frequency	Jul					Aug					Sep				
			Publication Date	Review Date	Reviewer	Compliant	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings
Medicare Opt-Out	https://www.CMS.gov	QTRLY														0	
Medicare/ Medicaid Sanctions	OIG	MO														0	
Medi-Cal Suspended/Ineligible Provider	Medi-Cal	MO														0	
DHCS Restricted Provider List	DHCS RPD	Secure Access YH															
SAM (System for Award management) formerly EPLS	https://www.SAM.gov - Individuals & organizations debarred from participating in government contracts	MO														0	

* Board does not provide a publication date. Enter date of review

Ongoing Monitoring Auditor Review List
Kern Health Systems

1

Licensing Board	Degree/Board	Frequency	Oct					Nov					Dec				
			Publication Date	Review Date	Reviewer	Compliant	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings
CA Board of Chiropractic Examiners	DC	MO	*					*					*				
Dental Board of California	DDS	MO	*					*					*				
Osteopathic Medical Board of CA *	DO	QTRLY or email subscription				0					0					0	
Board of Podiatric Medicine *	DPM	MO				0					0					0	
Medical Board of CA	MD	E-mail subscription, Monthly e-mails				0					0					0	
Acupuncture Board *	LAC, AC	MO				0					0					0	
CA Board of Optometry *	OD	QTRLY				0					0					0	
Board of Occupational Therapy	OT, OTA	MO	*					*					*				
Physician Assistant Committee	PA, PAC	MO	*					*					*				
Physical Therapy Board of CA	PT	MO	*					*					*				
Speech-Language Pathology & Audiology Board	SP, AU	QTRLY	*					*					*				
Board of Behavioral Science *	LCSW, MFCC, MFT, LPCC, etc.	Monthly - Must subscribe to get updates, or conduct individual queries on a QTRLY basis				0					0					0	
Board of Psychology *	Ph.D, PsyD	Must subscribe to receive monthly reports.				0					0					0	
CA Board of Registered Nursing	RN, NP, CNM, etc.	Monthly	*			No Publication Date		*			No Publication Date		*			No Publication Date	
Organization/Agency	Report	Frequency	Oct					Nov					Dec				
			Publication Date	Review Date	Reviewer	# of Days	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings	Publication Date	Review Date	Reviewer	# of Days	Findings
Medicare Opt-Out	https://www.CMS.gov	QTRLY				0					0					0	
Medicare/Medicaid Sanctions	OIG	MO				0					0					0	
Medi-Cal Suspended/Ineligible Provider	Medi-Cal	MO				0					0					0	
DHCS Restricted Provider List	DHCS RPD	Secure Access YH															
SAM (System for Award management) formerly EPLS	https://www.SAM.gov - Individuals & organizations debarred from participating in government contracts	MO				0					0					0	

* Board does not provide a publication date. Enter date of review



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Delegated Credentialing	Policy #	23.1-P
Policy Owner	Quality Performance	Original Effective Date	11/2010
Revision Effective Date	10/1/2024	Approval Date	10/4/2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		

I. PURPOSE

To outline the delegation guidelines and information for monitoring the areas of responsibility, process, criteria used, potential disciplinary actions, and appeals for the delegated credentialing and re-credentialing activities of practitioners and providers when authority to perform credentialing activities is delegated to another entity of KHS practitioners. To ensure the delegated credentialing/re-credentialing process meets KHS' policies, and the standards set forth by applicable governing bodies including the Department of Health Services (DHCS), the Department of Managed Health Care (DMHC) and the National Committee for Quality Assurance (NCQA). To standardize Delegate's submission templates and format outline to be used for reporting required practitioner data and information.

II. POLICY

Kern Health System (KHS) may delegate credentialing activities and re-credentialing responsibilities to qualified entities in accordance with the provisions of this policy. Each delegated entity shall sign a Delegated Credentialing Agreement (See Attachment A) which describes i) the responsibilities of KHS, ii) the responsibilities of the delegated entity, iii) the process for evaluation and oversight of the delegated entity's performance, and iv) other applicable criteria as outlined in this policy "Attachment A Delegation Agreement". The credentialing process will adhere to applicable state and federal law and the requirements of KHS' Medi-Cal contract with the State. A contracted practitioner must be credentialed to participate in KHS' health plan in order to treat KHS members. KHS will only delegate credentialing to Qualified Entities, as defined within this policy.

III. DEFINITIONS

TERMS	DEFINITIONS
<i>Delegation</i>	The process whereby KHS gives another entity authority to perform certain functions on its behalf. While KHS may delegate the authority to perform a function, it cannot delegate the responsibility for assuring that the function is performed appropriately
<i>Oversight</i>	The monitoring and directing of a set of activities in order to assess performance.
<i>Delegation Audit</i>	An annual evaluation of a delegate’s capacity to perform delegated credentialing activities using KHS’ policies and NCQA and other legal and regulatory standards as applicable.
<i><u>Qualified-Delegated Entities</u></i>	Hospital based physicians and/or physician groups <u>(Group)</u> that provide physician services, that KHS has determined have the capability of performing all required delegated credentialing processes.
<i>Participating Practitioners</i>	Clinicians requesting participation with KHS through Qualified Entities. Participating practitioners include, but are not limited to: Doctors of Medicine or Osteopathy (MDs/DOs), Podiatrists (DPMs), Chiropractors (DCs), Behavioral Health Practitioners, Mid-Levels, and any other licensed independent practitioner with whom the delegated entity contracts or who provides care to KHS members
<i>Credentials Committee</i>	The qualified entity’s designated committee which is responsible for making recommendations regarding decisions about practitioners’ credentials

IV. PROCEDURES

A. DELEGATED CREDENTIALING PROCESS

Prior to entering into a Delegated Credentialing Agreement, KHS evaluates the capability of the ~~delegated~~ Delegated entity-Entity to perform the credentialing functions according to KHS standards, applicable state standards and those established by pertinent governing bodies including CMS, DHCS, DMHC and NCQA. The evaluation includes review of the following:

- 1. The ~~delegated-Delegated entity’s-Entity’s~~ credentialing criteria, policies, and procedures to assure they meet or exceed those of KHS’ applicable state standards including those established by the National Committee for Quality Assurance (NCQA).

2. ~~The delegated entity's quality assurance written plan and/or policies & procedures to assure that the entity's network panel is sufficient to provide accessibility, availability and continuity of the care covered by the health care services being delegated to this entity.~~
3. Minutes of the delegated entity's Credentials Committee meetings to verify critical review of the practitioners' credentials.
4. ~~Five percent (5%) or twenty five (25) of individual practitioners' credentialing files, whichever is less. A minimum of ten (10) initial credentialing files and (10) ten re-credentialing files are audited.~~
5. The pre-delegation assessment and evaluation may include a site visit, written review of the delegate's understanding of the standards and delegated tasks, staffing capacity, and performance records. The pre-delegation evaluation may be accomplished through a site visit, the exchange of documents and/or through pre-delegation meetings.
6. If the GROUP-Delegated Entity is NCQA Accredited or the delegate possesses NCQA-Certification, KHS may use the accredited health plan audit results in its pre-delegation evaluation as an additional mechanism of ensuring the GROUP's-Delegated Entity's credentialing program and quality assurance program meets or exceeds KHS' applicable state, federal standards including those established by the National Committee for Quality Assurance (NCQA). NCQA Accreditation or Certification is not the sole method for determining if the GROUP is deemed capable to complete the specific delegation functions (i.e., credentialing and recredentialing),

KHS must evaluate any changes to the delegation agreement, responsibilities and/or activities made by the GROUP-Delegated Entity prior to the implementation date. Prior written approval must be received from KHS prior to sub-delegating any activity. The delegate will oversee the work performed by the sub-delegate, as outlined in the Exhibit/Agreement. Failure on the part of the delegate to oversee any sub-delegated activity may result in termination of the delegation agreement with KHS.

7. KHS will conduct, at a minimum, an annual due-diligence oversight review of delegates' credentialing and recredentialing activities to include policies, procedures, file review and minutes from credentialing committee. KHS has partnered with the Healthcare Industry Collaboration Effort ("HICE") and will accept audit results approved by HICE. During annual oversight reviews, at least sixty (60) of a delegates credentialing files (30 Initial Files and 30 Recredentialing Files) will be audited to include initial and recredentialing, and/or using NCQA's 8/30 rule for sampling file review. The procedure involves an initial sampling of 8 files for initial and 8 files for recredentialing, the review of an additional sample of 22 files will be done only if the original 8-files fail a credentialing element.
8. KHS will also include a review of the GROUP's credentialing policy and procedures including the policy for credentialing system security controls as required by NCQA Credentialing Standards CR1, Element C, Factor 4. KHS will ensure the Group's monitoring process and reporting of unauthorized modifications is conducted annually in accordance with the delegation agreement requirements or its own policies and procedures as required by NCQA CR.8, Element C, Factor 5.
9. The annual evaluation may be conducted on-site, telephone consultation, virtual/remote review and/or desk-top documentation review.

10. Summary of the annual delegation review is recorded on the KHS Delegation Oversight Audit Summary Report which is presented to the KHS Physician Advisory Committee for review and approval.

2.0 COMMITTEE AND BOARD REVIEW

The KHS Physician Advisory Committee (PAC) reviews the audit results. The recommendation of the Physician Advisory Committee is presented to the Board of Directors, and if delegated credentialing is approved, an agreement is executed between the parties outlining the responsibility of each and the specific activities that are delegated.

KHS may delegate to a separate entity all of the credentialing/recredentialing responsibilities or a portion of that process, such as primary source verification and maintenance of credentialing and recredentialing files.

KHS retains the right to approve, suspend, and terminate individual practitioners, providers, and sites. The PAC bases the delegation decision on quality of services, experience, and availability of resources.

The credentialing delegate agrees that it will not sub-delegate delegated activities without prior written approval from KHS. Functions, which the delegate, directly or indirectly, delegates to a delegated third party, shall be in writing. The credentialing delegate acknowledges that the delegated third party will be limited to performing only those functions set forth and delegated in accordance with the agreement with such delegated third party, using standards approved by KHS and that are in compliance with applicable State and Federal laws.

3.0 WRITTEN DELEGATION AGREEMENT

A mutually agree upon written document (Attachment A), signed by both parties, serves as the delegation agreement (Exhibit A) of the contracted entity. The agreement includes, but is not limited to, the following elements:

1. Responsibilities of KHS and the Delegate Entity or Group
2. Specific credentialing activities being delegated which may include any or all of the following:
 - a. Maintenance of credentialing committee activities
 - b. Initial credentialing process for practitioners and/or providers
 - c. Primary source verification process
 - d. Ongoing monitoring of license and sanctions
 - e. Recredentialing process for practitioners and/or providers
 - f. Initial Site Visit Process, if required or delegated
 - g. Credentialing appeals process

- h. Appropriate reporting to authorities
- i. Decision making process
- j. Credentialing System Controls process
- 3. Frequency and type of reporting
- 4. The process by which KHS evaluates the delegate's performance
- 5. KHS retained right, based on quality issues, to approve, suspend, and terminate individual practitioners, providers and sites in situations where it has delegated decision making.
- 6. Statement of consequences and corrective action process if the delegate fails to meet the terms of the agreement, up to and including revocation of the delegation agreement.

3.04.0 DELEGATED ENTITY'S RESPONSIBILITIES

Qualified entities shall conduct plan and practitioner reviews, including utilization review, quality assurance and peer review within the meaning of California Health and Safety Code Section 1370 *et seq.*, and California Evidence Code Section 1157. ~~Pursuant to these obligations, qualified entities' responsibilities-Delegation requirements~~ will include, but not be limited to, the following:

- 1. Delegate has a minimum of 50 providers that fall in the scope of credentialing. Less than 50 providers will be at the full discretion of KHS upon review and consideration of the pre-delegation audit.
- 2. Delegate has a credentialing program that has been in place for at least 12 consecutive months and determined to have the capacity to meet NCQA requirements before delegation begins.
- 3. Delegate has credentialed their entire network of providers.
- 4. Delegate has held a least three (3) credentialing committee meetings.
- 5. Verification of potential Delegated Entity's accreditation or certification by NCQA.
- 6. Non-NCQA accredited or certified potential Delegated Entities must have ability to meet KHS credentialing standards including but not limited to: Credentialing and Recredentialing Policies and procedures, credentialing and recredentialing application and attestations, Credentialing System Controls Policy and reports, and other relevant credentialing and recredentialing documents or files, including those related to suspension and/or restrictions, fair hearing and appeals process, termination and notification to authorities, confidentiality, and non-discriminatory credentialing process.
- 1. ~~Accept applications, reapplications and attestations from the delegated entity's participating practitioners and collect all data elements from NCQA approved "primary sources".~~
- 2. ~~Collect and verify the following practitioner credentials from "primary sources", as defined by NCQA, and document and date this verification in writing according to NCQA standards:~~
 - a. ~~All current and valid Medical Licensure information~~
 - b. ~~Drug Enforcement Administration (DEA) Certificate or Controlled Dangerous Substances (CDS), if applicable~~
 - c. ~~Education and training~~
 - d. ~~Work history~~
 - e. ~~History of liability claims~~
 - f. ~~Licensure sanction(s)~~
 - g. ~~Medicare and Medicaid sanction(s)~~
- 3-7. Ensure the protected health information (PHI) of KHS members treated by participating practitioners remains protected. The delegated entity's credentialing policies and procedures must address the following:
 - a. allowable uses of PHI

- b. safeguards to protect the information from inappropriate use or further disclosure
 - c. requirements to ensure sub-delegates have similar safeguards
 - d. how are individual practitioners are allowed access to their PHI
 - e. KHS will be informed within one business day if inappropriate use of PHI occurs
 - f. safeguards to ensure that PHI is returned, destroyed, or protected if the delegation agreement ends
- 4.8. Notify KHS of any changes to NCQA healthcare accreditation status within thirty (30) days of change notification.
- ~~5. Adhere to the following in accordance to KHS, NCQA and DHCS standards:~~
- ~~a. Ongoing review and evaluation of practitioner qualifications~~
 - ~~b. Ongoing monitoring of practitioner sanctions, complaints and quality issues~~
 - ~~c. Conducting site visits and medical record reviews~~
 - ~~d. Conduct site visits of practitioners who reach member complaint threshold~~
 - ~~e. Reporting of practitioner credentialing, re-credentialing, and demographic information to KHS' Provider Relations Department~~
 - ~~f. Reporting of credentialing and re-credentialing decisions to KHS' Provider Relations Department~~
 - ~~g. Maintaining written policies and procedures for credentialing and re-credentialing activities. KHS must be notified of all revisions to policies and procedures within fifteen (15) days of approval.~~
- ~~6. Responding to KHS' Corrective Action Plan (CAP) in a timely manner.~~
- ~~7. At a minimum of once a week, KHS must be notified in writing of any changes to practitioner logistics, scheduling, or contact information as required for compliance with California Health and Safety Code Section 1367.27~~
- ~~8. Submit practitioner data per DHCS Health Care Provider Directory (274) requirements to KHS on a monthly basis via file format.~~
- ~~9. Timely submission of requested credentialing documents during a KHS audit by a regulatory entity.~~
- ~~10. Sub-Delegation: Delegated entity shall obtain KHS approval prior to assigning or sub-delegating any delegated duties. Assignment or sub-delegation shall be void unless prior written approval is obtained from DHCS. If a delegated entity sub-delegates any or all of the delegated credentialing or re-credentialing functions to a third party, the delegated entity shall provide to KHS i) written description of the delegated activities, and ii) documentation of any sub-delegate oversight performed by delegated entity for KHS review.~~
9. Process for monitoring practitioner sanctions, complaints and the occurrence of adverse events between re-credentialing cycles. The delegated entity must conduct on-going monitoring of all practitioners who fall within the scope of credentialing. The delegated entity must be fully compliant with KHS, NCQA, and DHCS and use approved current sources of sanction information.
10. Policies and procedures for on-going monitoring of practitioner sanctions, complaints and quality issues between re-credentialing cycles and takes appropriate action against practitioners when it identifies occurrence of poor quality. Delegated entity identifies and, when appropriate, acts on important quality and safety issues in a timely manner during the interval between formal credentialing.
11. Collect and evaluate ongoing monitoring information (OIG, Medi-Cal Suspended & Ineligible List, Medicare Opt-Out, etc.) and maintain current and accurate information about contracted participating practitioners.
12. Conduct site visits and medical record reviews as applicable under NCQA healthcare accreditation organization standards.

4.05.0 KERN HEALTH SYSTEMS' RESPONSIBILITIES

1. Prior to delegation and annually thereafter, conduct a review and audit of the credentialing and re-credentialing activities to ensure that the delegated entity is in accordance with KHS approved policies and procedures, and established criteria. KHS will conduct an annual evaluation and audit of all delegates. The evaluation and audit will include a review of applicable credentialing & quality assurance policies and procedures related to the delegated function. If the delegate is NCQA accredited or possesses NCQA Certification, KHS may use the accredited health plan audit in its annual evaluation; however, the NCQA Accreditation or Certification is not the sole method for determining if the GROUP is deemed capable to complete the specific delegation functions (i.e., credentialing and recredentialing).
2. Results of KHS oversight audit shall be reported to the KHS PAC and BOD in writing including any corrective action plans, time period for correcting such deficiencies or re-audit if necessary. If any area of the credentialing/re-credentialing process is found to be out of compliance with NCQA guidelines and/or GROUP's credentialing policies and procedures approved by KHS, KHS may choose, in its sole discretion, to require a written corrective action plan (CAP) from GROUP and perform a follow-up review in sixty (60) days. If the GROUP does not implement corrective plan, or does not improve its performance, or its performance is deemed inadequate by KHS in its sole discretion, KHS may implement additional methods to improve performance such as joint meetings, on-site audits, regular conference calls until deficiencies are resolved. KHS, in its sole discretion, may impose additional actions to revoke, terminate or amend the delegation agreement as necessary.
3. Notify the delegated entity in writing of any changes to KHS's credentialing and re-credentialing policy and/or outside regulatory requirements that impact the delegated entity's responsibilities.
4. Retain the authority to approve and to suspend, limit, or terminate the participation of any practitioner, who does not meet KHS' participation requirements or fails to comply with KHS' operating procedures.

KHS shall maintain ultimate responsibility for all delegated credentialing and re-credentialing activities. Notwithstanding any other provision of this policy, KHS retains the right to:

1. Approve a Practitioner or Practitioner location
2. Terminate or suspend a Practitioner from the KHS network
3. Overturn a Health Network Peer Review Body's credentialing or re-credentialing decision

5.06.0 DELEGATED ACTIVITIES FOR INITIAL CREDENTIALING

All practitioners must be qualified to participate in Medi-Cal in order to treat KHS members. Practitioners must not be excluded, suspended or ineligible from participation in the Medi-Cal or Medicare programs. Failure to meet Medi-Cal requirements may be cause for removal from KHS's network.

Credentialing activities must include collecting and verifying the following clinician credentials from "primary sources", as defined by NCQA and document and date this verification in writing according to NCQA standards:

1. Current valid license to practice healthcare in California
2. Current privileges in good standing or coverage arrangements, as applicable
3. Current valid unrestricted DEA or CDS Certificate or appropriate waiver in California
4. Current board certification in the appropriate specialty, if applicable
5. Education and training in practicing specialty, if not board certified

6. Five years of work history with documentation of gaps greater than six months
7. Current professional liability insurance within KHS approved limits
8. Review of Medicare/Medi-Cal Sanction Activities
9. Review of the Medicare Opt-Out Report
10. Site visit process, if applicable
11. Ongoing monitoring of sanction activities including Medicare/Medi-Cal, state licensure, Medicare Opt Out, as applicable. Reports must be reviewed within a prescribed timeline of source publications or at least every six months when there is no regular publication.
12. State and/or Medi-Cal Requirements as applicable
 - ~~1. Complete, signed and accurate practitioner application.~~
 - ~~2. Hospital privileges must be valid, current, unrestricted and in good standing at a contracted hospital.~~
 - ~~3. Valid, current unrestricted license for the appropriate scope of medical practice in the State of California.~~
 - ~~4. Valid, current, unrestricted Drug Enforcement Administration Certificate or Controlled Dangerous Substances, when applicable.~~
 - ~~5. Current and valid NPI.~~
 - ~~6. Board Certification or eligibility, as applicable.~~
 - ~~7. Professional work history for the most recent 5 year period. Absence of gaps in work history or CV that exceed six months must have verbal or written clarification from practitioner.~~
 - ~~8. Current malpractice insurance with a minimum of \$1,000,000 per occurrence/\$3,000,000 aggregate.~~
 - ~~9. National Practitioner Data Bank (NPDB) Query~~
 - ~~10. History or disciplinary actions affecting applicant's professional license, DEA Certificate, or other required certification.~~
 - ~~11. History of denial, suspension, restriction or termination of hospital privileges.~~
 - ~~12. Review the following information for the most recent five (5) year period:~~
 - ~~a. Any sanctions, exclusions imposed by regulatory agencies including Medicare/Medicaid,~~
 - ~~b. State sanctions, restrictions on licensure or limitations on scope of practice, and~~
 - ~~c. Professional liability claims history, including civil judgments, criminal convictions, contract terminations, malpractice suits, arbitration and settlements.~~
 - ~~13. Medicare Opt Out list.~~
 - ~~14. Individuals and organizations debarred from participating in government contracts or receiving government benefits or financial assistance.~~
 - ~~15. Graduation from a medical/professional school or a degree in the appropriate medical curriculum and completion of residency/full training in the physician's practicing specialty in the United States.~~
- 16.3. Current, signed attestation statement by the practitioner confirming the correctness and completeness of their application and must address the following:
 - a. Reasons for any inability to perform the essential functions of the position, with or without accommodation;
 - b. Lack of present use of illegal drugs;
 - c. History of loss or limitation of privileges or disciplinary action or negative license or privilege actions;
 - d. History of loss of license and felony convictions; and,

- e. History of all past and present issues regarding loss or limitation of clinical privileges at all facilities or organizations with which a practitioner has had privileges.

6.07.0 DELEGATED ACTIVITIES FOR RE-CREDENTIALING

The delegated entity must formally re-credential its practitioners at least every ~~three (3) years~~ 36 months. The three-year period must be within 36 months of the last delegated entities last Credentialing Committee approval date. As part of the recredentialing process, all credentialing information must be reverified except for work history and education and training.

~~Re-credentialing activities must include collecting and verifying the following clinician credentials from "primary sources", as defined by NCQA and document and date this verification in writing according to NCQA standards:~~

- ~~1. Complete, signed and accurate practitioner application;~~
- ~~2. Current state license;~~
- ~~3. Current and valid DEA and/or CDS, if applicable;~~
- ~~4. Board certification, if applicable;~~
- ~~5. Current and valid NPI;~~
- ~~6. Hospital privileges must be valid, current, unrestricted and in good standing at a contracted hospital;~~
- ~~7. Current malpractice insurance with a minimum of \$1,000,000 per occurrence/\$3,000,000 aggregate;~~
- ~~8. Current, signed attestation statement by the practitioner confirming the correctness and completeness of their application and must address the following:~~
 - ~~a. Reasons for any inability to perform the essential functions of the position, with or without accommodation;~~
 - ~~b. Lack of present use of illegal drugs;~~
 - ~~c. History of loss or limitation of privileges or disciplinary action or negative license or privilege actions;~~
 - ~~d. History of loss of license and felony convictions; and,~~
 - ~~e. History of all past and present issues regarding loss or limitation of clinical privileges at all facilities or organizations with which a practitioner has had privileges.~~
- ~~9. Review the following information for the most recent three (3) year period:~~
 - ~~a. Any sanctions, exclusions imposed by regulatory agencies including Medicare/Medicaid;~~
 - ~~b. State sanctions, restrictions on licensure or limitations on scope of practice, and~~
 - ~~c. Professional liability claims history, including civil judgements, criminal convictions, contract terminations, malpractice suits, arbitration and settlements.~~
- ~~10. Medicare Opt Out list.~~
- ~~11.1. Individuals and organizations debarred from participating in government contracts or receiving government benefits or financial assistance.~~
- 12.2. Performance Monitoring of the following items:
 - a. Member complaints and grievances
 - b. Quality Improvement activities
 - c. Utilization Management activities
 - d. Member Satisfaction Survey Data

7.08.0 REPORTING REQUIREMENTS

The delegated entity will notify KHS's Provider Relations Department of the following:

1. A monthly roster of newly approved practitioners ~~within seven (7) days of approval by Credentialing Committee~~. The roster must include at a minimum, the specific data elements outlined below or use the standardized ICE roster format:
 - a. Last Name
 - b. First Name
 - c. Middle Name
 - d. Degree/Title
 - e. Gender
 - f. Practitioner Practice Addresses
 - g. Practitioner phone, fax, and email, if applicable
 - h. Social Security Number and Tax ID Number
 - i. Specialty and Sub-Specialty
 - j. All valid and current Medical License Numbers and expiration dates
 - k. Board Status and/or Certifications
 - l. DEA/CDS Number and expiration date
 - m. NPI Number
 - n. Languages Spoken
 - o. Date of Credentialing Committee and/or Peer Review Approval (credentialing effective date)
 - p. Modified credentialing terms, if applicable
2. Quarterly, Delegated entity will submit the Healthcare Industry Collaboration Effort (HICE) Quarterly Credentialing Submission Form and Roster of providers credentialed, recredentialed and terminated providers and credentialing activities, during the specified reporting period.
- ~~2.3. On an ongoing basis, but at least semi-annually, submit submission of~~ a roster of contracted participating practitioners which includes at a minimum, the specific data elements outlined below or use the standardized ICE roster format:
 - a. Last Name
 - b. First Name
 - c. Middle Name
 - d. Degree/Title
 - e. All valid and current Medical License Numbers and expiration dates
 - f. Board Status and/or Certifications
 - g. Gender
 - h. Languages Spoken
 - i. Practitioner Practice Addresses
 - j. Practitioner phone, fax, and email, if applicable
 - k. NPI and Tax ID Numbers
 - l. Specialty and Sub-Specialty
 - m. Credentialing Committee dates (initial and re-credentialing dates)
 - n. Modified credentialing terms, if applicable
- ~~3.4.~~ Changes to its credentialing and re-credentialing policies and procedures, processes, delegation or sub-delegation, and criteria within thirty (30) days of the change.
- ~~4.5.~~ Submit thirty (30) days prior or upon notification any changes in the status of any of the delegated

entity's participating practitioners, including, but not limited to terminations, resignations, or extended leave (more than 4 weeks), and changes in privileges.

6. Notify within ten (10) days of becoming aware of significant changes in an individual practitioners credentialing or re-credentialing status, including, but not limited to, loss of hospital privileges, loss of restriction of any state license, loss of limit of DEA permit, ineligibility or exclusion from any federal program, or disciplinary action taken against a practitioner.

~~5-7.~~ Should the Delegated Entity file a Section 805 with the Medical Board of California and a report to the National Practitioner Data Bank (NPDB) within fifteen (15) business days after the effective date of any adverse action against a practitioner, the Delegated Entity will notify KHS within 15-days business days.

~~7.1~~ **ONGOING MONITORING OF SANCTIONS, COMPLAINTS, and QUALITY ISSUES**

~~The delegated entity must implement the following:~~

- ~~1. Process for monitoring practitioner sanctions, complaints and the occurrence of adverse events between re-credentialing cycles. The delegated entity must conduct on going monitoring of all practitioners who fall within the scope of credentialing. The delegated entity must be fully compliant with KHS, NCQA, and DHCS and use approved current sources of sanction information.~~
- ~~2. Policies and procedures for on going monitoring of practitioner sanctions, complaints and quality issues between re-credentialing cycles and takes appropriate action against practitioners when it identifies occurrence of poor quality. Delegated entity identifies and, when appropriate, acts on important quality and safety issues in a timely manner during the interval between formal credentialing.~~
- ~~3. Collect and evaluate ongoing monitoring information (OIG, Medi-Cal Suspended & Ineligible List, Medicare Opt-Out, etc.) and maintain current and accurate information about contracted participating practitioners.~~
- ~~4. Conduct site visits and medical record reviews as applicable under NCQA healthcare accreditation organization standards.~~

~~KHS retains the right, based on quality, facility site review, adverse events, criminal actions, or changes in privileges, accusations, and/or probation to close practitioners to new member assignment until such time the KHS Physician Advisory Committee determines otherwise.~~

~~7.29.0~~ **CREDENTIALING DECISIONS**

To ensure that a consistent and equitable process is used throughout the KHS network, the credentialing and re-credentialing policies of the delegated entity will adhere to at least the same qualification standard and participation terms and conditions set forth in KHS' Credentialing Policy and Procedure. The delegated entity's policy and procedures shall include the practitioner's right to appeal according to applicable laws. KHS will report all delegated credentialing and re-credentialing decisions to its Physician Advisory Committee, within **thirty (30) days** receipt of the delegated entity's decisions for final action. KHS retains the right to approve or reject each individual practitioner and/or practitioner sites, and to terminate, suspend, and/or limit participation by any individual practitioner.

~~7.310.0~~ **REPORTING TO REGULATORY AGENCIES**

Each delegated entity must file a Section 805 with the Medical Board of California and a report to the

National Practitioner Date Bank (NPDB) within three (3) business days after the effective date of the adverse action, if the action is reportable.

~~8.0 — ONGOING OVERSIGHT AND RENEWAL OF DELEGATION AGREEMENT~~

~~1. — The delegated entity agrees, upon delegation, to make available to KHS the credentialing and re-credentialing status on the delegated entity's participating practitioners, including credentialing data elements as well as documents and quarterly reports, as appropriate, using the standardized ICE form or another approved KHS format.~~

~~2. — KHS annually evaluates the delegated entity's credentialing and quality assurance process to assure it continues to meet or exceed KHS' standards, applicable state standards and those established by NCQA. The evaluation includes review of the following:~~

~~a. — The delegated entity's credentialing criteria, policies and procedures to assure they meet or exceed KHS' standards, applicable state standards and those established by NCQA.~~

~~b. — The delegated entity's quality assurance written plan and/or policies & procedures to ensure that the entity's network panel is sufficient to provide accessibility, availability and continuity of the covered health care services being delegated to this entity~~

~~c. — Minutes of the delegated entity's Credentials Committee meeting to verify critical review of the practitioner's credentials.~~

~~d. — Five percent (5%) or fifty (50) of the individual practitioner' credentialing files, whichever is less. A minimum of ten (10) initial credentialing files and ten (10) re-credentialing files are audited. In lieu of KHS conducting its own file review, KHS may request results from the delegated entities annual ICE or NCQA reaccreditation audit results.~~

~~3. — KHS annually evaluates the delegated entity enrollee/member experience survey process to validate and assess the GROUP's accessibility, availability and continuity of care including but not limited to information obtained through enrollee and provider surveys, enrollee grievances and appeals, and timely access to primary care & specialty appointments. The GROUP, will be required to submit quarterly reports to the plan regarding accessibility and availability to validate compliance and ensure GROUP's network of providers are sufficient to provide accessibility, availability and continuity of care of the covered health services.~~

~~41. The KHS Medical Director and/or designee and the Physician Advisory Committee review results of the annual audit. If deficiencies are found during the evaluation, KHS may choose to work with the delegated entity to develop a plan for improvement with specified time frames and actions to achieve KHS standards. If the improvement process is unsuccessful, KHS reserves the right to terminate the Delegated Credentialing Agreement.~~

~~5. — Results of KHS' oversight audits may be reported to the delegated entity in writing, including a corrective action plan (CAP) if deficiencies are noted. The delegated shall implement such a corrective action plan within the specified time period and shall permit a re-audit by KHS or its agent if requested. KHS may perform a follow-up review within sixty (60) days.~~

11.0 Revocation and Resumption of Delegated Functions:

1. KHS, in its sole discretion, reserves the right to revoke any or all of the Delegated Functions at any time if it is determined that Delegated Functions are not being performed in accordance with

the terms of this Exhibit, the Agreement, the Delegation Grid, all Applicable Requirements, and NCQA standards.

2. Upon notice to GROUP that any or all Delegated Functions are revoked, KHS will work with GROUP to transition revoked Delegated Functions to KHS. The resumption of revoked Delegated Functions will be at the sole discretion of KHS and may require a new Delegation Grid mutually agreed to and executed by the parties.
3. In the event of revocation of Delegated Functions by KHS, or termination of this Delegation Agreement by either party, GROUP will use best efforts to facilitate KHS's resumption of Delegated Functions, including to the extent applicable, assisting with the transition of members' care.
4. Notwithstanding KHS's ability to revoke delegated functions, GROUP's failure to perform the Delegated Functions or respond to any corrective action plan shall be considered a material breach of this Delegation Agreement.
5. The resumption of revoked Delegated Functions will be at the sole discretion of KHS. If KHS determines GROUP may resume some or all Delegated Functions, a new Delegation Grid will be mutually agreed to and executed by the parties.
6. KHS retains the right to approve, suspend and terminate individual practitioners for which KHS has delegated decision-making or deny participation of any Group practitioner provider services to Members of KHS' Medi-Cal Managed Care Health Plan.

V. ATTACHMENTS

Attachment A: Delegated Credentialing Agreement <u>(Exhibit and Attachment Grid)</u>
Attachment B: n/a
Attachment C: n/a
Attachment D:

VI. REFERENCES

Reference Type	Specific Reference
Other	<u>NCQA Accreditation Credentialing Standards CR.8 Delegated</u>

	<u>Credentialing 2023</u>
Regulatory	
All Plan Letter(s) (APL)	
Other KHS Policies	<u>Former P&P 4.32-P under Provider Network Management</u>

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	11/2010	Policy created by Provider Relations	Yolanda Herrera
<u>Revised</u>	<u>09/2024</u>	<u>Revised Policy entirely to align with NCOA Delegated Credentialing Standards CR.8 and New Delegated Credentialing Agreement Exhibit with outlined responsibility grid. P&P Renumbered under Quality Performance 23.1-P Exhibit/Attachment A-Delegation Agreement is a new template approved by KHS Compliance, DSR Health Law and TMG Consultants.</u>	<u>Yolanda Herrera</u>
Revised	Revision 2019-08	Policy revised after review by DSR Health Law, minor revisions incorporated at the request of Alec Stone, Attorney	Yolanda Herrera
Revised	Revision 2017-03	Policy revised to incorporate requirements of adopted legislation SB 137. Policy submitted and approved by DMHC	Unknown
Revised	Revision 2012-11	Attachment A revised. Only formatting changes applied to policy, no substantial changes. Revision 2010-11: Policy created by Provider Relations	Unknown

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Physician Advisory Committee (PAC)	<u>9/4/2024</u> <u>10/2/2024</u>	
Board of Directors (BOD)	10/17/2024	

Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
<u>Department of Health Care Services (DHCS)</u>		
Choose an item.		
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure:

Last approved version: None

Reason for revision: New Policy

Director Approval		
Title	Signature	Date Approved
Jake Hall Sr. Director of Contracting and Quality Performance		

Date posted to public drive: _____

Date posted to website (“P” policies only) : _____

EXHIBIT (INSERT # or Letter)
DELEGATION CREDENTIALING AGREEMENT

This Delegate Agreement is incorporated into the Agreement and is entered into between Kern Health System (“KHS”) and [INSERT GROUP NAME] (“GROUP”) as of [INSERT DATE] (“Effective Date”). Any term not otherwise defined within this Exhibit shall have the meaning specified in the Agreement. In the event of any conflict or inconsistency between the terms of this Exhibit and the terms of the Agreement, the terms of the Agreement shall govern and prevail.

RECITALS

- A. KHS is licensed under the California Knox-Keene Health Care Service Plan Act of 1975 as a health care service plan.
- B. GROUP is a peer review body within the meaning of California Business and Professions Code Section 805 and conducts plan and practitioner reviews, including utilization review, quality assurance and peer review within the meaning of California Health and Safety Code Section 1370 *et seq.*, and California Evidence Code Section 1157.
- C. KHS acknowledges and agrees that the delegation of its credentialing and re-credentialing requirements to GROUP does not relieve KHS of its responsibility to ensure that GROUP’s credentialing and re-credentialing are consistent with laws and regulations.
- D. In its sole discretion, KHS reserves the right to terminate this Delegation Agreement upon written notice; GROUP may terminate this Delegation Agreement upon ninety (90) days prior written notice to KHS

Section 1: General Representations and Obligations of GROUP:

- 1.1 GROUP warrants and represents that all delegated functions will be performed in compliance with all Applicable Requirements, including but not limited to State and Federal regulations, DHCS contractual requirements, including Medi-Cal requirements attached as an exhibit to this Delegation Agreement, and current National Committee for Quality Assurance (“NCQA”) Credentialing standards. Delegated functions are set forth in the Delegation Grid attached herewith as Exhibit (X).
- 1.2 KHS will give notice to GROUP of any changes in State and Federal regulations and NCQA Credentialing standards. GROUP agrees to promptly comply with any such required changes. Group shall maintain any and all license, certificates, registrations, or permits required to perform credentialing and recredentialing.
- 1.3 GROUP shall initially credential, and every thirty-six (36)-months thereafter, re-credential all GROUP practitioners, in accordance with credentialing and re-credentialing policies and procedures, approved by KHS and which meet accreditation standards and requirements including, but not limited to NCQA credentialing requirements.
- 1.4 If KHS determines a corrective action plan is needed, GROUP warrants that GROUP will create and implement a corrective action plan approved by KHS.

- 1.5 If GROUP does not meet the timeline to implement the corrective action plan agreed to by GROUP and KHS, GROUP agrees that KHS has the right to exercise any and all remedies available to KHS under the Agreement, including the issuance of sanctions and penalties.
- 1.6 GROUP shall not further sub-delegate the performance of any Delegated Function, as defined below, to another organization or entity without the express written consent of KHS. Should GROUP receive KHS's express written consent to sub-delegate the performance of any Delegated Function, the GROUP's subcontractor must comply with the terms and conditions set forth in this Exhibit, the Agreement, the Delegation Grid, and all Applicable Requirements. In the event GROUP sub-delegates, GROUP agrees to monitor and oversee its subcontractor's performance of sub-delegated functions by conducting continuous monitoring and an annual oversight audit based on best practice and industry standards.
- 1.7 GROUP will notify KHS of any changes to its NCQA healthcare accreditation status within thirty (30) days of change notification.

Section 2: Delegated Functions:

- 2.1 GROUP shall be responsible for the performance of the credentialing functions, collectively referred to as "Delegated Functions."
- 2.2 The Delegation Grid, Attachment 1 to this Exhibit, is hereby incorporated by reference. The Delegation Grid identifies the Delegated Functions and GROUP's responsibilities related to the Delegated Functions.
- 2.3 The Reporting/Oversight Requirements, Attachment 1 to this Exhibit, is hereby incorporated by reference.
- 2.4 Delegated Functions shall be performed in a manner consistent with the terms set forth in this Attachment 1 Exhibit, the Delegation Grid/Reporting Oversight Requirements, the terms and conditions of the Agreement, and all Applicable Requirements.

Section 3: KHS Oversight:

- 3.1 KHS shall maintain ultimate responsibility for adhering to and otherwise fully comply with the terms and conditions of KHS's agreements with Government Agencies and State and Federal law.
- 3.2 As part of GROUP's acceptance of the Delegated Functions, GROUP agrees to cooperate, participate and comply with KHS's monitoring and oversight activities. Such audits and assessments shall be performed in accordance with State requirements, NCQA standards, and KHS's delegation oversight policies and procedures.

- 3.3 KHS shall monitor and oversee GROUP's performance of Delegated Functions by conducting continuous monitoring through quarterly reports and conducts an annual oversight audit of the credentialing files, documents and reports set forth in the Delegation Grid and Reporting Deliverable Index based on KHS's delegation oversight procedures.
- i. Continuous monitoring will include but is not limited to the following:
 - a. Review of credentialing files, documents and reports as described in the Delegation Grid and the Reporting Oversight;
 - b. Review of delegates credentialing system controls policies and procedures, and audits.
 - ii. KHS and GROUP shall collaboratively develop the annual audit schedule for Delegated Functions.
 - iii. Location of the audit shall be on site at GROUP's business office(s), and/or desk audit will be conducted at KHS's business office.
 - iv. The annual audit will include but is not limited to the review of credentialing files, documents and reports, including the delegates credentialing system controls as described in the Delegation Grid and the Reporting Oversight at least annually.
 - v. KHS will also include a review of the GROUP's credentialing policy and procedures including the policy for credentialing system security controls as required by NCQA Credentialing Standards CR1, Element C, Factor 4. KHS will ensure the Group's monitoring process and reporting of unauthorized modifications is conducted annually in accordance with the delegation agreement requirements or its own policies and procedures as required by NCQA CR.8, Element C, Factor 5.

Upon reasonable advanced notice from KHS with mutually agreed date and time by both Parties, GROUP will cooperate in the annual onsite review to be performed by KHS. Such review may include interviews of appropriate representatives of GROUP, review of credentialing policies and procedures and review of files relating to practitioners or a request for copies of required documentation. KHS may, at its sole discretion, choose to use the results of the annual Healthcare Industry Collaborative Effort (HICE) audit or NCQA healthcare accreditation audit in lieu of conducting its own if the GROUP is deemed capable to complete the specific delegation functions.

- 3.4 If KHS determines a corrective action plan is needed, GROUP will create and, upon approval of the plan by KHS, implement such corrective action plan.
- 3.5 KHS shall monitor GROUP's ongoing performance to ensure corrective actions take place in a timely manner.
- 3.6 KHS shall perform additional follow up audits, as necessary, to verify the completion of corrective action plan(s).
- 3.7 KHS, in its sole discretion, has the right to exercise any and all remedies available to KHS under the Agreement, including the issuance of sanctions and penalties.
- 3.8 KHS reserves the right to directly monitor and oversee GROUP's subcontractor's performance of sub-delegated functions by conducting continuous monitoring and an annual oversight audit as necessary.

- 3.9 In the event KHS amends its KHS 23.1-P Delegated Credentialing policy, including Section 8.0 Reporting Requirements, it shall provide GROUP notice of such amendments at least sixty (60) days before the effective date of any change(s) to the KHS policy referenced herein.

Section 4: Revocation and Resumption of Delegated Functions:

- 4.1 KHS, in its sole discretion, reserves the right to revoke any or all of the Delegated Functions at any time if it is determined that Delegated Functions are not being performed in accordance with the terms of this Exhibit, the Agreement, the Delegation Grid, all Applicable Requirements, and NCQA standards.
- 4.2 Upon notice to GROUP that any or all Delegated Functions are revoked, KHS will work with GROUP to transition revoked Delegated Functions to KHS. The resumption of revoked Delegated Functions will be at the sole discretion of KHS and may require a new Delegation Grid mutually agreed to and executed by the parties.
- 4.3 In the event of revocation of Delegated Functions by KHS, or termination of this Delegation Agreement by either party, GROUP will use best efforts to facilitate KHS's resumption of Delegated Functions, including to the extent applicable, assisting with the transition of members' care.
- 4.4 Notwithstanding KHS's ability to revoke delegated functions, GROUP's failure to perform the Delegated Functions or respond to any corrective action plan shall be considered a material breach of this Delegation Agreement.
- 4.5 The resumption of revoked Delegated Functions will be at the sole discretion of KHS. If KHS determines GROUP may resume some or all Delegated Functions, a new Delegation Grid will be mutually agreed to and executed by the parties.
- 4.6 KHS retains the right to approve, suspend and terminate individual practitioners for which KHS has delegated decision-making or deny participation of any Group practitioner provider services to Members of KHS' Medi-Cal Managed Care Health Plan.

