



**KERN HEALTH
SYSTEMS**

**REGULAR MEETING OF THE
BOARD OF DIRECTORS**

Thursday, June 15, 2023

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, June 15, 2023

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, Abernathy, Bowers, Garcia, Hoffmann, McGlew, Meave, Nilon, Patrick, 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) PUBLIC EMPLOYEE PERFORMANCE EVALUATION –
Title: Chief Executive Officer (Government Code Section 54957) –

8:30 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

- 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!

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))
- CA-5) Minutes for Kern Health Systems Board of Directors regular meeting on April 13, 2023 (Fiscal Impact: None) – APPROVE
- 6) Appreciation recognition of Elsa Martinez for 3 years of dedicated service as a member of the Kern Health Systems Board of Directors (Fiscal Impact: None) – RECEIVE AND FILE

-
- 7) Report on Kern Health Systems D-SNP Medicare Update (Fiscal Impact: None) –
RECEIVE AND FILE
- CA-8) Report on Kern Health Systems 2021-2022 Provider Grant Final Report (Fiscal
Impact: None) –
RECEIVE AND FILE
- 9) Report from the Milliman actuary firm regarding capital reserves (Fiscal Impact:
None) –
APPROVE
- 10) Report on Proposed Kern Health Systems 2023-2025 Grant Program (Fiscal
Impact: Up to \$10 million per year for two years; Not-budgeted) –
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO PERFORM GRANT
ADMINISTRATION, REVIEW AND APPROVAL PROCESS
- CA-11) Report on Kern Health Systems Provider Network Capacity Study (Fiscal Impact:
None) –
RECEIVE AND FILE
- CA-12) Report on Kern Health Systems investment portfolio for the first quarter ending
March 31, 2023 (Fiscal Impact: None) –
RECEIVE AND FILE
- CA-13) Proposed renewal and binding of insurance coverages for crime, excess crime,
property, fiduciary liability, cyber insurance, excess cyber insurance, managed
care errors and omissions, flood insurance and deadly weapon response program
from July 1, 2023 through June 30, 2024 (Fiscal Impact: \$650,000 Estimated;
Budgeted) –
APPROVE
- 14) Report on Kern Health Systems Financial Statements for February 2023, March
2023 and April 2023 (Fiscal Impact: None) –
RECEIVE AND FILE
- CA-15) Report on Accounts Payable Vendor Report, Administrative Contracts between
\$50,000 and \$200,000 for February 2023, March 2023 and April 2023 and IT
Technology Consulting Resources for the period ended March 31, 2023 (Fiscal
Impact: None) –
RECEIVE AND FILE
- CA-16) Proposed Kern Health Systems provider contracts (rates confidential per Welfare
and Institutions Code Section 14087.38(m)) –
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- 17) Kern Health Systems Chief Medical Officer report (Fiscal Impact: None) –
RECEIVE AND FILE

- 18) Kern Health Systems Chief Executive Officer report (Fiscal Impact: None) –
RECEIVE AND FILE

- CA-19) Proposed retroactive approval of Gohar Gevorgyan, M.D. and Atul Aggarwal,
M.D. to serve on the Kern Health Systems Physician Advisory Committee (Fiscal
Impact: None) –
APPROVE

- CA-20) Miscellaneous Documents –
RECEIVE AND FILE
 - A) Minutes for Kern Health Systems Quality Improvement Committee meeting on
March 16, 2023
 - B) Minutes for Kern Health Systems Drug Utilization Review Committee meeting
on March 21, 2023
 - C) Minutes for Kern Health Systems Public Policy Committee meeting on March
28, 2023
 - D) Minutes for Kern Health Systems Physician Advisory Committee meeting on
April 5, 2023
 - E) Minutes for Kern Health Systems Finance Committee meeting on April 7,
2023

ADJOURN TO AUGUST 17, 2023 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, April 13, 2023

8:00 A.M.

BOARD RECONVENED

Directors: Watson, Thygerson, Patel, Martinez, Abernathy, Bowers, Garcia, Hoffmann, McGlew, Meave, Nilon, Patrick, Singh, Tamsi, Turnipseed
ROLL CALL: 11 Present; 4 Absent – Garcia, McGlew, Patrick Singh

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 regarding contracts and contract negotiations by Kern Health Systems with providers (Government Code Section 54956.87) – SEE RESULTS BELOW

NOTE: DIRECTOR BOWERS ARRIVED AT 8:10 AM, DURING CLOSED SESSION

NOTE: DIRECTOR TAMSİ ARRIVED AT 8:10 AM, DURING CLOSED SESSION

8:15 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 MARCH 2023** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR THYGERSON ABSTAINED FROM VOTING ON BASULTO-SUAREZ, CARLSON, FLORA, ORTH, RAMIREZ; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON ABBASI; DIRECTOR MEAVE ABSTAINED FROM VOTING ON ABBASI

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 MARCH 2023** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR THYGERSON ABSTAINED FROM VOTING ON DAVIS, LEE, ROBERTS, WEST, WILLIAMS; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON ARREAZA, GONZALEZ, JENNINGS, POWERS, PRESLAR, ROBB, STEWART-HAYOSTEK; DIRECTOR MEAVE ABSTAINED FROM VOTING ON ARREAZA, GONZALEZ, JENNINGS, POWERS, PRESLAR, ROBB, STEWART-HAYOSTEK,

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 APRIL 2023** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR THYGERSON ABSTAINED FROM VOTING ON MERZ, MOLINA, TAGUACTA-BRAVO

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 APRIL 2023** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR THYGERSON ABSTAINED FROM VOTING ON MANDVIWALA, CHING, EPPANAPALLY, KANURI, MOLLA, PADHY; DIRECTOR BOWERS ABSTAINED FROM VOTING ON BAKERSFIELD HEART HOSPITAL, CHANDRASEKARAN, DESAI; DIRECTOR HOFFMANN ABSTAINED FROM VOTING ON HOBURN; DIRECTOR MEAVE ABSTAINED FROM VOTING ON HOBURN

Item No. 2 concerning a Conference regarding contracts and contract negotiations by Kern Health Systems with providers (Government Code Section 54956.87) – HEARD; NO REPORTABLE ACTION TAKEN

STAFF RECOMMENDATION SHOWN IN CAPS

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))

CHAIRMAN WATSON REPORTED THAT THE KHS BYLAWS HAVE NOT BEEN UPDATED SINCE 2014 AND STATED THAT SHE WOULD LIKE 4 BOARD MEMBERS, INCLUDING THE CHAIR AND COUNTY COUNSEL TO PARTICIPATE IN UPDATING THE BYLAWS AND THAT 6 MEETINGS WILL BE HELD; IF INTERESTED PLEASE REACH OUT TO CHAIRMAN WATSON; CHAIRMAN WATSON ALSO REPORTED THAT A NEW MEMBER IS NEEDED TO SERVE ON THE COMPENSATION COMMITTEE; IF INTERESTED PLEASE REACH OUT TO COMMITTEE CHAIR, JOHN NILON

- CA-5) Revised Minutes for Kern Health Systems Board of Directors regular meeting on December 15, 2022 (Fiscal Impact: None) – APPROVED
Nilon-Thygeron: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh
- CA-6) Minutes for Kern Health Systems Board of Directors regular meeting on February 16, 2023 (Fiscal Impact: None) – APPROVED
Nilon-Thygeron: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh
- 7) Kern County Board of Supervisors appointment of Jay Tamsi, 3rd District Community Representative, for term expiring June 30, 2023 and reappointment of John Nilon, 2nd District Community Representative, for term expiring April 21, 2026 (Fiscal Impact: None) – RECEIVED AND FILED
Patel-Bowers: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh

- 8) Report by Daniells Phillips Vaughan & Bock on the audited financial statements of Kern Health Systems for the year ending December 31, 2022 (Fiscal Impact: None) – NANCY BELTON, DANIELLS PHILLIPS VAUGHAN & BOCK, HEARD; APPROVED

Nilon-Thygerson: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh

- 9) Report on Kern Health Systems Corporate Compliance Plan (Fiscal Impact: None) – RECEIVED AND FILED

Nilon-Hoffmann: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh

- 10) Report on Kern Health Systems 2022 Employee Satisfaction Survey (Fiscal Impact: None) – RECEIVED AND FILED

Nilon-Meave: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh

NOTE: DIRECTOR TURNIPSEED LEFT THE DIAS AT 9:17 A.M. PRIOR TO THE VOTE ON ITEM 11

- 11) Report on Kern Health Systems 2022 Provider Satisfaction Survey (Fiscal Impact: None) – RECEIVED AND FILED

Bowers-Patel: 10 Ayes; 5 Absent – Garcia, McGlew, Patrick, Singh, Turnipseed

- 12) Report on Kern Health Systems 2022 Member Satisfaction Survey (Fiscal Impact: None) – RECEIVED AND FILED

Bowers-Meave: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh

NOTE: DIRECTOR TURNIPSEED RETURNED TO THE DIAS AT 9:21 DURING THE DISCUSSION OF ITEM 12

NOTE: DIRECTOR THYGERSON LEFT THE DIAS AT 9:23 AFTER THE DISCUSSION AND VOTE ON ITEM 12

- CA-13) Report on Kern Health Systems Strategic Plan for 1st Quarter (Fiscal Impact: None) – RECEIVED AND FILED

Nilon-Thygerson: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh

NOTE: DIRECTOR ABERNATHY LEFT THE DAIS AT 9:40 A.M. PRIOR TO THE VOTE ON ITEM 14

- 14) Proposed 2023 Budget changes relating to MCO Tax, Hospital Directed Payments and Proposition 56 Value Based Supplemental Payment Program (Fiscal Impact to Net Position: None) – APPROVED

Bowers-Patel: 9 Ayes; 6 Absent – Thygerson, Abernathy, Garcia, McGlew, Patrick, Singh

NOTE: DIRECTOR THYGERSON RETURNED TO THE DIAS AT 9:53 AFTER THE DISCUSSION AND VOTE ON ITEM 14

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- 15) Report on Kern Health Systems Financial Statements for December 2022 and January 2023 (Fiscal Impact: None) – RECEIVED AND FILED
Meave-Hoffmann: 10 Ayes; 5 Absent – Abernathy, Garcia, McGlew, Patrick, Singh
- CA-16) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for December 2022 and January 2023 and IT Technology Consulting Resources for the period ended December 31, 2022 (Fiscal Impact: None) – RECEIVED AND FILED
Nilon-Thygerson: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh
- CA-17) Proposed Kern Health Systems provider contracts (rates confidential per Welfare and Institutions Code Section 14087.38(m)) – APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN
Nilon-Thygerson: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh
- CA-18) Report on Kern Health Systems Operation Performance and Review of the Kern Health Systems Grievance Report (Fiscal Impact: None) – RECEIVED AND FILED
Nilon-Thygerson: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh
- 19) Kern Health Systems Chief Medical Officer report (Fiscal Impact: None) – RECEIVED AND FILED
Bowers-Patel: 10 Ayes; 5 Absent – Abernathy, Garcia, McGlew, Patrick, Singh
- 20) Kern Health Systems Chief Executive Officer report (Fiscal Impact: None) – RECEIVED AND FILED
Bowers-Nilon: 10 Ayes; 5 Absent – Abernathy, Garcia, McGlew, Patrick, Singh
- CA-21) Proposed revisions to Policy 4.01-P, Credentialing Program (Fiscal Impact: None) – APPROVED
Nilon-Thygerson: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh
- CA-22) Proposed New Policy, HIV/AIDS Specialist Identification (Fiscal Impact: None) – APPROVED
Nilon-Thygerson: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh
- CA-23) Proposed New Policy, Ongoing Monitoring & Sanction Activity Review (Fiscal Impact: None) – APPROVED
Nilon-Thygerson: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh

- CA-24) Miscellaneous Documents – RECEIVED AND FILED
Nilon-Thygeron: 11 Ayes; 4 Absent – Garcia, McGlew, Patrick, Singh
- A) Minutes for Kern Health Systems Finance Committee meeting on February 10, 2023
 - B) Minutes for Kern Health Systems Physician Advisory Committee meeting on February 1, 2023
 - C) Minutes for Kern Health Systems Physician Advisory Committee meeting on March 1, 2023

ADJOURN TO JUNE 15, 2023 AT 8:00 A.M.
Bowers

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



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Kristen Beall Watson, Chairman
SUBJECT: Service Recognition on KHS Board of Directors
DATE: June 15, 2023

BACKGROUND

Elsa Martinez has served as a member of the Kern Health Systems Board of Directors from June 16, 2020 – May 23, 2023. In addition, Elsa served as Board Treasurer from June 2022 to May 2023 and Chairman on the Finance Committee.

Elsa'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 appreciated Member Martinez' participation and input on Kern Health Systems Board of Directors over the years.

RECOGNITION

The Board of Directors will recognize Board Member Martinez' contribution with a service recognition award to commemorate her service on the Board.



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Michelle Oxford, MBA, FACHE, Executive Director, Medicare
SUBJECT: Medicare Dual – Eligible Needs Plan
DATE: June 15, 2023

BACKGROUND

The primary goals of CalAIM are to improve outcomes for millions of Californians covered by Medi-Cal, especially those with the most complex needs. Seniors and people living with disabilities will be one group impacted by this reformation (the Medicare, or dual-eligible population). By January 1, 2026, all Managed Care Plans are expected to operate a Medicare D-SNP program. This will include significant new regulatory requirements necessitating the creation of new internal infrastructure and processes to support the D-SNP line of business.

A presentation will be provided to update the board on the status of the D-SNP organizational readiness and implementation.

REQUESTED ACTION

Receive and File

Medicare Dual-Eligible Special Needs Plan

Board of Directors

June 15, 2023



Michelle Oxford
Executive Director, Medicare



Background

- As outlined by the Department of Health Care Services (DHCS) via the CalAIM initiative, Kern Health Systems is required to operate a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) by **1/1/2026**.
- D-SNPs are Medicare Advantage (MA) plans that provide specialized care to beneficiaries dually eligible for Medicare and Medi-Cal and offer care coordination and wrap-around services.
 - Both CalAIM and the D-SNP program introduce significant regulatory requirements to KHS, this necessitates the creation of new internal infrastructure and processes to support the D-SNP line of business.



MA D-SNP Scope & Objectives 2023

Track #1 – Medicare Business Strategy



Track #2 – Medicare & PMO initiate Business Process Design



2023 Objectives

- 1) Market analysis and develop strawman benefit design. Identify potential target supplemental benefits (vendors) based on competitive analysis.
- 2) Expand our internal Medicare knowledge - both formal and informal, core team and other staff
- 3) Operational readiness assessment of core business and technology capabilities. The resulting readiness gap will be used to identify missing core capabilities that need to be procured or built.
- 4) Identification of systems needed to support Medicare LOB.
- 5) Draft RFP/RFQ/Current vendor contract changes needed to support Medicare LOB.
- 6) Create 2024 strategy, fiscal/budget, project team, staffing needs



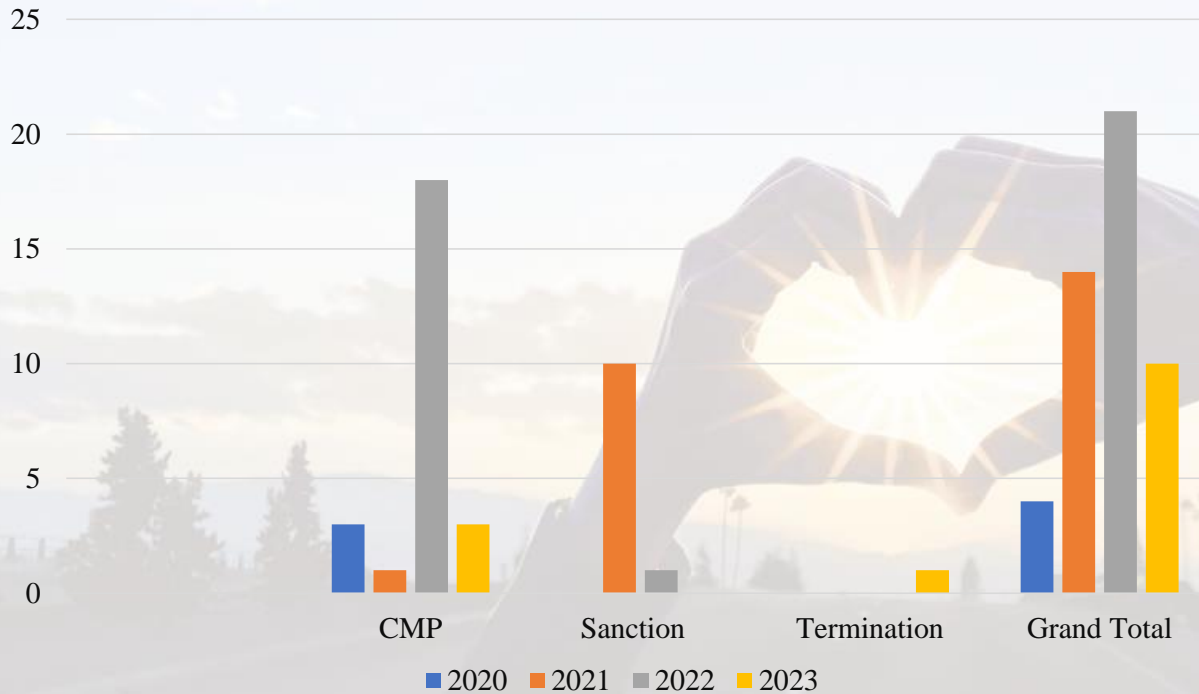
Regulatory Environment

- Government oversight of MA plans has increased in key areas, such as:
 - Recoupment of improper payments
 - Risk Adjustment auditing (OIG Audits)
 - Ad Hoc CMS auditing using sophisticated algorithms
 - Sales and Marketing non-compliance
 - Focus on misleading activities coming from third party marketers
 - Auditing and enforcement around MA operations which impact beneficiary access to care
 - Appeals and Grievances, Call Center
 - Increased focus on Stars measures around beneficiary experience



Regulatory Environment

Enforcement Actions



- 2022 saw a 150% increase in enforcement actions compared to 2021
- Q1 2023 has reached 47% of the number of enforcement actions of CY2022
- CMS’s first Star measure termination of a contract for Part D (not overall) under 3 Stars for 3 years



How Star Ratings Work

- Annual star ratings are **not** a reflection of a one-year cycle:

Performance Year – 2026

Data Collection – 2027

Ratings Given – 2028

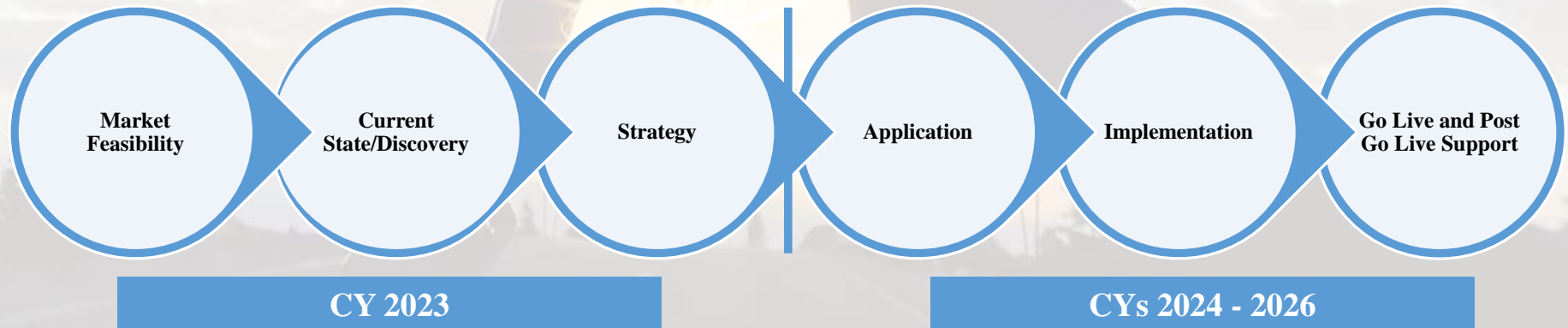
Bonus Payment – 2029



Current Status

Rebellis Group Engaged in March 2023

- Rebellis manages multiple new plan applications and implementations for MA plans each year, including D-SNPs, I-SNPs, and C-SNPs.
 - Rebellis consultants have successfully launched over 25 MA health plans.
- The Rebellis process will guide KHS through each phase, including:



Key Accomplishments To Date

Operations

- Business capabilities requirements developed:
 - Call Center
 - Enrollment
 - Member Reconciliation
 - Member Maintenance
 - Grievances & Appeals
 - Claims
 - Provider Network.
- Working sessions with each business area to review Medicare D-SNP business capabilities requirements.
- Repository of Medicare regulatory references
- Listings of IT Systems, Data Connectivity, and Infrastructure needed for Medicare operational requirements
- Master File Directory that details the 60+ Medicare files, purpose, and recommended use.
- Provider network data analytics, geo-access mapping and reporting of gaps
- Supporting PMO Mailroom project
- Supporting PMO Medicare Jiva Grievance module implementation



Key Accomplishments To Date

Pharmacy

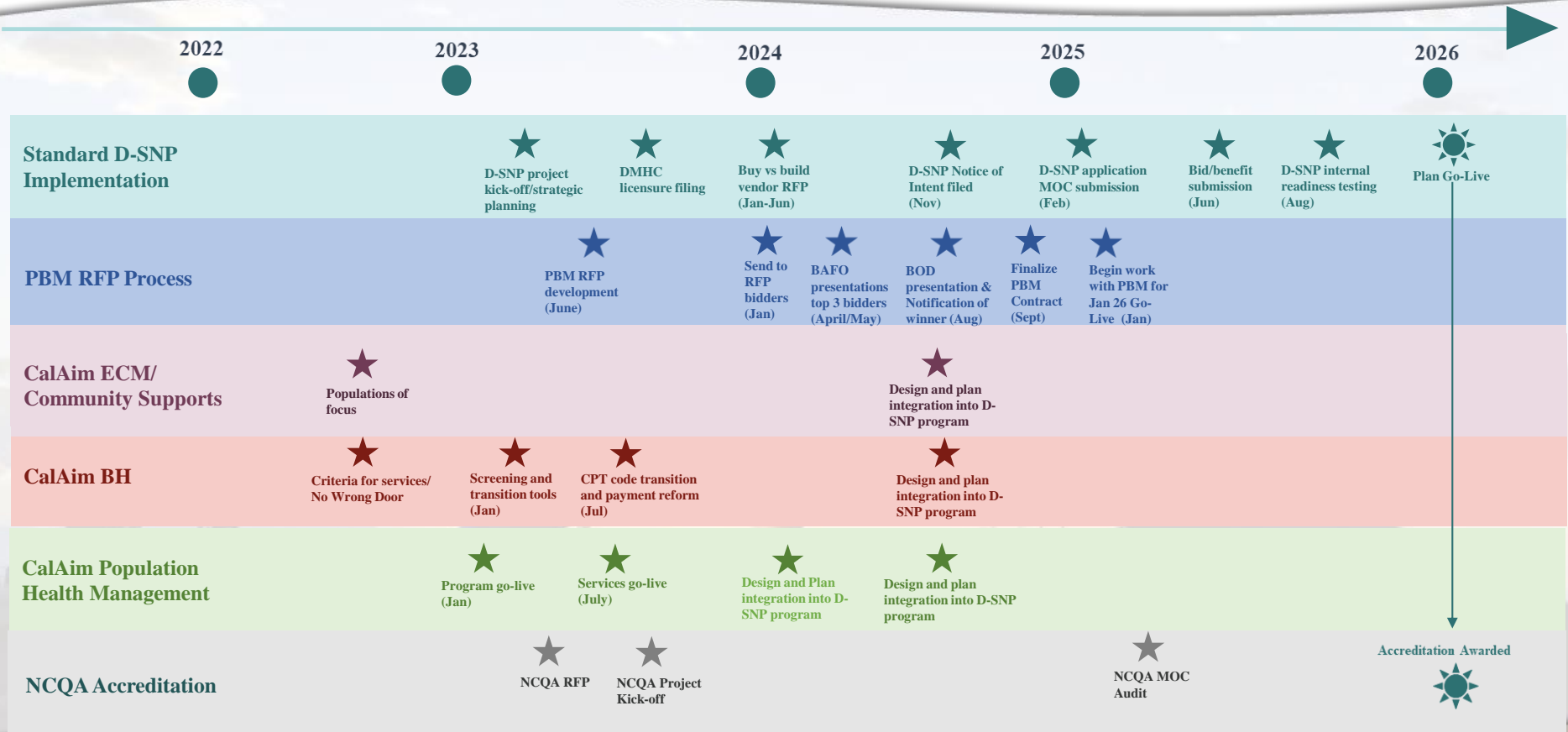
- Request for Information/Documentation Review
- Interviews with key stakeholders
- Twice weekly discovery sessions to discuss gaps and inform PBM RFP
- PBM RFP timeline draft

Clinical & Quality

- Request for Information/Documentation Review
- Initial stages of Gap Analysis for Utilization Management and Care Management
- Ongoing weekly discovery and working sessions
- HEDIS/MCAS RFP in process



High Level 3 – Year Timeline



2023 Next Steps

- 1) Current State Analysis
- 2) JIVA System Evaluation
- 3) Marketing & Sales Strategy
 - Currently in landscape/analysis phase
 - Go to Market Plan/Plan Type decisions
- 4) Pharmacy Benefit Manager (PBM) D – SNP RFP (DRAFT)
- 5) PMO and Portfolio Integration
- 6) Provider Network Adequacy Analysis
- 7) Provider Engagement Strategy
- 8) Clinical and Quality Gap Analysis
- 9) JIVA Systems Analysis for Utilization Management & Care Management
- 10) HEDIS/MCAS vendor RFP
- 11) Staffing Model Development
 - Job Description
 - Recruitment and onboarding
- 12) Strawman Benefit Design



You + Us = a better day!

For additional information, please contact:

Michelle Oxford, MBA, FACHE

Executive Director, Medicare





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Amisha Pannu, Senior Director of Provider Network
SUBJECT: 2021-22 Provider Grants Program Report
DATE: June 15, 2023

Background

The Kern Health Systems (KHS) Board approved \$10,000,000 in grant funding in February 2021. The primary focus of the grant programs was to address the new CalAIM Initiatives and begin to prepare the plan for implementation. These funds assisted with maintaining a strong network of quality physicians and enhanced services to our members. In addition, these funds provided an opportunity for Network Providers and Community-Based organizations (CBOs) to implement clinical and social support services. A total of \$8,000,000 was allocated to support Safety Net Providers, and \$2,000,000 was allocated to Community Providers and CBOs.

Enclosed is a report that outlines the different initiatives implemented.

Requested Action

Receive and file.



**Kern Health Systems
Provider Grant Program:
2021 – 2023**

**Report Prepared
for
KHS Board of Directors
June 15, 2023**

Amisha Pannu, Senior Director of Provider Network
amisha.pannu@khs-net.com

PROGRAM OVERVIEW

The Provider Grant Program positioned Kern Health Systems in supporting the implementation of the innovative efforts under the CalAIM initiatives. These projects assisted in enhancing our network of physicians, increasing access to care, and improving the services for our members. The grant process included a request for proposal that outlined details of the project scope and funding request. Providers awarded submitted progress reports and maintained close communication with the KHS grants management team throughout the project. Providers and Community Based Organizations (CBOs) had an opportunity to implement services such as:

- Expansion of provider hours of operations
- New PCP/Specialty Care Clinics
- Provider Recruitment and Retention efforts
- Quality Care Initiatives, specifically focused on HEDIS
- Minor capital projects and medical equipment
- Housing Navigation
- Transportation Assistance
- Build Network of asthma remediation services
- Substance use navigation to reduce incidences of ER admissions
- Diabetic management/nutrition education
- Food assistance

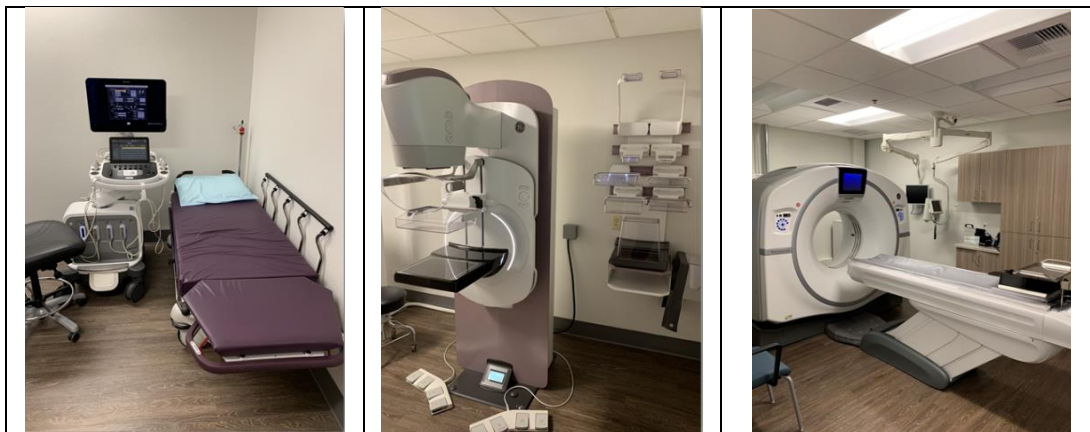
GRANT FUNDING OVERVIEW

Kern Health Systems allocated \$10,000,000 in grant funding to twenty-four (24) Safety Net Providers, Community Physicians, and Community-Based Organizations (CBOs).

Type of Entity	Funds Allocated
Safety Net Providers	\$8,000,000
Community Providers & CBOs	\$2,000,000

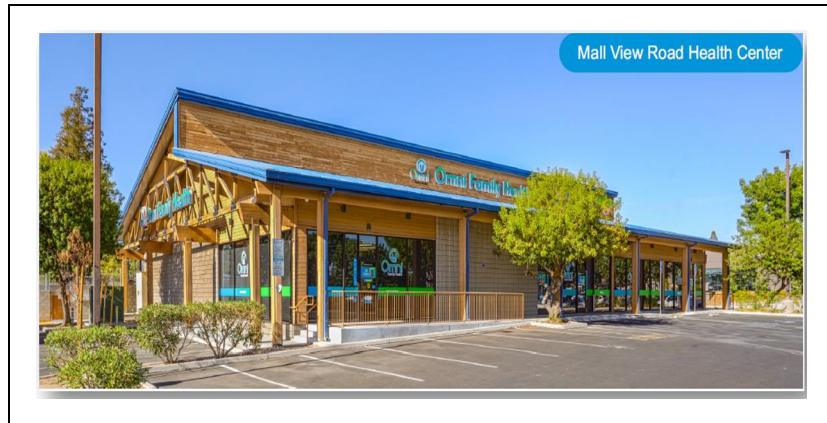
SAFETY NET PROVIDER PROJECTS

Provider	Scope of Work	Amount Awarded
<p>Kern County Hospital Authority</p>	<ul style="list-style-type: none"> ▪ KM purchased outpatient imaging center equipment ▪ KM renovated the space at their Q Street Clinic for installation of diagnostic imaging technology equipment with a special emphasis on women’s imaging to improve preventive care outcomes. 	<p>\$2,574,456</p>

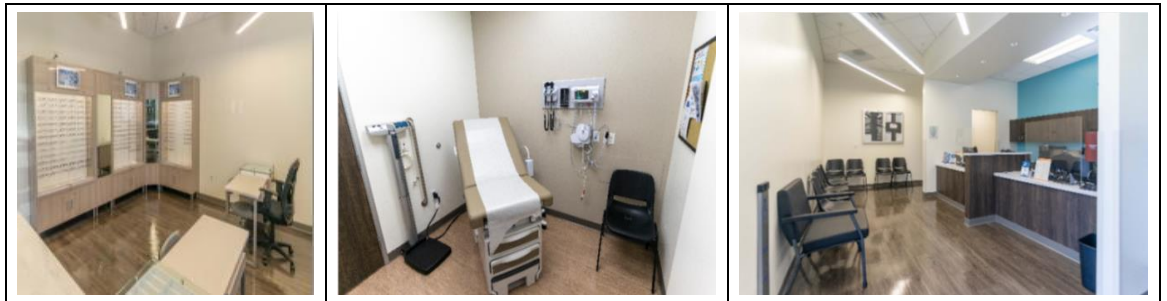


Provider Continued	Scope of Work	Amount Awarded
<p>Omni Family Health</p>	<ul style="list-style-type: none"> ▪ Funds were used to improve access to care through activities related to provider retention, recruitment, service area expansion, and quality improvement efforts. ▪ Renovations to new clinic on Mall View Road to expand services East side of Bakersfield. ▪ Purchased of vehicles and mobile unit to remove barriers and increase access. ▪ Purchase of IT equipment to improve data sharing and EMR system. ▪ Funds were utilized to promote services at Mall View Health Center. 	<p>\$3,160,536</p>

Omni Family Health Center on Mall View Road.



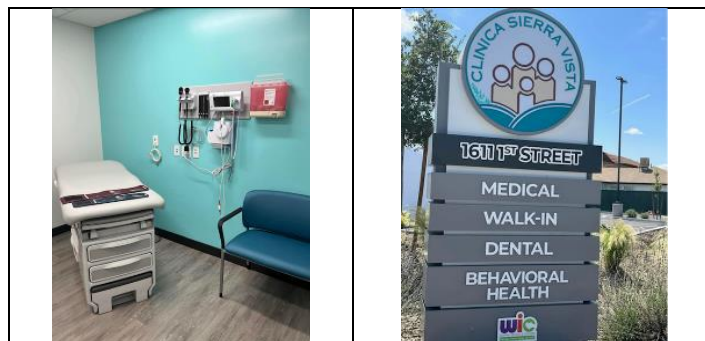
Renovations to new health center on mall view road.



Images of purchased vehicles and mobile medical unit.



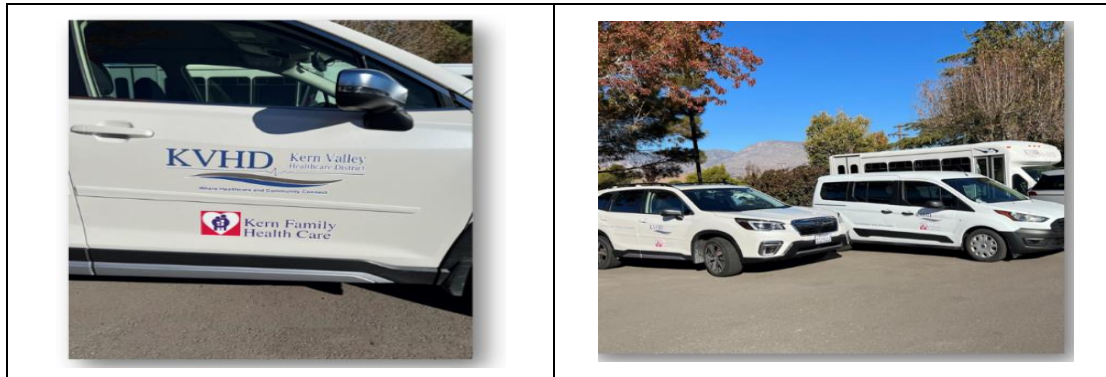
Provider	Scope of Work	Amount Awarded
<p>Clinica Sierra Vista</p>	<ul style="list-style-type: none"> ▪ Renovations of Family Health Center on 1st Street Clinic to expand services. Also, funding was utilized for permits, Contractors, roofing, flooring, exterior and interior signage, electrical work, street water run off gutters and sidewalks. ▪ Funding was also used to pull permits, staff licensing/credentialing, retention of providers and for expenses directly tied to architectural and engineering designs. 	<p>\$2,265,006</p>



COMMUNITY PROVIDERS

Community Providers	Scope of Work	Amount Awarded
Adventist Health	<ul style="list-style-type: none"> ▪ Funds were used to hire a full time Substance Used Counselor/Navigator to work closely with clinical staff in Delano Adventist Health Hospital to reduce readmission rate for SUD patients. ▪ staff benefits, transportation assistance for members, operational expenses, and expenses tied to management. 	\$83,660
<p>Adventist Health Success Story: A patient’s family recently called to thank her for helping them understand that change doesn’t come overnight. They shared that their family member (our patient with alcohol overdose) was doing better, and they were thankful that she was able to get them the resources they needed. Over a month after being at the hospital, he is still doing outpatient treatment. She was able to encourage them and reassure them that he was still there to help with any resources they might need.</p>		
Centric Health	<ul style="list-style-type: none"> ▪ Funding helped with clinic startup ▪ Nurse Practitioner, Medical Assistant, supervising MD hired for Transitional Care Clinic. ▪ Funds supported clinic lease, General Liability and Malpractice Insurance. ▪ Operating Expenses were also covered by the grant. 	\$100,000
Infusion Clinical Services dba Premier Valley Medical Group	<ul style="list-style-type: none"> ▪ Implemented a Diabetic Management program. ▪ Premier hired three licensed educators to provide diabetes weight management classes weekly. Funding was utilized to cover salary and benefits for staff. ▪ Program expenses such as cooking ingredients, grocery vouchers, video production, and update to website to reflect weight management education materials. In addition, body composition scale was purchased. 	\$200,000
Kern Medical Supply	<ul style="list-style-type: none"> ▪ Purchased specialized new handicap accessible vehicle ▪ Purchased medical equipment and office equipment ▪ Hired vehicle operators and collaborate with CSV street medicine team. 	\$100,000
Kern Valley Healthcare District	<ul style="list-style-type: none"> ▪ Funding was used to support staffing expenses for 3 drivers to provide transportation to our members from Lake Isabella to Bakersfield for medical appointment. ▪ Purchased three vehicles to provide transportation (to and from Lake Isabella) for members to and from medical & physical therapy appointments, pharmacy, and emergency room pick up ▪ Providing an average of 171 rides per month 	\$224,505

Purchases of three vehicles that will provide transportation to members by Kern Valley Healthcare District.



Community Providers Continued	Scope of Work	Amount Awarded
Philipp Melendez MD	<ul style="list-style-type: none"> ▪ Purchased new medical equipment: power table and stirrups, colposcope, ultrasounds, Hemocue, computers and monitors and enhanced quality of care to members. ▪ Increased accessibility for patients with limited mobility 	\$126,137
Polyclinic	<ul style="list-style-type: none"> ▪ Funding was utilized to hire staff to expanded office hours to accommodate members. ▪ Renovations of restroom (handicap accessible) ▪ Purchased IT and medical equipment such as exam tables, glucose machines, and electrical/surgical unit and be able to make it more accommodating for patients. ▪ Website enhancement to promote services and expansion of clinic hours. 	\$150,000
Rahul Sharma	<ul style="list-style-type: none"> ▪ Funding was used to upgrade ultrasound machine and purchase medical supplies. 	\$70,000
Ridgecrest Regional Rural Health Clinic	<ul style="list-style-type: none"> ▪ Hired a full-time staff to assisted with transition of FFS members to medical services ▪ Funding covered benefits for new hire. 	\$45,000
Shafter Pediatrics	<ul style="list-style-type: none"> ▪ Secured a space for new office in McFarland to provide pediatric care to the surrounding area in McFarland. ▪ Purchased medical and office equipment 	\$150,000
Telehealthdocs Medical	<ul style="list-style-type: none"> ▪ Purchased fully equipped mobile telehealth clinic (MTC) vehicle to provide telehealth services to members in rural areas. ▪ Purchased equipment for a patient telehealth consultation ▪ Funds utilized for registration, maintenance, insurance, fuel, broadband access ▪ Staff Expenses 	\$200,000

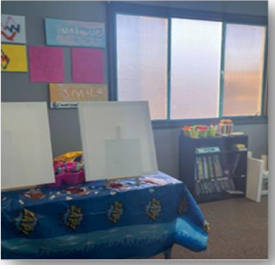

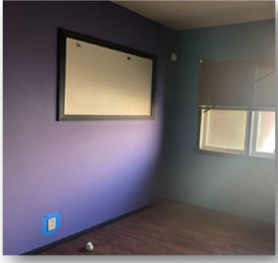
Purchases of mobile health clinic by Telehealthdocs Medical Group.



Interior of mobile health clinic.


Community Providers Continued	Scope of Work	Amount Awarded
Universal Health Services	<ul style="list-style-type: none"> ▪ Purchased X-Ray machine and an Exercise Stress system ECG machine 	\$50,000
Vanguard Medical	<ul style="list-style-type: none"> ▪ Expand services to Arvin ▪ Purchased medical equipment ▪ Purchased office supplies such as monitors, scanners, and printers ▪ EMR licenses for providers ▪ EHR upgrade 	\$95,000

COMMUNITY BASED ORGANIZATIONS

Community Based Organization	Scope of Work	Amount Awarded
<p>Alzheimer's Disease Association of Kern County, Inc.</p>	<ul style="list-style-type: none"> ▪ Provided respite services ▪ Provided support and transportation assistance ▪ Staff expenses such as driver ▪ Enrolled about 66 new clients during 2021-2022 ▪ Provided about 706 rides during 2021-2022 	<p>\$50,000</p>
<p>Brooklynn's Box Inc</p>	<ul style="list-style-type: none"> ▪ Funds to support ongoing service delivery to medically fragile families ▪ Staff and Operational expenses: building costs, utilities, program supplies and materials 	<p>\$40,000</p>
		

Community Based Organization Continued	Scope of Work	Amount Awarded
<p>Community Action Partnership of Kern</p>	<ul style="list-style-type: none"> ▪Purchase of a vehicle for the Oasis Family Resource Center and provide transportation to members and remove transportation barriers. 	<p>\$25,000</p>



Community Based Organization Continued	Scope of Work	Amount Awarded
<p>Central California Asthma Collection - Asthma</p>	<ul style="list-style-type: none"> ▪ Add-on services for Kern AMP ▪ Purchased medical equipment to ▪ Distributed 100 air filter systems to asthma patients ▪ Distributed 226 MDI devices to asthma patients ▪ Staff expenses 	<p>\$99,820</p>
<p>Central California Asthma Collection - Housing Navigation</p>	<ul style="list-style-type: none"> ▪ Provided housing navigation services ▪ Staff expenses such as CHW, Housing Navigator, Program Supervisor, and fringe benefits ▪ Operating expenses such as staff milage and office supplies 	<p>\$50,000</p>
<p>Links for life</p>	<ul style="list-style-type: none"> ▪ Funds used for grocery card program to support necessary nutrition ▪ Distributed 309 grocery cards 	<p>\$30,000</p>
<p>The Mission at Kern County</p>	<ul style="list-style-type: none"> ▪ Staff expenses: Hired 5 FTE ▪ Operational expenses: hygiene kits, sack lunches water, clothing, and fuel for members. 	<p>\$20,000</p>
<p>Golden Empire Gleaners</p>	<ul style="list-style-type: none"> ▪ Purchased a walk-in refrigerator and freezer 	<p>\$90,747</p>
		



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: Annual Review of Tangible Net Equity Policy
DATE: June 15, 2023

BACKGROUND

The Kern Health Systems (“KHS”) Tangible Net Equity (“TNE”) Policy (Attachment 1) was approved by the KHS Board of Directors at the August 12, 2021 Board Meeting. The current initial Minimum TNE of 500%-600% was established as the initial target range. This target range includes allowance for foreseeable new business opportunities and organic growth along with anticipated infrastructure expenditures.

DISCUSSION

The Finance Committee has requested that management work with Milliman to provide an annual update on the 5-year proforma financial statements for the purposes of determining prospective capital reserve requirements. Please see the power-point presentation (Attachment 2) addressing the Finance Committee’s request which will be presented by Aaron Gates, Consulting Actuary with Milliman. Mr. Gates’ bio is included at the end of the presentation (Attachment 3).

As part of the **new** 2024 Medi-Cal Contract (“Contract”) with the Department of Health Care Services (“DHCS”), DHCS is considering requiring all Managed Care Organizations (MCOs) to maintain a **Financial Performance Guarantee** in a form specified by DHCS and in an amount of at least one million dollars or equal to at least two months’ of the MCO’s Contract revenues based on the MCO’s average monthly Contract revenues for the last twelve months, whichever is higher, subject to approval by DHCS. At the MCO’s request, and with DHCS approval, the MCO may establish a phase-in schedule to accumulate the required Financial Performance Guarantee. Unless DHCS has a financial claim or offset against the MCO, the Financial Performance Guarantee shall remain in effect throughout the term of the Contract. DHCS shall take possession of the Financial Performance Guarantee in an amount sufficient to indemnify DHCS in the event that the MCO materially breaches or defaults on one or more terms the Contract.

Due to the likelihood of a Financial Performance Guarantee requirement, Management believes that it would be prudent to amend the TNE Policy to include a minimum unrestricted cash and investment level between **two to three months of Operating Revenue** (Excluding Hospital Directed Payments and MCO Tax Revenues).

The combination of these two measurements will ensure KHS's long-term financial solvency and the ability to provide uninterrupted services to our members, continue to provide timely payments to our providers and to participate in additional programs required by DHCS.

REQUESTED ACTION

Approve maintaining the Minimum TNE Target Ratio of 500%-600%.

Approve **amending** the TNE Policy to also include a Minimum Liquidity Test requiring a minimum unrestricted cash and investment level between **two to three months of Operating Revenue** (Excluding Hospital Directed Payments and MCO Tax Revenues).

Attachment 1



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Tangible Net Equity Policy			POLICY #: 8.65-1		
DEPARTMENT: Finance					
Effective Date:	Review/Revised Date:	DMHC		PAC	
8/12/2021	11/16/2021	DHCS		QI/UM COMMITTEE	
		BOD	X	FINANCE COMMITTEE	X

Reviewer	Date	Comment/Signature
Doug Hayward	11/16/21	<i>[Signature]</i> Robert Landis
Robert Landis	11/5/21	Robert Landis
Alan Avery	11/2/21	Alan Avery
Veronica Barker	10/18/2021	Veronica Barker

POLICY:

This policy establishes guidelines and procedures to set Tangible Net Equity (TNE) ranges to ensure Kern Health Systems (“KHS”) long-term financial solvency, the ability to provide uninterrupted services to its members, continue to provide timely payments to its providers and to participate in additional programs required by DHCS pursuant to the authorization of the KHS Board of Directors (“Board”) on August 12, 2021.

PURPOSE:

Maintaining appropriate levels of reserves is a fiscal responsibility of KHS and is a legal requirement pursuant to KHS’ licensure pursuant to the Knox-Keene Health Care Service Plan Act of 1975, as amended. The TNE required by Knox-Keene is a minimum required amount and is not considered by the DMHC as an appropriate or sufficient reserve amount.

DEFINITIONS:

TNE	Tangible Net Equity
Required Minimum TNE	A specific calculation for Knox-Keene licensed Health Plans set by DMHC and calculated as part of the regulatory quarterly and annual reporting process.
Target TNE	The percentage range applied to minimum TNE set by KHS' Board of Directors

PROCEDURES:

- A) The Minimum TNE target range will be established by the Board. The current initial target range of 500% - 600% of required minimum TNE was approved by the Board at the KHS' Board of Directors Meeting on August 12, 2021. The additional range includes allowance for foreseeable new business opportunities and organic growth in the Minimum TNE calculation.
- B) As part of the Annual Budget, Management will present to the Board the current annual TNE performance and an updated estimate of future TNE requirements.
- C) Following the year-end audit, Management will update the 3–5-year proforma presented at the August 12, 2021 Board Meeting for determining prospective capital reserve requirements. Using this approach, the Finance Committee and Board can compare the target range of 500% - 600% and confirm or modify assumptions used for future TNE target range estimates.

¹ **Revision 2021-08:** Policy created by KHS Controller to establish guidelines and procedures to set Tangible Net Equity. Per Controller, the KHS Board shared input on this policy.

Kern Health Systems

Five-Year Pro Forma Analysis

Kern Health System Finance Committee

Aaron Gates, FSA, MAAA

JUNE 2023



This document has been prepared subject to the terms and conditions of the Consulting Services Agreement between Kern Health Systems and Milliman, Inc. The information contained in this document is intended for the internal use of Kern Health Systems and is only to be relied upon by your organization. No portion may be provided to any other party without Milliman, Inc.'s prior consent.

Agenda

- Recap / Background
- Summary
- Pro Forma
- Key Assumptions
- Recommendation
- Caveats and Limitations

Recap

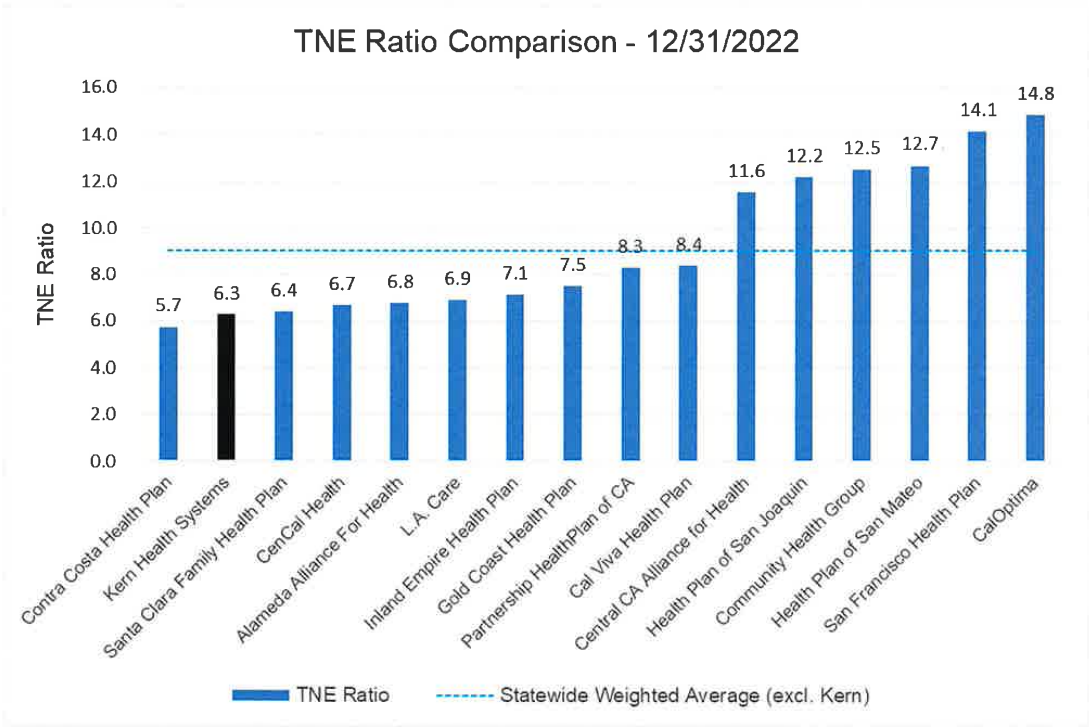
- Milliman presented to the Finance Committee and Board of Directors in early June 2021 on recommended capital reserve levels
- Recommendation was to hold 500-600% of minimum TNE, but target the “future-state”
 - With all of the changes that CalAIM is implementing, today’s reserves may be inadequate for future Medi-Cal programs.
- The Finance Committee and Board of Directors requested that management work with Milliman to provide an annual update on the five-year proforma financial statements for the purpose of determining prospective capital reserve requirements. For this year, the projection has been extended through 2028
- The enclosed projections are based on the KHS 2023 revised budget, current enrollment projections, and other DHCS and CMS information



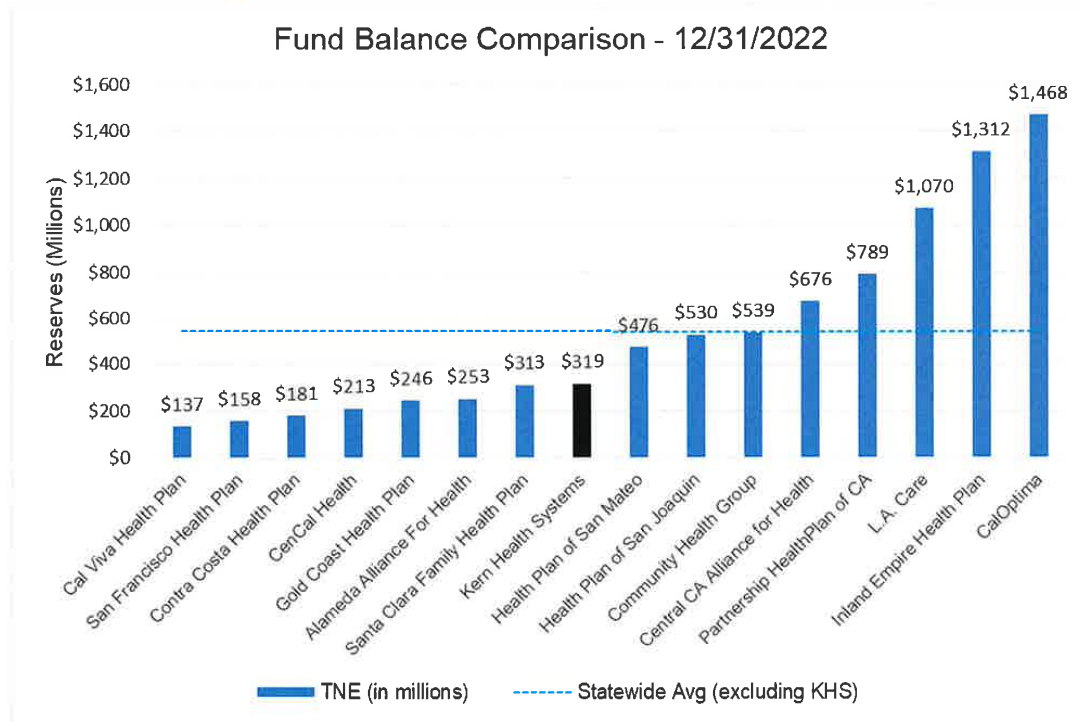
Background - Why Hold Capital Reserves?