Section 5: Deliverables:

- 5.1 Deliverables must be made in the manner and time described in the Delegation Grid attached to this Agreement.

Section 6: Entire Delegation Agreement:

- 6.1 This Delegation Agreement constitutes the entire understanding of the parties on this subject matter and supersedes any prior delegation agreements.

Section 7: Termination of Delegation Agreement

- A. KHS has the right to terminate this Delegation Agreement, in its sole discretion, with or without cause. The term of this Delegation Agreement begins on the Effective Date and ends upon a written notice of termination by either party pursuant to the terms of this Section. KHS may terminate this Agreement with or without cause immediately upon written notice to GROUP. GROUP may terminate this Delegation Agreement with or without cause by providing ninety (90) days’ written notice to KHS. In the event this Delegation Agreement is terminated, GROUP agrees to assist, to the extent applicable, with the transition of members’ care.

IN WITNESS WHEREOF, the parties signify their acceptance of the terms and conditions of this Delegation Agreement by their signatures below.

Kern Health System
Executed by

Executed By: [INSERT NAME]

Name:

Name:

Title:

Title:

Signature:

Signature:

Date:

Date:

Remainder of page is left blank intentionally.

EXHIBIT X: Attachment #1
Delegation Grid
Effective (INSERT DATE)

The purpose of this grid is to specify the activities delegated by KHS to GROUP. All Delegated Functions are to be performed in accordance with NCQA accreditation standards and State and Federal regulatory requirements as modified from time to time. GROUP agrees to be accountable for all responsibilities delegated by KHS and will not further delegate (sub-delegate) any such responsibilities without prior written authorization by KHS. GROUP may collect the data necessary to assess member experience and clinical performance (e.g. Complaints, CAHPS results or other member experience data, HEDIS results, claims or other clinical data, etc.). This data is also available from KHS upon request by emailing (INSERT CONTACT). GROUP must provide periodic reports as required by KHS. Required reports and documents must be sent to KHS's Audits and Oversight Unit via secure FTP site or emailed at (INSERT CONTACT). DHCS and DMHC requirements as well as NCQA standards not identified in this Delegation Grid remain the responsibility of KHS.

Credentialing

The Health Plan reviews Delegate's Credentialing activities in-order to ensure service levels, quality, and compliance with regulatory requirements. The Plan adheres to the most current Federal and State regulations and NCQA standards to comply with these requirements. The Plan retains the right to approve, suspend and terminate individual practitioners, providers and sites in situations where it has delegated decision making. The Plan retains overall responsibility for the following procedural or structural components.

Requirement	Delegated Yes / No
NCQA CR 1: Credentialing Policies Developing and implementing policies which describe the process for credentialing and recredentialing health care practitioners. At a minimum, such policies shall specify the following:	
Element A: Practitioner Credentialing Guidelines 1. The types of practitioners it credentials and recredentials. 2. The verification sources it uses. 3. The criteria for credentialing and recredentialing. 4. The process for making credentialing and recredentialing decisions. 5. The process for managing credentialing files that meet Organization's established criteria. 6. The process for ensuring that credentialing and recredentialing are conducted in a nondiscriminatory manner. 7. The process for notifying practitioners if information obtained during credentialing process varies substantially from the information they provided to Organization. 8. The process for notifying practitioners of the credentialing and recredentialing decision within 60 calendar days of the credentialing committee's decision. 9. The medical director or other designated physician's direct responsibility and participation in the credentialing program. 10. The process for securing the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law. 11. The process for confirming that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, board certification and specialty.	Yes
Element B: Practitioner Rights The Delegate notifies practitioners about their right to: 1. Review information submitted to support their credentialing application. 2. Correct erroneous information. 3. Receive the status of their credentialing or recredentialing application, upon request.	Yes
Element C: Credentialing System Controls	Yes

Requirement	Delegated Yes / No
<p>The Delegate's credentialing process describes:</p> <ol style="list-style-type: none"> 1. How primary source verification information is received, dated and stored. 2. How modified information is tracked and dated from its initial verification. 3. Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate. 4. The security controls in place to protect the information from unauthorized modification. 5. How Organization monitors its compliance with the policies and procedures in factors 1–4 at least annually and takes appropriate action when applicable. 	
<p>Element D: Credentialing System Controls Oversight At least annually, the delegate demonstrates that it monitors compliance with its credentialing controls, as described in Element C, factor 5, by:</p> <ol style="list-style-type: none"> 1. Identifying all modifications to credentialing and recredentialing information that did not meet Organization's policies and procedures for modifications. 2. Analyzing all instances of modifications that did not meet Organization's policies and procedures for modifications. 3. Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters. 	Yes
<p>NCQA CR 2: Credentialing Committee The Delegate designates a Credentialing Committee that uses a peer-review process to make recommendations regarding credentialing decisions.</p>	
<p>Element A: Credentialing Committee: The Delegate's Credentialing Committee:</p> <ol style="list-style-type: none"> 1. Uses participating practitioners to provide meaningful advice and expertise when it makes credentialing decisions. 2. Reviews credentials for practitioners who do not meet established thresholds. 3. Ensures that files that meet established criteria are reviewed and approved by a medical director, designated physician or the Credentialing Committee. 	Yes
<p>NCQA CR 3: Credentialing Verification The Delegate verifies and reverifies credentialing information through primary sources in accordance with applicable federal and/or state law, NCQA Standards, unless otherwise indicated.</p>	
<p>Element A: Verification of Credentials The Delegate verifies that the following are within the prescribed time limits:</p> <ol style="list-style-type: none"> 1. A current and valid license to practice. 2. A valid DEA or CDS certificate, if applicable. 3. Education and training as specified in the explanation. * 4. Board certification status, if applicable. 5. Work history. * 6. A history of professional liability claims that resulted in settlement or judgment paid on behalf of the practitioner. 7. National Practitioner Identifier (NPI) Number 8. Clinical privileges in good standing, if applicable (CMS/DMHC/DHCS) 	Yes
<p>Element B: Sanction Information The Delegate verifies the following sanction information for credentialing</p> <ol style="list-style-type: none"> 1. State sanctions, restrictions on licensure and limitations on scope of practice. 2. Medicare and Medicaid sanctions/exclusions/preclusions. Providers terminated from either Medicare or Medicaid, or on either the Office of Inspector General (OIG), the Medi-Cal Suspended and Ineligible Provider List (DHCS) or the EPLS/EEDP/SAM Database (CMS) may not participate in Health Plan's network; including Medicare Debarment and opt-out. (CMS/DHCS) 	Yes
<p>Element C: Credentialing Application Applications for credentialing include the following:</p> <ol style="list-style-type: none"> 1. Reasons for inability to perform the essential functions of the position. 2. Lack of present illegal drug use. 	Yes

Requirement	Delegated Yes / No
3. History of loss of license and felony convictions. 4. History of loss or limitation of privileges or disciplinary actions. 5. Current malpractice insurance coverage. 6. Current and signed attestation confirming the correctness and completeness of the application.	
NCQA CR 4: Recredentialing Cycle Length The Delegate formally recredentials its practitioners at least every 36 months.	
Element A: Recredentialing Cycle Length The length of the recredentialing cycle is within the required 36-month time frame.	Yes
This applies to practitioners in the scope of credentialing as defined in CR1, Element A, B and APL 22-013 Screening and Enrollment as applicable. (requirements indicated with * are not required at recredentialing)	Yes
Recredentialing policies and procedures requires information from quality improvement activities and member complaints in recredentialing decision-making process (CMS/DHCS)	Yes
Each file contains the Credentialing Committee decision date. The 36-month recredentialing cycle begins on the date of the previous credentialing decision. (NCQA counts the 36-month cycle to the month, not the day)	Yes
NCQA CR 5: Ongoing Monitoring and Interventions The Delegate develops and implements policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identifies occurrences of poor quality.	
Element A: Ongoing Monitoring and Interventions The Delegate implements ongoing monitoring and makes appropriate interventions by: <ol style="list-style-type: none"> 1. Collecting and reviewing Medicare and Medicaid sanctions. 2. Collecting and reviewing sanctions and limitations on licensure. 3. Collecting and reviewing complaints. 4. Collecting and reviewing information from identified adverse events. 5. Implementing appropriate interventions when it identifies instances of poor quality related to factors 1-4. 	Yes
NCQA CR 6: Notification to Authorities and Practitioner Appeal Rights The Delegate that has taken action against a practitioner for quality reasons reports the action to the appropriate authorities and offers the practitioner a formal appeal process.	
Element A: Actions Against Practitioners The Delegate has policies and procedures for: <ol style="list-style-type: none"> 1. Identifying the range of options available for taking actions against practitioners. 2. Making the appeal process known to practitioners. 	Yes
NCQ CR 7: Assessment of Organizational Providers The Delegate has written policies and procedures for the initial and ongoing assessment of providers with which it contracts.	
Element A: Review and Approval of Provider The Delegate's policy for assessing a health care delivery provider specifies that before it contracts with a provider, and for at least every 36 months thereafter, it: <ol style="list-style-type: none"> 1. Confirms that the provider is in good standing with state and federal regulatory bodies. 2. Confirms that the provider has been reviewed and approved by an accrediting body. 3. Conducts an onsite quality assessment if the provider is not accredited. 	Yes
Element B: Medical Providers The Delegate includes at least the following medical providers in its assessment: <ol style="list-style-type: none"> 1. Hospitals 2. Home Health Agencies 3. Skilled Nursing Facilities 4. Free-Standing Surgical Centers * (CA H&S 1248.1 requires accreditation) 	Yes
CMS Required Provider Types: If the Health Plan includes (Medicare), the Delegate includes the additional provider types in its	Yes

Requirement	Delegated Yes / No
assessment: 5. Hospices 6. Clinical Laboratories 7. Comprehensive Outpatient Rehabilitation Facilities (CORF) 8. Outpatient Physical Therapy Providers 9. Speech Pathology Providers 10. Outpatient Diabetes Self-Management Training Providers 11. Portable X-Ray Suppliers 12. Rural Health Clinics (RHC) 13. Federally Qualified Health Centers (FQHC)	
Element C: Behavioral Healthcare Providers The Delegate includes behavioral health care facilities providing mental health or substance abuse services in the following settings: 1. Inpatient, 2. Residential, 3. Ambulatory	Yes
Element D Assessing Behavioral Healthcare Providers The Delegate assesses contracted behavioral healthcare providers against the requirements and within the time frame in Element A.	Yes
NCQA CR 8: Delegation of CR If the Health Plan delegates any NCQA-required credentialing activities, there is evidence of oversight of the delegated activities. CR8 / Factor 3 – Reporting Requirements outlined below	Organization shall not sub-delegate the performance of CR functions to another organization or entity without the express written consent of the Plan.
CR9: Identification of HIV/AIDS Specialist The Delegate documents and implements a method for identifying HIV/AIDS Specialist to who appropriate members may be given a standing or extended referral per criteria CA H&SC 1374.16, DMHC Tag (QM-004), DHCS MMCD All Plan Letter)	
1. There is written policy and procedure describing the process that the delegate identifies or reconfirms the appropriately qualified physician who meets the definition of an HIV/AIDS Specialist according to California State regulation on an annual basis. 2. On an annual basis, the delegate identifies or reconfirms the appropriate qualified physician who meets the definition of an HIV/AIDS Specialist according to California State regulation. 3. The list of identified qualifying physician is provided to the delegates department responsible for authorizing standing referrals.	Yes
CA AB2581: Behavioral Health Only The Delegate has written policy and procedures describing the credentialing turnaround time for behavioral health providers.	
1. The initial credentialing decision is to be completed within 60-days after receiving a completed credentialing application. 2. Written policy and procedures includes notifying the applicant within 7-business days to verify receipt and inform the applicant whether the application is complete.	Yes

DHCS Provider Screening and Enrollment

Requirement	Delegated Yes / No
APL 22-013 Provider Screening and Enrollment (DHCS Credentialing Verification & Recredentialing) Title 42 CFR, Section 438.602(b) requires the Medi-Cal Program to screen and enroll, and periodically revalidate, all network providers of managed care organizations, prepaid inpatient health plans, and prepaid ambulatory health plans, in accordance with the requirements of Title 42 CFR, Part 455, Subparts B and E. These requirements apply to both existing contracting network providers as well as prospective network providers.	
The Delegate ensures the following practitioners and providers meet DHCS enrollment and screening requirements: 1. Limited Risk: physician or non-physician practitioners and medical groups or clinics: <ul style="list-style-type: none"> • Ambulatory Surgical Centers (ASCs) • End-Stage Renal Disease (ESRD) facilities • Federally Qualified Health Centers (FQHCs) • Histocompatibility laboratories • Hospitals, including Critical Access Hospitals (CAHs) • Indian Health Service (IHS) facilities • Mammography screening centers • Mass immunization roster billers • Organ Procurement Organizations (OPOs) • Portable x-ray suppliers • Providers or suppliers that are publicly traded on the New York Stock Exchange (NYSE) or the NASDAQ • Public or Government-Owned Ambulance Services Suppliers • Religious Nonmedical Health Care Institutions (RNHCIs) • Rural Health Clinics (RHCs) • Radiation therapy centers • Skilled Nursing Facilities (SNFs) 2. Moderate Risk: <ul style="list-style-type: none"> • Community mental health centers • Comprehensive outpatient rehabilitation facilities • Currently enrolled (re-validating) home health agencies Exception: Any such provider that is publicly traded on the NYSE or the NASDAQ is considered “limited” risk • Currently enrolled (re-validating) suppliers of Durable Medical Equipment, Prosthetics, Orthotics, or Supplies (DMEPOS) Exception: Any such supplier that is publicly traded on the NYSE or NASDAQ is considered “limited” risk • Hospice organizations • Independent clinical laboratories • Independent diagnostic testing facilities • Non-public, non-government owned or affiliated ambulance services suppliers 3. High Risk: <ul style="list-style-type: none"> • Prospective (newly enrolling) home health agencies and prospective (newly enrolling) suppliers of DMEPOS • Providers prevented from applying for enrollment due to a moratorium and the moratorium was lifted in the past six months • Diabetes Prevention Program (DPP) providers 	Yes
The Delegate ensures that practitioners and providers meet the Medi-Cal Program screening and enrollment requirements described in DHCS APL 22-013.	Yes
The Delegate monitors practitioners and providers are in good standing with the Medi-Cal Program at least monthly.	Yes

REPORTING / OVERSIGHT REQUIREMENTS

Requirement	Delegated Yes / No
NCQA CR 8 / Factor 3: Delegation of CR - Reporting The organization must receive regular reports from all delegates, even NCQA-Accredited delegates.	
1.1 REPORT: ROSTER OF NEWLY APPROVED PRACTITIONERS 1.2 FREQUENCY: MONTHLY (Received no later than the 15 th of each month) 1.3 RECIPIENT: KHS MANAGER (Yolanda Herrera at Yolanda.herrera@khs-net.com or Credentialing@khs-net.com) The roster must include at a minimum, the specific data elements outlined below or use the standardized HICE roster format: a. Last Name b. First Name c. Middle Name d. Degree/Title e. Gender f. Practitioner Practice Addresses g. Practitioner phone, fax, and email, if applicable h. Social Security Number and Tax ID Number i. Specialty and Sub-Specialty j. All valid and current Medical License Numbers and expiration dates k. Board Status and/or Certifications l. DEA/CDS Number and expiration date m. NPI Number n. Languages Spoken o. Date of Credentialing Committee and/or Peer Review Approval (credentialing effective date) p. Modified credentialing terms, if applicable	Yes
2.1 REPORT: QUARTERLY CREDENTIALING SUBMISSION FORM & ROSTER 2.2 FREQUENCY: QUARTERLY (Due Dates: 1 st Qtr: May 15 th , 2 nd Qtr: August 15 th , 3 rd Qtr: November 15 th and 4 th Qtr: February 15) 2.3 RECIPIENT: KHS MANAGER (Yolanda Herrera at Yolanda.herrera@khs-net.com or Credentialing@khs-net.com) Delegated entity will submit the Healthcare Industry Collaboration Effort (HICE) Quarterly Credentialing Submission Form and Roster of providers credentialed, recertified and terminated providers and credentialing activities, during the specified reporting period.	Yes
3.1 REPORT: SEMI-ANNUAL ROSTER 3.2 FREQUENCY: Due Dates: 1st Report: August 15th Covers Jan 1st – June 30th) and 2nd Report: February 15th Covers July 1st – December 31st) 3.3 RECIPIENT: KHS MANAGER (Yolanda Herrera at Yolanda.herrera@khs-net.com or Credentialing@khs-net.com) Roster of contracted participating practitioners which includes at a minimum, the specific data elements outlined below or use the standardized HICE Roster format: a. Last Name b. First Name c. Middle Name d. Degree/Title e. All valid and current Medical License Numbers and expiration dates f. Board Status and/or Certifications g. Gender	Yes

Requirement	Delegated Yes / No
<ul style="list-style-type: none"> h. Languages Spoken i. Practitioner Practice Addresses j. Practitioner phone, fax, and email, if applicable k. NPI and Tax ID Numbers l. Specialty and Sub-Specialty m. Credentialing Committee dates (initial and re-credentialing dates) n. Modified credentialing terms, if applicable 	
<p>4.1 REPORT: ADDITIONAL NOTIFICATIONS</p> <p>4.2 FREQUENCY: Annual / Within 30 days of change / 30 days prior or upon notification of change / Within 10 business days / Within 15 business days of effective date of adverse decision as indicated below.</p> <p>4.3 RECIPIENT: KHS MANAGER (Yolanda Herrera at Yolanda.herrera@khs-net.com or Credentialing@khs-net.com)</p> <p>Additional Notifications:</p> <ul style="list-style-type: none"> a. Annually, or as part of annual oversight audit, GROUP shall provide a copy of its credentialing and re-credentialing policies and procedures and a copy of its annual credentialing system controls oversight report, including any corrective actions. b. Any revisions to the NCQA standards shall be deemed to be a mandated amendment to this Delegation Agreement. c. Changes to its credentialing and re-credentialing policies and procedures, processes, delegation or sub-delegation, and criteria within thirty (30) days of the change. d. Submit thirty (30) days prior or upon notification any changes in the status of any of the delegated entity's participating practitioners, including, but not limited to terminations, resignations, or extended leave (more than 4 weeks), and changes in privileges. e. Notify within ten (10) business days, excluding holidays and weekends, of becoming aware of significant changes in an individual practitioners credentialing or re-credentialing status, including, but not limited to, loss of hospital privileges, loss of restriction of any state license, loss of limit of DEA permit, ineligibility or exclusion from any federal program, or disciplinary action taken against a practitioner. f. GROUP shall file a Section 805 with the Medical Board of California and a report to the National Practitioner Data Bank (NPDB) within fifteen (15) business days after the effective date of any adverse action against a practitioner if the action is reportable 	Yes



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Non-Physician Medical Practitioners - Supervision by Physicians	Policy #	23.06-P
Policy Owner	Quality Performance	Original Effective Date	08/1997
Revision Effective Date	10/1/2024	Approval Date	10/2/2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		

I. PURPOSE

Physician offices will have standardized procedures that clearly define the scope of services and supervision of all non-physician medical providers (NPMP) in accordance with applicable California Code of Regulations, Business and Professions Code (BPC) and/or California Licensing Agency.

~~Kern Health Systems (KHS) will encourage the use of non-physician medical practitioners (NPMP), also referred to as mid-level providers, with the intent of increasing member access to medical care and thereby improving patient outcome. All mid-level providers must have an established supervisory relationship with a contracted physician provider, and the supervising physician must follow the standards and guidelines set forth in Title 22 of the California Code of Regulations for Health Services (Nurse Practitioners/Nurse Mid-Wives), Title 16 California Code of Regulations Section 1399.540 & 1399.545 (Physician Assistants), as well as standards set forth by KHS. All mid-level providers must meet credentialing standards set by KHS.~~

II. POLICY

. A Kern Health Systems (KHS) will encourage the use of non-physician medical practitioners (NPMP), also referred to as mid-level providers, with the intent of increasing member access to medical care and thereby improving patient outcome. All NPMPs must have an established supervisory relationship with a contracted physician provider, when required, and the supervising requirements must follow the standards and guidelines set forth in the applicable California Code of Regulations, Business and Professions Code (BPC), and/or California Licensing Agencies as follows:

Certified Nurse Midwife (CNM): Physician supervision is not required for any CNM practicing pursuant to Business and Professions Code, Section 2746.5.

Licensed Midwives (LM): LMs can bill for services pursuant to their scope of practice as licensed practitioners with established protocols, procedures and treatments authorized pursuant to Business and Professions Code 2505-2521.

Nurse Practitioner (NP): Physician Supervision is required for services rendered pursuant to Business and Professions Code, (BPC) Section 2725, 2836.1(e) (furnishing numbers).

Physician Assistant (PA) - Business and Professions Code, Sections 3502, 3502.1, 3516 and 3516.5, Welfare and Institutions Code (W&I Code), Section 14132.966 and California Code of Regulations, Title 16, Section 1399.540.

- 1.
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- B.
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III. DEFINITIONS

TERMS	DEFINITIONS
Advanced Practice Health Care Practitioner Non-Physician Medical Practitioner	A healthcare practitioner, other than a physician, licensed by the state in which they practice to assist or act in the place of a physician, who may bill directly under applicable state law. For the purposes of this policy, an Advanced Practice Health Care Provider includes, without limitation, Physician Assistants (PA), Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS).

Supervising Health Care Provider Professional	Professional A physician or Advanced Practice Health Care Provider, who has their own NPI number, when responsible for supervising services rendered by an Advanced Practice Health Care or Nonphysician Provider.
Delegation of Services Agreement	The writing which delegates the medical services shall be known as a delegation of services agreement. A delegation of services agreement shall be signed and dated by the physician assistant and each supervising physician. A delegation of services agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. A physician assistant may provide medical services pursuant to more than one delegation of services agreement.

IV. PROCEDURES

1.0 TYPES OF ~~MID-LEVEL-NON-PHYSICIAN MEDICAL PRACTITIONERS (NPMP)~~

The terms non-physician medical practitioner and mid-level practitioner refers to the following categories of licensed medical providers:

A. Nurse Practitioners licensed by the Board of Registered Nursing (BRN)

~~B. Certified Nurse Midwife licensed by BRN~~

~~B.C. Licensed Midwives licensed by the Medical Board of California~~

C. Physician Assistant licensed by the Physician Assistant Board of California.

2.0 SCOPE OF ~~MID-LEVEL-NON-PHYSICIAN MEDICAL PRACTITIONERS~~

KHS Plan members either select or are randomly assigned to a contracted primary care provider (PCP). The PCP may choose to arrange with a ~~mid-level provider-NPMP~~ to provide primary care to assigned members but must provide active supervision of the care delivered. A Supervising Physician does not need to be present ~~during simple procedures, and at a minimum, be available by telephone or other electronic communication~~; however, if the ~~Mid-level NPMP~~ is performing a complete procedure that requires informed consent, the Supervising Physician must be immediately available to deal with any emergency complication that may occur. ~~Immediately available is defined as being in the same building/office at the time the procedure is being performed and not to imply available by electronic means. The NPMP shall consult with a physician regarding any task, procedure or diagnostic problem which the NPMP determines exceeds their level of competence or shall refer such cases to a physician.~~

A current specialty provider may employ a ~~mid-level provider-NPMP~~ and may permit this provider to participate in the care delivered to members in accordance with the Standardized Procedure Guidelines, Delegation of Medical Services Agreement, and KHS. ~~Mid-levels-NPMPs~~ will be credentialed in the specific specialty in which they will be working. The credentialing will be dependent on their training and experience in the field in which the ~~mid-level-NPMP~~ is requesting to be credentialed. ~~Mid-levels-NPMPs~~ practicing in a specialty setting may perform an initial evaluation of the patient as long as there are no significant clinical decisions or recommendations (i.e. surgery, admission, etc.). ~~that are made as a result of the initial evaluation, and the supervising physician's attestation in the clinical note indicates physician and mid-level have discussed and are in agreement with the treatment plan. The specialty physician must regularly monitor the patient's~~

~~progress if follow-up care is provided by a mid-level practitioner, and see the patient at least every third visit. All communication between the specialty physician and the referring physician must be written or directly communicated by the specialty physician. In cases of emergencies, as defined in California Code Regulations, Title 22, Section 51056 "Emergency Services", the NPMP, to the extent permitted by the laws relating to license or certificate involved, may render emergency services to a patient pending establishment of contact with the physician. In all cases, the NPMP shall be responsible to maintain reasonable communication with the physician to keep the physician informed, to follow instructions and, in case of doubt, to seek assistance or additional instructions.~~

~~Nurse Practitioners with a furnishing license may furnish drugs. Physician Assistants may only transmit prescriptions or issue a drug order pursuant to the guidelines in California Business and Professions Code, Section 3502.1.~~

3.0 KHS APPROVAL OF ~~MID-LEVEL NON PHYSICIAN MEDICAL~~ PRACTITIONERS

All ~~mid-level practitioners~~ NPMPs must meet the credentialing standards set forth in the KHS credentialing policy and procedure, ~~4.01-KHS P&P 23.05-P Credentialing Program~~ and they must ~~subsequently be approved by the Physician Advisory Committee as well as the Board of Directors.~~

~~Additionally, a~~ All ~~mid-level practitioners~~ NPMPs, with the exception of CNMs, and their supervising physician must submit to KHS for review, ~~and approval as part of their credentialing packet,~~ the following:

~~A. Provider Information Letter Supervising Physician Agreement at initial, recredentialing & and when if there are any changes in their supervising physician (See Attachment A). The supervising physician may submit the existing delegation of service agreement on file in lieu of submitting the KHS Supervising Physician Agreement.~~

~~A.B.~~ NPMP Training is variable. There are differences between Nurse Practitioners and Physician Assistants. KHS recognizes some NPMPs will receive formal "specialty" training in areas such as OB/GYN, Womens Health, Pediatrics, Surgery, Orthopedics, Oncology, etc. KHS requires six (6) months formal training in an official training program or one (1) year of full-time work experience in the designated sub-specialty field being requested.

3.1 Physician Supervisor to Non-Physician Medical Practitioner Ratios

~~KHS shall ensure compliance with Title 22 CCR Section 54241 and that FTE physician supervisor to non-physician medical practitioner ratios shall not exceed the ratios as outlined in KHS contract with DHCS. The supervising physician holds ultimate responsibility for the practice of each supervised non-physician medical practitioner. The number of non-physician medical practitioners who may be supervised by a single primary care physician is limited to the full-time equivalent of one of the following:~~

- ~~• 4 Nurse Practitioners~~
- ~~• 4 Physician Assistants~~
- ~~• A Physician supervisor may not supervise more than 4 non-physician medical practitioners in any combination.~~

The number of non-physician medical practitioners who may be supervised by a single sub-specialty care physician is limited, pursuant to BPC, Section 2836.1(e) and BPC Section 3502.5, and permitted to supervise:

- 4 Physician Assistants
- There is no limit to Nurse Practitioners UNLESS the NP has a Furnishing License, the maximum supervision by a physician is 4-Nurse Practitioners with a Furnishing License.
- A total of 8 equaling 4-NPs with furnishing licenses and 4-PAs at one time.
- Certified Nurse Midwives and Licensed Midwives – Physician Supervision is not required.

On a quarterly basis the Plan will utilize network and enrollee data to review non-physician medical practitioners' caseloads and physician supervisor to non-physician medical practitioner ratios to ensure they do not exceed standards outlined in this policy.

3.2 Physician – Practitioner Interface

~~Each Physician must attest to meeting the requirements as specified in the California Code of Regulations. (Title 16, Section 1470 for nurse practitioners and nurse midwives and Title 16, Section 1399 for physician assistants.)~~

It is the responsibility of the supervising physician. to comply with all applicable state and federal laws, regulations, standards that govern supervision of any and all activities related to non-physician medical practitioners; attest to having provided the legally required collaboration, consultation, and supervision consistent their physician licensure; and agree to be available to the non-physician medical practitioner in person, or through electronic means to provide supervision to the extent required by California professional licensing laws, necessary instruction in patient management, consultation and referral to appropriate care/services by specialist physicians or other licensed health care professionals, as may be required. ~~The Practitioner Interface must be readily available at the provider site or upon request for review by KHS or DHCS. The practice agreement document must be kept on file at the physician's or medical group's office, and readily available for review by the Department of Health Care Services (DHCS), upon request.~~

4.0 NOTIFICATION OF CHANGES/ADDITIONS IN MID-LEVEL STAFF

KHS requires physicians or groups to report and submit required information to KHS on all non-physician practitioners as part of the initial or on-going credentialing process. It is the responsibility of the contracting physician or medical group to notify KHS of changes or additions to their non-physician medical practitioners.

~~5.0 — MONITORING~~

~~During the recredentialing process, KHS Provider Relations Department ensures a current Provider Information Letter is on file and ensures that a site review has been conducted within the past three years if site review is applicable per KHS policy 2.22-P.~~

~~KHS Quality Improvement Department utilizes the site review tool to review the following items:~~

~~A. — Number of mid-level practitioners associated with the practice~~

~~B. Sample chart review for quality review for the following:~~

- ~~i. Adequate H&P~~
- ~~ii. Completeness of tests and referrals~~
- ~~iii. Review established preventative care guidelines~~

5.0 IDENTIFICATION OF NONPHYSICIAN MEDICAL PRACTITIONERS

A health care practitioner shall disclose this or her name and practitioner’s license status, as granted by the State of California, on a nametag with at least 18-point type. A health care practitioner in a practice or office, whose license is prominently displayed may opt not to wear a nametag and must ensure each patient is initially informed that he/she may be treated by an NPMP.

6.0 NON-COMPLIANCE WITH STANDARDS AND REGULATIONS

KHS contracting physicians, who are identified as non-compliant with KHS standards or state guidelines, receive notification from the KHS ~~Associate Medical Director~~ Chief Medical Officer regarding clinical issues or from KHS Provider Relations regarding mid-level NPMP practitioner ratios or caseloads. Non-compliant physicians are subject to KHS Policy and Procedure #~~2.04~~23.15 - Provider Disciplinary Action.

V. ATTACHMENTS

Attachment A: Provider Information Letter to Report Non-Physician Medical Practitioner Supervising Physician Agreement
Attachment B:
Attachment C:
Attachment D:

VI. REFERENCES

Reference Type	Specific Reference
<u>Regulatory</u>	<u>Business and Professions Code(BPC), Sections 2505-2521, 2725, 2746.5, 2386.1 (e), 3502, 3502.1-5, 3516 and 3516.5, and Welfare and Institutions Code (W&I Code), Section 14132.966, California Code of Regulations, Title 16, Section 1399.540.</u>
<u>DHCS Contract (Specify Section)</u>	<u>DHCS Contact Section 5.2.4 Network Ratios (C)</u>
<u>Regulatory</u>	<u>DHCS Provider Manual Non-Physicians Medical Practitioners (NMP) March 2024</u> <u>California Code Regulation Title 22, Section 51241 Physician Relationship to Nonphysician Medical Practitioners</u>

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	<u>8/1997</u>		
<u>Revised</u>	<u>09/2024</u>	<u>Revision 2024-09: Policy revised to bring language current with regulatory requirements CCR, B&PC, CA Licensing Agencies.</u>	
<u>Revised</u>	<u>2017-2018</u>	<u>Revision 2018-03: Policy revised to bring language current with DHCS Contract requirements. Revision 2017-10: Revise policy to be in compliance with CCR Title 22 51240 NP/CNM, Title 16, 1399 for PAs. Remove requirements for Supervising Physician 30-mile radius. Mid-levels in a hospital setting. Updated site review criteria referencing policy 2.22 and QI's current process. Annual receipt of provider information letter and only require at initial, recertification or when changes are made. Remove requirement of monitoring physician interface and replace with supervising physician attestation on the revised Attachment A-Provider Information Letter. Revision 2017-01: 2016-12 Reviewed by Provider Relations Manager. Removed section 3.2 as no longer applicable.</u>	
Revised	<u>2011-2012</u>	<u>Revision 2012-10: Added language to allow mid-levels perform initial consults in a specialty setting. Revision 2011-03: Mid-Levelers will be credentialed in the specialty they will be working and dependent on their training and experience in that field. Specific language added for orthopedics</u>	
<u>Revised</u>	<u>2000-2009</u>	<u>Revision 2009-11: Revisions provided by Director of Claims and Provider Relations. Revision 2005-09: Revised per DHS Comment 7/12/05 for Workplan Item 6c. Revision 2002-08: Revised per DHS Comment (04/05/02). Revision 2002-00A: Revised per Medical Director request and DHS comment (10/31/01). Revision 2001-02: changes made as a result of DHS/DMHC Medical Review Audit (YE 08/31/00). Revision 2000-10: Routine review. 'Mid-level training is variable. Not only are there differences between Nurse Practitioners and Physician Assistants, but there are significant differences between the programs themselves. In addition, some mid-levels go on to receive formal "specialty" training in areas like OB, peds, surgery, ortho, oncology, etc.. KHS will require either 6 months formal training in a program or one year of full time experience in the field which credentialing is requested</u>	
Retired			

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
<u>Physician Advisory Committee (PAC)</u>	<u>10/2/2024</u>	
<u>Board of Directors (BOD)</u>	<u>10/17/2024</u>	
Choose an item.		
Choose an item.		
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
<u>Chief Executive Officer</u>		
<u>Chief Medical Officer</u>		
<u>Chief Operating Officer</u>		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure:

Last approved version:

Reason for revision:

Director Approval		
Title	Signature	Date Approved
<u>Jake Hall,</u> <u>Senior Director of Contracting and Quality Performance</u>		

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Date posted to public drive: _____

Date posted to website (“P” policies only) : _____



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Deborah Murr, Chief Compliance and Fraud Prevention Officer
SUBJECT: Compliance Program Update
DATE: October 17, 2024

BACKGROUND

Kern Health Systems (KHS) is required to implement an effective Compliance Program that meets the regulatory requirements set forth in both the Department of Health Care Services (DHCS) contract and the Department of Managed Health Care (DMHC) Knox-Keene license.

The principles outlined in the regulatory guidelines are applicable to all KHS relevant decisions, situations, communications, and developments that align with requirements defined by the Office of Inspector General (OIG). The Governing Board is required to exercise reasonable oversight with respect to the implementation and effectiveness of the Compliance program.

DISCUSSION

Regulatory filings, e.g., reports, financial data, quality performance, and surveys continue to increase in response to new services, programs, and oversight requirements that are mandated under our contract and license. Filings alone account for a 60% increase from 2023 volumes.

KHS has submitted Corrective Action Plans for 2022-2023 DHCS and DMHC Regulatory audits; each in various stages of finalization and approval by the regulators.

Privacy and Fraud Prevention remain a key focus for KHS's Compliance department. Suspected violations are promptly investigated and reported for probable violations of policies, regulations, statutes, or program requirements. To date, Fraud, Waste, and Abuse allegations have surpassed the total cases received for 2022 and 2023 combined.

This report provides the Quarter 3, 2024 update on the KHS Compliance Program activities with the corresponding updates.

REQUESTED ACTION

Receive and file.

Compliance
Key Performance Indicators
October 2024



Compliance Communications



All Plan Letter (APLs) & Guidance Letters



Department of Managed Health Care (DMHC)

- 2022 DMHC Audit
 - Additional documentation submitted 09/30/2024
 - Awaiting DMHC feedback.

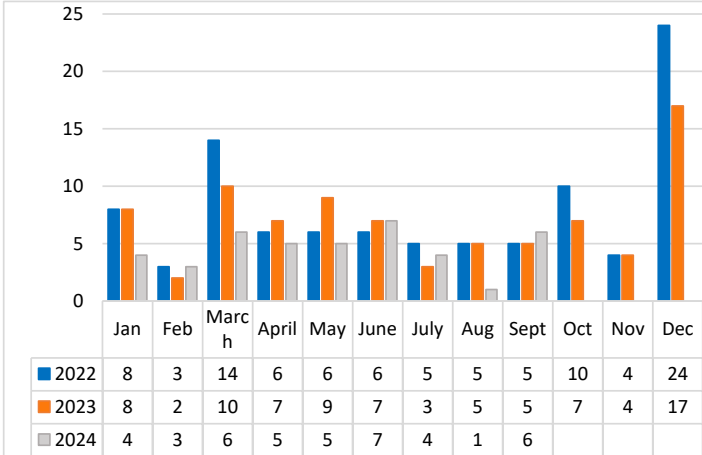
Department of Health Care Services (DHCS)

- 2023 Limited Scope Medical Audit and Focused Audit:
 - Received final audit report for Focused Audit on 08/30/2024, with a total of seven (7) findings related to Behavioral Health and Transportation.
 - Corrective Action Plan underway and due back to DHCS by 10/07/2024.
- 2024 Medical Survey notification received from DHCS:
 - On Site/virtual interviews scheduled for 12/09/2024 – 12/20/2024
 - Awaiting receipt of official letter and pre-audit deliverables request.

Compliance Capsules:

- August: Artificial Intelligence
- September: Medicare Dual Special Needs Plans (DSNP)

Regulatory All Plan Letter & Guidance
Volumes



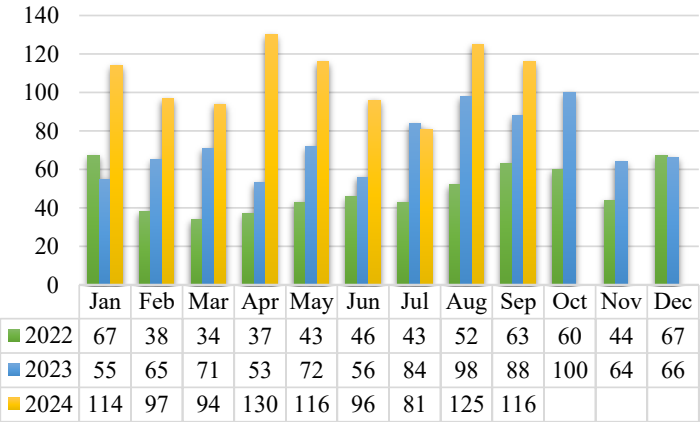
All Plan Letters and Guidance Letters Received

2022	2023	2024
96	83	41

Regulatory Reports & Filings



Number of Plan to Regulator Submissions
Year Over Year



Regulatory Reports & Filings Submissions
to Government Agencies

Regulatory Agency	August 2024	September 2024
DHCS	107	101
DMHC	18	15
Total	125	116

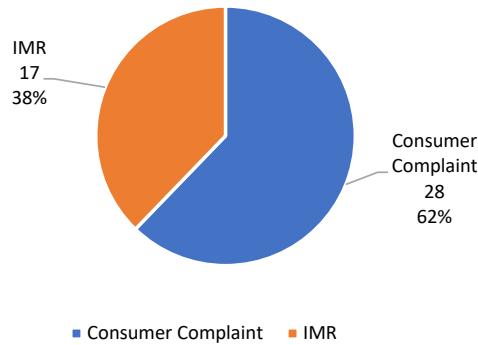
Note:

Regulatory Submissions to date have already exceeded 2023 total volume for the full year (approximately 60% increase over 2023)

DMHC Consumer Complaints & Independent Medical Reviews (IMR)



2024
DMHC Independent Medical Review (IMR) vs.
Consumer Complaints



Decision	KHS Response	DMHC Response
Upheld	24	25
Overturned	6	9
Misdirected	10	
Return to Plan (Grievance Process not completed prior to DMHC complaint)	3	7
Services Never Denied	2	
In Process	0	4
Grand Total	45	45

HIPAA Breach Activity



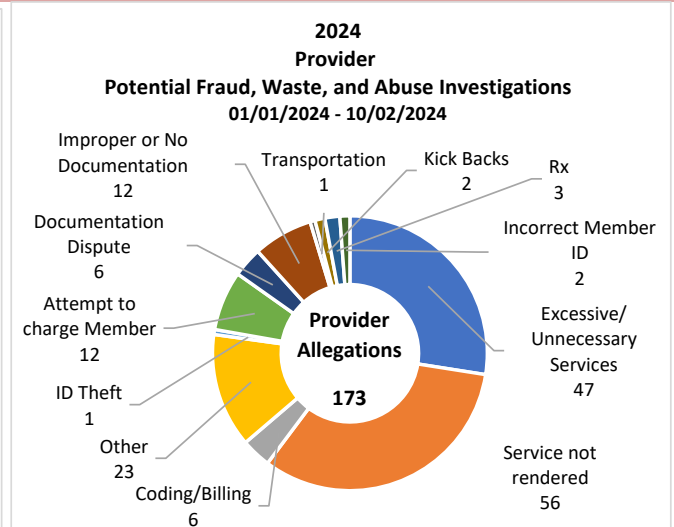
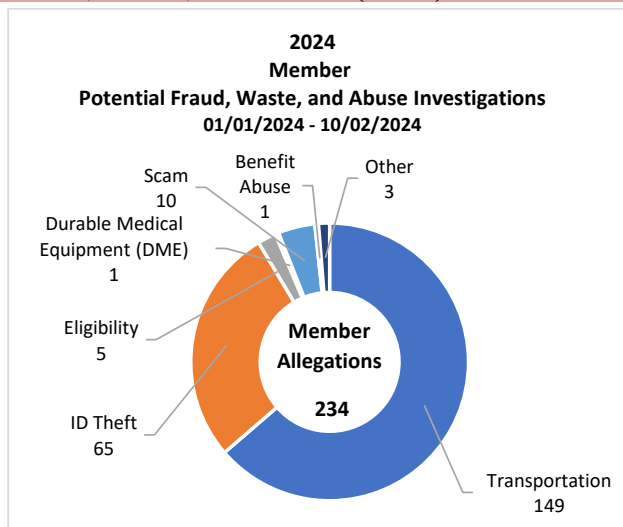
HIPAA Breach Activity:

Summary of potential Protected Health Information (“PHI”) disclosures for the time period of July 16, 2024 through September 15, 2024:




The Plan is dedicated to ensuring the privacy and security of the PHI and personally identifiable information (“PII”) that may be created, received, maintained, transmitted, used, or disclosed in relation to the Plan’s members. The Plan strictly complies with the standards and requirements of Health Insurance Portability and Accountability Act (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH”).

During the period July 16th to September 15th, 2024, the Compliance Department investigated and reviewed fifty-two (52) allegations of privacy concerns and eight (8) of the cases were sent to the State for their review. The DHCS closed three (3) of the cases and determined it was a non-breach incident. There are five (5) cases that are still under review by the State.

Fraud, Waste, and Abuse (FWA)



All Plan Letters (APLs) & Guidance Letters 7/16/2024 – 09/30/2024	
Department of Health Care Services (DHCS)	
APL 24-009 Skilled Nursing Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care (Issued 9/16/2024)	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care plans (MCPs) on the Skilled Nursing Facility (SNF) Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of Medi-Cal members to managed care. (Supersedes APL 23-004)
APL 24-010 Subacute Care Facilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care (Issued 09/16/2024)	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care plans (MCPs) on the Subacute Care Facility Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of Medi-Cal members to managed care. (Supersedes APL 23-027)
APL 24-011 Intermediate Care Facilities for Individuals with Developmental Disabilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care (Issued 09/16/2024)	The purpose of this All Plan Letter (APL) is to provide requirements to all Medi-Cal managed care plans (MCPs) for the Long-Term Care (LTC) Intermediate Care Facility/Home for Individuals with Developmental Disabilities services provisions of the California Advancing and Innovating Medi-Cal (CalAIM) benefit standardization initiative. This APL contains requirements related to Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Homes, Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) Homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N) Homes. (Supersedes APL 23-023)
APL 24-012 Non-specialty Mental Health Services: Member Outreach, Education, and Experience Requirements (Issued 9/17/2024)	The purpose of this APL is to provide guidance to Plans regarding requirements for Member outreach, education, and assessing Member experience for Non-Specialty Mental Health Services.
APL 24-013 Managed Care Plan Child Welfare Liaison (Issued 09/18/2024)	The purpose of this All Plan Letter (APL) is to clarify the intent and objectives of the Medi-Cal managed care plan (MCP) Child Welfare Liaison, formerly referred to as the Foster Care Liaison, as outlined and required by the 2024 MCP Contract (MCP Contract) with the Department of Health Care Services (DHCS). Additionally, this APL provides guidance regarding the requirements and expectations in relation to the role and responsibilities of the MCP Child Welfare Liaison.
Department of Managed Health Care (DMHC)	
APL 24-016 Request for Health Plan Contacts (Issued 07/25/2024)	The purpose of this All Plan Letter (APL) is to request that all health care service plans (health plans) provide the Department with updated health plan contact information.
APL 24-017 RY 2025/MY 2024 Provider Appointment Availability Survey NPMH Provider Follow-Up Appointment Rate of Compliance (Issued 7/31/2024)	The purpose of this All Plan Letter (APL) is to advise Plans of Senate Bill (SB) 221 (Wiener, Chapter 724, Statutes of 2021), which amended the Knox-Keene Act to include a follow-up appointment standard for non-physician mental health and substance use disorder providers (collectively “NPMH providers”).
APL 24-018 Compliance with Senate Bill 923 (Issued 08/15/2024)	The purpose of this All Plan Letter (APL) is to inform the Plan of the DMHC Health Equity and Quality program policies and requirements, which includes ensuring staff who are in direct contact with enrollees complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI and updates to the Plan's Provider Directory. (Supersede APL 22-028 and Revised APL 23-029)

Retrospective Audits & Reviews	
<p>The Compliance Department conducts retrospective audits on regulatory All Plan Letters and issues guidance. From the published requirements, the Compliance Department conducts a risk analysis and identifies those that pose a higher degree of risk to the Plan.</p> <p>All Plan Letters published in 2022 and the first and second quarter of 2023 were evaluated and selected for review based on the risk assessment. To date, the plan has completed fourteen (14) retrospective audits.</p> <p>Additional retrospective reviews and internal audits have resumed, and updates will be provided in future reports.</p>	
Regulatory Reports & Filings 	
<p>Regulatory Reports & Filings</p> <p>Submission to Government Agencies</p>	<p>KHS is required to submit various types of information to both DHCS and DMHC with cadences ranging from daily, weekly, monthly, quarterly, or annually. In some cases, KHS are required under statute or regulation to submit reports or documentation to establish initial or ongoing compliance with the law (e.g., timely access reporting, financial reporting). In other cases, plans are required to submit reports or documentation when they are planning to make an operational, business, product, or other change that affects the scope or applicability of their license. Additionally, key personnel and Board member filings are required to allow the regulatory agencies to review and advise on the individuals who provide leadership at KHS as well as the makeup of our Board of Directors.</p> <p>These submissions often reflect an amendment or material modification to the plan's license and, in some cases, are subject to Department approval prior to making the requested change to plan operations.</p>
<p>Regulatory Submission Volume</p>	<p>Regulatory submissions to both DHCS and DMHC are anticipated to increase annually in relation to the various legislative and CalAIM requirements either currently or planned for implementation in 2024-2026. Additional Compliance staffing resources are in flight to ensure timely submission and completion of all deliverables. As noted above, 2024 submissions to date have already exceeded submissions for the full year of 2023, with ongoing increased volumes anticipated.</p>
DMHC Consumer Complaints & Independent Medical Reviews 	
<p>KHS addresses and tracks enrollee complaints and requests for independent medical review (IMR) received from the DMHC. For the months of August and September 2024, a total of ten (10) Consumer Complaints/IMRs were received, of which five (5) were closed upon receipt of KHS' response; three (3) were sent on for Independent Medical Review; and two (2) are pending DMHC review.</p>	
Fraud, Waste, and Abuse (FWA) 	
<p>The Plan investigates and reports information and evidence of alleged fraud, waste, & abuse cases to appropriate state and federal officials. Information compiled during an investigation is forwarded to the appropriate state and federal agencies as required. Through 10/02/2024, the Compliance Department has received 407 reported cases of alleged fraud, waste, or abuse, of which 218 were reported to DHCS. In 2024, we have already surpassed the total number of cases received in all of 2022 and 2023 combined, with an anticipated increase of over 100% compared to last year.</p>	

DHCS Medical Audits

Limited Scope Medical Audit and Focused Transportation/Behavioral Health Audit – 2023:

DHCS conducted a routine limited scope medical survey and a focused Transportation/Behavioral Health audit of KHS in November/December 2023. The survey period covered 11/01/2022 – 10/31/2023:

- For the Focused Audit on Behavioral Health and Transportation, the final audit report was received on 08/30/2024.
 - The findings included four (4) items under Behavioral Health, and three (3) under Transportation.
 - The Behavioral Health findings are related to the coordination with the specialty mental health and substance use disorder benefits, which are carved out from KHS Medi-Cal benefits. During the audit period, KHS had already created a separate Behavioral Health Department and implemented corrective actions; however, since some of these actions were implemented during the audit period, DHCS still documented findings.
 - The Transportation preliminary findings were focused on our oversight and monitoring to ensure members receive door-to-door service, we are monitoring no show rates, and monitoring level of service modifications.
 - DHCS did not make any revisions based on our feedback to the Preliminary Audit Report.
 - Corrective Action Plan (CAP) underway and due to be submitted to DHCS by 10/07/2024.

DHCS Routine Medical Audit – 2024:

DHCS notified KHS on 09/25/2024 of an upcoming Routine Medical Audit for 2024.

- The “on site” interview portions of the audit will be conducted virtually from 12/09/2024 – 12/20/2024.
- KHS is awaiting receipt of the formal audit notification letter and pre-audit deliverables request.

DMHC Routine Medical Audit | 2023

DMHC conducted a routine audit of KHS in January 2023. The audit period covered 09/01/2020 – 08/31/2022. The Audit Report was received on 03/07/2024.

- Of the seven (7) areas evaluated, twenty-four (24) deficiencies were identified across five (5) of the areas.
- KHS submitted our initial corrective action plans to DMHC on 04/20/2024. Some of the findings were similar to the DHCS audit findings and have since been corrected due to overlapping audit periods and timeliness of regulator notification.
- Additional supporting documentation related to corrective actions taken was submitted on 06/28/2024 and 09/30/2024.
- Awaiting feedback from DMHC on Corrective Actions and supporting documentation submitted to date.



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Alan Avery, Chief Operating Officer
SUBJECT: 3rd Quarter 2024 Operations Report
DATE: October 17, 2024

Kern Health System (KHS) Operational Departments met all regulatory requirements and performance metrics during the 3rd Quarter of 2024.

CLAIMS

As it has been reported the past several quarters, we continued to experience an increase in the number of incoming provider claims received during the 3rd Quarter of 2024. The reporting period had to be cut short (9/26) in order to publish this report timely to the Board, but we anticipate when the actual month/quarter ends, we will exceed 1.5 million claims being submitted during the 3rd quarter. In the past 12 months, KHS has seen a 37% overall increase in provider claims submissions. This increase can be attributed to the significant increase in new KHS membership, retention of members thru the redetermination process, and members once again seeking healthcare services. With the explosive membership growth in the 1st quarter and continued retention and growth throughout 2024, we project this increase in provider claim volume will continue throughout the year.

Due to the significant increase in claims volume management is continually monitoring incoming claims inventory and making daily adjustments to resources as needed to ensure we meet our performance and regulatory metrics. We are confident that we have the systems in place to manage the increased number of claim receipts as 99% of claims continue to be submitted electronically with only 1% of the claims received via paper. These paper claims are then converted into an electronic file format allowing them to load electronically into the KHS claims workflow. Once loaded into the claims workflow, the QNXT core system processes them automatically. The auto adjudication of the claims continued to remain consistently high at 88%, meaning claims were received and processed without any manual intervention but heavily monitored with ongoing audits by claims staff members to ensure accuracy and quality metrics are met.

The Claims Department Provider Call Center continues to handle a consistently high volume of provider calls seeking clarification regarding provider claims payment processing questions. During the 3rd Quarter the call volume continued to remain high at 10,260 calls even with a short reporting period. We estimate call volume into the Claims Department Provider Call Center will continue to remain strong in 2024 due to the significant member increase and corresponding claim volume.

MEMBER SERVICES

Member and Provider calls to the Member Services Department came back in line with the trend of previous quarters reporting at 74,000 calls with the exception of the 1st quarter 2024 call volume which was caused by the explosive January new enrollment growth. Key indicators (abandonment rate, average speed to answer and average talk time) are all aligned with normal trends. The top five reasons members call Member Services continues to remain the same: (1) New Member questions (2) PCP changes (3) Making demographic changes (4) Requesting replacement ID Cards (5) Checking referral status.

Outbound call volume continues to follow similar trends of the previous two quarters with over 67,000 calls. We continue to experience significant member walk-in visits with 1305 members who had questions regarding their new Plan, ID card replacement along with requesting assistance with the renewal of their Medi-Cal enrollment and redetermination process.

We continue to successfully manage incoming phone activity by managing our personnel resources along with encouraging members to obtain their own personal account on the KHS Member Portal. During the 3rd quarter 4200 members created new online accounts. Currently almost 86,000 members have online accounts which allows them to perform all of the top five reasons and other service functions they would normally call Member Services to perform.

PROVIDER RELATIONS

On a quarterly basis, the Provider Network Management (PNM) Department monitors provider network growth, capacity, and accessibility.

The Primary Care Provider (PCP) network grew slightly from the previous quarter adding 15 net new additional PCPs for a total of 491 PCP providers while the specialty provider network had a minor decrease of 11 specialists during the 3rd Quarter. Our complete contracted provider network consists of 4,220 providers at the close of the Quarter. It is noteworthy that our overall provider network continued to grow during the past twelve months. At the end of the 3rd Quarter 2023 our complete provider network consisted of 3,749 providers compared to the current network of 4,220 providers.

The Department monitors network capacity/adequacy via a Full-Time Equivalency (FTE) provider to member ratio, based on regulatory requirements. For PCPs, the regulatory standard is one FTE PCP for every 2,000 members. As of the 3rd Quarter of 2024, the Plan maintained a network of one FTE PCP for every 1,544 members, meeting the requirement. The Plan is also required to maintain a network of one FTE physician for every 1,200 members. As of the 3rd Quarter, the Plan maintained a network of one FTE Physician for every 260 members, meeting the requirement. Even as our membership continues to grow, the Plan's network continues to meet all regulatory capacity/adequacy requirements. PNM maintains ongoing recruitment and contracting efforts to promote network growth and ensure access to care for Plan members.

The last key provider network indicator that we continually monitor, and report is PCP and Specialty care appointment availability. Non-urgent PCP appointments must be available within 10 days. During the 3rd Quarter, the PCPs provided visits on average within 2.5 days. Non-urgent appointments with a specialist must be available within 15 days. Our specialist appointment is currently at 4.6 days.

GRIEVANCE REPORT

Total grievances for the 3rd quarter appeared to decrease overall by 18%, however, we had to shorten the reporting period by a week in order to provide this report to the Board. Management projects total grievances are aligned with the 2nd quarters totals. Two grievance categories continue to trend slightly higher including Access to Care and Quality of Care. We did not find any obvious outliers or trends for the volume of these categories and we are continuing to monitor going forward to identify any future trends. The volume of Exempt grievances decreased significantly, meaning the number of simple complaints that required minimal research and follow-up was greatly reduced. However, again we may have a timing issue due to early closure of the reporting period. We will continue to monitor activity going into the 4th Quarter of the year.

DHCS requires health plans to forward copies of all member discrimination grievances within 10 days to their office of Civil Rights when members allege discrimination based on any characteristic protected by federal or state nondiscrimination laws. Characteristics protected by federal, or state nondiscrimination laws include sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental ability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, creed, or health status. The plan received 52 grievances classified as discrimination during the 3rd Quarter reporting period compared to 81 received during the 2nd Quarter. All discrimination grievances were reported timely to DHCS Office of Civil Rights.

Part two of the Grievance Report is the disposition of the formal grievances. Following the review and investigation of the 438 Potential Inappropriate Care by the Quality Department, 245 of the decisions were upheld, 41 were overturned and ruled in favor of the member and 152 grievances were still under review by the Quality Department. The remaining 1,416 grievances were reviewed and managed by the Grievance Coordinators, 964 of the decisions were upheld by the Plan, 344 were overturned and ruled in favor of the member and 546 were still under review. The primary reason for overturning the original decision of the grievance occurs when we receive additional supporting documentation from the member or the provider.

To fully comprehend the dynamics and relativity of the grievance volume, the plan calculates the number of grievances received in relation to the number of medical visits and the enrollment. During the 3rd Quarter, there was over 1.5 million medical encounters provided to our 400,000 members many of whom are new to managed care. In total, KHS received 2.19 grievances per 1,000 members per month, within the range of the other LHPC Plan averages of 1.00 – 3.99 per month.

REQUESTED ACTION

Receive and file.

3rd Quarter 2024 Operational Report

Alan Avery
Chief Operating Officer



3rd Quarter 2024 Claims Department Indicators

Activity	Goal	3 rd Quarter 2024	Status	2 nd Quarter 2024	1 st Quarter 2024	4 th Quarter	3 rd Quarter
Claims Received		1,475,200*		1,490,017	1,384,539	1,222,704	1,093,561
Electronic	95%	99%		99%	99%	99%	99%
Paper	5%	1%		1%	1%	1%	1%
Claims Processed Within 30 days	90%	98%		99%	97%	95%	98%
Claims Processed within 45 days	95%	99%		99%	99%	99%	99%
Claims Processed within 90 days	99%	100%		100%	100%	100%	100%
Claims Inventory-Under 30 days	96%	99%		99%	99%	99%	99%
31-45 days	<3%	<1%		<1%	<1%	<1	<1%
Over 45 days	<1%	<1%		<1%	<1%	<1	<1%
Auto Adjudication	85%	88%		87%	85%	87%	85%
Audited Claims with Errors	<3%	1%		<2%	<2%	<2%	<2%
Claims Disputes	<5%	<1%		<1%	<1%	<1%	<1
Provider Calls		10,260		9,374	10,194	7,343	7,379

* Report data cutoff-9/26/24

3rd Quarter 2024 Member Service Indicators

Activity	Goal	3 rd Quarter 2024	Status	2 nd Quarter 2024	1 st Quarter 2024	4 th Quarter	3 rd Quarter
Incoming Calls		74,004		72,308	84,175	56,804	72,186
Abandonment Rate	<5%	1%		1%	10%	3%	5%
Avg. Answer Speed	<2:00	:13		:15	2:22	:43	1:32
Average Talk Time	<9:00	8:20		9:10	10:20	9:26	8:54
Top Reasons for Member Calls	Trend	1. New Member 2. PCP Change 3. Demographic changes 4. ID Card 5. Referrals		1. New Member 2. PCP Change 3. Demographic Changes 4. ID Card 5. Referrals	1. New Member 2. PCP Change 3. Demographic Changes 4. ID Card 5. Referrals	1. New Member 2. PCP Change 3. Demographic Changes 4. ID Card 5. Referrals	1. New Member 2. PCP Change 3. Demographic Changes 4. ID Card 5. Referrals
Outbound Calls	Trend	67,046		68,943	71,842	63,700	84,535
# of Walk Ins	Trend	1305		1228	1510	1163	1138
Member Portal Accounts-Q/Total	4%	4217 85,968 (21.44%)		4466 81,752 (20.36%)	6825* 78,462 (19.14%)	3097 70,461 (19.45%)	3402 67,101 (18.21%)



**KERN HEALTH
SYSTEMS**

3rd Quarter 2024 Provider Network Indicators

Activity	Goal	3 rd Quarter 2024	Status	2 nd Quarter 2024	1 st Quarter 2024	4 th Quarter	3 rd Quarter
# of PCP		491		476	465	471	458
% Growth		3.15%		2.37%	[1.27%]	2.84%	2.0%
# of Specialist		548		559	564	546	518
% Growth		[1.97]		[.89%]	3.30%	5.41%	3.19%
FTE PCP Ratio	1:2000	1:1544		1:1809	1:1889	1:1579	1:1760
FTE Physician Ratio	1:1200	1:260		1:294	1:291	1:283	1:345
PCP	< 10 days	2.5 days		3.2 days	2.7 days	3.7 days	3.7 days
Specialty	< 15 days	4.6 days		6.8 days	4.9 days	8.1 days	5.0 days

3rd Quarter 2024 Grievance Report

Category2	Q3 2024	Status	Issue	Q2 2024	Q1 2024	Q4	Q3
Access to Care	530		Appointment Availability	541	384	347	254
Coverage Dispute	0		Authorizations and Pharmacy	0	0	0	0
Medical Necessity	275		Questioning denial of service	357	385	423	383
Other Issues	92		Miscellaneous	118	64	39	52
Potential Inappropriate Care	438		Questioning services provided. All PIC identified cases forwarded to Quality Dept.	538	572	522	490
Quality of Service	467		Questioning the professionalism, courtesy and attitude of the office staff. All cases forwarded to PR Department	417	338	296	258
Discrimination (New Category)	52		Alleging discrimination based on the protected characteristics	81	60	40	32
Total Formal Grievances	1854			2052	1803	1667	1469
Exempt	774		Exempt Grievances-	1177	1881	1620	1328
Total Grievances (Formal & Exempt)	2628			3229	3684	3287	2797

KHS Grievances per 1,000 members – 2.19
LHPC Average 1.0 – 3.99/month

Data as of 9/20/24



Additional Insights-Formal Grievance Detail

Issue	2024 3 rd Quarter Grievances	Upheld Plan Decision	Further Review by Quality	Overtured Ruled for Member	Still Under Review
Access to Care	253	109	0	71	73
Coverage Dispute	0	0	0	0	0
Specialist Access	277	111	0	82	84
Medical Necessity	275	129	0	72	74
Other Issues	92	48	0	11	33
Potential Inappropriate Care	438	245	0	41	152
Quality of Service	467	283	0	66	118
Discrimination	52	39	0	1	12
Total	1854	964	0	344	546

Questions

For additional information, please contact:

Alan Avery
Chief Operating Officer
(661) 664-5005





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Martha Tasinga, MD, MPH, MBA
SUBJECT: Chief Medical Officer Report
DATE: October 17, 2024

BACKGROUND

The Chief Medical Officer's presentation provides a medical management update on Physician Services, Inpatient Utilization, Outpatient Services and Emergency Room Visits and an overview of Special Programs.

In addition, the report provides a look at Behavioral Health Integration, Mental Healthcare Delivery Coverage, KHS Behavioral Health Program, and the major achievements in these areas.

Included is Attachments A – D with the detailed medical management performance dashboard.

REQUESTED ACTION

Receive and File.



KERN HEALTH
SYSTEMS

MARTHA TASINGA MD.MPH.MBA

OCTOBER 17, 2024

CHIEF MEDICAL OFFICER REPORT



BEHAVIORAL HEALTH INTEGRATION

BEHAVIORAL HEALTH ADMINISTRATIVE INTEGRATION

- One of several CalAIM initiatives to transform and strengthen the Medi-Cal behavioral health delivery system.
- Medi-Cal Specialty Mental Health (SMH) and substance use disorder (SUD) treatment services are currently administered through separate, unique structures at the county level, which creates many challenges for members, counties, and providers.
- The primary goals of Behavioral Health Administrative Integration are to improve health care outcomes and the experience of care for Medi-Cal members—particularly those living with co-occurring mental health and SUD issues—by reducing administrative burden for members, counties, providers, and the state
- This initiative is a multi-year effort that begins with the implementation of related CalAIM behavioral health policies, starting in 2022, including updated Criteria for Specialty Mental Health Services, Drug Medi-Cal Organized Delivery System (DMC-ODS) Policy Improvements, and Behavioral Health Payment Reform

MENTAL HEALTH CARE DELIVERY COVERAGE

For KHS Members

Kern Health Systems

Non-Specialty Mental Health Services

Behavioral Health Treatment

Medicine Assisted Treatment

Kern Behavioral Health and Recovery Services

Specialty Mental Health Services

Substance Use Disorder Services

KHS BEHAVIORAL HEALTH PROGRAM

KHS launched a Department of Behavioral Health on January 31, 2023, with the goals to improve the integration physical and Behavioral condition management, coordination of care between the specialty and non-specialty mental health delivery systems and improve outcomes for members experiencing behavioral and mental health conditions.



OVERVIEW OF: KHS MENTAL HEALTH SERVICES



Non-Specialty Mental Health Services

325 / 490

- Mental Health evaluation
- Individual/group treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a Mental Health condition;
- Outpatient services for the purposes of monitoring drug therapy;
- Psychiatric for medication management;
- Outpatient laboratory, supplies and supplements;



Behavioral Health Treatment

- Behavioral health treatment (BHT) for autism spectrum disorder (ASD) needs prior authorization of coverage from KFHC and must be prescribed and provided by a participating provider.
- BHT services consist of Applied Behavioral Analysis (ABA) and other generally accepted evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction and promote, to the maximum extent achievable, the functioning of a beneficiary, including those with or without autism spectrum disorder (ASD).



Applied Behavioral Analysis (ABA) Services

- Assessment for treatment plan development
- Functional analysis of severe maladaptive behaviors in specialized settings
- Direct Adaptive behavior treatment
- Group adaptive behavior treatment
- Family adaptive behavior treatment/training
- Multiple family group adaptive behavior treatment guidance

MAJOR ACHIEVEMENTS



KHS Network for BH services

- 39 Non-Specialty Mental Health Providers
- 37 Applied Behavior Analysis and Qualified Autism Services Providers
- MOU with KBRs



2023

- Average referral 60
- Majority self referrals



2024

- Average monthly referral 70
- Majority self referrals



Member Satisfaction Survey

(Final Results Pending)



Internal Staff of 16



ABA services for members with autism

KHS MEDICAL MANAGEMENT UPDATE

SERVICES PROVIDED THROUGH: 8/31/2024 CLAIMS PAID THROUGH: 9/30/20

PHYSICIAN SERVICES UTILIZATION

- **Utilization of physicians' services continue to trend higher than budget for all AID codes**
- **Higher cost per visit in all aid codes**
- **Higher number per 1000 members per month**
- **PMPM higher than budgeted**
- **Top 4 reasons for utilization of professional services**
 - Encounter for general examination without complaint, adult
 - Encounter for general examination without complaint, child
 - Type 2 diabetes mellitus; w/o complications
 - Essential (primary) hypertension

Refer to **Attachment A** for full Detail



INPATIENT UTILIZATION

- ➔ Increase in Inpatient utilization with monthly average of 2400 to 2500 a month
- ➔ 23% in out of area.
- ➔ This does now include deliveries which are 400 to 500 a month
- ➔ Also does not include the 500+ member is LTC

Refer to **Attachments A & B** for full Detail

OUTPATIENT HOSPITAL SERVICES

- ☐ Cost per outpatient hospital visit higher
- ☐ Visits per member per month as budgeted since 2/24 for all AID codes

Refer to **Attachment A** for full Detail



EMERGENCY ROOM VISITS

- **Lower than budgeted for all AID codes**
- **BMH most used ER**
- **The second most utilized ER are out of Area**
- **Top diagnoses for ED visit in descending order of frequency**
 - Upper respiratory infections followed by
 - Urinary tract infections.
 - Abdominal pain

Refer to **Attachments A & C** for full Detail



Kern Health Systems

KHS Medical Management Performance Dashboard (Critical Performance Measurements)

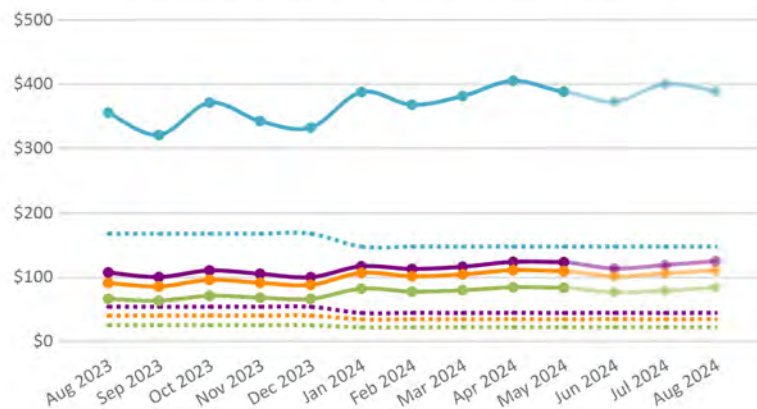


Physician Services

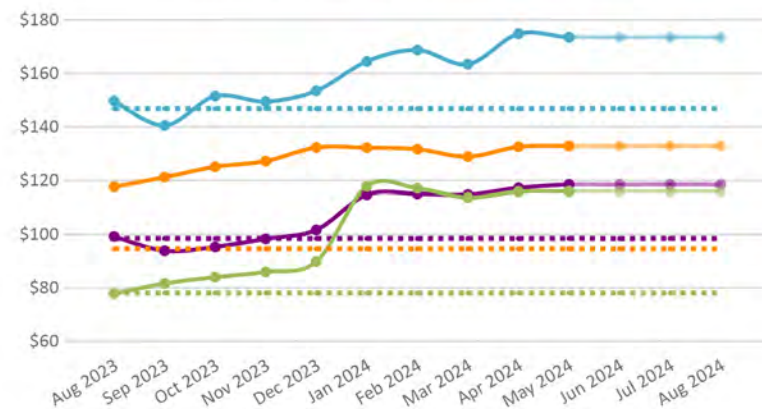
(Includes: Primary Care Physician Services, Referral Specialty Services, Other Professional Services and Urgent Care)

MCAL Expansion - Actual MCAL Family\Other - Actual MCAL SPD - Actual Total Combined - Actual
 MCAL Expansion - Budget MCAL Family\Other - Budget MCAL SPD - Budget Total Combined - Budget
 MCAL Expansion - Forecast MCAL Family\Other - Forecast MCAL SPD - Forecast Total Combined - Forecast

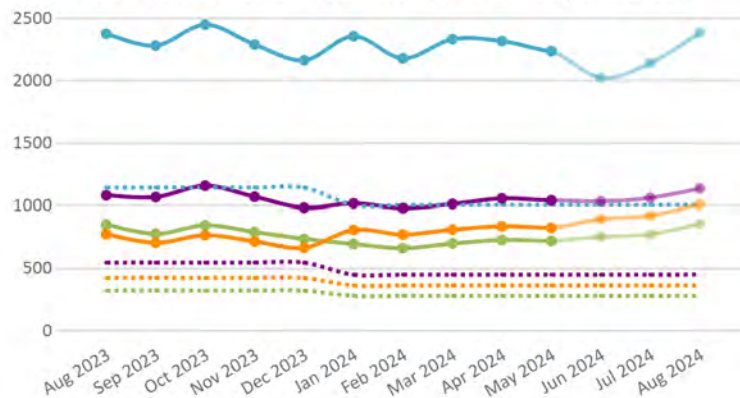
Professional Services Incurred by Aid Group PMPM



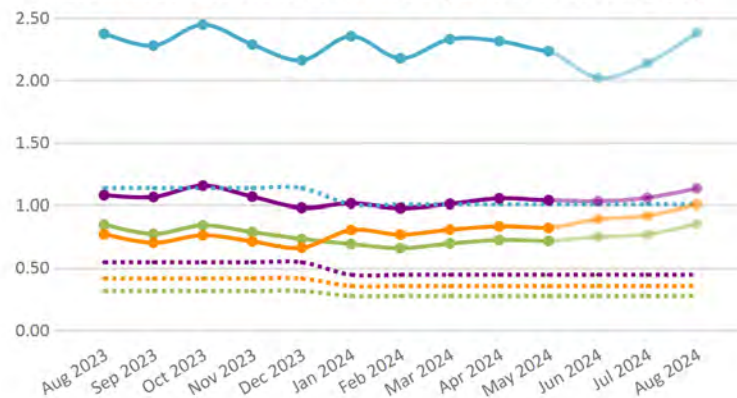
Cost per Professional Service Visit by Aid Group



Professional Service Visits per 1,000 per Month by Aid Group



Professional Service Visits per Member per Month by Aid Group



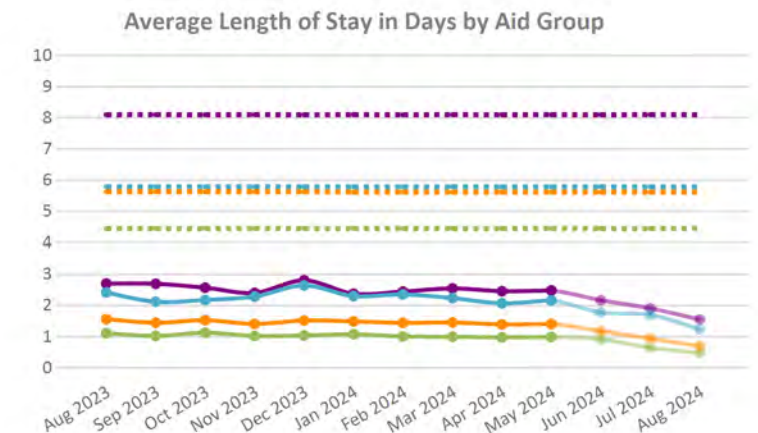
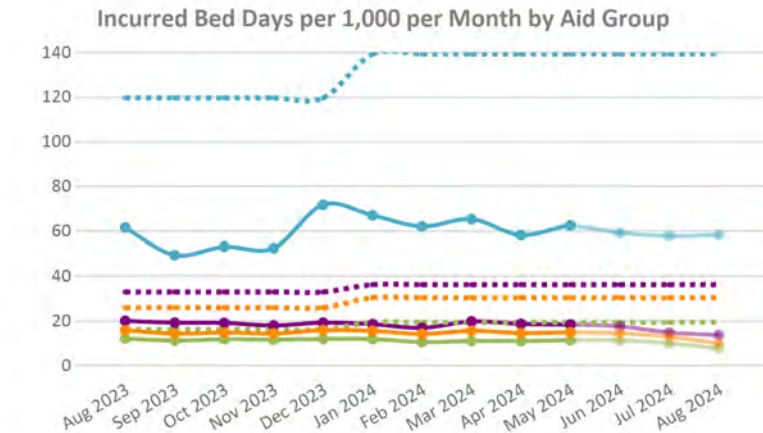
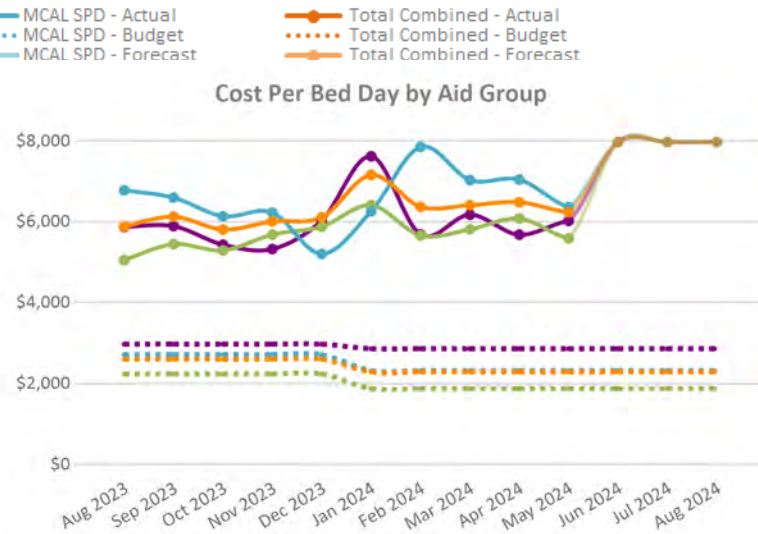
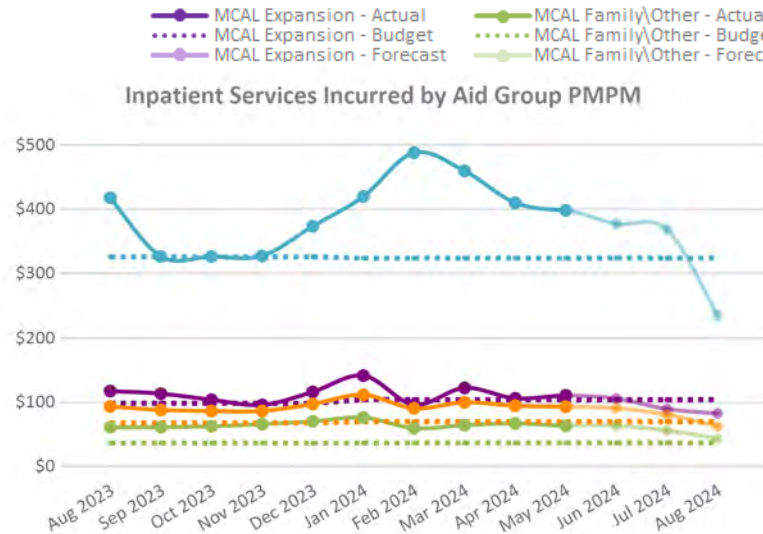
Services provided through: 8/31/2024

Claims Paid through: 9/30/2024



Inpatient

(Includes: Inpatient Hospital Claims)

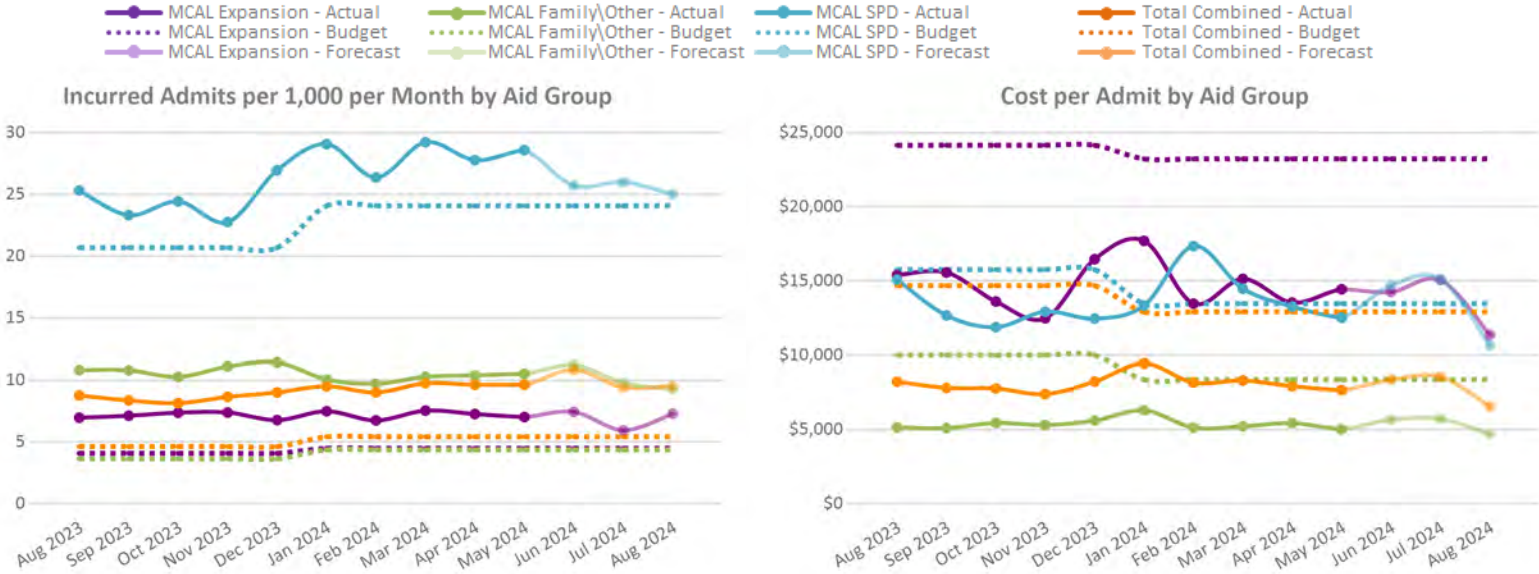


Services provided through: 8/31/2024

Claims Paid through: 9/30/2024

Inpatient

(Includes: Inpatient Hospital Claims)



Services provided through: 8/31/2024

Claims Paid through: 9/30/2024

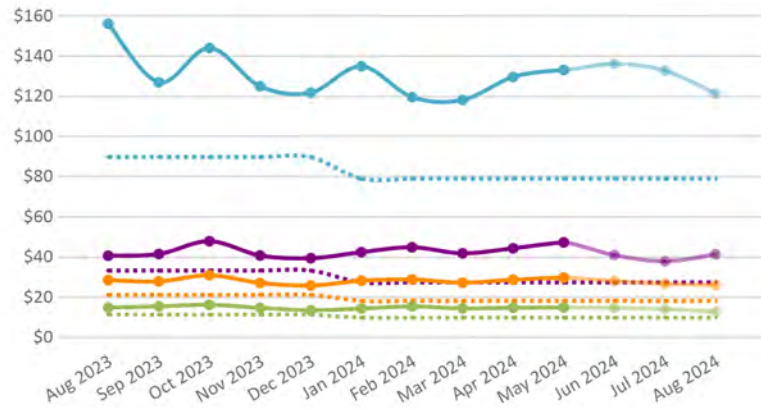


Outpatient Hospital

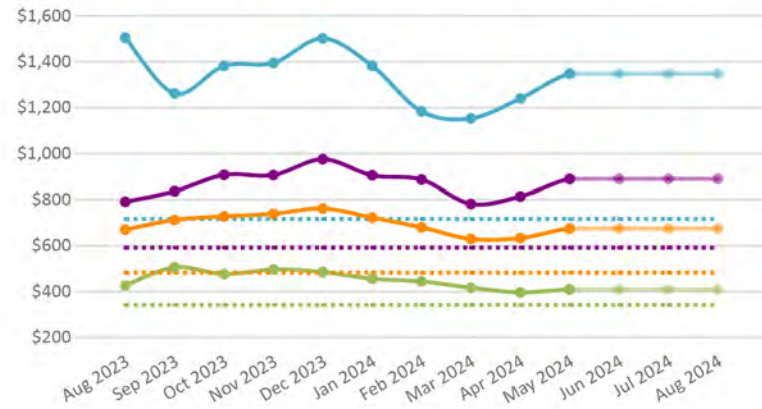
(Includes: Outpatient Diagnostic, Outpatient Surgery, Outpatient Observation, and Outpatient Other)

Legend:
MCAL Expansion - Actual (solid purple line)
MCAL Expansion - Budget (dotted purple line)
MCAL Expansion - Forecast (dashed purple line)
MCAL Family\Other - Actual (solid green line)
MCAL Family\Other - Budget (dotted green line)
MCAL Family\Other - Forecast (dashed green line)
MCAL SPD - Actual (solid blue line)
MCAL SPD - Budget (dotted blue line)
MCAL SPD - Forecast (dashed blue line)
Total Combined - Actual (solid orange line)
Total Combined - Budget (dotted orange line)
Total Combined - Forecast (dashed orange line)

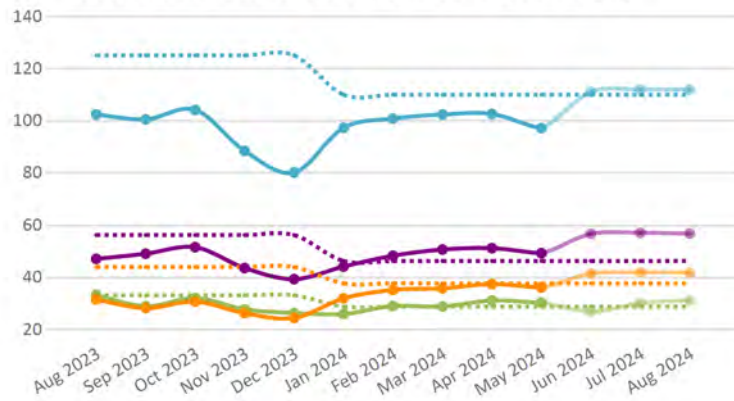
Outpatient Services Incurred by Aid Group PMPM



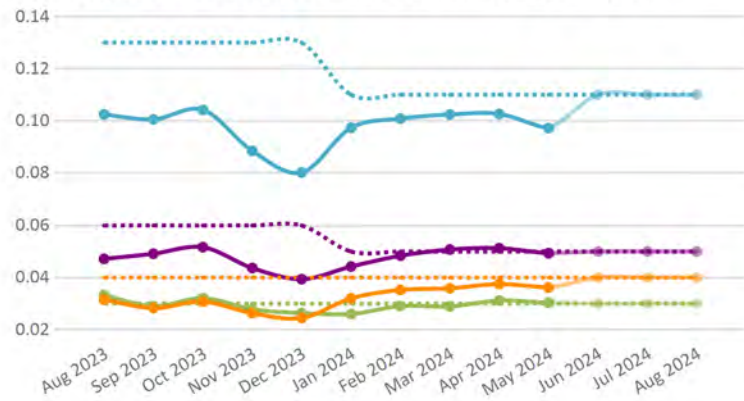
Cost Per Outpatient Visit by Aid Group



Outpatient Visits per 1,000 per Month by Aid Group



Outpatient Visits per Member per Month by Aid Group

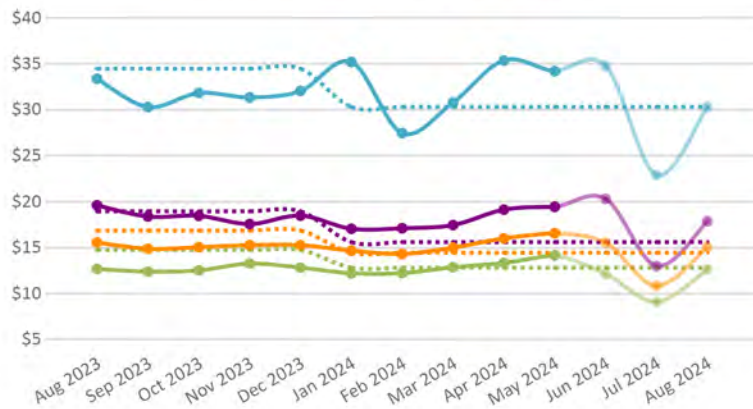




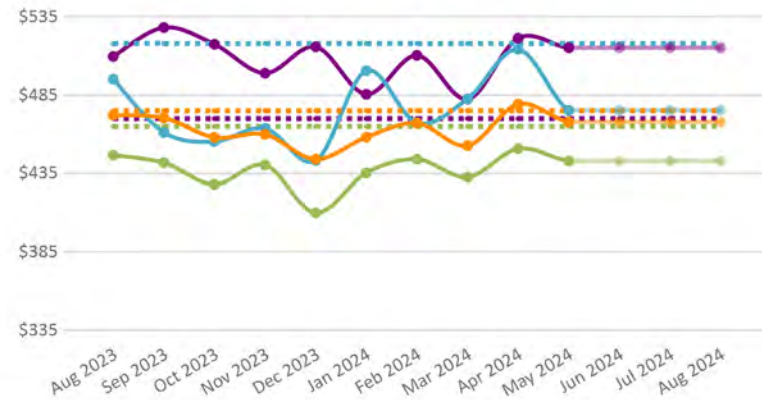
Emergency Room

MCAL Expansion - Actual MCAL Family\Other - Actual MCAL SPD - Actual Total Combined - Actual
 MCAL Expansion - Budget MCAL Family\Other - Budget MCAL SPD - Budget Total Combined - Budget
 MCAL Expansion - Forecast MCAL Family\Other - Forecast MCAL SPD - Forecast Total Combined - Forecast