- Capital reserves are funds or other assets that are held to provide financial stability
 - Assets = Liabilities + Capital Reserves; capital reserves are the excess of Assets over Liabilities
- Absorb volatility due to unpredictability and uncertainty of healthcare cost levels
- Support stability during periods of insufficient or delayed revenue
- Maintain ability to make investments in new programs and technology
- Holding a minimum level of capital reserves is a legal requirement
 - Tangible Net Equity (TNE)
 - Requirement to hold minimum TNE, or DMHC can take control of health plan
 - TNE requirement based upon % of non-capitated claims
 - 8% of the first \$150 million in claims, and 4% of claims in excess of \$150 million
 - Below 200% of TNE, the plan is placed on DMHC's "watch list" and can require monthly reporting and increased scrutiny
 - Below 130% of TNE, the plan is considered to be in financial jeopardy and DMHC can take control of plan

TNE Ratio Comparison - 12/31/2022



Fund Balance Comparison - 12/31/2022



Summary

CalAIM will increase Kern Health Systems' membership and Medi-Cal benefit offerings, including long-term care coverage (effective 1/1/2023) and a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) (effective 1/1/2026), which will increase future capital reserve requirements

Year	2023	2024	2025	2026	2027	2028
Avg Members	346,600	342,300	342,300	345,300	348,300	351,300
<i>Current TNE Calculation (\$ shown in millions)</i>						
500% TNE	\$305.9	\$306.8	\$313.2	\$333.8	\$354.3	\$375.7
Projected Capital	\$312.9	\$317.4	\$322.1	\$323.7	\$321.8	\$328.3
Difference	\$7.0	\$10.6	\$8.9	(\$10.1)	(\$32.6)	(\$47.4)
Capital as % of TNE	511%	517%	514%	485%	454%	437%
Prior Year ProForma	495%	485%	487%	442%	424%	N/A

Assumptions changes from prior year ProForma include:

- Better than expected 2022 operating results had a favorable impact on future capital reserves
- Updated rates and trends for 2024-2028 projection
- Updated D-SNP membership and margin projection – lower membership and capital requirement for 2026, improving financial outlook for 2027-2028



Cash Liquidity Testing - Background

- KHS Management has made Milliman aware that DHCS is considering the following Financial Performance Guarantee to be included in the new 2024 Medi-Cal Contract with DHCS:

In accordance with 22 CCR section 53865, **Contractor must annually provide satisfactory evidence of, and maintain a Financial Performance Guarantee in the form specified by DHCS and in an amount at least one million dollars or equal to at least two months' Contract Revenues based on Contractor's average monthly Contract Revenues for last twelve months**, whichever is higher, subject to approval by DHCS. At Contractor's request, and with DHCS approval, Contractor may establish a phase-in schedule to accumulate the required Financial Performance Guarantee. Unless DHCS has a financial claim or offset against Contractor, the Financial Performance Guarantee shall remain in effect through the completion of the Phaseout Period in accordance with Exhibit E, Section 1.17 (Phaseout Requirements). DHCS shall take possession of the Financial Performance Guarantee in an amount sufficient to indemnify DHCS in the event that Contractor materially breaches or defaults on one or more terms this Contract.



Cash Liquidity Testing - Results

- Along with the minimum TNE Range of 500% to 600%, Milliman is recommending that the KHS TNE Policy be amended to include a minimum liquidity amount of unrestricted cash and investments **between two and three months of Premiums earned** (excluding Hospital Directed payments earned and MCO Tax Revenue Received). At 12/31/22, unrestricted cash and investments was \$417.1 Million. The projection of future unrestricted cash and investments amounts is assumed to be stable over time for the purpose of this exercise, after a proforma adjustment for an additional \$83.5 million transfer to a restricted investment account that is required under the current draft 2024 DHCS contract discussed on the previous page.

Year	2023	2024	2025	2026	2027	2028
Avg Members	346,600	342,300	342,300	345,300	348,300	351,300
<i>Current Cash Liquidity Testing Calculation (\$ shown in millions)</i>						
2 Months Revenue	\$188.1	\$187.6	\$191.6	\$207.5	\$223.3	\$239.6
Projected Unrestricted Cash and Investments	\$333.6	\$333.6	\$333.6	\$333.6	\$333.6	\$333.6
Difference	\$145.5	\$146.0	\$142.0	\$126.1	\$110.3	\$94.0



Background – Other Considerations

- The projected estimates are not predictions of the future. Actual results will only match projected results if the underlying assumptions are realized. The analysis relies on multiple simplifying assumptions and does not address every potential point of variance. Examples of outcomes that were beyond our control include, but are not limited to:
 - California's success at implementing the CalAIM initiative and enrolling the targeted non-managed care populations
 - KHS's success at implementing new programs, including managing LTC, D-SNPs
 - The economy and the impact on current and future Medi-Cal enrollment
 - The global pandemic, future waves of variants, and the societal response (including potential new shut-downs, impact of pent-up demand, and future impact of past closures on healthcare)
- This presentation is intended to support discussions on future capital reserve levels and strategies and is not complete without oral comment. The results should not be used for other purposes.

Pro Forma Exhibit

- Please display “KHS 2024-28 Pro Forma Exhibit.pdf”



Key Assumptions – Membership

- KHS membership projection based on DHCS data
 - 400 / month newborns
 - 2024: Static enrollment assumption – assumes reduction of 20,000 members due to redetermination is offset by 20,000 new unsatisfactory immigration status members.
 - 2026-2028: 3,000 new members per year from D-SNP (starting January 1, 2026)
 - Consistent with Milliman D-SNP feasibility study.
 - No other increases or decreases assumed

Key Assumptions – Revenue

- Medi-Cal gain in capitation rates assumed to be 2.0%
- Projected non-medical expense (administration) assumes consistent expense as a percent of revenue
- New populations
 - 2023 Mandatory managed care Medi-Cal
 - 2023 LTC Dual and Non-Dual
 - 2026 Medicare Dual Special Needs Plan (D-SNP)
 - Includes Part C (medical) and Part D (pharmacy) benefits



Key Assumptions – Benefits / Claims

- Projected claims based on a combination of projected 2023 claims and expenses supporting 2023 DHCS capitation rates and emerging trends
 - Medical trend = 3.0%, Maternity trend = 2.8%
 - Organ transplant and Enhanced Care Management (ECM) cost based on DHCS rates
 - CalAIM incentive payments based on KHS budget, phased out by the end of 2024
 - Acuity adjustment of 1.5% for 2024 and 1.0% for 2025 due to redetermination

D-SNP Considerations

- Medi-Cal plans could take at least 3-4 years to break even on D-SNP business
- Fixed administrative costs spread over small initial take-up
 - Start-ups can struggle to gain significant membership in early years
 - Transition rules allow existing MA members to stay in their plans, or on FFS Medicare
- Significant operational challenges associated with new LOB
 - MA risk adjustment and star ratings are significant drivers of profitability
 - Many plans will be challenged to implement the operational infrastructure to succeed with risk adjustment and star ratings in the early years



D-SNP Considerations – Financial Impact

Year	2026	2027	2028
<i>Medi-Cal</i>			
Members	342,300	342,300	342,300
Revenue	\$1,288.8	\$1,327.3	\$1,366.9
Expenditures	\$1,275.3	\$1,312.7	\$1,347.6
Margin	\$13.5	\$14.6	\$19.3
<i>D-SNP</i>			
Members	3,000	6,000	9,000
Revenue	\$58.5	\$122.2	\$191.8
Expenditures	\$70.4	\$138.9	\$204.6
Margin	(\$11.9)	(\$16.6)	(\$12.8)
<i>Total</i>			
Members	345,300	348,300	351,300
Revenue	\$1,347.3	\$1,449.6	\$1,558.7
Expenditures	\$1,345.6	\$1,451.5	\$1,552.2
Margin	\$1.6	(\$2.0)	\$6.5



Recommendation

- In order to withstand elevated claim levels and prepare for required capital increases due to business growth, we recommend that KHS target a range of 500 - 600% TNE
- We recommend that the capital target be based upon “future-state” business profile rather than historical business profile
- If KHS expects new business from the Duals Program and other new CalAIM initiatives, then the capital reserve target should take into account the required capital of this business
- We recommend that the KHS TNE Policy be amended to include a minimum liquidity amount of unrestricted cash and investments equal to two to three months of Premiums earned (excluding Hospital Directed payments earned and MCO Tax Revenue Received).



Caveats and Limitations

This analysis was prepared for the internal use of Kern Health Systems. This analysis is subject to the terms and conditions of the Consulting Services Agreement between Kern Health Systems and Milliman effective September 11, 2018, amended June 1, 2023.

In preparation of our analysis, we relied upon the accuracy of data or information provided to us. We have not audited this information, although we have reviewed it for reasonableness. If the underlying data or information is inaccurate or incomplete, the results of our review may likewise be inaccurate or incomplete.

Results presented here represent best estimates of future experience. Actual experience will vary from our estimates for many reasons, potentially including differences in population health status, reimbursement levels, delivery systems, random variation, or other factors. It is important that actual experience be monitored and adjustments made, as appropriate.

Milliman makes no representations or warranties regarding the contents of this analysis to third parties. Likewise, third parties are instructed that they are to place no reliance upon this analysis prepared for Kern Health System by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, cost projections, and other assumptions.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this report."





Thank you

Aaron Gates, FSA, MAAA
aaron.gates@milliman.com

KHS Board of Directors Meeting, June 15, 2023

Exhibit 1

Kern Health System

Five-Year Pro Forma Projection - CalAim Initiatives

(all dollar amounts shown in \$millions)

	Current State			Future State			
	2022	2023	2024	2025	2026	2027	2028
Calendar Year							
Member Months	3,834,013	4,158,950	4,107,000	4,107,000	4,143,000	4,179,000	4,215,000
Revenue							
Medi-Cal Benefits	\$998.2	\$1,209.8	\$1,220.1	\$1,246.2	\$1,342.1	\$1,444.3	\$1,553.5
Hospital Directed Payments	264.3	250.7	258.3	266.0	274.0	282.2	290.7
Other Pass Through Payments (MCO Tax)	124.7	0.0	0.0	0.0	0.0	0.0	0.0
Other Revenue (interest)	1.6	5.2	5.1	5.1	5.2	5.2	5.2
Subtotal	\$1,388.7	\$1,465.7	\$1,483.4	\$1,517.4	\$1,621.3	\$1,731.8	\$1,849.4
Expenses							
Medi-Cal Benefits	\$849.7	\$1,128.8	\$1,125.6	\$1,149.8	\$1,245.0	\$1,339.5	\$1,437.6
Hospital Directed Payments	270.4	250.7	258.3	266.0	274.0	282.2	290.7
Other Pass Through Payments (MCO Tax)	124.7	0.0	0.0	0.0	0.0	0.0	0.0
Subtotal	\$1,244.8	\$1,379.6	\$1,383.9	\$1,415.8	\$1,519.0	\$1,621.7	\$1,728.3
Non-Medical Expenses	\$67.9	\$84.4	\$85.1	\$86.9	\$100.6	\$112.0	\$114.6
Net Profit - Before Grants and D-SNP	\$76.0	\$1.7	\$14.5	\$14.7	\$1.6	(\$2.0)	\$6.5
Grants and D-SNP Startup	\$4.8	\$7.5	\$10.0	\$10.0	\$0.0	\$0.0	\$0.0
Contribution to Surplus	\$71.3	(\$5.8)	\$4.5	\$4.7	\$1.6	(\$2.0)	\$6.5
Medical Loss Ratio (non pass-through)	85.0%	92.9%	91.9%	91.9%	92.4%	92.4%	92.2%
Admin Ratio (non pass-through)	6.8%	6.9%	6.9%	6.9%	7.5%	7.7%	7.4%
Capital Reserve							
Minimum TNE	\$50.8	\$61.2	\$61.4	\$62.6	\$66.8	\$70.9	\$75.1
500% TNE	\$254.0	\$305.9	\$306.8	\$313.2	\$333.8	\$354.3	\$375.7
Capital Reserve (CR)	\$318.7	\$312.9	\$317.4	\$322.1	\$323.7	\$321.8	\$328.3
CR as % of TNE	627%	511%	517%	514%	485%	454%	437%
Difference from 500% of TNE	\$64.7	\$7.0	\$10.6	\$8.9	(\$10.1)	(\$32.6)	(\$47.4)
Cash Liquidity Test							
Unrestricted Cash and Investments	\$417.1	\$333.6	\$333.6	\$333.6	\$333.6	\$333.6	\$333.6
2 Months Medi-Cal Revenue	\$141.6	\$188.1	\$187.6	\$191.6	\$207.5	\$223.3	\$239.6
Difference from Two Months Medi-Cal Revenue	\$275.5	\$145.5	\$146.0	\$142.0	\$126.1	\$110.3	\$94.0

Key Assumptions

Base Data

Source data includes KHS 2023 budget and CY2023 DHCS capitation rates.

Enrollment Projections

2026-2028 assumes 3,000 new Dual Eligibles per year under Medicare Advantage Dual Special Needs Plan (D-SNP).

D-SNP "Member Months" may duplicate Dual Eligibles since we count 1 month in Category of Aid "Duals" and 1 month for D-SNP.

2024 assumes offsetting membership changes of 20,000 members due to redetermination (lost) and 20,000 newly eligible Unsatisfactory Immigration Status members.

Revenue and Claim Projections

- Projected trends: Medical = 3.0%/year, Maternity = 2.8%/year
- Non-medical expenses (administrative) assumes 2023 admin as a percent of revenue, adjusted for D-SNP.
- Acuity adjustment for impact of redetermination in 2024 (1.5%) and 2025 (1%).

Capital Reserves

Minimum Tangible Net Equity (TNE) defined as 8% of first \$150M in claims plus 4% of additional claims.

500% TNE target assumption based on Milliman's June 10, 2021 KHS Board presentation which recommended 500%-600% of TNE for capital reserve.

Cash and Equivalents

Recommended cash and equivalents between two and three months Medi-Cal revenue.

Cash and equivalents assumed to be static through projection period.

This analysis was prepared for the internal use of Kern Health Systems. This analysis is subject to the terms and conditions of the Consulting Services Agreement between Kern Health Systems and Milliman effective September 11, 2018, amended June 1, 2023.

Results presented here represent best estimates of future experience. Actual experience will vary from our estimates for many reasons, potentially including differences in population health status, reimbursement levels, delivery systems, random variation, or other factors. It is important that actual experience be monitored and adjustments made, as appropriate.

In preparation of our analysis, we relied upon the accuracy of data or information provided to us. We have not audited this information, although we have reviewed it for reasonableness. If the underlying data or information is inaccurate or incomplete, the results of our review may likewise be inaccurate or incomplete.

Milliman makes no representations or warranties regarding the contents of this analysis to third parties. Likewise, third parties are instructed that they are to place no reliance upon this analysis prepared for Kern Health System by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties. Other parties receiving this report must rely upon their own experts in drawing conclusions about the capitation rates, cost projections, and other assumptions.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this report.

Milliman

Attachment 3

Aaron Gates, FSA, MAAA
Consulting Actuary, Milliman Inc.

Aaron is a Consulting Actuary with Milliman's Seattle health practice. He joined the firm in 2011 and has over 11 years of experience providing actuarial support and consulting services to a variety of organizations, including managed Medicaid organizations, commercial carriers, Medicare Advantage plans, and public employee benefits organizations.

Aaron has long-term experience with Medicaid managed care plan support across more than a dozen states, with a more recent focus in California. Examples of his experience include risk adjustment and capitation arrangements, reserving, capital adequacy analysis, RFP bid and response support, and feasibility studies for new markets.

Aaron also has a wide range of experience supporting other lines of business, including financial projections for public employee benefit programs, pricing development for ACA exchange products, and bid development for Medicare Advantage plans.



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Emily Duran, Chief Executive Officer
SUBJECT: 2023-2025 KHS Grant Program
DATE: June 15, 2023

BACKGROUND

Kern Health Systems recently embarked on an ambitious three-year strategic plan that requires significant investments to improve quality of care, enhance healthcare workforce capacity, and transform clinical practices. These key focus areas are critical to the needs of our members and overall community's clinical infrastructure.

DISCUSSION

KHS is requesting \$20 million in grants for a very comprehensive and much needed Grant Program. All grants will be administered by KHS and will require a close collaboration with several providers and community partners and require clearly defined outcomes and performance expectations. For this grant period, we are striving to strengthen and support community health education, integrated behavioral health, and increase the healthcare workforce capacity.

There are four (4) grant programs being proposed that will cover the key areas of our corporate strategic plan:

- 1) Provider Recruitment & Retention (R & R) Grant Program** will provide opportunities for our network to improve access to Primary Care, Specialty Care, and Behavioral Health Services in Kern County. Focus areas will include increasing provider capacity, increase appointments availability, and expand access in rural areas by recruiting and retaining physicians. (\$3,000,000)

- 2) **Quality Initiative Grant Program** will focus on developing innovative partnerships with network providers to elevate the quality of care delivered to our members. This program will focus on practice transformation initiatives that will drive performance of preventive health services, closing gaps in care, improving MCAS metrics and create a quality focused level of care. (\$5,000,000)

- 3) **Healthcare Workforce Expansion Grant Program** will partner with contracted healthcare providers and the local educational institutions to expand the nursing and physician medical professionals. (\$10,000,000)

- 4) **Community Based Organization (CBO) Grant Program** will create innovative social service delivery models that will focus on reducing barriers to care and focus on wellness and healthy living. (\$2,000,000)

A presentation will be provided with details of the proposed grant program.

REQUESTED ACTION

- 1) Approve 2023-2025 Grant Programs in the amount of \$20,000,000.
- 2) Approve KHS CEO to perform grant administration, approval, and oversight process.

2023 – 2025 KHS Grant Programs

Board of Directors
June 15, 2023

Emily Duran
Chief Executive Officer



Introduction

Kern Health Systems (KHS) is striving to develop innovative partnerships designed to provide the highest quality of care to vulnerable populations.

KHS is proposing the following grant funding opportunities for current network providers, community organizations, and local educational institutions.

Grant Program	Grant Funding Request	Grant Funding Cycle
Provider Recruitment & Retention (R & R) Grant Program	\$ 3,000,000	2 – year period October 2023 through October 2025
Quality Initiative Grant Program	\$ 5,000,000	
Healthcare Workforce Expansion Grant Program	\$10,000,000	
Community Based Organization (CBO) Grant Program	\$ 2,000,000	
Total		\$20,000,000



Provider Recruitment & Retention (R & R) Grant Program

- The R & R grant will provide opportunities for our Providers to improve access to Primary Care, Specialty Care, and Behavioral Health Services in Kern County.
- The following specialties were categorized as a high need for the network:
 - **Allergy/Immunology, Cardiology, ENT/Otolaryngology, Oncology, Ophthalmology, Orthopedic Surgery, and ABA Clinical Psychologist & Psychiatrist.**
- In addition, due to our rural nature of Kern County, our members also face the challenge of **transportation services**. The R & R Program will offer KHS contracted transportation providers the opportunity to increase gurney and wheelchair vans which will help to increase accessibility to medical appointments.



Quality Initiative Grant Program

The goal of the Quality Initiative is to help increase the Managed Care Accountability Set (MCAS) performance measures by providing grant funding for the below preventative health services. Providers will be encouraged to submit best clinical practice programs with an emphasis on practice transformation models.

Examples include:

- **Mobile Clinics**
 - Increase access to preventative health care services in all areas of Kern County
 - Services: immunizations, well-care visits, children, adolescents, adults, mammograms, lead screening, A1C testing, chlamydia screening
- **Electronic Medical Record (EMR) & Data Exchange**
 - To establish a Health Information Exchange (also called a health data exchange) that enables providers and KHS to share patient information electronically between systems
- **Children Domain**
 - Increase kept appoints for WCV (Well Care Visit) and W30 measures and leverage appointments to close additional gaps in care
- **Cancer Prevention & Reproductive Health Domain**
 - Increase kept appoints for CHL (Chlamydia Screening) and CCS (Cervical Cancer Screening) measures and leverage appointments to close additional gaps in care



Healthcare Workforce Expansion Grant Program

Local hospitals and clinics face critical staffing shortages that could jeopardize access to care in the communities we serve. The workforce expansion grant program will focus on partnerships with contracted healthcare partners and local educational institutions to expand on our nursing and physician medical professionals.

The nursing workforce program will have an emphasis on expanding and increasing enrollment in pre-licensure nursing programs in Kern County. Whereas the physician workforce program will focus on expanding local residency / postgraduate training programs with our local healthcare partners.

Program and Opportunity Goals:

- 1) Increase enrollment for nursing and residency programs;
- 2) Recruit and retain nursing and residency faculty to allow for the increased enrollment;
- 3) Expansion of residency program types (e.g. Family Medicine, Psychiatry, Surgery, Pediatrics, etc.);
- 4) Capital investment for simulation labs, facility, and equipment.



Community Based Organization (CBO) Grant Program

CBOs provide social services to address barriers to care, promote health and behavior change, improve functional ability, and reduce social isolation.

The plan would like to propose grant funds to CBOs to assist in the development of local resources for our members. The grant funds will be available to CBOs that support community-based strategies and policy efforts to improve health and well being associated with social determinants and seeks to prevent and reduce health inequities for marginalized community members.

Program and Opportunity Goals:

- 1) Develop health and wellness education campaigns;
- 2) Member navigation outreach and education to retain Medi-Cal coverage;
- 3) Nutrition campaign for children and adolescents.



Proposed Timeline for Grant Funding

Grant Program(s) Time Period: 2 Year
October 2023 – October 2025



Requested Action

The requested action from the KHS Board of Directors:

- 1) Approve 2023 – 2025 Grant Programs in the amount of **\$20,000,000.**
- 2) Approve KHS CEO to perform grant administration, approval, and oversight process.



You + Us = a better day!

Questions

For additional information, please contact:

Emily Duran

Chief Executive Officer





MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Amisha Pannu, Senior Director of Provider Network
SUBJECT: Provider Network Capacity Study
DATE: June 15, 2023

Background

On an annual basis, Kern Health Systems (KHS) conducts a Provider Network Capacity Study that helps identify provider adequacy and capacity. The capacity study reviews the number of Primary Care Providers within the Medical Service Study Areas (MSSAs) in Kern County and compares them to the membership each MSSA to confirm the Plan is meeting the regulatory ratio.

The capacity study tracks the growth of specialty providers over a five-year period and reviews the annual Department of Managed Health Care (DMHC) network report to identify any gaps. The Provider Network Management Department utilized the results of the 2022 capacity study to target provider network expansion activities to address identified gaps and to develop strategic programs, such as the Provider Recruitment and Retention Grant Program. Attached is the 2022 Provider Network Capacity Report.

Requested Action

Receive and File.



Kern Health Systems
2022 Provider Network Capacity Report

Report Prepared
For
KHS Board of Directors
June 15, 2023

Amisha Pannu, Senior Director of Provider Network
amisha.pannu@khs-net.com

Background/Methodology

On an annual basis, Kern Health System's (KHS) Provider Network Management Department conducts a network capacity review to ensure the adequacy of the KHS network of contracted providers in serving the needs of our members.

In conducting this review, KHS utilizes multiple data sources and criteria, including:

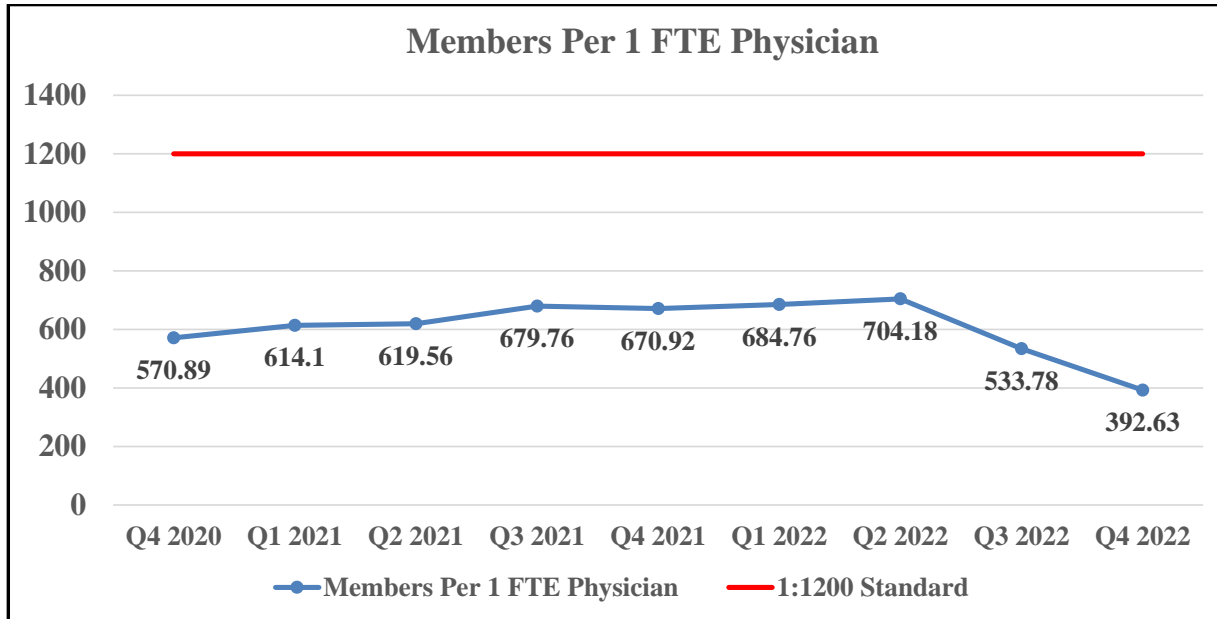
- Full Time Equivalent (FTE) Provider to Member Ratios
- Network Provider Counts
- Regulatory Network Review Findings
- Access Grievance Reviews
- Appointment Availability Survey Results

KHS applies an FTE calculation to our provider counts to represent the time a provider allocates to KHS enrollees, ensuring a more accurate representation of the member experience in the calculated ratios below. The Plan's FTE calculation and ratio methodology have been reviewed and approved by the Department of Managed Health Care (DMHC).

Provider and member data from Quarter 4, 2022 was used in completing capacity calculations.

Physicians

KHS utilizes an FTE ratio calculation to ensure an adequate number of contracted Physicians (MD, DO, DPM, DC, OD) within our network. KHS accessibility standards and regulatory requirements outline that KHS must maintain a ratio of 1 FTE Physician to every 1,200 members. As of Quarter 4, 2022, KHS was compliant with this standard, with a ratio of 1 FTE Physician to every 393 members.



Graph 1: Physician to Member Ratio, the Plan must maintain a ratio of 1 physician for every 1,200 members.

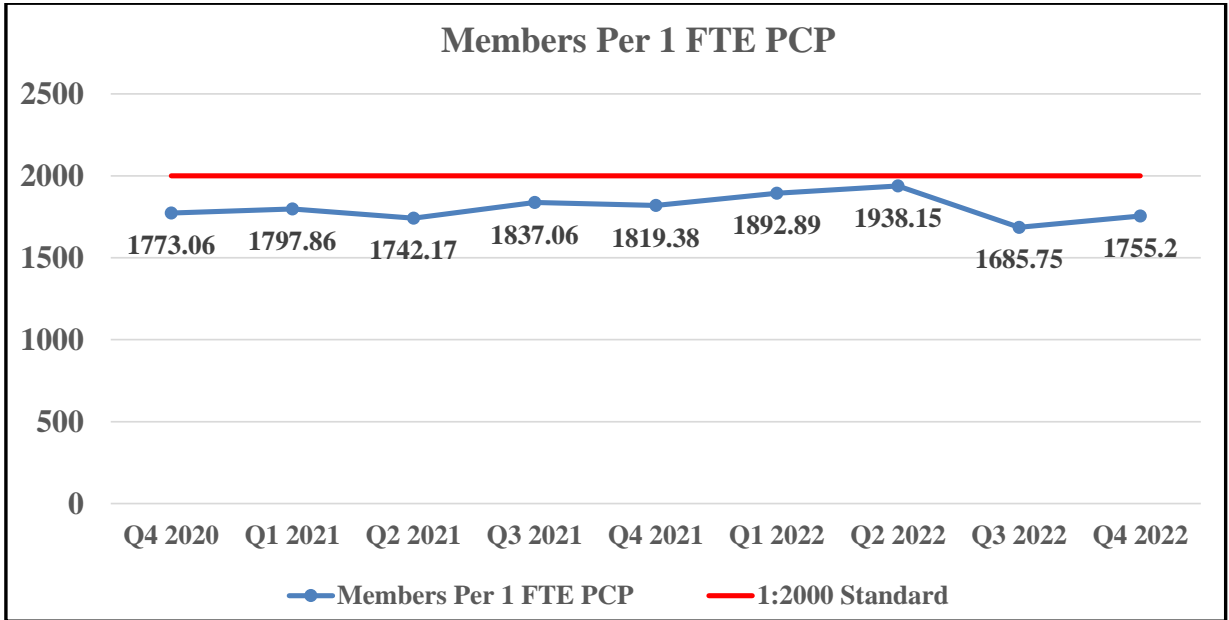
Primary Care

Primary Care Providers (PCP) are Physicians (MD, DO) and Midlevel's (PA, NP) who specialize in Family Practice, General Practice, Internal Medicine, Obstetrics/Gynecology, or Pediatrics, and provide primary care services to our enrollees. KHS monitors the Primary Care Provider (PCP) network capacity via an FTE ratio calculation, ensuring compliance amongst our entire network and within defined geographic regions within our service area. KHS accessibility standards and regulatory requirements outline that KHS must maintain a ratio of 1 FTE PCP to every 2,000 members. As of Quarter 4, 2022, KHS was compliant with this standard, with a ratio of 1 FTE PCP to every 1,755 members.

KHS uses Medical Service Study Areas (MSSA) when reviewing PCP network capacity within specific geographic regions within our service area. MSSAs are recognized by the U.S. Health Resources and Services Administration, Bureau of Health Professions' Office of Shortage

Designation as rational service areas for designating Health Professional Shortage Areas (HPSAs), and Medically Underserved Areas and Medically Underserved Populations (MUAs/MUPs).

KHS reviews the PCP network capacity of each MSSA to identify potential gaps within the geographic regions within our service area. Based on the review conducted Quarter 4, 2022, KHS did not identify any regions not meeting the PCP capacity standard. This is an improvement over last year’s review, which identified potential gaps in the Arvin/Lamont and Bakersfield area.



Graph 2: PCP to Member Ratio, the Plan must maintain a ratio of 1 PCP for every 2,000 members.

Kern County – Primary Care Health Professional Shortage Areas (HPSA)

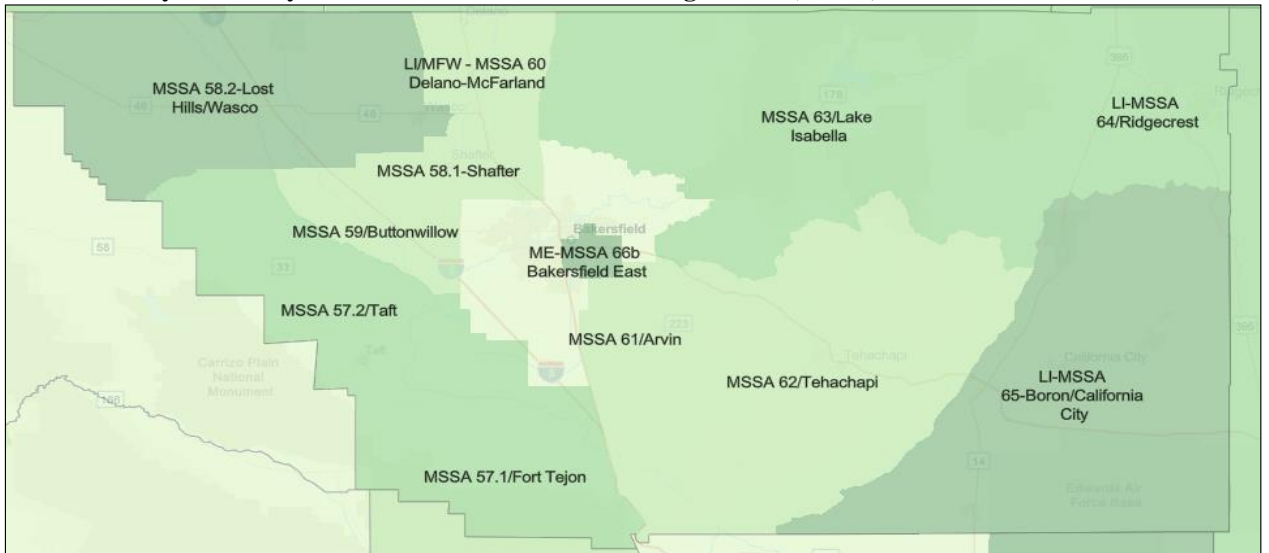


Image 1: Map showing the defined regions of the Health Professional Shortage Areas within the Plan’s Service Area.

PCP Capacity, Per MSSA Region

MSSAMS	Major Cities	Number of Primary Care Physicians	Number of Primary Care Mid-levels	Total FTE PCP	Membership Q4 2022	Percent of KFHC Members per MSSA	Number of FTE PCPs to Serve Membership	FTE PCP Gap
57.1	Frazier Park, Lebec	3	1	2.04	1,091	0.33%	0.55	No Gap
57.2	Taft, Maricopa	10	8	8.15	8,446	2.54%	4.22	No Gap
58.1	Shafter	13	26	15.13	10,245	3.08%	5.12	No Gap
58.2	Lost Hills, Wasco	11	19	11.93	12,585	3.78%	6.29	No Gap
59	Buttonwillow	1	0	0.58	981	0.29%	0.49	No Gap
60	Delano, McFarland	28	15	20.66	30,509	9.16%	15.25	No Gap
61	Arvin, Lamont	15	20	14.55	22,160	6.66%	11.08	No Gap
62	Tehachapi	5	5	4.36	5,274	1.58%	2.64	No Gap
63	Lake Isabella, Wofford Heights, Kernville	6	6	5.24	3,125	0.94%	1.56	No Gap
64	Ridgecrest	26	16	19.79	4,204	1.26%	2.10	No Gap
65	Cal City, Mojave, Rosamond	13	16	12.22	8,399	2.52%	4.20	No Gap
66a, 66b, 66c, 66d	Metropolitan Bakersfield	127	125	110.27	219,878	66.03%	109.94	No Gap

Table 1: Summary of PCPs, Membership, and FTE PCP to Membership ratio for MSSA Regions.

Specialty Care

The DMHC requires that KHS maintain a ratio of specialists to “reasonably assure” services are accessible to enrollees on an appropriate basis. The DMHC does not maintain a numerically defined ration requirement and instead utilizes a review methodology in which a health plan’s ratio of specialists to members is compared amongst similar health plans to identify potential issues. If a plan’s ratio is identified as an outlier when compared to other health plans, a finding is issued by the DMHC. Due to the retrospective nature of the DMHC’s review, KHS MY 2020 network findings are the most recent received by the Plan; within these findings the following specialties were identified as issues:

- Cardiology
- Dermatology
- Neurology
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Pulmonology
- Urology

Psychiatry and Endocrinology were also reviewed and were not identified as issues for KHS. KHS has identified that the DMHC does not take mid-level providers or providers offering services via telehealth when calculating provider totals for their ratio reviews.

MY2020 DMHC Deficiencies – MY2020 Provider Counts

Specialty	DMHC Count	Midlevel Count	Telehealth Count
		Providers Not Included in DMHC Ratio Calculation	
Cardiology	44	6	0
Dermatology	9	11	16
Neurology	19	2	3
Oncology	26	9	0
Ophthalmology	29	0	0
Orthopedic Surgery	17	3	0
Pulmonology	14	3	0
Urology	17	3	0

Table 2: Summary of deficient provider specialties according to MY2020, and the provider counts not included in MY2020.

DMHC Specialist Finding

Specialty	MY 2015	MY 2016	MY 2017	MY 2018*	MY 2019*	MY 2020*
Cardiology	X	X	X	N/A	N/A	X
Dermatology	✓	X	X	X	X	X
Endocrinology	X	✓	✓	X	✓	✓
Neurology	N/A	N/A	N/A	X	X	X
OB/GYN	✓	✓	✓	N/A	N/A	N/A
Oncology	N/A	X	X	X	X	X
Ophthalmology	✓	✓	X	X	X	X
Orthopedic Surgery	X	X	X	X	X	X
Psychiatry	✓	✓	✓	N/A	N/A	✓
Pulmonology	X	X	X	N/A	N/A	X
Urology	N/A	N/A	N/A	X	X	X
DMHC Finding - X	No Finding - ✓		Not Reviewed – N/A			

Table 3: Summary of provider specialty findings by the DMHC from 2015 to 2020.

Specialist Growth

Although DMHC has not updated its review, KHS reviews specialty growth quarterly. KHS reviewed historic provider counts for 17 specialty provider types. When comparing 2022 specialist provider data to 2021, KHS identified a 5% increase in total providers amongst 13 of the 17 specialty provider types reviewed.

Specialty	2018	2019	2020	2021	2022	5YR %
Cardiology	39	40	42	46	44	13%
Dermatology	31	35	35	35	45	45%
Endocrinology	17	19	20	24	26	53%
ENT/Otolaryngology	14	12	10	9	14	0%
Gastroenterology	16	20	22	24	33	106%
General Surgery	42	59	68	62	64	52%
Hematology	18	18	19	23	23	28%
Infectious Diseases	11	10	10	8	11	0%
Nephrology	23	25	25	28	32	40%
Neurology	24	25	25	25	29	21%
Oncology	20	23	24	27	26	30%
Ophthalmology	28	32	30	28	32	13%
Orthopedic Surgery	17	20	21	22	32	88%
Physical Med & Rehab	21	27	24	10	8	-62%
Psychiatry	45	54	54	53	65	44%
Pulmonology	22	21	20	20	21	-5%
Urology	9	13	17	16	22	144%
≥5% Increase			≥5% Decrease			

Table 4: Summary of the growth of the select specialists the DMHC reviews.

Mental Health

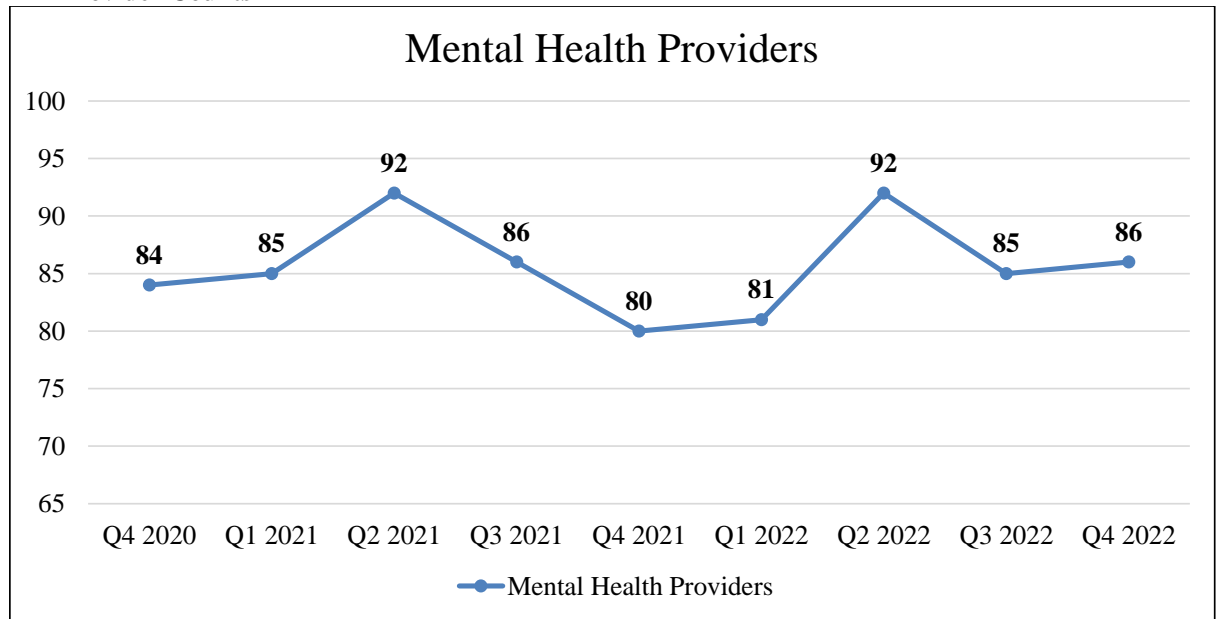
The DMHC utilizes a similar methodology in reviewing a Plan’s network of Non-Physician Mental Health Providers – Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT) and Psychologists. As of the MY 2020 data review, the DMHC did not identify any issues with capacity amongst KHS’s network of Non-Physician Mental Health Providers. KHS reviewed our historic count of Non-Physician Mental Health Providers and identified no substantial growth when compared to provider counts two years prior. KHS has identified this as a potential issue when compared to the member growth the Plan has experienced over the past two years.

DMHC Annual Network Report Findings

Specialty	MY 2015	MY 2016	MY 2017	MY 2018	MY 2019	MY 2020	MY 2021
Mental Health	X	X	X	✓	✓	✓	Pending
DMHC Finding - X			No Finding - ✓				

Table 5: Summary of DMHC findings related to Non-Physician Mental Health Providers from 2015 to 2020.

Provider Counts



Graph 3: Quarterly tracking of Non-Physician Mental Health Provider counts.

Moving Forward

The results of KHS' 2022 Provider Capacity study, in conjunction with the results of additional ongoing accessibility monitoring, were reviewed by the Provider Network Management leadership team and utilized to draft strategic expansion efforts.

KHS is excited to partner with our network of contracted providers as we work together to address provider shortage gaps within our community through our proposed 2023-2025 Recruitment and Retention (R & R) Grant Program. The program is aimed to increase access and address the shortage of health care professionals throughout Kern County. The program will focus on Primary Care, Behavioral Health, Transportation, and Specialty Care (including: Allergy/Immunology, Cardiology, ENT/Otolaryngology, Oncology, Ophthalmology, Orthopedic Surgery, and Psychiatry).

KHS continues to explore additional contracting opportunities through our ongoing emphasis on Provider Network expansion activities. The Provider Relations team conducts ongoing contracting opportunity identification, utilizing regulatory resources (Medi-Cal fee-for-service provider database) and competitor provider directory listings. As we work to increase access to care to members in rural areas, KHS continues its contracting efforts with providers outside of Kern County who are able to offer certain services with improved geographic accessibility.



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: Quarterly Review of Kern Health Systems Investment Portfolio
DATE: June 15, 2023

BACKGROUND

The Kern Health Systems (“KHS”) Investment Policy stipulates the following order of investment objectives:

- Preservation of principal
- Liquidity
- Yield

The investment portfolios are designed to attain a market-average rate of return through economic cycles given an acceptable level of risk. KHS currently maintains the following investment portfolios:

Short-Term Portfolio (Under 1 year)

Funds held in this period are typically utilized to pay providers, meet operating expenses and fund capital projects. Additionally, extra liquidity is maintained in the event the State is late with its monthly capitation payment.

Long-Term Portfolio (1-5 years)

Funds held in this time period are typically for reserves and to take advantage of obtaining higher yields.

REQUESTED ACTION

Receive and File.

**Kern Health Systems
Investment Portfolio
March 31, 2023**

Short Term Portfolio (under 1 year)

Funds held in this time frame are typically utilized to pay providers, meet operating expenses, distribute pass-through monies, potential State premium recoupments and for amounts owed under various Risk Corridors. Extra liquidity is maintained in the event the State is late with its monthly capitation payment.

<u>Description</u>		<u>Dollar Amount</u>	<u>% of Portfolio</u>	<u>Maximum Allowed Per Policy</u>	<u>Approximate Current Yield</u>	<u>Liquidity</u>	<u>Principal Fluctuation</u>
Wells Fargo - Cash		(1) \$ 1,700,000	0.40%	100%		1 Day	None
Money Market Accounts	(A)	(1) \$ 67,200,000	15.67%	40%	4.66%	1 Day	None
Local Agency Investment Fund (LAIF)	(B)	(2) \$ 73,900,000	17.23%	50%	2.63%	2 Days	None
US T-Bills & Federal Agencies at Wells Fargo		(1) \$ 204,500,000	47.69%	100%	4.73%	1 Day	Subject to Interest Rate Fluctuations
KHS Managed Portfolio at Wells Fargo	(C)	(1) \$ 6,500,000	1.52%		4.67%	3 Days	Subject to Interest Rate and Credit Fluctuations
Sub-Total		\$ 353,800,000	82.51%		4.25%		

Long Term Portfolio (1 - 5 years)

Funds held in this time frame are typically for reserves and to take advantage of obtaining higher yields.

UBS Managed Portfolio	(D)	\$ 60,100,000	14.02%		4.97%	3 Days	Subject to Interest Rate and Credit Fluctuations
KHS Managed Portfolio at Wells Fargo	(C)	\$ 14,900,000	3.47%		4.62%	3 Days	Subject to Interest Rate and Credit Fluctuations
Sub-Total		\$ 75,000,000	17.49%		4.90%		
Total Portfolio		\$ 428,800,000	100.00%		4.37%		

<u>Yield Curve</u>	<u>Yield Curve</u>			
	<u>Treasuries</u>	<u>AA Corporate Bonds</u>	<u>A Corporate Bonds</u>	<u>CD's</u>
1 year	4.45%	4.55%	4.81%	4.75%
2 year	3.82%	4.32%	4.58%	4.70%
3 year	3.61%	4.15%	4.41%	4.50%
5 year	3.40%	4.08%	4.38%	4.50%

- (A) Money market fund comprised of US Treasury and Repurchase Agreement Obligations.
 - (B) LAIF is part of a \$191 Billion Pooled Money Investment Account managed by the State Treasurer of CA. Majority of portfolio is comprised of Treasuries, CD's, Time Deposits and Commercial Paper.
 - (C) High quality diversified portfolio comprising Federal Agency Securities
 - (D) High quality diversified portfolio comprising certificate of deposits, corporate bonds and notes, municipal securities and US Treasury Securities. Includes investments maturing in less than 1 year that will be re-invested for over 1 year at maturity.
-
- (1) Funds are utilized to pay providers, meet operating expenses and distribute pass-through monies, potential State premium recoupments and for amounts owed under various Risk Corridors. Extra liquidity is maintained in the event the State is late with its monthly capitation payment.
 - (2) Funds are primarily utilized to fund various Grant Programs and 2023 capital projects.



UBS Client Review

as of March 31, 2023

Branch office:
9201 Camino Media
Suite 230
Bakersfield, CA 93311

Financial Advisor:
The Cohen Group
(661) 663-3233

Prepared for

Kern Health Systems

Accounts included in this review

Account	Name	Type
EX XX120	<ul style="list-style-type: none"> • BOND PORTFOLIO 	<ul style="list-style-type: none"> • Portfolio Management Program
Risk profile:	Conservative	
Return Objective:	Current Income	

What's inside

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Portfolio review

as of March 31, 2023

Asset allocation review

	Value on 03/31/2023 (\$)	% of Portfolio
A Cash	117,375.13	0.20
Cash	117,375.13	0.20
US	117,375.13	0.20
B Fixed Income	60,024,689.72	99.80
US	60,024,689.72	99.80
Government	5,215,760.67	8.67
Corporate IG Credit	54,808,929.05	91.13
C Equity	0.00	0.00
D Commodities	0.00	0.00
E Non-Traditional	0.00	0.00
F Other	0.00	0.00
Total Portfolio	\$60,142,064.85	100%



Balanced mutual funds are allocated in the 'Other' category

Portfolio value and investment results

Performance returns (annualized > 1 year)

	For the period of 12/31/2022 to 03/31/2023	For the period of 12/31/2022 to 03/31/2023	For the period of 12/31/2022 to 03/31/2023	For the period of 12/31/2022 to 03/31/2023
Opening value	59,490,576.84	59,490,576.84	59,490,576.84	59,490,576.84
Net deposits/withdrawals	-22,280.50	-22,280.50	-22,280.50	-22,280.50
Div./interest income	266,742.34	266,742.34	266,742.34	266,742.34
Change in accr. interest	85,108.42	85,108.42	85,108.42	85,108.42
Change in value	321,917.75	321,917.75	321,917.75	321,917.75
Closing value	60,142,064.85	60,142,064.85	60,142,064.85	60,142,064.85
Net Time-weighted ROR	1.10	1.10	1.10	1.10

Net deposits and withdrawals include program and account fees.

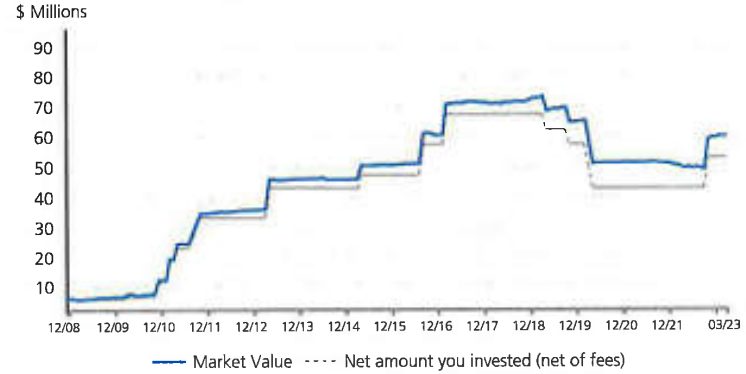
Past performance does not guarantee future results and current performance may be lower/higher than past data presented.

Report created on: April 19, 2023

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Prepared for: Kern Health Systems
 Risk profile: Conservative
 Return Objective: Current Income

Sources of portfolio value



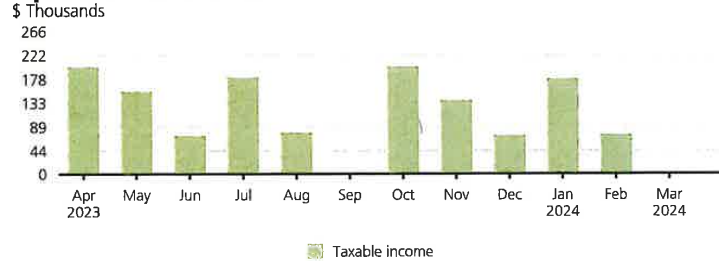
Summary of gains and losses

	Short term (\$)	Long term (\$)	Total (\$)
2022 Realized gains and losses	0.00	-60,398.10	-60,398.10
Taxable	0.00	-60,398.10	-60,398.10
Tax-deferred	0.00	0.00	0.00
2023 Year to date	0.00	0.00	0.00
Taxable	0.00	0.00	0.00
Tax-deferred	0.00	0.00	0.00



Portfolio review - as of March 31, 2023 (continued)

Expected cash flow

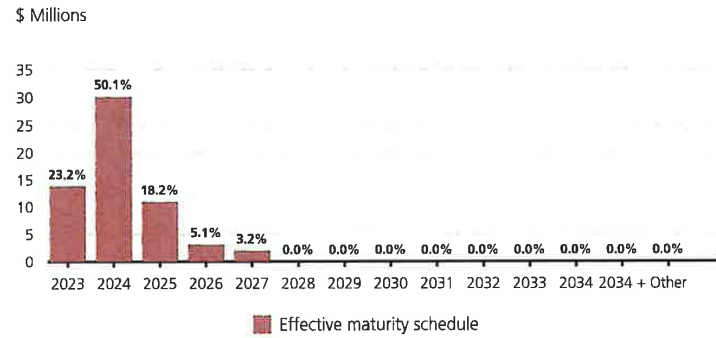


Total taxable income: \$1,380,881.25

Total expected cash flow: \$1,380,881.25

Cash flows displayed account for known events such as maturities and mandatory puts.

Bond maturity schedule



Cash, mutual funds and some preferred securities are not included.

Equity sector analysis

Compared to S&P 500 index

	Value on			
	03/31/2023 (\$)	Actual (%)	Model (%)	Gap (%)
Communication Services	0.00	0.00	8.39	-8.39
Consumer Discretionary	0.00	0.00	10.28	-10.28
Consumer Staples	0.00	0.00	7.82	-7.82
Energy	0.00	0.00	4.67	-4.67
Financials	0.00	0.00	12.79	-12.79
Health Care	0.00	0.00	14.20	-14.20
Industrials	0.00	0.00	8.55	-8.55
Information Technology	0.00	0.00	25.42	-25.42
Materials	0.00	0.00	2.59	-2.59
Real Estate	0.00	0.00	2.48	-2.48
Utilities	0.00	0.00	2.81	-2.81
Total classified equity	\$0.00			
Unclassified Securities	0.00			

Past performance does not guarantee future results and current performance may be lower/higher than past data presented.

Report created on: April 19, 2023



Portfolio review - as of March 31, 2023 (continued)

Summary of performance by account

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for: **Kern Health Systems**
 Risk profile: Conservative
 Return Objective: Current Income

					Performance returns (annualized > 1 year)			
					For the period of	For the period of	For the period of	For the period of
					12/31/2022 to	12/31/2022 to	12/31/2022 to	12/31/2022 to
					03/31/2023	03/31/2023	03/31/2023	03/31/2023
Performance start date	Value on 03/31/2023 (\$)	% of portfolio						
EX XX120 BOND PORTFOLIO•PMP•The Cohen Group Fixed Income - PIV Risk profile: Conservative Return objective: Current Income	Dec 08, 2008	60,142,064.85	100.00%	Net time-weighted	1.10%	1.10%	1.10%	1.10%
Total Portfolio	Dec 08, 2008	\$60,142,064.85	100%	Net time-weighted	1.10%	1.10%	1.10%	1.10%
Benchmarks - Annualized time-weighted returns					For the period of	For the period of	For the period of	For the period of
					12/31/2022 to	12/31/2022 to	12/31/2022 to	12/31/2022 to
					03/31/2023	03/31/2023	03/31/2023	03/31/2023
Blended Index					1.39%	1.39%	1.39%	1.39%
Blended Index 2					1.24%	1.24%	1.24%	1.24%
US Treasury Bill - 3 Mos					1.09%	1.09%	1.09%	1.09%
BBG US Agg (1-3 Y)					1.51%	1.51%	1.51%	1.51%
S&P 500					7.50%	7.50%	7.50%	7.50%

Blended Index:11/04/2019 - Current: 45% BBG US Corp 1-3Y Incp76; 55% BBG US Agg Gvt & CR 1-3 Y **Blended Index 2:Start - Current:** 30% BofA 1Y Trs Note; 40% BofA US Corp 1-3Y A-AAA; 30% US Treasury Bill - 3 Mos
Past performance does not guarantee future results and current performance may be lower/higher than past data presented.