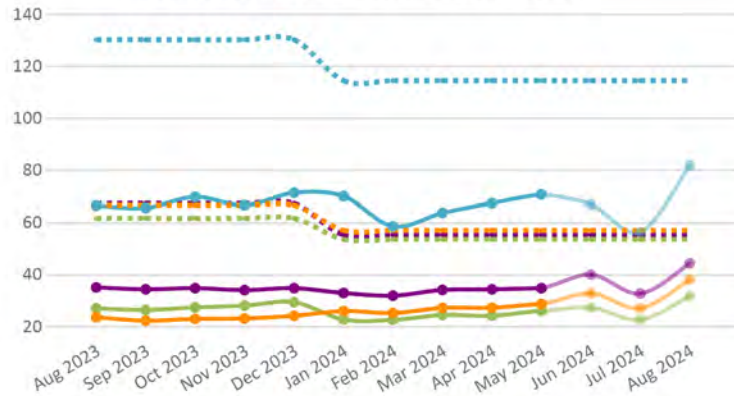
ER Services Incurred by Aid Group PMPM



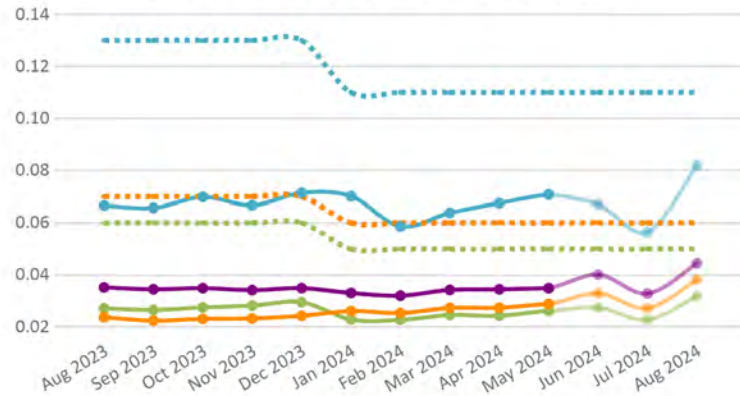
Cost Per ER Visit by Aid Group



ER Visits per 1,000 per Month by Aid Group



ER Visits per Member per Month by Aid Group



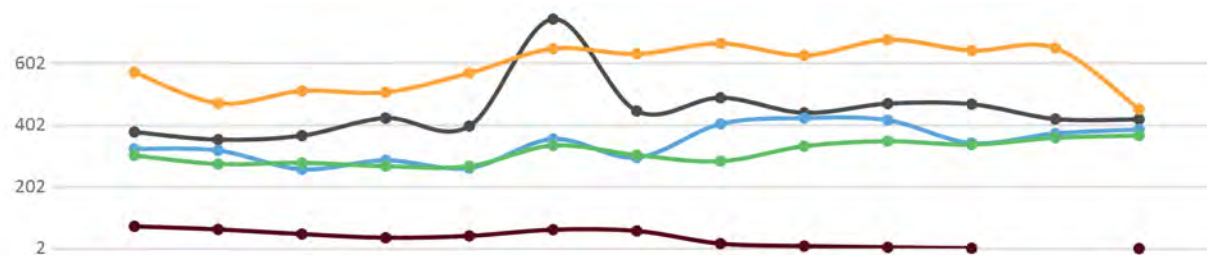
Services provided through: 8/31/2024

Claims Paid through: 9/30/2024

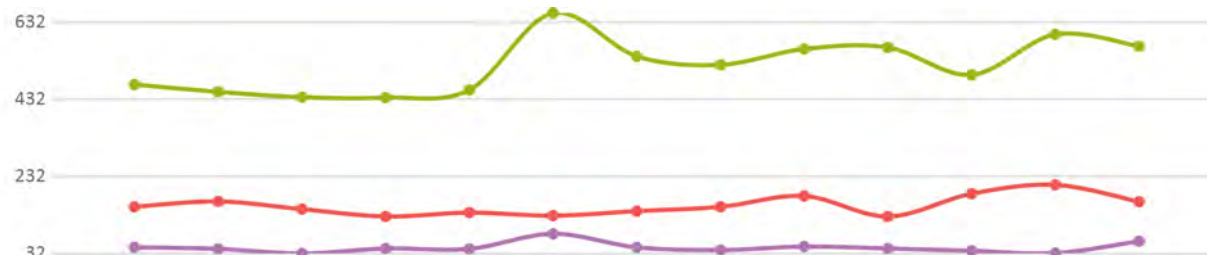


Governed Reporting System

Inpatient Admits by Hospital



	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
BAKERSFIELD MEMORIAL	380	355	368	425	399	746	448	491	442	472	470	422	421
KERN MEDICAL	574	473	513	509	571	650	633	667	628	679	644	652	454
ADVENTIST HEALTH	325	320	259	288	263	357	297	406	425	418	344	375	388
MERCY HOSPITAL	304	276	280	269	269	336	305	285	334	350	339	361	368
BAKERSFIELD HEART HOSP	74	64	49	37	43	63	59	18	10	6	3		2

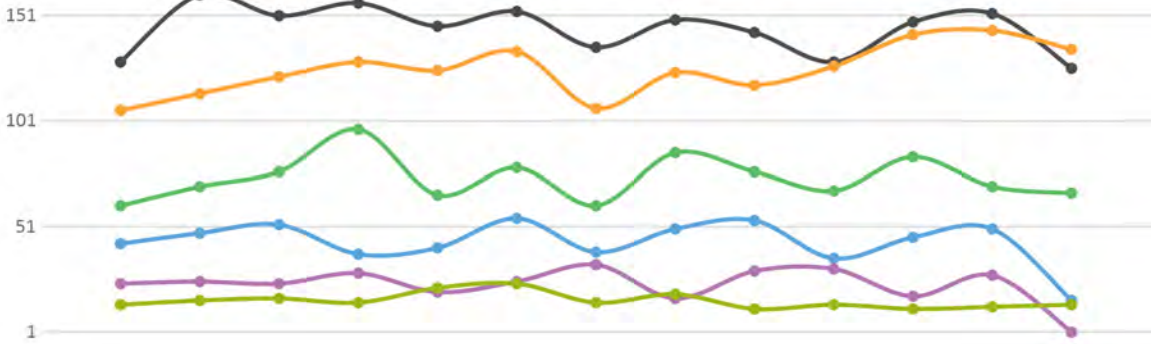


	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
GOOD SAMARITAN HOSPITAL	153	167	147	128	138	130	142	153	181	128	187	210	166
OUT OF AREA	470	451	437	436	456	655	543	521	562	566	495	600	569
DELANO REGIONAL HOSPITAL	48	44	32	45	44	83	48	41	50	45	39	33	64

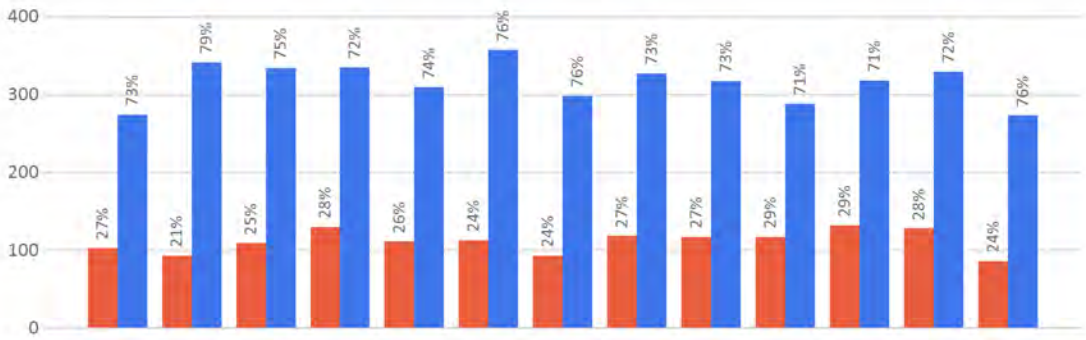


Governed Reporting System

Obstetrics Metrics



		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
	BAKERSFIELD MEMORIAL	129	161	151	157	146	153	136	149	143	129	148	152	126
	KERN MEDICAL	106	114	122	129	125	134	107	124	118	127	142	144	135
	MERCY HOSPITAL	61	70	77	97	66	79	61	86	77	68	84	70	67
	ADVENTIST HEALTH	43	48	52	38	41	55	39	50	54	36	46	50	16
	DELANO REGIONAL HOSPITAL	24	25	24	29	20	25	33	17	30	31	18	28	1
	OTHER	14	16	17	15	22	24	15	19	12	14	12	13	14

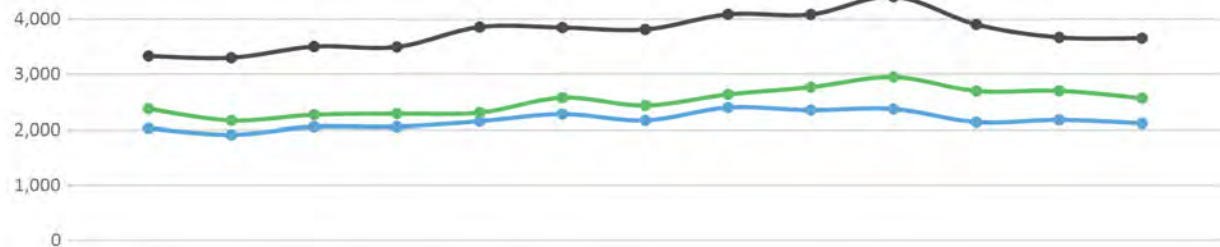


		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
	VAGINAL DELIVERY	274	341	334	335	309	357	298	327	317	288	318	329	273
	C-SECTION DELIVERY	103	93	109	130	111	113	93	118	117	117	132	128	86

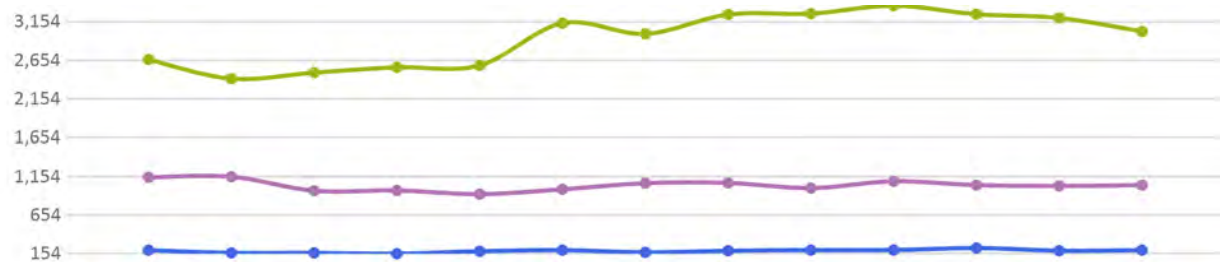


Governed Reporting System

Emergency Visits by Hospital



	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
BAKERSFIELD MEMORIAL	3,335	3,303	3,505	3,498	3,859	3,850	3,815	4,089	4,087	4,409	3,905	3,671	3,657
MERCY HOSPITAL	2,380	2,169	2,272	2,291	2,310	2,579	2,438	2,638	2,769	2,952	2,700	2,704	2,570
ADVENTIST HEALTH	2,031	1,915	2,060	2,058	2,154	2,282	2,168	2,400	2,354	2,374	2,138	2,177	2,118



	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
OUT OF AREA	2,666	2,417	2,496	2,565	2,589	3,139	2,999	3,250	3,261	3,365	3,254	3,205	3,030
DELANO REGIONAL HOSPITAL	1,145	1,153	971	975	927	990	1,069	1,073	1,006	1,094	1,044	1,034	1,044
KERN VALLEY HEALTHCARE	200	164	164	154	186	200	171	192	201	202	228	193	200



KERN HEALTH SYSTEMS

BOARD OF DIRECTOR'S MEETING



Chief Executive Officer's Report
Emily Duran
October 17, 2024

KHS CORPORATE STRATEGIC PLAN

The KHS strategic plan outlines the priority areas for the organization and serves as a roadmap for 2023 – 2025. Included under **Attachment A: Strategic Plan Status Report Q3 2024** is a breakdown of the key strategic plan accomplishments from the 3rd Quarter of 2024. Overall, KHS remains on track in accomplishing the strategic goals, as outlined in the attachment.

DHCS PROGRAM DEVELOPMENT UPDATE

Community Reinvestment – DHCS recently included certain Community Reinvestment requirements within the Statewide Managed Care Plan (MCP) Contracts. As laid out in the contract, MCPs will be required to annually set aside a portion of their Net Income to allocate to community reinvestment projects. Specific targeted investment categories were defined by DHCS to include Health Care Workforce, Well-Being for Priority Populations, Neighborhoods and Environment, and Cultivating Local Communities. In September, DHCS shared their latest thinking on the Community Reinvestment program via a draft All Plan Letter (APL). The draft APL provided guidance to Plans on the program requirements, permissible investment types, engagement with local stakeholders, development of a reinvestment plan, and the funding requirements. The current DHCS proposal would initiate the program based on 2024 Net Income, but actual investments wouldn't begin to occur until late 2026. In the interim, DHCS and MCPs would be finalizing the required investment amounts, engaging stakeholders to develop a reinvestment plan, and getting approval to proceed with implementation. KHS staff along with other Health Plans, worked with our Trade Associations to provide feedback to DHCS on their draft APL. DHCS will be reviewing the feedback they received and are expected to issue the final guidance in the near future. At that time, KHS staff would proceed with implementation of the Community Reinvestment requirements.

TRANSITIONAL RENT – DHCS is working to obtain Federal approval to add a new Community Support option called Transitional Rent. Under Transitional Rent, Medi-Cal Managed Care Plans would cover up to six months of rent for members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria. Transitional Rent is designed to provide an opportunity to help a member exit homelessness, or no longer be at risk of entering into homelessness, and establish a bridge to permanent housing. The goal of the services is to help prevent and address the adverse health outcomes that result from homelessness. The proposed eligibility criteria include certain clinical risk factors like Behavioral Health and/or chronic physical health needs and those transitioning out of institutional levels of care. If approved, DHCS would make this an optional benefit beginning in 2025, and a mandatory benefit in 2026. DHCS recently released a draft concept paper outlining the program. KHS staff along with other Health Plans have worked with our Trade Associations to provide feedback on the proposal. DHCS intends to finalize the program requirements and reimbursement requirements before the end of the year. **Attachment B: CalAIM Transitional Rent Payment Options Discussion** for reference is a recent presentation given by DHCS outlining the Transitional Rent program and some discussion around reimbursement to the Plans.

LEGISLATIVE SUMMARY

2024 State Legislation - The State Legislative Session ended on 8/31/2024 as this was the last day for each house to pass bills on the floor. The Governor had until 9/30/2024 to sign or veto any bills and the final list of signed bills is included under **Attachment C: Bill Tracking**. In total, 68 bills were being tracked internally and of those, 24 passed the legislature and were signed by the Governor. Below is a summary of some of the notable bills which passed:

- **SB 3275 (Soria)** - Beginning January 1, 2026, the bill would require a health care service plan to reimburse a complete claim within 30 calendar days, as opposed to the current standard which is to process 90% of claims within 30 days. A healthcare plan will also incur interest if a complete claim is not processed within 30 calendar days, as opposed to 45 days currently. If the claim is deemed incomplete, the health care plan will have to notify the claimant as soon as practicable but no later than 30 calendar days that the claim or portion thereof is contested or denied. In addition, a complaint made by an enrollee to a health plan about a delay or denial of payment of a claim to be treated as a grievance subject to the grievance process.
- **SB 1120 (Becker)** - The bill would require a health care plan that utilize AI, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that sub-contracts to an entity that utilizes the tool to have guardrails with specific requirements that would ensure information is fairly and equitably applied. In addition, a health care plan will ensure that medical necessity is made only by a licensed physician or a licensed health care professional competent to evaluate the specific clinical issues involved.
- **AB 2357 (Bains)** - This bill would create the University of California San Joaquin Valley Regional Campus Medical Education Endowment Fund. Upon appropriation by the Legislature, the bill would require moneys in the endowment fund to be allocated to the University of California to support the annual operating costs for the development, operation, and maintenance of a branch campus of an existing University of California School of Medicine in the County of Kern. The bill also includes a feasibility study to be conducted by the University of California related to the campus.

Please note, all bills are effective 01/01/25 unless otherwise specified. KHS staff will work internally to assess and prepare for internal operational considerations related to these bills, which includes working with our Trade Associations and regulators on the development of any regulatory guidance, and completing deliverables required by our regulators.

Separately, the team recently provided on-site tours of KHS' operations for staff from both our State and Federal elected delegation. During these tours, participants meet with internal operational leadership to discuss their role within KHS. It's a great opportunity to provide a general understanding of the services KHS provides to the community and answer any questions the legislative staff may have. So far, these tours have been very well received and the team intends to conduct more of them. All local, state, and federal elected officials and their staff are welcome to coordinate with the team in scheduling a tour.

2023-2025 GRANTS AND STRATEGIC INITIATIVES UPDATE

Community-Based Initiative: All 15 Community Based Organizations (CBO's) have initiated projects aligned with their scope of work. Two (2) of the 15 organizations have completed their projects. A few projects to highlight include: The Mission of Kern that has successfully provided transportation services to homeless individuals to medical and mental health appointments, as well as rides to Department of Health and Human Services (DHS) for benefits enrollment. Additionally, KHS is excited to partner with Heather Berry Counseling in Kernville (East Kern) where educational support group/therapy services focused on trauma and grief recovery, will be offered to Borel Fire Victims and the general Community.

Quality Grant: For the end of Q3, KHS would like to emphasize the back-to-school clinics initiatives. The back-to-school clinics promoted various health services including vaccinations / immunizations and health screenings for vision, hearing, and general health assessments.

- Kern Medical Center (KMC) hosted a “Party in the Parking Lot Mobile Clinic” on August 12, that prioritized school and sports physicals, immunizations and vaccines, hearing, vision screening, oral health assessment, and Medi- Cal enrollment. A total of 135 individuals were served through this event.
- Clinica Sierra Vista (CSV) hosted two (2) large mobile clinics with Panama-Buena Vista School District. CSV provided 66 physicals, 22 D-Tap vaccines, 6 HEP A vaccines, 22 MMR vaccines, 3 HPV vaccines, 23 Varicella vaccines, 6 HEP B vaccines, 83 T-DAP Vaccines, and 7 IPV vaccines.
- Komoto Pharmacy also held a back-to-school event on August 1st with Lamont Elementary School District at Alicante Elementary School and on August 6th at Wasco Union Elementary School District that prioritized vaccines to over 60 students.

Recruitment and Retention (R&R) Grant: All contracts under this grant program have been fully executed. Below is a snapshot of the progress on the R&R Grant. Since the last CEO Report from August of 2024, the R&R grant has helped recruit an additional 3 providers, bringing the total to 16 and retain an additional 19 bringing the total to 23 providers.

Recruitment and Retention (R&R)	Since Last CEO Report	As of 8/15/2024
Physicians Recruited under R&R	3	16
Physicians Retained under R&R	19	23
Transportation Services Rendered Kern Valley Healthcare District	308	1,738

INCENTIVE PAYMENT PROGRAM FUNDING UPDATE

Background

The CalAIM Incentive Payment Program (IPP) is intended to support the implementation and expansion of Enhanced Care Management (ECM) and Community Supports (CSS) by incentivizing managed care plans (MCPs) to invest in provider capacity and delivery system infrastructure; bridge current silos across physical and behavioral health care service delivery; reduce health disparities and promote health equity; achieve improvements in quality performance; and encourage take-up of Community Supports.

IPP Program Year 3 | January 1, 2024 – June 30, 2024

A total of nine (9) providers and CBOs were contracted in IPP PY3 funding for Enhanced Care Management and Community Support Services. All contracts have been fully executed and providers have started working on projects specific to their milestones and requesting reimbursement. KHS would like to highlight Community Action Partnership of Kern (CAPK) who received IPP funding for their East Kern Family Resource Center (EKFRC) in Mojave, CA. Through Incentive Payment Program (IPP) funding under Community Support Services (CSS), CAPK was able to offer housing trio services: navigation, deposits, and sustainability. The community in Mojave does not have access to a laundromat as the previous was burned due to a fire. The community members expressed concerns through the CAPK resource center that this was a need, especially for the children who were going to school with dirty clothes. To support the Mojave community, KFHC was able to fund two commercial washers and dryers at the EKFRC location. Now the community will have access to a laundromat and will be up and running by the end of October 2024.

IPP Next Steps:

As programs are going live, milestones are being successfully completed, the grants team is preparing reimbursements and providing support with ongoing projects. The measurement period for IPP PY3 has come to an end and IPP submission 5 was finalized and sent to Department of Health Care Services (DHCS).

HOUSING AND HOMELESS INCENTIVE PROGRAM (HHIP) – FINAL REPORT

Background | January 1, 2022 – December 31, 2023 (extended)

As a part of the State’s overarching home and community-based services (HCBS) spending plan, the California Department of Health Care Services (DHCS) launched the Housing and Homelessness Incentive Program (HHIP). HHIP aims to prevent and reduce homelessness and housing instability & insecurity by addressing social determinants of health while improving health outcomes and accessibility to whole-person care for those who are a part of the Medi-Cal population and simultaneously experiencing or at risk of being homeless.

Among the 18 participating providers/Community-Based Organizations (CBOs), 14 have successfully completed their projects, drawing down all allocated funds. The four (4) remaining CBO’s are making continuous progress towards completion of projects: California Veterans Assistance Foundation, Chaparral Medical Group, Housing Authority Norther - Chester, and Housing Authority - Youth. Ongoing engagement will remain with the four (4) outstanding projects which are due to be completed by December 31, 2024. See **Attachment D: Housing and Homelessness Initiative Program (HHIP) 2022-2023** that provides detailed description and summary of each project and the outcomes of the Housing and Homeless Incentive Program.

COMMUNITY HEALTH PARTNERSHIP

Kern Health Systems (KHS) has launched a new Community Health Partnership program, utilizing \$360,560 of unearned funding from the 2016-2017 grant. Seven community organizations that initially applied for the Kern Family Health Care 2024 Community Grant Program through the Community Engagement Department, but were not selected, were referred to the Grants & Special Programs Department for potential funding. These organizations are actively making a positive impact in our community but were in need of additional funding to enhance their efforts and remove barriers. The funds from this program will strengthen local resources and improve outcomes for individuals experiencing homelessness, youth who are incarcerated, and children in afterschool programs. Below is a summary of the recently funded organizations and their scope of work. KHS is excited to launch this program as it addresses and expands upon the social needs of our community.

Organization	Summary of Request
Arts Council of Bakersfield	Enhance "Art 4 Rehabilitation" program for juvenile detainees to develop essential life and career skills, received therapeutic support through art form and address social determinants of health for young men 14 to 25.
Bartz-Altadonna	Funding a brand-new Exam Bed that will allow the provider to see 40 additional patients a week, 2080 a year in California City, California.
Boys & Girls Club	8 - passenger van to facilitate attendance of children from at risk and disadvantaged circumstances at the Boys & Girls Club. Children need transportation services to the club after school. An additional 18-21 children per day will be transported through multiple trips and this will help expand the after-school programs and activities for children who otherwise wouldn't have this opportunity.
Mercy Foundation	Healthy Heart Program (HHP) This program will focus on educating participants about the risk factors of heart disease and lifestyle changes that can lower risks through workshops. Four (4), 1-hour sessions will be provided, once a week. 60 members will be impacted, 12 – 15 sessions.
Magdalene Hope, Inc.	Through the community health partnership program, KHS will help with infrastructure and renovations for the Women's Drop-in Center located on 3rd Street & Union Ave at 333 Union Ave. suite 197D. The vision is to have a safe place for women in the neighborhood and inner city can come rest, charge their phone, eat a hot meal, shop at our free clothing closet, receive counseling, therapy and prayer and to know that they have a way out of their current lifestyle (prostitution, trafficking, domestic violence, sexual assault) if need be.
Unidad Popular	This project will focus on Community Engagement and Enrollment. A total of 24 outreach events to the indigenous, farmworkers, low-income and hard to reach communities of Taft & McFarland. With a projection of 500 enrollments.
St. Vincent de Paul Homeless Center	Expansion of their current detox services, urgent care services, and onsite wound care as well as a van to transport patients to their appointments.

STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM (SBHIP)

Background

The State Budget for 2021 – 2022 included \$13.2 million over three years in incentive funding to build infrastructure, partnerships, and capacity for school behavioral health services in Kern County.

Status Update

Kern County Superintendent of Schools (KCSOS) is the fiduciary intermediary for fund distribution for the SBHIP initiative. To date, KHS has been awarded \$9,702,440.63 under the SBHIP program, earned through reaching established milestones of each targeted intervention. The four domains of focus, substance use disorder, parenting and family services behavioral health and wellness, and strengthening partnerships, aim to improve access and assistance at the school sites, thereby delivering care to the students and their families. Data sharing agreements basic student/member information are in place between KHS and KCSOS, thus supporting the potential to create a county/district wide electronic records system.

All districts remain on target to meet their defined milestones and outcomes. KHS submitted the DHCS Bi-quarterly update report on each district's targeted interventions on June 30, 2024. The report was approved in September by DHCS and KHS was designated another 12.5% of allocated funding totaling \$1,372,966.63 for distribution to the school districts by KCSOS.

Lost Hills School District is a participant in the second Children and Youth Behavioral Health Initiative (CYBHI) cohort for Mental Health rates and received additional funding through a CYBHI grant. Under CYBHI, the Medi-Cal delivery system and commercial health plans will be required to reimburse providers for a predefined set of medically necessary outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site. KHS's Behavioral Health department made presentations to all the Local Education Agencies (LEAs) during the monthly subgroup meetings detailing how to refer members for services to further strengthen our partnerships with each entity.

KHS, Blue Cross, and Kaiser have agreed in principle to the Memorandum of Understanding (MOU) content. The joint, collaborative Memorandum of Understanding (MOU) is under review with KCSOS legal team with anticipated signatures in October 2024. The MOU remains on target for final execution before end of 2024.

KHS OCTOBER 2024 ENROLLMENT:

Member Age		Ethnicity		Language	
0-5	12%	Hispanic	63%	English	66%
18-Jun	30%	Caucasian	16%	Spanish	33%
19-44	35%	No Valid Data	11%	Other	1%
45-64	17%	African American	6%		
65+	6%	Asian Indian	1%		
		Filipino	1%		
		Other	2%		

Percentage Increase in Membership from previous month

	Enrollment Type						Total KHS Medi-Cal Managed Care Enrollment
	FAMILY-ADULT	FAMILY-CHILD	FAMILY-OTHERS'	Seniors & Persons with Disabilities (SPDs)	Adult Expansion	Long Term Care	
2024-08	74,841	167,410	23,492	22,578	112,241	513	401,075
2024-09	74,895	167,054	23,530	22,551	112,746	526	401,302
2024-10	74,587	166,803	23,568	22,585	113,600	529	401,672
% Change	-0.4%	-0.2%	0.2%	0.2%	0.8%	0.6%	0.1%

Enrollment Update: The Kern County Department of Human Services continues their “automated discontinuance process” for Medi-Cal Redeterminations when beneficiaries do not complete the Annual Eligibility Redetermination process.

COMMUNITY EVENTS

KHS will share sponsorship in the following events in October and November:

KHS will share sponsorship in the following events in October and November:			
Organization Name	Event Name	Purpose	Donated Amount
St. Vincent De Paul, Inc.	St. Vincent De Paul Homeless Center BBQ event	The SVDP BBQ is the major fundraiser of the center. This donation provides funding for 2 weeks - 300 showers, hygiene kits and mails.	\$5,000
Bakersfield City School District	2024 Community Partners in Education Event (CPIE)	Event brings school and community together to build partnership that continue throughout the academic year.	\$1,000
Kern County Human Services	Safe Surrender Baby's 100th Celebration	Funding will be used to book the venue and provide food at The BLVD for the 100 families who have adopted a Safe Surrender Baby. This event is to honor the families whose lives have been forever changed by the Safe Surrender law and to raise awareness about the positive impact this law has had in Kern County.	\$5,000
The Open Door Network	Power of the Purse 2024	The Open Door Network empowers individuals facing homelessness, domestic violence, sexual assault, and human trafficking to envision new beginnings. The Open Door Network stands as a beacon of hope, offering shelter, counseling, and crisis intervention to break cycles of violence and provide a pathway to safety and healing.	\$2,500
H.E.A.R.T.S. Connection	Hero's 4 HEARTS Walk	HEARTS Connections enhances the quality of life for people with special needs through a family resource center.	\$1,500
Binational Health Kern County	BHKG Community Health Fair	Binational Health Kern County was created in 2001 to raise awareness of and respond to the unique health care challenges of Latinos living in the United States. Federal, state, and local government agencies, community-based organizations and thousands of volunteers come together to conduct a series of health promotion and health education activities.	\$3,000
NAMI Kern County Chapter	NAMI Walks Kern County	Funds raised directly support NAMI Kern County's mission of mental health education, advocacy, support and public awareness.	\$1,000
Kern Down Syndrome Network	Walk for A Million Dreams	Fundraising efforts will support local programs and services that benefit all individuals with Down syndrome.	\$1,000
Bakersfield Symphony Orchestra	A Taste of the Season	Celebrate the Symphony's 93rd Season Opening. BSO brings world-class talent and provides new experiences and beautiful expressions of the world's greatest musical creations.	\$2,500
African American Network of Kern County	34th Annual Community Awards Brunch	An event designed to celebrate and recognize the achievements of individuals who have made significant positive impacts in the community.	\$3,000

Organization Name	Event Name	Purpose	Donated Amount
California Veterans Association Foundation	Annual Kern County Veterans Stand Down	The Stand Down offers veterans quick and easy access to essential services such as assistance with Veterans and Social Security benefits applications, free transportation, and even a Veterans Court to help clear misdemeanors from their records. A day for veterans to connect with various service providers, and to enjoy the support and camaraderie of their community.	\$1,500
Kern County Law Enforcement Foundation	35th Officer of the Year Awards Dinner	An event that celebrates the dedication and excellence of our local heroes in law enforcement. It's an opportunity to come together as a community and show our appreciation for the individuals who tirelessly serve and protect us.	\$2,500
Boys and Girls Club of Kern County	2024 Artfest	Supports Boys and Girls Club programs that serve 8,000 children a day amongst 10 different school districts.	\$3,000
Noel Alexandria Foundation	7th Annual Running with the Angels	Honoring Angel Babies gone too soon while raising awareness for pregnancy and infant loss. All proceeds will help provide free educational, emotional, and financial resources to families who have been affected by pregnancy and infant loss.	\$1,500
Court Appointed Special Advocates of Kern County	CASA Superhero Run	Proceeds benefit youth in Kern County Foster Care, empowering every child in need of an advocate to have a voice throughout the court proceedings.	\$1,000
Kern County Cancer Foundation	Cancer Run/Walk and Festival in Delano	This event brings funding and awareness to various forms of cancer and encourages their entire community to support local patients.	\$1,000
No Sister Left Behind Nonprofit Organization	Total Well-Being Women's Conference 2024	Provide education and resources to promote total well-being, empower and strengthen women to thrive in life by overcoming obstacles to achieve their goals.	\$2,500
Team Juana Bowens	Lifting for Cancer Awareness	Event focusing on Health, Education, Hispanic Culture, and Cancer Awareness.	\$1,000
North of the River Recreation Foundation	Fall Festival	NOR is a Special District in North Bakersfield, whose mission is to provide recreation programs and facilities for the benefit of the North of the River community. NOR plays an important role in enhancing quality of life for residents.	\$1,000
Centro de Unidad Popular Benito Juarez, Inc.	Guelaguetza	Guelaguetza event is where natives from the eight (8) Oaxacan regions (Cañada, Coast, Isthmus, Mixtec, Papaloapan, Southern Sierra, Sierra Norte, and the Central Valley) come together and expose what Oaxaca has to offer to the world regarding their culture, tradition and ways of living. This is a great opportunity to provide this community with needed health resources.	\$5,000

Organization Name	Event Name	Purpose	Donated Amount
Bakersfield ARC, Inc.	Annual Golf Tournament	Tournament proceeds help fund projects including: The Gardens at Riverfront Manor, Tailored day services, Access now, supported employment, paid internships, camps and fun experiences for adults and children.	\$2,000
California State University Bakersfield Foundation	Party in the Park	Proceeds will enhance alumni scholarships and mentoring programs, which continue to grow in reach. Every dollar raised helps students achieve access to higher education opportunities and build the workforce our communities need to thrive.	\$2,500
Apple Core Project, Inc.	Annual Party in the Garden	Apple Core Project is committed to addressing food insecurities through dynamic community partnerships and initiatives across the county by addressing the root causes-lack of food, resources, and education.	\$1,500
The League of Dreams, Inc.	Tailored and Chic	To provide sports programs for children and young adults with disabilities. Give every athlete a chance to play, regardless of their abilities, fostering a sense of inclusion, teamwork, and personal achievement.	\$2,500
Alzheimer's Disease and Related Disorders Association, Inc.	Walk to End Alzheimers	As the leading voluntary health organization in Alzheimer's care, support and research, the Alzheimer's Association® addresses this global crisis by providing education and support to the millions who face dementia every day, while advancing critical research toward methods of treatment, prevention, and, ultimately, a cure.	\$1,500
Philippine Weekend, Inc.	46th Annual Philippine Weekend Festival	Philippine Weekend festival is dependent entirely upon the voluntary work of local members of the community and the generous sponsorships of local businesses. Funds help sustain the celebration and cultural festival, which not only provides rich enrichment to youth, but also to share culture with others.	\$2,500
Community Action Partnership of Kern Foundation	Casino Night	Proceeds will benefit the CAPK Friendship House Community Center in SE Bakersfield.	\$3,500
Golden Empire Gleaners	Rhythm & Roots	Proceeds will help alleviate hunger in Kern County by collecting and distributing food and agricultural products that might otherwise go to waste.	\$2,500
Friends of Mercy Foundation	Healthful Harvest/La Cosecha Saludable 2024	The goal is to create awareness, provide education and services, and connect Arvin residents to health and local community resources. Food, entertainment, and incentives will also be provided.	\$5,000
Wonderful College Prep Academy	Lost Hills Harvest Festival	Support a community resource fair for the residents of Lost Hills.	\$1,000
Children First Campaign	3rd Annual Children First Literacy Gala	Proceeds will benefit programming at Children First expanding to more schools in the Bakersfield City School District for the 2024-2025 school year.	\$5,500

Organization Name	Event Name	Purpose	Donated Amount
Hoffmann Hospice	Run to Remember	Hospice care is a type of health care that focuses on the palliation of a terminally ill patient's pain and symptoms and attending to their emotional and spiritual needs at the end of life. This run brings awareness to those affected.	\$2,000
Global Family Case Network, Inc.	7th Annual Global Family Invitational	Proceeds benefit Global Family & the Daughter Project that work with at-risk children and families through community strengthening, girls' empowerment, and restoring victims of trafficking.	\$1,500
Be Finally Free	The Face Behind the Mask Masquerade Ball	Proceeds benefit outreach programs and provide essential resources, including virtual reality job development training for job readiness and educational life skills classes. Supporting individuals overcome addiction, homelessness, and reentry challenges to empower lives in our community.	\$1,500
ADAKC	The Heart Never Forgets Gala	Proceeds will benefit the Alzheimer's Disease Association of Kern County with their local adult programs	\$2,500
Safe Haven Kids League of California City	2nd Annual Resource Spectacular Event	Safe Haven Kids League of California City is an organization dedicated to help families, especially youth. This event is designed to help families in need during Thanksgiving.	\$1,000
MADD Kern County	Walk Like MADD Dash	Raise awareness and end drunk and drugged driving, serve the victims /survivors of this violent crime, and prevent underage drinking.	\$1,000
Wind Wolves Preserve	2nd Annual Howl-O-Ween	Seasonal tradition for Kern families, encouraging kids and adults to celebrate fall outdoors and learn more about the strange and chilling creatures that live in their backyards.	\$1,000
Links for Life, Inc	<ul style="list-style-type: none"> • Lace'n It Up – 5k Fun Run and Celebration Walk • Hot Pink Celebration 	Proceeds benefit Kern County community with breast cancer programs.	\$10,000
Dignity Health - Community Health Initiative	Medi-Cal Renewal Training	The training for KHS staff and community partners will focus on the Medi-Cal program and how to assist an individual or family with submitting a new or renewal application.	\$3,200
The Blessing Corner	Holiday Support (Thanksgiving & Christmas)	A community distribution event for thanksgiving turkey meal-in-a-box for up to 300 families that have a place to cook and prepare their family's meal. Deliveries of up to 250 cooked turkey meals to shut-in seniors and veterans. Host their annual Thanksgiving Day sit-down meals at the Blessing Corner for up to 350 individuals. A community holiday meal-in-a-box, deliveries of up to 250 cooked holiday meals to shut-in seniors and veterans. Annual Christmas Day Extravaganza which includes a sit-down meal, and toys and gift items for up to 500 individuals.	\$4,500

Organization Name	Event Name	Purpose	Donated Amount
California Living Museum Foundation	Holiday Lights at CALM	CALM works hand in hand with the Kern County Superintendent of Schools to educate students and adults alike; currently hosting over 20,000 students annually. Inspire guests to look at wildlife with new perspectives and intentions, while motivating each visitor to help make a personal commitment to the betterment of our planet.	\$2,500
JJ's Legacy	Grillin' & Brewin'	Supports education on the importance of organ, eye, and tissue donation.	\$3,000
Bakersfield Museum of Art	Via Arte	Funds raised at Via Art� help provide high-caliber exhibitions, art education opportunities, and art-focused events to the community.	\$1,500
African Association of Kern County	African Food and Culture Festival	Event that promotes cultural awareness and inclusion.	\$250
Delano Chamber of Commerce	3rd Annual State of the City	Provide an update on the city's progress, achievements, and future plans.	\$1,500
Greater Lamont Chamber of Commerce	2024 Installation & Awards Night	Proceeds support community events in Lamont.	\$2,000

KHS will share sponsorship in the following events in October and November:

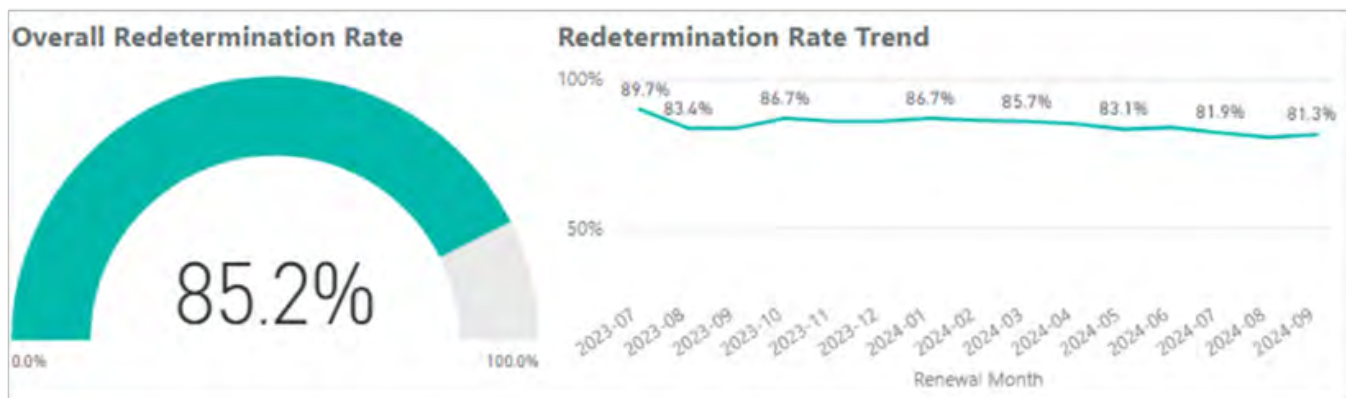
KHS will also participate in the following events in October and November:				
Organization Name	Event Name	Location	Date	Time
Arvin Police Department	National Night Out 2024	200 Campus Dr., Arvin, CA 93203	10/01/24	5:30pm-8:00pm
North Kern Community School	Back to School Night	1915 Cecil Ave., Delano, CA 93215	10/03/24	5:00pm-7:00pm
Delano Harvest Holidays Association	Pop Up Event	100 S Lexington St., Delano, CA 93215	10/05/24	1:00pm-5:00pm
Holy Temple Church of God in Christ	Community Resource Fair	1001 E Planz Rd, Bakersfield, CA 93307	10/05/24	10:00am-12:00pm
Shafter Lions Club	National Night Out	364 Mannell Ave., Shafter, CA 93263	10/08/24	6:00pm-8:00pm
Kern County Sheriff's Office	National Night Out - Trick or Treat	Stramler Park - 4003 Chester Ave., Bakersfield, CA 93301	10/17/24	5:00pm-8:00pm
Greenfield Family Resource Center	Community Resource Fair Open House	5400 Monitor St., Bakersfield, CA 93307	10/17/24	3:30pm - 6:30pm

Organization Name	Event Name	Location	Date	Time
The Rock Church	Community Outreach Event	1400 Norris Rd., Bakersfield, CA 93308	10/19/24	10:00am - 12:00pm
Bakersfield Recreation and Parks District	Halloweentown Trick or Treat	1000 S. Owens Street, Bakersfield, CA 93307	10/23/24	2:00pm-4:00pm
Richland Junior High	College and Career Day	331 N Shafter Ave., Shafter, CA 93263	10/25/24	9:00am-12:00pm
Oildale Community Action Team	Oildale Trunk or Treat	N Chester Ave./Norris Rd., Bakersfield, CA 93308	10/25/24	5:30pm - 7:30pm
Del Oro High School	Trunk or Treat	1750 E Panama Ln., Bakersfield, CA 93307	10/25/24	5:00pm-7:00pm
McFarland Police Department	Trunk Or Treat Community Night Out	405 Mast Ave., McFarland, CA 93250	10/26/24	5:30pm-8:30pm
Lamont-Weed patch Neighborhood Partnership	Fall Harvest Festival	10300 San Diego Street, Lamont, CA 93241	10/30/24	4:30pm-7:00pm
Wasco Recreation & Park District	Trunk or Treat	Poso Dr. & Poplar Ave., Wasco, CA 93280	10/31/24	6:00pm-8:00pm
Bakersfield American Indian Health Project	4th Annual Native American Heritage Month Luncheon	801 Truxtun Ave., Bakersfield, CA 93301	11/02/24	9:30am-4:30pm
Tehachapi Chamber of Commerce	Veterans Day Celebration	Philip Marx Central Park, Mojave and "E" St., Tehachapi, CA 93561	11/11/24	11:00am - 2:00pm

Medi-Cal Renewal Updates

KHS continues direct outreach activities to members who must complete the Medi-Cal renewal process or those in a hold status who have 90 days (from disenrollment date) to complete their renewal to be retroactively enrolled to their disenrollment date. Member communications include: text messages, mail, robocalls, phone calls, and the KFHC Member Portal. KHS also continues working with providers, local Medi-Cal enrollment entities, and community-based organizations to support the correct completion of renewal applications.

Below are Medi-Cal Redetermination Trending Rates.



Employee Video Newsletter

KHS' Video Employee Newsletter can be seen by clicking the following link:

[KHS October Newsletter on Vimeo](#)

KHS Media Clips

We compiled local media coverage that KHS received in April 2024 – May 2024. Please see **Attachment E: Public Relations/Publicity Media Clips.**

KHS ORGANIZATIONAL HIGHLIGHTS

KHS Financial Awareness Day

On August 14, we hosted our very first Financial Awareness Day. The event was all about empowering our employees with the knowledge and tools to take control of their finances.

With vendors like Tax Tree Services, How Money Works, Bank of Sierra, CalPERS, and more, attendees had access to expert advice on everything from tax strategies to retirement planning. We even had a suggestion from one of our own to add the book "I Will Teach You to Be Rich" by Ramit Sethi to our KHS Book Club—a perfect fit for the day's theme!

The day was packed with valuable insights, but it also fostered a sense of community.

- Employees exchanged tips, signed up for workshops, and connected with resources to help them on their financial journeys.
- The enthusiasm and participation were a true testament to the importance of financial well-being.



KHS Employee Awards Luncheon

On Friday, September 27, 2024, we had the pleasure of hosting our Employee Awards Luncheon at Hodel's Country Dining. It was a special day dedicated to celebrating each of our employees for their hard work, commitment, and many years of dedicated service to Kern Health Systems.

The luncheon provided a wonderful opportunity for us to come together, away from daily responsibilities, and enjoy a delicious meal in a relaxed and welcoming environment. We were delighted to recognize many of our team members for their tenure at KHS, honoring those whose dedication and loyalty have contributed to the growth and success of our organization.

Highlights of the afternoon was announcing our Employee of the Year, along with several employee raffles, which added a touch of excitement and fun to the afternoon. It was heartening to see so many smiles, shared laughs, and genuine camaraderie among colleagues. All employees had a wonderful time, and we are already looking forward to the next opportunity to celebrate and recognize our incredible team.



EMPLOYEE
AWARDS
LUNCHEON



KHS MEMBER ENGAGEMENT | COMMUNITY HIGHLIGHTS

Heart of the City Community Day Event

We were proud sponsors of the California Cardiovascular Institute's (CCI) inaugural "Heart of the City Community Day" event yesterday.

A panel of local health care leaders, including our CEO, Emily Duran, discussed the importance of preventative care for heart health, especially with children locally.

Thank you to CCI for donating an AED (Automated External Defibrillator) to Gameday Sports Academy, and providing training for their staff to become CPR certified. We appreciate CCI's efforts and are proud to partner with them to improve health equity in our community.



CSUB Staff Development Day

Our CEO, Emily Duran, a CSUB alumna and Hall of Fame Inductee, was invited to speak at CSUB's Staff Development Day. The event's theme, "Runners on the Rise: Building Community Together", perfectly aligns with our belief that building community has an impact on one's personal health and well-being.

In her speech, she emphasized how building a strong community benefits not just individuals, but also the well-being of others. It was an honor to contribute to this important discussion on community. We believe that by fostering a sense of community, we can create an environment where individuals can flourish and reach their full potential.



CALIFORNIA STATE UNIVERSITY
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Greater Lamont Chamber of Commerce - Back to School Supplies and Backpack Giveaway

It was time to gear up for another successful school year in Lamont! We were thrilled to be platinum sponsors of the Greater Lamont Chamber of Commerce's School Supplies and Backpack Giveaway. Thanks to our sponsorship, 720 children walked away with brand-new backpacks and essential supplies. It was a great way to kick off the new school year.





Strategic Plan Status Report: Q3 2024

Goal 1	
Goal Name Description	<u>Quality and Equity</u> Deliver exceptional quality outcomes and health equity for KHS members
Strategy 1	Increase overall quality with a drive toward achieving Managed Care Accountability Set (MCAS) Minimum Performance Levels (MPL) and closing disparity gaps.
Accomplishments	<ul style="list-style-type: none"> For Measurement Year 2024, year-to-date administrative rates: currently meeting MPL for 4 measures and within 5% MPL for 2 additional measures. Demonstrating improvement in 17 MCAS measures compared to same time last year. As part of the Quality Grants Program, 5 mobile units are now operational. Partnerships established with multiple school districts to conduct routine mobile clinics at various school sites throughout the county. KHS Outreach team focused on Children's domain of care and CCS MCAS measure. Routine meetings with the top 20 PCPs by membership volume to provide ongoing MCAS education and support.
Strategy 2	Meet National Committee for Quality Assurance (NCQA) standards and work toward accreditation.
Accomplishments	<ul style="list-style-type: none"> Mock audit file reviews completed for Credentialing, Utilization Management, and Population Health Management. On-going efforts made to prepare for full mock audit and operationalization of updated policies and procedures. Started configuration efforts for regulatory software SAI360 to leverage for on-going monitoring of NCQA standard compliance.
Strategy 3	Further maturity of the organization's Health Equity programs under the direction of the Chief Health Equity Officer.
Accomplishments	<ul style="list-style-type: none"> Successfully administering and supporting 12 practices enrolled in the Equity Practice Transformation (EPT) program with 2024 milestones as well as co-administrating the IHI/DHCS Child Health Equity pilot program with 2 providers in partnership with Quality Performance. Curriculum development for Health Equity training for providers, employees and contractors in accordance with APL 23-025 as well as development and integration of training requirements from APL 24-018. Launched KHS JEDI (Justice, Equity, Diversity & Inclusion Committee) & Provider Health Equity and Learning (HEAL) Collaborative. Hosted and participated in numerous committee meetings including Executive Quality Improvement Health Equity Committee (EQIHEC), Health Equity Transformation Steering Committee (HETSC), Community Advisory Committee (CAC), CA Racial Equity Commission (REC), Kern Health Equity Partnership (KHEP) to comply with 2024 contractual requirements, HEA Accreditation and APL 24-0004 requirements.



Strategic Plan Status Report: Q3 2024

Goal 2	
Goal Name Description	Workforce Develop initiatives for the recruitment and retention of both internal and external workforce needed to fulfill KHS' mission
Strategy 1	Identify Provider Network needs and gaps to inform target areas and approaches.
Accomplishments	<ul style="list-style-type: none"> • Provider Relations teams held Rural Health Clinic Provider Forums at rural office locations in Delano, Ridgecrest, and Lake Isabella. Accessibility issues impacting members were discussed with office staff and shared with Provider Network Analyst team. Impacted services included ophthalmology, optometry, physical therapy, and diagnostic radiology services. • Completed Q3 Provider Network Management Network Report; will be utilized for ongoing network expansion work planning, goal setting, and benchmarking. • Completed Provider Network Management, Availability of Practitioners report, reviewing geographic accessibility and network adequacy. • Completed geographic accessibility gap analysis and provider availability identification in line with Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) network reviews and alternative access standard requests.
Strategy 2	Strengthen and expand the KHS provider network through innovative and effective recruitment and retention programs.
Accomplishments	<ul style="list-style-type: none"> • Healthcare Workforce Expansion grant updates: <ul style="list-style-type: none"> ○ Clinica Sierra Vista (CSV) completed their project, securing land to expand their new Rio Bravo Family Residency program. ○ College campuses prepped for the new school year by onboarding new faculty and staff to assist with the nursing projects. ○ Dignity Health is continuously making efforts towards their milestones, floorplans and building permits were approved by the City on August 12th. ○ Adventist Health feasibility study for the Family Medicine Residency Program is in progress to be completed by end of 2024. ○ Good Samaritan Hospital will be prioritizing the Accreditation Council for Graduate Medical Education (ACGME) application for their psychiatry residency for the remainder of the year. ○ Kern Medical Center has completed their ACGME application for Addiction Medicine, Surgery, and SIM. • In Q3 2024 Provider Recruitment Specialist conducted target provider identification and recruitment efforts at specific specialties (physical therapy, speech therapy, psychiatry, neurology, oncology) and service area (Ridgecrest). • As of the end of Q3 2024 the Plan has identified a 3.5% growth amongst its Primary Care Network and a 2.6% increase amongst its Specialty Provider Network.



Strategic Plan Status Report: Q3 2024

Strategy 3	Identify business needs and gaps in current workforce to inform target areas and approaches.
Accomplishments	<ul style="list-style-type: none"> KHS HR team developed an updated salary and payband structure to reflect Mercer's findings and other relevant market factors from the Compensation Analysis. The KHS Board of Directors will be reviewing the proposal during the October meeting.
Strategy 4	Meet the growing operational demands of the organization by creating recruitment and retention programs for internal staffing and leadership needs.
Accomplishments	<ul style="list-style-type: none"> Continued staff education and implementation preparations for the switch to the self-funded health plan with Blue Shield of California. Open enrollment is scheduled to begin in early October for the January 2025 plan year.



Strategic Plan Status Report: Q3 2024

Goal 3	
Goal Name Description	<u>CalAIM</u> Continue to develop, implement, and grow the programs and policies included under DHCS' CalAIM initiative
Strategy 1	Continued growth and maturity of existing CalAIM programs – Population Health Management, Enhanced Care Management, Community Supports, and Long-Term Care.
Accomplishments	<ul style="list-style-type: none"> Launched the Clinica Sierra Vista ECM program at the Baker Street location with CalAIM Incentive Payment Program Year 3 Funding as of September 1st. Also successfully launched the ECM program with Centric Health Care as of September 1st. Plans are in place to launch 3 more ECM program providers by the end of 2024, bringing the total to 12 launched in 2024, for a total of 38 ECM program providers. Upcoming launches include Be Finally Free 10/1 (with the awarding of IPP PY3 funding); Stay Focused Ministries 10/1; and Bakersfield American Indian Health Project 12/1 (with the awarding of IPP PY3 funding). Community Supports team contracted with the Open-Door Network to provide the housing trio services. Also met with possible Community Based Organization to conduct Tattoo Removal Services. Population Health Management team focused on implementing End Stage Renal Disease (ESRD) and Homebound Program in partnership with contracted providers.
Strategy 2	Strengthen Existing and Establish New Community Partnerships to Support CalAIM.
Accomplishments	<ul style="list-style-type: none"> The Community Based Initiative grant programs continue to progress. Two of the 15 organizations have completed their projects. JJ's Legacy provided 15 Kern Family Health Care members with financial assistance who received an organ transplant. The Mission of Kern provided successful transportation services to homeless individuals to their medical and mental health appointments as well as rides to Department of Health and Human Services (DHS) for their benefits. Actively participated in local community collaboration meetings, engaging with the various Justice Involved agencies, Homeless Youth committee, CalAIM Roundtable and educating the community about the various services available. KHS continues to lead the regular MOU meetings between managed care plans (MCPs) and county agencies for Kern County. Progress reports for Q2 were submitted and approved by DHCS. MOUs with Kern County Probation and Kern County Public Health are in the final review stages and planned for execution of signatures in Q4. In anticipation of the upcoming Local Education Agency MOU requirement, KHS and KCSOS initiated a data sharing process under the Student Behavioral Health Incentive Program.



Strategic Plan Status Report: Q3 2024

Strategy 3	Ongoing collaboration between KHS staff and the Department of Health Care Services (DHCS) on the development and implementation of future CalAIM initiatives.
Accomplishments	<ul style="list-style-type: none"> • The ECM Leadership Team continued to build and maintain monthly collaborative meetings with the Kern County Probation Department, Kern County Sheriff Department, Kern Behavioral Health and Recovery Services, Kern County Department of Human Services, Kern Medical, the California Department of Corrections and Rehabilitation (CDC-R), and our local Managed Care plans including Anthem Blue Cross and Kaiser Permanente, in support of the Justice Involved Population. Kern County is planning to implement in the Spring of 2025 and is currently working on their correctional facility readiness assessments that must first be approved by DHCS. • During Q3, Kern Health Systems continued to lead efforts with the CDC-R team in beginning to plan out data exchange and the contents of the pre-release care plan requirements for the Justice Involved ECM population, including how to ensure it is consumed by the plan to be shared with the ECM program provider post-release. This is truly innovative work from KHS' standpoint. The relationship-building that has been done to date from our side has been truly unequivocal. • Population Health Management team hired an additional nurse to focus on Transitional Care Services (TCS) post-hospitalization. The team also automated a process to conduct discharge risk assessments to support TCS. • Community Supports team partnered with Habitat for Humanity to add Environment Accessibility services effective July 2024. • Reviewed guidance from DHCS on upcoming Transitional Rent Community Support offering and revisions to other Community Supports definitions.



Strategic Plan Status Report: Q3 2024

Goal 4	
Goal Name Description	<u>Medicare Duals Special Needs Plan (D-SNP)</u> Develop and implement a competitive Medicare Duals Special Needs Plan (D-SNP) product in alignment with State and Federal requirements
Strategy 1	Development of the long-term D-SNP strategy and implementation roadmap.
Accomplishments	<ul style="list-style-type: none"> KHS has chosen to build and implement the D-SNP internally, rather than delegating the work to another health plan through a plan-to-plan contract. Completed initial regulatory filing starting with the service area expansion and licensure processes with DMHC to ensure compliance and readiness to operate.
Strategy 2	Analysis of the appropriate market factors to maximize the competitiveness of the product.
Accomplishments	<ul style="list-style-type: none"> Market, product, and competitor analysis will be updated in October, ahead of Medicare open enrollment, to ensure comprehensive information on offerings from other plans is available, enabling us to leverage market factors and maximize the competitiveness of our product.
Strategy 3	Design and implementation of an efficient Medicare D-SNP offering with competitive advantages, leveraging KHS innovation and new business/new product development capabilities.
Accomplishments	<ul style="list-style-type: none"> Revisited and updated a finalized step-by-step implementation plan, incorporating key milestones and revised timelines. Revisited the 2024 Capital budget to begin procurement of technical systems required for successful integration. Initiated 2025 resource planning for all D-SNP related work to ensure accurate budgeting and allocation of necessary resources.



Strategic Plan Status Report: Q3 2024

Goal 5	
Goal Name Description	<u>Behavioral Health</u> Improve the integration, coordination and outcomes for members experiencing behavioral and mental health conditions
Strategy 1	Development and maturity of an internal Behavioral Health Department.
Accomplishments	<ul style="list-style-type: none"> Expanded BH department with approval of 1 Supervisor. Working with HR and Sr Director to repurpose approved 2024 budgeted positions and 2025 budget planning to support the CYBHI, DSNP, QI, and SB 1019 requirements. Progressing with operational changes including working with Health Services on transitioning authorization function to BH, updating the Behavioral Health Therapy workflow, and coordination with AllMed on appropriate BH clinical reviews. Behavioral Health member experience survey is in final phase with the report to be sent in October.
Strategy 2	Evaluate and ensure the mental health provider network is adequate to provide all outlined non specialty mental health services (NSMHS).
Accomplishments	<ul style="list-style-type: none"> Ongoing efforts to finalize the Timeliness of Access (Referral Aging report). Created tracking of first, second, and third appointment offered to track timeliness from the initial date. Providers being added to the network. BH meeting with new providers to support onboarding.
Strategy 3	Communication and coordination with County Behavioral Health regarding DHCS requirements.
Accomplishments	<ul style="list-style-type: none"> Efforts on implementation of MOU with County MHP and DMC-ODS. Finalized the revision to the inbound and outbound data layout specs to support data exchange requirements. Resumed meetings with KBHRS for data exchange. Initiated discussion on coordination efforts for cases with eating disorders. Collaboratively working toward developing best practice guidelines to assist members from Emergency Room to other options (Medical Stabilization, Inpatient ED program, ED Residential program, discharge, and outpatient). Ongoing discussion on Transition of Care process to ensure accuracy with documentation to support request for step down.
Strategy 4	Further evaluate and develop the implementation of Primary Care Provider Roles with Substance Use Disorder services / Medication Assisted Treatment (MAT) services.
Accomplishments	<ul style="list-style-type: none"> Ongoing efforts in BH Project to develop and implement MAT workflow.



Strategic Plan Status Report: Q3 2024

Goal 6	
Goal Name Description	<u>Member Engagement</u> Increase member engagement in their health care
Strategy 1	Identify and implement innovative and effective offerings designed to engage members more in their health care.
Accomplishments	<ul style="list-style-type: none"> Two Member Engagement Representatives were hired for the East Kern, Ridgecrest and Mojave colocations. The Member Engagement Project is ongoing with Member Rewards vendor cutover scheduled for November. The 2025 Member Engagement Project has been submitted for phase II of the Member Rewards. The 2025 Text Messaging and Campaign Workflow enhancement project was approved.
Strategy 2:	Work with internal staff and external partners to develop strategies that ensure continuity of coverage for our members.
Accomplishments	<ul style="list-style-type: none"> Community Enrollment Navigators in-office are continuing to be available in various locations for in-person member assistance. Member Navigators are continuing in-person outreach and assistance for walk-in members at the KHS headquarters. In coordination with the Grants and Special Programs Department, Marketing and Community Engagement has secured a local non-profit partner to assist with renewing and enrolling individuals of the indigenous population. Member and Community Engagement Representatives are performing presentations and engaging the public at events to educate members for Medi-Cal Renewals.
Strategy 3:	Leverage convenient technology to enhance the effectiveness of engagement and suit members' needs.
Accomplishments	<ul style="list-style-type: none"> Member Engagement Project for the Customer Relations Management (CRM) is progressing and testing is ongoing. The Member and Provider Portal platform project has completed RFP process and vendor demos are scheduled. Text messaging campaigns for community events and mobile clinic events were approved and are now in use.



Strategic Plan Status Report: Q3 2024

Goal 7	
Goal Name Description	<u>KHS Foundation</u> Explore the opportunity for KHS to create a non-profit foundation to further its mission in the community
Strategy 2	Begin collaboration with law firm on the corporate formation documents and finalize the development phase of the foundation.
Accomplishments	<ul style="list-style-type: none"> • The bylaws were reviewed in the bylaws committee meetings in August and September. • Changes are requested and being finalized by external law firm. Once finalized, the findings will be reviewed with Board of Directors (with an estimated date of December 2024).

CalAIM Transitional Rent Payment Options Discussion

October 2, 2024

DHCS' Vision for Transitional Rent

California is transforming Medi-Cal through DHCS-led initiatives to improve health care quality, access, and outcomes for Medi-Cal members, recognizing that a member's health and well-being is driven by both clinical and social factors (such as access to safe and stable housing).

To further address members' health needs, **DHCS plans to launch Transitional Rent starting in 2025.**

Transitional Rent will be a new, fifteenth Community Support under CalAIM.

Under Transitional Rent, Medi-Cal Managed Care Plans (MCPs) will cover up to six months of rent for members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria.

- 🏠 Transitional Rent is designed to provide a time-limited *opportunity* to help a member exit homelessness, or no longer be at risk of entering into homelessness, and establish a bridge to permanent housing.
- 🏠 Transitional Rent will help prevent and address the adverse health outcomes that result from homelessness.
- 🏠 Transitional Rent will improve overall health outcomes that have been shown to result from stable housing.



Proposed Timeline

Federal (CMS) Approval of CalAIM Transitional Rent Amendment

(Expected late 2024)

DHCS finalizes Transitional Rent
Policy

2024

**Statewide launch of
Transitional Rent as a
Community Support in
Medi-Cal Managed Care**

Optional Coverage
(January 1, 2025)

2025

**Mandatory Coverage of
Transitional Rent**

(January 1, 2026)

Transitional Rent will become the first
Community Support to become a
mandatory benefit under the
managed care delivery system


New county-based housing
opportunities will also go live
under the Behavioral Health
Services Act (BHSA) in 2026

2026

Transitional Rent Eligibility Criteria

Members will be eligible for Transitional Rent if they meet the following three criteria:

1




MEET CLINICAL RISK FACTORS

- Meet the access criteria for SMHS, DMC or DMC-ODS services, or
- Have one or more serious chronic physical health conditions or physical, intellectual, or developmental disabilities

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2




EXPERIENCING OR AT RISK OF HOMELESSNESS

- As defined by 24 CFR 91.5, with two minor modifications

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SPECIFIED TRANSITIONING POPULATIONS
(Transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing)
**OR UNSHELTERED
OR FULL SERVICE PARTNERSHIP (FSP) ELIGIBLE**

For Discussion Purposes Only; Subject to Change

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Transitional Rent Covered Settings

DHCS proposes covering a broad set of permanent and interim settings.

- » In all cases, **permanent housing is the goal.**
 - Because many members experiencing homelessness need assistance with activities of daily living, or have other healthcare needs that require in-home supports, DHCS additionally proposes to cover select settings designed to serve this higher-need population.
- » **Unit size should be consistent with the member's family size**, with a maximum coverage of up to two bedrooms.
- » Requirement for a lease, where appropriate (e.g., in an apartment or townhome but not a hotel/motel).
- » Must meet habitability standards and meet other minimum quality standards.

Full proposed list of covered settings for Transitional Rent

- | | |
|----------------------------------------------|----------------------------------------------------------------------------------------------------|
| 🏠 Apartments | 🏠 Recovery housing at the choice of the member |
| 🏠 Single room occupancy (SRO) units | 🏠 Interim housing settings such as hotel and motel settings, non-congregate interim housing models |
| 🏠 Single-family homes and multi-family homes | 🏠 Adult residential facilities, including assisted living and board and care |
| 🏠 Units in mobile home communities | 🏠 Residential care facilities for the elderly |
| 🏠 Accessory dwelling units (ADUs) | 🏠 Unlicensed board and care facilities |
| 🏠 Tiny homes | 🏠 Peer respite settings |
| 🏠 Shared housing | |
| 🏠 Permanent supportive housing | |

Today's Discussion

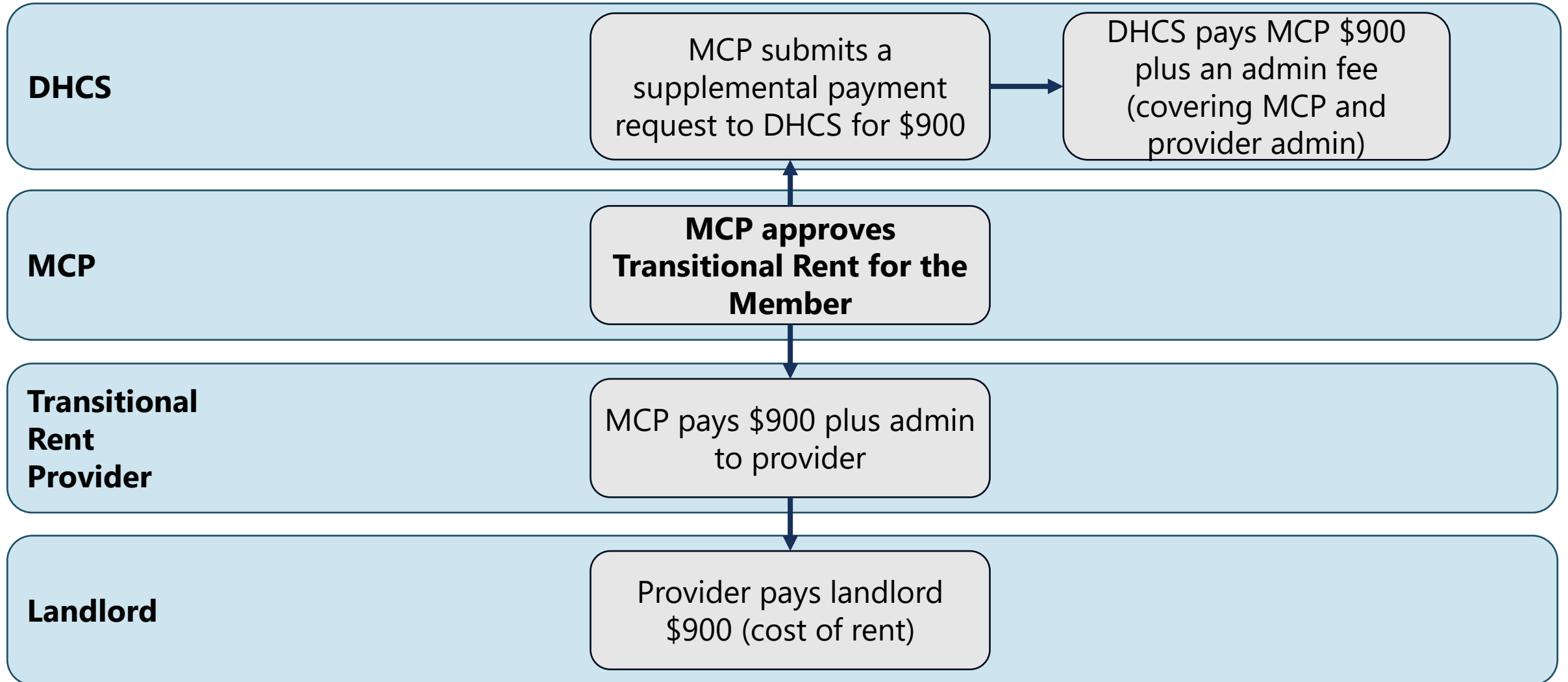
- » DHCS has signaled in the Concept Paper that Transitional Rent payments to MCPs will be outside of the capitation rate.
- » 3 items for discussion today:
 1. Proposed Payment Approach
 2. Operationalizing the Approach via DHCS Systems
 3. High-Level Timeline

1) Proposed Approach for Paying MCPs for Transitional Rent

Proposed Approach	Considerations
<p>DHCS proposes to pay MCPs for Transitional Rent based on amount billed up to a maximum amount (“reimbursable ceilings”) which will vary by location, setting, and size of unit</p> <p>This payment approach will be “non-risk-based”, i.e.</p> <ul style="list-style-type: none">• Separate and distinct from capitation payments• Based on what the MCP actually spends on Transitional Rent (up to the reimbursable ceilings set by DHCS) <p>Administrative costs may be included in the reimbursable ceilings or paid separately. Initial thinking is to pay MCPs a fee (<u>separate</u> from the reimbursable ceiling) that will cover MCP and provider administration.</p> <p>This payment approach will be applied through the end of the current CalAIM demonstration (TBD after that).</p>	<ul style="list-style-type: none">▪ <i>Factors in the development of reimbursable ceilings:</i><ul style="list-style-type: none">○ Type of setting (e.g., apartment, hotel/motel, residential care facility)○ Size of the housing unit (e.g., studio versus 1- or 2-bedroom)○ Zip code or locality (e.g., county) of the setting○ Time basis of costs (e.g., monthly versus daily)▪ <i>Discussion questions:</i><ul style="list-style-type: none">○ What other factors should DHCS consider when developing the reimbursable ceilings?○ How localized should the reimbursable ceilings be—e.g., zip code, county, region)?○ What factors should DHCS consider for administrative costs of the MCP? Of the transitional rent provider?

Illustration of Logic

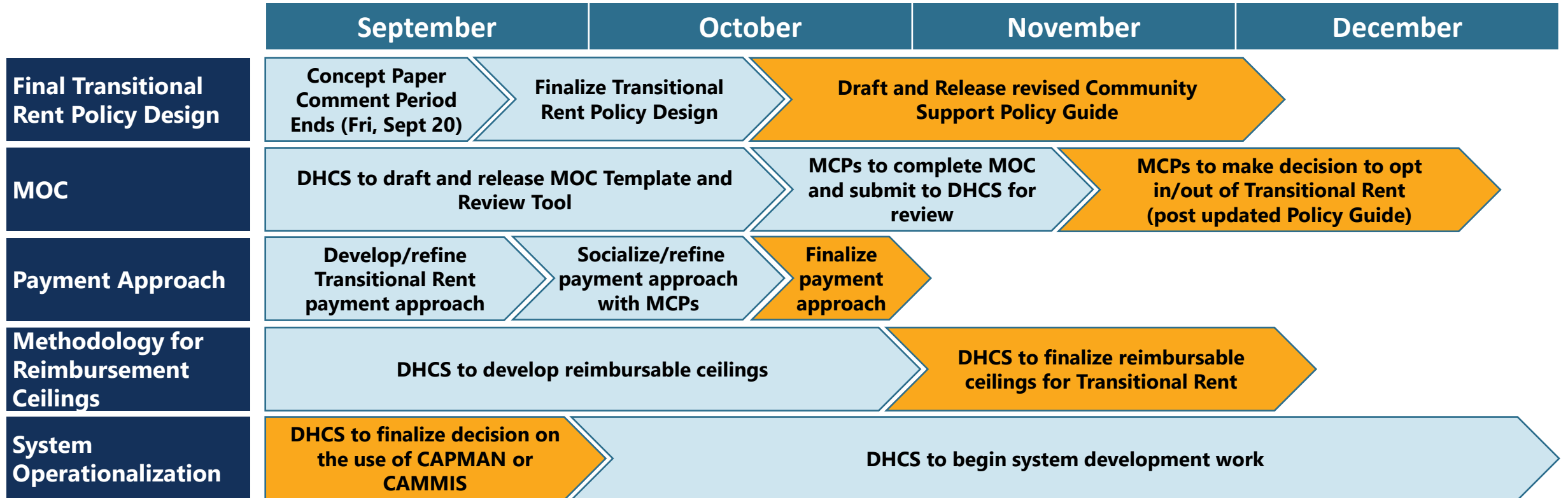
Scenario: Provider supports member in renting a 1-BD apartment in LA that costs \$900 per month. DHCS has set a ceiling of \$1,000 for 1-BD apartments in LA, not including the cost of admin, which is paid separately.



2) Operationalizing via DHCS Systems

Proposed Approach	Considerations
<p>DHCS proposes to operationalize payments in CAPMAN.</p> <ul style="list-style-type: none">• Reimburse MCPs through supplemental payment process (like BHT, Maternity, etc.)• Retroactive claims submission to DHCS back to January 1, 2025• Requires changes to CAPMAN, internal processes, technical guidance, contracts, etc.• Claims submitted by MCPs are subject to review and audit <p>DHCS proposes to pay an interim rate (potentially the reimbursable ceiling) to provide cash flow, and then to reconcile payments to the amount billed (up to the reimbursable ceiling).</p>	<ul style="list-style-type: none">■ Supplemental payment claiming process■ Timely claims submission■ Linkage of supplemental payments to encounter data submission■ Clear billing and coding practices to accurately capture the conditions that trigger the supplemental payments■ Payment and reconciliation timing■ What other factors should DHCS consider when operationalizing the payment approach?

3) High-Level Timeline for January 2025 Launch



Bill Tracking:

Title	Description	Status
AB 1316 (Irwin)	<p>This bill would revise the definition of “psychiatric emergency medical condition” to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, under prescribed circumstances. The bill would make conforming and clarifying changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program.</p> <p>The bill would require the Medi-Cal program to cover emergency services and care necessary to treat an emergency medical condition, as defined, including post stabilization care services required under specified federal law, emergency room professional services, and facility charges for emergency room visits.</p> <p>The bill would require coverage for emergency services necessary to relieve or eliminate a psychiatric emergency medical condition, regardless of duration, or whether the beneficiary is voluntary, or involuntarily detained for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, as specified. The bill would require a Medi-Cal managed care plan, as defined, to be responsible for covering, and reimbursing providers for furnishing, those emergency services and care. The bill would specify that those requirements do not limit or reduce the scope of covered emergency services and care for fee-for-service beneficiaries, as described in the bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1316</p>	09/27/24 - Chaptered by Secretary of State - Chapter 632, Statutes of 2024.
AB 1842 (Reyes)	<p>The bill would require a group or individual health care service plan or health insurer offering an outpatient prescription drug benefit to provide coverage without prior authorization, step therapy, or utilization review for at least one medication approved by the United States Food and Drug Administration in each of 4 designated categories, including medication for the reversal of opioid overdose, including a naloxone product or another opioid antagonist. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1842</p>	09/27/24 - Chaptered by Secretary of State - Chapter 633, Statutes of 2024.

<p>AB 1936 (Cervantes)</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes, as specified.</p> <p>This bill would require the program to consist of at least one maternal mental health screening during pregnancy, at least one additional screening during the first 6 weeks of the postpartum period, and additional postpartum screenings, if determined medically necessary and clinically appropriate in the judgment of the treating provider. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1936</p>	<p>09/28/24 - Chaptered by Secretary of State - Chapter 815, Statutes of 2024.</p>
<p>AB 2105 (Lowenthal)</p>	<p>This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon and is medically necessary, as specified. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2105</p>	<p>09/28/24 - Chaptered by Secretary of State - Chapter 822, Statutes of 2024.</p>
<p>AB 2129 (Petrie-Norris)</p>	<p>This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth center. The bill would prohibit that provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2129</p>	<p>09/29/24 - Chaptered by Secretary of State - Chapter 950, Statutes of 2024.</p>

<p>AB 2132 (Low)</p>	<p>This bill would require a patient who is 18 years of age or older receiving health care services in a facility, clinic, center, office, or other setting, where primary care services are provided, to be offered tuberculosis screening, if tuberculosis risk factors are identified, to the extent these services are covered under the patient's health care coverage, except as specified. The bill would also require the health care provider to offer the patient follow-up health care or refer the patient to a health care provider who can provide follow-up health care if a screening test is positive. The bill would prohibit a health care provider that fails to comply with these provisions from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability, for that failure. The bill would make related findings and declarations.</p> <p>Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to adopt an option made available under federal Medicaid law to pay allowable tuberculosis-related services for persons infected with tuberculosis, as specified.</p> <p>This bill would require a Medi-Cal managed care plan to ensure access to care for latent tuberculosis infection and active tuberculosis disease and coordination with local health department tuberculosis control programs for plan enrollees with active tuberculosis disease, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2132</p>	<p>09/29/24 - Chaptered by Secretary of State - Chapter 951, Statutes of 2024.</p>
<p>AB 2198 (Flora)</p>	<p>Existing law requires health care service plans and health insurers, commencing January 1, 2024, to establish and maintain specified application programming interfaces (API), including patient access API, for the benefit of enrollees, insureds, and contracted providers. Existing law authorizes the departments to require health care service plans or health insurers, as applicable, to establish and maintain provider access API and prior authorization support API if and when final federal rules are published.</p> <p>This bill would instead require the departments, commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health care service plans and health insurers to establish and maintain patient access API, provider access API, payer-to-payer API, and prior authorization API. The bill, until January 1, 2027, would authorize the departments to issue guidance relating to these provisions not subject to the Administrative Procedure Act, as specified. Because a violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.</p> <p>The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2198</p>	<p>09/22/24 - Chaptered by Secretary of State - Chapter 386, Statutes of 2024.</p>

<p>AB 2340 (Bonta)</p>	<p>Existing federal regulations require the state to provide for a combination of written and oral methods designed to inform individuals eligible for EPSDT services, or their families, about the EPSDT program, within 60 days of the individual's initial Medicaid eligibility determination and, in the case of families that have not utilized EPSDT services, annually thereafter, as specified. Under those regulations, required information includes, among other components, the benefits of preventive health care and the services available under the EPSDT program and where and how to obtain those services.</p> <p>This bill would require the department to prepare written informational materials that effectively explain and clarify the scope and nature of EPSDT services, as defined, that are available under the Medi-Cal program. Under the bill, the materials would include, but would not be limited to, the information required in the above-described federal regulations or their successor. Under the bill, the informational materials would also include content designed for youth, for purposes of delivery of that content to a beneficiary who is who is 12 years of age or older but under 21 years of age.</p> <p>The bill would authorize the department to standardize the materials, as specified, and would require the department to regularly review the materials to ensure that they are up to date. The bill would require the department to test the quality, clarity, and cultural concordance of translations of the informational materials with Medi-Cal beneficiaries, in order to ensure that the materials use clear and nontechnical language that effectively informs beneficiaries.</p> <p>The bill would require the department or a Medi-Cal managed care plan, to provide to a beneficiary who is eligible for EPSDT services, or to the parent or other authorized representative of that beneficiary, as applicable, the informational materials within a maximum number of calendar days after that beneficiary's enrollment in a managed care plan or initial Medi-Cal eligibility determination and annually thereafter, as specified by the department.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2340</p>	<p>09/25/24 - Chaptered by Secretary of State - Chapter 564, Statutes of 2024.</p>
<p>AB 2357 (Bains)</p>	<p>This bill would create the University of California San Joaquin Valley Regional Campus Medical Education Endowment Fund. Upon appropriation by the Legislature, the bill would require moneys in the endowment fund to be allocated to the University of California to support the annual operating costs for the development, operation, and maintenance of a branch campus of an existing University of California School of Medicine in the County of Kern, and to conduct a feasibility study related to that campus. The bill would similarly require moneys in the endowment fund to initially be invested with the goal of achieving capital appreciation to create a balance sufficient to generate ongoing earnings to cover the estimated annual operating costs of a branch campus, as provided, and, upon the determination by the Controller that a sufficient balance is achieved and maintained in the endowment fund, would subsequently require moneys in the endowment fund to be invested to generate earnings to fund annual operating costs associated with the development, operation, and maintenance of a branch campus, as provided.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2357</p>	<p>09/29/24 - Chaptered by Secretary of State - Chapter 959, Statutes of 2024.</p>

<p>AB 2376 (Bains)</p>	<p>This bill would expand the definition of “chemical dependency recovery services” to include medications for addiction treatment and medically supervised voluntary inpatient detoxification but would specify that it does not include certain treatment of severe, potentially life threatening, intoxication and withdrawal syndromes. The bill would delete the requirement for chemical dependency recovery as a supplemental service to be provided in a distinct part of a general acute care hospital or acute psychiatric hospital, and instead would authorize those facilities to provide chemical dependency recovery services as a supplemental service within the same building or in a separate building on campus that meets specified structural requirements of a freestanding chemical dependency recovery hospital.</p> <p>The bill would also authorize chemical dependency recovery services to be provided in a general acute care hospital or acute psychiatric hospital without a distinct part, or outside the distinct part, in beds that are licensed for a service other than chemical dependency recovery if certain conditions are satisfied. The bill would require a general acute care hospital, acute psychiatric hospital, or distinct unit thereof, providing chemical dependency recovery services that meet specified federal program requirements, to provide the confidentiality protections required by specified federal regulations to the hospitals or unit’s patients with a substance use disorder. The bill would also authorize the department to implement, interpret, or make specific these provisions by means of an All Facilities Letter or similar instruction.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2376</p>	<p>09/09/24 - Enrolled and presented to the Governor at 3:30 p.m.</p>
<p>AB 2703 (Aguiar-Curry)</p>	<p>Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit.</p> <p>This bill would add a psychological associate or associate professional clinical counselor to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate or associate professional clinical counselor under those conditions. The bill would make conforming changes with regard to supervision by a licensed psychologist as required by the Board of Psychology.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2703</p>	<p>09/27/24 - Chaptered by Secretary of State - Chapter 638, Statutes of 2024.</p>
<p>AB 2843 (Petrie-Norris)</p>	<p>Existing law requires a victim of sexual assault who seeks a medical evidentiary examination to be provided with one, as specified. Existing law prohibits costs incurred by a qualified health care professional, hospital, clinic, sexual assault forensic examination team, or other emergency medical facility for the medical evidentiary examination portion of the examination of the victim of a sexual assault, as described in a specified protocol, when the examination is performed as specified, from being charged directly or indirectly to the victim of the assault.</p>	<p>09/29/24 - Chaptered by Secretary of State - Chapter 971, Statutes of 2024.</p>

	<p>This bill would require a health care service plan or health insurance policy that is issued, amended, renewed, or delivered on or after July 1, 2025, to provide coverage without cost sharing for emergency room medical care and follow-up health care treatment for an enrollee or insured who is treated following a rape or sexual assault for the first 9 months after the enrollee initiates treatment, as specified. The bill would prohibit a health care service plan or health insurer from requiring, as a condition of providing coverage, (1) an enrollee or insured to file a police report, (2) charges to be brought against an assailant, (3) or an assailant to be convicted of rape or sexual assault. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2843</p>	
<p>AB 3221 (Pellerin)</p>	<p>This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would require records, books, and papers to be preserved until furnished, if requested by the department. The bill would authorize the director to inspect and copy these records, books, and papers, and to seek relief in an administrative law proceeding if, in the director's determination, a plan or other specified entity fails to fully or timely respond to a duly authorized request for production of records, books, and papers. Because a willful violation of these requirements would be a crime, the bill would impose a state-mandated local program.</p> <p>Existing law requires the department to conduct a follow-up review to determine and report on the status of the plan's efforts to correct deficiencies no later than 18 months following release of the final report. This bill would state that nothing in those provisions prohibits the director from taking any action permitted or required under the act in response to the survey results before the follow-up review is initiated or completed, including, but not limited to, taking enforcement actions and opening further investigations. The bill would declare that these provisions are declaratory of and clarify existing law with regard to the director's enforcement authority.</p> <p>Existing law enumerates acts or omissions by a health care service plan that constitute grounds for disciplinary action by the director. This bill would add to those enumerated acts or omissions the failure by a health care service plan to respond fully or timely, or both, to a duly authorized request for production of records.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3221</p>	<p>09/27/24 - Chaptered by Secretary of State - Chapter 760, Statutes of 2024.</p>

AB 3275 (Soria)	<p>Commencing January 1, 2026, this bill instead would require a health care service plan, including a Medi-Cal managed care plan, or health insurer to reimburse a complete claim or a portion thereof within 30 calendar days after receipt of the claim, or, if a claim or portion thereof does not meet the criteria for a complete claim or portion thereof, to notify the claimant as soon as practicable, but no later than 30 calendar days that the claim or portion thereof is contested or denied. The bill would authorize the departments to issue guidance and regulations related to these provisions. The bill would exempt the guidance and amendments from the Administrative Procedure Act until December 31, 2027.</p> <p>Existing law requires health care service plans to establish a grievance process, as specified.</p> <p>This bill would require a complaint made by an enrollee to a health care service plan about a delay or denial of a payment of a claim to be treated as a grievance subject to that grievance process.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3275</p>	<p>09/27/24 - Chaptered by Secretary of State - Chapter 763, Statutes of 2024.</p>
SB 136	<p>Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department. Under existing law, all revenues, less refunds, derived from the taxes are deposited into the Managed Care Enrollment Fund, to be available to the department, upon appropriation, for the purpose of funding specified subcomponents to support the Medi-Cal program.</p> <p>Existing law sets forth certain taxing tiers and tax amounts for purposes of the tax periods of April 1, 2023, to December 31, 2023, inclusive, and the 2024, 2025, and 2026 calendar years. Under existing law, the Medi-Cal per enrollee tax amount for Medi-Cal taxing tier II, as defined, is \$182.50 for the 2024 calendar year, \$187.50 for the 2025 calendar year, and \$192.50 for the 2026 calendar year.</p> <p>This bill would raise that tax amount for that tier to \$205 for all 3 of those calendar years.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB136</p>	<p>03/25/24 - Chaptered by Secretary of State. Chapter 6, Statutes of 2024.</p>
AB/SB 160	<p>The bill would raise MCO provider tax amount for 3 calendar years. Reappropriate specified funds from the Budget Act of 2023 related to DHCS. The bill would require the approval of 23 of the membership of each house of the legislature to change state statute that would result in taxpayer paying a higher tax. The bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB160</p>	<p>06/29/24 Chaptered by Secretary of State - Chapter 39, Statutes of 2024.</p>

SB 1063 (Grove)	<p>Existing law requires a public school or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the pupil identification cards the telephone number for the National Suicide Prevention Lifeline, among other telephone numbers, and authorizes those schools to have printed on the identification cards certain other suicide-prevention and emergency-response numbers, as provided.</p> <p>This bill, commencing July 1, 2025, would instead require a public school or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the identification cards the number for the 988 Suicide and Crisis Lifeline. The bill would require schools subject to this requirement that, as of January July 1, 2025, have a supply of unissued identification cards that are noncompliant with this requirement to issue the noncompliant identification cards until that supply is depleted. The bill, commencing July 1, 2025, also would expressly authorize those schools to additionally have printed on either side of the card a quick response (QR) code that links to the mental health resources internet website of the county in which the school is located.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1063</p>	<p>09/27/24 - Chaptered by Secretary of State. Chapter 642, Statutes of 2024.</p>
SB 1112 (Menjivar)	<p>Existing law establishes a system of childcare and development services, administered by the State Department of Social Services, for children from infancy to 13 years of age. Existing federal law establishes the Child Care and Development Fund authorized under the Child Care and Development Block Grant Act of 2014 and administered by states to provide assistance to low-income families who need childcare due to specified reasons. Existing federal law requires a portion of those funds to be used to disseminate information on existing resources for developmental screenings and descriptions of how a family may utilize those resources to obtain developmental screenings. Existing law authorizes, upon departmental approval, the use of appropriated funds for alternative payment programs to allow for maximum parental choice. Existing law authorizes the reimbursement to those programs for the cost of childcare paid to child care providers and the administrative and support services costs of the alternative program.</p> <p>This bill would state that the costs allowable for administration shall include, but not be limited to, costs associated with disseminating the above-described information.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1112</p>	<p>09/30/24 - Chaptered by Secretary of State. Chapter 1016, Statutes of 2024.</p>
SB 1120 (Becker)	<p>This bill would require a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that contracts with or otherwise works through an entity that uses that type of tool, to ensure compliance with specified requirements, including that the tool bases its determination on specified information and is fairly and equitably applied. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1120</p>	<p>09/28/24 - Chaptered by Secretary of State. Chapter 879, Statutes of 2024.</p>

<p>SB 1180 (Ashby)</p>	<p>Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law provides for establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.</p> <p>Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users and triage paramedic assessments or triage paramedic assessments, respectively.</p> <p>This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse coverage for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined.</p> <p>The bill would require those contracts and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount they would pay for the same covered services received from a contracting program.</p> <p>The bill would prohibit reimbursement rates adopted pursuant to this provision from exceeding the health care service plan's or health insurer's usual and customary charges for services rendered.</p> <p>The bill would also make services provided by these programs covered benefits under the Medi-Cal program. The bill would condition this Medi-Cal coverage on an appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1180</p>	<p>09/28/24 - Chaptered by Secretary of State. Chapter 884, Statutes of 2024.</p>
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SB 1289 (Roth)	<p>The bill would require a county with a call center as described above, commencing on January 1, 2026, and each month thereafter, to collect and submit to the department call-center data metrics, including, among other information, total call volume, average call wait times by language, and average call abandonment rate. By creating new duties for counties relating to call-center data, the bill would impose a state-mandated local program.</p> <p>The bill would require the department to prepare a report, excluding any personally identifiable information, on call-center data. The bill would require the department to post the report on its internet website on a quarterly basis no later than 45 calendar days after the conclusion of each quarter, with the initial report due on May 15, 2026.</p> <p>The bill would require the department to implement these provisions, without taking any regulatory action, by means of an all-county letter or similar instruction. The bill would require the department to adopt regulations thereafter in accordance with certain provisions.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1289</p>	09/27/24 - Chaptered by Secretary of State. Chapter 792, Statutes of 2024.
SB 1354 (Wahab)	<p>Existing law prohibits a long-term health care facility that participates as a provider under the Medi-Cal program from discriminating against a Medi-Cal patient on the basis of the source of payment for the facility's services that are required to be provided to individuals entitled to services under the Medi-Cal program. Existing law prohibits that facility from seeking to evict out of the facility, or transfer within the facility, any resident as a result of the resident changing their manner of purchasing the services from private payment or Medicare to Medi-Cal, except as specified.</p> <p>This bill would require the facility to provide aid, care, service, and or other benefits available under Medi-Cal to Medi-Cal beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source. The bill would find and declare that this requirement is declaratory of existing law and thus not reimbursable under Medi-Cal Long-Term Care Reimbursement Act or any other Medi-Cal rate setting provisions, as specified. The bill would specify that if reimbursement is found to be required by state or federal law or regulation, as specified, the above requirement shall only become operative upon appropriation by the Legislature. The bill would also provide that this requirement and the above-described prohibition against discrimination on the basis of payment source be implemented only to the extent that these provisions do not conflict with federal law, that any necessary federal approvals are obtained, and that federal financial participation for the Medi-Cal program is available and is not otherwise jeopardized.</p> <p>Existing federal regulations require certain nursing facilities to post their resident census and specified nurse staffing data on a daily basis.</p> <p>This bill would require a skilled nursing facility that participates as a provider under the Medi-Cal program to make publicly available its current daily resident census and nurse staffing data, as defined. The bill would require the facility to make the information available either by posting it on the facility's internet website or by providing the</p>	09/21/24 - Chaptered by Secretary of State. Chapter 339, Statutes of 2024.