Report created on: April 19, 2023



Asset allocation by account

as of March 31, 2023

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Prepared for Kern Health Systems

Risk profile: Conservative

Return Objective: Current Income

	Equities (\$/%)				Fixed Income (\$/%)			Non-Traditional (\$/%)	Commodities (\$/%)	Other (\$/%)	Total
	Cash (\$/%)	U.S.	Global	International	U.S.	Global	International				
	117,375.13	0.00	0.00	0.00	60,024,689.72	0.00	0.00	0.00	0.00	0.00	\$60,142,064.85
Total Portfolio	0.20	0.00	0.00	0.00	99.80	0.00	0.00	0.00	0.00	0.00	100%
	117,375.13	0.00	0.00	0.00	60,024,689.72	0.00	0.00	0.00	0.00	0.00	\$60,142,064.85
	0.20	0.00	0.00	0.00	99.80	0.00	0.00	0.00	0.00	0.00	100.00%

EX XX120 . BOND PORTFOLIO . BSA PMP

Risk profile: Conservative

Return objective: Current Income

	Equities (\$/%)				Fixed Income (\$/%)			Non-Traditional (\$/%)	Commodities (\$/%)	Other (\$/%)	Total
	Cash (\$/%)	U.S.	Global	International	U.S.	Global	International				
	117,375.13	0.00	0.00	0.00	60,024,689.72	0.00	0.00	0.00	0.00	0.00	\$60,142,064.85
Total Portfolio	0.20	0.00	0.00	0.00	99.80	0.00	0.00	0.00	0.00	0.00	100%

Balanced mutual funds are allocated in the 'Other' category



Asset allocation review

as of March 31, 2023

Summary of asset allocation

	Market value (\$)	% of Portfolio
Cash	117,375.13	0.20
Cash	117,375.13	0.20
US	117,375.13	0.20
Fixed Income	60,024,689.72	99.80
US	60,024,689.72	99.80
Government	5,215,760.67	8.67
Corporate IG Credit	54,808,929.05	91.13
Equity	0.00	0.00
Commodities	0.00	0.00
Non-Traditional	0.00	0.00
Other	0.00	0.00
Total Portfolio	\$60,142,064.85	100%

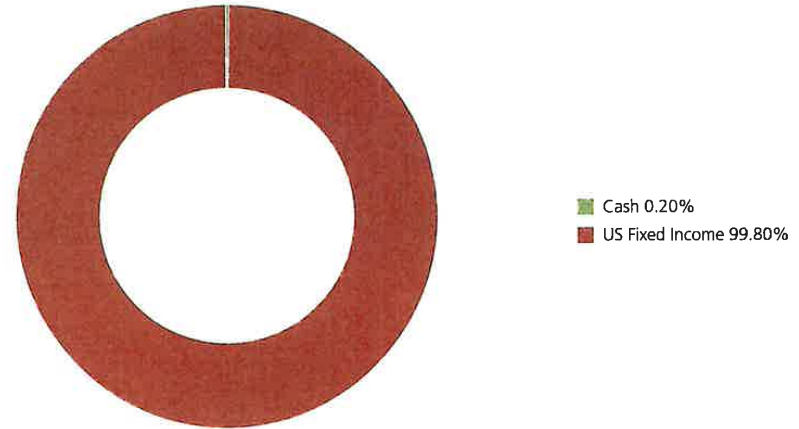
Balanced mutual funds are allocated in the 'Other' category

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Prepared for: Kern Health Systems

Risk profile: Conservative

Return Objective: Current Income





Bond summary

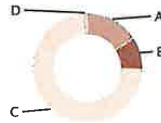
as of March 31, 2023

Bond overview

Total quantity	61,375,000
Total market value	\$59,571,008.00
Total accrued interest	\$453,681.72
Total market value plus accrued interest	\$60,024,689.72
Total estimated annual bond interest	\$1,404,756.25
Average coupon	2.29%
Average current yield	2.36%
Average yield to maturity	4.97%
Average yield to worst	4.97%
Average modified duration	1.39
Average effective maturity	1.49

Credit quality of bond holdings

Effective credit rating	Issues	Value on 03/31/2023 (\$)	% of port.
A Aaa/AAA/AAA	6	9,475,642.82	15.82
B Aa/AA/AA	4	5,751,794.28	9.57
C A/A/A	29	43,815,228.18	72.97
D Baa/BBB/BBB	1	982,024.44	1.63
E Non-investment grade	0	0.00	0.00
F Certificate of deposit	0	0.00	0.00
G Not rated	0	0.00	0.00
Total	40	\$60,024,689.72	100%



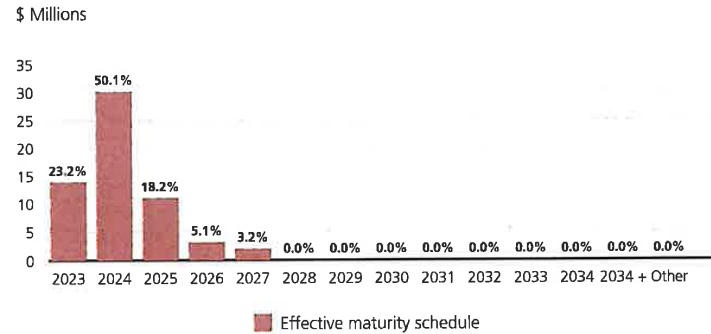
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Prepared for: Kern Health Systems
 Risk profile: Conservative
 Return Objective: Current Income

Investment type allocation

Investment type	Taxable (\$)	Tax-exempt / deferred (\$)	Total (\$)	% of bond port.
U.S. corporates	54,808,929.05	0.00	54,808,929.05	91.31
U.S. federal agencies	5,215,760.67	0.00	5,215,760.67	8.69
Total	\$60,024,689.72	\$0.00	\$60,024,689.72	100%

Bond maturity schedule



Cash, mutual funds and some preferred securities are not included.

Includes all fixed income securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities.



Bond holdings

as of March 31, 2023

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for: Kern Health Systems
 Risk profile: Conservative
 Return Objective: Current Income

Summary of bond holdings

Maturity Year	Issues	Quantity	Est. annual income (\$)	Current yield (%)	Yield to maturity (%)	Yield to worst (%)	Modified duration	Adjusted cost basis (\$)	Unrealized gain/loss (\$)	Mkt. value (\$)	% of bond portfolio maturing
2023	8	14,100,000	69,150.00	0.50%	5.06 %	5.06 %	0.38	14,102,394.85	-267,045.85	13,835,349.00	23.22%
2024	20	31,025,000	747,506.25	2.50%	5.05 %	5.05 %	1.36	31,395,211.72	-1,499,398.22	30,153,669.24	50.19%
2025	8	11,100,000	407,850.00	3.76%	4.88 %	4.88 %	2.03	11,083,122.65	-239,122.65	10,955,863.34	18.2%
2026	2	3,150,000	111,000.00	3.62%	4.44 %	4.44 %	2.70	3,027,210	47,655.50	3,107,094.67	5.15%
2027	2	2,000,000	69,250.00	3.60%	4.51 %	4.51 %	3.57	1,855,980	70,000.00	1,948,529.31	3.23%
2028	0	0			NA	NA	NA				
2029	0	0			NA	NA	NA				
2030	0	0			NA	NA	NA				
2031	0	0			NA	NA	NA				
2032	0	0			NA	NA	NA				
2033	0	0			NA	NA	NA				
2034	0	0			NA	NA	NA				
2035	0	0			NA	NA	NA				
2036	0	0			NA	NA	NA				
2037	0	0			NA	NA	NA				
2038	0	0			NA	NA	NA				
2039	0	0			NA	NA	NA				
2040	0	0			NA	NA	NA				
2041	0	0			NA	NA	NA				
2042	0	0			NA	NA	NA				
2043	0	0			NA	NA	NA				
2044	0	0			NA	NA	NA				
2045	0	0			NA	NA	NA				
2046	0	0			NA	NA	NA				
2047	0	0			NA	NA	NA				
2048	0	0			NA	NA	NA				
2049	0	0			NA	NA	NA				
2050	0	0			NA	NA	NA				
2051	0	0			NA	NA	NA				
2052	0	0			NA	NA	NA				
2052 +	0	0			NA	NA	NA				
Other	0	0			NA	NA	NA				
Total	40	61,375,000	\$1,404,756.25	2.36%	4.97 %	4.97 %	1.39	\$61,463,919.22	\$-1,892,911.22	\$60,024,689.72	

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities.

Report created on: April 19, 2023



Bond holdings - as of March 31, 2023 (continued)

Details of bond holdings

	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.
Total Bond Portfolio		61,375,000	2.29%	09/24/2024	NA	\$1,404,756.25 2.36%	4.97% 4.97%	1.39	\$61,463,919.2 -\$1,892,911.22	NA	\$59,571,008.00 \$453,681.72 \$60,024,689.72	100%
Maturing 2023												
PEPSICO INC NTS B/E 00.750% 050123 DTD050120 FC110120 CALL@MW+10BP	A1/WD/A+ NR/NR/NR	1,500,000	0.75%	05/01/2023		11,250.00 0.75%	4.75% 4.75%	0.08	1,500,563.08 -5,558.08	99.667	1,495,005.00 4,687.50	2.51%
APPLE INC NTS B/E 00.750% 051123 DTD051120 FC111120 CALL@MW+10BP	Aaa/NR/AA+ NR/NR/NR	3,000,000	0.75%	05/11/2023		22,500.00 0.75%	4.44% 4.44%	0.11	3,001,467.85 -13,737.85	99.591	2,987,730.00 8,750.00	5.02%
JOHN DEERE CPTL CORP 00.700% 070523 DTD060420 FC010521 MED TERM NTS	A2/A+/A NR/NR/NR	1,000,000	0.70%	07/05/2023		7,000.00 0.71%	5.19% 5.19%	0.25	1,000,909.54 -12,509.54	98.840	988,400.00 1,672.22	1.66%
PACCAR FINANCIAL CORP 00.350% 081123 DTD081120 FC021121 MED TERM NTS	A1/NR/A+ NR/NR/NR	2,000,000	0.35%	08/11/2023		7,000.00 0.36%	5.26% 5.26%	0.35	2,000,000.00 -34,840.00	98.258	1,965,160.00 972.22	3.30%
PEPSICO INC NTS B/E 00.400% 100723 DTD100720 FC040721	A1/NR/A+ NR/NR/NR	600,000	0.40%	10/07/2023		2,400.00 0.41%	5.03% 5.03%	0.50	600,528.80 -14,514.80	97.669	586,014.00 1,160.00	0.98%
FFCB BOND 00.290 % DUE 110223 DTD 110220 FC 05022021	NR/AAA/AA+ NR/NR/NR	2,000,000	0.29%	11/02/2023		5,800.00 0.30%	5.10% 5.10%	0.57	1,998,818.00 -53,658.00	97.258	1,945,160.00 2,400.56	3.27%
FANNIE MAE NTS 00.310 % DUE 111623 DTD 111620 FC 05162021	Aaa/AAA/AA+ NR/NR/NR	2,000,000	0.31%	11/16/2023	05/16/2023 100.00	6,200.00 0.32%	5.07% 5.07%	0.60	1,999,800.00 -57,660.00	97.107	1,942,140.00 2,325.00	3.26%
BANK OF NY MELLON CORP 00.350% 120723 DTD120720 FC060721 NTS B/E	A1/AA-/A NR/NR/NR	2,000,000	0.35%	12/07/2023	11/07/2023 100.00	7,000.00 0.36%	5.98% 5.98%	0.66	2,000,307.58 -74,567.58	96.287	1,925,740.00 2,216.67	3.23%
Total 2023		14,100,000	0.49%	08/22/2023		\$69,150.00 0.50%	5.06% 5.06%	0.38	\$14,102,394.8 -\$267,045.85		\$13,835,349.00 \$24,184.17	23.22%
Maturing 2024												
US BANCORP MED TERM NTS 03.375% 020524 DTD020419 FACTOR 1.000000000000	A2/A+/A+ NR/NR/NR	300,000	3.38%	02/05/2024	01/05/2024 100.00	10,125.00 3.44%	5.71% 5.71%	0.81	307,245.62 -12,960.62	98.095	294,285.00 1,575.00	0.49%

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities.



EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for: Kern Health Systems
 Risk profile: Conservative
 Return Objective: Current Income

Bond holdings - as of March 31, 2023 (continued)

	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%) / Modified YTW (%) duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.	
Maturing 2024												
MICROSOFT CORP NTS B/E 02.875% 020624 DTD020617 FC080617 CALL@MW+12.5BP	Aaa/WDI/AAA NR/NR/NR	875,000	2.88%	02/06/2024	12/06/2023 100.00	25,156.25 2.92%	4.68% 4.68%	0.82 -16,807.57	878,805.07	98.514 3,843.32	861,997.50 3,843.32	1.45%
COMCAST CORP NTS B/E 03.700% 041524 DTD100518 FC041519 CALL@MW+15BP	A3/A/A- NR/NR/NR	1,500,000	3.70%	04/15/2024	03/15/2024 100.00	55,500.00 3.74%	4.88% 4.88%	0.98 -35,786.89	1,518,026.89	98.816 25,591.67	1,482,240.00 25,591.67	2.49%
APPLE INC NTS B/E 2.850% 051124 DTD051117 FC111117 CALL@MW+12.5BP	Aaa/NR/AA+ NR/NR/NR	400,000	2.85%	05/11/2024	03/11/2024 100.00	11,400.00 2.90%	4.45% 4.45%	1.06 -17,489.52	410,617.52	98.282 4,433.33	393,128.00 4,433.33	0.66%
AMAZON COM INC NTS B/E 00.450% 051224 DTD051221 CALL@MW+2.5BP	A1/AA-AA NR/NR/NR	2,000,000	0.45%	05/12/2024		9,000.00 0.47%	4.34% 4.34%	1.08 -81,400.00	1,997,660.00	95.813 3,475.00	1,916,260.00 3,475.00	3.22%
JPMORGAN CHASE & CO NTS 03.625% 051324 DTD051314 FC111314 B/E	A1/AA-A- NR/NR/NR	1,800,000	3.63%	05/13/2024		65,250.00 3.67%	4.83% 4.83%	1.06 -83,288.56	1,859,906.56	98.701 25,012.50	1,776,618.00 25,012.50	2.98%
US BANCORP NTS B/E 02.400% 073024 DTD072919 FC013020	A2/A/A+ NR/NR/NR	2,000,000	2.40%	07/30/2024	06/28/2024 100.00	48,000.00 2.50%	5.48% 5.48%	1.28 -45,880.00	1,967,640.00	96.088 8,000.00	1,921,760.00 8,000.00	3.23%
BB&T CORP NTS B/E 02.500% 080124 DTD072919 FC020120	A3/A/A- NR/NR/NR	1,000,000	2.50%	08/01/2024	07/01/2024 100.00	25,000.00 2.62%	6.03% 6.03%	1.27 -70,468.96	1,025,838.96	95.537 4,166.67	955,370.00 4,166.67	1.60%
UNITEDHEALTH GROUP INC 02.375% 081524 DTD072519 CALL@MW+10BP NTS	A3/A/A+ NR/NR/NR	2,250,000	2.38%	08/15/2024		53,437.50 2.45%	4.80% 4.80%	1.32 -78,978.03	2,257,203.03	96.810 6,828.12	2,178,225.00 6,828.12	3.66%
JOHN DEERE CAPITAL CORP 00.625% 091024 DTD091021 FC031022 NTS B/E	A2/A/A NR/NR/NR	1,400,000	0.63%	09/10/2024		8,750.00 0.66%	4.52% 4.52%	1.40 -76,275.52	1,400,899.52	94.616 510.42	1,324,624.00 510.42	2.22%
PAYPAL HOLDINGS INC NTS 02.400% 100124 DTD092619 FC040120 CALL@MW+15BP	A3/A/A- NR/NR/NR	2,250,000	2.40%	10/01/2024	09/01/2024 100.00	54,000.00 2.48%	4.67% 4.67%	1.43 -90,501.20	2,267,218.70	96.743 27,000.00	2,176,717.50 27,000.00	3.65%
SIMON PPTY GROUP LP B/E 03.375% 100124 DTD091014 FC040115 CALL@MW+15BP	A3/WDI/A- NR/NR/NR	1,900,000	3.38%	10/01/2024	07/01/2024 100.00	64,125.00 3.46%	5.05% 5.05%	1.41 -113,649.70	1,968,315.70	97.614 32,062.50	1,854,666.00 32,062.50	3.11%
BK OF NY MELLON CORP NTS 00.850% 102524 DTD102521 FC042522 B/E	A1/AA-A NR/NR/NR	1,500,000	0.85%	10/25/2024	09/25/2024 100.00	12,750.00 0.91%	5.45% 5.45%	1.51 -103,421.02	1,501,106.02	93.179 5,525.00	1,397,685.00 5,525.00	2.35%
BB&T CORP MED TERM NTS 02.850% 102624 DTD102617 FC042618 B/E	A3/A/A- NR/NR/NR	2,000,000	2.85%	10/26/2024	09/26/2024 100.00	57,000.00 2.99%	5.95% 5.95%	1.48 -80,323.31	1,988,643.31	95.416 24,541.67	1,908,320.00 24,541.67	3.20%
PNC FINL SERV GRP INC WT 02.200% 110124 DTD110119 FC050120 EXP NTS B/E	A3/A/A- NR/NR/NR	2,000,000	2.20%	11/01/2024	10/02/2024 100.00	44,000.00 2.31%	5.51% 5.51%	1.50 -151,901.28	2,052,661.28	95.038 18,333.33	1,900,760.00 18,333.33	3.19%
GENERAL DYNAMICS CORP 02.375% 111524 DTD091417 FC051518 CALL@MW+10BP	A3/WDI/A- NR/NR/NR	1,750,000	2.38%	11/15/2024	09/15/2024 100.00	41,562.50 2.46%	4.65% 4.65%	1.55 -107,528.19	1,796,085.69	96.489 15,701.39	1,688,557.50 15,701.39	2.83%

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities.

Report created on: April 19, 2023

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EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for: **Kern Health Systems**
 Risk profile: Conservative
 Return Objective: Current Income

Bond holdings - as of March 31, 2023 (continued)

	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%) / YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.
Maturing 2024												
ORACLE CORP NTS B/E 02.950% 111524 DTD110917 FC051518 CALL@MW+15BP	Baa2/BBB/BBB NR/NR/NR	1,000,000	2.95%	11/15/2024	09/15/2024 100.00	29,500.00 3.04%	4.84% 4.84%	1.54	1,032,457.00 -61,577.00	97.088	970,880.00 11,144.44	1.63%
TRUIST BANK NTS B/E 02.150% 120624 DTD120619 FC060620	A2/A+/A NR/NR/NR	2,000,000	2.15%	12/06/2024	11/06/2024 100.00	43,000.00 2.28%	5.85% 5.85%	1.60	1,999,233.06 -116,133.06	94.155	1,883,100.00 13,736.11	3.16%
WAL MART STORES INC NTS 02.650% 121524 DTD102017 FC061518 CALL@MW+10BP	Aa2/AA/AA NR/NR/NR	1,900,000	2.65%	12/15/2024	10/15/2024 100.00	50,350.00 2.72%	4.31% 4.31%	1.63	1,963,012.13 -114,388.13	97.296	1,848,624.00 14,825.28	3.10%
STATE STREET CORP B/E 03.300% 121624 DTD121514 FC061615	A1/AA-/A NR/NR/NR	1,200,000	3.30%	12/16/2024		39,600.00 3.41%	5.26% 5.26%	1.61	1,202,635.66 -40,639.66	96.833	1,161,996.00 11,550.00	1.95%
Total 2024		31,025,000	2.42%	09/04/2024		\$747,506.25 2.50%	5.05% 5.05%	1.36	\$31,395,211.7 \$-1,499,398.22		\$29,895,813.50 \$257,855.74	50.19%
Maturing 2025												
JPMORGAN CHASE & CO B/E 03.125% 012325 DTD012315 FC072315	A1/AA-/A NR/NR/NR	2,400,000	3.13%	01/23/2025	10/23/2024 100.00	75,000.00 3.23%	5.02% 5.02%	1.72	2,490,677.42 -168,485.42	96.758	2,322,192.00 14,166.67	3.90%
BK OF NY MELLON CORP B/E 03.000% 022425 DTD022415 FC082415	A1/AA-/A NR/NR/NR	1,300,000	3.00%	02/24/2025	01/24/2025 100.00	39,000.00 3.12%	5.20% 5.20%	1.80	1,333,307.23 -84,410.23	96.069	1,248,897.00 4,008.33	2.10%
BURLINGTN NORTH SANTA FE 03.000% 040125 DTD030915 FC100115 CALL@MW+15BP	A3/NR/AA- NR/NR/NR	1,000,000	3.00%	04/01/2025	01/01/2025 100.00	30,000.00 3.09%	4.51% 4.51%	1.88	957,230.00 14,170.00	97.140	971,400.00 15,000.00	1.63%
PNC BK B/E 03.250% 060125 DTD060115 FC120115	A2/A+/A NR/NR/NR	300,000	3.25%	06/01/2025	05/01/2025 100.00	9,750.00 3.41%	5.54% 5.54%	2.02	295,368.00 -9,219.00	95.383	286,149.00 3,250.00	0.48%
UNION PAC CORP NTS B/E 03.750% 071525 DTD060818 FC011519 CALL@MW+15BP	A3/A-/A NR/NR/NR	2,000,000	3.75%	07/15/2025	05/15/2025 100.00	75,000.00 3.81%	4.44% 4.44%	2.14	1,940,760.00 29,600.00	98.518	1,970,360.00 15,833.33	3.31%
MORGAN STANLEY B/E 04.000% 072325 DTD072315 FC012316 CALL@MW+25BP	A1/A+/A NR/NR/NR	1,800,000	4.00%	07/23/2025		72,000.00 4.09%	5.00% 5.00%	2.15	1,798,200.00 -37,242.00	97.831	1,760,958.00 13,600.00	2.96%
COMCAST CORP NTS B/E 3.950% 101525 DTD100518 FC041519 CALL@MW+15BP	A3/A-/A NR/NR/NR	1,000,000	3.95%	10/15/2025	08/15/2025 100.00	39,500.00 4.00%	4.45% 4.45%	2.34	968,230.00 19,870.00	98.810	988,100.00 18,213.89	1.66%
FFCB BOND 05.200% DUE 110325 DTD 110322 FC 05032023	Aaa/AAA/AA+ NR/NR/NR	1,300,000	5.20%	11/03/2025	11/03/2023 100.00	67,600.00 5.22%	5.33% 5.33%	2.34	1,299,350.00 -3,406.00	99.688	1,295,944.00 27,791.11	2.18%
Total 2025		11,100,000	3.68%	06/04/2025		\$407,850.00 3.76%	4.88% 4.88%	2.03	\$11,083,122.6 \$-239,122.65		\$10,844,000.00 \$111,863.34	18.20%

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities.

Report created on: April 19, 2023



EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for: Kern Health Systems
 Risk profile: Conservative
 Return Objective: Current Income

Bond holdings - as of March 31, 2023 (continued)

	Effective rating/ Underlying rating (Mdy/Fitch/S&P)	Quantity	Coupon	Effective maturity	Call date/ Call price (\$)	Est. annual income (\$)/ Curr. yield (%)	YTM (%)/ YTW (%)	Modified duration	Adjusted cost basis (\$)/ Unreal. g/l (\$)	Market price (\$)	Mkt. value (\$)/ Accr. interest (\$)	% of bond port.
Maturing 2026												
LOCKHEED MARTIN CORP B/E 03.550% 011526 DTD112315 FC071516 CALL@MW+20BP	A3/A-/A- NR/NR/NR	1,500,000	3.55%	01/15/2026	10/15/2025 100.00	53,250.00 3.59%	3.94% 3.94%	2.60	1,445,685.00 38,910.00	98.973	1,484,595.00 11,241.67	2.49%
BANK OF AMER CORP NTS 03.500% 041926 DTD041916 FC101916 B/E	A2/AA-/A- NR/NR/NR	1,650,000	3.50%	04/19/2026		57,750.00 3.64%	4.90% 4.90%	2.80	1,581,525.00 3,745.50	96.077	1,585,270.50 25,987.50	2.66%
Total 2026		3,150,000	3.52%	03/05/2026		\$111,000.00 3.62%	4.44% 4.44%	2.70	\$3,027,210.00 \$42,655.50		\$3,069,865.50 \$37,229.17	5.15%
Maturing 2027												
MORGAN STANLEY B/E 03.625% 012027 DTD012017 FC072017	A1/A-/A- NR/NR/NR	1,000,000	3.63%	01/20/2027	11/15/2026 100.00	36,250.00 3.78%	4.81% 4.81%	3.47	913,100.00 46,070.00	95.917	959,170.00 7,149.31	1.61%
AMAZON.COM INC NTS B/E 03.300% 041327 DTD041322 FC101322 CALL@MW+10BP	A1/AA-/AA NR/NR/NR	1,000,000	3.30%	04/13/2027	03/13/2027 100.00	33,000.00 3.41%	4.20% 4.20%	3.66	942,880.00 23,930.00	96.681	966,810.00 15,400.00	1.62%
Total 2027		2,000,000	3.46%	03/03/2027		\$69,250.00 3.60%	4.51% 4.51%	3.57	\$1,855,980.00 \$70,000.00		\$1,925,980.00 \$22,549.31	3.23%
Total Bond Portfolio		61,375,000	2.29%	09/24/2024	NA	\$1,404,756.25 2.36%	4.97% 4.97%	1.39	\$61,463,919.2 \$-1,892,911.22	NA	\$59,571,008.00 \$453,681.72 \$60,024,689.72	100%

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities.

Report created on: April 19, 2023

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Additional information about your portfolio

as of March 31, 2023

Benchmark composition

Account EX XX120

Blended Index

Start - 05/15/2017: 50% BBG US Gvt 1-3 Y; 50% BBG USAgg GvtCr 1-5Y

05/15/2017 - 05/31/2018: 100% BBG Agg Bond

05/31/2018 - 11/04/2019: 100% BBG Agg Bond

11/04/2019 - Current: 45% BBG US Corp 1-3Y Incp76; 55% BBG US Agg Gvt & CR 1-3 Y

Blended Index 2

Start - Current: 30% BofA 1Y Trs Note; 40% BofA US Corp 1-3Y A-AAA; 30% US Treasury Bill - 3 Mos



Disclosures applicable to accounts at UBS Financial Services Inc.

This section contains important disclosures regarding the information and valuations presented here. All information presented is subject to change at any time and is provided only as of the date indicated. The information in this report is for informational purposes only and should not be relied upon as the basis of an investment or liquidation decision. UBS FS account statements and official tax documents are the only official record of your accounts and are not replaced, amended or superseded by any of the information presented in these reports. You should not rely on this information in making purchase or sell decisions, for tax purposes or otherwise.

UBS FS offers a number of investment advisory programs to clients, acting in our capacity as an investment adviser, including fee-based financial planning, discretionary account management, non-discretionary investment advisory programs, and advice on the selection of investment managers and mutual funds offered through our investment advisory programs. When we act as your investment adviser, we will have a written agreement with you expressly acknowledging our investment advisory relationship with you and describing our obligations to you. At the beginning of our advisory relationship, we will give you our Form ADV brochure(s) for the program(s) you selected that provides detailed information about, among other things, the advisory services we provide, our fees, our personnel, our other business activities and financial industry affiliations and conflicts between our interests and your interests.

In our attempt to provide you with the highest quality information available, we have compiled this report using data obtained from recognized statistical sources and authorities in the financial industry. While we believe this information to be reliable, we cannot make any representations regarding its accuracy or completeness. Please keep this guide as your Advisory Review.

Please keep in mind that most investment objectives are long term. Although it is important to evaluate your portfolio's performance over multiple time periods, we believe the greatest emphasis should be placed on the longer period returns.

Please review the report content carefully and contact your Financial Advisor with any questions.

Client Accounts: This report may include all assets in the accounts listed and may include eligible and ineligible assets in a fee-based program. Since ineligible assets are not considered fee-based program assets, the inclusion of such securities will distort the actual performance of your accounts and does not reflect the performance of your accounts in the fee-based program. As a result, the performance reflected in this report can

vary substantially from the individual account performance reflected in the performance reports provided to you as part of those programs. For fee-based programs, fees are charged on the market value of eligible assets in the accounts and assessed quarterly in advance, prorated according to the number of calendar days in the billing period. When shown on a report, the risk profile and return objectives describe your overall goals for these accounts. For each account you maintain, you choose one return objective and a primary risk profile. If you have questions regarding these objectives or wish to change them, please contact your Financial Advisor to update your account records.

Performance: This report presents account activity and performance depending on which inception type you've chosen. The two options are: (1) All Assets (Since Performance Start): This presents performance for all assets since the earliest possible date; (2) Advisory Assets (Advisory Strategy Start) for individual advisory accounts: This presents Advisory level performance since the Latest Strategy Start date; If an account that has never been managed is included in the consolidated report, the total performance of that unmanaged account will be included since inception.

Time-weighted Returns for accounts / SWP/AAP sleeves (Monthly periods): The report displays a time weighted rate of return (TWR) that is calculated using the Modified Dietz Method. This calculation uses the beginning and ending portfolio values for the month and weighs each contribution/withdrawal based upon the day the cash flow occurred. Periods greater than one month are calculated by linking the monthly returns. The TWR gives equal weighting to every return regardless of amount of money invested, so it is an effective measure for returns on a fee based account. All periods shown which are greater than 12 months are annualized. This applies to all performance for all assets before 09/30/2010, Advisory assets before 12/31/2010 and SWP sleeves before 04/30/2018.

Time-weighted Returns for accounts / SWP/AAP sleeves (Daily periods): The report displays a time weighted rate of return (TWR) that is calculated by dividing the portfolio's daily gain/loss by the previous day's closing market value plus the net value of cash flows that occurred during the day, if it was positive. The TWR gives equal weighting to every return regardless of amount of money invested, so it is an effective measure for returns on a fee based account. Periods greater than one day are calculated by linking the daily returns. All periods shown which are greater than 12 months are annualized. For reports generated prior to 01/26/2018, the performance calculations used the account's end of day value on the performance inception (listed in the report under the column "ITD") and all cash flows were posted at end of day. As a result of the change, the overall rate of return (TWR) and beginning market value displayed can vary from prior generated reports. This

applies to all performance for all assets on or after 09/30/2010, Advisory assets on or after 12/31/2010, SWP/AAP sleeves on or after 04/30/2018 as well as all Asset Class and Security level returns.

Money-weighted returns: Money-weighted return (MWR) is a measure of the rate of return for an asset or portfolio of assets. It is calculated by finding the daily Internal Rate of Return (IRR) for the period and then compounding this return by the number of days in the period being measured. The MWR incorporates the size and timing of cash flows, so it is an effective measure of returns on a portfolio.

Annualized Performance: All performance periods greater than one year are calculated (unless otherwise stated) on an annualized basis, which represents the return on an investment multiplied or divided to give a comparable one year return.

Cumulative Performance: A cumulative return is the aggregate amount that an investment has gained or lost over time, independent of the period of time involved.

Net of Fees and Gross of Fees Performance: Performance is presented on a "net of fees" and "gross of fees" basis, where indicated. Net returns do not reflect Program and wrap fees prior to 10/31/10 for accounts that are billed separately via invoice through a separate account billing arrangement. Gross returns do not reflect the deduction of fees, commissions or other charges. The payment of actual fees and expenses will reduce a client's return. The compound effect of such fees and expenses should be considered when reviewing returns. For example, the net effect of the deduction of fees on annualized performance, including the compounded effect over time, is determined by the relative size of the fee and the account's investment performance. It should also be noted that where gross returns are compared to an index, the index performance also does not reflect any transaction costs, which would lower the performance results. Market index data maybe subject to review and revision.

Benchmark/Major Indices: The past performance of an index is not a guarantee of future results. Any benchmark is shown for informational purposes only and relates to historical performance of market indices and not the performance of actual investments. Although most portfolios use indices as benchmarks, portfolios are actively managed and generally are not restricted to investing only in securities in the index. As a result, your portfolio holdings and performance may vary substantially from the index. Each index reflects an unmanaged universe of securities without any deduction for advisory fees or other expenses that would reduce actual returns, as well as the reinvestment of all income and dividends. An actual investment in the securities included in the index would require an investor to incur transaction costs, which would lower the performance

results. Indices are not actively managed and investors cannot invest directly in the indices. Market index data maybe subject to review and revision. Further, there is no guarantee that an investor's account will meet or exceed the stated benchmark. Index performance information has been obtained from third parties deemed to be reliable. We have not independently verified this information, nor do we make any representations or warranties to the accuracy or completeness of this information.

Blended Index - For Advisory accounts, Blended Index is designed to reflect the asset categories in which your account is invested. For Brokerage accounts, you have the option to select any benchmark from the list.

For certain products, the blended index represents the investment style corresponding to your client target allocation. If you change your client target allocation, your blended index will change in step with your change to your client target allocation.

Blended Index 2 - 8 - are optional indices selected by you which may consist of a blend of indexes. For advisory accounts, these indices are for informational purposes only. Depending on the selection, the benchmark selected may not be an appropriate basis for comparison of your portfolio based on it's holdings.

For strategies that are highly customized, such as Concentrated Equity Solutions (CES), benchmarks are broad market indices included for general reference and are not intended to show comparative market performance or potential portfolios with risk or return profiles similar to your account. Benchmark indices are shown for illustrative purposes only.

Custom Time Periods: If represented on this report, the performance start date and the performance end date have been selected by your Financial Advisor in order to provide performance and account activity information for your account for the specified period of time only. As a result, only a portion of your account's activity and performance information is presented in the performance report, and, therefore, presents a distorted representation of your account's activity and performance.

Net Deposits/Withdrawals: When shown on a report, this information represents the net value of all cash and securities contributions and withdrawals, program fees (including wrap fees) and other fees added to or subtracted from your accounts from the first day to the last day of the period. When fees are shown separately, net deposits / withdrawals does not include program fees (including wrap fees). When investment return is displayed net deposits / withdrawals does not include program fees (including wrap fees). For security contributions and withdrawals, securities are calculated using the end of day UBS FS price on the day securities



Disclosures applicable to accounts at UBS Financial Services Inc. (continued)

are delivered in or out of the accounts. Wrap fees will be included in this calculation except when paid via an invoice or through a separate accounts billing arrangement. When shown on Client summary and/or Portfolio review report, program fees (including wrap fees) may not be included in net deposits/withdrawals. PACE Program fees paid from sources other than your PACE account are treated as a contribution. A PACE Program Fee rebate that is not reinvested is treated as a withdrawal.

Deposits: When shown on a report, this information represents the net value of all cash and securities contributions added to your accounts from the first day to the last day of the period. On Client Summary Report and/or Portfolio Review Report, this may exclude the Opening balance. For security contributions, securities are calculated using the end of day UBS FS price on the day securities are delivered in or out of the accounts.

Withdrawals: When shown on a report, this information represents the net value of all cash and securities withdrawals subtracted from your accounts from the first day to the last day of the period. On Client summary and/or portfolio review report Withdrawals may not include program fees (including wrap fees). For security withdrawals, securities are calculated using the end of day UBS FS price on the day securities are delivered in or out of the accounts.

Dividends/Interest: Dividend and interest earned, when shown on a report, does not reflect your account's tax status or reporting requirements. Use only official tax reporting documents (i.e. 1099) for tax reporting purposes. The classification of private investment distributions can only be determined by referring to the official year-end tax-reporting document provided by the issuer.

Change in Accrued Interest: When shown on a report, this information represents the difference between the accrued interest at the beginning of the period from the accrued interest at the end of the period.

Change in Value: Represents the change in value of the portfolio during the reporting period, excluding additions/withdrawals, dividend and interest income earned and accrued interest. Change in Value may include program fees (including wrap fees) and other fees.

Fees: Fees represented in this report include program and wrap fees. Program and wrap fees prior to October 1, 2010 for accounts that are billed separately via invoice through a separate account billing arrangement are not included in this report.

Performance Start Date Changes: The Performance Start Date for accounts marked with a '*' have changed. Performance figures of an account with a changed

Performance Start Date may not include the entire history of the account. The new Performance Start Date will generate performance returns and activity information for a shorter period than is available at UBS FS. As a result, the overall performance of these accounts may generate better performance than the period of time that would be included if the report used the inception date of the account. UBS FS recommends reviewing performance reports that use the inception date of the account because reports with longer time frames are usually more helpful when evaluating investment programs and strategies. Performance reports may include accounts with inception dates that precede the new Performance Start Date and will show performance and activity information from the earliest available inception date.

The change in Performance Start Date may be the result of a performance gap due to a zero-balance that prevents the calculation of continuous returns from the inception of the account. The Performance Start Date may also change if an account has failed one of our performance data integrity tests. In such instances, the account will be labeled as 'Review Required' and performance prior to that failure will be restricted. Finally, the Performance Start Date will change if you have explicitly requested a performance restart. Please contact your Financial Advisor for additional details regarding your new Performance Start Date.

Closed Account Performance: Accounts that have been closed may be included in the consolidated performance report. When closed accounts are included in the consolidated report, the performance report will only include information for the time period the account was active during the consolidated performance reporting time period.

Important information on options-based strategies: Options involve risk and are not suitable for everyone. Prior to buying or selling an option investors must read a copy of the Characteristics & Risks of Standardized Options, also known as the options disclosure document (ODD). It explains the characteristics and risks of exchange traded options. The options risk disclosure document can be accessed at the following web address: www.optionsclearing.com/about/publications/character-risks.

Concentrated Equity Solutions (CES) managers are not involved in the selection of the underlying stock positions. The Manager will advise only on the options selection in order to pursue the strategy in conjunction with the underlying stock position(s) deposited in the account. It is important to keep this in mind when evaluating the manager's performance since the account's performance will include the performance of the underlying equity position that is not being managed. CES use options to seek to achieve your investment objectives regarding your concentration stock position. Options strategies change the potential

return profile of your stock. In certain scenarios, such as call writing, the call position will limit your ability to participate in any potential increase in the underlying equity position upon which the call was written. Therefore, in some market conditions, particularly during periods of significant appreciation of the underlying equity position(s), the CES account will decrease the performance that would have been achieved had the stock been held long without implementing the CES strategy.

Portfolio: For purposes of this report "portfolio" is defined as all of the accounts presented on the cover page or the header of this report and does not necessarily include all of the client's accounts held at UBS FS or elsewhere.

Percentage: Portfolio (in the "% Portfolio / Total" column) includes all holdings held in the account(s) selected when this report was generated. Broad asset class (in the "% broad asset class" column) includes all holdings held in that broad asset class in the account(s) selected when this report was generated.

Tax lots: This report displays security tax lots as either one line item (i.e., lumped tax lots) or as separate tax lot level information. If you choose to display security tax lots as one line item, the total cost equals the total value of all tax lots. The unit cost is an average of the total cost divided by the total number of shares. If the shares were purchased in different lots, the unit price listed does not represent the actual cost paid for each lot. The unrealized gain/loss value is calculated by combining the total value of all tax lots plus or minus the total market value of the security.

If you choose to display tax lot level information as separate line items on the Portfolio Holdings report, the tax lot information may include information from sources other than UBS FS. The Firm does not independently verify or guarantee the accuracy or validity of any information provided by sources other than UBS FS. As a result this information may not be accurate and is provided for informational purposes only. Clients should not rely on this information in making purchase or sell decisions, for tax purposes or otherwise. See your monthly statement for additional information.

Pricing: All securities are priced using the closing price reported on the last business day preceding the date of this report. Every reasonable attempt has been made to accurately price securities; however, we make no warranty with respect to any security's price. Please refer to the back of the first page of your UBS FS account statement for important information regarding the pricing used for certain types of securities, the sources of pricing data and other qualifications concerning the pricing of securities. To determine the value of securities in your account, we generally rely on third party

quotation services. If a price is unavailable or believed to be unreliable, we may determine the price in good faith and may use other sources such as the last recorded transaction. When securities are held at another custodian or if you hold illiquid or restricted securities for which there is no published price, we will generally rely on the value provided by the custodian or issuer of that security.

Cash: Cash on deposit at UBS Bank USA is protected by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in principal and accrued interest per depositor for each ownership type. Deposits made in an individual's own name, joint name, or individual retirement account are each held in a separate type of ownership. Such deposits are not guaranteed by UBS FS. More information is available upon request.

Asset Allocation: Your allocation analysis is based on your current portfolio. The Asset Allocation portion of this report shows the mix of various investment classes in your account. An asset allocation that shows a significantly higher percentage of equity investments may be more appropriate for an investor with a more aggressive investment strategy and higher tolerance for risk. Similarly, the asset allocation of a more conservative investor may show a higher percentage of fixed income investments.

Separately Managed Accounts and Pooled Investment Vehicles (such as mutual funds, closed end funds and exchanged traded funds): The asset classification displayed is based on firm's proprietary methodology for classifying assets. Please note that the asset classification assigned to rolled up strategies may include individual investments that provide exposure to other asset classes. For example, an International Developed Markets strategy may include exposure to Emerging Markets, and a US Large Cap strategy may include exposure to Mid Cap and Small Cap, etc.

Mutual Fund Asset Allocation: If the option to unbundle balanced mutual funds is selected and if a fund's holdings data is available, mutual funds will be classified by the asset class, subclass, and style breakdown of their underlying holdings. Where a mutual fund or ETF contains equity holdings from multiple equity sectors, this report will proportionately allocate the underlying holdings of the fund to those sectors measured as a percentage of the total fund's asset value as of the date shown.

This information is supplied by Morningstar, Inc. on a daily basis to UBS FS based on data supplied by the fund which may not be current. Mutual funds change their portfolio holdings on a regular (often daily) basis. Accordingly, any analysis that includes mutual funds may not accurately reflect the current composition of these funds. If a fund's underlying holding data is not available, it will be classified based on its corresponding



Disclosures applicable to accounts at UBS Financial Services Inc. (continued)

overall Morningstar classification. All data is as of the date indicated in the report.

All pooled investment vehicles (such as mutual funds, closed end mutual funds, and exchange traded funds) incorporate internal management and operation expenses, which are reflected in the performance returns. Please see relevant fund prospectus for more information. Please note, performance for mutual funds is inclusive of multiple share classes.

Ineligible Assets: We require that you hold and purchase only eligible managed assets in your advisory accounts. Please contact your Financial Advisor for a list of the eligible assets in your program. These reports may provide performance information for eligible and ineligible assets in a fee-based program. Since ineligible assets are not considered fee-based program assets, the inclusion of such securities will distort the actual performance of your advisory assets. As a result, the performance reflected in this report can vary substantially from the individual account performance reflected in the performance reports provided to you as part of those programs. For fee-based programs, fees are charged on the market value of eligible assets in the accounts and assessed quarterly in advance, prorated according to the number of calendar days in the billing period. Neither UBS nor your Financial Advisor will act as your investment adviser with respect to Ineligible Assets.

Variable Annuity Asset Allocation: If the option to unbundle a variable annuity is selected and if a variable annuity's holdings data is available, variable annuities will be classified by the asset class, subclass, and style breakdown for their underlying holdings. Where a variable annuity contains equity holdings from multiple equity sectors, this report will proportionately allocate the underlying holdings of the variable annuity to those sectors measured as a percentage of the total variable annuity's asset value as of the date shown.

This information is supplied by Morningstar, Inc. on a weekly basis to UBS FS based on data supplied by the variable annuity which may not be current. Portfolio holdings of variable annuities change on a regular (often daily) basis. Accordingly, any analysis that includes variable annuities may not accurately reflect the current composition of these variable annuities. If a variable annuity's underlying holding data is not available, it will remain classified as an annuity. All data is as of the date indicated in the report.

Equity Style: The Growth, Value and Core labels are determined by Morningstar. If an Equity Style is unclassified, it is due to non-availability of data required by Morningstar to assign it a particular style.

Equity Capitalization: Market Capitalization is determined by Morningstar. Equity securities are classified as Large Cap, Mid Cap or Small Cap by

Morningstar. Unclassified securities are those for which no capitalization is available on Morningstar.

Equity Sectors: The Equity sector analysis may include a variety of accounts, each with different investment and risk parameters. As a result, the overweighting or underweighting in a particular sector or asset class should not be viewed as an isolated factor in making investment/liquidation decisions; but should be assessed on an account by account basis to determine the overall impact on the account's portfolio.

Classified Equity: Classified equities are defined as those equities for which the firm can confirm the specific industry and sector of the underlying equity instrument.

Estimated Annual Income: The Estimated Annual Income is the annualized yearly per share Dividends/interest paid and multiplied by the quantity of shares held in the selected account(s). For savings product & sweep funds this value is not calculated and is displayed as 0.

Current Yield: Current yield is defined as the estimated annual income divided by the total market value.

Bond Rating: These ratings are obtained from independent industry sources and are not verified by UBS FS. Securities without rating information are left blank. Rating agencies may discontinue ratings on high yield securities.

NR: When NR is displayed under bond rating column, no ratings are currently available from that rating agency.

High Yield: This report may designate a security as a high yield fixed income security even though one or more rating agencies rate the security as an investment grade security. Further, this report may incorporate a rating that is no longer current with the rating agency. For more information about the rating for any high yield fixed income security, or to consider whether to hold or sell a high yield fixed income security, please contact your financial advisor or representative and do not make any investment decision based on this report.

Credit/Event Risk: Investments are subject to event risk and changes in credit quality of the issuer. Issuers can experience economic situations that may have adverse effects on the market value of their securities.

Interest Rate Risk: Bonds are subject to market value fluctuations as interest rates rise and fall. If sold prior to maturity, the price received for an issue may be less than the original purchase price.

Reinvestment Risk: Since most corporate issues pay interest semiannually, the coupon payments over the life of the bond can have a major impact on the bond's total return.

Call Provisions: When evaluating the purchase of a corporate bond, one should be aware of any features that may allow the issuer to call the security. This is particularly important when considering an issue that is trading at a premium to its call price, since the return may be negatively impacted if the issue is redeemed. Should an issue be called, investors may be faced with an earlier than anticipated reinvestment decision, and may be unable to reinvest their principal at equally favorable rates.

Effective Maturity: Effective maturity is the expected redemption due to pre-refunding, puts, or maturity and does not reflect any sinking fund activity, optional or extraordinary calls. Securities without a maturity date are left blank and typically include Preferred Securities, Mutual Funds and Fixed Income UITs.

Yields: Yield to Maturity and Yield to Worst are calculated to the worst call.

Accrued Interest: Interest that has accumulated between the most recent payment and the report date may be reflected in market values for interest bearing securities.

Bond Averages: All averages are weighted averages calculated based on market value of the holding, not including accrued interest.

Tax Status: "Taxable" includes all securities held in a taxable account that are subject to federal and/or state or local taxation. "Tax-exempt" includes all securities held in a taxable account that are exempt from federal, state and local taxation. "Tax-deferred" includes all securities held in a tax-deferred account, regardless of the status of the security.

Cash Flow: This Cash Flow analysis is based on the historical dividend, coupon and interest payments you have received as of the Record Date in connection with the securities listed and assumes that you will continue to hold the securities for the periods for which cash flows are projected. The attached may or may not include principal paybacks for the securities listed. These potential cash flows are subject to change due to a variety of reasons, including but not limited to, contractual provisions, changes in corporate policies, changes in the value of the underlying securities and interest rate fluctuations. The effect of a call on any security(s) and the consequential impact on its potential cash flow(s) is not reflected in this report. Payments that occur in the same month in which the report is generated – but prior to the report run ("As of") date – are not reflected in this report. In determining the potential cash flows, UBS FS relies on information obtained from third party services it believes to be reliable. UBS FS does not independently verify or guarantee the accuracy or validity of any information

provided by third parties. Although UBS FS generally updates this information as it is received, the Firm does not provide any assurances that the information listed is accurate as of the Record Date. Cash flows for mortgage-backed, asset-backed, factored, and other pass-through securities are based on the assumptions that the current face amount, principal pay-down, interest payment and payment frequency remain constant. Calculations may include principal payments, are intended to be an estimate of future projected interest cash flows and do not in any way guarantee accuracy.

Expected Cash Flow reporting for Puerto Rico Income Tax Purposes: Expected Cash Flow reporting may be prepared solely for Puerto Rico income tax purposes only. If you have received expected cash flow reporting for Puerto Rico income tax purposes only and are NOT subject to Puerto Rico income taxes, you have received this reporting in error and you should contact your Financial Advisor immediately. Both the Firm and your Financial Advisor will rely solely upon your representations and will not make the determination of whether you are subject to Puerto Rico income taxes. If you have received this reporting and you are NOT subject to Puerto Rico income taxes, the information provided in this reporting is inaccurate and should not be relied upon by you or your advisers. Neither UBS FS nor its employees or associated persons provide tax or legal advice. You should consult with your tax and/or legal advisors regarding your personal circumstances.

Bond sensitivity analysis: This analysis uses Modified Duration which approximates the percentage price change of a security for a given change in yield. The higher the modified duration of a security, the higher its risk. For callable securities, modified duration does not address the impact of changing interest rates on a bond's expected cash flow as a result of a call or prepayment.

Gain/Loss: The gain/loss information may include calculations based upon non-UBS FS cost basis information. The Firm does not independently verify or guarantee the accuracy or validity of any information provided by sources other than UBS FS. In addition, if this report contains positions with unavailable cost basis, the gain/(loss) for these positions are excluded in the calculation for the Gain/(Loss). As a result these figures may not be accurate and are provided for informational purposes only. Clients should not rely on this information in making purchase or sell decisions, for tax purposes or otherwise. Rely only on year-end tax forms when preparing your tax return. See your monthly statement for additional information.

Gain/Loss reporting for Puerto Rico Income Tax Purposes: Gain/(Loss) reporting may be prepared solely for Puerto Rico income tax purposes only. If you have received gain/(loss) reporting for Puerto Rico income tax



Disclosures applicable to accounts at UBS Financial Services Inc. (continued)

purposes only and are NOT subject to Puerto Rico income taxes, you have received this reporting in error and you should contact your Financial Advisor immediately. Pursuant to the Puerto Rico Internal Revenue Code (PRIRC) long-term capital gains are derived from the sale or exchange of capital assets held longer than six (6) months. For the purposes of this report only, long term gains and losses are represented by assets held for a period of more than six (6) months. Both the Firm and your Financial Advisor will rely solely upon your representations and will not make the determination of whether you are subject to Puerto Rico income taxes. If you have received this reporting and you are NOT subject to Puerto Rico income taxes, the information provided in this reporting is inaccurate and should not be relied upon by you or your advisers for purposes other than determining realized gain/loss for Puerto Rico income tax purposes. Neither UBS FS nor its employees or associated persons provide tax or legal advice. You should consult with your tax and/or legal advisors regarding your personal circumstances.

Gain/Loss 60/40: Index options listed in this report may be subject to IRS Tax Code - section 1256 categorizing them as broad-based index options. If so, the index may be eligible to be treated as 60% long term and 40% short terms for tax purposes. Please contact your tax professional to determine eligibility.

Accounts Included in this Report: The account listing may or may not include all of your accounts with UBS FS. The accounts included in this report are listed under the "Accounts included in this review" shown on the first page or listed at the top of each page. If an account number begins with "@" this denotes assets or liabilities held at other financial institutions. Information about these assets, including valuation, account type and cost basis, is based on the information you provided to us, or provided to us by third party data aggregators or custodians at your direction. We have not verified, and are not responsible for, the accuracy or completeness of this information.

Account name(s) displayed in this report and labels used for groupings of accounts can be customizable "nicknames" chosen by you to assist you with your recordkeeping or may have been included by your financial advisor for reference purposes only. The names used have no legal effect, are not intended to reflect any strategy, product, recommendation, investment objective or risk profile associated with your accounts or any group of accounts, and are not a promise or guarantee that wealth, or any financial results, can or will be achieved. All investments involve the risk of loss, including the risk of loss of the entire investment.

For more information about account or group names, or to make changes, contact your Financial Advisor.

Account changes: At UBS, we are committed to helping you work toward your financial goals. So that we may continue providing you with financial advice that is consistent with your investment objectives, please consider the following two questions:

- 1) Have there been any changes to your financial situation or investment objectives?
 - 2) Would you like to implement or modify any restrictions regarding the management of your account?
- If the answer to either question is "yes," it is important that you contact your Financial Advisor as soon as possible to discuss these changes. For MAC advisory accounts, please contact your investment manager directly if you would like to impose or change any investment restrictions on your account.

ADV disclosure: A complimentary copy of our current Form ADV Disclosure Brochure that describes the advisory program and related fees is available through your Financial Advisor. Please contact your Financial Advisor if you have any questions.

Important information for former Piper Jaffray and McDonald Investments clients: As an accommodation to former Piper Jaffray and McDonald Investments clients, these reports include performance history for their Piper Jaffray accounts prior to August 12, 2006 and McDonald Investments accounts prior to February 9, 2007, the date the respective accounts were converted to UBS FS. UBS FS has not independently verified this information nor do we make any representations or warranties as to the accuracy or completeness of that information and will not be liable to you if any such information is unavailable, delayed or inaccurate.

For insurance, annuities, and 529 Plans, UBS FS relies on information obtained from third party services it believes to be reliable. UBS FS does not independently verify or guarantee the accuracy or validity of any information provided by third parties. Information for insurance, annuities, and 529 Plans that has been provided by a third party service may not reflect the quantity and market value as of the previous business day. When available, an "as of" date is included in the description.

Investors outside the U.S. are subject to securities and tax regulations within their applicable jurisdiction that are not addressed in this report. Nothing in this report shall be construed to be a solicitation to buy or offer to sell any security, product or service to any non-U.S. investor, nor shall any such security, product or service be solicited, offered or sold in any jurisdiction where such activity would be contrary to the securities laws or other local laws and regulations or would subject UBS to any registration requirement within such jurisdiction.

Performance History prior to the account's inception at UBS Financial Services, Inc. may have been included in this report and is based on data provided by third party sources. UBS Financial Services Inc. has not

independently verified this information nor does UBS Financial Services Inc. guarantee the accuracy or validity of the information.

Important information about brokerage and advisory services. As a firm providing wealth management services to clients, UBS Financial Services Inc. offers investment advisory services in its capacity as an SEC-registered investment adviser and brokerage services in its capacity as an SEC-registered broker-dealer. Investment advisory services and brokerage services are separate and distinct, differ in material ways and are governed by different laws and separate arrangements. It is important that clients understand the ways in which we conduct business, that they carefully read the agreements and disclosures that we provide to them about the products or services we offer. For more information, please review client relationship summary provided at ubs.com/relationshipsummary.

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 **UBS**
Kern Health Systems
 Account Number: EBXXX20

Your Financial Advisor
 THE COHEN GROUP
 Phone : 661-663-3200/800-628-8022

Filtered by: Entry Date 01/01/2023-03/31/2023, Call/Redemptior

Entry Date	Settle Date	Activity	Description	Security#	Quantity	Price/Detail	Amount
02/08/23	02/08/23	CALL REDEMPTION	FHLMC MED TERM NTS 05.250 % DUE 110824	FQ8CN5	-1,500,000.00	REDEMPTION	1,500,000.00

Filtered by: Entry Date 01/01/2023-03/31/2023, Bought

Entry Date	Settle Date	Activity	Description	Security#	Quantity	Price/Detail	Amount
02/14/23	02/16/23	BOUGHT	BANK OF AMER CORP NTS 03.500% 041926 DTD041916 Trade#:15258 Blot:9:	665QM3	1,650,000.00	\$95.85	-1,600,293.75
01/23/23	01/25/23	BOUGHT	MICROSOFT CORP NTS B/E 02.875% 020624 DTD020617 Trade#:11062 Blot:9:	773EL1	125,000.00	\$98.43	-124,725.82

This report is provided for informational purposes with your consent. Your UBS Financial Services Inc. ("UBSFS") accounts statements and confirmations are the official record of your holdings, balances, transactions and security values. UBSFS does not provide tax or legal advice. You should consult with your attorney or tax advisor regarding your personal circumstances. Rely only on year-end tax forms when preparing your tax return. Past performance does not guarantee future results and current performance may be lower or higher than past performance data presented. Past performance for periods greater than one year are presented on an annualized basis. UBS official reports are available upon request.

Important information about brokerage and advisory services. As a firm providing wealth management services to clients, UBS Financial Services Inc. offers investment advisory services in its capacity as an SEC-registered investment adviser and brokerage services in its capacity as an SEC-registered broker-dealer. Investment advisory services and brokerage services are separate and distinct, differ in material ways and are governed by different laws and separate arrangements. It is important that clients understand the ways in which we conduct business, that they carefully read the agreements and disclosures that we provide to them about the products or services we offer. For more information, please review client relationship summary provided at ubs.com/relationshipsummary.

The information is based upon the market value of your account(s) as of the close of business on **March 31, 2023**, is subject to daily market fluctuation and in some cases may be rounded for convenience. Your UBS account statements and trade confirmation are the official records of your accounts at UBS. We assign index benchmarks to our asset allocations, strategies in our separately managed accounts and discretionary programs based on our understanding of the allocation, strategy, the investment style and our research. The benchmarks included in this report can differ from those assigned through our research process. As a result, you may find that the performance comparisons may differ, sometimes significantly, from that presented in performance reports and other materials that are prepared and delivered centrally by the Firm. Depending upon the composition of your portfolio and your investment objectives, the indexes used in this report may not be an appropriate measure for comparison purposes, and as such, are represented for illustration only. Your portfolio holdings and performance may vary significantly from the index. Your financial advisor can provide additional information about how benchmarks within this report were selected. **You have discussed the receipt of this individually customized report with your Financial Advisor and understand that it is being provided for informational purposes only. If you would like to revoke such consent, and no longer receive this report, please notify your Financial Advisor and/or Branch Manager.**



Wells Fargo Bank, N.A.
 333 SOUTH GRAND AVENUE
 8TH FLOOR
 LOS ANGELES CA 90071

JONATHAN CHUANG
 1-213-253-6202

Bank Account Statement
Wells Fargo Bank, N.A.

Statement Period
03/01/2023 - 03/31/2023

KERN HEALTH SYSTEMS
 2900 BUCK OWENS BOULEVARD

Account Number
~~XXXXXXXXXX~~

Account Value Summary *USD*

This summary does not reflect the value of unpriced securities. Repurchase agreements are reflected at par value.

	Amount Last Statement Period	Amount This Statement Period	% Portfolio
Cash	\$ 0.00	\$ 0.00	0%
Money Market Mutual Funds	58,046,930.33	67,151,300.74	23%
Bonds	160,764,342.90	225,913,071.15	77%
Stocks	0.00	0.00	0%
Total Account Value	\$ 218,811,273.23	\$ 293,064,371.89	100%
Value Change Since Last Statement Period		\$ 74,253,098.66	
Percent Increase Since Last Statement Period			34%
Value Last Year-End		\$ 282,409,116.61	
Percent Increase Since Last Year-End			4%

Income Summary *USD*

	This Period	Year-To-Date
Interest	\$ 151,354.17	\$ 304,983.06
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	323,213.46	822,740.05
Other	0.00	0.00
Income Total	\$ 474,567.63	\$ 1,127,723.11

Interest Charged *USD*

Description	This Period
Debit Interest For March 2023	0.00
Total Interest Charged	\$ 0.00

Money Market Mutual Funds Summary *USD*

Description	Amount
Opening Balance	\$ 58,046,930.33
Deposits and Other Additions	532,169,448.63
Distributions and Other Subtractions	(523,388,291.68)
Dividends Reinvested	323,213.46
Change in Value	0.00
Closing Balance	\$ 67,151,300.74

Important Information

This statement is provided to customers of Wells Fargo Bank, N.A. (the "Bank"). Statements are provided monthly for accounts with transactions and/or security positions.

Pricing: Security and other asset prices shown on the statement are obtained from independent vendors or internal pricing models. While we believe the prices are reliable, we cannot guarantee their accuracy. The prices indicated herein are as of the stated valuation date, which may not be the date of this statement, and are subject to change without notice. For exchange-listed securities, the price provided is the closing price of the relevant security at month end. For unlisted securities, it is the "bid" price of the relevant security at month end. The prices of instruments that trade infrequently are estimated using similar securities for which prices are available. Prices on the statement may not necessarily be obtained when the asset is sold.

Cash Balances: Cash held at the Bank is not covered by SIPC, but is instead eligible for FDIC insurance of up to \$250,000 per depositor, per institution, in accordance with FDIC rules.

Mutual Funds: You have the right, in the course of normal business operations, to withdraw balances in the Bank Deposit Sweep or redeem shares of the money market mutual fund used in the sweep, subject to any open commitments in any of your accounts and have the proceeds returned to your accounts or remitted to you. Note, however, that as required by federal banking regulations, the banks in the Bank Deposit Sweep reserve the right to require seven days prior notice before permitting a transfer out of the Bank Deposit Sweep. In addition, the money market mutual funds in the sweep reserve the right to require one or more day's prior notice before permitting withdrawals. The Bank makes certain money market mutual funds available through the Bank Deposit Sweep and has

entered into agreements with the mutual fund companies with respect to the available funds. Mutual funds are sold by prospectus only. Please read the prospectus for further information including sales charges, deferred sales charges, withdrawal charges and management or other fees.

Muni Substitute Interest: With respect to transactions involving your purchase of a municipal security having interest that is exempt from federal and/or state income taxes, if you do not receive good delivery of such securities on settlement date (i.e., all requirements for transferring title from the seller to the buyer have occurred), the interest that you accrue from the settlement date of the transaction until you receive good delivery may be considered by the Internal Revenue Service ("IRS") to be taxable ("substitute") interest. If you sell such securities before receiving good delivery, the IRS may consider all of the interest that you accrue to be taxable. You should consult with your tax advisors regarding the tax implication of any such fail to receive scenario.

Non-deposit investment products offered or sold by the Bank, including investments in mutual funds available through the Bank, are not federally insured or guaranteed by or obligations of the U.S. government, the Federal Deposit Insurance Corporation ("FDIC"), the Federal Reserve System or any other government agency; are not bank deposits; are not obligations of, or endorsed or guaranteed in any way by any bank or the Bank; and are subject to risk, including the possible loss of principal, that may cause the value of the investment and the investment return to fluctuate. When the investment is sold, the amount may be higher or lower than the amount originally invested.

Customer Complaints and Reporting Discrepancies: All inquiries, statement reporting inaccuracies or discrepancies, or complaints regarding your account or the activity therein should be directed to:

Customer Service
90 South 7th Street
5th Floor, MAC N9303-054
Minneapolis, MN 55402
1-800-645-3751, option 5,
WFSCustomerService@Wellsfargo.com.

To further protect their rights, customers should also re-confirm in writing to the above address any oral communications with the Bank relating to inaccuracies or discrepancies.

The Bank's financial statements are available upon request.

KERN HEALTH SYSTEMS

Account Number: ██████████

Portfolio Holdings *Security positions held with Wells Fargo Bank N.A.*

Security ID	Description	Maturity Date	Coupon	Current Par / Original Par	Market Price*	Market Value	Original Par Pledged**	Callable
Bonds USD								
313396EE9	FREDDIE MAC DISCOUNT NT	04/11/23	0.000%	15,000,000.000	99.8999	14,984,981.40		N
931142DH3	WALMART INC	04/11/23	2.550%	5,440,000.000	100.0640	5,443,481.60		Y
313312EF3	FED FARM CRD DISCOUNT NT	04/12/23	0.000%	15,000,000.000	99.8874	14,983,105.05		N
313396EM1	FREDDIE MAC DISCOUNT NT	04/18/23	0.000%	15,000,000.000	99.8123	14,971,852.35		N
313312EN6	FED FARM CRD DISCOUNT NT	04/19/23	0.000%	15,000,000.000	99.7999	14,969,977.80		N
313396EU3	FREDDIE MAC DISCOUNT NT	04/25/23	0.000%	15,000,000.000	99.7249	14,958,734.85		N
313312EV8	FED FARM CRD DISCOUNT NT	04/26/23	0.000%	30,000,000.000	99.7124	29,913,723.90		N
313396FB4	FREDDIE MAC DISCOUNT NT	05/02/23	0.000%	20,000,000.000	99.6335	19,926,707.40		N
3130AT2E6	FEDERAL HOME LOAN BANK	06/15/23	3.330%	5,000,000.000	99.7002	4,985,008.25		Y
912796ZQ5	UNITED STATES TREASURY BILL	06/22/23	0.000%	5,000,000.000	98.9788	4,948,940.00		
06406FAD5	BANK OF NY MELLON CORP	08/16/23	2.200%	1,090,000.000	98.8510	1,077,475.90		Y
912796Z36	UNITED STATES TREASURY BILL	08/17/23	0.000%	10,000,000.000	98.2426	9,824,261.60		
3130AUGE8	FEDERAL HOME LOAN BANK	09/27/23	4.850%	5,000,000.000	99.7753	4,988,767.45		Y
3130AU4F8	FEDERAL HOME LOAN BANK	09/27/23	4.875%	5,000,000.000	99.9676	4,998,379.45		Y
3130AVDH2	FEDERAL HOME LOAN BANK	09/28/23	5.430%	5,000,000.000	100.1700	5,008,499.20		Y
3130ATJB4	FEDERAL HOME LOAN BANK	10/26/23	4.500%	5,000,000.000	99.8327	4,991,637.00		Y
3130AUVB7	FEDERAL HOME LOAN BANK	11/28/23	5.000%	5,000,000.000	99.8005	4,990,022.70		Y
3130AVH54	FEDERAL HOME LOAN BANK	11/30/23	4.950%	5,000,000.000	99.9647	4,998,235.20		Y
3130ATVJ3	FEDERAL HOME LOAN BANK	12/06/23	5.000%	5,000,000.000	100.1528	5,007,638.70		N
3130AVBE1	FEDERAL HOME LOAN BANK	12/22/23	5.350%	5,000,000.000	100.4081	5,020,406.20		Y
3130AVDJ8	FEDERAL HOME LOAN BANK	12/28/23	5.550%	5,000,000.000	100.4132	5,020,658.75		Y
3130AVH47	FEDERAL HOME LOAN BANK	01/30/24	5.000%	5,000,000.000	99.9650	4,998,247.55		Y
3130AUZ23	FEDERAL HOME LOAN BANK	03/01/24	5.250%	5,000,000.000	100.0466	5,002,329.10		Y
3134GY6Z0	FREDDIE MAC	03/22/24	5.050%	5,000,000.000	99.7580	4,987,901.75		Y
3134GYEM0	FREDDIE MAC	07/19/24	4.800%	5,000,000.000	99.7298	4,986,488.25		Y
3134GYJM5	FREDDIE MAC	08/28/24	5.050%	5,000,000.000	99.7878	4,989,392.25		Y
3134GXS88	FREDDIE MAC	02/28/25	4.000%	5,000,000.000	98.7244	4,936,217.50		Y
				226,530,000.000		225,913,071.15	0.00	

*See important information regarding security pricing on Page 2.

**Total amount that is pledged to or held for another party or parties. Refer to the Pledge Detail Report for more information.

Statement Ending:

KERN HEALTH SYSTEMS

Account Number: ██████████

Daily Account Activity

Your investment transactions during this statement period.

Transaction / Trade Date	Settlement / Effective Date	Activity	Security ID	Description	Par / Quantity	Price	Principal Amount	Income Amount	Debit / Credit Amount
Transaction Activity USD									
02/16/23	03/01/23	Security Receipt	3130AUZ23	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/09/23	03/09/23	Security Receipt	912796YL7	UNITED STATES TREASURY BILL	50,000,000.00	99.9156111	(49,957,805.55)	0.00	(49,957,805.55)
03/09/23	03/09/23	Security Receipt	912796Z69	UNITED STATES TREASURY BILL	50,000,000.00	99.9395833	(49,969,791.66)	0.00	(49,969,791.66)
03/14/23	03/14/23	Security Receipt	313312EV8	FED FARM CRD DISCOUNT NT	15,000,000.00	99.4421945	(14,916,329.17)	0.00	(14,916,329.17)
03/14/23	03/14/23	Security Receipt	313384DQ9	FED HOME LN DISCOUNT NT	20,000,000.00	99.8211111	(19,964,222.22)	0.00	(19,964,222.22)
03/15/23	03/15/23	Security Receipt	313312EF3	FED FARM CRD DISCOUNT NT	15,000,000.00	99.6375555	(14,945,633.33)	0.00	(14,945,633.33)
03/15/23	03/16/23	Security Receipt	313588DK8	FANNIE DISCOUNT NOTE	50,000,000.00	99.9163889	(49,958,194.45)	0.00	(49,958,194.45)
03/03/23	03/22/23	Security Receipt	3130AVBE1	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/23/23	03/23/23	Security Receipt	313312EN6	FED FARM CRD DISCOUNT NT	15,000,000.00	99.6625000	(14,949,375.00)	0.00	(14,949,375.00)
03/23/23	03/23/23	Security Receipt	313396EE9	FREDDIE MAC DISCOUNT NT	15,000,000.00	99.7677778	(14,965,166.67)	0.00	(14,965,166.67)
03/23/23	03/23/23	Security Receipt	313396EM1	FREDDIE MAC DISCOUNT NT	15,000,000.00	99.6807778	(14,952,116.67)	0.00	(14,952,116.67)
03/23/23	03/23/23	Security Receipt	313396EU3	FREDDIE MAC DISCOUNT NT	15,000,000.00	99.5939167	(14,939,087.50)	0.00	(14,939,087.50)
03/27/23	03/27/23	Security Receipt	313312EV8	FED FARM CRD DISCOUNT NT	15,000,000.00	99.6258333	(14,943,875.00)	0.00	(14,943,875.00)
03/27/23	03/27/23	Security Receipt	313396FB4	FREDDIE MAC DISCOUNT NT	20,000,000.00	99.5430000	(19,908,600.00)	0.00	(19,908,600.00)
03/08/23	03/28/23	Security Receipt	3130AVDH2	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/08/23	03/28/23	Security Receipt	3130AVDJ8	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/23/23	03/30/23	Security Receipt	3130AVH47	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/23/23	03/30/23	Security Receipt	3130AVH54	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/29/23	04/12/23	Security Receipt	3135GAG47	FANNIE MAE	10,000,000.00	100.0000000	(10,000,000.00)	0.00	(10,000,000.00)

Income / Payment Activity USD

03/07/23	03/07/23	Matured	313384CT4	FED HOME LN DISCOUNT NT			20,000,000.00		20,000,000.00
03/07/23	03/07/23	Matured	313384CT4	FED HOME LN DISCOUNT NT	(20,000,000.00)				
03/09/23	03/09/23	Matured	3130AS4V8	FEDERAL HOME LOAN BANK			10,000,000.00		10,000,000.00
03/09/23	03/09/23	Matured	3130AS4V8	FEDERAL HOME LOAN BANK	(10,000,000.00)				
03/09/23	03/09/23	Interest	3130AS4V8	FEDERAL HOME LOAN BANK				50,000.00	50,000.00
03/14/23	03/14/23	Matured	912796Z69	UNITED STATES TREASURY BILL			70,000,000.00		70,000,000.00
03/14/23	03/14/23	Matured	912796Z69	UNITED STATES TREASURY BILL	(70,000,000.00)				
03/16/23	03/16/23	Matured	912796YL7	UNITED STATES TREASURY BILL			50,000,000.00		50,000,000.00
03/16/23	03/16/23	Matured	912796YL7	UNITED STATES TREASURY BILL	(50,000,000.00)				
03/21/23	03/21/23	Matured	912796Z77	UNITED STATES TREASURY BILL			20,000,000.00		20,000,000.00
03/21/23	03/21/23	Matured	912796Z77	UNITED STATES TREASURY BILL	(20,000,000.00)				
03/23/23	03/23/23	Matured	313588DK8	FANNIE DISCOUNT NOTE			50,000,000.00		50,000,000.00
03/23/23	03/23/23	Matured	313588DK8	FANNIE DISCOUNT NOTE	(50,000,000.00)				
03/27/23	03/27/23	Interest	3130AU4F8	FEDERAL HOME LOAN BANK				60,937.50	60,937.50
03/27/23	03/27/23	Interest	3130AUGE8	FEDERAL HOME LOAN BANK				40,416.67	40,416.67
03/28/23	03/28/23	Matured	313384DQ9	FED HOME LN DISCOUNT NT			20,000,000.00		20,000,000.00
03/28/23	03/28/23	Matured	313384DQ9	FED HOME LN DISCOUNT NT	(20,000,000.00)				

KERN HEALTH SYSTEMS

Account Number: ██████████

Daily Account Activity (Continued)

Your investment transactions during this statement period.

Transaction / Trade Date	Settlement / Effective Date	Activity	Security ID	Description	Par / Quantity	Price	Principal Amount	Income Amount	Debit / Credit Amount
Income / Payment Activity USD									
03/28/23	03/28/23	Matured	313312DQ0	FED FARM CRD DISCOUNT NT			20,000,000.00		20,000,000.00
03/28/23	03/28/23	Matured	313312DQ0	FED FARM CRD DISCOUNT NT	(20,000,000.00)				

Cash Activity USD

Transaction / Trade Date	Settlement / Eff. Date	Activity	Description	Debit Amount / Disbursements	Credit Amount / Receipts
03/06/23	03/06/23	ACH/DDA Transaction	DESIGNATED DDA	35,000,000.00	
03/06/23	03/06/23	ACH/DDA Transaction	DESIGNATED DDA	15,000,000.00	
03/07/23	03/07/23	ACH/DDA Transaction	DESIGNATED DDA	15,000,000.00	
03/08/23	03/08/23	ACH/DDA Transaction	DESIGNATED DDA		100,000,000.00
03/08/23	03/08/23	ACH/DDA Transaction	DESIGNATED DDA		100,000,000.00
03/09/23	03/09/23	ACH/DDA Transaction	DESIGNATED DDA		100,000,000.00
03/10/23	03/10/23	ACH/DDA Transaction	DESIGNATED DDA		7,000,000.00
03/13/23	03/13/23	ACH/DDA Transaction	DESIGNATED DDA	5,000,000.00	
03/14/23	03/14/23	ACH/DDA Transaction	DESIGNATED DDA	40,000,000.00	
03/16/23	03/16/23	ACH/DDA Transaction	DESIGNATED DDA	15,000,000.00	
03/17/23	03/17/23	ACH/DDA Transaction	DESIGNATED DDA	5,000,000.00	
03/21/23	03/21/23	ACH/DDA Transaction	DESIGNATED DDA	65,000,000.00	
03/22/23	03/22/23	ACH/DDA Transaction	DESIGNATED DDA	5,000,000.00	
03/24/23	03/24/23	ACH/DDA Transaction	DESIGNATED DDA	2,000,000.00	
03/27/23	03/27/23	ACH/DDA Transaction	DESIGNATED DDA	3,000,000.00	
03/28/23	03/28/23	ACH/DDA Transaction	DESIGNATED DDA	20,000,000.00	
03/29/23	03/29/23	ACH/DDA Transaction	DESIGNATED DDA	6,000,000.00	
03/31/23	03/31/23	ACH/DDA Transaction	DESIGNATED DDA	3,000,000.00	

Money Market Fund Activity

Morgan Stan TreasSvc 8314	Dividend paid this period	7 day* simple yield	30 day* simple yield
*As of March 31, 2023			
USD	32,543.57	4.610%	4.450%

Transaction Date	Activity	Shares	Price	Market Value (\$)	Dividend Amount	Share Balance
	Beginning Balance		1.0000	27,245.14		27,245.14000
03/01/23	Reinvest	32,543.57000			32,543.57	59,788.71000
	Ending Balance		1.0000	59,788.71		59,788.71000

Statement Ending:

KERN HEALTH SYSTEMS
Account Number: ~~XXXXXXXXXX~~

Money Market Fund Activity (Continued)

Goldman FS Tr Ob Ins 468		Dividend paid this period	7 day* simple yield	30 day* simple yield
*As of March 31, 2023				
USD		192,030.87	4.690%	4.520%

Transaction Date	Activity	Shares	Price	Market Value (\$)	Dividend Amount	Share Balance
	Beginning Balance		1.0000	40,019,685.19		40,019,685.19000
03/01/23	Redemption	(5,000,000.00000)		(5,000,000.00)		35,019,685.19000
03/01/23	Reinvest	192,030.87000			192,030.87	35,211,716.06000
03/06/23	Redemption	(35,000,000.00000)		(35,000,000.00)		211,716.06000
03/07/23	Purchase	20,000,000.00000		20,000,000.00		20,211,716.06000
03/07/23	Redemption	(15,000,000.00000)		(15,000,000.00)		5,211,716.06000
03/08/23	Purchase	100,000,000.00000		100,000,000.00		105,211,716.06000
03/09/23	Purchase	100,000,000.00000		100,000,000.00		205,211,716.06000
03/09/23	Purchase	10,050,000.02000		10,050,000.02		215,261,716.08000
03/09/23	Redemption	(99,927,597.23000)		(99,927,597.23)		115,334,118.85000
03/13/23	Redemption	(5,000,000.00000)		(5,000,000.00)		110,334,118.85000
03/14/23	Purchase	35,119,448.61000		35,119,448.61		145,453,567.46000
03/14/23	Redemption	(40,000,000.00000)		(40,000,000.00)		105,453,567.46000
03/15/23	Redemption	(14,945,633.33000)		(14,945,633.33)		90,507,934.13000
03/16/23	Redemption	(49,958,194.45000)		(49,958,194.45)		40,549,739.68000
03/16/23	Purchase	50,000,000.00000		50,000,000.00		90,549,739.68000
03/21/23	Purchase	20,000,000.00000		20,000,000.00		110,549,739.68000
03/22/23	Redemption	(5,000,000.00000)		(5,000,000.00)		105,549,739.68000
03/22/23	Redemption	(5,000,000.00000)		(5,000,000.00)		100,549,739.68000
03/23/23	Purchase	50,000,000.00000		50,000,000.00		150,549,739.68000
03/23/23	Redemption	(59,805,745.84000)		(59,805,745.84)		90,743,993.84000
03/27/23	Redemption	(34,751,120.83000)		(34,751,120.83)		55,992,873.01000
03/28/23	Redemption	(10,000,000.00000)		(10,000,000.00)		45,992,873.01000
03/28/23	Purchase	40,000,000.00000		40,000,000.00		85,992,873.01000
03/28/23	Redemption	(20,000,000.00000)		(20,000,000.00)		65,992,873.01000
03/29/23	Redemption	(6,000,000.00000)		(6,000,000.00)		59,992,873.01000
03/30/23	Redemption	(10,000,000.00000)		(10,000,000.00)		49,992,873.01000
03/31/23	Redemption	(3,000,000.00000)		(3,000,000.00)		46,992,873.01000
	Ending Balance		1.0000	46,992,873.01		46,992,873.01000

JPMorgan UST Plus Inst 3918		Dividend paid this period	7 day* simple yield	30 day* simple yield
*As of March 31, 2023				
USD		98,639.02	4.750%	4.460%

KERN HEALTH SYSTEMS
 Account Number: ██████████

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 Statement Ending: March 31, 2023

Money Market Fund Activity (Continued)

Transaction Date	Activity	Shares	Price	Market Value (\$)	Dividend Amount	Share Balance
	Beginning Balance		1.0000	18,000,000.00		18,000,000.00000
03/01/23	Reinvest	98,639.02000			98,639.02	18,098,639.02000
03/06/23	Redemption	(15,000,000.00000)		(15,000,000.00)		3,098,639.02000
03/08/23	Purchase	100,000,000.00000		100,000,000.00		103,098,639.02000
03/10/23	Purchase	7,000,000.00000		7,000,000.00		110,098,639.02000
03/16/23	Redemption	(15,000,000.00000)		(15,000,000.00)		95,098,639.02000
03/17/23	Redemption	(5,000,000.00000)		(5,000,000.00)		90,098,639.02000
03/21/23	Redemption	(65,000,000.00000)		(65,000,000.00)		25,098,639.02000
03/24/23	Redemption	(2,000,000.00000)		(2,000,000.00)		23,098,639.02000
03/27/23	Redemption	(3,000,000.00000)		(3,000,000.00)		20,098,639.02000
	Ending Balance		1.0000	20,098,639.02		20,098,639.02000



PMIA/LAIF Performance Report as of 04/19/23



PMIA Average Monthly Effective Yields⁽¹⁾

March	2.831
February	2.624
January	2.425

Quarterly Performance Quarter Ended 03/31/23

LAIF Apportionment Rate ⁽²⁾ :	2.74
LAIF Earnings Ratio ⁽²⁾ :	0.0007493902135155
LAIF Fair Value Factor ⁽¹⁾ :	0.986510329
PMIA Daily ⁽¹⁾ :	2.87
PMIA Quarter to Date ⁽¹⁾ :	2.63
PMIA Average Life ⁽¹⁾ :	275

Pooled Money Investment Account Monthly Portfolio Composition ⁽¹⁾ 03/31/23 \$191.2 billion

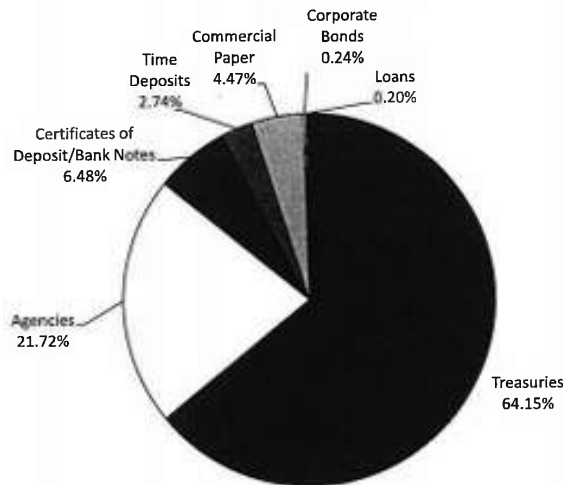


Chart does not include \$3,085,000.00 in mortgages, which equates to 0.002%. Percentages may not total 100% due to rounding.

Daily rates are now available here. [View PMIA Daily Rates](#)

Notes: The apportionment rate includes interest earned on the CalPERS Supplemental Pension Payment pursuant to Government Code 20825 (c)(1) and interest earned on the Wildfire Fund loan pursuant to Public Utility Code 3288 (a).

Source:

- ⁽¹⁾ State of California, Office of the Treasurer
- ⁽²⁾ State of California, Office of the Controller



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: Analysis of Insurance Renewals
DATE: June 15, 2023

BACKGROUND

KHS carries and seeks to renew and bind the following insurance coverages:

- Crime
- Excess Crime
- Property
- Fiduciary Liability
- Cyber Liability
- Excess Cyber
- Managed Care Errors and Omissions Liability Insurance
- Flood Insurance
- Alliant Deadly Weapon Response Program

KHS utilizes Alliant Insurance Services (“Alliant”) as its insurance agent to access the insurance carrier market and perform the day-to-day servicing of the account. Alliant has provided early indications for the expiring coverage. It is recommended that Kern Health Systems renew coverages as outlined below.

• **Crime Insurance**

Crime insures against employee theft of money and other property along with faithful performance of duty, forgery, robbery and safe burglary, computer fraud, funds transfer fraud and other social engineering including increased impersonation fraud limit. KHS Employee benefits plans are also covered for theft of funds. This coverage meets the DMHC requirement. Management recommends renewing the crime insurance policy.

- National Union Fire Insurance Company of Pittsburgh, PA (AIG)
- Rating: Carrier has an A XV rating from AM Best
- Term: July 1, 2023 through June 30, 2024
- Limits: \$10,000,000
- Deductible: \$2,500
- Annual Premium: \$18,871
- Prior year’s premium was \$18,330

No claims were filed last year.

- **Excess Crime Insurance**

KHS has additional Crime coverage limits of \$5,000,000 in excess over the above crime insurance. Management recommends renewing coverage with Zurich (incumbent).

- Zurich American Insurance Company
- Rating: Carrier has an A+ XV rating from AM Best
- Term: July 1, 2023 through June 30, 2024
- Deductible: Excess of National Union Ins. Co. of Pittsburgh, PA (AIG)
- Annual Premium: \$5,876.
- Prior year's premium was \$5,686.

No claims were filed last year.

- **Property Insurance**

The Property Coverage insures against first party losses to KHS owned property including buildings, contents, loss of income and auto physical damage. KHS has approximately \$78 million in property values (\$42M Building and \$36M Contents) which is a \$7 million property value increase from expiring coverage. Alliant has extensively marketed the property coverage (See Attachment 2) and was able to secure a **decrease in premium of approximately \$245,000** with a new carrier Federal Insurance Company (Chubb). Accordingly, management recommends switching property coverage from Special Property Insurance Program (SPIP) to Chubb (See Attachment 3 for the renewal comparison). Listed below are the proposed property coverage terms.

- Federal Insurance Company (Chubb)
- Rating: Carrier has an A++ XV rating from AM Best
- Term: July 1, 2023 through June 30, 2024
- Limit per Occurrence –
 - Building - \$42,139,978 repair or replacement cost
 - Contents - \$36,460,414 repair or replacement cost
 - Extra Expense- \$25,000,000
 - Boiler and Machinery - \$42,139,978 Building and \$36,460,414 Contents
 - **Flood - \$5,000,000**
 - Earthquake Sprinkler Leakage - \$25,000,000
- All Risk Deductible: \$25,000, Flood \$25,000, Earthquake Sprinkler Leakage \$50,000
- Annual Premium: \$81,681. Prior year's premium was \$236,941 (includes \$25,888 annual premium for adding \$5M limit Flood coverage mid-term)

Auto Physical Damage

- ACGS Marine Insurance Company
- Rating: Carrier has an A+ XV rating from AM Best
- Term: July 1, 2023 to June 30, 2024
- Limit/TIV: \$127,066
- Deductible: \$5,000 Comprehensive and \$5,000 Collision
- Annual Premium: \$1,020. Prior year's premium included within SPIP premium.

No claims were filed last year.

- **Fiduciary Liability Insurance**

Fiduciary coverage insures against claims for administrative errors and omissions claims, breach of duty claims and defense for employee benefit claims, such as failure to timely distribute assets, failure to choose/offer prudent investments, failure to monitor investments, breach of responsibilities and negligence in the administration of a plan. The current plan has approximately \$34 Million in plan assets as of February 2023. Management recommends renewing coverage with the incumbent carrier.

- Hudson Insurance Company
- Rating: Carrier has an A XV rating from AM Best
- Term: August 1, 2023 through August 1, 2024
- Limit per occurrence: \$5,000,000
- Aggregate: \$5,000,000
- Self-Insured Retention: \$0 Non-indemnifiable losses, \$100,000 Class Action and Derivative Claims, \$25,000 All other losses
- Annual Premium: \$14,667. Prior year's premium was \$14,275.

No claims were filed last year.

- **Cyber Liability Insurance**

Cyber Coverage insures against the damages that can occur related to computer system breaches and other breaches of sensitive information. The policy includes first party coverages including Breach Response, Crisis Management and Public Relations, Cyber Extortion (Ransomware), Business Interruption and Extra Expenses, Digital Asset Restoration. The policy also includes third party coverages including Network and Information Security Liability, Regulatory Defense Penalties, Multimedia Content Liability, Payment Card Industry (PCI) Fines and Assessments. There is a Separate Limit/Aggregate for Breach Response Costs. Breach Response are costs for an actual or suspected security failure or data breach including computer forensic fees/expenses; notification costs; legal fees; credit monitoring. This is an added enhancement to the policy and is not widely available in today's market. It provides an additional tower of \$5M in limits for Breach Response outside the other coverage limits. We were able to hold onto this enhancement at renewal due to Alliant's relationship with the market and KHS system and controls in place at the time.

Alliant has extensively marketed the KHS Cyber placement (See Attachment 1) and was able to secure a **decrease in premium** and the incumbent is the most competitive option for primary \$5M limit option. Alliant also provided Excess Cyber Limit options for \$2.5M and \$5M limit that are in excess of the \$5M primary Coalition limit. Management recommends renewing coverage for the Cyber Liability Primary \$5M limit with Coalition and Option 1 for Excess Cyber \$5M limit with Arch Specialty Insurance Company.

Primary Cyber

- Coalition Insurance Solutions, Inc. (Arch Specialty Insurance Company 27.5%, Ascot Specialty Insurance Company 15%, Certain Underwriters at Lloyd's, London RNR 1458 15% and AUL 1274 2.5%, Chaucer Insurance Company DAC 10%, Fortegra Specialty Insurance Company 30%)
- Rating: There are 6 carriers participating in the Coalition policy and each have a separate AM Best rating. The AM Best rating ranges from A+ XV to A- IX.
- Term: July 1, 2023 through June 30, 2024
- Per Claim Limit/Aggregate: \$5,000,000
- Separate Limit/Aggregate for Breach Response Costs: \$5,000,000
- Self Insured Retention: \$250,000 /8 hour waiting period
- Annual Premium: \$217,353. Prior year's premium was \$233,676.

Excess Cyber Option

- Arch Specialty Insurance Company
- Rating: Carriers have a A+ XV rating from AM Best
- Term: July 1, 2023 through June 30, 2024
- Option 1:
 - Per Claim Limit/Aggregate: \$5,000,000
 - Annual Premium: \$185,436.
- Option 2:
 - Per Claim Limit/Aggregate: \$2,500,000
 - Annual Premium: \$99,043.

No claims were filed last year.

• **Managed Care Errors and Omissions Liability Insurance**

Managed Care E&O insures against losses for KHS operations for an act, error, or omission in the performance of any health care or managed care financial, management or insurance services performed; the design, development, and marketing of such service; vicarious liability for the conduct of others performing any such service on our behalf.

Alliant marketed the coverage this renewal and has presented the only competitive option for consideration– TDC National Assurance Company (incumbent) quoted \$77,771, which is a 8% premium increase over last year's premium, 13% due to increase in enrollees and (5%) market **net rate decrease**. Management recommends renewing the coverage for the Managed Care E&O with TDC.

- TDC National Assurance Company
- Rating: Carrier has an A XV rating from AM Best
- Term: July 1, 2023 through June 30, 2024
- Limit per occurrence: \$1,000,000
- Aggregate: \$3,000,000
- Self-Insured Retention: \$100,000 each claim except \$200,000 for Antitrust claims
- Annual Premium: \$77,771 Prior year's premium was \$72,046.

No claims were filed last year.

- **Flood Insurance**

Flood insurers against the peril of flood for KHS owned property. Management recommends renewing the Flood Insurance coverage.

- Hartford Ins. Company of the Midwest
- Rating: Carrier has a superior A+ XV rating from AM Best
- Term: November 18, 2023 through November 18, 2024
- 2900 Buck Owens Blvd – Building and Contents
- \$500,000 Building (maximum limit available)
- \$500,000 Contents (maximum limit available)
- \$1,250.00 Deductible on both Building & Contents
- Annual Premium Not to Exceed: \$5,000. Prior year's premium was \$1,721

No claims were filed last year.

- **Alliant Deadly Weapon Response Program (ADWRP)**

The Alliant Deadly Weapon Response Program provides coverage for locations per our property schedule on file where a weapon used by an Active Shooter for 1st Party Property Damage/Business Interruption, Crisis Management, Funeral Expense, Counseling Services and Demolition/Clearance and Memorialization. Management recommends renewing the coverage offering.

- Underwriters at Lloyd's of London
- Rating: Carrier has an Excellent A XV rating from AM Best
- Term: July 1, 2023 to July 1, 2024
- \$1,000,000 Per Occurrence and Annual Aggregate
- \$10,000 Deductible Each Event including Claims Expenses
- Annual Premium Not to Exceed: \$15,318. Prior year's premium was \$11,566.


No claims were filed last year.

Representatives from Alliant will be available to answer questions relating to the insurance renewals.

REQUESTED ACTION

Approve.

 Kern Health Systems Cyber Liability Marketing Log 07/01/2023 - 07/01/2024	
Market	Status
Coalition	Incumbent - Quoted Primary \$5M limit - see proposal, \$250K retention for premium of \$217,353 and \$500K retention for premium of \$194,640.
APIP Cyber Program (Various carriers)	Declined - Primary sublimits not as competitive and Excess due to current primary structure not viable option.
Tokio Marine	Quoted Primary \$5M limit- not as competitive as incumbent as they do not offer the separate Breach Response limits, \$250K retention for premium of \$206,912 and \$500K retention for a premium of \$186,476.
Resilience	Quoted Primary \$5M limit-not as competitive as incumbent as they do not offer the separate Breach Response limits, \$250K retention for premium of \$211,663 but requires CPC engagement process with master service agreement.
Arch	Quoted Excess \$2.5M xs \$5M limit for premium of \$99,043 limit and \$5M xs \$5M limit for a premium of \$185,436.
C&F	Declined – due to size of risk is too large.
Acisure London Wholesale Limited	Indicated \$5M limit xs \$500K retention for \$409,000, not as competitive as incumbent
Ironshore	Declined - Excess only coverage. Will not quote over Coalition or Resilience.
Westchester	Submitted - Under Review.
AIG	Declined – due to exposure not a fit. Declined 2 years ago too.
XL	Declined – due to exposure and appetite. Was on excess placement in 20/21 term.
Beazley	Declined - due to exposure not within appetite. his carrier was on primary placement in 20/21 under SDRMA Package placement.
Corvus	Declined - due to size of risk is too large. Declined 2 years ago too.
Great American	Declined - due to size of risk is too large. Declined 2 years ago too.
Starr	Declined - due to exposure not within appetite and cannot offer current retention.
Allianz	Not currently writing Public Entity Cyber risks. Declined 2 years ago too.
Cowbell	Declined – due to size of risk is too large. Declined 2 years ago too.
Hiscox	Not currently writing Public Entity Cyber risks. Declined 2 year ago due to size of risk is too large
Sompo	Not currently writing Public Entity Cyber risks.
Markel	Not currently writing Public Entity Cyber risks.

 Kern Health Systems Property Marketing Log 07/01/2023 - 07/01/2024	
Market	Status
Special Property Insurance Program (SPIP)	Incumbent - Submitted
SDRMA	Submitted - Under Review expect terms mid-June
Affiliated FM	Declined - Cannot compete against Alliant SPIP program.
Allianz	Does not meet minimum TIV.
AXA/XL	Declined - due to insured TIV falls below minimum TIV of \$250 Million.
Berkshire	Declined - due to size of total insured values (TIV). Capacity is \$50 Million.
Chubb	Quoted
CNA	Submitted - Under Review.
Hartford	Quoted
Liberty	Non bindable indication of \$189,222 -pricing not competitive
Premier Inc	Declined - Cannot compete against Alliant SPIP program/AmWINS
QBE	Declined - due to not writing monoline property.
SwissRe	Declined - not competitive
Travelers	Declined - not competitive
Zurich	Declined - not competitive

2023-2024 Kern Health Systems Property and Auto Physical Damage Renewal

Property

Policy Term	2022-2023	2023-2024	2023-2024	2023-2024
Carrier	SPIP	SPIP	Chubb	Hartford

Limits

Per Occurrence Limit	\$100,000,000	\$100,000,000	Building \$42,139,978 Contents \$36,460,414	Building \$42,139,978 Contents \$36,460,414
Business Income	\$100,000,000	\$100,000,000	Not Covered	\$100,000
Extra Expense	\$25,000,000	\$25,000,000	\$25,000,000	\$50,000
Boiler and Machinery	\$100,000,000	\$100,000,000	Building \$42,139,978 Contents \$36,460,414	Included
Flood	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Earthquake Sprinkler Leakage	\$100,000,000	\$100,000,000	\$25,000,000	\$10,000,000

Deductibles

All Risk	\$25,000	\$25,000	\$25,000	\$25,000
Flood	\$250,000	\$250,000	\$25,000	\$250,000
Earthquake Sprinkler Leakage	\$25,000	\$25,000	\$50,000	\$50,000
Waiting Period	24 Hours	24 Hours	24 Hours	72 Hours

Premium	\$236,941	\$327,490	\$81,681	\$84,701
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Auto Physical Damage

Carrier	SPIP	SPIP	AMVP	AMVP
Auto Physical Damage	\$127,066	\$127,066	\$127,066	\$127,066
Deductible	\$5,000	\$5,000	\$5,000	\$5,000

Premium	Included in Property Above	Included in Property Above	\$1,020	\$1,020
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Total Premium for Property and Auto Physical Damage	\$236,943	\$327,490	\$82,701	\$85,721
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This is a brief summary of coverages and does not include all terms, conditions and exclusions.
Please refer to the actual policies for full terms, conditions, and exclusions.



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: February 2023 Financial Results
DATE: June 15, 2023

BACKGROUND

The February results reflect a \$8,529,941 Net Increase in Net Position which is a \$8,714,878 favorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$2.2 million unfavorable variance primarily due to **timing differences** on waiting for DHCS approval to record revenue under the CalAim Incentive Payment Program, Student Behavioral Health Incentive Program and the Housing and Homelessness Incentive Program offset against expense amounts included in 2E below.

- 2) Total Medical Costs reflect a \$10.0 million favorable variance primarily due to:
 - A) \$2.5 million favorable variance in Physician Services primarily due to lower-than-expected utilization relating to Primary Care Physician Services, Referral Specialty Services and Urgent Care Services.

 - B) \$1.6 million favorable variance in Other Professional Services primarily due to the timing of hiring 2023 Budgeted Utilization Management Employees during the first quarter of 2023.

 - C) \$1.2 million favorable variance in Emergency Room primarily due to lower-than-expected utilization.

 - D) \$2.0 million favorable variance in Inpatient primarily due to lower-than-expected utilization.

 - E) \$2.4 million favorable variance in Other Medical primarily due to **timing differences** on waiting for providers to submit invoices to record expenses under the CalAim Incentive Payment Program, Student Behavioral Health Incentive Program and the Housing and Homelessness Incentive Program offset against revenue amounts included in Item 1 above.

The February Medical Loss Ratio is 84.7% which is favorable to the 92.7 % budgeted amount. The February Administrative Expense Ratio is 6.6% which is favorable to the 6.9% budgeted amount.

The results for the 2 months ended February 28, 2023, reflect a Net Increase in Net Position of \$16,167,556. This is a \$18,845,928 favorable variance to budget and includes approximately \$1.0 million of unfavorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 85.0% which is favorable to the 93.5% budgeted amount. The year-to-date Administrative Expense Ratio is 6.5% which is favorable to the 7.2% budgeted amount.

**Kern Health Systems
Financial Packet
February 2023**

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KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF NET POSITION AS OF FEBRUARY 28, 2023			
ASSETS	FEBRUARY 2023	JANUARY 2023	INC(DEC)
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 132,502,688	\$ 146,636,659	\$ (14,133,971)
Short-Term Investments	220,352,888	258,356,298	(38,003,410)
Premiums Receivable - Net	108,057,848	91,980,380	16,077,468
Premiums Receivable - Hospital Direct Payments	478,890,444	457,340,977	21,549,467
Interest Receivable	258,013	129,012	129,001
Provider Advance Payment	896,482	1,076,436	(179,954)
Other Receivables	1,816,194	1,965,813	(149,619)
Prepaid Expenses & Other Current Assets	6,053,689	3,781,227	2,272,462
Total Current Assets	\$ 948,828,246	\$ 961,266,802	\$ (12,438,556)
CAPITAL ASSETS - NET OF ACCUM DEP:RE:			
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	1,213,946	1,221,770	(7,824)
Computer Hardware and Software - Net	22,079,656	22,633,344	(553,688)
Building and Building Improvements - Net	33,562,982	33,639,091	(76,109)
Capital Projects in Progress	2,391,455	2,251,492	139,963
Total Capital Assets	\$ 63,338,745	\$ 63,836,403	\$ (497,658)
LONG TERM ASSETS:			
Restricted Investments	300,000	300,000	-
Officer Life Insurance Receivables	1,588,890	1,588,890	-
Total Long Term Assets	\$ 1,888,890	\$ 1,888,890	\$ -
DEFERRED OUTFLOWS OF RESOURCES	\$ 8,154,860	\$ 8,154,860	\$ -
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	\$ 1,022,210,741	\$ 1,035,146,955	\$ (12,936,214)
LIABILITIES AND NET POSITION			
CURRENT LIABILITIES:			
Accrued Salaries and Employee Benefits	\$ 4,896,070	\$ 4,663,421	232,649
Accrued Other Operating Expenses	4,206,424	4,107,630	98,794
Accrued Taxes and Licenses	-	-	-
Claims Payable (Reported)	15,743,053	16,907,221	(1,164,168)
IBNR - Inpatient Claims	57,140,010	49,331,713	7,808,297
IBNR - Physician Claims	19,660,342	19,599,991	60,351
IBNR - Accrued Other Medical	28,699,714	29,184,581	(484,867)
Risk Pool and Withholds Payable	3,987,038	4,004,381	(17,343)
Statutory Allowance for Claims Processing Expense	2,831,842	2,831,842	-
Other Liabilities	110,365,503	110,214,837	150,666
Accrued Hospital Directed Payments	428,708,101	457,158,635	(28,450,534)
Total Current Liabilities	\$ 676,238,097	\$ 698,004,252	\$ (21,766,155)
NONCURRENT LIABILITIES:			
Net Pension Liability	10,818,206	10,518,206	300,000
TOTAL NONCURRENT LIABILITIES	\$ 10,818,206	\$ 10,518,206	\$ 300,000
DEFERRED INFLOWS OF RESOURCES	\$ 230,571	\$ 230,571	\$ -
NET POSITION:			
Net Position - Beg. of Year	318,756,311	318,756,311	-
Increase (Decrease) in Net Position - Current Year	16,167,556	7,637,615	8,529,941
Total Net Position	\$ 334,923,867	\$ 326,393,926	\$ 8,529,941
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION	\$ 1,022,210,741	\$ 1,035,146,955	\$ (12,936,214)

CURRENT MONTH MEMBERS			KERN HEALTH SYSTEMS MEDI-CAL - ALL COA STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION FOR THE MONTH ENDED FEBRUARY 28, 2023			YEAR-TO-DATE MEMBER MONTHS		
						ACTUAL	BUDGET	VARIANCE
211,262	213,400	(2,138)	Family Members	419,552	422,400	(2,848)		
97,854	94,500	3,354	Expansion Members	194,003	187,000	7,003		
18,453	18,000	453	SPD Members	35,895	35,000	895		
379	450	(71)	LTC Members	406	450	(44)		
21,517	23,700	(2,183)	Other Members	32,023	32,400	(377)		
14,960	14,000	960	Kaiser Members	29,719	28,000	1,719		
364,425	364,050	375	Total Members - MCAL	711,598	705,250	6,348		
REVENUES								
40,922,562	43,309,467	(2,386,905)	Title XIX - Medicaid - Family and Other	79,277,768	81,718,294	(2,440,526)		
36,154,732	34,679,353	1,475,379	Title XIX - Medicaid - Expansion Members	72,019,652	68,627,544	3,392,108		
19,012,691	20,577,030	(1,564,339)	Title XIX - Medicaid - SPD Members	37,131,748	40,010,892	(2,879,144)		
2,814,382	3,192,840	(378,458)	Title XIX - Medicaid - LTC Members	3,015,609	3,192,840	(177,231)		
21,515,947	21,151,913	364,034	Premium - Hospital Directed Payments	42,725,620	41,635,392	1,090,228		
440,597	433,677	6,920	Investment Earnings And Other Income	1,840,743	831,870	1,008,873		
-	77,125	(77,125)	Reinsurance Recoveries	-	149,213	(149,213)		
33,520	-	33,520	Rate Adjustments - Hospital Directed Payments	(650,777)	-	(650,777)		
350,076	-	350,076	Rate/Income Adjustments	(618,334)	-	(618,334)		
121,244,507	123,421,405	(2,176,898)	TOTAL REVENUES	234,742,029	236,166,046	(1,424,017)		
EXPENSES								
19,187,941	21,685,889	2,497,948	Medical Costs:					
5,413,638	6,977,661	1,564,023	Physician Services	39,490,013	42,105,968	2,615,955		
4,633,288	5,807,186	1,173,898	Other Professional Services	10,907,543	13,696,791	2,789,248		
21,804,027	23,782,362	1,978,335	Emergency Room	9,829,282	11,270,122	1,440,840		
180,937	77,125	(103,812)	Inpatient	44,445,739	46,324,085	1,878,346		
9,652,797	10,505,578	852,781	Reinsurance Expense	271,796	149,213	(122,583)		
23,011,370	25,441,832	2,430,462	Outpatient Hospital	19,269,578	20,297,578	1,028,000		
524,238	525,175	937	Other Medical	38,540,190	47,045,342	8,505,152		
21,515,947	21,151,913	(364,034)	Pay for Performance Quality Incentive	1,022,828	1,016,688	(6,140)		
33,520	-	(33,520)	Hospital Directed Payments	42,725,620	41,635,392	(1,090,228)		
3,429	-	(3,429)	Hospital Directed Payment Adjustment	(650,777)	-	650,777		
32,166	-	(32,166)	Non-Claims Expense Adjustment	(125,403)	-	125,403		
105,993,298	115,954,722	9,961,424	IBNR, Incentive, Paid Claims Adjustment	41,242	-	(41,242)		
15,251,209	7,466,683	7,784,526	Total Medical Costs	205,767,651	223,541,177	17,773,526		
			GROSS MARGIN	28,974,378	12,624,868	16,349,510		
3,492,028	4,009,841	517,813	Administrative:					
1,549,694	1,690,082	140,388	Compensation	7,039,073	8,019,681	980,608		
161,043	227,316	66,273	Purchased Services	2,489,620	3,380,163	890,543		
679,350	649,950	(29,400)	Supplies	248,649	454,633	205,984		
384,578	449,119	64,541	Depreciation	1,359,966	1,299,899	(60,067)		
301,496	-	(301,496)	Other Administrative Expenses	1,044,841	898,237	(146,604)		
6,568,189	7,026,307	458,118	Administrative Expense Adjustment	411,171	-	(411,171)		
112,561,487	122,981,028	10,419,541	Total Administrative Expenses	12,593,320	14,052,614	1,459,294		
8,683,020	440,376	8,242,644	TOTAL EXPENSES	218,360,971	237,593,791	19,232,820		
-	-	-	OPERATING INCOME (LOSS) BEFORE TAX	16,381,058	(1,427,745)	17,808,803		
8,683,020	440,376	8,242,644	MCO TAX	-	-	-		
8,683,020	440,376	8,242,644	OPERATING INCOME (LOSS) NET OF TAX	16,381,058	(1,427,745)	17,808,803		
NONOPERATING REVENUE (EXPENSE)								
(16,013)	-	(16,013)	Provider Grants/CalAIM/Home Health	18,544	-	18,544		
(137,066)	(625,313)	488,247	D-SNP Expenses	(232,046)	(1,250,626)	1,018,580		
(153,079)	(625,313)	472,234	TOTAL NONOPERATING REVENUE (EXPENSE)	(213,502)	(1,250,626)	1,037,124		
8,529,941	(184,937)	8,714,878	NET INCREASE (DECREASE) IN NET POSITION	16,167,556	(2,678,372)	18,845,928		
84.7%	92.7%	8.0%	MEDICAL LOSS RATIO	85.0%	93.5%	8.5%		
6.6%	6.9%	0.3%	ADMINISTRATIVE EXPENSE RATIO	6.5%	7.2%	0.7%		