	<p>information to a requester by telephone or email, as specified. The bill would exempt these requirements from the above-described and other related criminal penalties. The bill would find and declare that these requirements are not reimbursable under the Medi-Cal Long-Term Care Reimbursement Act, but that if reimbursement is found to be required by state or federal law or regulation, as specified, the above provision shall only become operative upon appropriation by the Legislature.</p> <p>Existing law requires that a contract of admission to a long-term health care facility state that, except in an emergency, a resident may not be involuntarily transferred or discharged from the facility unless the resident and, if applicable, the resident's representative, are given reasonable notice in writing and transfer or discharge planning as required by law. Existing law requires that the written notice state the reason for the transfer or discharge.</p> <p>This bill would require that the notice also include a specified statement relating to, among other things, restrictions on discharge from the facility or transfer within the facility solely as a result of changing the manner of purchasing services from private payment or Medicare to Medi-Cal payment, and certain resource information about facilities participating in Medi-Cal.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1354</p>	
SB 1511 (Health Committee)	<p>This bill would clarify that reference to a "group" in the act does not include a Medi-Cal managed care contract between a health care service plan and the State Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program.</p> <p>This bill would make conforming changes to related provisions for consistency with that definition of gravely disabled. The bill would also make technical changes.</p> <p>This bill would also require the entity providing private health care coverage to respond to, and agree not to deny claims submitted by, Medi-Cal managed care plans, as defined. The bill would also require, among other things, entities providing private health care coverage to request a refund of a claim paid in error from the State Department of Health Care Services within 3 years from the date of payment.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1511</p>	<p>09/22/24 - Chaptered by Secretary of State. Chapter 492, Statutes of 2024.</p>

Housing and Homelessness Incentive Program (HHIP) | 2022-2023





HHIP Background

- In accordance with the Home and Community Based Services Spending Plan, the California Department of Health Care Services (DHCS) implemented the HHIP from January 1, 2022, to December 31, 2023
- **The goals of HHIP:**
 - Improve health outcomes
 - Prioritizing whole person care services
 - Addressing housing insecurity and instability as a social determinant of health
 - Reduce and prevent homelessness
 - Ensure MCPs develop the necessary capacity and partnerships to connect their members to needed housing services.



Local Agencies Funded

Funded Area	Agency
Permanent Housing: offers wrap-around services and housing for those in most need	<ol style="list-style-type: none">1. California Veterans Assistance Foundation2. Casa Esperanza3. Chaparral Medical Group4. Golden Empire Affordable Housing, Inc5. Housing Authority – Cornerstone Oildale
Street Medicine: allows engagement with PEH where they are	<ol style="list-style-type: none">1. The Social Servant2. Chaparral Medical Group3. Clinica Sierra Vista4. Flood Ministries
Outreach: expansion of resources to increase access in the community	<ol style="list-style-type: none">1. The Social Servant2. The Open-Door Network / Alliance Against Family Violence3. Kern Behavioral Health & Recovery Services (KBHRS)4. Clinica Sierra Vista5. Flood Ministries6. Habitat Golden Empire
Sheltering: provide housing services to high service need clients.	<ol style="list-style-type: none">1. The Open Door Network / Alliance Against Family Violence2. Housing Authority – North Chester3. Housing Authority – Youth4. Corbow Inc
KHS Administration & Homeless Management Information System (HMIS)	
TOTAL ALLOCATIONS	\$19,339,743.00



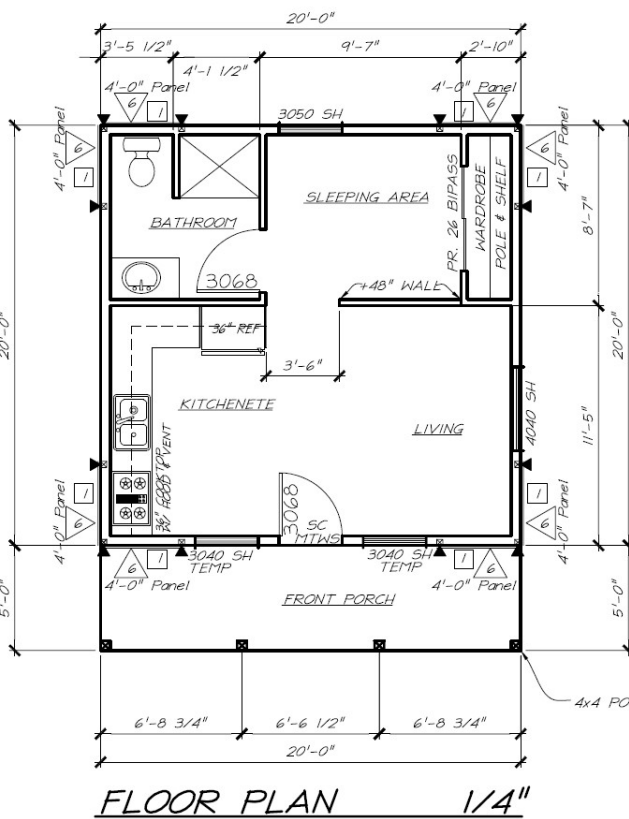
Casa Esperanza

- **Total Amount Awarded:** \$900,000
- **Project Overview:** Provide permanent housing for homeless or at risk of being homeless women and their minor children in the Bakersfield area. The women will contribute their earnings into a saving plan to use to secure permanent housing. Once the program is completed, the women and their children will be ready to move into permanent housing, and the current Casa Esperanza staff will provide case management quarterly for the one complete 12-month cycle.
- **Project Impact:** The organization has successfully provided residence to 6 families. Onsite staff is hired to provide services for the six women and their minor children (an estimated 16-17 participants) who experience homelessness or at the risk of homelessness. In addition, a vehicle was purchased to transport women and children to various work and educational activities.



California Veterans Assistance Foundation

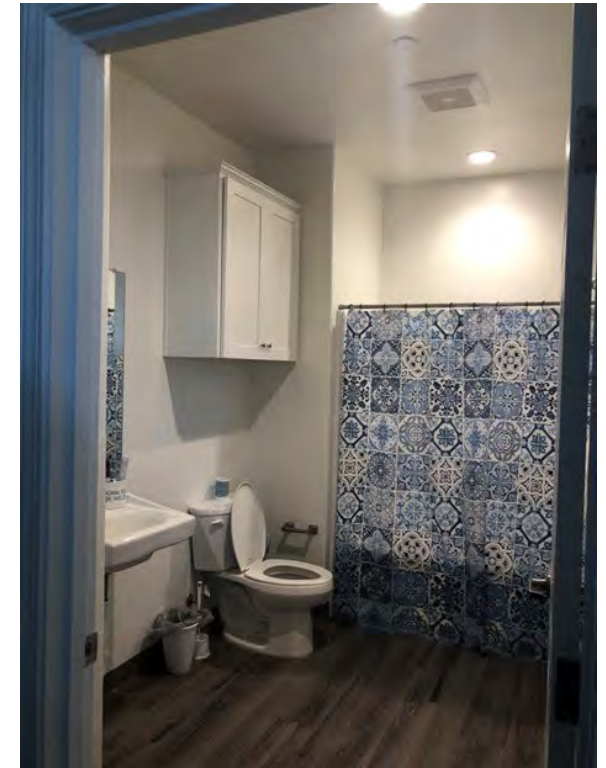
- **Total Amount Awarded:** \$500,000
- **Project Overview:** Covey Cottages is a new construction project for 12 (twelve) studio apartments that includes a community building. It is dedicated to serve homeless veterans and provide them with permanent supportive housing.
- **Project Impact:** Project is still under construction with a deadline of September 30, 2024 and successfully making progress. Once completed the project will house 12 veterans at risk of homelessness.





Golden Empire Affordable Housing

- **Total Amount Awarded:** \$206,000
- **Project Overview:** New construction project for 5 studio apartments in Delano. Dedicated to provide affordable housing to families and older adults.
- **Project Impact:** As of April 2023, the organization has provided housing to 5 families at risk of homelessness, leases have been signed and executed.





Housing Authority | Cornerstone Oildale

- **Total Amount Awarded:** \$800,000
- **Project Overview:** Housing Authority of Kern County will construct, build, and revamp 18 units for youth between the ages of 18-24 experiencing or at risk of experiencing homelessness or housing instability.
- **Project Impact:** Through this project, Housing Authority was able to house 33 youth individuals, including their spouse and children.

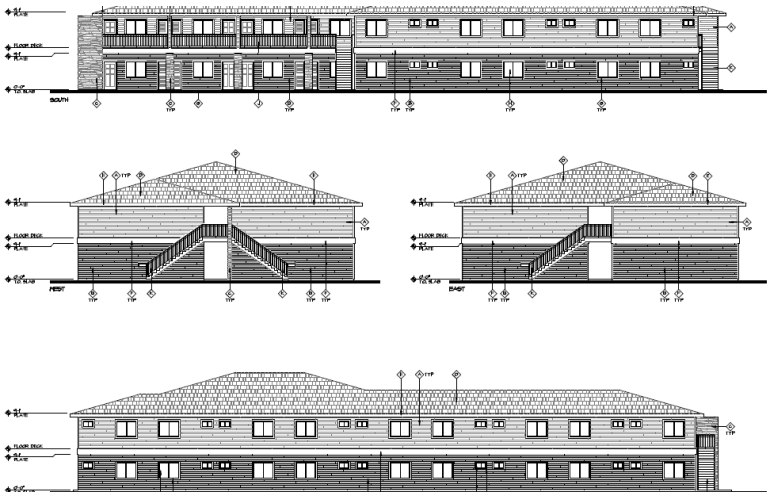




Chaparral Medical Group

- **Total Amount Awarded:** \$6,500,000
 - Allocation for Permanent Housing: \$1,125,000
 - Location: Oregon St Apartments | 3927 Oregon
- **Project Overview:** Acquire multi-family dwellings in Bakersfield to provide permanent supportive housing and non-congregate housing for those experiencing homelessness. Bring resources to community and individuals where they are to increase accessibility.
- **Project Impact:** The construction on Oregon St Apartments of the 10 Units is ongoing. See images below of the continuous progress on the units which will house 10 individuals who are homeless or at risk of homelessness.





Chaparral Medical Group

- **Total Amount Awarded:** \$6,500,000
 - Allocation for Permanent Housing: \$2,575,000
 - Location: 2421 Haley Street
- **Project Overview:** In addition to the multi-family dwellings, Chaparral Group will be offering permanent housing to individuals experiencing homelessness. These units are strategically located in East Bakersfield to address the pressing demand and increase capacity in an area with significant need.
- **Project Impact:** Chaparral Group is currently in process of constructing 40 units to offer permanent housing to individuals experiencing homelessness





Chaparral Medical Group

- **Total Amount Awarded:** \$6,500,000
 - Allocation for Street Medicine: \$2,800,000
- **Project Overview:** Chaparral's Street Medicine Program delivers whole person care to vulnerable communities by meeting them where they are. The goal is to reduce barriers to health services and deliver proactive care to the most vulnerable. Services offered include urgent care mobile services, primary care mobile services, and behavioral health mobile services including crisis interventions.
- **Project Impact:** The street medicine team at Chaparral Medical Group provided over 2,000 wrap around services to homeless individuals including ECM, housing navigation, inpatient transitional services, and referrals to social supports. The services were provided to 23 people and a 20 of those individuals were successfully housed.





Clinica Sierra Vista

- **Total Amount Awarded:** \$800,000
- **Project Overview:** Expansion of street medicine teams (from 1 team to 3 teams) for Medical and Social Services to unsheltered and unhoused individuals and/or families in their own environment through a Medical Mobile Unit.
- **Project Impact**
 - CSV conducted over 1,000 client services through the street medicine program at various encampments throughout Bakersfield and parts of East Kern such as Lake Isabella and Wofford Heights.
 - Through this project, CSV provided over 6,000 harm reduction services (Needles, Narcan, Starter Kits, and Sharps Container) and over 1,200 Hepatitis C and HIV screenings.



CLINICA SIERRA VISTA LAUNCHING 'STREET MEDICINE' PROGRAM FOR HOMELESS





Housing Authority | North Chester

- **Total Amount Awarded:** \$700,000
- **Project Overview:** Housing Authority of Kern County will rehabilitate and expand to develop 14 units of non-congregate sheltering for foster youth between the ages of 18-21 experiencing or at risk of experiencing homelessness or housing instability as they exit foster care system.
- **Project Impact:** The construction of 14 units have been successfully completed and youth aging out of foster care have started moving in. A total of 7 youth individuals have been housed. The referral process begins from the Department of Human Services (DHS), the organization anticipates 100% occupancy by 9/30/2024.





Housing Authority | Youth (F Street)

- **Total Amount Awarded:** \$1,300,000
- **Project Overview:** Housing Authority of Kern County will rehabilitate and expand to develop 36 units of non-congregate sheltering for youth between the ages of 18-24 experiencing or at risk of experiencing homelessness or housing instability.
- **Project Impact:** The construction of 36 units is currently in progress for youth aging out of foster care to be housed.



The Open-Door Network

- **Total Amount Awarded:** \$1,300,000
- **Project Overview:** Expand emergency shelter and bed capacity to serve victims of domestic violence, sexual assault, and human trafficking in the unserved/underserved southern rural communities (Arvin and Lamont).
- **Project Impact:** Through this project, The Open-Door Network provided shelter to 35 homeless individuals experiencing mental health and substance use disorders. Over 8,000 meals have been served to these individuals and more than 27 mental health services have been provided to the residents at this facility.



Sheltering



Corbow, Inc.

- **Total Amount Awarded:** \$1,000,000
- **Project Overview:** Provide interim sheltering for members from the LGBTQ+ community experiencing homelessness
- **Project Impact :** Through this 12-month project, Corbow provided housing to 16 residents including services ranging from financial education, resume building, mock interviews, dress for success and other prevention and diversion services.





United Way of Kern

- **Total Amount Awarded:** \$500,000
- **Project Overview:** Prevention & Diversion Program; Rental and utility assistance for families and individuals at risk of or experiencing homelessness in Kern County.
- **Project Impact :** In total, the project provided 97 individuals with rental assistance and 244 individuals with utility assistance over the course of this project.

Program Year 2022	Rental Assistance	Utility Assistance
Quarter 1	11	75
Quarter 2	29	93
Quarter 3	31	29
Quarter 4	26	47
	97	244



Prevention and Diversion

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM (HHIP)

United Way of Kern County is expanding its homelessness prevention and diversion efforts through the Housing and Homelessness Incentive Program (HHIP) designed to reduce and/or prevent homelessness.



In partnership with Kern Family Health Care, United Way of Kern County is offering rent and utility assistance to individuals and families who have past-due balances and are at risk of experiencing homelessness or termination of utility services. This program offers a one-time assistance based on funding availability.

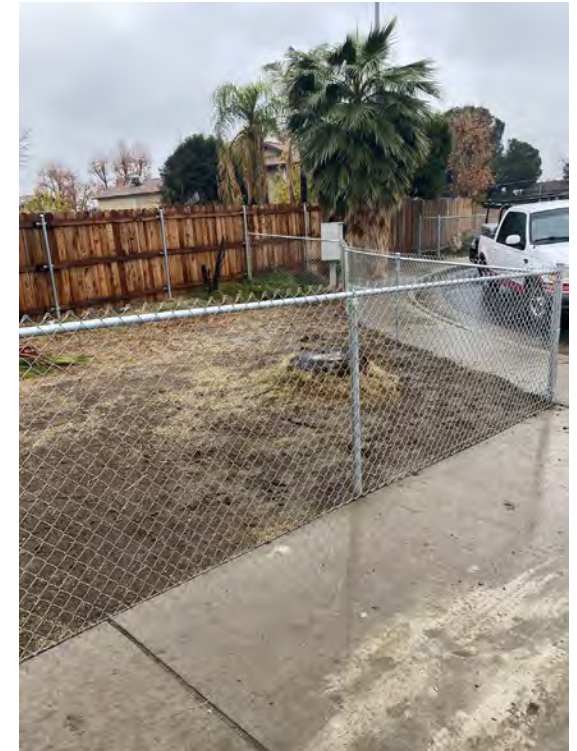
TO SEE IF YOU QUALIFY, VISIT [UWKERN.ORG/HHIP](https://www.uwkern.org/hhip)

UnitedWayKern.org | 661-834-1820 | 1707 Eye Street, 3rd Floor | Bakersfield, CA 93301



Habitat for Humanity Golden Empire

- **Total Amount Awarded:** \$713,750
- **Project Overview:** Providing minor and major home preservation repairs for low-income seniors at risk of being homeless.
- **Project Impact :** Over the course of the project, a total of 115 individuals, including 75 elderly people, 15 children, 54 low-income families, 9 veteran families, 26 Black, Indigenous, and People of Color (BPOC) families, 42 families with disabilities, and 8 LGBTQ families received home preservation services.





Social Servant

Total Amount Awarded: \$200,000

Project Overview: Provide street outreach non-medical care for individuals who are homeless or experiencing homelessness and to support a reduction in homelessness in rural outlying areas of Kern County and navigate housing stability by linking people experiencing homelessness or at risk to behavioral health, medical care, housing support services, the local Coordinated Entry System, and other resources.

Project Impact : The project engaged with 320 people experiencing homelessness by providing hygiene kits, information on KHS enrollment, various forms of support, animal services, food boxes, and essentials such as sleeping bags or tents.

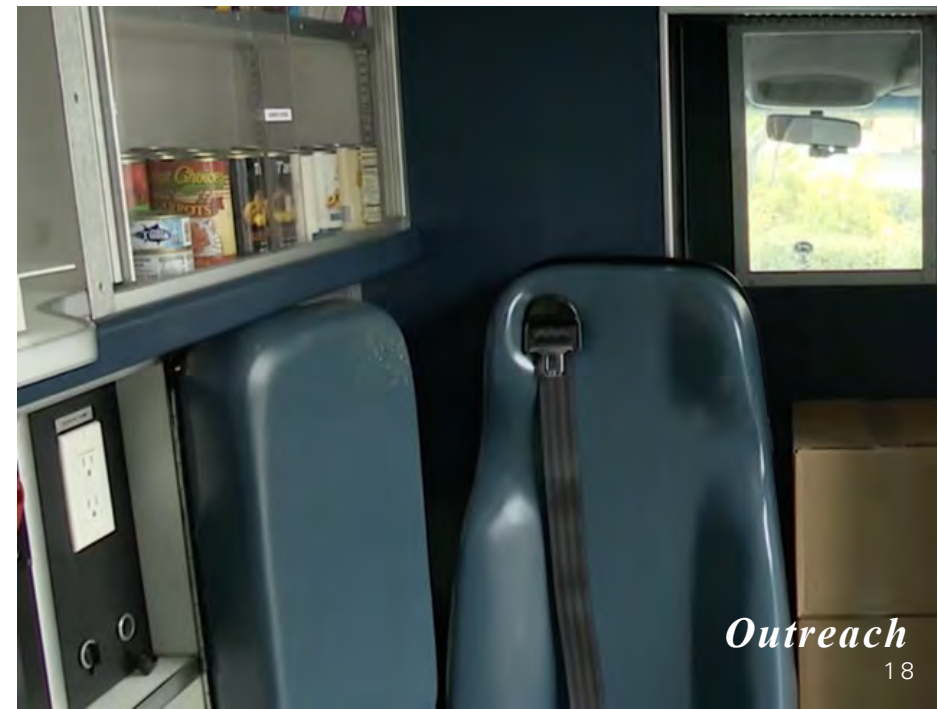
Kern County's latest mobile clinic extends aid to unhoused individuals in Kern County

Unhoused individuals in Kern County now have another line of support services.

The new homeless mobile clinic partners with Kern Health Systems and Edward Robinson, the founder, and CEO of The Social Servant.

Robinson and Amisha Pannu with Kern Health Systems joined Eyewitness News Mornings to showcase its homeless mobile clinic and learn more about the importance of engaging and building relationships with unsheltered people.

[Kern County's latest mobile clinic extends aid to unhoused individuals in Kern County.](#)





Flood Ministries

- **Total Amount Awarded:** \$550,000
- **Project Overview:** This project aims to meet the needs of underserved populations and people experiencing homelessness in rural areas of Kern County. It consists of providing Street Level Outreach Medical and Behavioral Health services through Telehealth, enrolling people into Medi-Cal for coverage, housing services, and having an outreach schedule for rural areas in Kern County.
- **Project Impact :** Flood connects them with resources and services through a comprehensive supportive housing process. The services range from intake services to medical referrals, mental health and substance abuse services, transportation, food packs, hygiene kits, vouchers for DMV, Vital Doc (CA ID), social security card application, and Adult Protective Services (APS) Referral.



Program Year 2022	Services Rendered	Individuals Served
Quarter 1	129	19
Quarter 2	218	19
Quarter 3	269	19
Quarter 4	183	15
	799	72





Kern Behavioral Health & Recovery Services (KBHRS)

- **Total Amount Awarded:** \$600,000
- **Project Overview:** KBHRS helped fill gaps in care for underserved communities (Taft, Delano, Ridgecrest, Mojave, Lake Isabella), improved access to mental health and substance use treatment, helped reduce homelessness, and support housing stability. KBHRS worked closely with their behavioral health contract providers, Clinica Sierra Vista (CSV) and College Community Services (CCS) on transportation and outreach services by purchasing a total of 3 vehicles.
- **Project Impact:** Through this project, KBHRS expanded on behavioral health outreach services to individuals experiencing homelessness and those at risk of homelessness. In addition to outreach & transportation services, KBHRS covered over 200 nights of motel stays for individuals experiencing homelessness in the outlying areas.



Public Relations & Publicity

Media Clips
June 2024-July 2024

¿Necesitas atención médica?

By: **El Popular** | June 7, 2024

“La colaboración #Health4Kern, compuesta por una amplia variedad de grupos comunitarios y organizaciones de salud, se está uniendo para organizar “El Gran Evento de Inscripción Medi-Cal” para ofrecer a las personas y las familias la atención médica que necesitan, y el evento es gratuito...Building Healthy Communities-Kern, **Kern Family Health Care...**” [Click here to read more.](#)

Kern County expands Medi-Cal access, hosts major enrollment event at fairgrounds

By: **BakersfieldNow** | June 8, 2024

“Maritza Jimenez with the **Kern Family Health Care** said at least 500 people were expected to come out and get help for filling out a renewal or new Medi-cal application...Now that the barriers that made it difficult to become eligible in the past have been lifted, the resources they offer can make it easier, regardless of immigration status.” [Click here to read more.](#)

Kern residents enrolled for full health coverage at MediCal event

By: **Kern Sol News** | June 13, 2024

“To bring Medi-Cal to more Kern residents several local organizations and health insurers came together to offer a free enrollment event...BHCK, Kern Family Health Care, Dignity Health, Clinica Sierra Vista, Department of Human Services, and other organizations planned a large-scale event to enroll more residents.” [Click here to read more.](#)

Bill to Create New Kern County UC Medical School Passes Senate Committee

By: **California Globe** | June 21, 2024

“**Kern Health Systems** CEO Emily Duran also noted that “Growing up in Kern County, I completely understand the benefits the San Joaquin Valley would receive to have our own School of Medicine...Having more home-grown doctors and nurses in our county would create more access to healthcare in both rural and urban areas, therefore, securing better health outcomes for all.” [Click here to read more.](#)

Organizations rally as neighbors in southeast Bakersfield are left without water for days

By: 23abc | June 24, 2024

“**Kern Health Systems** also organized with Clinica Sierra Vista to offer a free mobile clinic and showers temporarily Tuesday. “We take advantage of just how much we rely on water, washing your hands, taking a shower, we have several families who rely on swamp coolers and you need water for those,” said Emily Duran with **Kern Family Health**.” [Click here to read more.](#)

Elementary school becomes nexus of community response to water crisis

By: The Bakersfield Californian | June 25, 2024

“One such individual was nearby resident Fatima Sarabia, who showed up to the school at about 1:30 p.m. Monday to get water for her dogs but then found ways to help out and stayed for seven hours. She returned at 8 a.m. Tuesday and by about noon was directing a small army of volunteers and **Kern Health Systems** staff tending to the needs of neighbors.” [Click here to read more.](#)

Neighborhood comes together to keep each other afloat while dealing with a water pressure issue

By: 23abc | June 27, 2024

“Maritza Jimenez Community Engagement Supervisor said “We were able to bring out showers, so we know people were out of water, right? They couldn't shower, so we had showers that people came and took a shower. We got towels for them and soap.” [Click here to read more.](#)

Public invited to summer camp, swimming and activities at South Fork

By: Kern Valley Sun | July 4, 2024

“Another program offered is Junior Guards, where students learn CPR, AED machines, safety in pool trainings, first aid, and safety awareness. Ultimately those attending have the opportunity to seek job openings because the school hires high school students as lifeguards...She said **Kern Family Health Care** and First 5 Kern are both funders for the different aspects for their program through grants.” [Click here to read more.](#)

CalAIM Community Supports Early Adopters: Spotlight on Asthma Remediation

By: California Health Care Foundation | July 16, 2024

“This fact sheet looks at how asthma remediation has been implemented by **Kern Family Health Care**, a Medi-Cal managed care plan in Kern County...**Kern Family Health Care** has been an early adopter of Community Supports, offering 13 of the 14 available services. Because of poor regional air quality, asthma remediation is at the forefront.” [Click here to read more.](#)

Oasis Family Resource Center hosts baby shower for 20 expectant moms

By: The Daily Independent | July 16, 2024

“Late last month, Oasis joined forces with First 5 Kern and **Kern Family Health Care** and hosted a grand “baby shower” event for 18 expecting mothers who needed a little help. Assistance was also provided to two other new mothers.” [Click here to read more.](#)

La escasez de viviendas afecta la salud de las familias

By: El Popular | July 18, 2024

"A finales de 2022, recibimos subvenciones de financiación de **Kern Health Systems** para ayudar a completar nuestras dos propiedades Cornerstone en Oildale que, en conjunto, proporcionan 34 hogares para jóvenes que han estado en hogares de acogida y que no tienen hogar o corren el riesgo de quedarse sin hogar", dijo Pelz. [Click here to read more.](#)

It Takes a Village to Raise a Child

By: The News Review Ridgecrest, CA | July 19, 2024

"We are grateful for the support of First 5 Kern and **Kern Family Health Care** for granting us the main source of funding for our 2024 Oasis Family Resource Baby Shower, which enabled us to help Ridgecrest families be better prepared for the arrival of their newborn. [Click here to read more.](#)

Letter to the editor: Oasis FRC grateful for support in hosting baby shower

By: The Daily Independent | July 19, 2024

"It takes a village to raise a child, and an even bigger one to raise 20 children!...We are grateful for the support of First 5 Kern and **Kern Family Health Care** for granting us the main source of funding for our 2024 Oasis Family Resource Baby Shower, which enabled us to help Ridgecrest families be better prepared for the arrival of their newborn. [Click here to read more.](#)

Oasis Family Resource Center hosts baby shower for 20 expectant moms

By: The Daily Independent | July 19, 2024 (Print)

Late last month, Oasis joined forces with First 5 Kern and **Kern Family Health Care** and hosted a grand "baby shower" event for 18 expecting mothers who needed a little help. Assistance was also provided to two other new mothers.

Housing shortage impacting families' health

By: El Popular | July 22, 2024

"In late 2022, we received funding awards from **Kern Health Systems** to help complete our two Cornerstone properties in Oildale that together provide 34 homes for former foster youth who are homeless or at risk of homelessness," said Pelz. [Click here to read more.](#)

Foundation invites public to River Rhythms

By: Kern Valley Sun | July 25, 2024

"Sponsors of the event include **Kern Family Health Care**, AltaOne, California Water Service, David Woods-Edward Jones, General Plumbing, Grocery Outlet, Harry P. Thal insurance, Kernville Saloon and Hotel, Lake Linx, OnPoint Gym, Pizza Barn, QualCare, Sun Power, and West America Bank." [Click here to read more.](#)

End of Document



COMMITTEE: **BEHAVIORAL HEALTH ADVISORY COMMITTEE**
 DATE OF MEETING: **JULY 10, 2024**
 CALL TO ORDER: **8:08 AM BY MELINDA SANTIAGO, DIRECTOR OF BEHAVIORAL HEALTH - CHAIR**

Members Present On-Site:	Randolph Beasley, LMFT- Clinica Sierra Vista Alison Burrowes, Kern Behavioral Hlth & Recovery Srvs Mesha Muwanga, LMFT – Rhema Therapy Inc.	Melinda Santiago, KHS Director of Behavioral Health Martha Tasinga MD, KHS Chief Medical Officer	
Members Virtual Remote:	Cherilyn Haworth, CSUB Anuradha Rao, MD - Omni		
Members Excused=E Absent=A	Matthew Beare, MD – Clinica Sierra Vista (E) Alejandro Leon, LCSW – Clinician (A) Franco Song, MD – Psychiatric Wellness Center (A)		
Staff Present:	Amy Daniel, KHS Executive Health Services Coordinator Andrea Gomez, KHS BH Intern Vanessa Hernandez, KHS Senior Support Clerk	Yolanda Herrera, KHS Credentialing Manager Annie Hirokawa, KHS BH Intern Courtney Morris, KHS Behavioral Health Supervisor	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements not met.	N/A
Call to Order	Dr. Martha Tasinga, CMO and Melinda Santiago, KHS Director of Behavioral Health called the meeting to order at 10:05 AM.		N/A
Committee Minutes	<u>Approval of Minutes</u> Approval of Minutes from April 8, 2024 meeting.	<input checked="" type="checkbox"/> APPROVED: Minutes were accepted as presented with no changes.	4/8/24
OLD BUSINESS	<u>BH Satisfaction Survey</u> Melinda informed the committee that the recommended changes were completed and that she appreciated everyone suggestions. The surveys will be going out this month.	<input checked="" type="checkbox"/> CLOSED: Informational discussion only	7/10/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
NEW BUSINESS	<p><u>NCQA Grievance Category Report</u></p> <p>Melinda presented the Behavioral Health Complaints for 2023, in total there were 131 complaints filed and as of March 2024, there are 22 behavioral health complaints filed. Overall, KHS has maintained compliance with this performance goal.</p> <p>Dr. Tasinga reviewed with the committee the KHS Grievance process and how this information is received through Member Services. There were additional comments from committee members specific to how grievances are flagged and how are grievance handled when there are consistent concerns, from a member, with a certain provider.</p> <p>Dr. Rao informed the committee that when her patient is having an emergency and is in the Emergency Department or admitted to the hospital, she gets an email in her inbox which has been a very helpful notification. It was also request that perhaps having a follow-up item on the agenda explain the grievance process and how best KHS would like the providers to handle these types of grievances.</p> <p>Melinda informed the members that she would like to develop a tracking and trending on all behavioral health grievances from last year 2023 and 2024.</p>	<p><input checked="" type="checkbox"/> CLOSED: Informational discussion only.</p> <p><input checked="" type="checkbox"/> ACTION: Follow-up Agenda Item – Discuss Grievance Process Concerns brought up by committee.</p>	7/10/24
	<p><u>Quality of Clinical Care</u></p> <p>Melinda provided a brief summary of the QI Performance Improvement Project (PIPs). The first submission for PIPs was approved by HSAG and the second PIP is considered a non-clinical Behavioral Health PIP which will be specific to FUA and FUM measures.</p>	<input checked="" type="checkbox"/> CLOSED: Informational discussion only.	7/10/24
	<p><u>MCAS/QP Report Quarter 1 2024</u></p> <p>Melinda presented the MCAS/QP 1st Quarter 2024 Report with the following highlights; however, she did not that the Director of Quality Improvement will present to future committee meetings on the Behavioral Health items:</p>	<input checked="" type="checkbox"/> CLOSED: Informational discussion only.	7/10/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> • QP Team continues the MCAS initiative supporting the improvement of all measures • Continued focus on children's domain of care • QP Team will be abstracting the reviews by first week of May. <p>Members discussed the FUA – Follow-up after Emergency Department Visit for Alcohol and other drug abuse or dependency and/or Mental Illness in patients 6-years and older measures. The State expects continuous improvement in this area requiring the health plans to get to these types of members quickly in assisting the member with necessary treatments and services. Members shared their experiences in notifications from other Hospital Eds which helps make contacting the member easier and getting them into the required program and/or services.</p> <p>Members discussed issues surrounding how best to get ahold of members and members who are “no-shows”. Melinda asked if the committee members utilize the portal, and most do not. Melinda informed the committee that they will be working to improve to the Portal.</p>		
	<p>MOU with MHP</p> <p>Melinda presented information on combining all mental health services under one single MOU with KBHRS including the exchange of information and sharing of data. There will be quarterly meeting between KHS, KBHRS and Anthem in a public posted meeting that will be available on our website.</p> <p>Eating disorders is a new category and is a medical responsibility for the health plan to provide a seamless transition between both services. KHS is working to develop guidelines. Dr. Rao suggested developing an algorithm to share amongst other hospitals.</p>	<p><input checked="" type="checkbox"/> ACTION: Follow-up meeting with Dr. Sidhu, Dr. Tasinga and Dr. Rao to work on this suggested algorithm. Dr. Rao suggested including Marlena Tanner, RD in this meeting as she has guidelines for eating disorders.</p>	
OPEN FORUM	<p><u>Open Forum</u></p> <p>Alison Burrowes added an update on B-43 to the committee.</p>	<p><input checked="" type="checkbox"/> CLOSED: Informational discussion only.</p>	4/8/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
NEXT MEETING	Next meeting will be held October 16, 2024.	<input checked="" type="checkbox"/> CLOSED: Informational only.	N/A
ADJOURNMENT	The Committee adjourned at 9:30 am. <i>Respectfully submitted: Amy L. Daniel; Executive Health Services Coordinator</i>	N/A	N/A

For Signature Only – Behavioral Health Advisory Committee Minutes 7/10/2024

The foregoing minutes were APPROVED AS PRESENTED on:

Date

Name

The foregoing minutes were APPROVED WITH MODIFICATION on:

Date

Name



30 B

COMMITTEE: **2024 Delegated Entity Oversight Committee**
 DATE OF MEETING: **July 30, 2024**
 CALL TO ORDER: **1:03 pm by Jane MacAdam - Director of Compliance and Regulatory Affairs**

Members Present On-Site:	N/A	
Members Virtual Remote:	N/A	
Members Excused=E Absent=A	N/A	
Staff Present:	Linda Anchondo, Senior Program Manager Alan Avery, Chief Operating Officer Stephanie Camarena, Compliance Analyst II Cynthia Cardona, Cultural and Linguistic Services Manager Amy Sanders, Member Services Manager Kailey Collier, Director of Quality Performance Linda Corbin, Health Services Consultant Michelle Curioso, Director of Population Health Management Cesar Delgado, Senior Director of Business Intelligence Sandeep Dhaliwal, Compliance Manager, Audits and Investigations Misty Dominguez, Director of Health Services Special Programs Robin Dow-Morales, Senior Director of Claims Heather Fowler, Senior Regulatory and Government Program Manager Magdee Hugais, Director of Quality Improvement Andrea Hylton, Director of Procurement and Facilities	Jane MacAdam, Director of Compliance and Regulatory Affairs Melissa McGuire, Senior Director of Delegation and Oversight Deborah Murr, Chief Compliance and Fraud Prevention Officer Maria Parra, Member Services Manager Christine Pence, Senior Director for Health Services Jeff Pollock, Regulatory and Government Program Manager Martha Quiroz, Member Services Manager Lizbeth Rodriguez, Delegation Oversight Business Analyst Nate Scott, Senior Director of Member Services Isabel Silva, Senior Director of Wellness and Prevention Katie Sykes, Delegation Oversight Manager Bruce Wearda, Director of Pharmacy James Winfrey, Deputy Director of Provider Network Christina Kelly, Pharmacy Administrative and Support Supervisor Maninder Khalsa, Medical Director of Utilization Management Elizabeth Johns, Compliance Program Specialist