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION - PMPM FOR THE MONTH ENDED FEBRUARY 28, 2023			YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE		
ENROLLMENT								
211,262	213,400	(2,138)	Family Members	419,552	422,400	(2,848)		
97,854	94,500	3,354	Expansion Members	194,003	187,000	7,003		
18,453	18,000	453	SPD Members	35,895	35,000	895		
379	450	(71)	LTC Members	406	450	(44)		
21,517	23,700	(2,183)	Other Members	32,023	32,400	(377)		
14,960	14,000	960	Kaiser Members	29,719	28,000	1,719		
364,425	364,050	375	Total Members - MCAL	711,598	705,250	6,348		
REVENUES								
175.80	182.66	(6.86)	Title XIX - Medicaid - Family and Other	175.56	179.68	(4.12)		
369.48	366.98	2.50	Title XIX - Medicaid - Expansion Members	371.23	366.99	4.24		
1,030.33	1,143.17	(112.84)	Title XIX - Medicaid - SPD Members	1,034.45	1,143.17	(108.71)		
7,425.81	7,095.20	330.61	Title XIX - Medicaid - LTC Members	7,427.61	7,095.20	332.41		
0.00	0.00	0.00	Premium - MCO Tax	0.00	0.00	0.00		
61.57	60.43	1.14	Premium - Hospital Directed Payments	62.66	61.48	1.18		
1.26	1.24	0.02	Investment Earnings And Other Income	2.70	1.23	1.47		
0.00	0.22	(0.22)	Reinsurance Recoveries	0.00	0.22	(0.22)		
0.10	0.00	0.10	Rate Adjustments - Hospital Directed Payments	(0.95)	0.00	(0.95)		
1.00	0.00	1.00	Rate/Income Adjustments	(0.91)	0.00	(0.91)		
346.94	352.58	(5.64)	TOTAL REVENUES	344.26	348.71	(4.46)		
EXPENSES								
Medical Costs:								
54.91	61.95	7.04	Physician Services	57.91	62.17	4.26		
15.49	19.93	4.44	Other Professional Services	16.00	20.22	4.23		
13.26	16.59	3.33	Emergency Room	14.41	16.64	2.23		
62.39	67.94	5.55	Inpatient	65.18	68.40	3.22		
0.52	0.22	(0.30)	Reinsurance Expense	0.40	0.22	(0.18)		
27.62	30.01	2.39	Outpatient Hospital	28.26	29.97	1.71		
65.85	72.68	6.83	Other Medical	56.52	69.47	12.94		
1.50	1.50	0.00	Pay for Performance Quality Incentive	1.50	1.50	0.00		
61.57	60.43	(1.14)	Hospital Directed Payments	62.66	61.48	(1.18)		
0.10	0.00	(0.10)	Hospital Directed Payment Adjustment	(0.95)	0.00	0.95		
0.01	0.00	(0.01)	Non-Claims Expense Adjustment	(0.18)	0.00	0.18		
0.09	0.00	(0.09)	IBNR, Incentive, Paid Claims Adjustment	0.06	0.00	(0.06)		
303.30	331.25	27.95	Total Medical Costs	301.77	330.07	28.31		
43.64	21.33	22.31	GROSS MARGIN	42.49	18.64	23.85		
Administrative:								
9.99	11.46	1.46	Compensation	10.32	11.84	1.52		
4.43	4.83	0.39	Purchased Services	3.65	4.99	1.34		
0.46	0.65	0.19	Supplies	0.36	0.67	0.31		
1.94	1.86	(0.09)	Depreciation	1.99	1.92	(0.08)		
1.10	1.28	0.18	Other Administrative Expenses	1.53	1.33	(0.21)		
0.86	0.00	(0.86)	Administrative Expense Adjustment	0.60	0.00	(0.60)		
18.79	20.07	1.28	Total Administrative Expenses	18.47	20.75	2.28		
322.10	351.32	29.23	TOTAL EXPENSES	320.23	350.82	30.59		
24.85	1.26	23.59	OPERATING INCOME (LOSS) BEFORE TAX	24.02	(2.11)	26.13		
0.00	0.00	0.00	MCO TAX	0.00	0.00	0.00		
24.85	1.26	23.59	OPERATING INCOME (LOSS) NET OF TAX	24.02	(2.11)	26.13		
NONOPERATING REVENUE (EXPENSE)								
0.00	0.00	0.00	Gain on Sale of Assets	0.00	0.00	0.00		
(0.05)	0.00	(0.05)	Reserve Fund Projects/Community Grants	0.03	0.00	0.03		
(0.39)	(1.79)	1.39	Health Home	(0.34)	(1.85)	1.51		
(0.44)	(1.79)	1.35	TOTAL NONOPERATING REVENUE (EXPENSE)	(0.31)	(1.85)	1.53		
24.41	(0.53)	24.94	NET INCREASE (DECREASE) IN NET POSITION	23.71	(3.95)	27.67		
84.7%	92.7%	8.0%	MEDICAL LOSS RATIO	85.0%	93.5%	8.5%		
6.6%	6.9%	0.3%	ADMINISTRATIVE EXPENSE RATIO	6.5%	7.2%	0.7%		

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - ROLLING 13 MONTHS THROUGH FEBRUARY 28, 2023	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST
	2022	2022	2022	2022	2022	2022	2022
ENROLLMENT							
Members - MCAL	310,281	312,490	314,691	315,663	319,333	323,572	324,961
REVENUES							
Title XIX - Medicaid - Family and Other	37,126,546	36,539,594	36,762,722	35,766,911	37,731,384	37,514,641	37,941,354
Title XIX - Medicaid - Expansion Members	29,945,915	29,350,530	29,812,384	29,600,713	30,533,210	30,993,375	31,238,545
Title XIX - Medicaid - SPD Members	14,858,906	14,791,754	14,924,745	14,887,158	15,402,431	15,833,803	15,065,828
Title XIX - Medicaid - LTC Members	-	-	-	-	-	-	-
Premium - MCO Tax	9,894,054	9,893,826	9,894,054	9,872,493	9,910,584	10,883,460	10,883,459
Premium - Hospital Directed Payments	17,654,496	17,949,134	17,905,917	17,928,276	18,280,365	18,674,627	18,595,974
Investment Earnings And Other Income	86,457	(1,241,065)	(326,288)	357,517	(633,952)	1,002,315	(121,473)
Reinsurance Recoveries	-	-	-	-	-	-	-
Rate Adjustments - Hospital Directed Payments	24,013	26,907,309	3,898	(23,892)	5,129	9,235	(4,343)
Rate/Income Adjustments	977,794	493,268	59,935	(4,649,731)	(364,397)	350,036	245,168
TOTAL REVENUES	110,568,181	134,684,350	109,037,367	103,739,445	110,864,754	115,261,492	113,844,512
EXPENSES							
Medical Costs:							
Physician Services	19,319,317	19,919,152	18,291,501	17,895,843	18,921,901	18,984,281	18,198,409
Other Professional Services	4,902,710	5,254,779	5,361,545	4,835,075	5,112,961	5,137,341	5,208,793
Emergency Room	5,098,972	5,150,400	5,098,584	4,139,529	3,167,228	4,764,039	4,661,044
Inpatient	20,031,970	20,232,342	20,364,608	21,395,635	19,551,774	22,935,749	20,834,103
Reinsurance Expense	53,896	57,686	56,409	56,248	57,216	(33,668)	(25,136)
Outpatient Hospital	8,223,126	8,686,122	8,458,833	8,281,163	9,196,013	10,013,268	9,928,749
Other Medical	17,534,988	15,788,879	16,341,907	16,301,024	15,522,071	15,416,935	15,241,576
Pharmacy	-	-	-	-	-	-	-
Pay for Performance Quality Incentive	465,422	465,421	472,037	473,494	478,060	485,358	485,358
Hospital Directed Payments	17,654,496	17,949,134	17,905,917	17,928,276	18,280,365	18,674,627	18,595,974
Hospital Directed Payment Adjustment	24,013	26,678,156	3,898	(3,419)	5,129	9,235	(4,343)
Non-Claims Expense Adjustment	4,118	572,469	62,025	(1,371,999)	29,799	17,040	5,019
IBNR, Incentive, Paid Claims Adjustment	(1,010,781)	(3,987,493)	(2,812,496)	(3,724,314)	(4,072,490)	(238,100)	487,881
Total Medical Costs	92,302,247	116,767,047	89,604,768	86,206,555	86,250,027	96,166,105	93,617,427
GROSS MARGIN	18,265,934	17,917,303	19,432,599	17,532,890	24,614,727	19,095,387	20,227,085
Administrative:							
Compensation	2,847,002	3,108,703	3,075,151	3,259,102	2,980,813	3,307,910	3,148,970
Purchased Services	877,498	1,098,614	783,960	927,532	850,526	1,078,360	1,144,312
Supplies	(8,268)	103,207	41,533	145,499	66,970	74,368	117,566
Depreciation	571,126	571,126	570,835	575,899	626,073	576,074	583,814
Other Administrative Expenses	259,997	346,089	252,930	300,845	329,335	414,331	315,625
Administrative Expense Adjustment	(44,283)	31,776	164,256	(2,834)	811,890	425,467	300,000
Total Administrative Expenses	4,503,072	5,259,515	4,888,665	5,206,043	5,665,607	5,876,510	5,610,287
TOTAL EXPENSES	96,805,319	122,026,562	94,493,433	91,412,598	91,915,634	102,042,615	99,227,714
OPERATING INCOME (LOSS) BEFORE TAX	13,762,862	12,657,788	14,543,934	12,326,847	18,949,120	13,218,877	14,616,798
MCO TAX	9,894,054	9,893,826	9,894,054	9,888,018	9,894,051	10,883,459	10,883,460
OPERATING INCOME (LOSS) NET OF TAX	3,868,808	2,763,962	4,649,880	2,438,829	9,055,069	2,335,418	3,733,338
TOTAL NONOPERATING REVENUE (EXPENSE)	(986,700)	(1,001,012)	(1,110,153)	744,870	(1,996,822)	(3,380)	57,925
NET INCREASE (DECREASE) IN NET POSITION	2,882,108	1,762,950	3,539,727	3,183,699	7,058,247	2,332,038	3,791,263
MEDICAL LOSS RATIO	89.9%	90.2%	88.3%	89.9%	82.2%	90.4%	88.9%
ADMINISTRATIVE EXPENSE RATIO	5.4%	6.6%	6.0%	6.9%	6.9%	6.9%	6.6%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - ROLLING 13 MONTHS THROUGH FEBRUARY 28, 2023	SEPTEMBER 2022	OCTOBER 2022	NOVEMBER 2022	DECEMBER 2022	JANUARY 2023	FEBRUARY 2023	13 MONTH TOTAL
ENROLLMENT							
Members - MCAL	325,920	329,121	331,947	336,514	332,414	349,465	4,226,372
REVENUES							
Title XIX - Medicaid - Family and Other	37,957,277	37,949,223	39,648,035	34,345,215	38,355,206	40,922,562	488,560,670
Title XIX - Medicaid - Expansion Members	31,275,148	31,549,369	32,934,833	30,862,645	35,864,920	36,154,732	410,116,319
Title XIX - Medicaid - SPD Members	15,760,220	15,913,345	15,878,315	15,500,822	18,119,057	19,012,691	205,949,075
Title XIX - Medicaid - LTC Members	-	-	-	-	201,227	2,814,382	3,015,609
Premium - MCO Tax	10,883,460	10,883,459	10,883,460	10,883,460	-	-	114,765,769
Premium - Hospital Directed Payments	18,857,014	18,961,885	19,322,384	27,573,903	21,209,673	21,515,947	254,429,595
Investment Earnings And Other Income	353,347	179,268	888,027	714,738	1,400,146	440,597	3,099,634
Reinsurance Recoveries	-	-	-	152,481	-	-	152,481
Rate Adjustments - Hospital Directed Payments	(4,606,563)	9,926	(5,267)	12,446,127	(684,297)	33,520	34,114,795
Rate/Income Adjustments	203,911	124,448	1,298,007	333,950	(968,410)	350,076	(1,545,945)
TOTAL REVENUES	110,683,814	115,570,923	120,847,794	132,813,341	113,497,522	121,244,507	1,512,658,002
EXPENSES							
Medical Costs:							
Physician Services	18,622,853	18,169,774	18,483,343	16,678,607	20,302,072	19,187,941	242,974,994
Other Professional Services	5,024,917	5,041,998	5,432,710	6,175,363	5,493,905	5,413,638	68,395,735
Emergency Room	4,773,821	4,790,820	5,682,299	5,082,054	5,195,994	4,633,288	62,238,072
Inpatient	22,797,560	22,462,437	18,414,421	12,591,938	22,641,712	21,804,027	266,058,276
Reinsurance Expense	142,533	58,493	58,838	59,818	90,859	180,937	814,129
Outpatient Hospital	9,352,210	9,319,855	8,727,267	9,093,742	9,616,781	9,652,797	118,549,926
Other Medical	15,744,662	16,418,094	16,382,849	6,543,097	15,528,820	23,011,370	205,776,272
Pharmacy	-	-	-	-	-	-	0
Pay for Performance Quality Incentive	490,964	493,681	493,681	504,771	498,590	524,238	6,331,075
Hospital Directed Payments	18,857,014	18,961,885	19,322,384	27,573,903	21,209,673	21,515,947	254,429,595
Hospital Directed Payment Adjustment	(4,064,727)	9,926	(5,266)	12,446,126	(684,297)	33,520	34,447,951
Non-Claims Expense Adjustment	9,821	(248,768)	4,018	(1,071,264)	(128,832)	3,429	(2,113,125)
IBNR, Incentive, Paid Claims Adjustment	(789,121)	(435,695)	(436,641)	(6,704,318)	9,076	32,166	(23,682,326)
Total Medical Costs	90,962,507	95,042,500	92,559,903	88,973,837	99,774,353	105,993,298	1,234,220,574
GROSS MARGIN	19,721,307	20,528,423	28,287,891	43,839,504	13,723,169	15,251,209	278,437,428
Administrative:							
Compensation	3,213,222	3,387,496	3,241,130	4,707,264	3,547,045	3,492,028	43,315,836
Purchased Services	997,356	1,009,393	1,034,408	1,262,419	939,926	1,549,694	13,553,998
Supplies	85,530	66,157	258,430	220,189	87,606	161,043	1,419,830
Depreciation	583,673	584,905	622,602	627,772	680,616	679,350	7,853,865
Other Administrative Expenses	298,240	304,229	320,234	966,290	660,263	384,578	5,152,986
Administrative Expense Adjustment	420,793	299,429	299,689	508,526	109,675	301,496	3,625,880
Total Administrative Expenses	5,598,814	5,651,609	5,776,493	8,292,460	6,025,131	6,568,189	74,922,395
TOTAL EXPENSES	96,561,321	100,694,109	98,336,396	97,266,297	105,799,484	112,561,487	1,309,142,969
OPERATING INCOME (LOSS) BEFORE TAX	14,122,493	14,876,814	22,511,398	35,547,044	7,698,038	8,683,020	203,515,033
MCO TAX	10,883,459	10,883,460	10,883,460	10,883,459	-	-	114,764,760
OPERATING INCOME (LOSS) NET OF TAX	3,239,034	3,993,354	11,627,938	24,663,585	7,698,038	8,683,020	88,750,273
TOTAL NONOPERATING REVENUE (EXPENSE)	(27,966)	(5,428)	4,000	(34,557)	(60,423)	(153,079)	(4,572,725)
NET INCREASE (DECREASE) IN NET POSITION	3,211,068	3,987,926	11,631,938	24,629,028	7,637,615	8,529,941	84,177,548
MEDICAL LOSS RATIO	89.0%	88.7%	80.8%	59.8%	85.2%	84.7%	85.2%
ADMINISTRATIVE EXPENSE RATIO	6.5%	6.6%	6.4%	10.1%	6.5%	6.6%	6.8%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - PMPM ROLLING 13 MONTHS THROUGH FEBRUARY 28, 2023	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST
	2022	2022	2022	2022	2022	2022	2022
ENROLLMENT							
Members - MCAL	310,281	312,490	314,691	315,663	319,333	323,572	324,961
REVENUES							
Title XIX - Medicaid - Family and Other	177.17	173.28	173.44	168.25	176.65	173.99	175.92
Title XIX - Medicaid - Expansion Members	355.03	344.90	345.21	341.10	343.27	340.07	338.95
Title XIX - Medicaid - SPD Members	907.36	895.60	912.10	913.04	917.14	941.54	880.12
Title XIX - Medicaid - LTC Members	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Premium - MCO Tax	31.89	31.66	31.44	31.28	31.04	33.64	33.49
Premium - Hospital Directed Payments	56.90	57.44	56.90	56.80	57.25	57.71	57.23
Investment Earnings And Other Income	0.28	(3.97)	(1.04)	1.13	(1.99)	3.10	(0.37)
Reinsurance Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rate Adjustments - Hospital Directed Payments	0.08	86.11	0.01	(0.08)	0.02	0.03	(0.01)
Rate/Income Adjustments	3.15	1.58	0.19	(14.73)	(1.14)	1.08	0.75
TOTAL REVENUES	356.35	431.00	346.49	328.64	347.18	356.22	350.33
EXPENSES							
Medical Costs:							
Physician Services	62.26	63.74	58.13	56.69	59.25	58.67	56.00
Other Professional Services	15.80	16.82	17.04	15.32	16.01	15.88	16.03
Emergency Room	16.43	16.48	16.20	13.11	9.92	14.72	14.34
Inpatient	64.56	64.75	64.71	67.78	61.23	70.88	64.11
Reinsurance Expense	0.17	0.18	0.18	0.18	0.18	(0.10)	(0.08)
Outpatient Hospital	26.50	27.80	26.88	26.23	28.80	30.95	30.55
Other Medical	56.51	50.53	51.93	51.64	48.61	47.65	46.90
Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pay for Performance Quality Incentive	1.50	1.49	1.50	1.50	1.50	1.50	1.49
Hospital Directed Payments	56.90	57.44	56.90	56.80	57.25	57.71	57.23
Hospital Directed Payment Adjustment	0.08	85.37	0.01	(0.01)	0.02	0.03	(0.01)
Non-Claims Expense Adjustment	0.01	1.83	0.20	(4.35)	0.09	0.05	0.02
IBNR, Incentive, Paid Claims Adjustment	(3.26)	(12.76)	(8.94)	(11.80)	(12.75)	(0.74)	1.50
Total Medical Costs	297.48	373.67	284.74	273.10	270.09	297.20	288.09
GROSS MARGIN	58.87	57.34	61.75	55.54	77.08	59.01	62.24
Administrative:							
Compensation	9.18	9.95	9.77	10.32	9.33	10.22	9.69
Purchased Services	2.83	3.52	2.49	2.94	2.66	3.33	3.52
Supplies	(0.03)	0.33	0.13	0.46	0.21	0.23	0.36
Depreciation	1.84	1.83	1.81	1.82	1.96	1.78	1.80
Other Administrative Expenses	0.84	1.11	0.80	0.95	1.03	1.28	0.97
Administrative Expense Adjustment	(0.14)	0.10	0.52	(0.01)	2.54	1.31	0.92
Total Administrative Expenses	14.51	16.83	15.53	16.49	17.74	18.16	17.26
TOTAL EXPENSES	311.99	390.50	300.27	289.59	287.84	315.36	305.35
OPERATING INCOME (LOSS) BEFORE TAX	44.36	40.51	46.22	39.05	59.34	40.85	44.98
MCO TAX	31.89	31.66	31.44	31.32	30.98	33.64	33.49
OPERATING INCOME (LOSS) NET OF TAX	12.47	8.84	14.78	7.73	28.36	7.22	11.49
TOTAL NONOPERATING REVENUE (EXPENSE)	(3.18)	(3.20)	(3.53)	2.36	(6.25)	(0.01)	0.18
NET INCREASE (DECREASE) IN NET POSITION	9.29	5.64	11.25	10.09	22.10	7.21	11.67
MEDICAL LOSS RATIO	89.9%	90.2%	88.3%	89.9%	82.2%	90.4%	88.9%
ADMINISTRATIVE EXPENSE RATIO	5.4%	6.6%	6.0%	6.9%	6.9%	6.9%	6.6%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - PMPM ROLLING 13 MONTHS THROUGH FEBRUARY 28, 2023	SEPTEMBER 2022	OCTOBER 2022	NOVEMBER 2022	DECEMBER 2022	JANUARY 2023	FEBRUARY 2023	13 MONTH TOTAL
ENROLLMENT							
Members - MCAL	325,920	329,121	331,947	336,514	332,414	349,465	4,226,372
REVENUES							
Title XIX - Medicaid - Family and Other	175.56	174.37	180.89	156.69	175.30	175.80	173.45
Title XIX - Medicaid - Expansion Members	338.39	334.55	344.93	323.22	373.01	369.48	345.48
Title XIX - Medicaid - SPD Members	911.57	926.33	919.20	897.35	1,038.82	1,030.33	930.99
Title XIX - Medicaid - LTC Members	0.00	0.00	0.00	0.00	7,452.85	7,425.81	7,427.61
Premium - MCO Tax	33.39	33.07	32.79	32.34	0.00	0.00	27.15
Premium - Hospital Directed Payments	57.86	57.61	58.21	81.94	63.80	61.57	60.20
Investment Earnings And Other Income	1.08	0.54	2.68	2.12	4.21	1.26	0.73
Reinsurance Recoveries	0.00	0.00	0.00	0.45	0.00	0.00	0.04
Rate Adjustments - Hospital Directed Payments	(14.13)	0.03	(0.02)	36.99	(2.06)	0.10	8.07
Rate/Income Adjustments	0.63	0.38	3.91	0.99	(2.91)	1.00	(0.37)
TOTAL REVENUES	339.60	351.15	364.06	394.67	341.43	346.94	357.91
EXPENSES							
Medical Costs:							
Physician Services	57.14	55.21	55.68	49.56	61.07	54.91	57.49
Other Professional Services	15.42	15.32	16.37	18.35	16.53	15.49	16.18
Emergency Room	14.65	14.56	17.12	15.10	15.63	13.26	14.73
Inpatient	69.95	68.25	55.47	37.42	68.11	62.39	62.95
Reinsurance Expense	0.44	0.18	0.18	0.18	0.27	0.52	0.19
Outpatient Hospital	28.69	28.32	26.29	27.02	28.93	27.62	28.05
Other Medical	48.31	49.88	49.35	19.44	46.72	65.85	48.69
Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pay for Performance Quality Incentive	1.51	1.50	1.49	1.50	1.50	1.50	1.50
Hospital Directed Payments	57.86	57.61	58.21	81.94	63.80	61.57	60.20
Hospital Directed Payment Adjustment	(12.47)	0.03	(0.02)	36.99	(2.06)	0.10	8.15
Non-Claims Expense Adjustment	0.03	(0.76)	0.01	(3.18)	(0.39)	0.01	(0.50)
IBNR, Incentive, Paid Claims Adjustment	(2.42)	(1.32)	(1.32)	(19.92)	0.03	0.09	(5.60)
Total Medical Costs	279.09	288.78	278.84	268.04	300.15	303.30	292.03
GROSS MARGIN	60.51	62.37	85.22	126.64	41.28	43.64	65.88
Administrative:							
Compensation	9.86	10.29	9.76	13.99	10.67	9.99	10.25
Purchased Services	3.06	3.07	3.12	3.75	2.83	4.43	3.21
Supplies	0.26	0.20	0.78	0.65	0.26	0.46	0.34
Depreciation	1.79	1.78	1.88	1.87	2.05	1.94	1.86
Other Administrative Expenses	0.92	0.92	0.96	2.87	1.99	1.10	1.22
Administrative Expense Adjustment	1.29	0.91	0.90	1.51	0.33	0.86	0.86
Total Administrative Expenses	17.18	17.17	17.40	24.64	18.13	18.79	17.73
TOTAL EXPENSES	296.27	305.95	296.24	292.68	318.28	322.10	309.76
OPERATING INCOME (LOSS) BEFORE TAX	43.33	45.20	67.82	102.00	23.16	24.85	48.15
MCO TAX	33.39	33.07	32.79	32.34	0.00	0.00	27.15
OPERATING INCOME (LOSS) NET OF TAX	9.94	12.13	35.03	69.65	23.16	24.85	21.00
TOTAL NONOPERATING REVENUE (EXPENSE)	(0.09)	(0.02)	0.01	(0.10)	(0.18)	(0.44)	(1.08)
NET INCREASE (DECREASE) IN NET POSITION	9.85	12.12	35.04	69.55	22.98	24.41	19.92
MEDICAL LOSS RATIO	89.0%	88.7%	80.8%	61.3%	85.2%	84.7%	85.2%
ADMINISTRATIVE EXPENSE RATIO	6.5%	6.6%	6.4%	10.1%	6.5%	6.6%	6.8%

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF REVENUES - ALL COA FOR THE MONTH ENDED FEBRUARY 28, 2023			YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE	REVENUES	ACTUAL	BUDGET	VARIANCE		
			Title XIX - Medicaid - Family & Other					
33,574,519	34,574,179	(999,660)	Premium - Medi-Cal	64,463,438	64,613,604	(150,166)		
2,647,234	2,782,482	(135,248)	Premium - Maternity Kick	5,557,687	5,564,964	(7,277)		
650,485	690,571	(40,086)	Premium - Enhanced Care Management	1,195,835	1,200,776	(4,941)		
207,599	156,729	50,870	Premium - Major Organ Transplant	399,861	298,351	101,510		
-	527,275	(527,275)	Premium - Cal AIM	-	962,484	(962,484)		
3,562,606	3,672,839	(110,233)	Premium - Provider Enhancement	7,104,238	7,274,559	(170,321)		
165,574	188,258	(22,684)	Premium - Ground Emergency Medical Transportation	328,420	371,178	(42,758)		
-	245,400	(245,400)	Premium - Student Behavioral Health Incentive	-	490,800	(490,800)		
-	352,514	(352,514)	Premium - Housing and Homelessness Incentive	-	705,028	(705,028)		
114,545	119,220	(4,675)	Other	228,289	236,550	(8,261)		
40,922,562	43,309,467	(2,386,905)	Total Title XIX - Medicaid - Family & Other	79,277,768	81,718,294	(2,440,526)		
			Title XIX - Medicaid - Expansion Members					
32,372,609	30,521,405	1,851,205	Premium - Medi-Cal	64,562,675	60,395,130	4,167,546		
699,412	236,486	462,926	Premium - Maternity Kick	1,308,576	472,971	835,605		
794,928	956,970	(162,042)	Premium - Enhanced Care Management	1,585,137	1,893,360	(308,223)		
327,441	239,010	88,431	Premium - Major Organ Transplant	653,069	472,880	180,189		
-	424,746	(424,746)	Premium - Cal AIM	-	830,401	(830,401)		
1,689,285	1,583,365	105,920	Premium - Provider Enhancement	3,369,553	3,133,220	236,333		
235,610	206,571	29,039	Premium - Ground Emergency Medical Transportation	469,950	408,702	61,248		
-	195,905	(195,905)	Premium - Student Behavioral Health Incentive	-	391,810	(391,810)		
-	281,415	(281,415)	Premium - Housing and Homelessness Incentive	-	562,830	(562,830)		
35,447	33,480	1,967	Other	70,692	66,240	4,452		
36,154,732	34,679,353	1,475,379	Total Title XIX - Medicaid - Expansion Members	72,019,652	68,627,544	3,392,108		
			Title XIX - Medicaid - SPD Members					
17,688,330	18,735,840	(1,047,510)	Premium - Medi-Cal	34,544,957	36,430,800	(1,885,843)		
418,594	514,620	(96,026)	Premium - Enhanced Care Management	817,846	1,000,650	(182,804)		
244,430	163,620	80,810	Premium - Major Organ Transplant	477,368	318,150	159,218		
-	260,625	(260,625)	Premium - Cal AIM	-	490,551	(490,551)		
519,233	466,188	53,045	Premium - Provider Enhancement	1,014,051	906,477	107,574		
142,104	144,180	(2,076)	Premium - Ground Emergency Medical Transportation	277,526	280,350	(2,824)		
-	119,827	(119,827)	Premium - Student Behavioral Health Incentive	-	239,654	(239,654)		
-	172,130	(172,130)	Premium - Housing and Homelessness Incentive	-	344,260	(344,260)		
19,012,691	20,577,030	(1,564,339)	Total Title XIX - Medicaid - SPD Members	37,131,748	40,010,892	(2,879,144)		
			Title XIX - Medicaid - LTC Members					

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS - ALL COA FOR THE MONTH ENDED FEBRUARY 28, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			PHYSICIAN SERVICES			
3,799,063	4,464,908	665,845	Primary Care Physician Services	7,952,346	8,639,937	687,591
13,535,172	14,647,488	1,112,316	Referral Specialty Services	27,625,755	28,485,660	859,905
1,845,306	2,565,093	719,787	Urgent Care & After Hours Advise	3,894,212	4,962,671	1,068,459
8,400	8,400	-	Hospital Admitting Team	17,700	17,700	-
19,187,941	21,685,889	2,497,948	TOTAL PHYSICIAN SERVICES	39,490,013	42,105,968	2,615,955
			OTHER PROFESSIONAL SERVICES			
342,049	358,472	16,423	Vision Service Capitation	674,886	693,541	18,655
1,998,969	2,804,617	805,648	Medical Departments - UM Allocation *	4,028,309	5,609,233	1,580,924
1,340,804	1,467,314	126,510	Behavior Health Treatment	2,575,227	2,830,788	255,561
277,029	439,070	162,041	Mental Health Services	655,627	850,506	194,879
1,454,787	1,908,188	453,401	Other Professional Services	2,973,494	3,712,722	739,228
5,413,638	6,977,661	1,564,023	TOTAL OTHER PROFESSIONAL SERVICES	10,907,543	13,696,791	2,789,248
4,633,288	5,807,186	1,173,898	EMERGENCY ROOM	9,829,282	11,270,122	1,440,840
21,804,027	23,782,362	1,978,335	INPATIENT HOSPITAL	44,445,739	46,324,085	1,878,346
180,937	77,125	(103,812)	REINSURANCE EXPENSE PREMIUM	271,796	149,213	(122,583)
9,652,797	10,505,578	852,781	OUTPATIENT HOSPITAL SERVICES	19,269,578	20,297,578	1,028,000
			OTHER MEDICAL			
1,754,080	1,664,855	(89,225)	Ambulance and NEMT	3,546,203	3,224,203	(322,000)
809,536	1,014,271	204,735	Home Health Services & CBAS	1,779,808	1,971,062	191,254
583,384	1,592,010	1,008,626	Utilization and Quality Review Expenses	1,359,942	3,184,019	1,824,077
9,988,072	9,125,978	(862,094)	Long Term/SNF/Hospice	12,720,119	15,408,953	2,688,834
5,482,690	5,397,661	(85,029)	Provider Enhancement Expense - Prop. 56	10,913,583	10,445,736	(467,847)
513,773	512,059	(1,714)	Provider Enhancement Expense - GEMT	1,010,250	1,007,218	(3,032)
1,778,842	2,063,733	284,891	Enhanced Care Management	3,207,815	3,899,727	691,912
712,804	545,693	(167,111)	Major Organ Transplant	1,463,987	1,049,214	(414,773)
279,307	2,450,845	2,171,538	Cal AIM Incentive Programs	309,633	4,766,927	4,457,294
1,108,882	1,074,727	(34,155)	DME/Rebates	2,228,850	2,088,282	(140,568)
23,011,370	25,441,832	2,430,462	TOTAL OTHER MEDICAL	38,540,190	47,045,342	8,505,152
524,238	525,175	937	PAY FOR PERFORMANCE QUALITY INCENTIVE	1,022,828	1,016,688	(6,140)
21,515,947	21,151,913	(364,034)	HOSPITAL DIRECTED PAYMENTS	42,725,620	41,635,392	(1,090,228)
33,520	-	(33,520)	HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(650,777)	-	650,777
3,429	-	(3,429)	NON-CLAIMS EXPENSE ADJUSTMENT	(125,403)	-	125,403
32,166	-	(32,166)	IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	41,242	-	(41,242)
105,993,298	115,954,722	9,961,424	Total Medical Costs	205,767,651	223,541,177	17,773,526

* Medical costs per DMHC regulations

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS - ALL COA - PMPM FOR THE MONTH ENDED FEBRUARY 28, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			PHYSICIAN SERVICES			
10.87	12.76	1.88	Primary Care Physician Services	11.66	12.76	1.09
38.73	41.84	3.11	Referral Specialty Services	40.51	42.06	1.55
5.28	7.33	2.05	Urgent Care & After Hours Advise	5.71	7.33	1.62
0.02	0.02	(0.00)	Hospital Admitting Team	0.03	0.03	0.00
54.91	61.95	7.04	TOTAL PHYSICIAN SERVICES	57.91	62.17	4.26
			OTHER PROFESSIONAL SERVICES			
0.98	1.02	0.05	Vision Service Capitation	0.99	1.02	0.03
5.72	8.01	2.29	Medical Departments - UM Allocation *	5.91	8.28	2.37
3.84	4.19	0.35	Behavior Health Treatment	3.78	4.18	0.40
0.79	1.25	0.46	Mental Health Services	0.96	1.26	0.29
4.16	5.45	1.29	Other Professional Services	4.36	5.48	1.12
15.49	19.93	4.44	TOTAL OTHER PROFESSIONAL SERVICES	16.00	20.22	4.23
13.26	16.59	3.33	EMERGENCY ROOM	14.41	16.64	2.23
62.39	67.94	5.55	INPATIENT HOSPITAL	65.18	68.40	3.22
0.52	0.22	(0.30)	REINSURANCE EXPENSE PREMIUM	0.40	0.22	(0.18)
27.62	30.01	2.39	OUTPATIENT HOSPITAL SERVICES	28.26	29.97	1.71
			OTHER MEDICAL			
5.02	4.76	(0.26)	Ambulance and NEMT	5.20	4.76	(0.44)
2.32	2.90	0.58	Home Health Services & CBAS	2.61	2.91	0.30
1.67	4.55	2.88	Utilization and Quality Review Expenses	1.99	4.70	2.71
28.58	26.07	(2.51)	Long Term/SNF/Hospice	18.65	22.75	4.10
15.69	15.42	(0.27)	Provider Enhancement Expense - Prop. 56	16.01	15.42	(0.58)
1.47	1.46	(0.01)	Provider Enhancement Expense - GEMT	1.48	1.49	0.01
5.09	5.90	0.81	Enhanced Care Management	4.70	5.76	1.05
2.04	1.56	(0.48)	Major Organ Transplant	2.15	1.55	(0.60)
0.80	7.00	6.20	Cal AIM Incentive Programs	0.45	7.04	6.58
3.17	3.07	(0.10)	DME	3.27	3.08	(0.19)
65.85	72.68	6.83	TOTAL OTHER MEDICAL	56.52	69.47	12.94
1.50	1.50	0.00	PAY FOR PERFORMANCE QUALITY INCENTIVE	1.50	1.50	0.00
61.57	60.43	(1.14)	HOSPITAL DIRECTED PAYMENTS	62.66	61.48	(1.18)
0.10	0.00	(0.10)	HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(0.95)	0.00	0.95
0.01	0.00	(0.01)	NON-CLAIMS EXPENSE ADJUSTMENT	(0.18)	0.00	0.18
0.09	0.00	(0.09)	IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	0.06	0.00	(0.06)
303.30	331.25	27.95	Total Medical Costs	301.77	330.07	28.31

* Medical costs per DMHC regulations

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS BY MONTH THROUGH FEBRUARY 28, 2023	JANUARY 2023	FEBRUARY 2023	YEAR TO DATE 2023
PHYSICIAN SERVICES			
Primary Care Physician Services	4,153,283	3,799,063	7,952,346
Referral Specialty Services	14,090,583	13,535,172	27,625,755
Urgent Care & After Hours Advise	2,048,906	1,845,306	3,894,212
Hospital Admitting Team	9,300	8,400	17,700
TOTAL PHYSICIAN SERVICES	20,302,072	19,187,941	39,490,013
OTHER PROFESSIONAL SERVICES			
Vision Service Capitation	332,837	342,049	674,886
Medical Departments - UM Allocation *	2,029,340	1,998,969	4,028,309
Behavior Health Treatment	1,234,423	1,340,804	2,575,227
Mental Health Services	378,598	277,029	655,627
Other Professional Services	1,518,707	1,454,787	2,973,494
TOTAL OTHER PROFESSIONAL SERVICES	5,493,905	5,413,638	10,907,543
EMERGENCY ROOM	5,195,994	4,633,288	9,829,282
INPATIENT HOSPITAL	22,641,712	21,804,027	44,445,739
REINSURANCE EXPENSE PREMIUM	90,859	180,937	271,796
OUTPATIENT HOSPITAL SERVICES	9,616,781	9,652,797	19,269,578
OTHER MEDICAL			
Ambulance and NEMT	1,792,123	1,754,080	3,546,203
Home Health Services & CBAS	970,272	809,536	1,779,808
Utilization and Quality Review Expenses	776,558	583,384	1,359,942
Long Term/SNF/Hospice	2,732,047	9,988,072	12,720,119
Provider Enhancement Expense - Prop. 56	5,430,893	5,482,690	10,913,583
Provider Enhancement Expense - GEMT	496,477	513,773	1,010,250
Enhanced Care Management	1,428,973	1,778,842	3,207,815
Major Organ Transplant	751,183	712,804	1,463,987
Cal AIM Incentive Programs	30,326	279,307	309,633
DME	1,119,968	1,108,882	2,228,850
TOTAL OTHER MEDICAL	15,528,820	23,011,370	38,540,190
PAY FOR PERFORMANCE QUALITY INCENTIVE	498,590	524,238	1,022,828
HOSPITAL DIRECTED PAYMENTS	21,209,673	21,515,947	42,725,620
HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(684,297)	33,520	(650,777)
NON-CLAIMS EXPENSE ADJUSTMENT	(128,832)	3,429	(125,403)
IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	9,076	32,166	41,242
Total Medical Costs	99,774,353	105,993,298	205,767,651

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS BY MONTH - PMPM THROUGH FEBRUARY 28, 2023	JANUARY 2023	FEBRUARY 2023	YEAR TO DATE 2023
PHYSICIAN SERVICES			
Primary Care Physician Services	12.49	10.87	11.66
Referral Specialty Services	42.39	38.73	40.51
Urgent Care & After Hours Advise	6.16	5.28	5.71
Hospital Admitting Team	0.03	0.02	0.03
TOTAL PHYSICIAN SERVICES	61.07	54.91	57.91
OTHER PROFESSIONAL SERVICES			
Vision Service Capitation	1.00	0.98	0.99
Medical Departments - UM Allocation *	6.10	5.72	5.91
Behavior Health Treatment	3.71	3.84	3.78
Mental Health Services	1.14	0.79	0.96
Other Professional Services	4.57	4.16	4.36
TOTAL OTHER PROFESSIONAL SERVICES	16.53	15.49	16.00
EMERGENCY ROOM	15.63	13.26	14.41
INPATIENT HOSPITAL	68.11	62.39	65.18
REINSURANCE EXPENSE PREMIUM	0.27	0.52	0.40
OUTPATIENT HOSPITAL SERVICES	28.93	27.62	28.26
OTHER MEDICAL			
Ambulance and NEMT	5.39	5.02	5.20
Home Health Services & CBAS	2.92	2.32	2.61
Utilization and Quality Review Expenses	2.34	1.67	1.99
Long Term/SNF/Hospice	8.22	28.58	18.65
Provider Enhancement Expense - Prop. 56	16.34	15.69	16.01
Provider Enhancement Expense - GEMT	1.49	1.47	1.48
Vaccine Incentive Program Expense	0.00	0.00	0.00
Behaviorial Health Integration Program	0.00	0.00	0.00
Enhanced Care Management	4.30	5.09	4.70
Major Organ Transplant	2.26	2.04	2.15
Cal AIM Incentive Programs	0.09	0.80	0.45
DME	3.37	3.17	3.27
TOTAL OTHER MEDICAL	46.72	65.85	56.52
PAY FOR PERFORMANCE QUALITY INCENTIVE	1.50	1.50	1.50
HOSPITAL DIRECTED PAYMENTS	63.80	61.57	62.66
HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(2.06)	0.10	(0.95)
NON-CLAIMS EXPENSE ADJUSTMENT	(0.39)	0.01	(0.18)
IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	0.03	0.09	0.06
Total Medical Costs	300.15	303.30	301.77

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT FOR THE MONTH ENDED FEBRUARY 28, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
488,878	503,783	14,905	110 - Executive	1,176,144	1,007,564	(168,580)
226,501	269,724	43,223	210 - Accounting	454,732	539,449	84,717
378,747	388,289	9,542	220 - Management Information Systems	743,793	776,578	32,785
672	26,641	25,969	221 - Business Intelligence	64,477	53,282	(11,195)
328,061	421,256	93,195	222 - Enterprise Development	681,669	842,512	160,843
216,683	201,164	(15,519)	223 - Enterprise Configuration	320,924	402,328	81,404
771,628	675,879	(95,749)	225 - Infrastructure	1,184,259	1,351,759	167,500
609,445	690,413	80,968	230 - Claims	1,230,377	1,380,826	150,449
191,244	272,020	80,776	240 - Project Management	331,362	544,040	212,678
186,938	145,307	(41,631)	310 - Health Services - Utilization Management	381,326	290,614	(90,712)
90	51,625	51,535	311 - Health Services - Quality Improvement	179	103,250	103,071
297	143	(154)	312 - Health Services - Education	385	286	(99)
39,846	70,663	30,817	313- Pharmacy	79,593	141,326	61,733
20,697	3,292	(17,405)	314 - Enhanced Care Management	21,172	6,584	(14,588)
63,361	78,415	15,054	316 -Population Health Management	126,282	156,830	30,548
821	1,218	397	317 - Community Based Services	986	2,436	1,450
1,200	31,941	30,741	318 - Housing & Homeless Incentive Program	1,200	63,882	62,682
84,699	134,370	49,671	319 - CAL AIM Incentive Payment Program (IPP)	84,699	268,740	184,041
-	947	947	601 - Behavioral Health	-	1,894	1,894
1,665	4,315	2,650	602 - Quality & Health Equity	1,665	8,630	6,965
285,888	345,411	59,523	320 - Provider Network Management	603,011	690,822	87,811
804,897	1,205,474	400,577	330 - Member Services	1,606,932	2,410,948	804,016
958,999	871,256	(87,743)	340 - Corporate Services	1,851,135	1,742,512	(108,623)
130,101	145,475	15,374	360 - Audit & Investigative Services	268,461	290,950	22,489
61,237	56,416	(4,821)	410 - Member Engagement	130,209	112,832	(17,377)
98,793	210,572	111,779	420 - Sales/Marketing/Public Relations	159,507	421,144	261,637
315,305	361,965	46,660	510 - Human Resources	677,669	723,930	46,261
301,496	(141,667)	(443,163)	Administrative Expense Adjustment	411,171	(283,334)	(694,505)
6,568,189	7,026,307	458,118	Total Administrative Expenses	12,593,320	14,052,614	1,459,294

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF ADMIN EXPENSES BY DEPT BY MONTH FOR THE MONTH ENDED FEBRUARY 28, 2023	JANUARY 2023	FEBRUARY 2023	YEAR TO DATE 2023
110 - Executive	687,266	488,878	1,176,144
210 - Accounting	228,231	226,501	454,732
220 - Management Information Systems (MIS)	365,046	378,747	743,793
221 - Business Intelligence	63,805	672	64,477
222 - Enterprise Development	353,608	328,061	681,669
223 - Enterprise Configuration	104,241	216,683	320,924
225 - Infrastructure	412,631	771,628	1,184,259
230 - Claims	620,932	609,445	1,230,377
240 - Project Management	140,118	191,244	331,362
310 - Health Services - Utilization Management	194,388	186,938	381,326
311 - Health Services - Quality Improvement	89	90	179
312 - Health Services - Education	88	297	385
313- Pharmacy	39,747	39,846	79,593
314 - Enhanced Care Management	475	20,697	21,172
316 -Population Health Management	62,921	63,361	126,282
317 - Community Based Services	165	821	986
318 - Housing & Homeless Incentive Program	-	1,200	1,200
319 - CAL AIM Incentive Payment Program (IPP)	-	84,699	84,699
601 - Behavioral Health	-	-	-
602 - Quality & Health Equity	-	1,665	1,665
320 - Provider Network Management	317,123	285,888	603,011
330 - Member Services	802,035	804,897	1,606,932
340 - Corporate Services	892,136	958,999	1,851,135
360 - Audit & Investigative Services	138,360	130,101	268,461
410 - Member Engagement	68,972	61,237	130,209
420 - Sales/Marketing/Public Relations	60,714	98,793	159,507
510 - Human Resources	362,364	315,305	677,669
Total Department Expenses	5,915,456	6,266,693	12,182,149
ADMINISTRATIVE EXPENSE ADJUSTMENT	109,675	301,496	411,171
Total Administrative Expenses	6,025,131	6,568,189	12,593,320

KERN HEALTH SYSTEMS GROUP HEALTH PLAN - HFAM BALANCE SHEET STATEMENT AS OF FEBRUARY 28, 2023			
ASSETS	FEBRUARY 2023	JANUARY 2023	INC(DEC)
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 1,130,625	\$ 1,130,625	-
Interest Receivable	4,000	2,000	2,000
TOTAL CURRENT ASSETS	\$ 1,134,625	\$ 1,132,625	\$ 2,000
LIABILITIES AND NET POSITION			
CURRENT LIABILITIES:			
Other Liabilities	-	-	-
TOTAL CURRENT LIABILITIES	\$ -	\$ -	\$ -
NET POSITION:			
Net Position- Beg. of Year	1,130,625	1,130,625	-
Increase (Decrease) in Net Position - Current Year	4,000	2,000	2,000
Total Net Position	\$ 1,134,625	\$ 1,132,625	\$ 2,000
TOTAL LIABILITIES AND NET POSITION	\$ 1,134,625	\$ 1,132,625	\$ 2,000

CURRENT MONTH			KERN HEALTH SYSTEMS GROUP HEALTH PLAN - HFAM STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION FOR THE MONTH ENDED FEBRUARY 28, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
ENROLLMENT						
-	-	-	Members	-	-	-
REVENUES						
-	-	-	Premium	-	-	-
2,000	-	2,000	Interest	4,000	-	4,000
			Other Investment Income	-	-	-
2,000	-	2,000	TOTAL REVENUES	4,000	-	4,000
EXPENSES						
			Medical Costs			
-	-	-	IBNR and Paid Claims Adjustment	-	-	-
-	-	-	Total Medical Costs	-	-	-
2,000	-	2,000	GROSS MARGIN	4,000	-	4,000
Administrative						
-	-	-	Management Fee Expense and Other Admin Exp	-	-	-
-	-	-	Total Administrative Expenses	-	-	-
-	-	-	TOTAL EXPENSES	-	-	-
2,000	-	2,000	OPERATING INCOME (LOSS)	4,000	-	4,000
-	-	-	TOTAL NONOPERATING REVENUE (EXPENSES)	-	-	-
2,000	-	2,000	NET INCREASE (DECREASE) IN NET POSITION	4,000	-	4,000
0%	0%	0%	MEDICAL LOSS RATIO	0%	0%	0%
0%	0%	0%	ADMINISTRATIVE EXPENSE RATIO	0%	0%	0%

KERN HEALTH SYSTEMS MONTHLY MEMBERS COUNT			
KERN HEALTH SYSTEMS			
MEDI-CAL	2023 MEMBER MONTHS	JAN'23	FEB'23
ADULT AND FAMILY			
ADULT	124,166	58,409	65,757
CHILD	295,386	149,881	145,505
SUB-TOTAL ADULT & FAMILY	419,552	208,290	211,262
OTHER MEMBERS			
PARTIAL DUALS - FAMILY	1,726	851	875
PARTIAL DUALS - CHILD	0	0	0
PARTIAL DUALS - BCCTP	16	6	10
FULL DUALS (SPD)			
SPD FULL DUALS	30,281	9,649	20,632
SUBTOTAL OTHER MEMBERS	32,023	10,506	21,517
TOTAL FAMILY & OTHER	451,575	218,796	232,779
SPD			
SPD (AGED AND DISABLED)	35,895	17,442	18,453
MEDI-CAL EXPANSION			
ACA Expansion Adult-Citizen	190,753	94,512	96,241
ACA Expansion Duals	3,250	1,637	1,613
SUB-TOTAL MED-CAL EXPANSION	194,003	96,149	97,854
LONG TERM CARE (LTC)			
LTC	26	27	-1
LTC DUALS	380	0	380
TOTAL LTC	406	27	379
TOTAL KAISER	29,719	14,759	14,960
TOTAL MEDI-CAL MEMBERS	711,598	347,173	364,425

**KHS6/2/2023
Management Use Only**



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: March 2023 Financial Results
DATE: June 15, 2023

BACKGROUND

The March results reflect a \$9,729,853 Net Increase in Net Position which is a \$9,939,235 favorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$.6 million favorable variance primarily due to:
 - A) \$2.8 million unfavorable variance primarily due from **timing differences** on waiting for DHCS approval to record revenue under the CalAim Incentive Payment Program, Student Behavioral Health Incentive Program and the Housing and Homelessness Incentive Program offset against expense amounts included in 2C below.
 - B) \$1.9 million favorable variance in Investment Earnings primarily due from higher than forecasted interest rates being earned on the investment portfolio and from mark to market gains on the investment portfolio for the month.
 - C) \$1.1 million favorable variance in Rate/Income Adjustments primarily due to additional prior year revenue received from Maternity and BHT Kick Payments (\$.5 million) and Reinsurance Recoveries (\$.5 million).
- 2) Total Medical Costs reflect a \$9.3 million favorable variance primarily due to:
 - A) \$1.1 million favorable variance in Physician Services primarily due to lower-than-expected utilization relating to Primary Care Physician Services, Referral Specialty Services and Urgent Care Services for Family and Expansion Members.
 - B) \$.9 million favorable variance in Other Professional Services primarily due to the timing of hiring 2023 Budgeted Utilization Management Employees during the first quarter of 2023.

- C) \$2.4 million favorable variance in Other Medical primarily due to **timing differences** on waiting for providers to submit invoices to record expenses under the CalAim Incentive Payment Program, Student Behavioral Health Incentive Program and the Housing and Homelessness Incentive Program offset against revenue amounts included in Item 1A above.

- D) \$4.0 million favorable variance primarily from IBNR Adjustments relating to the prior year.

The March Medical Loss Ratio is 84.0% which is favorable to the 92.7 % budgeted amount. The March Administrative Expense Ratio is 6.8% which is favorable to the 6.9% budgeted amount.

The results for the 3 months ended March 31, 2023, reflect a Net Increase in Net Position of \$25,897,409. This is a \$28,785,162 favorable variance to budget and includes approximately \$4.7 million of favorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 84.6% which is favorable to the 93.2% budgeted amount. The year-to-date Administrative Expense Ratio is 6.6% which is favorable to the 7.1% budgeted amount.

**Kern Health Systems
Financial Packet
March 2023**

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

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KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF NET POSITION AS OF MARCH 31, 2023			
ASSETS	MARCH 2023	FEBRUARY 2023	INC(DEC)
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 142,799,887	\$ 132,502,688	\$ 10,297,199
Short-Term Investments	285,977,659	220,352,888	65,624,771
Premiums Receivable - Net	96,684,429	108,057,848	(11,373,419)
Premiums Receivable - Hospital Direct Payments	356,727,759	478,890,444	(122,162,685)
Interest Receivable	504,731	258,013	246,718
Provider Advance Payment	881,385	896,482	(15,097)
Other Receivables	1,662,895	1,816,194	(153,299)
Prepaid Expenses & Other Current Assets	5,390,433	6,053,689	(663,256)
Total Current Assets	\$ 890,629,178	\$ 948,828,246	\$ (58,199,068)
CAPITAL ASSETS - NET OF ACCUM DEPREE:			
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	1,228,295	1,213,946	14,349
Computer Hardware and Software - Net	21,605,903	22,079,656	(473,753)
Building and Building Improvements - Net	33,486,874	33,562,982	(76,108)
Capital Projects in Progress	3,090,516	2,391,455	699,061
Total Capital Assets	\$ 63,502,294	\$ 63,338,745	\$ 163,549
LONG TERM ASSETS:			
Restricted Investments	300,000	300,000	-
Officer Life Insurance Receivables	1,572,984	1,588,890	(15,906)
Total Long Term Assets	\$ 1,872,984	\$ 1,888,890	\$ (15,906)
DEFERRED OUTFLOWS OF RESOURCES	\$ 8,154,860	\$ 8,154,860	\$ -
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	\$ 964,159,316	\$ 1,022,210,741	\$ (58,051,425)
LIABILITIES AND NET POSITION			
CURRENT LIABILITIES:			
Accrued Salaries and Employee Benefits	\$ 5,320,026	\$ 4,896,070	423,956
Accrued Other Operating Expenses	3,645,528	4,206,424	(560,896)
Accrued Taxes and Licenses	-	-	-
Claims Payable (Reported)	17,855,050	15,743,053	2,111,997
IBNR - Inpatient Claims	60,366,945	57,140,010	3,226,935
IBNR - Physician Claims	18,775,616	19,660,342	(884,726)
IBNR - Accrued Other Medical	28,132,818	28,699,714	(566,896)
Risk Pool and Withholds Payable	4,513,553	3,987,038	526,515
Statutory Allowance for Claims Processing Expense	2,831,842	2,831,842	-
Other Liabilities	110,170,024	110,365,503	(195,479)
Accrued Hospital Directed Payments	356,545,417	428,708,101	(72,162,684)
Total Current Liabilities	\$ 608,156,819	\$ 676,238,097	\$ (68,081,278)
NONCURRENT LIABILITIES:			
Net Pension Liability	11,118,206	10,818,206	300,000
TOTAL NONCURRENT LIABILITIES	\$ 11,118,206	\$ 10,818,206	\$ 300,000
DEFERRED INFLOWS OF RESOURCES	\$ 230,571	\$ 230,571	\$ -
NET POSITION:			
Net Position - Beg. of Year	318,756,311	318,756,311	-
Increase (Decrease) in Net Position - Current Year	25,897,409	16,167,556	9,729,853
Total Net Position	\$ 344,653,720	\$ 334,923,867	\$ 9,729,853
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION	\$ 964,159,316	\$ 1,022,210,741	\$ (58,051,425)

CURRENT MONTH MEMBERS			KERN HEALTH SYSTEMS MEDI-CAL - ALL COA STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION FOR THE MONTH ENDED MARCH 31, 2023			YEAR-TO-DATE MEMBER MONTHS		
						ACTUAL	BUDGET	VARIANCE
212,029	213,800	(1,771)	Family Members	631,581	636,200	(4,619)		
98,130	94,500	3,630	Expansion Members	292,133	281,500	10,633		
18,522	18,000	522	SPD Members	54,417	53,000	1,417		
397	450	(53)	LTC Members	803	900	(97)		
21,932	23,700	(1,768)	Other Members	53,955	56,100	(2,145)		
15,308	14,000	1,308	Kaiser Members	45,027	42,000	3,027		
366,318	364,450	1,868	Total Members - MCAL	1,077,916	1,069,700	8,216		
			REVENUES					
41,044,003	43,347,727	(2,303,724)	Title XIX - Medicaid - Family and Other	120,321,771	125,066,021	(4,744,250)		
35,902,983	34,679,353	1,223,630	Title XIX - Medicaid - Expansion Members	107,922,635	103,306,897	4,615,738		
19,068,659	20,577,030	(1,508,371)	Title XIX - Medicaid - SPD Members	56,200,407	60,587,923	(4,387,516)		
2,968,601	3,192,840	(224,239)	Title XIX - Medicaid - LTC Members	5,984,210	6,385,680	(401,470)		
-	-	-	Premium - MCO Tax	-	-	-		
21,609,701	21,158,802	450,899	Premium - Hospital Directed Payments	64,335,321	62,794,194	1,541,127		
2,337,674	434,409	1,903,265	Investment Earnings And Other Income	4,178,417	1,266,279	2,912,138		
-	77,213	(77,213)	Reinsurance Recoveries	-	226,426	(226,426)		
32,816	-	32,816	Rate Adjustments - Hospital Directed Payments	(617,961)	-	(617,961)		
1,115,116	-	1,115,116	Rate/Income Adjustments	496,782	-	496,782		
124,079,553	123,467,374	612,179	TOTAL REVENUES	358,821,582	359,633,420	(811,838)		
			EXPENSES					
			Medical Costs:					
20,648,045	21,705,703	1,057,658	Physician Services	60,138,058	63,811,671	3,673,613		
6,067,168	6,981,262	914,094	Other Professional Services	16,974,711	20,678,053	3,703,342		
5,199,635	5,812,746	613,111	Emergency Room	15,028,917	17,082,868	2,053,951		
22,997,133	23,796,878	799,745	Inpatient	67,442,872	70,120,963	2,678,091		
94,363	77,213	(17,150)	Reinsurance Expense	366,159	226,426	(139,733)		
11,362,056	10,511,856	(850,200)	Outpatient Hospital	30,631,634	30,809,433	177,799		
23,040,484	25,454,899	2,414,415	Other Medical	61,580,674	72,500,240	10,919,566		
526,516	525,777	(739)	Pay for Performance Quality Incentive	1,549,344	1,542,464	(6,880)		
21,609,701	21,158,802	(450,899)	Hospital Directed Payments	64,335,321	62,794,194	(1,541,127)		
(869,333)	-	869,333	Hospital Directed Payment Adjustment	(1,520,110)	-	1,520,110		
72,961	-	(72,961)	Non-Claims Expense Adjustment	(52,442)	-	52,442		
(4,009,312)	-	4,009,312	IBNR, Incentive, Paid Claims Adjustment	(3,968,070)	-	3,968,070		
106,739,417	116,025,136	9,285,719	Total Medical Costs	312,507,068	339,566,313	27,059,245		
17,340,136	7,442,238	9,897,898	GROSS MARGIN	46,314,514	20,067,106	26,247,408		
			Administrative:					
3,754,627	4,009,841	255,214	Compensation	10,793,700	12,029,522	1,235,822		
1,516,766	1,690,082	173,316	Purchased Services	4,006,386	5,070,245	1,063,859		
106,568	227,316	120,748	Supplies	355,217	681,949	326,732		
682,158	649,950	(32,208)	Depreciation	2,042,124	1,949,849	(92,275)		
557,118	449,119	(107,999)	Other Administrative Expenses	1,601,959	1,347,356	(254,603)		
320,296	-	(320,296)	Administrative Expense Adjustment	731,467	-	(731,467)		
6,937,533	7,026,307	88,774	Total Administrative Expenses	19,530,853	21,078,920	1,548,067		
113,676,950	123,051,443	9,374,493	TOTAL EXPENSES	332,037,921	360,645,234	28,607,313		
10,402,603	415,931	9,986,672	OPERATING INCOME (LOSS) BEFORE TAX	26,783,661	(1,011,814)	27,795,475		
-	-	-	MCO TAX	-	-	-		
10,402,603	415,931	9,986,672	OPERATING INCOME (LOSS) NET OF TAX	26,783,661	(1,011,814)	27,795,475		
			NONOPERATING REVENUE (EXPENSE)					
(9,278)	-	(9,278)	Provider Grants/CAAIM/Home Health	9,266	-	9,266		
(663,472)	(625,313)	(38,159)	D-SNP Expenses	(895,518)	(1,875,939)	980,421		
(672,750)	(625,313)	(47,437)	TOTAL NONOPERATING REVENUE (EXPENSE)	(886,252)	(1,875,939)	989,687		
9,729,853	(209,382)	9,939,235	NET INCREASE (DECREASE) IN NET POSITION	25,897,409	(2,887,753)	28,785,162		
84.0%	92.7%	8.8%	MEDICAL LOSS RATIO	84.6%	93.2%	8.6%		
6.8%	6.9%	0.1%	ADMINISTRATIVE EXPENSE RATIO	6.6%	7.1%	0.5%		

CURRENT MONTH			STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION - PMPM FOR THE MONTH ENDED MARCH 31, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
ENROLLMENT						
212,029	213,800	(1,771)	Family Members	631,581	636,200	(4,619)
98,130	94,500	3,630	Expansion Members	292,133	281,500	10,633
18,522	18,000	522	SPD Members	54,417	53,000	1,417
397	450	(53)	LTC Members	803	900	(97)
21,932	23,700	(1,768)	Other Members	53,955	56,100	(2,145)
15,308	14,000	1,308	Kaiser Members	45,027	42,000	3,027
366,318	364,450	1,868	Total Members - MCAL	1,077,916	1,069,700	8,216
REVENUES						
175.43	182.52	(7.09)	Title XIX - Medicaid - Family and Other	175.51	180.65	(5.14)
365.87	366.98	(1.11)	Title XIX - Medicaid - Expansion Members	369.43	366.99	2.44
1,029.51	1,143.17	(113.65)	Title XIX - Medicaid - SPD Members	1,032.77	1,143.17	(110.40)
7,477.58	7,095.20	382.38	Title XIX - Medicaid - LTC Members	7,452.32	7,095.20	357.12
0.00	0.00	0.00	Premium - MCO Tax	0.00	0.00	0.00
61.56	60.38	1.19	Premium - Hospital Directed Payments	62.29	61.10	1.19
6.66	1.24	5.42	Investment Earnings And Other Income	4.05	1.23	2.81
0.00	0.22	(0.22)	Reinsurance Recoveries	0.00	0.22	(0.22)
0.09	0.00	0.09	Rate Adjustments - Hospital Directed Payments	(0.60)	0.00	(0.60)
3.18	0.00	3.18	Rate/Income Adjustments	0.48	0.00	0.48
353.49	352.31	1.18	TOTAL REVENUES	347.40	349.94	(2.54)
EXPENSES						
Medical Costs:						
58.82	61.94	3.11	Physician Services	58.22	62.09	3.87
17.28	19.92	2.64	Other Professional Services	16.43	20.12	3.69
14.81	16.59	1.77	Emergency Room	14.55	16.62	2.07
65.52	67.90	2.39	Inpatient	65.30	68.23	2.94
0.27	0.22	(0.05)	Reinsurance Expense	0.35	0.22	(0.13)
32.37	30.00	(2.37)	Outpatient Hospital	29.66	29.98	0.32
65.64	72.63	6.99	Other Medical	59.62	70.55	10.93
1.50	1.50	0.00	Pay for Performance Quality Incentive	1.50	1.50	0.00
61.56	60.38	(1.19)	Hospital Directed Payments	62.29	61.10	(1.19)
(2.48)	0.00	2.48	Hospital Directed Payment Adjustment	(1.47)	0.00	1.47
0.21	0.00	(0.21)	Non-Claims Expense Adjustment	(0.05)	0.00	0.05
(11.42)	0.00	11.42	IBNR, Incentive, Paid Claims Adjustment	(3.84)	0.00	3.84
304.09	331.07	26.98	Total Medical Costs	302.56	330.41	27.86
49.40	21.24	28.16	GROSS MARGIN	44.84	19.53	25.31
Administrative:						
10.70	11.44	0.75	Compensation	10.45	11.71	1.26
4.32	4.82	0.50	Purchased Services	3.88	4.93	1.05
0.30	0.65	0.35	Supplies	0.34	0.66	0.32
1.94	1.85	(0.09)	Depreciation	1.98	1.90	(0.08)
1.59	1.28	(0.31)	Other Administrative Expenses	1.55	1.31	(0.24)
0.91	0.00	(0.91)	Administrative Expense Adjustment	0.71	0.00	(0.71)
19.76	20.05	0.28	Total Administrative Expenses	18.91	20.51	1.60
323.86	351.12	27.27	TOTAL EXPENSES	321.47	350.92	29.46
29.64	1.19	28.45	OPERATING INCOME (LOSS) BEFORE TAX	25.93	(0.98)	26.92
0.00	0.00	0.00	MCO TAX	0.00	0.00	0.00
29.64	1.19	28.45	OPERATING INCOME (LOSS) NET OF TAX	25.93	(0.98)	26.92
NONOPERATING REVENUE (EXPENSE)						
0.00	0.00	0.00	Gain on Sale of Assets	0.00	0.00	0.00
(0.03)	0.00	(0.03)	Reserve Fund Projects/Community Grants	0.01	0.00	0.01
(1.89)	(1.78)	(0.11)	Health Home	(0.87)	(1.83)	0.96
(1.92)	(1.78)	(0.13)	TOTAL NONOPERATING REVENUE (EXPENSE)	(0.86)	(1.83)	0.97
27.72	(0.60)	28.32	NET INCREASE (DECREASE) IN NET POSITION	25.07	(2.81)	27.88
84.0%	92.7%	8.8%	MEDICAL LOSS RATIO	84.6%	93.2%	8.6%
6.8%	6.9%	0.1%	ADMINISTRATIVE EXPENSE RATIO	6.6%	7.1%	0.5%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - ROLLING 13 MONTHS THROUGH MARCH 31, 2023	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER
	2022	2022	2022	2022	2022	2022	2022
ENROLLMENT							
Members - MCAL	312,490	314,691	315,663	319,333	323,572	324,961	325,920
REVENUES							
Title XIX - Medicaid - Family and Other	36,539,594	36,762,722	35,766,911	37,731,384	37,514,641	37,941,354	37,957,277
Title XIX - Medicaid - Expansion Members	29,350,530	29,812,384	29,600,713	30,533,210	30,993,375	31,238,545	31,275,148
Title XIX - Medicaid - SPD Members	14,791,754	14,924,745	14,887,158	15,402,431	15,833,803	15,065,828	15,760,220
Title XIX - Medicaid - LTC Members	-	-	-	-	-	-	-
Premium - MCO Tax	9,893,826	9,894,054	9,872,493	9,910,584	10,883,460	10,883,459	10,883,460
Premium - Hospital Directed Payments	17,949,134	17,905,917	17,928,276	18,280,365	18,674,627	18,595,974	18,857,014
Investment Earnings And Other Income	(1,241,065)	(326,288)	357,517	(633,952)	1,002,315	(121,473)	353,347
Reinsurance Recoveries	-	-	-	-	-	-	-
Rate Adjustments - Hospital Directed Payments	26,907,309	3,898	(23,892)	5,129	9,235	(4,343)	(4,606,563)
Rate/Income Adjustments	493,268	59,935	(4,649,731)	(364,397)	350,036	245,168	203,911
TOTAL REVENUES	134,684,350	109,037,367	103,739,445	110,864,754	115,261,492	113,844,512	110,683,814
EXPENSES							
Medical Costs:							
Physician Services	19,919,152	18,291,501	17,895,843	18,921,901	18,984,281	18,198,409	18,622,853
Other Professional Services	5,254,779	5,361,545	4,835,075	5,112,961	5,137,341	5,208,793	5,024,917
Emergency Room	5,150,400	5,098,584	4,139,529	3,167,228	4,764,039	4,661,044	4,773,821
Inpatient	20,232,342	20,364,608	21,395,635	19,551,774	22,935,749	20,834,103	22,797,560
Reinsurance Expense	57,686	56,409	56,248	57,216	(33,668)	(25,136)	142,533
Outpatient Hospital	8,686,122	8,458,833	8,281,163	9,196,013	10,013,268	9,928,749	9,352,210
Other Medical	15,788,879	16,341,907	16,301,024	15,522,071	15,416,935	15,241,576	15,744,662
Pharmacy	-	-	-	-	-	-	-
Pay for Performance Quality Incentive	465,421	472,037	473,494	478,060	485,358	485,358	490,964
Hospital Directed Payments	17,949,134	17,905,917	17,928,276	18,280,365	18,674,627	18,595,974	18,857,014
Hospital Directed Payment Adjustment	26,678,156	3,898	(3,419)	5,129	9,235	(4,343)	(4,064,727)
Non-Claims Expense Adjustment	572,469	62,025	(1,371,999)	29,799	17,040	5,019	9,821
IBNR, Incentive, Paid Claims Adjustment	(3,987,493)	(2,812,496)	(3,724,314)	(4,072,490)	(238,100)	487,881	(789,121)
Total Medical Costs	116,767,047	89,604,768	86,206,555	86,250,027	96,166,105	93,617,427	90,962,507
GROSS MARGIN	17,917,303	19,432,599	17,532,890	24,614,727	19,095,387	20,227,085	19,721,307
Administrative:							
Compensation	3,108,703	3,075,151	3,259,102	2,980,813	3,307,910	3,148,970	3,213,222
Purchased Services	1,098,614	783,960	927,532	850,526	1,078,360	1,144,312	997,356
Supplies	103,207	41,533	145,499	66,970	74,368	117,566	85,530
Depreciation	571,126	570,835	575,899	626,073	576,074	583,814	583,673
Other Administrative Expenses	346,089	252,930	300,845	329,335	414,331	315,625	298,240
Administrative Expense Adjustment	31,776	164,256	(2,834)	811,890	425,467	300,000	420,793
Total Administrative Expenses	5,259,515	4,888,665	5,206,043	5,665,607	5,876,510	5,610,287	5,598,814
TOTAL EXPENSES	122,026,562	94,493,433	91,412,598	91,915,634	102,042,615	99,227,714	96,561,321
OPERATING INCOME (LOSS) BEFORE TAX	12,657,788	14,543,934	12,326,847	18,949,120	13,218,877	14,616,798	14,122,493
MCO TAX	9,893,826	9,894,054	9,888,018	9,894,051	10,883,459	10,883,460	10,883,459
OPERATING INCOME (LOSS) NET OF TAX	2,763,962	4,649,880	2,438,829	9,055,069	2,335,418	3,733,338	3,239,034
TOTAL NONOPERATING REVENUE (EXPENSE)	(1,001,012)	(1,110,153)	744,870	(1,996,822)	(3,380)	57,925	(27,966)
NET INCREASE (DECREASE) IN NET POSITION	1,762,950	3,539,727	3,183,699	7,058,247	2,332,038	3,791,263	3,211,068
MEDICAL LOSS RATIO	90.2%	88.3%	89.9%	82.2%	90.4%	88.9%	89.0%
ADMINISTRATIVE EXPENSE RATIO	6.6%	6.0%	6.9%	6.9%	6.9%	6.6%	6.5%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - ROLLING 13 MONTHS THROUGH MARCH 31, 2023	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	13 MONTH
	2022	2022	2022	2023	2023	2023	TOTAL
ENROLLMENT							
Members - MCAL	329,121	331,947	336,514	332,414	349,465	351,010	4,267,101
REVENUES							
Title XIX - Medicaid - Family and Other	37,949,223	39,648,035	34,345,215	38,355,206	40,922,562	41,044,003	492,478,127
Title XIX - Medicaid - Expansion Members	31,549,369	32,934,833	30,862,645	35,864,920	36,154,732	35,902,983	416,073,387
Title XIX - Medicaid - SPD Members	15,913,345	15,878,315	15,500,822	18,119,057	19,012,691	19,068,659	210,158,828
Title XIX - Medicaid - LTC Members	-	-	-	201,227	2,814,382	2,968,601	5,984,210
Premium - MCO Tax	10,883,459	10,883,460	10,883,460	-	-	-	104,871,715
Premium - Hospital Directed Payments	18,961,885	19,322,384	27,573,903	21,209,673	21,515,947	21,609,701	258,384,800
Investment Earnings And Other Income	179,268	888,027	714,738	1,400,146	440,597	2,337,674	5,350,851
Reinsurance Recoveries	-	-	152,481	-	-	-	152,481
Rate Adjustments - Hospital Directed Payments	9,926	(5,267)	12,446,127	(684,297)	33,520	32,816	34,123,598
Rate/Income Adjustments	124,448	1,298,007	333,950	(968,410)	350,076	1,115,116	(1,408,623)
TOTAL REVENUES	115,570,923	120,847,794	132,813,341	113,497,522	121,244,507	124,079,553	1,526,169,374
EXPENSES							
Medical Costs:							
Physician Services	18,169,774	18,483,343	16,678,607	20,302,072	19,187,941	20,648,045	244,303,722
Other Professional Services	5,041,998	5,432,710	6,175,363	5,493,905	5,413,638	6,067,168	69,560,193
Emergency Room	4,790,820	5,682,299	5,082,054	5,195,994	4,633,288	5,199,635	62,338,735
Inpatient	22,462,437	18,414,421	12,591,938	22,641,712	21,804,027	22,997,133	269,023,439
Reinsurance Expense	58,493	58,838	59,818	90,859	180,937	94,363	854,596
Outpatient Hospital	9,319,855	8,727,267	9,093,742	9,616,781	9,652,797	11,362,056	121,688,856
Other Medical	16,418,094	16,382,849	6,543,097	15,528,820	23,011,370	23,040,484	211,281,768
Pharmacy	-	-	-	-	-	-	-
Pay for Performance Quality Incentive	493,681	493,681	504,771	498,590	524,238	526,516	6,392,169
Hospital Directed Payments	18,961,885	19,322,384	27,573,903	21,209,673	21,515,947	21,609,701	258,384,800
Hospital Directed Payment Adjustment	9,926	(5,266)	12,446,126	(684,297)	33,520	(869,333)	33,554,605
Non-Claims Expense Adjustment	(248,768)	4,018	(1,071,264)	(128,832)	3,429	72,961	(2,044,282)
IBNR, Incentive, Paid Claims Adjustment	(435,695)	(436,641)	(6,704,318)	9,076	32,166	(4,009,312)	(26,680,857)
Total Medical Costs	95,042,500	92,559,903	88,973,837	99,774,353	105,993,298	106,739,417	1,248,657,744
GROSS MARGIN	20,528,423	28,287,891	43,839,504	13,723,169	15,251,209	17,340,136	277,511,630
Administrative:							
Compensation	3,387,496	3,241,130	4,707,264	3,547,045	3,492,028	3,754,627	44,223,461
Purchased Services	1,009,393	1,034,408	1,262,419	939,926	1,549,694	1,516,766	14,193,266
Supplies	66,157	258,430	220,189	87,606	161,043	106,568	1,534,666
Depreciation	584,905	622,602	627,772	680,616	679,350	682,158	7,964,897
Other Administrative Expenses	304,229	320,234	966,290	660,263	384,578	557,118	5,450,107
Administrative Expense Adjustment	299,429	299,689	508,526	109,675	301,496	320,296	3,990,459
Total Administrative Expenses	5,651,609	5,776,493	8,292,460	6,025,131	6,568,189	6,937,533	77,356,856
TOTAL EXPENSES	100,694,109	98,336,396	97,266,297	105,799,484	112,561,487	113,676,950	1,326,014,600
OPERATING INCOME (LOSS) BEFORE TAX	14,876,814	22,511,398	35,547,044	7,698,038	8,683,020	10,402,603	200,154,774
MCO TAX	10,883,460	10,883,460	10,883,459	-	-	-	104,870,706
OPERATING INCOME (LOSS) NET OF TAX	3,993,354	11,627,938	24,663,585	7,698,038	8,683,020	10,402,603	95,284,068
TOTAL NONOPERATING REVENUE (EXPENSE)	(5,428)	4,000	(34,557)	(60,423)	(153,079)	(672,750)	(4,258,775)
NET INCREASE (DECREASE) IN NET POSITION	3,987,926	11,631,938	24,629,028	7,637,615	8,529,941	9,729,853	91,025,293
MEDICAL LOSS RATIO	88.7%	80.8%	59.8%	85.2%	84.7%	84.0%	84.8%
ADMINISTRATIVE EXPENSE RATIO	6.6%	6.4%	10.1%	6.5%	6.6%	6.8%	6.9%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - PMPM ROLLING 13 MONTHS THROUGH MARCH 31, 2023	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER
	2022	2022	2022	2022	2022	2022	2022
ENROLLMENT							
Members - MCAL	312,490	314,691	315,663	319,333	323,572	324,961	325,920
REVENUES							
Title XIX - Medicaid - Family and Other	173.28	173.44	168.25	176.65	173.99	175.92	175.56
Title XIX - Medicaid - Expansion Members	344.90	345.21	341.10	343.27	340.07	338.95	338.39
Title XIX - Medicaid - SPD Members	895.60	912.10	913.04	917.14	941.54	880.12	911.57
Title XIX - Medicaid - LTC Members	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Premium - MCO Tax	31.66	31.44	31.28	31.04	33.64	33.49	33.39
Premium - Hospital Directed Payments	57.44	56.90	56.80	57.25	57.71	57.23	57.86
Investment Earnings And Other Income	(3.97)	(1.04)	1.13	(1.99)	3.10	(0.37)	1.08
Reinsurance Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rate Adjustments - Hospital Directed Payments	86.11	0.01	(0.08)	0.02	0.03	(0.01)	(14.13)
Rate/Income Adjustments	1.58	0.19	(14.73)	(1.14)	1.08	0.75	0.63
TOTAL REVENUES	431.00	346.49	328.64	347.18	356.22	350.33	339.60
EXPENSES							
Medical Costs:							
Physician Services	63.74	58.13	56.69	59.25	58.67	56.00	57.14
Other Professional Services	16.82	17.04	15.32	16.01	15.88	16.03	15.42
Emergency Room	16.48	16.20	13.11	9.92	14.72	14.34	14.65
Inpatient	64.75	64.71	67.78	61.23	70.88	64.11	69.95
Reinsurance Expense	0.18	0.18	0.18	0.18	(0.10)	(0.08)	0.44
Outpatient Hospital	27.80	26.88	26.23	28.80	30.95	30.55	28.69
Other Medical	50.53	51.93	51.64	48.61	47.65	46.90	48.31
Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pay for Performance Quality Incentive	1.49	1.50	1.50	1.50	1.50	1.49	1.51
Hospital Directed Payments	57.44	56.90	56.80	57.25	57.71	57.23	57.86
Hospital Directed Payment Adjustment	85.37	0.01	(0.01)	0.02	0.03	(0.01)	(12.47)
Non-Claims Expense Adjustment	1.83	0.20	(4.35)	0.09	0.05	0.02	0.03
IBNR, Incentive, Paid Claims Adjustment	(12.76)	(8.94)	(11.80)	(12.75)	(0.74)	1.50	(2.42)
Total Medical Costs	373.67	284.74	273.10	270.09	297.20	288.09	279.09
GROSS MARGIN	57.34	61.75	55.54	77.08	59.01	62.24	60.51
Administrative:							
Compensation	9.95	9.77	10.32	9.33	10.22	9.69	9.86
Purchased Services	3.52	2.49	2.94	2.66	3.33	3.52	3.06
Supplies	0.33	0.13	0.46	0.21	0.23	0.36	0.26
Depreciation	1.83	1.81	1.82	1.96	1.78	1.80	1.79
Other Administrative Expenses	1.11	0.80	0.95	1.03	1.28	0.97	0.92
Administrative Expense Adjustment	0.10	0.52	(0.01)	2.54	1.31	0.92	1.29
Total Administrative Expenses	16.83	15.53	16.49	17.74	18.16	17.26	17.18
TOTAL EXPENSES	390.50	300.27	289.59	287.84	315.36	305.35	296.27
OPERATING INCOME (LOSS) BEFORE TAX	40.51	46.22	39.05	59.34	40.85	44.98	43.33
MCO TAX	31.66	31.44	31.32	30.98	33.64	33.49	33.39
OPERATING INCOME (LOSS) NET OF TAX	8.84	14.78	7.73	28.36	7.22	11.49	9.94
TOTAL NONOPERATING REVENUE (EXPENSE)	(3.20)	(3.53)	2.36	(6.25)	(0.01)	0.18	(0.09)
NET INCREASE (DECREASE) IN NET POSITION	5.64	11.25	10.09	22.10	7.21	11.67	9.85
MEDICAL LOSS RATIO	90.2%	88.3%	89.9%	82.2%	90.4%	88.9%	89.0%
ADMINISTRATIVE EXPENSE RATIO	6.6%	6.0%	6.9%	6.9%	6.9%	6.6%	6.5%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - PMPM ROLLING 13 MONTHS THROUGH MARCH 31, 2023	OCTOBER 2022	NOVEMBER 2022	DECEMBER 2022	JANUARY 2023	FEBRUARY 2023	MARCH 2023	13 MONTH TOTAL
ENROLLMENT							
Members - MCAL	329,121	331,947	336,514	332,414	349,465	351,010	4,267,101
REVENUES							
Title XIX - Medicaid - Family and Other	174.37	180.89	156.69	175.30	175.80	175.43	173.34
Title XIX - Medicaid - Expansion Members	334.55	344.93	323.22	373.01	369.48	365.87	346.47
Title XIX - Medicaid - SPD Members	926.33	919.20	897.35	1,038.82	1,030.33	1,029.51	940.89
Title XIX - Medicaid - LTC Members	0.00	0.00	0.00	7,452.85	7,425.81	7,477.58	7,452.32
Premium - MCO Tax	33.07	32.79	32.34	0.00	0.00	0.00	24.58
Premium - Hospital Directed Payments	57.61	58.21	81.94	63.80	61.57	61.56	60.55
Investment Earnings And Other Income	0.54	2.68	2.12	4.21	1.26	6.66	1.25
Reinsurance Recoveries	0.00	0.00	0.45	0.00	0.00	0.00	0.04
Rate Adjustments - Hospital Directed Payments	0.03	(0.02)	36.99	(2.06)	0.10	0.09	8.00
Rate/Income Adjustments	0.38	3.91	0.99	(2.91)	1.00	3.18	(0.33)
TOTAL REVENUES	351.15	364.06	394.67	341.43	346.94	353.49	357.66
EXPENSES							
Medical Costs:							
Physician Services	55.21	55.68	49.56	61.07	54.91	58.82	57.25
Other Professional Services	15.32	16.37	18.35	16.53	15.49	17.28	16.30
Emergency Room	14.56	17.12	15.10	15.63	13.26	14.81	14.61
Inpatient	68.25	55.47	37.42	68.11	62.39	65.52	63.05
Reinsurance Expense	0.18	0.18	0.18	0.27	0.52	0.27	0.20
Outpatient Hospital	28.32	26.29	27.02	28.93	27.62	32.37	28.52
Other Medical	49.88	49.35	19.44	46.72	65.85	65.64	49.51
Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pay for Performance Quality Incentive	1.50	1.49	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	57.61	58.21	81.94	63.80	61.57	61.56	60.55
Hospital Directed Payment Adjustment	0.03	(0.02)	36.99	(2.06)	0.10	(2.48)	7.86
Non-Claims Expense Adjustment	(0.76)	0.01	(3.18)	(0.39)	0.01	0.21	(0.48)
IBNR, Incentive, Paid Claims Adjustment	(1.32)	(1.32)	(19.92)	0.03	0.09	(11.42)	(6.25)
Total Medical Costs	288.78	278.84	268.04	300.15	303.30	304.09	292.62
GROSS MARGIN	62.37	85.22	126.64	41.28	43.64	49.40	65.04
Administrative:							
Compensation	10.29	9.76	13.99	10.67	9.99	10.70	10.36
Purchased Services	3.07	3.12	3.75	2.83	4.43	4.32	3.33
Supplies	0.20	0.78	0.65	0.26	0.46	0.30	0.36
Depreciation	1.78	1.88	1.87	2.05	1.94	1.94	1.87
Other Administrative Expenses	0.92	0.96	2.87	1.99	1.10	1.59	1.28
Administrative Expense Adjustment	0.91	0.90	1.51	0.33	0.86	0.91	0.94
Total Administrative Expenses	17.17	17.40	24.64	18.13	18.79	19.76	18.13
TOTAL EXPENSES	305.95	296.24	292.68	318.28	322.10	323.86	310.75
OPERATING INCOME (LOSS) BEFORE TAX	45.20	67.82	102.00	23.16	24.85	29.64	46.91
MCO TAX	33.07	32.79	32.34	0.00	0.00	0.00	24.58
OPERATING INCOME (LOSS) NET OF TAX	12.13	35.03	69.65	23.16	24.85	29.64	22.33
TOTAL NONOPERATING REVENUE (EXPENSE)	(0.02)	0.01	(0.10)	(0.18)	(0.44)	(1.92)	(1.00)
NET INCREASE (DECREASE) IN NET POSITION	12.12	35.04	69.55	22.98	24.41	27.72	21.33
MEDICAL LOSS RATIO	88.7%	80.8%	61.3%	85.2%	84.7%	84.0%	84.8%
ADMINISTRATIVE EXPENSE RATIO	6.6%	6.4%	10.1%	6.5%	6.6%	6.8%	6.9%

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF REVENUES - ALL COA FOR THE MONTH ENDED MARCH 31, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
REVENUES						
Title XIX - Medicaid - Family & Other						
33,802,257	34,605,023	(802,766)	Premium - Medi-Cal	98,265,695	99,218,627	(952,932)
2,513,969	2,782,482	(268,513)	Premium - Maternity Kick	8,071,656	8,347,446	(275,790)
658,414	690,619	(32,205)	Premium - Enhanced Care Management	1,854,249	1,891,395	(37,146)
209,291	156,753	52,538	Premium - Major Organ Transplant	609,152	455,104	154,048
-	529,173	(529,173)	Premium - Cal AIM	-	1,491,657	(1,491,657)
3,578,254	3,678,073	(99,819)	Premium - Provider Enhancement	10,682,492	10,952,632	(270,140)
166,501	188,450	(21,949)	Premium - Ground Emergency Medical Transportation	494,921	559,628	(64,707)
-	245,400	(245,400)	Premium - Student Behavioral Health Incentive	-	736,200	(736,200)
-	352,514	(352,514)	Premium - Housing and Homelessness Incentive	-	1,057,542	(1,057,542)
115,317	119,240	(3,923)	Other	343,606	355,790	(12,184)
41,044,003	43,347,727	(2,303,724)	Total Title XIX - Medicaid - Family & Other	120,321,771	125,066,021	(4,744,250)
Title XIX - Medicaid - Expansion Members						
32,472,705	30,521,405	1,951,301	Premium - Medi-Cal	97,035,380	90,916,535	6,118,846
338,424	236,486	101,938	Premium - Maternity Kick	1,647,000	709,457	937,543
797,770	956,970	(159,200)	Premium - Enhanced Care Management	2,382,907	2,850,330	(467,423)
328,397	239,010	89,387	Premium - Major Organ Transplant	981,466	711,890	269,576
-	424,746	(424,746)	Premium - Cal AIM	-	1,255,147	(1,255,147)
1,693,865	1,583,365	110,500	Premium - Provider Enhancement	5,063,418	4,716,585	346,833
236,258	206,571	29,687	Premium - Ground Emergency Medical Transportation	706,208	615,273	90,935
-	195,905	(195,905)	Premium - Student Behavioral Health Incentive	-	587,715	(587,715)
-	281,415	(281,415)	Premium - Housing and Homelessness Incentive	-	844,245	(844,245)
35,564	33,480	2,084	Other	106,256	99,720	6,536
35,902,983	34,679,353	1,223,630	Total Title XIX - Medicaid - Expansion Members	107,922,635	103,306,897	4,615,738
Title XIX - Medicaid - SPD Members						
17,740,299	18,735,840	(995,541)	Premium - Medi-Cal	52,285,256	55,166,641	(2,881,385)
419,931	514,620	(94,689)	Premium - Enhanced Care Management	1,237,777	1,515,270	(277,493)
245,149	163,620	81,529	Premium - Major Organ Transplant	722,517	481,770	240,747
-	260,625	(260,625)	Premium - Cal AIM	-	751,176	(751,176)
520,759	466,188	54,571	Premium - Provider Enhancement	1,534,810	1,372,665	162,145
142,521	144,180	(1,659)	Premium - Ground Emergency Medical Transportation	420,047	424,530	(4,483)
-	119,827	(119,827)	Premium - Student Behavioral Health Incentive	-	359,481	(359,481)
-	172,130	(172,130)	Premium - Housing and Homelessness Incentive	-	516,390	(516,390)
19,068,659	20,577,030	(1,508,371)	Total Title XIX - Medicaid - SPD Members	56,200,407	60,587,923	(4,387,516)
Title XIX - Medicaid - LTC Members						
2,948,143	3,167,252	(219,109)	Premium - Medi-Cal	5,943,315	6,334,504	(391,189)
8,951	10,190	(1,239)	Premium - Enhanced Care Management	18,010	20,380	(2,370)
10,724	15,055	(4,331)	Premium - Major Organ Transplant	21,465	30,110	(8,645)
-	-	-	Premium - Cal AIM	-	-	-
177	343	(166)	Premium - Provider Enhancement	316	686	(370)
606	-	606	Premium - Ground Emergency Medical Transportation	1,104	-	1,104
-	-	-	Premium - Student Behavioral Health Incentive	-	-	-
-	-	-	Premium - Housing and Homelessness Incentive	-	-	-
2,968,601	3,192,840	(224,239)	Total Title XIX - Medicaid - LTC Members	5,984,210	6,385,680	(401,470)

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS - ALL COA FOR THE MONTH ENDED MARCH 31, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			PHYSICIAN SERVICES			
3,973,992	4,470,015	496,023	Primary Care Physician Services	11,926,338	13,109,953	1,183,615
14,603,368	14,659,193	55,825	Referral Specialty Services	42,229,123	43,144,853	915,730
2,061,385	2,567,195	505,810	Urgent Care & After Hours Advise	5,955,597	7,529,866	1,574,269
9,300	9,300	-	Hospital Admitting Team	27,000	27,000	-
20,648,045	21,705,703	1,057,658	TOTAL PHYSICIAN SERVICES	60,138,058	63,811,671	3,673,613
			OTHER PROFESSIONAL SERVICES			
345,365	358,882	13,517	Vision Service Capitation	1,020,251	1,052,422	32,171
2,193,964	2,804,617	610,653	Medical Departments - UM Allocation *	6,222,273	8,413,850	2,191,577
1,751,711	1,468,748	(282,963)	Behavior Health Treatment	4,326,938	4,299,536	(27,402)
277,573	439,428	161,855	Mental Health Services	933,200	1,289,935	356,735
1,498,555	1,909,587	411,032	Other Professional Services	4,472,049	5,622,310	1,150,261
6,067,168	6,981,262	914,094	TOTAL OTHER PROFESSIONAL SERVICES	16,974,711	20,678,053	3,703,342
			EMERGENCY ROOM			
5,199,635	5,812,746	613,111	EMERGENCY ROOM	15,028,917	17,082,868	2,053,951
			INPATIENT HOSPITAL			
22,997,133	23,796,878	799,745	INPATIENT HOSPITAL	67,442,872	70,120,963	2,678,091
			REINSURANCE EXPENSE PREMIUM			
94,363	77,213	(17,150)	REINSURANCE EXPENSE PREMIUM	366,159	226,426	(139,733)
			OUTPATIENT HOSPITAL SERVICES			
11,362,056	10,511,856	(850,200)	OUTPATIENT HOSPITAL SERVICES	30,631,634	30,809,433	177,799
			OTHER MEDICAL			
2,159,726	1,666,332	(493,394)	Ambulance and NEMT	5,705,929	4,890,535	(815,394)
996,283	1,014,860	18,577	Home Health Services & CBAS	2,776,091	2,985,922	209,831
940,138	1,592,010	651,872	Utilization and Quality Review Expenses	2,300,080	4,776,029	2,475,949
8,775,140	9,128,298	353,158	Long Term/SNF/Hospice	21,495,259	24,537,252	3,041,993
5,503,401	5,403,633	(99,768)	Provider Enhancement Expense - Prop. 56	16,416,984	15,849,369	(567,615)
505,452	512,241	6,789	Provider Enhancement Expense - GEMT	1,515,702	1,519,459	3,757
1,790,813	2,063,779	272,966	Enhanced Care Management	4,998,628	5,963,505	964,877
753,883	545,716	(208,167)	Major Organ Transplant	2,217,870	1,594,930	(622,940)
295,429	2,452,648	2,157,219	Cal AIM Incentive Programs	605,062	7,219,576	6,614,514
1,320,219	1,075,382	(244,837)	DME/Rebates	3,549,069	3,163,664	(385,405)
23,040,484	25,454,899	2,414,415	TOTAL OTHER MEDICAL	61,580,674	72,500,240	10,919,566
			PAY FOR PERFORMANCE QUALITY INCENTIVE			
526,516	525,777	(739)	PAY FOR PERFORMANCE QUALITY INCENTIVE	1,549,344	1,542,464	(6,880)
			HOSPITAL DIRECTED PAYMENTS			
21,609,701	21,158,802	(450,899)	HOSPITAL DIRECTED PAYMENTS	64,335,321	62,794,194	(1,541,127)
			HOSPITAL DIRECTED PAYMENT ADJUSTMENT			
(869,333)	-	869,333	HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(1,520,110)	-	1,520,110
			NON-CLAIMS EXPENSE ADJUSTMENT			
72,961	-	(72,961)	NON-CLAIMS EXPENSE ADJUSTMENT	(52,442)	-	52,442
			IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT			
(4,009,312)	-	4,009,312	IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	(3,968,070)	-	3,968,070
106,739,417	116,025,136	9,285,719	Total Medical Costs	312,507,068	339,566,313	27,059,245

* Medical costs per DMHC regulations

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS - ALL COA - PMPM FOR THE MONTH ENDED MARCH 31, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			PHYSICIAN SERVICES			
11.32	12.76	1.43	Primary Care Physician Services	11.55	12.76	1.21
41.60	41.83	0.23	Referral Specialty Services	40.88	41.98	1.10
5.87	7.33	1.45	Urgent Care & After Hours Advise	5.77	7.33	1.56
0.03	0.03	0.00	Hospital Admitting Team	0.03	0.03	0.00
58.82	61.94	3.11	TOTAL PHYSICIAN SERVICES	58.22	62.09	3.87
			OTHER PROFESSIONAL SERVICES			
0.98	1.02	0.04	Vision Service Capitation	0.99	1.02	0.04
6.25	8.00	1.75	Medical Departments - UM Allocation *	6.02	8.19	2.16
4.99	4.19	(0.80)	Behavior Health Treatment	4.19	4.18	(0.01)
0.79	1.25	0.46	Mental Health Services	0.90	1.26	0.35
4.27	5.45	1.18	Other Professional Services	4.33	5.47	1.14
17.28	19.92	2.64	TOTAL OTHER PROFESSIONAL SERVICES	16.43	20.12	3.69
14.81	16.59	1.77	EMERGENCY ROOM	14.55	16.62	2.07
65.52	67.90	2.39	INPATIENT HOSPITAL	65.30	68.23	2.94
0.27	0.22	(0.05)	REINSURANCE EXPENSE PREMIUM	0.35	0.22	(0.13)
32.37	30.00	(2.37)	OUTPATIENT HOSPITAL SERVICES	29.66	29.98	0.32
			OTHER MEDICAL			
6.15	4.75	(1.40)	Ambulance and NEMT	5.52	4.76	(0.77)
2.84	2.90	0.06	Home Health Services & CBAS	2.69	2.91	0.22
2.68	4.54	1.86	Utilization and Quality Review Expenses	2.23	4.65	2.42
25.00	26.05	1.05	Long Term/SNF/Hospice	20.81	23.88	3.07
15.68	15.42	(0.26)	Provider Enhancement Expense - Prop. 56	15.89	15.42	(0.47)
1.44	1.46	0.02	Provider Enhancement Expense - GEMT	1.47	1.48	0.01
5.10	5.89	0.79	Enhanced Care Management	4.84	5.80	0.96
2.15	1.56	(0.59)	Major Organ Transplant	2.15	1.55	(0.60)
0.84	7.00	6.16	Cal AIM Incentive Programs	0.59	7.02	6.44
3.76	3.07	(0.69)	DME	3.44	3.08	(0.36)
65.64	72.63	6.99	TOTAL OTHER MEDICAL	59.62	70.55	10.93
1.50	1.50	0.00	PAY FOR PERFORMANCE QUALITY INCENTIVE	1.50	1.50	0.00
61.56	60.38	(1.19)	HOSPITAL DIRECTED PAYMENTS	62.29	61.10	(1.19)
(2.48)	0.00	2.48	HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(1.47)	0.00	1.47
0.21	0.00	(0.21)	NON-CLAIMS EXPENSE ADJUSTMENT	(0.05)	0.00	0.05
(11.42)	0.00	11.42	IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	(3.84)	0.00	3.84
304.09	331.07	26.98	Total Medical Costs	302.56	330.41	27.86

* Medical costs per DMHC regulations

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS BY MONTH THROUGH MARCH 31, 2023	JANUARY 2023	FEBRUARY 2023	MARCH 2023	YEAR TO DATE 2023
PHYSICIAN SERVICES				
Primary Care Physician Services	4,153,283	3,799,063	3,973,992	11,926,338
Referral Specialty Services	14,090,583	13,535,172	14,603,368	42,229,123
Urgent Care & After Hours Advise	2,048,906	1,845,306	2,061,385	5,955,597
Hospital Admitting Team	9,300	8,400	9,300	27,000
TOTAL PHYSICIAN SERVICES	20,302,072	19,187,941	20,648,045	60,138,058
OTHER PROFESSIONAL SERVICES				
Vision Service Capitation	332,837	342,049	345,365	1,020,251
Medical Departments - UM Allocation *	2,029,340	1,998,969	2,193,964	6,222,273
Behavior Health Treatment	1,234,423	1,340,804	1,751,711	4,326,938
Mental Health Services	378,598	277,029	277,573	933,200
Other Professional Services	1,518,707	1,454,787	1,498,555	4,472,049
TOTAL OTHER PROFESSIONAL SERVICES	5,493,905	5,413,638	6,067,168	16,974,711
EMERGENCY ROOM	5,195,994	4,633,288	5,199,635	15,028,917
INPATIENT HOSPITAL	22,641,712	21,804,027	22,997,133	67,442,872
REINSURANCE EXPENSE PREMIUM	90,859	180,937	94,363	366,159
OUTPATIENT HOSPITAL SERVICES	9,616,781	9,652,797	11,362,056	30,631,634
OTHER MEDICAL				
Ambulance and NEMT	1,792,123	1,754,080	2,159,726	5,705,929
Home Health Services & CBAS	970,272	809,536	996,283	2,776,091
Utilization and Quality Review Expenses	776,558	583,384	940,138	2,300,080
Long Term/SNF/Hospice	2,732,047	9,988,072	8,775,140	21,495,259
Provider Enhancement Expense - Prop. 56	5,430,893	5,482,690	5,503,401	16,416,984
Provider Enhancement Expense - GEMT	496,477	513,773	505,452	1,515,702
Enhanced Care Management	1,428,973	1,778,842	1,790,813	4,998,628
Major Organ Transplant	751,183	712,804	753,883	2,217,870
Cal AIM Incentive Programs	30,326	279,307	295,429	605,062
DME	1,119,968	1,108,882	1,320,219	3,549,069
TOTAL OTHER MEDICAL	15,528,820	23,011,370	23,040,484	61,580,674
PAY FOR PERFORMANCE QUALITY INCENTIVE	498,590	524,238	526,516	1,549,344
HOSPITAL DIRECTED PAYMENTS	21,209,673	21,515,947	21,609,701	64,335,321
HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(684,297)	33,520	(869,333)	(1,520,110)
NON-CLAIMS EXPENSE ADJUSTMENT	(128,832)	3,429	72,961	(52,442)
IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	9,076	32,166	(4,009,312)	(3,968,070)
Total Medical Costs	99,774,353	105,993,298	106,739,417	312,507,068

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS BY MONTH - PMPM THROUGH MARCH 31, 2023	JANUARY 2023	FEBRUARY 2023	MARCH 2023	YEAR TO DATE 2023
PHYSICIAN SERVICES				
Primary Care Physician Services	12.49	10.87	11.32	11.55
Referral Specialty Services	42.39	38.73	41.60	40.88
Urgent Care & After Hours Advise	6.16	5.28	5.87	5.77
Hospital Admitting Team	0.03	0.02	0.03	0.03
TOTAL PHYSICIAN SERVICES	61.07	54.91	58.82	58.22
OTHER PROFESSIONAL SERVICES				
Vision Service Capitation	1.00	0.98	0.98	0.99
Medical Departments - UM Allocation *	6.10	5.72	6.25	6.02
Behavior Health Treatment	3.71	3.84	4.99	4.19
Mental Health Services	1.14	0.79	0.79	0.90
Other Professional Services	4.57	4.16	4.27	4.33
TOTAL OTHER PROFESSIONAL SERVICES	16.53	15.49	17.28	16.43
EMERGENCY ROOM	15.63	13.26	14.81	14.55
INPATIENT HOSPITAL	68.11	62.39	65.52	65.30
REINSURANCE EXPENSE PREMIUM	0.27	0.52	0.27	0.35
OUTPATIENT HOSPITAL SERVICES	28.93	27.62	32.37	29.66
OTHER MEDICAL				
Ambulance and NEMT	5.39	5.02	6.15	5.52
Home Health Services & CBAS	2.92	2.32	2.84	2.69
Utilization and Quality Review Expenses	2.34	1.67	2.68	2.23
Long Term/SNF/Hospice	8.22	28.58	25.00	20.81
Provider Enhancement Expense - Prop. 56	16.34	15.69	15.68	15.89
Provider Enhancement Expense - GEMT	1.49	1.47	1.44	1.47
Vaccine Incentive Program Expense	0.00	0.00	0.00	0.00
Behaviorial Health Integration Program	0.00	0.00	0.00	0.00
Enhanced Care Management	4.30	5.09	5.10	4.84
Major Organ Transplant	2.26	2.04	2.15	2.15
Cal AIM Incentive Programs	0.09	0.80	0.84	0.59
DME	3.37	3.17	3.76	3.44
TOTAL OTHER MEDICAL	46.72	65.85	65.64	59.62
PAY FOR PERFORMANCE QUALITY INCENTIVE	1.50	1.50	1.50	1.50
HOSPITAL DIRECTED PAYMENTS	63.80	61.57	61.56	62.29
HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(2.06)	0.10	(2.48)	(1.47)
NON-CLAIMS EXPENSE ADJUSTMENT	(0.39)	0.01	0.21	(0.05)
IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	0.03	0.09	(11.42)	(3.84)
Total Medical Costs	300.15	303.30	304.09	302.56

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT FOR THE MONTH ENDED MARCH 31, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
631,414	503,782	(127,632)	110 - Executive	1,807,558	1,511,345	(296,213)
220,815	269,724	48,909	210 - Accounting	675,547	809,173	133,626
348,807	388,290	39,483	220 - Management Information Systems	1,092,600	1,164,868	72,268
10,109	26,641	16,532	221 - Business Intelligence	74,586	79,923	5,337
331,145	421,256	90,111	222 - Enterprise Development	1,012,814	1,263,768	250,954
121,896	201,164	79,268	223 - Enterprise Configuration	442,820	603,492	160,672
668,401	675,879	7,478	225 - Infrastructure	1,852,660	2,027,638	174,978
645,581	690,413	44,832	230 - Claims	1,875,958	2,071,239	195,281
253,669	272,020	18,351	240 - Project Management	585,031	816,060	231,029
208,456	145,307	(63,149)	310 - Health Services - Utilization Management	589,782	435,921	(153,861)
(97)	51,625	51,722	311 - Health Services - Quality Improvement	82	154,875	154,793
(8)	143	151	312 - Health Services - Education	377	429	52
37,420	70,663	33,243	313- Pharmacy	117,013	211,989	94,976
(112)	3,292	3,404	314 - Enhanced Care Management	21,060	9,876	(11,184)
75,452	78,415	2,963	316 -Population Health Management	201,734	235,245	33,511
(711)	1,218	1,929	317 - Community Based Services	275	3,654	3,379
(1,185)	31,941	33,126	318 - Housing & Homeless Incentive Program	15	95,823	95,808
51,654	134,370	82,716	319 - CAL AIM Incentive Payment Program (IPP)	136,353	403,110	266,757
-	947	947	601 - Behavioral Health	-	2,841	2,841
-	4,315	4,315	602 - Quality & Health Equity	1,665	12,945	11,280
388,095	345,411	(42,684)	320 - Provider Network Management	991,106	1,036,233	45,127
998,660	1,205,474	206,814	330 - Member Services	2,605,592	3,616,422	1,010,830
902,329	871,256	(31,073)	340 - Corporate Services	2,753,464	2,613,768	(139,696)
142,110	145,475	3,365	360 - Audit & Investigative Services	410,571	436,425	25,854
45,193	56,416	11,223	410 - Member Engagement	175,402	169,248	(6,154)
207,085	210,572	3,487	420 - Sales/Marketing/Public Relations	366,592	631,716	265,124
331,059	361,965	30,906	510 - Human Resources	1,008,728	1,085,895	77,167
320,296	(141,667)	(461,963)	Administrative Expense Adjustment	731,467	(425,001)	(1,156,468)
6,937,533	7,026,307	88,774	Total Administrative Expenses	19,530,853	21,078,920	1,548,067

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF ADMIN EXPENSES BY DEPT BY MONTH FOR THE MONTH ENDED MARCH 31, 2023	JANUARY 2023	FEBRUARY 2023	MARCH 2023	YEAR TO DATE 2023
110 - Executive	687,266	488,878	631,414	1,807,558
210 - Accounting	228,231	226,501	220,815	675,547
220 - Management Information Systems (MIS)	365,046	378,747	348,807	1,092,600
221 - Business Intelligence	63,805	672	10,109	74,586
222 - Enterprise Development	353,608	328,061	331,145	1,012,814
223 - Enterprise Configuration	104,241	216,683	121,896	442,820
225 - Infrastructure	412,631	771,628	668,401	1,852,660
230 - Claims	620,932	609,445	645,581	1,875,958
240 - Project Management	140,118	191,244	253,669	585,031
310 - Health Services - Utilization Management	194,388	186,938	208,456	589,782
311 - Health Services - Quality Improvement	89	90	(97)	82
312 - Health Services - Education	88	297	(8)	377
313- Pharmacy	39,747	39,846	37,420	117,013
314 - Enhanced Care Management	475	20,697	(112)	21,060
316 -Population Health Management	62,921	63,361	75,452	201,734
317 - Community Based Services	165	821	(711)	275
318 - Housing & Homeless Incentive Program	-	1,200	(1,185)	15
319 - CAL AIM Incentive Payment Program (IPP)	-	84,699	51,654	136,353
601 - Behavioral Health	-	-	-	-
602 - Quality & Health Equity	-	1,665	-	1,665
320 - Provider Network Management	317,123	285,888	388,095	991,106
330 - Member Services	802,035	804,897	998,660	2,605,592
340 - Corporate Services	892,136	958,999	902,329	2,753,464
360 - Audit & Investigative Services	138,360	130,101	142,110	410,571
410 - Member Engagement	68,972	61,237	45,193	175,402
420 - Sales/Marketing/Public Relations	60,714	98,793	207,085	366,592
510 - Human Resources	362,364	315,305	331,059	1,008,728
Total Department Expenses	5,915,456	6,266,693	6,617,237	18,799,386
ADMINISTRATIVE EXPENSE ADJUSTMENT	109,675	301,496	320,296	731,467
Total Administrative Expenses	6,025,131	6,568,189	6,937,533	19,530,853

KERN HEALTH SYSTEMS GROUP HEALTH PLAN - HFAM BALANCE SHEET STATEMENT AS OF MARCH 31, 2023			
ASSETS	MARCH 2023	FEBRUARY 2023	INC(DEC)
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 1,124,788	\$ 1,130,625	(5,837)
Interest Receivable	7,729	4,000	3,729
TOTAL CURRENT ASSETS	\$ 1,132,517	\$ 1,134,625	\$ (2,108)
LIABILITIES AND NET POSITION			
CURRENT LIABILITIES:			
Other Liabilities	-	-	-
TOTAL CURRENT LIABILITIES	\$ -	\$ -	\$ -
NET POSITION:			
Net Position- Beg. of Year	1,130,625	1,130,625	-
Increase (Decrease) in Net Position - Current Year	1,892	4,000	(2,108)
Total Net Position	\$ 1,132,517	\$ 1,134,625	\$ (2,108)
TOTAL LIABILITIES AND NET POSITION	\$ 1,132,517	\$ 1,134,625	\$ (2,108)

CURRENT MONTH			KERN HEALTH SYSTEMS GROUP HEALTH PLAN - HFAM STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION FOR THE MONTH ENDED MARCH 31, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
ENROLLMENT						
-	-	-	Members	-	-	-
REVENUES						
-	-	-	Premium	-	-	-
(2,108)	-	(2,108)	Interest	1,892	-	1,892
-	-	-	Other Investment Income	-	-	-
(2,108)	-	(2,108)	TOTAL REVENUES	1,892	-	1,892
EXPENSES						
-	-	-	Medical Costs	-	-	-
-	-	-	IBNR and Paid Claims Adjustment	-	-	-
-	-	-	Total Medical Costs	-	-	-
(2,108)	-	(2,108)	GROSS MARGIN	1,892	-	1,892
Administrative						
-	-	-	Management Fee Expense and Other Admin Exp	-	-	-
-	-	-	Total Administrative Expenses	-	-	-
-	-	-	TOTAL EXPENSES	-	-	-
(2,108)	-	(2,108)	OPERATING INCOME (LOSS)	1,892	-	1,892
-	-	-	TOTAL NONOPERATING REVENUE (EXPENSES)	-	-	-
(2,108)	-	(2,108)	NET INCREASE (DECREASE) IN NET POSITION	1,892	-	1,892
0%	0%	0%	MEDICAL LOSS RATIO	0%	0%	0%
0%	0%	0%	ADMINISTRATIVE EXPENSE RATIO	0%	0%	0%

KERN HEALTH SYSTEMS MONTHLY MEMBERS COUNT				
KERN HEALTH SYSTEMS				
MEDI-CAL	2023 MEMBER MONTHS	JAN'23	FEB'23	MAR'23
ADULT AND FAMILY				
ADULT	190,442	58,409	65,757	66,276
CHILD	441,139	149,881	145,505	145,753
SUB-TOTAL ADULT & FAMILY	631,581	208,290	211,262	212,029
OTHER MEMBERS				
PARTIAL DUALS - FAMILY	2,629	851	875	903
PARTIAL DUALS - CHILD	0	0	0	0
PARTIAL DUALS - BCCTP	26	6	10	10
FULL DUALS (SPD)				
SPD FULL DUALS	51,300	9,649	20,632	21,019
SUBTOTAL OTHER MEMBERS	53,955	10,506	21,517	21,932
TOTAL FAMILY & OTHER	685,536	218,796	232,779	233,961
SPD				
SPD (AGED AND DISABLED)	54,417	17,442	18,453	18,522
MEDI-CAL EXPANSION				
ACA Expansion Adult-Citizen	287,180	94,512	96,241	96,427
ACA Expansion Duals	4,953	1,637	1,613	1,703
SUB-TOTAL MED-CAL EXPANSION	292,133	96,149	97,854	98,130
LONG TERM CARE (LTC)				
LTC	59	27	-1	33
LTC DUALS	744	0	380	364
TOTAL LTC	803	27	379	397
TOTAL KAISER	45,027	14,759	14,960	15,308
TOTAL MEDI-CAL MEMBERS	1,077,916	347,173	364,425	366,318



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Robert Landis, Chief Financial Officer
SUBJECT: April 2023 Financial Results
DATE: June 15, 2023

BACKGROUND

The April results reflect a \$9,574,523 Net Increase in Net Position which is a \$9,808,350 favorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$1.4 million favorable variance primarily due to:
 - A) \$1.4 million favorable variance primarily due to higher-than-expected budgeted Expansion membership.
 - B) \$2.6 million unfavorable variance primarily due from **timing differences** on waiting for DHCS approval to record revenue under the CalAim Incentive Payment Program, Student Behavioral Health Incentive Program and the Housing and Homelessness Incentive Program offset against expense amounts included in 2B below.
 - C) \$.8 million favorable variance in Premium-Hospital Directed Payments primarily due to higher-than expected budgeted membership offset against amounts included 2C below.
 - D) \$.9 million favorable variance in Investment Earnings primarily due from higher than forecasted interest rates being earned on the investment portfolio.
 - E) \$1.0 million favorable variance in Rate/Income Adjustments primarily due to additional prior year revenue received from reinsurance recoveries.
- 2) Total Medical Costs reflect a \$7.7 million favorable variance primarily due to:
 - A) \$1.3 million favorable variance in Other Professional Services primarily due to the timing of hiring 2023 Budgeted Utilization Management Employees during the first quarter of 2023.