*** KHS PROPRIETARY PROPERTY – CONFIDENTIAL ***

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Action Items: From 05/07/2024 Meeting; Minutes Attached	<p>A. Compliance will meet with Corporate Services regarding Financial penalties in all contracts</p> <ol style="list-style-type: none"> 1. Update: Added to recent contracts (AllMed & Champion). All contract owners should be aware of and include appropriate financial penalties as contracts are being developed. <p>B. Magdee will reach out to Jane with what QI will be requesting for the Health Dialog audit:</p> <ol style="list-style-type: none"> 1. Update: Magdee provided on 05/07/2024 <p>C. Katie will clarify with Erin and Kulwant if UM is asking for Timeliness on Calls for the Health Dialog annual audit</p> <ol style="list-style-type: none"> 1. Update: Confirmed existing report received is sufficient for this request. <p>D. Katie will clarify with UM on their request for Internal audit report and tools that were used.</p> <ol style="list-style-type: none"> 1. Update: Clarification Received and audit deliverable request updated. <p>E. Cynthia, Isabell, Nate, and Jane will discuss looking into auditing the Health Information Library</p> <ol style="list-style-type: none"> 1. No Update – discuss <ol style="list-style-type: none"> a. Jane, Isabel, Nate, and Linda C. discussed the Health Information Library. The Health Information Library is a phone library that the Member can call in to listen to health education information in English or Spanish. b. Suggestion for Audit: <ol style="list-style-type: none"> i. Audit if it works correctly and for appropriateness. ii. Audit if what they say they do in the contract is what is offered in their content of their library. 	<p>ACTION:</p> <p>E (1, c). The Plan will ask Health Dialog for the Health Information Library menu of topics. Nate will validate that the prompts work correctly. Compliance, W&P, and MS will coordinate for this audit.</p>	<p>A. Closed</p> <p>B. Closed 05/07/2024</p> <p>C. Closed</p> <p>D. Closed</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>c. The Plan will ask Health Dialog for the Health Information Library menu of topics. Nate will validate that the prompts work correctly. Compliance, W&P, and MS will coordinate for this audit.</p> <p>F. Jane will follow up with MS to finalize the information for the announced AL audit</p> <p>1. Update: Meeting scheduled for 08/02/2024</p> <p>G. Jane will meet with Yolanda for the credentialing audit for a centralized place for the reports to be archived.</p> <p>1. Update: Agreed to location via email: P:\ Compliance\Delegation Oversight\Audits\2024\Credentialing</p>		<p>F. Closed</p> <p>G.Closed</p>
VSP	<p>A. Corrective Action Plan (CAP)- Jane MacAdam</p> <p>1. VSP was placed on a CAP on 11/2023 for their Access and Availability. We are now getting a Complaints and Grievances report and Access and Availability reports.</p> <p>2. The Plan continues monitoring with the Delegation Oversight Team.</p> <p>3. The CAP was closed on 7/5/2024</p> <p>B. Delegation Oversight Audit Update</p> <p>1. Review the folder for the items you ask for from the Pre-Audit Deliverables. Let Sandeep, Brandon, and Jane know if your requested item is not in the folder.</p> <p>2. Complete choosing your sample selection for your review of the Audit Deliverables and return the information to Compliance by 8/6/2024.</p> <p>3. Using the audit tool, document the results on the Delegation Oversight Audit Summery template by 8/13/2024.</p> <p>4. Amy and Jane discussed VSP's response. Jane will document VSP not mentioning their CAP access issues on the Compliance summary.</p>	<p>ACTION:</p> <p>B (1). Let Sandeep, Brandon, and Jane know if your department's requested Pre-Audit Deliverables items are not in the folder.</p> <p>B (2). Complete choosing your sample selection for your review of the Audit Deliverables and return the information to Compliance by 8/6/2024.</p> <p>B (3). Using the audit tool, document the results on the Delegation Oversight Audit Summery template by 8/13/2024.</p>	<p>A. Closed 7/5/2024</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>5. Jane will reach out to the UM teams regarding the UM portion of VSP's Audit.</p> <p>6. There will be ongoing asks between Compliance, the Business Owners, and VSP. Let Compliance know if your department would like to schedule a discussion with VSP.</p> <p>C. AB 1455 – Claims Timeliness- Robin Dow-Morales</p> <p>1. No Issues identified.</p> <p>D. JOM Meeting Minutes- Katie Sykes</p> <p>1. Jane, Katie, Melissa, and Amy discussed the Member promise. VSP is working on automating the reporting on the Promise.</p>	<p>ACTION:</p> <p>B (4). Jane will document VSP not mentioning their CAP access issues on the Compliance summary.</p> <p>B (5). Jane will reach out to the UM teams regarding the UM portion of VSP's Audit.</p> <p>B (6). Let Compliance know if your department would like to schedule a discussion with VSP.</p>	N/A
Health Dialog / Care Net	<p>A. Transition- Katie Sykes</p> <p>1. Health Dialog transitioned to CareNet.</p> <p>2. Melissa and Nate discussed Health Dialog / CareNet.</p> <p>a. The SFTP changed, and KHS IT has been working with CareNet.</p> <p>B. Delegation Oversight / Pre-Delegation Audit</p> <p>1. The Departments will take one last look at the list for the Health Dialog / Care Net Pre-Delegation Audit for anything additional that you would like to request by Friday, 8/2/2024.</p> <p>C. JOM Meeting Minutes</p> <p>1. Deb, Nate, and Amy discussed the call logs from CareNet vs Health Dialog. Nate is following CareNet reports from June.</p>	<p>ACTION:</p> <p>B (1). The Departments will take one last look at the list for the Health Dialog / CareNet Pre-Delegation Audit for anything additional that you would like to request by Friday, 8/2/2024.</p>	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
American Logistics	<p>A. Delegation Oversight Audit- Katie Sykes</p> <ol style="list-style-type: none"> Jane is hosting a follow up meeting for American Logistics Delegation Oversight Audit On 8/2/2024. <p>B. JOM Meeting Minutes</p> <ol style="list-style-type: none"> Jane, Amy, Robin, and Nate discussed when American Logistics schedules trips in error. Compliance will meet with appropriate parties to discuss the American Logistics error trips. Katie discussed DHCS APL 22-028. American Logistics is working on their action items. 	<p>ACTION:</p> <p>A (1). Jane is hosting a follow up meeting for American Logistics Delegation Oversight Audit On 8/2/2024.</p> <p>B (2). Compliance will meet with appropriate parties to discuss the American Logistics error trips.</p>	N/A
Language Line	<p>A. JOM Meeting Minutes- Katie Sykes</p> <ol style="list-style-type: none"> No concerns from the QP department. 	N/A	N/A
AllMed	<p>A. Contract Update- Katie Sykes</p> <ol style="list-style-type: none"> The contracted is being worked on and will be sent to DHCS for approval once completed. <p>B. Pre-Delegation Audit</p> <ol style="list-style-type: none"> A draft Pre-Delegation audit has been created. QP will send it out to Business owners to review the request for the audit. The pre-delegation audit will need to be performed before a contract is executed. 	<p>B (1). A draft Pre-Delegation audit has been created. QP will send it out to Business owners to review the request for the audit.</p>	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
DSNP	<p>A. Delegation Update- Melissa McGuire</p> <ol style="list-style-type: none"> 1. We have a draft Plan to Plan contract with Champion that has been sent to the Regulator for approval. 2. There was a phone discussion with DMHC, KHS attorneys (DSR), and Champion on 7/29. 3. Champions and Rebellis (KHS consultant for Medicare) will be on site 7/31/2024 & 8/1/2024 to go over requirements and processes. 	N/A	N/A
Monitoring / Auditing Results	<p>A. Call Center- Maria Parra</p> <ol style="list-style-type: none"> 1. AL: <ol style="list-style-type: none"> a. June ASA (seconds) is at 39, but not concerning at this time. 2. Argus/DST: <ol style="list-style-type: none"> a. No issues 3. Harte Hanks: <ol style="list-style-type: none"> a. They had a few deficiencies, and we will be reviewing their contract for possible amendment. b. Maria, Jane, Nate, and Melissa discussed the company. Harte Hanks is completing the outreach calls. They are only outbound and are not a call center. 4. Health Dialog: <ol style="list-style-type: none"> a. Had deficiencies due to transitioning over to CareNet and expect their numbers to improve. b. Maria, Jane, and Melissa discussed the difference in both Companies' reports. 5. PaySpan: <ol style="list-style-type: none"> a. May and June: Working with Zelis on getting reporting. 6. VSP: <ol style="list-style-type: none"> a. No deficiencies to report. 	<p>ACTION:</p> <p>B (1, e, iii, 2). Cynthia will send the list of the 68 Members, who did not receive an NOA/GTL letter, to Amy, Christine, and Jane.</p>	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>B. Cultural Linguistics- Cultural Linguistics</p> <ol style="list-style-type: none"> 1. 2nd Quarterly audit findings. <ol style="list-style-type: none"> a. Bilingual call Audit: <ol style="list-style-type: none"> i. 30 Spanish calls audited. ii. 97% did not have difficulty communicating with Members in a non-English language. b. Post Call Survey: <ol style="list-style-type: none"> i. 8,540 Spanish Post Call Surveyed. ii. 99% of members were satisfied with the linguistics performance of bilingual staff. c. Vendor Bilingual Call Audits: <ol style="list-style-type: none"> i. American Logistics (ALC), Health Dialog, Vision Services Provider (VSP), Harte Hanks: <ol style="list-style-type: none"> 1) 93% of Bilingual staff did not have difficulty communicating with Members in a non-English language. d. Language Line (Over the phone interpretation (OPI)): <ol style="list-style-type: none"> i. 30 random OPI Service Calls were audited. ii. 100% of Audited calls met expectations e. Satisfaction Surveys: <ol style="list-style-type: none"> i. Member Onsite Interpreting <ol style="list-style-type: none"> 1) 58 Surveys 2) 100% are “strongly agree” satisfaction. ii. Member OPI/ Video Remote Interpreting (VRI) interpreting <ol style="list-style-type: none"> 1) 32 Surveys 2) 100% are “strongly agree” satisfaction. iii. Member Translation Materials <ol style="list-style-type: none"> 1) 30 Surveys 2) 98% “Very Satisfied” Satisfaction 3) Findings: 68 members reported not receiving 	N/A	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>their NOA/GTL translated letters.</p> <p>4) Amy, Deb, Isabel, and Cynthia discussed this survey. Cynthia will send the list of the 68 Members, who did not receive an NOA/GTL letter, to Amy, Christine, and Jane.</p> <p>v. KHS Staff OPI satisfaction:</p> <p>1) 102 Surveys- 99% “strongly agree” satisfaction.</p> <p>vi. The Plan shares the results of the report with the vendors.</p> <p>C. Delegated Credentialing- Jane MacAdam</p> <p>1. Yolanda is waiting for the schedule from HICE.</p> <p>2. She did complete one audit with no findings.</p> <p>a. There was one recommendation that was remediated.</p> <p>D. Transportation Monitoring- Jane MacAdam</p> <p>1. No issues.</p> <p>2. The report is reviewed monthly.</p>		
Open Forum	No Comments	N/A	N/A
Next Meeting	Next meeting is scheduled for Tuesday, October 29, 1:00 – 2:30 PM	N/A	N/A
ADJOURNMENT	The Committee adjourned at 2:18pm	N/A	N/A



COMMITTEE: *Fraud, Waste, and Abuse (FWA) Committee*
DATE OF MEETING: *August 5, 2024*
CALL TO ORDER: *3:00 pm by Jane MacAdam – Director of Compliance and Regulatory Affairs*

Members Present On-Site:	N/A	
Members Virtual Remote:	N/A	
Members Excused=E Absent=A	N/A	
Staff Present:	Alan Avery, Chief Operating Officer Brandon Bowe, Compliance Auditor Cynthia Cardona, Cultural and Linguistic Services Manager Kathryn Castaneda, Compliance Analyst Sandeep Dhaliwal, Compliance Manager, Audits and Investigations Heather Fowler, Senior Regulatory and Government Program Manager Russell Hasting, PHM Manager of Case Management Yolanda Herrera, Credentialing Manager Loni Hill-Pirtle, Administrative Director, Enhanced Care Management Magdee Hugais, Director of Quality Improvement Jane MacAdam, Director of Compliance and Regulatory Affairs Melissa McGuire, Senior Director of Delegation and Oversight	Deborah Murr, Chief Compliance and Fraud Prevention Officer Jeff Pollock, Regulatory and Government Program Manager Heather Pruitt, Compliance Program Specialist Martha Quiroz, Member Services Manager Nate Scott, Director of Member Services Bruce Wearda, Director of Pharmacy Jake Hall, Senior Director of Contracting and Quality Performance Maria Parra, Member Services Manager James Winfrey, Deputy Director of Provider Network Veronica Barker, Controller Christine Pence, Senior Director of Health Services

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Action Items from 05/06/2024 Meeting – Jane	<p>All discussions related to alleged Fraud, Waste, and Abuse conducted during the meeting will be kept confidential by all participants.</p> <p>A. Deb has closed out the 2023 FWA Trainings.</p> <ol style="list-style-type: none"> 1. Some of the 2024 HIPPA trainings have already been assigned for 2024 and employees are encouraged to complete them as soon as possible. 2. All the trainings have been revised and with a new format that is easier to navigate. 3. Compliance is working with HR on issuing more reporting for directors, and chiefs, etc., so they have more visibility on the status of trainings for their employees. 4. Nate and Jane discussed having the reminder sent more than once. 	<p><input checked="" type="checkbox"/> ACTION:</p> <ol style="list-style-type: none"> 1. Jane will follow up on how long employees receive reminders for training. Is it possible for reminders to continue until the training is completed. 	N/A
2023 DHCS Medical Audit Findings	<p>A. Corrective Action Plan (CAP) – DHCS Closed CAP on 06/05/2024.</p> <ol style="list-style-type: none"> 1. Update: There was only one medical audit finding related to late FWA submissions to DHCS. DHCS accepted our CAP and closed it on 06/05/2024. <ol style="list-style-type: none"> a. We do have an occasional late referral, but they will be addressed as they come in which is the action required as part of our Corrective Action Plan for the finding. 	<input checked="" type="checkbox"/> CLOSED: Informational only.	6/5/2024
Reports	<p>A. Member Services – Nate - Frequent Rider Report for March and April</p> <ol style="list-style-type: none"> 1. Members Researched in March – 81 <ol style="list-style-type: none"> a. Members with no or less than 3 FWA occurrences - 48 b. Members on Restriction – 0 c. Members Outreached – 33 d. Members Issued a Warning – 12 e. Members Restricted Pending Follow Up – 21 f. Members Restricted to Bus Passes – 0 2. Members Researched in April – 92 	N/A	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> a. Members with no or less than 3 FWA occurrences – 61 b. Members on Restriction – 4 c. Members Outreached – 27 d. Members Issued a Warning – 10 e. Members Restricted Pending Follow Up – 17 f. Members Restricted to Bus Passes - 0 		
	<p>B. Credentialing – Yolanda - Provider Monitoring Reports</p> <ul style="list-style-type: none"> 1. Update: Only a few findings that were submitted to the Physician Advisory Committee due to the nature of the accusations or public reprimands, but nothing that we needed to notify Compliance and/or take action on regarding Fraud, Waste, and Abuse. 	N/A	N/A
	<p>C. Compliance –</p> <ul style="list-style-type: none"> 1. Verification of Services <p>The texting campaign was implemented in May to verify services with members. The texts are sent out on the 20th of each month. This is a DHCS contract requirement to show we have a method to verify that members are getting services for which we have been billed. The number of texts sent out each month is still being determined but you can see the text vs. response numbers for the first few cycles below:</p> <p>May - 75 texts sent, 11 responses – 16%</p> <p>June - 100 texts sent, 25 responses – 26%</p> <p>July – 151 texts sent, 23 responses – 17.22%</p> 2. FWA Investigations <p>Cases to date for 2024 are up two and a half times what we received in 2023 for the same time period.</p> <ul style="list-style-type: none"> a. Cases to Date – 295 b. Cases submitted to DHCS: 154 – 52.20% <ul style="list-style-type: none"> i. 145 submitted timely – 94.16% 	<p><input checked="" type="checkbox"/> ACTION:</p> <ul style="list-style-type: none"> 1. Jane will ask DHCS if they ever restrict a member on the transportation benefit and what their thoughts are on the subject. 	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> ii. 9 submitted late – 5.84% c. Cases not submitted to DHCS: 137 – 46.44% d. Cases under review: 4 – 1.36% <p>A total of 17 referrals have been submitted to Compliance since January that were past the 10-day submission requirement. Of those, 14 out of the 17 did not require submission to the DHCS.</p> <ul style="list-style-type: none"> e. Yolanda and Jane discussed what the other Plan's FWA numbers are compared to KHS's numbers. <p>3. Calendar year 2024 FWA Allegations Member vs Provider</p> <ul style="list-style-type: none"> a. Provider - 123 (42%) cases <ul style="list-style-type: none"> i. #1 FWA allegation – 42 Cases for services not rendered. ii. #2 FWA allegation – 29 cases for excessive/unnecessary services b. Member- 172 (58%) cases <ul style="list-style-type: none"> i. #1 FWA allegation - 100 cases for Transportation ii. #2 FWA allegation – 53 cases for ID theft c. Nate and Jane discussed DHCS' thoughts on restricting the transportation benefit. d. Yolanda and Jane discussed Provider kickbacks. e. 2024 Case Log: <p>For informational purposes, the name on the case log is who we got if from. They may not be the cause of the item being late so Member Services goes back to investigate and determine why the item was late.</p> 		N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
OPEN FORUM	A. Martha and Jane discussed the investigation, including the transportation letter, of the potential Member FWA report	N/A	N/A
NEXT MEETING	Next meeting will be held Wednesday, November 4, 2024	N/A	N/A
ADJOURNMENT	The Committee adjourned at 3:39 pm	N/A	N/A



30 D

COMMITTEE: **PHYSICIAN ADVISORY COMMITTEE**
DATE OF MEETING: **AUGUST 7, 2024**
CALL TO ORDER: **7:09 AM BY MARTHA TASINGA, MD - CHAIR**

Members Present On-Site:	Martha Tasinga, MD – KHS Chief Medical Officer Gohar Gevorgyan, MD – Network Provider, FP	Ashok Parmar, MD– Network Provider, Pain Medicine Raju Patel, MD - Network Provider, Internal Medicine	
Members Virtual Remote:	David Hair, MD - Network Provider, Ophthalmology		
Members Excused–E Absent–A	And Aggarwal, MD – Network Provider, Cardiology (E) Hasmukh Amin, MD – Network Provider, Pediatrics (E)	Miguel Lascano – Network Provider, OB/GYN (E)	
Staff Present:	Alan Avery, Chief Operating Office Michelle Curioso, Director of PHM Amy Daniel, Executive Health Services Coordinator Jake Hall, Deputy Director of Contracting	Yolanda Herrera, Credentialing Manager Magdee Hugais, Director of Quality Improvement John Miller MD, Quality Improvement Medical Director	Abdolreza Saadabadi MD, BH Medical Dir. (R) Yesenia Sanchez, Credentialing Coordinator Sukhpreet Sidhu MD, PHM Medical Director

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements met.	N/A
Call to Order	Dr. Martha Tasinga, MD, KHS Chief Medical Officer, called the meeting to order at 7:09 am.		N/A
Committee Minutes	<u>Approval of Minutes</u> The Committee's Chairperson, Dr. Tasinga presented the meeting minutes for approval.	<input checked="" type="checkbox"/> ACTION: Dr. Parmar moved to approve minutes of June 5, 2024, seconded by Dr. Gevorgyan. Motion carried.	8/7/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p><u>Peer Review Reports</u></p> <p>CREDENTIALING REPORT Mental Health Pre-Approvals from 6/28/24 & 8/01/24: In compliance with Senate Bill 2581, Dr. Tasinga, KHS CMO, pre-approved the Mental/Behavioral Health providers as listed on 6/28/2024 and 8/1/2024 Credentialing Report, all files met clean file criteria, in compliance with the 60-day turnaround requirements. Mental Health Providers approved by Dr. Tasinga were accepted as presented with no additional questions or alternative actions.</p> <p>INITIAL CREDENTIALING REPORT Initial Applicants List Dated 8/07/2024. The clean files were accepted as presented with no additional discussion. There were (5) initial applications presented for comprehensive review.</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] 	<p><input checked="" type="checkbox"/> ACTION: Dr. Patel moved to approve the Credentialing, Recredentialing and New Vendor Contracts from the reports dated July 28, 2024, August 1, 2024 and August 7, 2024, seconded by Dr. Parmar. Motion carried.</p>	<p>8/7/24</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<div data-bbox="514 354 1075 831" style="background-color: black; width: 100%; height: 100%;"></div> <p data-bbox="445 885 1075 987">NEW VENDOR CONTRACTS New Vendor Contracts List Dated August 7 2024 (Board of Directors Meeting) were accepted as presented with no additional questions or comments by the committee members.</p> <p data-bbox="445 1031 1075 1206">MONTHLY MONITORING – DISCIPLINARY ACTIONS OR ADVERSE EVENTS: There were no adverse events or disciplinary monitoring reported for June and July 2024. Current monthly monitoring report that includes licensing disciplinary issues, adverse events or sanctioned/excluded providers did not have any newly added providers to report to the committee.</p>	<p data-bbox="1096 1003 1724 1076"><input checked="" type="checkbox"/> ACTION: Monthly Monitoring accepted as presented. Providers will continue to be monitored monthly with any additional reporting to the committee as it is received.</p>	<p data-bbox="1768 995 1852 1019">8/7/2024</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
OLD BUSINESS	<p><u>Delegated Credentialing 2024 Audit Summary – Opportunity for Improvements and/or Corrective Actions</u> ConferMED (E-Consults Peer to Peer) Last month, Yolanda H. reported the annual oversight and opportunity for improvement submitted by ConferMed. As part of the annual oversight, Yolanda H. inadvertently missed reporting that ConferMed did provide evidence of compliance for their Credentialing System Controls for 2023 and 1st Quarter 2024 all of which was received and reviewed by Credentialing during annual oversight audit. There were no opportunity for improvement and no unauthorized modifications reported.</p>	<p><input checked="" type="checkbox"/> ACTION: Delegation Update for ConferMed was accepted as presented. Committee members had no further discussion or recommendations.</p>	8/7/24
	<p><u>Bariatric Surgery Quality of Care Issues</u></p>	<p><input type="checkbox"/> PENDING: Dr. Miller conduct random 10-case review in 6-months as follow-up on this issue.</p>	10/2/24
	<p><u>Advanced Practice Pharmacist Credentialing Criteria</u> Dr. Tasinga informed the members that legal has reviewed the request by KM to utilize Advanced Practice Pharmacist (APP) as a new provider type in their diabetes program, hypertension clinic, HIV, smoking cessation and for ordering retinal exams. As previously reported Dr. Tasinga did not find any other sister plan utilizing APPs. DSR's short answer to KHS' questions, stated that they could not find anything that lists specific CPT codes an APH can bill for. The specific CPT codes Kern Medical ("KM") proposes appear to fall within an APH's scope of practice, but would defer the KHS clinical team for that determination.</p>	<p><input type="checkbox"/> PENDING: Dr. Tasinga will take DSR Analysis under further review and bring back for discussion at next meeting.</p>	Pending
NEW BUSINESS	<p><u>UM Prior Authorization (PA) / No Prior Authorization (NPA)</u> Dr. Tasinga, informed the members that KHS UM Department is currently in process of making significant revisions to the KHS PA/NPA Criteria. Under the purview of the UM responsibilities to review over and under-utilization, the State does not prescribe the criteria to be listed, but rather the health plan is allowed to develop their own criteria. During this review, the KHS Clinical Team have reviewed numerous coding and claims to determine any overage of</p>	<p><input checked="" type="checkbox"/> INFORMATIONAL: Received as information – no action required.</p>	8/7/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>procedures. After review over 8,000 codes, the clinical team determined the following:</p> <ul style="list-style-type: none"> Removed those codes KHS would typically not deny Added those codes KHS considered high probability of denying, requiring review Removed those codes not required to be on the list Adding those codes being used excessively Adding some codes never used in order to allow the clinical team to review upon receipt and make adjustments accordingly <p>Dr. Tasinga informed the members that a complete overhaul of the PA List has been done and will announce to the provider network once it is completed and available. An additional review will be done after 6-months to determine any necessary adjustments from the State.</p>		
OPEN FORUM	<p><u>Grievance Process</u></p> <p>Committee member, Dr. Gehar Gevorgyan, requested insight on the KHS Grievance Process to fully understand the grievance numbers reported during recredentialing. Additionally, the process appears to report those grievances (questions/non-formal complaints) by members that do not rise to the provider's level for explanation (previously non-exempt cases). After a few verifications with some of her patients, it was discovered that they did not file a formal complaint but rather called Member Services with follow-up questions.</p> <p>Dr. Tasinga provided further explanation that it is the State's expectation that all complaints, even those submitted as questions or non-formal, must all be reported in the same manner. There is a technical guide and All Plan Letter outlining this process that will be sent to the committee members for review that may help our providers better understand this process and it's requirements.</p>	<input checked="" type="checkbox"/> CLOSED – Informational Only	N/A
	<p><u>Behavioral Health Services (Teleremote vs In-Person)</u></p> <p>Committee member, Dr. Gehar Gevorgyan, requested information on the process for scheduling behavioral health services and if there is a way that the provider can request these services be in-person rather than teleremote.</p> <p>Dr. Gevorgyan reports that there has been several occasions that a</p>	<input checked="" type="checkbox"/> CLOSED – Informational Only	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>referral is made to the behavioral health number and the member never receives a return call.</p> <p>Dr. Tasinga, informed the Committee Members that KHS conducts several audits for services conducted via telehealth/teleremote to ensure the appropriate services have been rendered. Some findings have been identified that the telehealth service did not meet the level of a telehealth visit and those affected providers are receiving education. Currently, telehealth is an industry standard that has evolved since COVID and many providers only provide services via teleremote. Members are given the option to have services in-person or via teleremote and KHS Member Services can assist with this process.</p> <p>Dr. Tasinga also reported that our Behavioral Health Department is in its infancy stage; however, it is growing and working diligently to build a successful program for the needs of our members.</p> <p>Dr. Saadabadi, KHS Behavioral Health Medical Director, further informed the committee that telehealth has been successful in some non-verbal members and his department is working to develop tools and resources to help our providers deliver appropriate services.</p>		
NEXT MEETING	Next meeting will be held Wednesday, September 4, 2024	Informational only.	N/A
ADJOURNMENT	<p>The Committee adjourned at 8:23 A<</p> <p>Respectfully submitted: Amy L. Daniel, Executive Health Services Coordinator</p>	N/A	N/A

For Signature Only – Physician Advisory Committee Minutes 08/07/2024

The foregoing minutes were APPROVED AS PRESENTED on: _____
Date Name

The foregoing minutes were APPROVED WITH MODIFICATION on: _____
Date Name

30 E

SUMMARY

FINANCE COMMITTEE MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Friday, August 9, 2024

8:30 A.M.

COMMITTEE RECONVENED

Members: Elliott, Bowers, McGlew, Turnipseed, Watson
ROLL CALL: 3 Present; 2 Absent – Bowers, Watson

NOTE: The vote is displayed in bold below each item. For example, McGlew-Bowers denotes Director McGlew made the motion and Director Bowers seconded the motion.

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A “CA” WERE CONSIDERED TO BE ROUTINE AND APPROVED BY ONE MOTION.

COMMITTEE ACTION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Committee on any matter not on this agenda but under the jurisdiction of the Committee. Committee members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Committee at a later meeting. Also, the Committee may take action to direct the staff to place a matter of business on a future agenda. **SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!**
NO ONE HEARD.

SUMMARY

Finance Committee Meeting
Kern Health Systems

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COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code Section 54954.2(a)(2))

DIRECTOR MCGLEW INTRODUCED JOHN LOVRICH, THE NEW CFO AT
KERN VALLEY HEALTHCARE DISTRICT

FINANCIAL MATTERS

- 3) Presentations by Daniells Phillips Vaughan & Bock, BDO and Moss Adams to perform financial audit services for the next 3-5 calendar years beginning with calendar year 2024 (Fiscal Impact: None) – JOHN BARRY AND JOHN BLAKEY, BDO, HEARD; STELIAN DAMU, APARNA VENKATESWARAN, ASHLEY MERDA, MOSS ADAMS, HEARD; SHANNON WEBSTER AND RAMON RIVERA, HEARD; RECOMMENDED MOSS ADAMS ACCOUNTING FIRM TO PROVIDE FINANCIAL AUDIT SERVICES; REFERRED TO KHS BOARD OF DIRECTORS
Turnipseed-McGlew: 3 Ayes; 2 Absent – Watson, Bowers
- 4) Report on Kern Health Systems investment portfolio for the second quarter ending June 30, 2024 (Fiscal Impact: None) – IRA COHEN, UBS, HEARD; RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS
Turnipseed-McGlew: 3 Ayes; 2 Absent – Watson, Bowers
- 5) Proposed renewal and binding of insurance coverages for General Liability and Excess Liability from September 29, 2024 through September 29, 2025, Employed Lawyers Professional Liability Insurance from August 15, 2024 through August 15, 2025 and Earthquake Insurance from October 15, 2024 through October 15, 2025 (Fiscal Impact: \$700,000 Estimated; Budgeted) – CANDACE PORTER, ALLIANT, HEARD; APPROVED; REFERRED TO KHS BOARD OF DIRECTORS
Turnipseed-McGlew: 3 Ayes; 2 Absent – Watson, Bowers
- 6) Proposed Agreement with Cognizant (formerly Trizetto), for the support and maintenance services for the QNXT software along with claims workflow and DOFR Module, from September 11, 2024 through September 10, 2029 (Fiscal Impact: \$5,889,582 over the term of the contract; Budgeted) – APPROVED; REFERRED TO KHS BOARD OF DIRECTORS
McGlew-Turnipseed: 3 Ayes; 2 Absent – Watson, Bowers
- 7) Report on Kern Health Systems financial statements for May 2024 and June 2024 (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS
Turnipseed-McGlew: 3 Ayes; 2 Absent – Watson, Bowers

SUMMARY

Finance Committee Meeting
Kern Health Systems

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- 8) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for May 2024 and June 2024 and IT Technology Consulting Resources for the period ended May 31, 2024 (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS
McGlew-Turnipseed: 3 Ayes; 2 Absent – Watson, Bowers

ADJOURN TO FRIDAY, OCTOBER 4, 2024 AT 8:30 A.M.



30 F

COMMITTEE: **KHS Quarterly Compliance Committee Meeting – Q2 2024**
 DATE OF MEETING: **August 26, 2024**
 CALL TO ORDER: **3 pm by Jane MacAdam - Director of Compliance and Regulatory Affairs**

Members Present On-Site:	N/A		
Members Virtual Remote:	N/A		
Members Excused=E Absent=A	N/A		
Staff Present:	Linda Anchondo, Compliance Program Manager Alan Avery, Chief Operating Officer Veronica Barker, Controller Karen Beale, Compliance Analyst II Stephanie Camarena, Compliance Analyst II Cynthia Cardona, Cultural and Linguistic Services Manager Michelle Curioso, Director of Population Health Management Flor Del Hoyo Galvan, Manager of Member Wellness & Prevention Sandeep Dhaliwal, Compliance Manager, Audits and Investigations Robin Dow-Morales, Director of Claims Heather Fowler, Compliance Manager Jared Harness, Compliance Analyst Russell Hasting, PHM Manager of Case Management Yolanda Herrera, QP Credentialing Manager Loni Hill-Pirtle, Director Enhanced Care Management	Magdee Hugais, Director of Quality Improvement Andrea Hylton, Director of Procurement and Facilities Elizabeth Johns, Compliance Program Specialist Christina Kelly, Pharmacy Administrative and Support Supervisor Jane MacAdam, Director of Compliance & Regulatory Affairs Deborah Murr, Chief Compliance and Fraud Prevention Officer Kristie Onaindia, Provider Relations Manager Amisha Pannu, Senior Director of Provider Network Christine Pence, Senior Director Health Services Jeff Pollock, Regulatory and Government Program Manager Adriana Salinas, Director of Community & Social Services Amy Sanders, Member Services Manager Melinda Santiago, Director of Behavioral Health Nate Scott, Director of Member Services Isabel Silva, Senior Director of Wellness and Prevention Bruce Wearda, Director of Pharmacy Barbie Wilson, Compliance Analyst I James Winfrey, Deputy Director of Provider Network	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Previous Action Items: Jane	A. QI Audit of exempt Grievances for the potential QOC issue: 1. Closed B. Jane will meet with HR to discuss ongoing notification to complete the training. 1. Ongoing discussions	<input checked="" type="checkbox"/> ACTION: N/A	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	C. Compliance will look at the invitee list to make sure PNM is invited to the Compliance Committee meeting. <ol style="list-style-type: none"> Confirmed Jame, Greg, and Kristie are on the invite 		
Governance & Compliance Committee Meeting: Deb	A. Governance & Compliance Committee Meeting <ol style="list-style-type: none"> The Governance & Compliance (G&C) Committee was created in January The G&C Committee reports directly to the Board of Directors (BOD). Four BOD member sit on the G&C Committee <ol style="list-style-type: none"> Along with the KHS Chief Executive Officer and Chief Compliance Officer Would like to have an Enterprise Risk Management (ERM) for Cyber-attacks <ol style="list-style-type: none"> The Vendor will need to speak with the Departments and Executives. The RFP will go out by tomorrow and hopefully have it back for the Board in October to go live in January. Initially complete the ERM with the Vendor Internally review annually <ol style="list-style-type: none"> Around 3-5 years reach out to the Vendor for another assessment. Deb and Robin discussed what was expected from the Departments. 	<input checked="" type="checkbox"/> ACTION: N/A	N/A
Compliance Dashboard: Jane	A. Compliance Dashboard remains in development: <ol style="list-style-type: none"> Meeting with Business owners for each metric to validate logic. Review of metrics to ensure in correct business unit on the Compliance Dashboard Target date to complete prioritized KPIs dashboard build with the right logic by end of October. 	<input checked="" type="checkbox"/> ACTION: <ol style="list-style-type: none"> Amy will let Jane know once they go live on the Jiva Grievance Module so it can be added to the Compliance Dashboard 	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>4. Once in production, recommendation is for business owners to endure review of metrics and be prepared to address any deficiencies or areas out of compliance.</p> <p>B. Amy and Jane discussed the Jiva Grievance module going live. The Compliance Dashboard will pull from Jiva.</p> <p>1. Amy will let Jane know once they go live on the Jiva Grievance Module so it can be added to the Compliance Dashboard</p> <p>C. Robin and Jane discussed adding all departments to the Compliance Dashboard</p>		
Regulatory Audit: Jane	<p>A. 2023 DHCS Limited Scope Medical Audit:</p> <p>1. Corrective Action Plan (CAP)- DHCS Closed CAP on 06/05/2024</p> <p>B. 2023 DHCS Focused Audit (BH/Transportation):</p> <p>1. Received Preliminary Audit Report for Focus Audit portion on 06/18/2024</p> <p>2. Response sent 07/10/2024, with updated response sent on 07/22/2024</p> <p>3. Awaiting Final Report. DHCS has advised no updates will be made based on our responses.</p> <p>4. Amy, Robin, and Jane discuss the next audit</p> <p>C. 2023 DMHC Medical Audit:</p> <p>1. 24 Findings</p> <p>2. Initial Corrective Action Plan submitted 04/20/2024</p> <p>3. Additional responses/deliverables submitted</p> <p>a. Most recent submitted on 06/28/2024</p> <p>4. Future deliverables ongoing- important for business to take ownership and ensure deadlines are met and we continue to adhere to what was submitted:</p> <p>5. Claims to be reprocessed by 09/30/2024</p> <p>6. Compliance meeting with DSR 08/26/2024</p> <p>D. KHS Network Adequacy Validation (NAV)</p>	<p><input checked="" type="checkbox"/> ACTION:</p> <p>N/A</p>	A. 06/05/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ol style="list-style-type: none"> On site review completed 06/12/2024 Additional responses submitted timely HSAG acknowledged receipt 06/27/2024 Awaiting update from HSAG <ol style="list-style-type: none"> Pending results 		
Retrospective APL Audits: Jane	<p>A. Retrospective APL audits pending:</p> <ol style="list-style-type: none"> 22-002 22-005 22-006 22-020 22-028 23-005 23-009 <p>B. Outstanding responses</p> <ol style="list-style-type: none"> Brandon Bowe has been reaching out to the Stakeholders <p>C. Jane will be escalating to receive responses</p>	<p><input checked="" type="checkbox"/> ACTION:</p> <ol style="list-style-type: none"> Jane will be escalating to receive responses regarding the Retrospective APL audits. 	N/A
Potential Compliance Issues: Jane	<p>A. Creating a Compliance Issues Log</p> <ol style="list-style-type: none"> Starting with information from January 2024 Once completed, it will be shared with this committee <p>B. Letter Automation</p> <ol style="list-style-type: none"> Bad Address issues SFTP Issues Letters Not Printed Will create checks and balances to reduce Human error with automation. <p>C. Amy, Nate, Loni, and Jane discussed the process of mailing letters and accountability of human error</p>	<p><input checked="" type="checkbox"/> ACTION:</p> <p>N/A</p>	N/A
Reports:	<p>A. Member Services - Amy</p> <ol style="list-style-type: none"> Goal to audit 30 grievance case files with a 90% or above passing score each quarter (10 case files each month) 	<p><input checked="" type="checkbox"/> ACTION:</p> <ol style="list-style-type: none"> QI has created a letter regarding IHA Members and a Results of the audit letter and will send to Compliance for approval 	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> a. Second quarter: average score of 93.67% <ul style="list-style-type: none"> i. April 94% <ul style="list-style-type: none"> a) May 94% ii. June 93% 2. Common Deficiencies: <ul style="list-style-type: none"> a. Regulatory Requirement: Not using appropriate Acknowledgement Letter, with DMHC information in bold font b. Internal Procedure: Sending request for response to Providers after the 5th day c. Internal procedure: Not Documenting that HIPAA grievance was sent to Compliance in a timely manner. 3. Individual scores are shared one-on-one with staff and common issues are shared during team meetings. 4. Amy and Jane discussed what the Plan is looking for with Grievance Oversight. B. QI- Magdee <ul style="list-style-type: none"> 1. Initial health Appointment (IHA): <ul style="list-style-type: none"> a. Jan 2024-Jun 2024: <ul style="list-style-type: none"> i. Audited 20 medical records of each Provider Groups: <ul style="list-style-type: none"> 1) Adventist Health: 69% <ul style="list-style-type: none"> a) Education and monitoring will continue 2) CSV: 94% 3) Kern County Medical: 98% 4) Omni: 93% 5) PVMG: 53% <ul style="list-style-type: none"> a) Education and monitoring will continue 6) Valley Children Hospital: 94%. 	<ul style="list-style-type: none"> 4. Kristie will have the KHS Rep. contact CBCC and see if there is an issue with their auto referral tool 5. Will include Tiffany Chapman to the Compliance Committee meeting to report on the Oversight of the MOU. 6. Jane will reach out to Christine/UM to discuss the DMHC Audit around being able to get ahold of a Medical Discission Maker. 	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> b. QI has created a letter regarding IHA Members and a Results of the audit letter and will send to Compliance for approval 2. Exempt Grievances Audit: <ul style="list-style-type: none"> a. First quarter – Overall score 98% <ul style="list-style-type: none"> i. MS has spoken with the one (1) grievance coordinator 3. Notice of Appeals Resolution (NARS): <ul style="list-style-type: none"> a. Second quarter – <ul style="list-style-type: none"> i. Sample size was 30 (10 randomly selected from each month) <ul style="list-style-type: none"> 1) April: <ul style="list-style-type: none"> a) One (1)- Error in readability 2) May: <ul style="list-style-type: none"> a) One (1)- Different criteria uploaded that what MD cited 3) June: <ul style="list-style-type: none"> a) One (1)- Commentary not entered in the OP notification form 4) CAP: Education 4. Gold Card Providers: <ul style="list-style-type: none"> a. Three (3) Providers that are in good standing and are auto approved for referrals <ul style="list-style-type: none"> i. Comprehensive Cardiovascular Medical Group ii. Dr. Duggal iii. Dr. Bui <ul style="list-style-type: none"> 1) Second quarter: 		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> a) 112 referrals met criteria for medical necessity. b) 26 records did not met criteria for medical necessity. b. 81% good c. Amy, Kristie, Jeff, Nate, and Jane discussed what a gold card provider is. 5. CBCC Online Auto Auth tool Approval: <ul style="list-style-type: none"> a. They have been given access to be auto approved for referrals. <ul style="list-style-type: none"> i. They only have used it 10 times in the first quarter. <ul style="list-style-type: none"> 1) Eight (8) did not meet requirements. b. Has been escalated to Dr. Tasinga. c. Kristie will have the KHS Rep. contact CBCC and see if there is an issue d. Kristie, Jeff, Deb, Christine, and Magdee discussed the auto auth tool. C. UM- Christine <ul style="list-style-type: none"> 1. Second quarter audit <ul style="list-style-type: none"> a. 5% increase in referrals b. Compliance with: <ul style="list-style-type: none"> i. 6th grade reading, improved compliance: <ul style="list-style-type: none"> 1) First quarter at 8.3% 2) Second quarter at 1.7% ii. NOA, improved compliance: <ul style="list-style-type: none"> 1) First quarter at 4.2% 2) Second quarter at 1.4% iii. OP Auto Approval Referrals: <ul style="list-style-type: none"> 1) First quarter at 77% 2) Second quarter at 100% 		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>compliance due to additional staff and Provider training.</p> <ul style="list-style-type: none"> iv. Notifying within 2 days: <ul style="list-style-type: none"> 1) First quarter noncompliant at 4.6% 2) Second quarter noncompliant at 4.8% v. Error in NOA: <ul style="list-style-type: none"> 1) First quarter noncompliant at 6.6% 2) Second quarter noncompliant at 4.8% vi. Error is processing referrals: <ul style="list-style-type: none"> 1) First quarter noncompliant at 4.6% 2) Second quarter noncompliant at 5.1% c. The UM team will evaluate the reason for delays in mailing notification letters d. The NOA process is being evaluated to include a template e. Desk level procedures are being evaluated to ensure accuracy and reduce errors in processing referrals <p>D. HE- Flor</p> <ul style="list-style-type: none"> 1. HE Service Audit: <ul style="list-style-type: none"> a. Areas at 100% <ul style="list-style-type: none"> i. Class preparation ii. Participant tracking iii. Facilitation methods b. Areas fell below 50% <ul style="list-style-type: none"> i. Using the teach back method ii. Taking photos/videos of the class 2. Satisfaction Survey: 		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> a. Presenting was interesting-99% b. Facilitator was effective- 97% c. Satisfied with class reward- 97% 3. Class Effectiveness <ul style="list-style-type: none"> a. Asthma Education b. 10 questions <ul style="list-style-type: none"> i. About 13% knowledge gained between the Pre and Post test c. Fresh Start Tobacco Cessation <ul style="list-style-type: none"> i. About 1% knowledge gained between the Pre and Post test ii. Less people continued to the second series, which did not have the incentive d. Activity & Eating Knowledge Change <ul style="list-style-type: none"> i. About 7-8% knowledge gained between the Pre and Post test e. Eat Healthy Be Active Knowledge Change <ul style="list-style-type: none"> i. About 20% knowledge gained between the Pre and Post test ii. Jane and Flor discussed the Members pretest being higher than the Post test f. Second quarter 2024 Diabetes Prevention Program Weight Loss <ul style="list-style-type: none"> i. 1 year program ii. 5.6% weight loss g. Asthma Follow up call <ul style="list-style-type: none"> i. Increase in follow-ups completed from first quarter to second quarter. E. MOUs-Jane <ul style="list-style-type: none"> 1. Will include Tiffany Chapman to the Compliance Committee meeting to discuss the Oversight of the MOU. 2. DHCS has accepted the status of the MOUs. 3. Isabel, Deb, and Jane discussed the MOUs 		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>F. Compliance-Jane</p> <ol style="list-style-type: none"> 1. APL & Guidance Letters <ol style="list-style-type: none"> a. 2022- 96 APLs b. 2023- 83 APLs c. 2024- 32 APLs to date 2. Regulatory Submissions: <ol style="list-style-type: none"> a. Approximately 60% increase compared to the same time in 2023 b. Numerous Resubmissions c. Deb reminded the Stakeholders of sending reports early to Compliance d. Robin and Jane discussed the issue with IT having access to the OHC folder. 3. HIPAA Timeliness Reporting: <ol style="list-style-type: none"> a. Submitted within 24 hours Timely: <ol style="list-style-type: none"> i. 94 were on time ii. 9 were not on time iii. 103 was the total submitted b. Submitted within 10 days Timely: <ol style="list-style-type: none"> i. 100 were on time ii. One (1) not on time iii. Two (2) are not due yet for the 10 days c. HIPAA Case Type: <ol style="list-style-type: none"> i. External -77 Cases ii. Internal -23 Cases iii. Subcontractor -Three (3) Cases d. Actual Breaches: <ol style="list-style-type: none"> i. 95 Cases are non-breach ii. Eight (8) are unknown 4. Consumer Complaint vs IMR: <ol style="list-style-type: none"> a. Consumer Complaints- 17 Cases b. IMR- 12 Cases c. Pending DMHC response- Five (5) Cases d. Decision: 		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> i. KHS Response: <ul style="list-style-type: none"> 1) Upheld – 20 2) Overturned – Two (2) 3) Misdirected – Eight (8) 4) Return to Plan – Two (2) 5) Services Never Denied – One (1) 6) In Process – One (1) 7) Total – 34 ii. DMHC Response: <ul style="list-style-type: none"> 1) Upheld – 14 2) Overturned – Six (6) 3) Misdirected – Six (6) 4) In Process – Eight (8) 5) Total – 34 5. Compliance Internal Audits: <ul style="list-style-type: none"> a. UM NOA b. Exempt Grievances c. Expedited Grievances d. Standard Grievances <p>Insufficient time to review in detail during the meeting, but results have been communicated to the impacted teams and the detailed reports are available in the meeting materials.</p> 6. Compliance Capsule (copies included in meeting materials) 7. Compliance Work Plan (copy included in meeting materials) 8. Jane will reach out to Christine/UM to discuss the DMHC Audit around being able to get ahold of a Medical Discission Maker. <ul style="list-style-type: none"> a. Compliance is making test calls 		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
ADJOURNMENT	The Committee Adjourned at 4:30pm	N/A	N/A



30 G

COMMITTEE: **PHYSICIAN ADVISORY COMMITTEE**
DATE OF MEETING: **SEPTEMBER 4, 2024**
CALL TO ORDER: **7:06 AM BY MARTHA TASINGA, MD - CHAIR**