- B) \$2.5 million favorable variance in Other Medical primarily due to **timing differences** on waiting for providers to submit invoices to record expenses under the CalAim Incentive Payment Program, Student Behavioral Health Incentive Program and the Housing and Homelessness Incentive Program offset against revenue amounts included in Item 1B above.
- C) \$.8 million unfavorable variance in Hospital Directed Payments primarily due to higher-than expected budgeted membership offset against amounts included 1C above.
- D) \$4.4 million favorable variance primarily from IBNR Adjustments relating to the prior year.

The April Medical Loss Ratio is 84.0% which is favorable to the 92.8 % budgeted amount. The April Administrative Expense Ratio is 6.4% which is favorable to the 6.9% budgeted amount.

The results for the 4 months ended April 30, 2023 reflect a Net Increase in Net Position of \$35,471,932. This is a \$38,593,512 favorable variance to budget and includes approximately \$9.6 million of favorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 84.4% which is favorable to the 93.1% budgeted amount. The year-to-date Administrative Expense Ratio is 6.6% which is favorable to the 7.0% budgeted amount.

**Kern Health Systems
Financial Packet
April 2023**

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 17
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KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF NET POSITION AS OF APRIL 30, 2023			
ASSETS	APRIL 2023	MARCH 2023	INC(DEC)
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 202,299,763	\$ 142,799,887	\$ 59,499,876
Short-Term Investments	249,762,657	285,977,659	(36,215,002)
Premiums Receivable - Net	97,032,056	96,684,429	347,627
Premiums Receivable - Hospital Direct Payments	378,713,731	356,727,759	21,985,972
Interest Receivable	168,015	504,731	(336,716)
Provider Advance Payment	849,155	881,385	(32,230)
Other Receivables	1,497,194	1,662,895	(165,701)
Prepaid Expenses & Other Current Assets	4,621,274	5,390,433	(769,159)
Total Current Assets	\$ 934,943,845	\$ 890,629,178	\$ 44,314,667
CAPITAL ASSETS - NET OF ACCUM DEP'RE:			
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	1,189,884	1,228,295	(38,411)
Computer Hardware and Software - Net	21,179,800	21,605,903	(426,103)
Building and Building Improvements - Net	33,410,765	33,486,874	(76,109)
Capital Projects in Progress	3,261,262	3,090,516	170,746
Total Capital Assets	\$ 63,132,417	\$ 63,502,294	\$ (369,877)
LONG TERM ASSETS:			
Restricted Investments	300,000	300,000	-
Officer Life Insurance Receivables	1,572,984	1,572,984	-
Total Long Term Assets	\$ 1,872,984	\$ 1,872,984	\$ -
DEFERRED OUTFLOWS OF RESOURCES	\$ 8,154,860	\$ 8,154,860	\$ -
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	\$ 1,008,104,106	\$ 964,159,316	\$ 43,944,790
LIABILITIES AND NET POSITION			
CURRENT LIABILITIES:			
Accrued Salaries and Employee Benefits	\$ 5,488,558	\$ 5,320,026	168,532
Accrued Other Operating Expenses	3,479,111	3,645,528	(166,417)
Claims Payable (Reported)	21,481,418	17,855,050	3,626,368
IBNR - Inpatient Claims	65,623,493	60,366,945	5,256,548
IBNR - Physician Claims	20,201,931	18,775,616	1,426,315
IBNR - Accrued Other Medical	28,737,001	28,132,818	604,183
Risk Pool and Withholds Payable	4,441,225	4,513,553	(72,328)
Statutory Allowance for Claims Processing Expense	2,831,842	2,831,842	-
Other Liabilities	111,411,118	110,170,024	1,241,094
Accrued Hospital Directed Payments	378,531,389	356,545,417	21,985,972
Total Current Liabilities	\$ 642,227,086	\$ 608,156,819	\$ 34,070,267
NONCURRENT LIABILITIES:			
Net Pension Liability	11,418,206	11,118,206	300,000
TOTAL NONCURRENT LIABILITIES	\$ 11,418,206	\$ 11,118,206	\$ 300,000
DEFERRED INFLOWS OF RESOURCES	\$ 230,571	\$ 230,571	\$ -
NET POSITION:			
Net Position - Beg. of Year	318,756,311	318,756,311	-
Increase (Decrease) in Net Position - Current Year	35,471,932	25,897,409	9,574,523
Total Net Position	\$ 354,228,243	\$ 344,653,720	\$ 9,574,523
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION	\$ 1,008,104,106	\$ 964,159,316	\$ 43,944,790

CURRENT MONTH MEMBERS			KERN HEALTH SYSTEMS MEDI-CAL - ALL COA STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION FOR THE MONTH ENDED APRIL 30, 2023			YEAR-TO-DATE MEMBER MONTHS		
						ACTUAL	BUDGET	VARIANCE
212,747	214,200	(1,453)	Family Members	844,328	850,400	(6,072)		
99,336	94,500	4,836	Expansion Members	391,469	376,000	15,469		
18,599	18,000	599	SPD Members	73,016	71,000	2,016		
399	450	(51)	LTC Members	1,202	1,350	(148)		
21,924	23,700	(1,776)	Other Members	75,879	79,800	(3,921)		
15,562	14,000	1,562	Kaiser Members	60,589	56,000	4,589		
368,567	364,850	3,717	Total Members - MCAL	1,446,483	1,434,550	11,933		
REVENUES								
41,661,492	43,385,987	(1,724,495)	Title XIX - Medicaid - Family and Other	161,983,263	168,452,007	(6,468,744)		
36,465,640	34,679,353	1,786,287	Title XIX - Medicaid - Expansion Members	144,388,275	137,986,249	6,402,026		
19,567,025	20,577,030	(1,010,005)	Title XIX - Medicaid - SPD Members	75,767,432	81,164,953	(5,397,521)		
2,968,602	3,192,840	(224,238)	Title XIX - Medicaid - LTC Members	8,952,812	9,578,520	(625,708)		
-	-	-	Premium - MCO Tax	-	-	-		
21,948,157	21,165,692	782,465	Premium - Hospital Directed Payments	86,283,478	83,959,886	2,323,592		
1,314,336	435,141	879,195	Investment Earnings And Other Income	5,492,753	1,701,420	3,791,333		
-	77,301	(77,301)	Reinsurance Recoveries	-	303,727	(303,727)		
37,815	-	37,815	Rate Adjustments - Hospital Directed Payments	(580,146)	-	(580,146)		
978,086	-	978,086	Rate/Income Adjustments	1,474,868	-	1,474,868		
124,941,153	123,513,343	1,427,810	TOTAL REVENUES	483,762,735	483,146,763	615,972		
EXPENSES								
Medical Costs:								
21,262,722	21,725,517	462,795	Physician Services	81,400,780	85,537,188	4,136,408		
5,720,799	6,984,863	1,264,064	Other Professional Services	22,695,510	27,662,916	4,967,406		
5,262,548	5,818,307	555,759	Emergency Room	20,291,465	22,901,174	2,609,709		
23,980,922	23,811,394	(169,528)	Inpatient	91,423,794	93,932,357	2,508,563		
94,773	77,301	(17,472)	Reinsurance Expense	460,932	303,727	(157,205)		
10,886,974	10,518,133	(368,841)	Outpatient Hospital	41,518,608	41,327,567	(191,041)		
22,948,410	25,467,965	2,519,555	Other Medical	84,529,084	97,968,206	13,439,122		
529,507	526,378	(3,129)	Pay for Performance Quality Incentive	2,078,851	2,068,842	(10,009)		
21,948,157	21,165,692	(782,465)	Hospital Directed Payments	86,283,478	83,959,886	(2,323,592)		
37,816	-	(37,816)	Hospital Directed Payment Adjustment	(1,482,294)	-	(1,482,294)		
177,517	-	(177,517)	Non-Claims Expense Adjustment	125,075	-	(125,075)		
(4,430,362)	-	4,430,362	IBNR, Incentive, Paid Claims Adjustment	(8,398,432)	-	8,398,432		
108,419,783	116,095,550	7,675,767	Total Medical Costs	420,926,851	455,661,863	34,735,012		
16,521,370	7,417,793	9,103,577	GROSS MARGIN	62,835,884	27,484,899	35,350,985		
Administrative:								
3,614,954	4,009,841	394,887	Compensation	14,408,654	16,039,363	1,630,709		
1,481,551	1,690,082	208,531	Purchased Services	5,487,937	6,760,327	1,272,390		
113,296	227,316	114,020	Supplies	468,513	909,265	440,752		
684,369	649,950	(34,419)	Depreciation	2,726,493	2,599,798	(126,695)		
442,055	449,119	7,064	Other Administrative Expenses	2,044,014	1,796,474	(247,540)		
300,000	-	(300,000)	Administrative Expense Adjustment	1,031,467	-	(1,031,467)		
6,636,225	7,026,307	390,082	Total Administrative Expenses	26,167,078	28,105,227	1,938,149		
115,056,008	123,121,857	8,065,849	TOTAL EXPENSES	447,093,929	483,767,091	36,673,162		
9,885,145	391,486	9,493,659	OPERATING INCOME (LOSS) BEFORE TAX	36,668,806	(620,328)	37,289,134		
-	-	-	MCO TAX	-	-	-		
9,885,145	391,486	9,493,659	OPERATING INCOME (LOSS) NET OF TAX	36,668,806	(620,328)	37,289,134		
NONOPERATING REVENUE (EXPENSE)								
(9,266)	-	(9,266)	Provider Grants/CalAIM/Home Health	-	-	-		
(301,356)	(625,313)	323,957	D-SNP Expenses	(1,196,874)	(2,501,252)	1,304,378		
(310,622)	(625,313)	314,691	TOTAL NONOPERATING REVENUE (EXPENSE)	(1,196,874)	(2,501,252)	1,304,378		
9,574,523	(233,827)	9,808,350	NET INCREASE (DECREASE) IN NET POSITION	35,471,932	(3,121,580)	38,593,512		
84.0%	92.8%	8.8%	MEDICAL LOSS RATIO	84.4%	93.1%	8.7%		
6.4%	6.9%	0.4%	ADMINISTRATIVE EXPENSE RATIO	6.6%	7.0%	0.5%		

			KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION - PMPM FOR THE MONTH ENDED APRIL 30, 2023					
CURRENT MONTH						YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE		
ENROLLMENT								
212,747	214,200	(1,453)	Family Members	844,328	850,400	(6,072)		
99,336	94,500	4,836	Expansion Members	391,469	376,000	15,469		
18,599	18,000	599	SPD Members	73,016	71,000	2,016		
399	450	(51)	LTC Members	1,202	1,350	(148)		
21,924	23,700	(1,776)	Other Members	75,879	79,800	(3,921)		
15,562	14,000	1,562	Kaiser Members	60,589	56,000	4,589		
368,567	364,850	3,717	Total Members - MCAL	1,446,483	1,434,550	11,933		
REVENUES								
177.53	182.37	(4.84)	Title XIX - Medicaid - Family and Other	176.03	181.09	(5.06)		
367.09	366.98	0.12	Title XIX - Medicaid - Expansion Members	368.84	366.98	1.85		
1,052.05	1,143.17	(91.12)	Title XIX - Medicaid - SPD Members	1,037.68	1,143.17	(105.49)		
7,440.11	7,095.20	344.91	Title XIX - Medicaid - LTC Members	7,448.26	7,095.20	353.06		
0.00	0.00	0.00	Premium - MCO Tax	0.00	0.00	0.00		
62.18	60.33	1.85	Premium - Hospital Directed Payments	62.26	60.90	1.35		
3.72	1.24	2.48	Investment Earnings And Other Income	3.96	1.23	2.73		
0.00	0.22	(0.22)	Reinsurance Recoveries	0.00	0.22	(0.22)		
0.11	0.00	0.11	Rate Adjustments - Hospital Directed Payments	(0.42)	0.00	(0.42)		
2.77	0.00	2.77	Rate/Income Adjustments	1.06	0.00	1.06		
353.94	352.04	1.90	TOTAL REVENUES	349.06	350.47	(1.41)		
EXPENSES								
Medical Costs:								
60.23	61.92	1.69	Physician Services	58.74	62.05	3.31		
16.21	19.91	3.70	Other Professional Services	16.38	20.07	3.69		
14.91	16.58	1.68	Emergency Room	14.64	16.61	1.97		
67.93	67.87	(0.07)	Inpatient	65.97	68.14	2.17		
0.27	0.22	(0.05)	Reinsurance Expense	0.33	0.22	(0.11)		
30.84	29.98	(0.86)	Outpatient Hospital	29.96	29.98	0.02		
65.01	72.59	7.58	Other Medical	60.99	71.07	10.07		
1.50	1.50	0.00	Pay for Performance Quality Incentive	1.50	1.50	0.00		
62.18	60.33	(1.85)	Hospital Directed Payments	62.26	60.90	(1.35)		
0.11	0.00	(0.11)	Hospital Directed Payment Adjustment	(1.07)	0.00	1.07		
0.50	0.00	(0.50)	Non-Claims Expense Adjustment	0.09	0.00	(0.09)		
(12.55)	0.00	12.55	IBNR, Incentive, Paid Claims Adjustment	(6.06)	0.00	6.06		
307.13	330.90	23.76	Total Medical Costs	303.72	330.54	26.81		
46.80	21.14	25.66	GROSS MARGIN	45.34	19.94	25.40		
Administrative:								
10.24	11.43	1.19	Compensation	10.40	11.63	1.24		
4.20	4.82	0.62	Purchased Services	3.96	4.90	0.94		
0.32	0.65	0.33	Supplies	0.34	0.66	0.32		
1.94	1.85	(0.09)	Depreciation	1.97	1.89	(0.08)		
1.25	1.28	0.03	Other Administrative Expenses	1.47	1.30	(0.17)		
0.85	0.00	(0.85)	Administrative Expense Adjustment	0.74	0.00	(0.74)		
18.80	20.03	1.23	Total Administrative Expenses	18.88	20.39	1.51		
325.93	350.92	24.99	TOTAL EXPENSES	322.60	350.92	28.32		
28.00	1.12	26.89	OPERATING INCOME (LOSS) BEFORE TAX	26.46	(0.45)	26.91		
0.00	0.00	0.00	MCO TAX	0.00	0.00	0.00		
28.00	1.12	26.89	OPERATING INCOME (LOSS) NET OF TAX	26.46	(0.45)	26.91		
NONOPERATING REVENUE (EXPENSE)								
0.00	0.00	0.00	Gain on Sale of Assets	0.00	0.00	0.00		
(0.03)	0.00	(0.03)	Reserve Fund Projects/Community Grants	0.00	0.00	0.00		
(0.85)	(1.78)	0.93	Health Home	(0.86)	(1.81)	0.95		
(0.88)	(1.78)	0.90	TOTAL NONOPERATING REVENUE (EXPENSE)	(0.86)	(1.81)	0.95		
27.12	(0.67)	27.79	NET INCREASE (DECREASE) IN NET POSITION	25.59	(2.26)	27.86		
84.0%	92.8%	8.8%	MEDICAL LOSS RATIO	84.4%	93.1%	8.7%		
6.4%	6.9%	0.4%	ADMINISTRATIVE EXPENSE RATIO	6.6%	7.0%	0.5%		

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - ROLLING 13 MONTHS THROUGH APRIL 30, 2023	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
	2022	2022	2022	2022	2022	2022	2022
ENROLLMENT							
Members - MCAL	314,691	315,663	319,333	323,572	324,961	325,920	329,121
REVENUES							
Title XIX - Medicaid - Family and Other	36,762,722	35,766,911	37,731,384	37,514,641	37,941,354	37,957,277	37,949,223
Title XIX - Medicaid - Expansion Members	29,812,384	29,600,713	30,533,210	30,993,375	31,238,545	31,275,148	31,549,369
Title XIX - Medicaid - SPD Members	14,924,745	14,887,158	15,402,431	15,833,803	15,065,828	15,760,220	15,913,345
Title XIX - Medicaid - LTC Members	-	-	-	-	-	-	-
Premium - MCO Tax	9,894,054	9,872,493	9,910,584	10,883,460	10,883,459	10,883,460	10,883,459
Premium - Hospital Directed Payments	17,905,917	17,928,276	18,280,365	18,674,627	18,595,974	18,857,014	18,961,885
Investment Earnings And Other Income	(326,288)	357,517	(633,952)	1,002,315	(121,473)	353,347	179,268
Reinsurance Recoveries	-	-	-	-	-	-	-
Rate Adjustments - Hospital Directed Payments	3,898	(23,892)	5,129	9,235	(4,343)	(4,606,563)	9,926
Rate/Income Adjustments	59,935	(4,649,731)	(364,397)	350,036	245,168	203,911	124,448
TOTAL REVENUES	109,037,367	103,739,445	110,864,754	115,261,492	113,844,512	110,683,814	115,570,923
EXPENSES							
Medical Costs:							
Physician Services	18,291,501	17,895,843	18,921,901	18,984,281	18,198,409	18,622,853	18,169,774
Other Professional Services	5,361,545	4,835,075	5,112,961	5,137,341	5,208,793	5,024,917	5,041,998
Emergency Room	5,098,584	4,139,529	3,167,228	4,764,039	4,661,044	4,773,821	4,790,820
Inpatient	20,364,608	21,395,635	19,551,774	22,935,749	20,834,103	22,797,560	22,462,437
Reinsurance Expense	56,409	56,248	57,216	(33,668)	(25,136)	142,533	58,493
Outpatient Hospital	8,458,833	8,281,163	9,196,013	10,013,268	9,928,749	9,352,210	9,319,855
Other Medical	16,341,907	16,301,024	15,522,071	15,416,935	15,241,576	15,744,662	16,418,094
Pay for Performance Quality Incentive	472,037	473,494	478,060	485,358	485,358	490,964	493,681
Hospital Directed Payments	17,905,917	17,928,276	18,280,365	18,674,627	18,595,974	18,857,014	18,961,885
Hospital Directed Payment Adjustment	3,898	(3,419)	5,129	9,235	(4,343)	(4,064,727)	9,926
Non-Claims Expense Adjustment	62,025	(1,371,999)	29,799	17,040	5,019	9,821	(248,768)
IBNR, Incentive, Paid Claims Adjustment	(2,812,496)	(3,724,314)	(4,072,490)	(238,100)	487,881	(789,121)	(435,695)
Total Medical Costs	89,604,768	86,206,555	86,250,027	96,166,105	93,617,427	90,962,507	95,042,500
GROSS MARGIN	19,432,599	17,532,890	24,614,727	19,095,387	20,227,085	19,721,307	20,528,423
Administrative:							
Compensation	3,075,151	3,259,102	2,980,813	3,307,910	3,148,970	3,213,222	3,387,496
Purchased Services	783,960	927,532	850,526	1,078,360	1,144,312	997,356	1,009,393
Supplies	41,533	145,499	66,970	74,368	117,566	85,530	66,157
Depreciation	570,835	575,899	626,073	576,074	583,814	583,673	584,905
Other Administrative Expenses	252,930	300,845	329,335	414,331	315,625	298,240	304,229
Administrative Expense Adjustment	164,256	(2,834)	811,890	425,467	300,000	420,793	299,429
Total Administrative Expenses	4,888,665	5,206,043	5,665,607	5,876,510	5,610,287	5,598,814	5,651,609
TOTAL EXPENSES	94,493,433	91,412,598	91,915,634	102,042,615	99,227,714	96,561,321	100,694,109
OPERATING INCOME (LOSS) BEFORE TAX	14,543,934	12,326,847	18,949,120	13,218,877	14,616,798	14,122,493	14,876,814
MCO TAX	9,894,054	9,888,018	9,894,051	10,883,459	10,883,460	10,883,459	10,883,460
OPERATING INCOME (LOSS) NET OF TAX	4,649,880	2,438,829	9,055,069	2,335,418	3,733,338	3,239,034	3,993,354
TOTAL NONOPERATING REVENUE (EXPENSE)	(1,110,153)	744,870	(1,996,822)	(3,380)	57,925	(27,966)	(5,428)
NET INCREASE (DECREASE) IN NET POSITION	3,539,727	3,183,699	7,058,247	2,332,038	3,791,263	3,211,068	3,987,926
MEDICAL LOSS RATIO	88.3%	89.9%	82.2%	90.4%	88.9%	89.0%	88.7%
ADMINISTRATIVE EXPENSE RATIO	6.0%	6.9%	6.9%	6.9%	6.6%	6.5%	6.6%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - ROLLING 13 MONTHS THROUGH APRIL 30, 2023	NOVEMBER 2022	DECEMBER 2022	JANUARY 2023	FEBRUARY 2023	MARCH 2023	APRIL 2023	13 MONTH TOTAL
ENROLLMENT							
Members - MCAL	331,947	336,514	332,414	349,465	351,010	353,005	4,307,616
REVENUES							
Title XIX - Medicaid - Family and Other	39,648,035	34,345,215	38,355,206	40,922,562	41,044,003	41,661,492	497,600,025
Title XIX - Medicaid - Expansion Members	32,934,833	30,862,645	35,864,920	36,154,732	35,902,983	36,465,640	423,188,497
Title XIX - Medicaid - SPD Members	15,878,315	15,500,822	18,119,057	19,012,691	19,068,659	19,567,025	214,934,099
Title XIX - Medicaid - LTC Members	-	-	201,227	2,814,382	2,968,601	2,968,602	8,952,812
Premium - MCO Tax	10,883,460	10,883,460	-	-	-	-	94,977,889
Premium - Hospital Directed Payments	19,322,384	27,573,903	21,209,673	21,515,947	21,609,701	21,948,157	262,383,823
Investment Earnings And Other Income	888,027	714,738	1,400,146	440,597	2,337,674	1,314,336	7,906,252
Reinsurance Recoveries	-	152,481	-	-	-	-	152,481
Rate Adjustments - Hospital Directed Payments	(5,267)	12,446,127	(684,297)	33,520	32,816	37,815	7,254,104
Rate/Income Adjustments	1,298,007	333,950	(968,410)	350,076	1,115,116	978,086	(923,805)
TOTAL REVENUES	120,847,794	132,813,341	113,497,522	121,244,507	124,079,553	124,941,153	1,516,426,177
EXPENSES							
Medical Costs:							
Physician Services	18,483,343	16,678,607	20,302,072	19,187,941	20,648,045	21,262,722	245,647,292
Other Professional Services	5,432,710	6,175,363	5,493,905	5,413,638	6,067,168	5,720,799	70,026,213
Emergency Room	5,682,299	5,082,054	5,195,994	4,633,288	5,199,635	5,262,548	62,450,883
Inpatient	18,414,421	12,591,938	22,641,712	21,804,027	22,997,133	23,980,922	272,772,019
Reinsurance Expense	58,838	59,818	90,859	180,937	94,363	94,773	891,683
Outpatient Hospital	8,727,267	9,093,742	9,616,781	9,652,797	11,362,056	10,886,974	123,889,708
Other Medical	16,382,849	6,543,097	15,528,820	23,011,370	23,040,484	22,948,410	218,441,299
Pay for Performance Quality Incentive	493,681	504,771	498,590	524,238	526,516	529,507	6,456,255
Hospital Directed Payments	19,322,384	27,573,903	21,209,673	21,515,947	21,609,701	21,948,157	262,383,823
Hospital Directed Payment Adjustment	(5,266)	12,446,126	(684,297)	33,520	(869,333)	37,816	6,914,265
Non-Claims Expense Adjustment	4,018	(1,071,264)	(128,832)	3,429	72,961	177,517	(2,439,234)
IBNR, Incentive, Paid Claims Adjustment	(436,641)	(6,704,318)	9,076	32,166	(4,009,312)	(4,430,362)	(27,123,726)
Total Medical Costs	92,559,903	88,973,837	99,774,353	105,993,298	106,739,417	108,419,783	1,240,310,480
GROSS MARGIN	28,287,891	43,839,504	13,723,169	15,251,209	17,340,136	16,521,370	276,115,697
Administrative:							
Compensation	3,241,130	4,707,264	3,547,045	3,492,028	3,754,627	3,614,954	44,729,712
Purchased Services	1,034,408	1,262,419	939,926	1,549,694	1,516,766	1,481,551	14,576,203
Supplies	258,430	220,189	87,606	161,043	106,568	113,296	1,544,755
Depreciation	622,602	627,772	680,616	679,350	682,158	684,369	8,078,140
Other Administrative Expenses	320,234	966,290	660,263	384,578	557,118	442,055	5,546,073
Administrative Expense Adjustment	299,689	508,526	109,675	301,496	320,296	300,000	4,258,683
Total Administrative Expenses	5,776,493	8,292,460	6,025,131	6,568,189	6,937,533	6,636,225	78,733,566
TOTAL EXPENSES	98,336,396	97,266,297	105,799,484	112,561,487	113,676,950	115,056,008	1,319,044,046
OPERATING INCOME (LOSS) BEFORE TAX	22,511,398	35,547,044	7,698,038	8,683,020	10,402,603	9,885,145	197,382,131
MCO TAX	10,883,460	10,883,459	-	-	-	-	94,976,880
OPERATING INCOME (LOSS) NET OF TAX	11,627,938	24,663,585	7,698,038	8,683,020	10,402,603	9,885,145	102,405,251
TOTAL NONOPERATING REVENUE (EXPENSE)	4,000	(34,557)	(60,423)	(153,079)	(672,750)	(310,622)	(3,568,385)
NET INCREASE (DECREASE) IN NET POSITION	11,631,938	24,629,028	7,637,615	8,529,941	9,729,853	9,574,523	98,836,866
MEDICAL LOSS RATIO	80.8%	59.8%	85.2%	84.7%	84.0%	84.0%	84.3%
ADMINISTRATIVE EXPENSE RATIO	6.4%	10.1%	6.5%	6.6%	6.8%	6.4%	6.8%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - PMPM ROLLING 13 MONTHS THROUGH APRIL 30, 2023	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER
	2022	2022	2022	2022	2022	2022	2022
ENROLLMENT							
Members - MCAL	314,691	315,663	319,333	323,572	324,961	325,920	329,121
REVENUES							
Title XIX - Medicaid - Family and Other	173.44	168.25	176.65	173.99	175.92	175.56	174.37
Title XIX - Medicaid - Expansion Members	345.21	341.10	343.27	340.07	338.95	338.39	334.55
Title XIX - Medicaid - SPD Members	912.10	913.04	917.14	941.54	880.12	911.57	926.33
Title XIX - Medicaid - LTC Members	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Premium - MCO Tax	31.44	31.28	31.04	33.64	33.49	33.39	33.07
Premium - Hospital Directed Payments	56.90	56.80	57.25	57.71	57.23	57.86	57.61
Investment Earnings And Other Income	(1.04)	1.13	(1.99)	3.10	(0.37)	1.08	0.54
Reinsurance Recoveries	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rate Adjustments - Hospital Directed Payments	0.01	(0.08)	0.02	0.03	(0.01)	(14.13)	0.03
Rate/Income Adjustments	0.19	(14.73)	(1.14)	1.08	0.75	0.63	0.38
TOTAL REVENUES	346.49	328.64	347.18	356.22	350.33	339.60	351.15
EXPENSES							
Medical Costs:							
Physician Services	58.13	56.69	59.25	58.67	56.00	57.14	55.21
Other Professional Services	17.04	15.32	16.01	15.88	16.03	15.42	15.32
Emergency Room	16.20	13.11	9.92	14.72	14.34	14.65	14.56
Inpatient	64.71	67.78	61.23	70.88	64.11	69.95	68.25
Reinsurance Expense	0.18	0.18	0.18	(0.10)	(0.08)	0.44	0.18
Outpatient Hospital	26.88	26.23	28.80	30.95	30.55	28.69	28.32
Other Medical	51.93	51.64	48.61	47.65	46.90	48.31	49.88
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.49	1.51	1.50
Hospital Directed Payments	56.90	56.80	57.25	57.71	57.23	57.86	57.61
Hospital Directed Payment Adjustment	0.01	(0.01)	0.02	0.03	(0.01)	(12.47)	0.03
Non-Claims Expense Adjustment	0.20	(4.35)	0.09	0.05	0.02	0.03	(0.76)
IBNR, Incentive, Paid Claims Adjustment	(8.94)	(11.80)	(12.75)	(0.74)	1.50	(2.42)	(1.32)
Total Medical Costs	284.74	273.10	270.09	297.20	288.09	279.09	288.78
GROSS MARGIN	61.75	55.54	77.08	59.01	62.24	60.51	62.37
Administrative:							
Compensation	9.77	10.32	9.33	10.22	9.69	9.86	10.29
Purchased Services	2.49	2.94	2.66	3.33	3.52	3.06	3.07
Supplies	0.13	0.46	0.21	0.23	0.36	0.26	0.20
Depreciation	1.81	1.82	1.96	1.78	1.80	1.79	1.78
Other Administrative Expenses	0.80	0.95	1.03	1.28	0.97	0.92	0.92
Administrative Expense Adjustment	0.52	(0.01)	2.54	1.31	0.92	1.29	0.91
Total Administrative Expenses	15.53	16.49	17.74	18.16	17.26	17.18	17.17
TOTAL EXPENSES	300.27	289.59	287.84	315.36	305.35	296.27	305.95
OPERATING INCOME (LOSS) BEFORE TAX	46.22	39.05	59.34	40.85	44.98	43.33	45.20
MCO TAX	31.44	31.32	30.98	33.64	33.49	33.39	33.07
OPERATING INCOME (LOSS) NET OF TAX	14.78	7.73	28.36	7.22	11.49	9.94	12.13
TOTAL NONOPERATING REVENUE (EXPENSE)	(3.53)	2.36	(6.25)	(0.01)	0.18	(0.09)	(0.02)
NET INCREASE (DECREASE) IN NET POSITION	11.25	10.09	22.10	7.21	11.67	9.85	12.12
MEDICAL LOSS RATIO	88.3%	89.9%	82.2%	90.4%	88.9%	89.0%	88.7%
ADMINISTRATIVE EXPENSE RATIO	6.0%	6.9%	6.9%	6.9%	6.6%	6.5%	6.6%

KERN HEALTH SYSTEMS MEDI-CAL STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION BY MONTH - PMPM ROLLING 13 MONTHS THROUGH APRIL 30, 2023	NOVEMBER 2022	DECEMBER 2022	JANUARY 2023	FEBRUARY 2023	MARCH 2023	APRIL 2023	13 MONTH TOTAL
ENROLLMENT							
Members - MCAL	331,947	336,514	332,414	349,465	351,010	353,005	3,954,611
REVENUES							
Title XIX - Medicaid - Family and Other	180.89	156.69	175.30	175.80	175.43	177.53	173.69
Title XIX - Medicaid - Expansion Members	344.93	323.22	373.01	369.48	365.87	367.09	348.27
Title XIX - Medicaid - SPD Members	919.20	897.35	1,038.82	1,030.33	1,029.51	1,052.05	953.38
Title XIX - Medicaid - LTC Members	0.00	0.00	7,452.85	7,425.81	7,477.58	7,440.11	7,448.26
Premium - MCO Tax	32.79	32.34	0.00	0.00	0.00	0.00	22.05
Premium - Hospital Directed Payments	58.21	81.94	63.80	61.57	61.56	62.18	60.91
Investment Earnings And Other Income	2.68	2.12	4.21	1.26	6.66	3.72	1.84
Reinsurance Recoveries	0.00	0.45	0.00	0.00	0.00	0.00	0.04
Rate Adjustments - Hospital Directed Payments	(0.02)	36.99	(2.06)	0.10	0.09	0.11	1.68
Rate/Income Adjustments	3.91	0.99	(2.91)	1.00	3.18	2.77	(0.21)
TOTAL REVENUES	364.06	394.67	341.43	346.94	353.49	353.94	352.03
EXPENSES							
Medical Costs:							
Physician Services	55.68	49.56	61.07	54.91	58.82	60.23	57.03
Other Professional Services	16.37	18.35	16.53	15.49	17.28	16.21	16.26
Emergency Room	17.12	15.10	15.63	13.26	14.81	14.91	14.50
Inpatient	55.47	37.42	68.11	62.39	65.52	67.93	63.32
Reinsurance Expense	0.18	0.18	0.27	0.52	0.27	0.27	0.21
Outpatient Hospital	26.29	27.02	28.93	27.62	32.37	30.84	28.76
Other Medical	49.35	19.44	46.72	65.85	65.64	65.01	50.71
Pay for Performance Quality Incentive	1.49	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	58.21	81.94	63.80	61.57	61.56	62.18	60.91
Hospital Directed Payment Adjustment	(0.02)	36.99	(2.06)	0.10	(2.48)	0.11	1.61
Non-Claims Expense Adjustment	0.01	(3.18)	(0.39)	0.01	0.21	0.50	(0.57)
IBNR, Incentive, Paid Claims Adjustment	(1.32)	(19.92)	0.03	0.09	(11.42)	(12.55)	(6.30)
Total Medical Costs	278.84	268.04	300.15	303.30	304.09	307.13	287.93
GROSS MARGIN	85.22	126.64	41.28	43.64	49.40	46.80	64.10
Administrative:							
Compensation	9.76	13.99	10.67	9.99	10.70	10.24	10.38
Purchased Services	3.12	3.75	2.83	4.43	4.32	4.20	3.38
Supplies	0.78	0.65	0.26	0.46	0.30	0.32	0.36
Depreciation	1.88	1.87	2.05	1.94	1.94	1.94	1.88
Other Administrative Expenses	0.96	2.87	1.99	1.10	1.59	1.25	1.29
Administrative Expense Adjustment	0.90	1.51	0.33	0.86	0.91	0.85	0.99
Total Administrative Expenses	17.40	24.64	18.13	18.79	19.76	18.80	18.28
TOTAL EXPENSES	296.24	292.68	318.28	322.10	323.86	325.93	306.21
OPERATING INCOME (LOSS) BEFORE TAX	67.82	102.00	23.16	24.85	29.64	28.00	45.82
MCO TAX	32.79	32.34	0.00	0.00	0.00	0.00	22.05
OPERATING INCOME (LOSS) NET OF TAX	35.03	69.65	23.16	24.85	29.64	28.00	23.77
TOTAL NONOPERATING REVENUE (EXPENSE)	0.01	(0.10)	(0.18)	(0.44)	(1.92)	(0.88)	(0.76)
NET INCREASE (DECREASE) IN NET POSITION	35.04	69.55	22.98	24.41	27.72	27.12	23.02
MEDICAL LOSS RATIO	80.8%	61.3%	85.2%	84.7%	84.0%	84.0%	84.3%
ADMINISTRATIVE EXPENSE RATIO	6.4%	10.1%	6.5%	6.6%	6.8%	6.4%	6.8%

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF REVENUES - ALL COA FOR THE MONTH ENDED APRIL 30, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
REVENUES						
Title XIX - Medicaid - Family & Other						
34,067,004	34,635,867	(568,863)	Premium - Medi-Cal	132,332,699	133,854,493	(1,521,794)
2,821,259	2,782,482	38,777	Premium - Maternity Kick	10,892,915	11,129,928	(237,013)
663,538	690,667	(27,129)	Premium - Enhanced Care Management	2,517,787	2,582,062	(64,275)
212,602	156,777	55,825	Premium - Major Organ Transplant	821,754	611,881	209,873
-	531,071	(531,071)	Premium - Cal AIM	-	2,022,728	(2,022,728)
3,610,684	3,683,307	(72,623)	Premium - Provider Enhancement	14,293,176	14,635,939	(342,763)
168,716	188,642	(19,926)	Premium - Ground Emergency Medical Transportation	663,637	748,270	(84,633)
-	245,400	(245,400)	Premium - Student Behavioral Health Incentive	-	981,600	(981,600)
-	352,514	(352,514)	Premium - Housing and Homelessness Incentive	-	1,410,056	(1,410,056)
117,689	119,260	(1,571)	Other	461,295	475,050	(13,755)
41,661,492	43,385,987	(1,724,495)	Total Title XIX - Medicaid - Family & Other	161,983,263	168,452,007	(6,468,744)
Title XIX - Medicaid - Expansion Members						
32,883,739	30,521,405	2,362,335	Premium - Medi-Cal	129,919,119	121,437,939	8,481,181
451,685	236,486	215,199	Premium - Maternity Kick	2,098,685	945,943	1,152,742
808,339	956,970	(148,631)	Premium - Enhanced Care Management	3,191,246	3,807,300	(616,054)
332,460	239,010	93,450	Premium - Major Organ Transplant	1,313,926	950,900	363,026
-	424,746	(424,746)	Premium - Cal AIM	-	1,679,893	(1,679,893)
1,714,279	1,583,365	130,914	Premium - Provider Enhancement	6,777,697	6,299,950	477,747
239,114	206,571	32,543	Premium - Ground Emergency Medical Transportation	945,322	821,844	123,478
-	195,905	(195,905)	Premium - Student Behavioral Health Incentive	-	783,620	(783,620)
-	281,415	(281,415)	Premium - Housing and Homelessness Incentive	-	1,125,660	(1,125,660)
36,024	33,480	2,544	Other	142,280	133,200	9,080
36,465,640	34,679,353	1,786,287	Total Title XIX - Medicaid - Expansion Members	144,388,275	137,986,249	6,402,026
Title XIX - Medicaid - SPD Members						
18,204,112	18,735,840	(531,728)	Premium - Medi-Cal	70,489,368	73,902,481	(3,413,113)
430,735	514,620	(83,885)	Premium - Enhanced Care Management	1,668,512	2,029,890	(361,378)
251,558	163,620	87,938	Premium - Major Organ Transplant	974,075	645,390	328,685
-	260,625	(260,625)	Premium - Cal AIM	-	1,011,801	(1,011,801)
534,373	466,188	68,185	Premium - Provider Enhancement	2,069,183	1,838,853	230,330
146,247	144,180	2,067	Premium - Ground Emergency Medical Transportation	566,294	568,710	(2,416)
-	119,827	(119,827)	Premium - Student Behavioral Health Incentive	-	479,308	(479,308)
-	172,130	(172,130)	Premium - Housing and Homelessness Incentive	-	688,520	(688,520)
19,567,025	20,577,030	(1,010,005)	Total Title XIX - Medicaid - SPD Members	75,767,432	81,164,953	(5,397,521)
Title XIX - Medicaid - LTC Members						
2,948,144	3,167,252	(219,108)	Premium - Medi-Cal	8,891,459	9,501,756	(610,297)
8,952	10,190	(1,238)	Premium - Enhanced Care Management	26,962	30,570	(3,608)
10,724	15,055	(4,331)	Premium - Major Organ Transplant	32,189	45,165	(12,976)
-	-	-	Premium - Cal AIM	-	-	-
176	343	(167)	Premium - Provider Enhancement	492	1,029	(537)
606	-	606	Premium - Ground Emergency Medical Transportation	1,710	-	1,710
-	-	-	Premium - Student Behavioral Health Incentive	-	-	-
-	-	-	Premium - Housing and Homelessness Incentive	-	-	-
2,968,602	3,192,840	(224,238)	Total Title XIX - Medicaid - LTC Members	8,952,812	9,578,520	(625,708)

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS - ALL COA FOR THE MONTH ENDED APRIL 30, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			PHYSICIAN SERVICES			
4,241,474	4,475,123	233,649	Primary Care Physician Services	16,167,812	17,585,076	1,417,264
14,737,274	14,670,897	(66,377)	Referral Specialty Services	56,966,397	57,815,749	849,352
2,274,974	2,570,497	295,523	Urgent Care & After Hours Advise	8,230,571	10,100,363	1,869,792
9,000	9,000	-	Hospital Admitting Team	36,000	36,000	-
21,262,722	21,725,517	462,795	TOTAL PHYSICIAN SERVICES	81,400,780	85,537,188	4,136,408
			OTHER PROFESSIONAL SERVICES			
351,010	359,291	8,281	Vision Service Capitation	1,371,261	1,411,714	40,453
1,979,088	2,804,617	825,529	Medical Departments - UM Allocation *	8,201,361	11,218,467	3,017,106
1,545,908	1,470,182	(75,726)	Behavior Health Treatment	5,872,846	5,769,718	(103,128)
229,037	439,787	210,750	Mental Health Services	1,162,237	1,729,722	567,485
1,615,756	1,910,986	295,230	Other Professional Services	6,087,805	7,533,296	1,445,491
5,720,799	6,984,863	1,264,064	TOTAL OTHER PROFESSIONAL SERVICES	22,695,510	27,662,916	4,967,406
			EMERGENCY ROOM			
5,262,548	5,818,307	555,759		20,291,465	22,901,174	2,609,709
			INPATIENT HOSPITAL			
23,980,922	23,811,394	(169,528)		91,423,794	93,932,357	2,508,563
			REINSURANCE EXPENSE PREMIUM			
94,773	77,301	(17,472)		460,932	303,727	(157,205)
			OUTPATIENT HOSPITAL SERVICES			
10,886,974	10,518,133	(368,841)		41,518,608	41,327,567	(191,041)
			OTHER MEDICAL			
2,210,825	1,667,809	(543,016)	Ambulance and NEMT	7,916,754	6,558,344	(1,358,410)
547,188	1,015,448	468,260	Home Health Services & CBAS	3,323,279	4,001,370	678,091
1,342,680	1,592,010	249,330	Utilization and Quality Review Expenses	3,642,760	6,368,039	2,725,279
8,087,627	9,130,619	1,042,992	Long Term/SNF/Hospice	29,582,886	33,667,870	4,084,984
5,566,537	5,409,604	(156,933)	Provider Enhancement Expense - Prop. 56	21,983,521	21,258,973	(724,548)
469,079	512,423	43,344	Provider Enhancement Expense - GEMT	1,984,781	2,031,882	47,101
1,814,108	2,063,824	249,716	Enhanced Care Management	6,812,736	8,027,329	1,214,593
766,976	545,739	(221,237)	Major Organ Transplant	2,984,846	2,140,669	(844,177)
917,196	2,454,452	1,537,256	Cal AIM Incentive Programs	1,522,258	9,674,027	8,151,769
1,226,194	1,076,037	(150,157)	DME/Rebates	4,775,263	4,239,702	(535,561)
22,948,410	25,467,965	2,519,555	TOTAL OTHER MEDICAL	84,529,084	97,968,206	13,439,122
			PAY FOR PERFORMANCE QUALITY INCENTIVE			
529,507	526,378	(3,129)		2,078,851	2,068,842	(10,009)
			HOSPITAL DIRECTED PAYMENTS			
21,948,157	21,165,692	(782,465)		86,283,478	83,959,886	(2,323,592)
			HOSPITAL DIRECTED PAYMENT ADJUSTMENT			
37,816	-	(37,816)		(1,482,294)	-	1,482,294
			NON-CLAIMS EXPENSE ADJUSTMENT			
177,517	-	(177,517)		125,075	-	(125,075)
			IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT			
(4,430,362)	-	4,430,362		(8,398,432)	-	8,398,432
108,419,783	116,095,550	7,675,767	Total Medical Costs	420,926,851	455,661,863	34,735,012

* Medical costs per DMHC regulations

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS - ALL COA - PMPM FOR THE MONTH ENDED APRIL 30, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
			PHYSICIAN SERVICES			
12.02	12.76	0.74	Primary Care Physician Services	11.67	12.76	1.09
41.75	41.82	0.07	Referral Specialty Services	41.10	41.94	0.84
6.44	7.33	0.88	Urgent Care & After Hours Advise	5.94	7.33	1.39
0.03	0.03	0.00	Hospital Admitting Team	0.03	0.03	0.00
60.23	61.92	1.69	TOTAL PHYSICIAN SERVICES	58.74	62.05	3.31
			OTHER PROFESSIONAL SERVICES			
0.99	1.02	0.03	Vision Service Capitation	0.99	1.02	0.03
5.61	7.99	2.39	Medical Departments - UM Allocation *	5.92	8.14	2.22
4.38	4.19	(0.19)	Behavior Health Treatment	4.24	4.19	(0.05)
0.65	1.25	0.60	Mental Health Services	0.84	1.25	0.42
4.58	5.45	0.87	Other Professional Services	4.39	5.46	1.07
16.21	19.91	3.70	TOTAL OTHER PROFESSIONAL SERVICES	16.38	20.07	3.69
14.91	16.58	1.68	EMERGENCY ROOM	14.64	16.61	1.97
67.93	67.87	(0.07)	INPATIENT HOSPITAL	65.97	68.14	2.17
0.27	0.22	(0.05)	REINSURANCE EXPENSE PREMIUM	0.33	0.22	(0.11)
30.84	29.98	(0.86)	OUTPATIENT HOSPITAL SERVICES	29.96	29.98	0.02
			OTHER MEDICAL			
6.26	4.75	(1.51)	Ambulance and NEMT	5.71	4.76	(0.95)
1.55	2.89	1.34	Home Health Services & CBAS	2.40	2.90	0.50
3.80	4.54	0.73	Utilization and Quality Review Expenses	2.63	4.62	1.99
22.91	26.02	3.11	Long Term/SNF/Hospice	21.35	24.42	3.08
15.77	15.42	(0.35)	Provider Enhancement Expense - Prop. 56	15.86	15.42	(0.44)
1.33	1.46	0.13	Provider Enhancement Expense - GEMT	1.43	1.47	0.04
5.14	5.88	0.74	Enhanced Care Management	4.92	5.82	0.91
2.17	1.56	(0.62)	Major Organ Transplant	2.15	1.55	(0.60)
2.60	7.00	4.40	Cal AIM Incentive Programs	1.10	7.02	5.92
3.47	3.07	(0.41)	DME	3.45	3.08	(0.37)
65.01	72.59	7.58	TOTAL OTHER MEDICAL	60.99	71.07	10.07
1.50	1.50	0.00	PAY FOR PERFORMANCE QUALITY INCENTIVE	1.50	1.50	0.00
62.18	60.33	(1.85)	HOSPITAL DIRECTED PAYMENTS	62.26	60.90	(1.35)
0.11	0.00	(0.11)	HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(1.07)	0.00	1.07
0.50	0.00	(0.50)	NON-CLAIMS EXPENSE ADJUSTMENT	0.09	0.00	(0.09)
(12.55)	0.00	12.55	IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	(6.06)	0.00	6.06
307.13	330.90	23.76	Total Medical Costs	303.72	330.54	26.81

* Medical costs per DMHC regulations

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS BY MONTH THROUGH APRIL 30, 2023	JANUARY 2023	FEBRUARY 2023	MARCH 2023	APRIL 2023	YEAR TO DATE 2023
PHYSICIAN SERVICES					
Primary Care Physician Services	4,153,283	3,799,063	3,973,992	4,241,474	16,167,812
Referral Specialty Services	14,090,583	13,535,172	14,603,368	14,737,274	56,966,397
Urgent Care & After Hours Advise	2,048,906	1,845,306	2,061,385	2,274,974	8,230,571
Hospital Admitting Team	9,300	8,400	9,300	9,000	36,000
TOTAL PHYSICIAN SERVICES	20,302,072	19,187,941	20,648,045	21,262,722	81,400,780
OTHER PROFESSIONAL SERVICES					
Vision Service Capitation	332,837	342,049	345,365	351,010	1,371,261
Medical Departments - UM Allocation *	2,029,340	1,998,969	2,193,964	1,979,088	8,201,361
Behavior Health Treatment	1,234,423	1,340,804	1,751,711	1,545,908	5,872,846
Mental Health Services	378,598	277,029	277,573	229,037	1,162,237
Other Professional Services	1,518,707	1,454,787	1,498,555	1,615,756	6,087,805
TOTAL OTHER PROFESSIONAL SERVICES	5,493,905	5,413,638	6,067,168	5,720,799	22,695,510
EMERGENCY ROOM	5,195,994	4,633,288	5,199,635	5,262,548	20,291,465
INPATIENT HOSPITAL	22,641,712	21,804,027	22,997,133	23,980,922	91,423,794
REINSURANCE EXPENSE PREMIUM	90,859	180,937	94,363	94,773	460,932
OUTPATIENT HOSPITAL SERVICES	9,616,781	9,652,797	11,362,056	10,886,974	41,518,608
OTHER MEDICAL					
Ambulance and NEMT	1,792,123	1,754,080	2,159,726	2,210,825	7,916,754
Home Health Services & CBAS	970,272	809,536	996,283	547,188	3,323,279
Utilization and Quality Review Expenses	776,558	583,384	940,138	1,342,680	3,642,760
Long Term/SNF/Hospice	2,732,047	9,988,072	8,775,140	8,087,627	29,582,886
Provider Enhancement Expense - Prop. 56	5,430,893	5,482,690	5,503,401	5,566,537	21,983,521
Provider Enhancement Expense - GEMT	496,477	513,773	505,452	469,079	1,984,781
Enhanced Care Management	1,428,973	1,778,842	1,790,813	1,814,108	6,812,736
Major Organ Transplant	751,183	712,804	753,883	766,976	2,984,846
Cal AIM Incentive Programs	30,326	279,307	295,429	917,196	1,522,258
DME	1,119,968	1,108,882	1,320,219	1,226,194	4,775,263
TOTAL OTHER MEDICAL	15,528,820	23,011,370	23,040,484	22,948,410	84,529,084
PAY FOR PERFORMANCE QUALITY INCENTIVE	498,590	524,238	526,516	529,507	2,078,851
HOSPITAL DIRECTED PAYMENTS	21,209,673	21,515,947	21,609,701	21,948,157	86,283,478
HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(684,297)	33,520	(869,333)	37,816	(1,482,294)
NON-CLAIMS EXPENSE ADJUSTMENT	(128,832)	3,429	72,961	177,517	125,075
IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	9,076	32,166	(4,009,312)	(4,430,362)	(8,398,432)
Total Medical Costs	99,774,353	105,993,298	106,739,417	108,419,783	420,926,851