Members Present On-Site:	Martha Tasinga, MD – KHS Chief Medical Officer Hasnukh Amin, MD – Network Provider, Pediatrics Gohar Gevorgyan, MD – Network Provider, FP	Miguel Lascano – Network Provider, OB/GYN Ashok Parmar, MD– Network Provider, Pain Medicine	
Members Virtual Remote:	David Hair, MD – Network Provider, Ophthalmology		
Members Excused–E Absent–A	Atul Aggarwal, MD – Network Provider, Cardiology (E)	Raju Patel, MD – Network Provider, Internal Medicine (E)	
Staff Present:	Alan Avery, Chief Operating Office Michelle Curioso, Director of PHM Jake Hall, Deputy Director of Contracting	Yolanda Herrera, Credentialing Manager Magdee Hugais, Director of Quality Improvement John Miller MD, Quality Improvement Medical Director	Abdolreza Saadabadi MD, BH Medical Dir. (REMOTE) Yesenia Sanchez, Credentialing Coordinator Sukhpreet Sidhu MD, PHM Medical Director Bruce Wearda, Pharmacy Director

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements met.	N/A
Call to Order	Dr. Martha Tasinga, MD, KHS Chief Medical Officer, called the meeting to order at 7:06 am.		N/A
Committee Minutes	<u>Approval of Minutes</u> The Committee's Chairperson, Dr. Tasinga presented the meeting minutes for approval.	<input checked="" type="checkbox"/> ACTION: Dr. Parmar moved to approve minutes of September 4, 2024, seconded by Dr. Amin. Motion carried.	9/4/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p><u>Peer Review Reports</u></p> <p>CREDENTIALING REPORT Mental Health Pre-Approvals from –Report dated 9/4/2024: In compliance with Senate Bill 2581, Dr. Tasinga, KHS CMO, pre-approved the Mental/Behavioral Health providers as listed on 9/04/2024 Credentialing Report, all files met clean file criteria, in compliance with the 60-day turnaround requirements. Mental Health Providers approved by Dr. Tasinga were accepted as presented with no additional questions or alternative actions.</p> <p>INITIAL CREDENTIALING REPORT Initial Applicants List Dated 9/04/2024. The clean files were accepted as presented with no additional discussion. There were (5) initial applications presented for comprehensive review.</p> <ul style="list-style-type: none"> <div data-bbox="514 609 1071 820" style="background-color: black; width: 100%; height: 130px;"></div> <div data-bbox="514 820 1071 933" style="background-color: black; width: 100%; height: 70px;"></div> <div data-bbox="514 933 1071 1161" style="background-color: black; width: 100%; height: 140px;"></div> 	<p><input checked="" type="checkbox"/> ACTION: Dr. Amin moved to approve the Credentialing, Recredentialing and New Vendor Contracts from the reports dated September 4, 2024, seconded by Dr. Parmar <div data-bbox="1501 332 1680 397" style="background-color: black; width: 85px; height: 40px;"></div></p> <p>Motion carried.</p>	<p>9/4/24</p> <p>Pending PRV0018 41</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<div>[REDACTED]</div> <p>RECREDENTIALING REPORT Recredentiaing Providers List Dated 9/04/2024. Recredentiaing files meeting clean file review were accepted as presented with no additional questions or alternative actions.</p> <div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div> <p>NEW VENDOR CONTRACTS New Vendor Contracts List Dated September 4, 2024 were accepted as presented with no additional questions or comments by the committee members.</p>		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	MONTHLY MONITORING – DISCIPLINARY ACTIONS OR ADVERSE EVENTS: There were no adverse events or disciplinary monitoring reported for August 2024. Current monthly monitoring report that includes licensing disciplinary issues, adverse events or sanctioned/excluded providers did not have any newly added providers to report to the committee.	<input checked="" type="checkbox"/> ACTION: Monthly Monitoring accepted as presented. Providers will continue to be monitored monthly with any additional reporting to the committee as it is received.	n/a
	<u>Delegated Credentialing 2024 1st & 2nd 2024 - Quarter Oversight Reports</u> Yolanda Herrera KHS Credentialing Manager informed the committee that the 1 st and 2 nd Quarter Delegated Oversight Reports have all been received and reviewed for CHLA Medical Group, ConferMED, Valley Children's ChildNet, Vision Services Plan, UCLA Medical Group and USC Medical Group. During 1st Quarter and 2nd Quarter 2024, delegates reported Credentialing Committee dates for initial credentialing, recredentialing and terminations. There were no identified issues. Semi-Annual Rosters were also submitted with no significant changes in network participation.	<input checked="" type="checkbox"/> ACTION: Dr. Amin moved to approve 1 st and 2 nd 2024 Quarter Oversight Reports for delegated credentialing groups. Motion carried.	9/4/24
OLD BUSINESS	<u>Bariatric Surgery Quality of Care Issues</u>	<input type="checkbox"/> PENDING: Dr. Miller conduct random 10-case review in 6-months as follow-up on this issue.	10/2/24
	<u>Advanced Practice Pharmacist Credentialing Criteria</u> Dr. Tasinga informed the members that she has reviewed the analysis from legal and although other health plans don't have Advanced Practice Pharmacists, it is reasonable and within their scope of practice to provide services in the diabetes program, hypertension clinic, HIV, smoking cessation and for ordering retinal exams as requested. Having the responsibility of mitigating risk to the organization, Dr. Tasinga recommended a 1-year approval of KM's requested program with a medical record review to determine the program is improving	<input checked="" type="checkbox"/> ACTION: Dr. Tasinga moved to approve 1-year approval of KM's Advanced Practice Pharmacist to participate in their diabetes program, hypertension clinic, HIV, smoking cessation and for ordering retinal exams as requested with a medical record review after 1-year. Dr. Amin Seconded. Motion carried.	09/2025

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	MCAS scores and patient compliance with the implementation of this program. Only those pharmacist with the Advanced Practice Pharmacy license will be permitted to render care and services outlined in the KM's hypertension, retinal exam, blood pressure and smoking cessation programs.		
NEW BUSINESS	<p><u>Transcranial Magnetic Stimulation</u> Dr. Tasinga, informed the members that DHCS has approved Transcranial Magnetic Stimulation as a covered benefit; however, there are certain guidelines and criteria that the member must meet prior to being approved for this procedure.</p> <p>Dr. Tasinga informed the members that she will review the extensive criteria with the UM Directors on the requirements for medical necessity.</p>	<input checked="" type="checkbox"/> INFORMATIONAL: Received as information – no action required.	9/4/2024
	<p><u>New OP-Credentialing Policy and Procedure Ongoing Monitoring and Sanction Activity Review</u> Yolanda Herrera, KHS Credentialing Manager, presented the New Policy regarding Ongoing Monitoring and Sanction Activity Review. This policy outlines the process to ensure all contracted providers are absent from being identified as ineligible, suspended, sanctioned, debarred, excluded, restricted or opted out of Federal and State Programs. Those providers that appear on any Federal or State list will be subjected to immediate termination in accordance with contractual agreement.</p>	<input checked="" type="checkbox"/> ACTION: Dr. Parmar moved to approve the New Policy on Ongoing Monitoring and Sanction Activity Review. Dr. Amin seconded. Motion carried.	9/4/2024
	<p><u>IV Iron Criteria (Pharmacy)</u> Bruce Wearda, Director of Pharmacy presented the KHS IV Iron Criteria when medically necessary following he criteria outlined in the guidelines are met. ommittee member, Dr. Gehar Gevorgyan</p>	<input checked="" type="checkbox"/> ACTION: Dr. Gevorgyan moved to approve the New Policy on Ongoing Monitoring and Sanction Activity Review. Dr. Lascano seconded. Motion carried.	9/4/2024
OPEN FORUM	No additional items or discussion topics were presented.	<input checked="" type="checkbox"/> CLOSED – Informational Only	N/A
NEXT MEETING	Next meeting will be held Wednesday, October 2, 2024	Informational only.	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
ADJOURNMENT	The Committee adjourned at 8:03 am Respectfully submitted: Yolanda Herrera, KHS Credentialing Manager, in the absence of Amy Daniel.	N/A	N/A

For Signature Only – Physician Advisory Committee Minutes 09/04/2024

The foregoing minutes were APPROVED AS PRESENTED on: _____
Date Name

The foregoing minutes were APPROVED WITH MODIFICATION on: _____
Date Name



COMMITTEE: *UTILIZATION MANAGEMENT COMMITTEE*
DATE OF MEETING: *SEPTEMBER 11, 2024*
CALL TO ORDER: *12:02 PM BY MANINDER KHALSA, MD, UM MEDICAL DIRECTOR - CHAIR*

Members Present On-Site:	Ashok Parmar, MD –Specialist Pain Medicine	Karan Srivastava MD – Specialist Orthopedics	
Members Virtual Remote:	Maninder Khalsa, MD – KHS UM Medical Director Eural Gordon, FNP, PA-C – Nurse Practitioner	Parikshat Sharma, MD – Outpatient Specialist	
Members Excused=E Absent=A		Philipp Melendez, MD – OB/GYN (E)	
Staff Present:	Linda Corbin, KHS Health Services Consultant (Remote) Kulwant Kaur, UM Outpt Clinical Manager Yolanda Herrera, Credentialing Manager Magdee Hugais, Director of Quality Improvement	Loni Hill-Pirtle, Director of Enhanced Case Mgmt John Miller, MD, QI Medical Director Christine Pence, Sr. Director for Health Services Melinda Santiago, Director of Behavioral Health	Nate Scott, Director of Member Services Sukhpreet Sidhu, MD, PHM Medical Director Isabel Silva, Director of Health & Wellness

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements were not met as the composition as described in the committee charter are still in development and recruiting participating providers.	N/A
Call to Order	Dr. Maninder Khalsa, KHS UM Medical Director called the meeting to order at 12:02 PM.		N/A
Committee Minutes	<u>Approval of Minutes</u> The minutes of June 12, 2024 were presented for review and approval.	<input checked="" type="checkbox"/> ACTION: Dr. Sharma moved to approve minutes of June 12, 2024, seconded by Dr. Patel. Motion carried.	N/A
OLD BUSINESS	There was no old business to present	N/A	N/A
NEW BUSINESS	<u>Welcome & Introduction</u> Introductions: Dr. Khalsa welcomed the members of UM Committee meeting new members Eural Gordon, FNP, PA-C and Karan Srivastava, MD.	<input checked="" type="checkbox"/> CLOSED: Informational only.	9/11/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p><u>PA List Revisions</u></p> <p>Dr. Khalsa informed the committee that the Prior Authorization List (PA List) has gone through significant revision based on recommendations by KHS CEO Emily Duran as well as internal review by UM Management to reduce the number of services being requested through the PA process. Auto-approvals will still require referral for claims payment and certain services if approved based on medical record review.</p> <p>Members discussed some discrepancies such as knee replacement no authorization required but hip replacement requires authorization. Dr. Khalsa informed the members that is the kind of clean up being done to determine what services truly require review of either medical record review or medical necessity. Most all UM Management are relatively new and don't have the history behind why some services were still on the list. UM Management is working diligently to try and remedy this process and taking advisement from our vendors to have a complete list.</p> <p>The list will be posted in the Provider Portal upon completion.</p>	<p><input checked="" type="checkbox"/> ACTION: No action necessary at this time.</p>	<p>9/11/24</p>
	<p><u>UM Report 2nd Quarter 2024</u></p> <p>Dr. Khalsa presented the 2nd Quarter 2024 UM Report. The following highlights were noted:</p> <ul style="list-style-type: none"> • UM Timeliness of Decisions – there was a slight decrease in timeliness of urgent auths. Dr. Khalsa reported this was due to several staffing issues that are being remedied by utilizing supplemental staff. • Outpatient Referrals – with the addition of 55,000 members the data reflects an increase in referrals and efforts are being made to streamline the staff and process to assist. • Adult Referrals – remain consistent in comparison to past quarters. • CSS Referrals – with the assistance of CSS Support Services there has been as steady increase of referrals linking members to available resources to address various social determinants. • ECM Referrals – also part of the CalAim initiatives focusing on the non-medical issues such as home assistance, food etc. to assist members in these deficiencies. 	<p><input checked="" type="checkbox"/> CLOSED: Report accepted as presented with no further discussion or questions from the committee members.</p>	<p>9/11/24</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> Major Organ Transplant Referrals – most of KHS organ transplants go to USC or UCLA with liver and kidney transplants being the most consistent. Of interest, there was an ischemic bowel transplant. KHS has 2-transplant coordinators that support our transplant members to ensure they have continued support pre and post surgery which has proven to decrease readmissions. Referral Compliance – KHS remains compliant with the referral process, however, of the noted delays these were attributed to medical record requests and efforts are being made to streamline this effort in increase the turn around times. Monthly Inpatient LOS – data does not include out of area hospitals such as USC, UCLA or Ridgecrest and UM is working to obtain this data. There was a slight decrease in local inpatient LOS. Tertiary, SNF and Rehab Monthly Averages – KHS makes every effort to seek services within the community; however, higher level of care is required in some cases where provider type and specialized services are not available locally. Denial Percentages – KHS remains consistent in comparison with other similar health plans at 3-4% denials. 		
	<p><u>UM Policy and Procedure Review</u> Christine Pence presented the following UM Policy and procedures submitted with revisions due to regulatory updates, accreditation updates as well as current practice updates:</p> <ul style="list-style-type: none"> Policy 3.05-P Preventive Medical Care Policy 3.06-P Dental Services Policy 3.12 Urgent Care Services Policy 3.13-P EPDST Supplemental Services and Targeted Case Management Policy 3.16-P California Children Services Policy 3.31-P Emergency Services Policy 3.33-P Admission Discharge Notification and Authorization Policy 3.36 Asthma Treatment and Management Policy 3.40-P Continuity of Care for New Members Policy 3.54 Diabetes Treatment and Management Policy 3.55-I Coordination of Care for Out of Network Policy 3.56-P Services for Children with Special Healthcare Needs Policy 3.91-P Long Term Care Services Program Policy 3.93-P 2024 MCP Continuity of Care 	<p><input checked="" type="checkbox"/> ACTION: Dr. Parmar moved to approve revisions to P&P #3.05, 3.06, 3.12, 3.13, 3.16, 3.31, 3.33, 3.36, 3.40, 3.54, 3.55, 3.56, 3.91 and 3.93, seconded by Dr. Sharma. Motion carried.</p>	9/11/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
OPEN FORUM	<u>Open Forum</u> There were no further open items presented for discussion or comment by the committee members.	<input checked="" type="checkbox"/> CLOSED: Informational discussion only.	9/11/24
NEXT MEETING	Next meeting will be held Wednesday, December 11, 2024 at 12:00 pm	<input checked="" type="checkbox"/> CLOSED: Informational only.	N/A
ADJOURNMENT	The Committee adjourned at 12:32 PM <i>Respectfully submitted: Amy L. Daniel; Executive Health Services Coordinator</i>	N/A	N/A

For Signature Only – Utilization Management Committee Minutes 09/11/24

The foregoing minutes were APPROVED AS PRESENTED on: _____
Date Name

The foregoing minutes were APPROVED WITH MODIFICATION on: _____
Date Name

**COMMITTEE: EXECUTIVE QUALITY IMPROVEMENT HEALTH EQUITY COMMITTEE (EQIHEC)****DATE OF MEETING: SEPTEMBER 12, 2024****CALL TO ORDER: 7:15 AM BY TRACO MATTHEWS, CHAIR**

Members Present On-Site:	Jennifer Ansolabehere Satya Arya, MD - ENT. Danielle Colayco, PharmD – Komoto	Todd Jeffries – Bakersfield Community Healthcare Allen Kennedy – Quality Team DME Michael Komin, MD – Komin Medical Group	Chan Park, MD – Vanguard Family Medicine Rukiyah Polk - CAC Chair Traco Matthews – KHS Chief Health Equity Officer
Members Virtual Remote:			
Members Excused=E Absent=A	Debra Cox – Omni Family Health (A) Jasmine Ochoa - Health Equity Manager of Public Health (E) Philipp Melendez, MD – OB/GYN (E)		
Staff Present:	Amy Sanders - Member Services Manager Michelle Curioso - Director of Pop Health Management Dan Diaz, RN - ECM Clinical Manager Pawan Gill - Health Equity Manager Sukhpreet Sidhu, MD – Pop Health Medical Director Anastasia Lester – Sr. Health Equity Analyst Marilu Rodriguez – Sr. Health Equity Analyst	Magdee Hugais – Director of Quality Improvement Kailey Collier - Director of Quality Performance Yolanda Herrera - Credentialing Manager Flor Del Hoyo Galvan - Manager of W&P Maninder Khalsa – Medical Director Ann StoryGarza, Assistant General Counsel Christine Pence, Senior Director of Health Services	Vanessa Nevarez - Health Equity Coordinator Gregory Panero – Provider Network Analytics Abdolreza Saadabadi, MD – BH Medical Director Isabel Silva - Senior Director of W&P Martha Tasinga, MD – KHS Chief Medical Officer Misty Dominguez, Director of Health Services Special Programs

Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Quorum	9 of 12 committee members present; Debra Cox, Jasmine Ochoa, and Philipp Melendez were absent.	Committee quorum requirements met.	N/A
Call to Order	Traco Matthews, Chair, called meeting to order at 7:15 am.	N/A	N/A
Public Presentation	There were no public presentations.	N/A	N/A

Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Committee Announcements	Traco Matthews gave the opportunity for member updates. <ul style="list-style-type: none"> There were no committee announcements. 		
Committee Minutes	<u>Approval of Minutes</u> CA-3) The Committee's Chairperson, Traco Matthews, presented the EQIHEC Minutes for approval.	Action: <ul style="list-style-type: none"> Satya A. first, Todd J. second. All aye's. Motion carried. 	9/12/24
Old Business	There was no old business to present.	N/A	N/A
New Business	<u>Consent Agenda Items</u> CA-4) Behavioral Health Advisory Committee (BHAC) Q1 Summary of Proceedings CA-5) Behavioral Health Advisory Committee (BHAC) Q2 Summary of Proceedings CA-6) Health Equity Transformation Steering Committee (HETSC) Q2 Summary of Proceedings CA-7) Network Advisory Committee (NAC) Q2 Summary of Proceedings CA-8) Pharmacy Drug Utilization Review (DUR) Q2 Summary of Proceedings CA-9) Physician Advisory Committee (PAC) April 3, 2024, Redacted Summary of Proceedings CA-10) Physician Advisory Committee (PAC) May 1, 2024, Redacted Summary of Proceedings CA-11) Physician Advisory Committee (PAC) June 5, 2024, Redacted Summary of Proceedings CA-12) Population Health Management (PHMC) Q2 Summary of Proceedings CA-13) Utilization Management Committee (UMC) Q2 Summary of Proceedings	Action: <ul style="list-style-type: none"> Satya A. first, Todd J. second. All aye's. Motion carried. 	9/12/24
	<u>14) Behavioral Health Advisory Committee</u> <ul style="list-style-type: none"> Melinda S. gave a presentation on the structure, duties, and processes of the Behavioral Health Department. Melinda S. presented the Behavioral Health Advisory Committee Charter for approval. 	Action: <ul style="list-style-type: none"> Todd J. first, Satya A. second. All aye's. Motion carried. 	9/12/24

	<u>15) Quality Performance</u> <ul style="list-style-type: none"> Kailey C. presented the Quality Performance Summary Report that covered Q2 2024 data. Kailey C. highlighted a big achievement for the department; W30. Kailey C. concluded by asking the group if they have any recommendations on community partnerships. Danielle C. asked what services our mobile units are doing. 	<ul style="list-style-type: none"> Allen K. requested to add redlined documents to the committee meeting packets going forward. 	9/12/24
		<ul style="list-style-type: none"> Kailey C. responded that the mobile units are equipped to perform full well visits, screenings, and immunizations; as well as handle anything topical, all measures within children's domains. Kailey C. also commented that staff have inquired about mobile unit services as well. 	9/12/24
		<ul style="list-style-type: none"> Michael K. first, Allen K. second. All aye's. Motion carried. 	9/12/24
	<u>16) Quality Improvement Committee</u> <ul style="list-style-type: none"> Magdee H. presented the QI Workplan Scorecard and the QI Summary Report for Q2 2024. Martha T. added that the term "quality of care" is defined by each members perception. Martha T. concluded that the member can advocate for themselves if the doctor doesn't do what they feel they need. KHS is then required to call the doctor and investigate the quality of care. 60k new members have joined Kern Family Health (KFHC) care so you will see the numbers change. Michael K. asked if Kern Health Systems (KHS) has seen an increase in complaints about how long it takes to see the doctor. 	<ul style="list-style-type: none"> Martha T. responded that yes, we do receive those complaints and still members refuse to leave those doctors even though they know how popular they are. Melinda S. 	9/12/24

	<ul style="list-style-type: none"> Michael K. claimed that he lost his social worker to a higher bidder and asked if they need training. 	<p>added that KHS is trying to track those claims correctly for true representation. In order to address the no-show population KHS has two employees that reengage and talk directly to that population, even offering to attend the appointment with the patient. Pawan G. added that Health Equity is aware of this barrier and has been conducting more outreach to let members know about the resources we have to offer here at KHS such as community health workers (CHW). Martha T. added that while KHS does have health workers, the expectation is for providers to hire their own. Danielle C. commented that Komoto pharmacy has hired their own CHW and have greatly seen the benefits. Satya A. added that surgery no-shows is a real problem for them. Martha T. responded that UM is trying to see what they can do to improve outpatient surgery services.</p> <ul style="list-style-type: none"> Melinda S. stated that CHW's don't need to be licensed and anyone can go through the 16-week training at BC. Traco M. commented that we can work offline to assist Michael K. Satya A. first, Michael K. second. All aye's. Motion carried. 	<p>9/12/24</p> <p>9/12/24</p>
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	<p><u>17) Grievance Summary Report Q2 2024</u></p> <ul style="list-style-type: none"> Amy S. presented the Grievance Summary Report that covered the Q2 2024 data. <p><u>18) Utilization Management Program Report Q2 2024</u></p> <ul style="list-style-type: none"> Maninder K. presented the UM Program report that covered the Q2 2024 data. Martha T. commented on the effectiveness of services. She added that the state assumed these services are useful to reduce the cost in care, so they are not requiring as many reports. In appeals, KFHC overturns 40% of denials because records were not received. We would not have to deny if we had the records. Getting us documentation we need is very important to what we do, that way the denial rate can go down. Satya A. left the meeting at 8:26am. Quorum still met. <p><u>19) Network Adequacy Committee Report Q2 2024</u></p> <ul style="list-style-type: none"> Greg P. presented the Network Adequacy Report that covered the Q2 2024 data. Jennifer A. asked if KFHC is trying to get Barstow as an option for pregnant women because East Kern moms have nowhere to go. Jennifer A. was told that Omni and Adventist Health no longer have Obstetricians (OB) and it is a big concern. 	<ul style="list-style-type: none"> Satya A. first, Michael K. second. All aye's. Motion carried. Informational only. Greg P. responded that he will find out if Omni and Adventist health are taking those patients or not. Chan P. first, Allen K. second. All aye's. Motion carried. 	9/12/24
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	<p><u>20) Pop Health Management Mid-Report Q1, Q2 2024</u></p> <ul style="list-style-type: none"> Michelle C. presented the Pop Health Management Mid-Report that covered Q1 and Q2 2024 data. <p><u>21) Health Equity Transformation Steering Committee</u></p> <ul style="list-style-type: none"> Pawan G. presented the Strategic Roadmap/Workplan for approval along with the Regional Advisory Committee Summary and Health Equity Presentation that covered Q2 2024 data. 	<ul style="list-style-type: none"> Allen K. first, Chan P. second. All aye's. Motion carried. Michael K. first, Chan P. second. All aye's. Motion carried. 	
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Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Open Forum	N/A	Informational only.	N/A
Next Meeting	The next meeting will be held Thursday, November 14, 2024, at 7:15am.	Informational only.	N/A
Adjournment	<p>The Committee adjourned at 9:10am.</p> <p><i>Respectfully Submitted:</i> <i>Vanessa Nevarez, Health Equity Project Coordinator</i></p>	N/A	N/A

For Signature Only – EQIHEC Minutes 09/12/24

The foregoing minutes were APPROVED AS PRESENTED on: _____
Date Name

The foregoing minutes were APPROVED WITH MODIFICATION on: _____
Date Name



30 J

COMMITTEE: **HEALTH EQUITY TRANSFORMATION STEERING COMMITTEE (HETSC)**
DATE OF MEETING: **September 12, 2024**
CALL TO ORDER: **2:00pm - Pawan Gill, Health Equity Manager – CHAIR**

Staff Present:	<ul style="list-style-type: none">Jackie Byrd, Senior Marketing and Communication SpecialistLela Criswell, Member Engagement ManagerPawan Gill, Health Equity ManagerAnastasia Lester, Senior Health Equity AnalystLouie Iturriria, Senior Director of Marketing and Member EngagementFinster Paul III, Manager of Community Health and Wellness	<ul style="list-style-type: none">Marilu Rodriguez, Senior Health Equity AnalystMelinda Santiago, Director of Behavioral HealthAdriana Salinas, Director of Community and Social ServicesFlor Del Hoyo Galvan, Manager of Member Wellness and Prevention	<ul style="list-style-type: none">Frankie Gonzalez, Employee Relations ManagerVanessa Nevarez, Health Equity CoordinatorAmy Sanders, Member Services ManagerMaritza Jimenez, Community Engagement SupervisorJake Hall, Senior Director of Contracting and Quality Performance
Staff Virtual:	<ul style="list-style-type: none">Kailey Collier, Director of Quality PerformanceGregory Panero, Provider Network Analyst Program Manager	<ul style="list-style-type: none">Russell Hasting, PHM Manager of Case ManagementBianca Zenteno, Health and Wellness Lifestyle Coach	<ul style="list-style-type: none">Stephen Wuertz, Business Intelligence Data Insight and Analyst ManagerMartha Quiroz, Member Services Manager

AGENDA ITEM	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTION	DATE RESOLVED
QUORUM	Attendance / Roll Call	N/A – Workshop-style Committee	N/A
CALL TO ORDER	Pawan Gill, Health Equity Manager and Chair called the meeting to order at 2:00pm.	N/A	N/A
COMMITTEE MINUTES	There were no previous minutes to approve.	N/A	N/A

AGENDA ITEM	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTION	DATE RESOLVED
OLD BUSINESS	There was no old business to present.	N/A	N/A
NEW BUSINESS	<p>1) 2024 Health Equity Office (HEO) Strategic Roadmap Review – PRESENTATION</p> <ul style="list-style-type: none"> Pawan G. provided an update on the 2024 HEO workplan and asset mapping. <p>2) Health Equity and Learning (HEAL) Committee – PRESENTATION</p> <ul style="list-style-type: none"> Marilu R. provided a HEAL committee update. <p>3) Regional Advisory Committee (RAC) – PRESENTATION</p> <ul style="list-style-type: none"> Anastasia L. gave a presentation of the RAC that covered Q3. 	<ul style="list-style-type: none"> Pawan G. advised that she will be sending the HEO workplan and asset map to the HETSC to update and provide input. Informational only. Informational only. 	<p>9/12/24</p> <p>N/A</p> <p>N/A</p>

AGENDA ITEM	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTION	DATE RESOLVED
OPEN FORUM	Pawan opened the floor for announcements.	<ul style="list-style-type: none"> Lela C. is in the process of creating a member facing department group. Finn P. promoted the school wellness grant. Frankie G. announced the mentorship program between HR, JEDI, and HEO. 	N/A

NEXT MEETING	Next meeting will be held Thursday, December 12 th , 2024, at 2:00pm.		N/A
ADJOURNMENT	The Committee adjourned at 3:00pm <i>Respectfully submitted:</i> <i>Vanessa Nevarez, Health Equity Coordinator</i>	N/A	N/A

For Signature Only – HETSC Minutes 09/12/24

The foregoing minutes were APPROVED AS PRESENTED on: _____
Date Name

The foregoing minutes were APPROVED WITH MODIFICATION on: _____
Date Name



30 K

COMMITTEE: COMMUNITY ADVISORY COMMITTEE (CAC)

DATE OF MEETING: September 24, 2024

CALL TO ORDER: 11:05 AM by Rukiyah Polk - Chair

Members Present:	<i>Rukiyah Polk Beatriz Basulto Evelin Torres-Islas Tammy Torres Jay Tamsi Jennifer Wood-Slayton Ashton Chase Jasmine Ochoa Lourdes Bucher Mark McAlister Michelle Bravo Nalasia Jewel Alyssa Olivera</i>	Members Absent:	<i>Rocio Castro Jessika Lopez</i>	Staff Present:	<i>Anastasia Lester, Senior Health Equity Analyst Stephanie Rico, Member Engagement Coordinator Vanessa Nevarez, Health Equity Coordinator Louis Iturriria, Sr Director of Marketing & Member Engagement Lela Criswell, Member Engagement Manager Nate Scott, Senior Director of Member Services Cynthia Jimenez, Cultural & Linguistics Specialist Maria Ramirez, Cultural & Linguistics Specialist Isabel Silva, Senior Director of Wellness & Prevention Amy Sanders, Member Services Manager Flor Del Hoyo Galvan, Manager of Member Wellness & Prevention Moises Manzo, Cultural & Linguistics Specialist Nate Scott, Senior Director of Member Services</i>
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Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Quorum	13 committee members present; Rocio Castro and Jessika Lopez were absent.	Committee quorum requirements met.	N/A
Call to Order	Rukiyah Polk, Chair, called meeting to order at 11:05 am.	N/A	N/A
Public Presentation	There were no public presentations.	N/A	N/A



Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Committee Announcements	<p>Rukiyah gave the opportunity for member updates.</p> <ul style="list-style-type: none"> Ashton C. announced she is partnering with Kern Radiology to increase the number of homeless women doing breast cancer screenings. Of the unsheltered mammograms, 17 of them were KFHC patients. Overall, 40 has breast exams and 21 received a pap; the initiative is called "Every Woman Counts". 	Informational Only.	N/A
Committee Minutes	<p><u>Approval of Minutes</u></p> <p>CA-3) The Committee's Chairperson, Rukiyah Polk, presented the CAC Minutes for approval.</p>	<p>Action:</p> <p>Tammy T. first, Jasmine O. second, Mark A. abstained.</p> <p>Motion carried.</p>	9-24-24
Old Business	There was no old business to present.	N/A	N/A
New Business	<p><u>Consent Agenda Items</u></p> <p>CA-4) September 2024 Medi-Cal Membership Enrollment Report</p> <p>CA-5) Wellness and Prevention Q2 2024 Report</p>	<p>N/A</p> <p>N/A</p>	<p>N/A</p> <p>N/A</p>



	<p>6) Vote on Vacancy for CAC</p> <ul style="list-style-type: none"> Anastasia L. presented Alyssa Olivera, a recommended candidate by ex-committee member Jesus Gonzalez to fill the vacancy, for committee approval. 	<ul style="list-style-type: none"> All aye's. No abstentions. Motion carried. 	9-24-24
	<p>7) Member Services Grievance Operational Report and Grievance Summary Report for Q2 2024</p> <ul style="list-style-type: none"> Amy S. presented the Member Services Operational Report and Grievance Summary Report that covered Q2 2024 data. Jennifer A. questioned why the standard grievances number had increased. 	<ul style="list-style-type: none"> Amy S. responded that when a member does not provide enough detail, a grievance requires an investigation, which then takes longer to resolve. Tammy T. first, Lourdes B. second. All aye's. Motion carried. 	<p>9/24/24</p> <p>9/24/24</p>
	<p>8) Email Response Monitoring Report</p> <ul style="list-style-type: none"> Amy S. presented the Email Response Monitoring Report. Jennifer W. asked if there was a quantitative analysis conclusion and if the report for the next CAC can include data for all months instead of two. Jennifer W. also requested for 	<ul style="list-style-type: none"> Amy S. asked the committee to refer to pg. 57 for the conclusion. Amy S. also responded that some email examples are IE card requests and 	9/24/24



	<p>some examples of emails that are being monitored.</p> <ul style="list-style-type: none"> Mark M. asked what the scoring mechanism is for the report. <p>9) Diabetes Management Program</p> <ul style="list-style-type: none"> Flor G. presented the Diabetes Management Program which includes classes that provide tools to help members manage their diabetes better. Jennifer W. asked how we choose members to participate in this program. Lourdes B. asked what the follow up looks like for this program. 	<p>CSS benefits detailed requests. Amy S. added that these topics are not new, just new to receiving via email.</p> <ul style="list-style-type: none"> Amy S. asked the committee to refer to pg. 55 for scoring methodology and added she will include the audit tool in the next meeting. Mark M. first, Tammy T. second. All aye's. Motion carried. Flor G. responded that outreach is done to members that are over 9% on the A1C measure. Flor G. added that members also referred family and friends that have diabetes to join as the classes are open to everyone. Isabel S. commented that she would like to see an increase in the number of referrals to get more members and providers involved in the program. Flor G. responded that there is no follow up unless requested by the member; if requested, they will receive educational materials in the mail. Flor G. added that KFHC would 	<p>9/24/24</p> <p>9/24/24</p> <p>9/24/24</p> <p>9/24/24</p>
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	<ul style="list-style-type: none"> Beatriz B. asked if we had done any outreach to the community. She claimed that she has diabetes and had not been contacted about the program. She added that she knows members that would love to join this program. 	<p>like to offer focus groups in the future.</p> <ul style="list-style-type: none"> Flor G. responded that they have reached out to some that KHS has a member diagnosis on. Flor G. added that they focus on central Bakersfield because they know transportation is an issue. Flor G. commented that KFHC partners with Kern Health to do online classes so that everyone may join, and that members are welcome to self-refer. Flor G. commented that there is a long list of members with diabetes and therefore not all have been contacted yet. Flor G. gave Beatriz B. program flyers. 	9/24/24
	<ul style="list-style-type: none"> Jay T. asked how many members have completed the program and recommended Flor G. hold an orientation to explain the overall program at the beginning of the course. 	<ul style="list-style-type: none"> Flor G. responded that 29 members have completed the whole series, and she will take the orientation recommendation back to the team. Flor G. added that there is an incentive for members per class as well as at the end of the program. Flor G. also mentioned that members would like to have longer classes than two hours and that a proposal has been submitted to start a test messaging campaign to get members approved for the program. Isabel S. added that while we do have member's phone numbers it can be a 	9/24/24



	<p>10) CHIP/CHA Collaboration</p> <ul style="list-style-type: none">Isabel S. presented the Community Health Improvement Plan (CHIP) and the Community Health Assessment (CHA) which covers an	<p>challenge to reach a large amount as there are only so many hours in a day and that a more effective method will be to get the text messaging campaign approved. Amy S. added that she encourages all to sign up to receive text messages in the KHS member portal. Beatriz B. responded that technology is hard for most and they would prefer phones calls, Jay T. agreed to this statement. Flor G. added that Wellness & Prevention has partnered with Member Services to do mass mailings and other outreach services; 60% were unable to contact or have declined. Isabel S. added that KHS realizes it is not a one size fits all approach and we would like more members to participate. Mark M. recommended KHS start a message of the week or message of the month option. Jay T. encouraged that next year's program will be a successful one.</p>	
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	<p>assessment of the current health of the county and asked the committee how the CAC can support the CHIP.</p> <ul style="list-style-type: none"> Jennifer W. asked Isable S. if the CAC can get more specific information on the CHIP. 	<ul style="list-style-type: none"> Isabel S. mentioned that there are hyperlinks in her presentation that provide addition information and asked if a CHIP presentation would be helpful. All CAC members agreed this would be helpful and Jasmine O. has volunteered to do the presentation for the next meeting. 	9/24/24
	<p>11) New Member Rewards Program</p> <ul style="list-style-type: none"> Lela C. presented the new member rewards program flyer to the committee. Lela C. stated that Member Engagement (ME) took back the CAC's recommendations from the last meeting and made changes. Jennifer W. stated that the QR code on the flyer is too small. Beatriz B. asked if members need to have the QR code to qualify for rewards and asked how long it takes for members to receive their rewards. 	<ul style="list-style-type: none"> Lela C. responded that the code is small due to the limited space on the flyer due to all the reward icons. Lela C. responded that members do not need to have the code to qualify and that it can take up to three months to receive their rewards because ME must wait for the claim from the provider. 	<p>9/24/24</p> <p>9/24/24</p>



	<ul style="list-style-type: none"> Rukiya P. asked why the flyer is geared more towards women than men. Beatriz B. asked if rewards are mailed. <p>12) Regional Advisory Committee</p> <ul style="list-style-type: none"> Anastasia L. gave an overview of the Regional Advisory Committee (RAC) that covered Q2, Q3, and Q4 per CAC member Rocio C's request. 	<ul style="list-style-type: none"> Lela C. responded that she needs to discuss this with the health rep, and she will have the answer at the next CAC meeting. Lela C. added that there are specific state requirements which is the premise of the flyer. Lela C. responded that rewards are mailed and there is a return process if the member is no longer at that address. Lela C. added that ME is in the process of changing the retail card to a Visa card so the member can keep adding funds to the same card. Informational only. 	<p>9/24/24</p> <p>9/24/24</p>
Next Meeting	The next meeting will be held Tuesday, December 10, 2024, at 11:00am.	N/A	N/A
Adjournment	<p>The Committee adjourned at 12:32pm.</p> <p>Respectfully submitted: Vanessa Nevarez, Health Equity Project Coordinator</p>	Tamme T. first, Lourdes B. second. All aye's. Motion carried.	N/A

30 L

SUMMARY

GOVERNANCE AND COMPLIANCE COMMITTEE MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Friday, September 27, 2024

8:30 A.M.

COMMITTEE RECONVENED

Members: Hoffmann, Acharya, Meave, Turnipseed
ROLL CALL: All Present

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN HEALTH SYSTEMS STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE COMMITTEE OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE COMMITTEE CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Committee on any matter not on this agenda but under the jurisdiction of the Committee. Committee members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Committee at a later meeting. Also, the Committee may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!
NO ONE HEARD.

SUMMARY

Governance and Compliance Committee Meeting
Kern Health Systems

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9/27/2024

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code Section 54954.2(a)(2))

DIRECTOR HOFFMANN REQUESTED THAT THE MCAS UPDATE BE A
STANDING ITEM ON THE AGENDA AND ALSO ASKED THAT STAFF REPORT
BACK ON WHAT OTHER HEALTH PLANS ARE DOING TO INCREASE THEIR
MCAS SCORES

COMMITTEE MATTERS

- 1) Report on Kern Health Systems DHCS 2023 Focused Audit Transportation and Behavioral Health Findings and Corrective Action Update (Fiscal Impact: None) –
RECEIVED AND FILED
Acharya-Meave: All Ayes
- 2) Report on Kern Health Systems DMHC 2023 Medical Audit Findings and Corrective Actions Update (Fiscal Impact: None) –
RECEIVED AND FILED
Meave-Acharya: All Ayes
- 3) Report on Enterprise Risk Assessment Request for Proposal Status Update (Fiscal Impact: None) –
RECEIVED AND FILED
Turnipseed-Meave: All Ayes

ADJOURN TO THURSDAY, NOVEMBER 14, 2024, AT 8:30 A.M.



30 R

COMMITTEE: **DRUG UTILIZATION REVIEW (DUR) COMMITTEE**
 DATE OF MEETING: **SEPTEMBER 30, 2024**
 CALL TO ORDER: **6:36 P.M. BY MARTHA TASINGA, MD - CHAIR**

Members Present On-Site:	Alison Bell, PharmD – Network Provider, Geriatrics Kimberly Hoffmann, Pharm D. - Pharmacist and BOD Member	Sarabjeet Singh, MD - Network Provider, Cardiology Martha Tasinga, MD – KHS Chief Medical Officer Bruce Wearda, RPh – KHS Director of Pharmacy	
Members Virtual Remote:	James “Patrick” Person, RPh – Network Provider Abdolreza Saadabadi, MD – Network Provider, Psy.D.		
Members Excused=E Absent=A	Dilbaugh Gehlawat, MD – Pediatrician - E Vasanthi Srinivas, MD – Network Provider, OB/GYN - E Joseph Tran, MD – Network Provider – A		
Staff Present:	Amy Daniel, KHS Executive Health Svcs Coordinator Christina Kelly, Pharmacy Supervisor	Sukhpreet Sidhu, MD, KHS Medical Director	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirement met.	N/A
APPROVAL OF MINUTES	The Committee’s Chairperson, Martha Tasinga MD, presented the meeting minutes for approval.	<input checked="" type="checkbox"/> ACTION: Kimberly Hoffmann moved to approve minutes of June 24, 2024, seconded by Alison Bell. 7 approved, 0 nays.	09/30/24
OLD BUSINESS	<ul style="list-style-type: none"> Incontinent Supplies Audit 	<ul style="list-style-type: none"> Dr. Miller and Dr. Sidhu are still developing the verification audits to comply with our current policies. Tabled until next meeting. 	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
NEW BUSINESS	<ul style="list-style-type: none"> Biosimilar Interchangeability <p>Bruce Wearda shared with the committee current positions from the FDA regarding biosimilars, particularly indications approved.</p> <ul style="list-style-type: none"> Deprescribing <p>Bruce Wearda stated that the concept of describing is gaining more focus in the Managed Care and Healthcare world.</p> <p>Kim Hoffmann offered that deprescribing is popular in geriatrics, specifically the use of PPI's.</p> <p>Dr. Sarabjeet Singh also noticed potential excess use of PPI's. He suggested that more or better communication between providers may be needed.</p> <p>Dr. Sarabjeet Singh also suggested sending letters to the provider network.</p> <ul style="list-style-type: none"> Inflation Reduction Act (IRA) <p>Bruce Wearda informed the committee of the first 10 drugs that will be impacted by the IRA.</p> <ul style="list-style-type: none"> Report of Plan Utilization Metrics <p>Bruce Wearda presented the Utilization Metrics of the Plan.</p> <ul style="list-style-type: none"> Educational Articles <p>Bruce Wearda commented there were 3 educational articles, 2 were written by DHCS, and 1 by KHS. He indicated the plan sponsored article was due to issues seen by a provider writing a prescription for NSAID's for someone with kidney disease.</p> <ul style="list-style-type: none"> DHCS/Executive Order N-01-19: Medi-Cal <p>Bruce Wearda shared the results of the state-wide summary of all the Medicaid Managed Care CMS/DUR Reports.</p> <p>Kim Hoffmann commented on the rampant use of marijuana in the community. She asked about the feasibility of public service announcement warning of the danger.</p>	<ul style="list-style-type: none"> Recommended action – Dr. Tasinga stated KHS will take the possibility of the Public Announcements to the Executive Team. 	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
OPEN FORUM	There were no topics presented during open forum.	<input checked="" type="checkbox"/> ACTION: N/A	09/30/24
NEXT MEETING	Next meeting will be held Monday, November 25, 2024 at 6:30 pm	<input checked="" type="checkbox"/> CLOSED: Informational only.	N/A
ADJOURNMENT	The Committee adjourned 7:32 pm.	<input checked="" type="checkbox"/> ACTION: Kim Hoffmann moved to adjourn the meeting. Alison Bell seconded it. 7 Ayes, 0 Nays.	09/30/24

Respectfully submitted: Amy Daniel, KHS Executive Health Services Coordinator
For Signature Only – Drug Utilization Review Committee Minutes 09/30/24

The foregoing minutes were APPROVED AS PRESENTED on:

Date

Name

The foregoing minutes were APPROVED WITH MODIFICATION on:

Date

Name