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF MEDICAL COSTS BY MONTH - PMPM THROUGH APRIL 30, 2023	JANUARY 2023	FEBRUARY 2023	MARCH 2023	APRIL 2023	YEAR TO DATE 2023
PHYSICIAN SERVICES					
Primary Care Physician Services	12.49	10.87	11.32	12.02	11.67
Referral Specialty Services	42.39	38.73	41.60	41.75	41.10
Urgent Care & After Hours Advise	6.16	5.28	5.87	6.44	5.94
Hospital Admitting Team	0.03	0.02	0.03	0.03	0.03
TOTAL PHYSICIAN SERVICES	61.07	54.91	58.82	60.23	58.74
OTHER PROFESSIONAL SERVICES					
Vision Service Capitation	1.00	0.98	0.98	0.99	0.99
Medical Departments - UM Allocation *	6.10	5.72	6.25	5.61	5.92
Behavior Health Treatment	3.71	3.84	4.99	4.38	4.24
Mental Health Services	1.14	0.79	0.79	0.65	0.84
Other Professional Services	4.57	4.16	4.27	4.58	4.39
TOTAL OTHER PROFESSIONAL SERVICES	16.53	15.49	17.28	16.21	16.38
EMERGENCY ROOM	15.63	13.26	14.81	14.91	14.64
INPATIENT HOSPITAL	68.11	62.39	65.52	67.93	65.97
REINSURANCE EXPENSE PREMIUM	0.27	0.52	0.27	0.27	0.33
OUTPATIENT HOSPITAL SERVICES	28.93	27.62	32.37	30.84	29.96
OTHER MEDICAL					
Ambulance and NEMT	5.39	5.02	6.15	6.26	5.71
Home Health Services & CBAS	2.92	2.32	2.84	1.55	2.40
Utilization and Quality Review Expenses	2.34	1.67	2.68	3.80	2.63
Long Term/SNF/Hospice	8.22	28.58	25.00	22.91	21.35
Provider Enhancement Expense - Prop. 56	16.34	15.69	15.68	15.77	15.86
Provider Enhancement Expense - GEMT	1.49	1.47	1.44	1.33	1.43
Vaccine Incentive Program Expense	0.00	0.00	0.00	0.00	0.00
Behaviorial Health Integration Program	0.00	0.00	0.00	0.00	0.00
Enhanced Care Management	4.30	5.09	5.10	5.14	4.92
Major Organ Transplant	2.26	2.04	2.15	2.17	2.15
Cal AIM Incentive Programs	0.09	0.80	0.84	2.60	1.10
DME	3.37	3.17	3.76	3.47	3.45
TOTAL OTHER MEDICAL	46.72	65.85	65.64	65.01	60.99
PAY FOR PERFORMANCE QUALITY INCENTIVE	1.50	1.50	1.50	1.50	1.50
HOSPITAL DIRECTED PAYMENTS	63.80	61.57	61.56	62.18	62.26
HOSPITAL DIRECTED PAYMENT ADJUSTMENT	(2.06)	0.10	(2.48)	0.11	(1.07)
NON-CLAIMS EXPENSE ADJUSTMENT	(0.39)	0.01	0.21	0.50	0.09
IBNR, INCENTIVE, AND PAID CLAIMS ADJUSTMENT	0.03	0.09	(11.42)	(12.55)	(6.06)
Total Medical Costs	300.15	303.30	304.09	307.13	303.72

CURRENT MONTH			KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT FOR THE MONTH ENDED APRIL 30, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
573,435	503,782	(69,653)	110 - Executive	2,380,993	2,015,126	(365,867)
257,429	269,724	12,295	210 - Accounting	932,976	1,078,897	145,921
339,302	388,290	48,988	220 - Management Information Systems	1,431,902	1,553,158	121,256
15,308	26,641	11,333	221 - Business Intelligence	89,894	106,564	16,670
334,228	421,256	87,028	222 - Enterprise Development	1,347,042	1,685,024	337,982
146,738	201,164	54,426	223 - Enterprise Configuration	589,558	804,656	215,098
676,609	675,879	(730)	225 - Infrastructure	2,529,269	2,703,517	174,248
630,955	690,413	59,458	230 - Claims	2,506,913	2,761,652	254,739
237,154	272,020	34,866	240 - Project Management	822,185	1,088,080	265,895
255,118	145,307	(109,811)	310 - Health Services - Utilization Management	844,900	581,228	(263,672)
1,758	51,625	49,867	311 - Health Services - Quality Improvement	1,840	206,500	204,660
417	143	(274)	312 - Health Services - Education	794	572	(222)
25,750	70,663	44,913	313- Pharmacy	142,763	282,652	139,889
7,231	3,292	(3,939)	314 - Enhanced Care Management	28,291	13,168	(15,123)
67,203	78,415	11,212	316 -Population Health Management	268,937	313,660	44,723
22	1,218	1,196	317 - Community Based Services	297	4,872	4,575
6	31,941	31,935	318 - Housing & Homeless Incentive Program	21	127,764	127,743
42,927	134,370	91,443	319 - CAL AIM Incentive Payment Program (IPP)	179,280	537,480	358,200
-	947	947	601 - Behavioral Health	-	3,788	3,788
-	4,315	4,315	602 - Quality & Health Equity	1,665	17,260	15,595
306,789	345,411	38,622	320 - Provider Network Management	1,297,895	1,381,644	83,749
856,559	1,205,474	348,915	330 - Member Services	3,462,151	4,821,896	1,359,745
890,795	871,256	(19,539)	340 - Corporate Services	3,644,259	3,485,024	(159,235)
145,775	145,475	(300)	360 - Audit & Investigative Services	556,346	581,900	25,554
56,083	56,416	333	410 - Member Engagement	231,485	225,664	(5,821)
121,647	210,572	88,925	420 - Sales/Marketing/Public Relations	488,239	842,288	354,049
346,987	361,965	14,978	510 - Human Resources	1,355,715	1,447,860	92,145
300,000	(141,667)	(441,667)	Administrative Expense Adjustment	1,031,467	(566,668)	(1,598,135)
6,636,225	7,026,307	390,082	Total Administrative Expenses	26,167,078	28,105,226	1,938,148

KERN HEALTH SYSTEMS MEDI-CAL SCHEDULE OF ADMIN EXPENSES BY DEPT BY MONTH FOR THE MONTH ENDED APRIL 30, 2023	JANUARY 2023	FEBRUARY 2023	MARCH 2023	APRIL 2023	YEAR TO DATE 2023
110 - Executive	687,266	488,878	631,414	573,435	2,380,993
210 - Accounting	228,231	226,501	220,815	257,429	932,976
220 - Management Information Systems (MIS)	365,046	378,747	348,807	339,302	1,431,902
221 - Business Intelligence	63,805	672	10,109	15,308	89,894
222 - Enterprise Development	353,608	328,061	331,145	334,228	1,347,042
223 - Enterprise Configuration	104,241	216,683	121,896	146,738	589,558
225 - Infrastructure	412,631	771,628	668,401	676,609	2,529,269
230 - Claims	620,932	609,445	645,581	630,955	2,506,913
240 - Project Management	140,118	191,244	253,669	237,154	822,185
310 - Health Services - Utilization Management	194,388	186,938	208,456	255,118	844,900
311 - Health Services - Quality Improvement	89	90	(97)	1,758	1,840
312 - Health Services - Education	88	297	(8)	417	794
313- Pharmacy	39,747	39,846	37,420	25,750	142,763
314 - Enhanced Care Management	475	20,697	(112)	7,231	28,291
316 -Population Health Management	62,921	63,361	75,452	67,203	268,937
317 - Community Based Services	165	821	(711)	22	297
318 - Housing & Homeless Incentive Program	-	1,200	(1,185)	6	21
319 - CAL AIM Incentive Payment Program (IPP)	-	84,699	51,654	42,927	179,280
601 - Behavioral Health	-	-	-	-	-
602 - Quality & Health Equity	-	1,665	-	-	1,665
320 - Provider Network Management	317,123	285,888	388,095	306,789	1,297,895
330 - Member Services	802,035	804,897	998,660	856,559	3,462,151
340 - Corporate Services	892,136	958,999	902,329	890,795	3,644,259
360 - Audit & Investigative Services	138,360	130,101	142,110	145,775	556,346
410 - Member Engagement	68,972	61,237	45,193	56,083	231,485
420 - Sales/Marketing/Public Relations	60,714	98,793	207,085	121,647	488,239
510 - Human Resources	362,364	315,305	331,059	346,987	1,355,715
Total Department Expenses	5,915,456	6,266,693	6,617,237	6,336,225	25,135,611
ADMINISTRATIVE EXPENSE ADJUSTMENT	109,675	301,496	320,296	300,000	1,031,467
Total Administrative Expenses	6,025,131	6,568,189	6,937,533	6,636,225	26,167,078

KERN HEALTH SYSTEMS GROUP HEALTH PLAN - HFAM BALANCE SHEET STATEMENT AS OF APRIL 30, 2023			
ASSETS	APRIL 2023	MARCH 2023	INC(DEC)
CURRENT ASSETS:			
Cash and Cash Equivalents	\$ 1,132,517	\$ 1,124,788	7,729
Interest Receivable	2,000	7,729	(5,729)
TOTAL CURRENT ASSETS	\$ 1,134,517	\$ 1,132,517	\$ 2,000
LIABILITIES AND NET POSITION			
CURRENT LIABILITIES:			
Other Liabilities	-	-	-
TOTAL CURRENT LIABILITIES	\$ -	\$ -	\$ -
NET POSITION:			
Net Position- Beg. of Year	1,130,625	1,130,625	-
Increase (Decrease) in Net Position - Current Year	3,892	1,892	2,000
Total Net Position	\$ 1,134,517	\$ 1,132,517	\$ 2,000
TOTAL LIABILITIES AND NET POSITION	\$ 1,134,517	\$ 1,132,517	\$ 2,000

CURRENT MONTH			KERN HEALTH SYSTEMS GROUP HEALTH PLAN - HFAM STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION FOR THE MONTH ENDED APRIL 30, 2023	YEAR-TO-DATE		
ACTUAL	BUDGET	VARIANCE		ACTUAL	BUDGET	VARIANCE
ENROLLMENT						
-	-	-	Members	-	-	-
REVENUES						
-	-	-	Premium	-	-	-
2,000	-	2,000	Interest	3,892	-	3,892
			Other Investment Income	-	-	-
2,000	-	2,000	TOTAL REVENUES	3,892	-	3,892
EXPENSES						
			Medical Costs			
-	-	-	IBNR and Paid Claims Adjustment	-	-	-
-	-	-	Total Medical Costs	-	-	-
2,000	-	2,000	GROSS MARGIN	3,892	-	3,892
Administrative						
-	-	-	Management Fee Expense and Other Admin Exp	-	-	-
-	-	-	Total Administrative Expenses	-	-	-
-	-	-	TOTAL EXPENSES	-	-	-
2,000	-	2,000	OPERATING INCOME (LOSS)	3,892	-	3,892
-	-	-	TOTAL NONOPERATING REVENUE (EXPENSES)	-	-	-
2,000	-	2,000	NET INCREASE (DECREASE) IN NET POSITION	3,892	-	3,892
0%	0%	0%	MEDICAL LOSS RATIO	0%	0%	0%
0%	0%	0%	ADMINISTRATIVE EXPENSE RATIO	0%	0%	0%

KERN HEALTH SYSTEMS MONTHLY MEMBERS COUNT					
KERN HEALTH SYSTEMS					
MEDI-CAL	2023 MEMBER MONTHS	JAN'23	FEB'23	MAR'23	APR'23
ADULT AND FAMILY					
ADULT	256,860	58,409	65,757	66,276	66,418
CHILD	587,468	149,881	145,505	145,753	146,329
SUB-TOTAL ADULT & FAMILY	844,328	208,290	211,262	212,029	212,747
OTHER MEMBERS					
PARTIAL DUALS - FAMILY	3,451	851	875	903	822
PARTIAL DUALS - CHILD	0	0	0	0	0
PARTIAL DUALS - BCCTP	36	6	10	10	10
FULL DUALS (SPD)					
SPD FULL DUALS	72,392	9,649	20,632	21,019	21,092
SUBTOTAL OTHER MEMBERS	75,879	10,506	21,517	21,932	21,924
TOTAL FAMILY & OTHER	920,207	218,796	232,779	233,961	234,671
SPD					
SPD (AGED AND DISABLED)	73,016	17,442	18,453	18,522	18,599
MEDI-CAL EXPANSION					
ACA Expansion Adult-Citizen	384,770	94,512	96,241	96,427	97,590
ACA Expansion Duals	6,699	1,637	1,613	1,703	1,746
SUB-TOTAL MED-CAL EXPANSION	391,469	96,149	97,854	98,130	99,336
LONG TERM CARE (LTC)					
LTC	93	27	-1	33	34
LTC DUALS	1,109	0	380	364	365
TOTAL LTC	1,202	27	379	397	399
TOTAL KAISER	60,589	14,759	14,960	15,308	15,562
TOTAL MEDI-CAL MEMBERS	1,446,483	347,173	364,425	366,318	368,567

KERN·HEALTH SYSTEMS

February AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T3449	CDW GOVERNMENT ****	1,367,896.40	1,367,896.40	3 YR NUTANIX SUPPORT & MAINTENANCE RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	776,940.42	805,773.89	DEC. 2022 PROFESSIONAL SERVICES, QNXT CORE SOLUTION 2023 RENEWAL & JAN. 2023 EDI CLAIM PROCESSING	VARIOUS
T3130	OPTUMINSIGHT, INC ****	744,101.00	744,101.00	ANNUAL CES 2023 LICENSE RENEWAL	MIS INFRASTRUCTURE
T1045	KAISER FOUNDATION HEALTH - HMO	570,528.33	1,146,538.19	FEB. 2023 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T5466	ZIPARI, INC ****	293,256.00	293,256.00	DEC. 22 - MAY 23 JIVA MEMBER PORTAL	MIS INFRASTRUCTURE
T1408	DELL MARKETING L.P.	187,934.10	231,636.93	EQUIPMENT- (78) LAPTOPS (75) PRO MONITORS	MIS INFRASTRUCTURE
T4350	COMPUTER ENTERPRISE	183,845.30	475,024.36	NOV. & DEC .2022 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T1071	CLINICA SIERRA VISTA	174,813.26	443,858.91	OCT. & NOV. 2022 GRANT PROGRAM	COMMUNITY GRANTS
T4331	COTIVITI, INC ****	170,366.96	177,123.46	2023 HEDIS LICENSE RENEWAL & JAN. 2023 PROFESSIONAL SERVICES	HEALTH SERVICES - QUALITY IMPROVEMENT
T1180	LANGUAGE LINE SERVICES INC ****	120,225.12	128,358.49	DEC. 2022 & JAN. 2023 INTERPRETATION SERVICES	HEALTH EDUCATION
T4737	TEKSYSTEMS, INC.	83,296.00	208,336.00	NOV. & DEC. 2022 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T4708	HEALTH MANAGEMENT ASSOCIATES, INC ****	82,482.50	93,002.50	SEPT.& DEC. 2022 PROFESSIONAL SERVICES	ADMINISTRATION
T5337	CAZADOR CONSULTING GROUP INC	81,223.14	105,419.59	DEC. 2022 & JAN. 2023 TEMPORARY HELP - (1) ACCT : (2) IT: (10) MS: QI (1): UM (1)	VARIOUS
T2933	SIERRA PRINTERS, INC ****	56,015.34	72,730.23	MEMBER MAILER, HIRING EVENT FLYERS & BUSINESS CARDS	VARIOUS

KERN·HEALTH SYSTEMS

February AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5479	TRANSFORMING LOCAL COMMUNITIES, INC ****	47,647.40	47,647.40	DEC. 2022 PROVIDER GRANT PROGRAM	COMMUNITY GRANTS
T2955	DELTA ELECTRIC INC ****	45,315.00	45,315.00	BUILDING IMPROVEMENT -OFFICE REMODEL ELECTRICAL WORK	CORPORATE SERVICES
T5421	PREMIER ACCESS INSURANCE COMPANY	43,080.70	84,479.80	FEB. 2023 EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T2584	UNITED STATES POSTAL SVC - HASLER ****	40,000.00	40,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5562	JDM SOLUTIONS INC ****	39,240.00	39,240.00	DEC. 2022 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	38,662.50	97,650.00	JAN. 2023 PROFESSIONAL SERVICES	UTILIZATION MANAGEMENT-UM
T5509	NGUYEN CAO LUU-TRONG	37,387.50	74,400.00	JAN. 2023 PROFESSIONAL SERVICES	UTILIZATION MANAGEMENT-UM
T5645	RIDGECREST REGIONAL HOSPITAL ****	36,935.90	36,935.90	FEB. - DEC 2022 PROVIDER GRANT PROGRAM	COMMUNITY GRANTS
T2458	HEALTHCARE FINANCIAL, INC	36,590.95	160,215.74	DEC. 2022 PROFESSIONAL SERVICES	ADMINISTRATION
T2167	PG&E ****	36,210.41	36,210.41	JAN. 2023 UTILITIES	CORPORATE SERVICES
T5145	CCS ENGINEERING FRESNO INC ****	35,920.14	52,065.14	JAN. & FEB. 2023 JANITORIAL SERVICES	CORPORATE SERVICES
T5392	THE KNOWLEDGE ACADEMY INC ****	30,155.00	30,155.00	FEB . 2023 CA PROJECT MANAGEMENT TRAINING	MIS ADMINISTRATION
WT/ACH	USPS *****	30,000.00	30,000.00	FUND KHS POSTAL ONE/EPS ACCOUNT	CORPORATE SERVICES

KERN·HEALTH SYSTEMS

February AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T4733	UNITED STAFFING ASSOCIATES	29,485.70	55,606.35	DEC. 2022 TEMPORARY HELP - (11) MS	VARIOUS
T4265	SIERRA SCHOOL EQUIPMENT COMPANY ****	29,095.99	29,095.99	FURNITURE -BOARDROOM EXTENSION FOR TABLE	CORPORATE SERVICES
T4452	WELLS FARGO	25,898.22	53,711.47	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T5022	SVAM INTERNATIONAL INC	28,743.00	50,667.00	DEC. 2022 PROFESSIONAL SERVICES	MIS ADMINISTRATION
T5432	CATALYST SOLUTIONS, LLC	28,329.00	85,785.00	DEC. 2022 PROFESSIONAL SERVICES	BUSINESS INTELLIGENCE
T5583	THE MIHALIK GROUP, LLC ****	28,000.00	28,000.00	3 DAY NCQA TRAINING	HEALTH SERVICES - QUALITY IMPROVEMENT
T2918	STINSON'S ****	27,941.79	27,941.79	DEC. 2022 & JAN. 2023 OFFICE SUPPLIES	VARIOUS
T3011	OFFICE ALLY, INC	27,156.56	54,527.02	JAN. 2023 EDI CLAIM PROCESSING	CLAIMS
T5546	BITWISE TECHNOLOGY CONSULTING, LLC ****	27,116.77	46,804.28	NOV & DEC. 2022, JAN. 2023 OCR & PROFESSIONAL SERVICES	VARIOUS
T2413	TREK IMAGING INC ****	25,825.98	25,825.98	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T4731	GO TO TECHNOLOGY CONSULTING, LLC ****	25,062.00	25,062.00	2023 LOG ME IN RENEWAL	MIS INFRASTRUCTURE
T5486	ALLIED GENERAL CONTRACTORS, INC ****	24,900.00	24,900.00	BUILDING MAINTENANCE -INTERIOR PAINTING/CONSTRUCTION WASTE REMOVAL	CAPITAL
T4483	INFUSION AND CLINICAL SERVICES, INC ****	24,287.67	24,287.67	NOV. & DEC. 2022 DIABETIC GRANT PROGRAM	COMMUNITY GRANTS
T2941	KERN PRINT SERVICES INC ****	22,837.29	22,837.29	ENVELOPES AND LETTERHEAD STATIONERY	CORPORATE SERVICES

KERN·HEALTH SYSTEMS

February AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T1861	CERIDIAN HCM, INC.	22,662.10	47,282.80	JAN. 2023 MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T5319	CITIUSTECH INC ****	21,249.00	21,249.00	4TH QTR 2022 FAST MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T1097	NCQA ****	20,580.00	20,580.00	2023 HP SURVEY TOOL (WEB BASED)	HEALTH SERVICES - QI
		5,829,240.44			
	TOTAL VENDORS OVER \$20,000	5,829,240.44			
	TOTAL VENDORS UNDER \$20,000	626,163.70			
	TOTAL VENDOR EXPENSES- FEBRUARY	\$ 6,455,404.14			

Note:

****New vendors over \$20,000 for the month of February

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T3449	CDW GOVERNMENT	1,367,896.40	3 YR NUTANIX SUPPORT & MAINTENANCE RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T1045	KAISER FOUNDATION HEALTH - HMO	1,146,538.19	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	805,773.89	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T4699	ZEOMEGA, INC	766,615.22	ANNUAL JIVA LICENSE RENEWAL & PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T3130	OPTUMINSIGHT, INC*****	744,101.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T5155	A-C ELECTRIC COMPANY	568,931.25	CARPPOOL SOLAR PROJECT	CAPITAL
T4350	COMPUTER ENTERPRISE	475,024.36	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T1071	CLINICA SIERRA VISTA	443,858.91	HEALTH HOMES GRANT & PROVIDER CARE QUALITY GRANT PROGRAM	COMMUNITY GRANTS
T5466	ZIPARI, INC	293,256.00	2023 JIVA MEMBER PORTAL	MIS INFRASTRUCTURE
T4165	SHI INTERNATIONAL CO.	237,933.93	EQUIPMENT - NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE
T1408	DELL MARKETING L.P.	231,636.93	COMPUTER EQUIPMENT	MIS INFRASTRUCTURE
T4737	TEKSYSTEMS, INC.	208,336.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T4331	COTIVITI, INC ****	177,123.46	2023 HEDIS LICENSE & PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T2469	DST HEALTH SOLUTIONS, LLC	167,100.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLEGENGE

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2458	HEALTHCARE FINANCIAL, INC	160,215.74	PROFESSIONAL SERVICES	ADMINISTRATION
T1180	LANGUAGE LINE SERVICES INC ****	128,358.49	INTERPRETATION SERVICES	HEALTH EDUCATION
T5337	CAZADOR CONSULTING GROUP INC	105,419.59	TEMPORARY HELP	VARIOUS
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	97,650.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4708	HEALTH MANAGEMENT ASSOCIATES, INC *****	93,002.50	PROFESSIONAL SERVICES	ADMINISTRATION
T5432	CATALYST SOLUTIONS, LLC	85,785.00	PROFESSIONAL SERVICES	BUSINESS INTELLIGENCE
T5421	PREMIER ACCESS INSURANCE COMPANY	84,479.80	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS*****	77,000.00	2023 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T5509	NGUYEN CAO LUU-TRONG	74,400.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4237	FLUIDEDGE CONSULTING, INC	72,970.00	CONSULTING SERVICES	VARIOUS
T2933	SIERRA PRINTERS, INC *****	72,730.23	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS
T4963	LINKEDIN CORPORATION	65,388.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T4452	WELLS FARGO	53,711.47	ACH- MISC CREDIT CARD PURCHASES	VARIOUS

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5436	THE BEACON STUDIOS LLC*****	56,502.00	ADVERTISEMENT	MEDIA & ADVERTISING
T4733	UNITED STAFFING ASSOCIATES	55,606.35	TEMPORARY HELP	VARIOUS
T3011	OFFICE ALLY, INC	54,527.02	EDI CLAIM PROCESSING	CLAIMS
T5145	CCS ENGINEERING FRESNO INC*****	52,065.14	JANITORIAL SERVICES	CORPORATE SERVICES
T5022	SVAM INTERNATIONAL INC	50,667.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T5479	TRANSFORMING LOCAL COMMUNITIES, INC *****	47,647.40	DEC. 2022 PROVIDER GRANT PROGRAM	COMMUNITY GRANTS
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	47,377.00	2023 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T1861	CERIDIAN HCM, INC.	47,282.80	JAN. 2023 MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T5546	BITWISE TECHNOLOGY CONSULTING, LLC*****	46,804.28	NOV & DEC. 2022, JAN. 2023 OCR & PROFESSIONAL SERVICES	VARIOUS
T2955	DELTA ELECTRIC INC*****	45,315.00	OFFICE REMODEL ELECTRICAL WORK	CORPORATE SERVICES
T2584	UNITED STATES POSTAL SVC - HASLER ****	40,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5562	JDM SOLUTIONS INC*****	39,240.00	DEC. 2022 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5645	RIDGECREST REGIONAL HOSPITAL*****	36,935.90	PROVIDER QUALITY CARE GRANT PROGRAM	COMMUNITY GRANTS

KERN·HEALTH SYSTEMS

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

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5435	TEGRIA SERVICES GROUP - US, INC	36,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2167	PG&E	36,210.41	UTILITIES	CORPORATE SERVICES
T4484	JACOBSON SOLUTIONS	31,512.10	TEMPORARY HELP	HEALTH SERVICES - UM
T5574	CARMAX AUTO SUPERSTORES, INC	30,451.85	COMPANY VEHICLE	CORPORATE SERVICES
T5392	THE KNOWLEDGE ACADEMY INC *****	30,155.00	CA PROJECT MANAGEMENT TRAINING	MIS ADMINISTRATION
WT/ACH	USPS *****	30,000.00	FUND KHS POSTAL ONE/EPS ACCOUNT	CORPORATE SERVICES
T5568	MICHELLE OXFORD	29,400.00	CONSULTING SERVICES	EXECUTIVE
T5429	JANE MACADAM	29,118.77	2022 HYBRID COMMUTING EXPENSES	COMPLIANCE
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	29,095.99	BOARDROOM FURNITURE	CORPORATE SERVICES
T4554	THE KEN BLANCHARD COMPANIES	28,845.93	LEADERSHIP TRAINING COURSES	HUMAN RESOURCES
T4982	NGC US, LLC	28,550.00	PREFUND MEMBER INCENTIVES - COVID 19 INCENTIVE PROGRAM	VARIOUS
T5583	THE MIHALIK GROUP, LLC *****	28,000.00	NCQA TRAINING	HEALTH SERVICES - QI
T2918	STINSON'S *****	27,941.79	OFFICE SUPPLIES	VARIOUS

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2413	TREK IMAGING INC *****	25,825.98	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T4731	GO TO TECHNOLOGY CONSULTING, LLC	25,062.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T4501	ALLIED UNIVERSAL SECURITY SERVICES	25,015.26	ONSITE SECURITY	CORPORATE SERVICES
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	25,000.00	PREFUND HEALTH EDUCATION MEMBER INCENTIVES	UTILIZATION MANAGEMENT-QI
T5486	ALLIED GENERAL CONTRACTORS, INC *****	24,900.00	BUILDING IMPROVEMENT - 4TH FLOOR OFFICE REMODELING	CAPITAL
T4460	PAYSPAN, INC	24,778.63	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T4483	INFUSION AND CLINICAL SERVICES, INC *****	24,287.67	DIABETIC GRANT PROGRAM	COMMUNITY GRANTS
T5292	ALL'S WELL HEALTH CARE SERVICES*****	23,577.01	TEMPORARY HELP	VARIOUS
T1005	COLONIAL LIFE & ACCIDENT*****	23,489.34	LIFE INSURANCE PREMIUM	VARIOUS
T1272	COFFEY COMMUNICATIONS INC*****	23,161.42	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH EDUCATION/MEDIA & ADVERTISING
T5317	PRESIDIO NETWORKED SOLUTIONS GROUP LLC	23,125.00	NUTANIX HARDWARE & SOFTWARE - SECURITY PROGRAM ASSESSMENT	MIS INFRASTRUCTURE
T5520	BG HEALTHCARE CONSULTING, INC	23,100.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T2941	KERN PRINT SERVICES INC*****	22,837.29	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T5367	ADVENTIST HEALTH DELANO*****	22,330.54	PROVIDER GRANT PROGRAM	COMMUNITY GRANT

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5319	CITIUSTECH INC*****	21,249.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T4657	DAPONDE SIMPSON ROWE PC	20,963.25	LEGAL FEES	VARIOUS
T1097	NCQA*****	20,580.00	2023 HP SURVEY TOOL (WEB BASED)	HEALTH SERVICES - QI
T2578	AMERICAN HEART ASSOCIATION - KERN COUNTY	20,000.00	SPONSORSHIP	MEDIA & ADVERTISING
		<u>10,240,270.98</u>		
	TOTAL VENDORS OVER \$20,000	10,240,270.98		
	TOTAL VENDORS UNDER \$20,000	801,099.15		
	TOTAL VENDOR EXPENSES- FEBRUARY	<u>\$ 11,041,370.13</u>		

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

KERN·HEALTH SYSTEMS

March AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T4350	COMPUTER ENTERPRISE	790,279.83	1,265,304.19	JAN. & FEB. 2023 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T1045	KAISER FOUNDATION HEALTH - HMO	564,385.56	1,710,923.75	MAR. 2023 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T5155	A-C ELECTRIC COMPANY	523,416.75	1,092,348.00	CARPOOL SOLAR PROJECT	CAPITAL PROJECT
T4737	TEKSYSTEMS, INC.	405,730.36	614,066.36	JAN. & FEB. 2023 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS, INC ****	304,500.00	329,500.00	PREFUND HEALTH EDUCATION MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	UTILIZATION MANAGEMENT-HE & QI
T5432	CATALYST SOLUTIONS, LLC	244,949.42	330,734.42	JAN., FEB., & MAR. 2023 PROFESSIONAL SERVICES	BUSINESS INTELLIGENCE
T5337	CAZADOR CONSULTING GROUP INC	155,107.39	260,526.98	JAN., FEB. & MAR. 2023 TEMPORARY HELP - (1) ACCTG : (2) IT: (10) MS: QI (1): UM (1)	VARIOUS
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA ****	138,951.04	138,951.04	JAN., FEB. & MAR. 2023 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T5340	GARTNER INC ****	117,060.00	117,060.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	MIS ADMINISTRATION
T1408	DELL MARKETING L.P.	101,987.22	333,624.15	EQUIPMENT- (25) LAPTOPS (125) DOCK STATIONS (100) MONITORS	MIS INFRASTRUCTURE
T4733	UNITED STAFFING ASSOCIATES	100,055.82	155,662.17	JAN., FEB. & MAR. 2023 TEMPORARY HELP - (1) CS; (5) MS; (1)QI	VARIOUS
T4237	FLUIDEDGE CONSULTING, INC ****	85,245.00	158,215.00	JAN. & FEB. 2023 CONSULTING SERVICES	VARIOUS

KERN·HEALTH SYSTEMS

March AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T1180	LANGUAGE LINE SERVICES INC	83,425.12	211,783.61	FEB. 2023 INTERPRETATION SERVICES	HEALTH EDUCATION
T5562	JDM SOLUTIONS INC	82,080.00	121,320.00	JAN. & FEB. 2023 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5022	SVAM INTERNATIONAL INC	69,772.00	120,439.00	JAN. & FEB. 2023 PROFESSIONAL SERVICES	MIS ADMINISTRATION
T5111	ENTISYS 360, E360 ****	69,201.68	69,201.68	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T5292	ALL'S WELL HEALTH CARE SERVICES ****	66,554.18	90,131.19	JAN., FEB. & MAR. 2023 TEMPORARY HELP - (2) QI; (1) UM; (1) HE; (1)PHM	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC*****	64,462.53	870,236.42	JAN. & FEB. 2023 PROFESSIONAL SERVICES & MAR. 2023 EDI CLAIM PROCESSING	VARIOUS
T2167	PG&E	61,606.06	97,816.47	FEB. & MAR. 2023 UTILITIES	CORPORATE SERVICES
T1960	LOCAL HEALTH PLANS OF CALIFORNIA ****	51,117.68	51,332.63	WEBINAR REGISTRATIONS & SPECIAL DUES ASSESSMENT	VARIOUS
T2584	UNITED STATES POSTAL SVC - HASLER	50,000.00	90,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
WT/ACH	USPS	50,000.00	80,000.00	FUND KHS POSTAL ONE/EPS ACCOUNT	CORPORATE SERVICES
T4460	PAYSPAN, INC ****	48,241.88	73,020.51	JAN. & FEB. 2023 CLAIMS ACTIVITY	FINANCE
T5546	BITWISE TECHNOLOGY CONSULTING, LLC	46,421.08	93,225.36	FEB. & MAR. 2023 OCR & PROFESSIONAL SERVICES	VARIOUS

KERN·HEALTH SYSTEMS

March AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5421	PREMIER ACCESS INSURANCE COMPANY	42,469.38	126,949.18	MAR. 2023 EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T2918	STINSON'S	42,088.99	70,030.78	FEB. 2023 OFFICE SUPPLIES	VARIOUS
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	37,087.50	134,737.50	FEB. & MAR. 2023 PROFESSIONAL SERVICES	UTILIZATION MANAGEMENT-UM
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC ****	35,798.16	54,518.56	JAN. & FEB. 2023 EDI CLAIM PROCESSING	CLAIMS
T2933	SIERRA PRINTERS, INC	35,049.38	107,779.61	MEMBER MAILER, MEMBER ID CARDS & BUSINESS CARDS	VARIOUS
T1128	HALL LETTER SHOP ****	31,788.86	43,517.66	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS	VARIOUS
T4452	WELLS FARGO	28,823.17	82,534.64	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T4331	COTIVITI, INC	30,264.50	207,387.96	FEB. 2023 PROFESSIONAL SERVICES	HEALTH SERVICES - QUALITY IMPROVEMENT
T3011	OFFICE ALLY, INC	27,717.53	82,244.55	FEB. 2023 EDI CLAIM PROCESSING	CLAIMS
T4484	JACOBSON SOLUTIONS ****	27,358.74	58,870.84	JAN. & FEB. TEMP SERVICES (4) UM	UTILIZATION MANAGEMENT-UM
T2458	HEALTHCARE FINANCIAL, INC	27,000.00	187,215.74	JAN. 2023 PROFESSIONAL SERVICES	ADMINISTRATION
T1861	CERIDIAN HCM, INC.	26,781.79	74,064.59	FEB. & MAR. 2023 MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES

KERN·HEALTH SYSTEMS

March AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T2413	TREK IMAGING INC	25,314.63	51,140.61	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T2941	KERN PRINT SERVICES INC	23,539.58	46,376.87	ENVELOPES, LETTERHEAD STATIONERY & INVENTORY LABELS	CORPORATE SERVICES
T5300	CENTRAL VALLEY OCCUPATION MEDICAL GROUP, INC ****	20,220.00	22,620.00	MAY & DEC. 2022, & JAN. 2023 DRUG TESTING	HUMAN RESOURCES
T4483	INFUSION AND CLINICAL SERVICES, INC	20,160.00	44,447.67	NOV. 2022 & JAN. 2023 DIABETIC GRANT PROGRAM	COMMUNITY GRANTS
		4,756,012.81			
	TOTAL VENDORS OVER \$20,000	4,756,012.81			
	TOTAL VENDORS UNDER \$20,000	706,544.19			
	TOTAL VENDOR EXPENSES- MARCH	\$ 5,462,557.00			

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

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	1,710,923.75	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T3449	CDW GOVERNMENT	1,373,282.57	NUTANIX RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T4350	COMPUTER ENTERPRISE	1,265,304.19	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T5155	A-C ELECTRIC COMPANY	1,092,348.00	CARPPOOL SOLAR PROJECT	CAPITAL
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	870,236.42	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T4699	ZEOMEGA, INC	766,615.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T3130	OPTUMINSIGHT, INC	744,101.00	ANNUAL LICENSE SOFTWARE	MIS INFRASTRUCTURE
T4737	TEKSYSTEMS, INC.	614,066.36	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T1071	CLINICA SIERRA VISTA	443,858.91	HEALTH HOMES GRANT & PROVIDER CARE QUALITY GRANT PROGRAM	COMMUNITY GRANTS
T1408	DELL MARKETING L.P.	333,624.15	COMPUTER EQUIPMENT	MIS INFRASTRUCTURE
T5432	CATALYST SOLUTIONS, LLC	330,734.42	PROFESSIONAL SERVICES	BUSINESS INTELLIGENCE
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	329,500.00	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	UTILIZATION MANAGEMENT-HE & QI
T5466	ZIPARI, INC	297,256.00	2023 JIVA MEMBER PORTAL	MIS INFRASTRUCTURE
T5337	CAZADOR CONSULTING GROUP INC	260,526.98	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
T4165	SHI INTERNATIONAL CO.	244,304.35	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE
T1180	LANGUAGE LINE SERVICES INC	211,783.61	INTERPRETATION SERVICES	HEALTH EDUCATION
T4331	COTIVITI, INC	207,387.96	2023 HEDIS LICENSE & PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T2458	HEALTHCARE FINANCIAL, INC	187,215.74	PROFESSIONAL SERVICES	ADMINISTRATION
T2469	DST HEALTH SOLUTIONS, LLC	167,100.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLEGENCE
T4237	FLUIDEDGE CONSULTING, INC	158,215.00	CONSULTING SERVICES	VARIOUS
T4733	UNITED STAFFING ASSOCIATES	155,662.17	TEMPORARY HELP	VARIOUS
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA ****	138,951.04	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	134,737.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5421	PREMIER ACCESS INSURANCE COMPANY	126,949.18	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T5562	JDM SOLUTIONS INC	121,320.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5022	SVAM INTERNATIONAL INC	120,439.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T5340	GARTNER INC ****	117,060.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	MIS ADMINISTRATION
T2933	SIERRA PRINTERS, INC	107,779.61	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2167	PG&E	97,816.47	UTILITIES	CORPORATE SERVICES
T5546	BITWISE TECHNOLOGY CONSULTING, LLC	93,225.36	OCR SERVICES AND PROFESSIONAL SERVICES	VARIOUS
T4708	HEALTH MANAGEMENT ASSOCIATES, INC	93,002.50	PROFESSIONAL SERVICES	ADMINISTRATION
T5509	NGUYEN CAO LUU-TRONG	91,687.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5292	ALL'S WELL HEALTH CARE SERVICES	90,131.19	TEMPORARY HELP	VARIOUS
T2584	UNITED STATES POSTAL SVC - HASLER	90,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T4452	WELLS FARGO	82,534.64	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T3011	OFFICE ALLY, INC	82,244.55	EDI CLAIM PROCESSING	CLAIMS
WT/ACH	USPS	80,000.00	FUND KHS POSTAL ONE/EPS ACCOUNT	CORPORATE SERVICES
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	77,000.00	2023 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T1861	CERIDIAN HCM, INC.	74,064.59	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T4460	PAYSPAN, INC	73,020.51	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T2918	STINSON'S	70,030.78	OFFICE SUPPLIES	VARIOUS
T5111	ENTISYS 360, E360 ****	69,201.68	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T5145	CCS ENGINEERING FRESNO INC	69,175.21	JANITORIAL SERVICES	CORPORATE SERVICES

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Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4963	LINKEDIN CORPORATION	65,388.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T4484	JACOBSON SOLUTIONS	58,870.84	TEMPORARY HELP	HEALTH SERVICES - UM
T2955	DELTA ELECTRIC INC	58,255.00	BUILDING IMPROVEMENT	CORPORATE SERVICES
T5436	THE BEACON STUDIOS LLC	56,502.00	TV COMMERCIAL PRODUCTION	MEDIA & ADVERTISING
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC ****	54,518.56	EDI CLAIM PROCESSING	CLAIMS
T1960	LOCAL HEALTH PLANS OF CALIFORNIA ****	51,332.63	WEBINAR REGISTRATIONS & SPECIAL DUES ASSESSMENT	VARIOUS
T2413	TREK IMAGING INC	51,140.61	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T5479	TRANSFORMING LOCAL COMMUNITIES, INC	47,647.40	DEC. 2022 PROVIDER GRANT PROGRAM	COMMUNITY GRANTS
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	47,377.00	2023 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T2941	KERN PRINT SERVICES INC	46,376.87	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T4483	INFUSION AND CLINICAL SERVICES, INC	44,447.67	DIABETIC GRANT PROGRAM	COMMUNITY GRANTS
T4501	ALLIED UNIVERSAL SECURITY SERVICES	43,987.39	ONSITE SECURITY	CORPORATE SERVICES
T1128	HALL LETTER SHOP ****	43,517.66	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS	VARIOUS
T5645	RIDGECREST REGIONAL HOSPITAL	40,508.55	PROVIDER QUALITY CARE GRANT PROGRAM	COMMUNITY GRANTS
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	39,027.38	BOARDROOM FURNITURE	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
T5435	TEGRIA SERVICES GROUP - US, INC	36,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T1005	COLONIAL LIFE & ACCIDENT	35,729.34	LIFE INSURANCE PREMIUM	VARIOUS
T2578	AMERICAN HEART ASSOCIATION - KERN COUNTY	35,000.00	SPONSORSHIP	MEDIA & ADVERTISING
T5480	PRESS GANEY ASSOCIATES LLC ****	34,501.50	ECM & PROVIDER SATISFACTION SURVEYS	VARIOUS
T5367	ADVENTIST HEALTH DELANO	32,108.23	PROVIDER GRANT PROGRAM	COMMUNITY GRANT
T1272	COFFEY COMMUNICATIONS INC	31,949.29	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH EDUCATION/MEDIA & ADVERTISING
T5121	TPX COMMUNICATIONS ****	31,727.71	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE
T1022	UNUM LIFE INSURANCE CO. ****	31,446.53	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5574	CARMAX AUTO SUPERSTORES, INC	30,451.85	COMPANY VEHICLE	CORPORATE SERVICES
T2969	AMERICAN BUSINESS MACHINES INC ****	30,338.49	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T5392	THE KNOWLEDGE ACADEMY INC	30,155.00	CA PROJECT MANAGEMENT TRAINING	MIS ADMINISTRATION
T5568	MICHELLE OXFORD	29,400.00	CONSULTING SERVICES	EXECUTIVE
T2726	DST PHARMACY SOLUTIONS, INC ****	29,221.76	PHARMACY CLAIMS	PHARMACY
T5429	JANE MACADAM	29,118.77	2022 HYBRID COMMUTING	COMPLIANCE

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Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4554	THE KEN BLANCHARD COMPANIES	28,845.93	LEADERSHIP TRAINING COURSES	HUMAN RESOURCES
T4982	NGC US, LLC	28,550.00	PREFUND MEMBER INCENTIVES - COVID 19 INCENTIVE PROGRAM	VARIOUS
T5583	THE MIHALIK GROUP, LLC	28,000.00	NCQA TRAINING	HEALTH SERVICES - QI
T4657	DAPONDE SIMPSON ROWE PC	27,139.25	LEGAL FEES	VARIOUS
T4059	KERN VALLEY HEALTHCARE DISTRICT ****	26,363.55	2022 PROVIDER QUALITY CARE GRANT	COMMUNITY GRANTS
T4503	VISION SERVICE PLAN ****	26,291.03	EMPLOYEE HEALTH BENEFITS	VARIOUS
T4514	A.J. KLEIN, INC T.DENATALE, B. GOLDNER ****	25,345.68	LEGAL FEES	ADMINISTRATION
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC ****	25,343.28	EDI CLAIM PROCESSING	CLAIMS
T4731	GO TO TECHNOLOGY CONSULTING, LLC	25,062.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T5486	ALLIED GENERAL CONTRACTORS, INC	24,900.00	BUILDING IMPROVEMENT	CAPITAL
T5317	PRESIDIO NETWORKED SOLUTIONS GROUP LLC	23,125.00	NUTANIX HARDWARE & SOFTWARE - SECURITY PROGRAM ASSESSMENT	MIS INFRASTRUCTURE
T5520	BG HEALTHCARE CONSULTING, INC	23,100.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T5300	CENTRAL VALLEY OCCUPATION MEDICAL GROUP, INC ****	22,620.00	COVID-19 TESTING	HUMAN RESOURCES
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK ****	22,000.00	2022 AUDIT FEES	FINANCE
T5201	JAC SERVICES, INC ****	21,962.17	AC MAINTENANCE & SERVICE	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
T5319	CITIUSTECH INC	21,249.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T1097	NCQA	20,580.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDITATION	HEALTH SERVICES - QI
T5550	CHARTER COMMUNICATIONS OPERATING, LLC ****	20,288.16	INTERNET SERVICES	MIS INFRASTRUCTURE
T5329	RELAY NETWORK, LLC ****	20,000.01	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
		15,521,729.70		
	TOTAL VENDORS OVER \$20,000	15,521,729.70		
	TOTAL VENDORS UNDER \$20,000	982,302.43		
	TOTAL VENDOR EXPENSES- MARCH	\$ 16,504,032.13		

Note:

****New vendors over \$20,000 for the month of March

KERN·HEALTH SYSTEMS

April AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS, INC	606,046.00	935,546.00	PREFUND MCAS MEMBER REWARDS PROGRAM	UTILIZATION MANAGEMENT-QI
T4350	COMPUTER ENTERPRISE	605,612.07	1,870,916.26	FEB. & MAR. 2023 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T1045	KAISER FOUNDATION HEALTH - HMO	581,935.66	2,292,859.41	APR. 2023 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4737	TEKSYSTEMS, INC.	274,545.00	888,611.36	MAR. 2023 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5432	CATALYST SOLUTIONS, LLC	178,604.24	509,338.66	JAN., FEB., & MAR. 2023 PROFESSIONAL SERVICES	BUSINESS INTELLIGENCE
T1408	DELL MARKETING L.P.	113,928.24	447,552.39	EQUIPMENT - (40) LAPTOPS; (40) DOCK STATIONS; (80) MONITORS; (1) WORKSTATION 5570; (1) PRECISION 5820	MIS INFRASTRUCTURE
T2458	HEALTHCARE FINANCIAL, INC	96,467.70	283,683.44	JAN. & FEB. 2023 PROFESSIONAL SERVICES	ADMINISTRATION
T5022	SVAM INTERNATIONAL INC	91,268.00	211,707.00	FEB. & MAR. 2023 PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4353	TWE SOLUTIONS, INC ****	82,498.84	91,933.22	CORTEX XDR PRO LICENSES	MIS INFRASTRUCTURE
T5337	CAZADOR CONSULTING GROUP INC	79,839.54	340,366.52	MAR. 2023 TEMPORARY HELP - (1) IT; (19) MS; QI (1); UM (1); HR (1)	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	77,234.53	947,470.95	FEB. & MAR. 2023 PROFESSIONAL SERVICES & MAR. 2023 EDI CLAIM PROCESSING	VARIOUS
T5486	ALLIED GENERAL CONTRACTORS, INC ****	68,750.00	93,650.00	BUILDING IMPROVEMENT -HR & FINANCE CONFERENCE ROOM REMODEL	CAPITAL
T5292	ALL'S WELL HEALTH CARE SERVICES	67,269.64	157,400.83	FEB., MAR. & APR. 2023 TEMPORARY HELP - (3) QI; (1) HE; (1) PHM	VARIOUS
T5562	JDM SOLUTIONS INC	54,000.00	175,320.00	MAR. 2023 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE

KERN·HEALTH SYSTEMS

April AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T4237	FLUIDEDGE CONSULTING, INC	52,420.00	210,635.00	MAR. 2023 CONSULTING SERVICES	VARIOUS
T5546	BITWISE TECHNOLOGY CONSULTING, LLC	51,360.16	144,585.52	MAR. 2023 OCR & PROFESSIONAL SERVICES	VARIOUS
T4792	KP LLC ****	49,609.69	57,578.13	PROVIDER DIRECTORIES	PROVIDER NETWORK MANAGEMENT
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	47,810.82	186,761.86	APR. 2023 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T5344	SIGNATURE STAFF RESOURCES LLC ****	44,080.00	46,912.00	MAR. & APR. 2023 PROFESSIONAL SERVICES	BUSINESS INTELLIGENCE
T5421	PREMIER ACCESS INSURANCE COMPANY	43,086.48	170,035.66	APR. 2023 EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T5107	CITRIX SYSTEMS, INC ****	39,528.00	42,619.20	CITRIX LICENSE RENEWAL	MIS INFRASTRUCTURE
T5467	MOSS ADAMS LLP ****	37,597.00	37,597.00	2023 CLAIMS AUDIT TOOL SUPPORT & LICENSES	MIS INFRASTRUCTURE
T4452	WELLS FARGO	31,716.69	114,251.44	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T4733	UNITED STAFFING ASSOCIATES	33,220.51	188,882.68	MAR. & APR. 2023 TEMPORARY HELP - (3) QI: (5) MS	VARIOUS
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	32,812.50	167,550.00	MAR. 2023 PROFESSIONAL SERVICES	UTILIZATION MANAGEMENT-UM
T3011	OFFICE ALLY, INC	30,983.53	113,228.08	MAR. 2023 EDI CLAIM PROCESSING	CLAIMS
T5687	IRISE EXECUTIVE COACHING LLC ****	30,000.00	30,000.00	EXECUTIVE RETREAT	ADMINISTRATION
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK ****	29,900.00	51,900.00	2022 AUDITING SERVICES	FINANCE

KERN·HEALTH SYSTEMS

April AP Vendor Report
Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T4331	COTIVITI, INC	28,010.81	235,398.77	MAR. 2023 PROFESSIONAL SERVICES	HEALTH SERVICES - QUALITY IMPROVEMENT
T4708	HEALTH MANAGEMENT ASSOCIATES, INC ****	27,566.25	120,568.75	DEC. 2022, FEB. & MAR. 2023 PROFESSIONAL SERVICES	ADMINISTRATION
T2167	PG&E	27,311.49	125,127.96	APR. 2023 UTILITIES	CORPORATE SERVICES
T5509	NGUYEN CAO LUU-TRONG ****	26,137.50	117,825.00	MAR. 2023 PROFESSIONAL SERVICES	UTILIZATION MANAGEMENT-UM
T4460	PAYSPAN, INC	24,988.31	98,008.82	MAR. 2023 CLAIMS ACTIVITY	FINANCE
T1861	CERIDIAN HCM, INC.	24,714.65	98,779.24	MAR. & APR. 2023 MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	22,043.30	76,561.86	MAR. 2023 EDI CLAIM PROCESSING	CLAIMS
T5701	THE GRANGER NETWORKS LLC ****	22,000.00	22,000.00	SUPERVISOR BOOTCAMP	ADMINISTRATION
T5684	REBELLIS GROUP LLC ****	21,500.00	21,500.00	MAPD BUSINESS CONSULTING	MEDICARE
T5319	CITIUSTECH INC. ****	21,249.00	42,498.00	1ST QTR 2023 FAST MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T5535	PANAMA-BUENA VISTA UNION SCHOOL DISTRICT ****	20,000.00	20,000.00	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS
		3,797,646.15			
	TOTAL VENDORS OVER \$20,000	3,797,646.15			
	TOTAL VENDORS UNDER \$20,000	552,748.59			
	TOTAL VENDOR EXPENSES- APRIL	\$ 4,350,394.74			

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

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	2,292,859.41	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	1,870,916.26	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T3449	CDW GOVERNMENT	1,376,761.32	NUTANIX RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T5155	A-C ELECTRIC COMPANY	1,092,348.00	CARPPOOL SOLAR PROJECT	CAPITAL
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	947,470.95	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	935,546.00	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	UTILIZATION MANAGEMENT-HE & QI
T4737	TEKSYSTEMS, INC.	888,611.36	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T4699	ZEOMEGA, INC	766,615.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T3130	OPTUMINSIGHT, INC	744,101.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T5432	CATALYST SOLUTIONS, LLC	509,338.66	PROFESSIONAL SERVICES	BUSINESS INTELLIGENCE
T1408	DELL MARKETING L.P.	447,552.39	MONITORS AND WORKSTATIONS	MIS INFRASTRUCTURE
T1071	CLINICA SIERRA VISTA	443,858.91	HEALTH HOMES GRANT & PROVIDER CARE QUALITY GRANT PROGRAM	COMMUNITY GRANTS
T5337	CAZADOR CONSULTING GROUP INC	340,366.52	TEMPORARY HELP	VARIOUS
T5466	ZIPARI, INC	297,256.00	2023 JIVA MEMBER PORTAL	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
T2458	HEALTHCARE FINANCIAL, INC	283,683.44	PROFESSIONAL SERVICES	ADMINISTRATION
T4165	SHI INTERNATIONAL CO.	247,535.61	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE
T4331	COTIVITI, INC	235,398.77	2023 HEDIS LICENSE & PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T1180	LANGUAGE LINE SERVICES INC	211,783.61	INTERPRETATION SERVICES	HEALTH EDUCATION
T5022	SVAM INTERNATIONAL INC	211,707.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4237	FLUIDEDGE CONSULTING, INC	210,635.00	CONSULTING SERVICES	VARIOUS
T4733	UNITED STAFFING ASSOCIATES	188,882.68	TEMPORARY HELP	VARIOUS
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	186,761.86	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T5562	JDM SOLUTIONS INC	175,320.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5421	PREMIER ACCESS INSURANCE COMPANY	170,035.66	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	167,550.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2469	DST HEALTH SOLUTIONS, LLC	167,100.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLEGENCE
T5292	ALL'S WELL HEALTH CARE SERVICES	157,400.83	TEMPORARY HELP	VARIOUS
T5546	BITWISE TECHNOLOGY CONSULTING, LLC	144,585.52	OCR SERVICES AND PROFESSIONAL SERVICES	VARIOUS

KERN·HEALTH SYSTEMS

Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2167	PG&E	125,127.96	UTILITIES	CORPORATE SERVICES
T4452	WELLS FARGO	114,251.33	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T4708	HEALTH MANAGEMENT ASSOCIATES, INC	120,568.75	PROFESSIONAL SERVICES	ADMINISTRATION
T5509	NGUYEN CAO LUU-TRONG	117,825.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5340	GARTNER INC	117,060.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	MIS ADMINISTRATION
T3011	OFFICE ALLY, INC	113,228.08	EDI CLAIM PROCESSING	CLAIMS
T2933	SIERRA PRINTERS, INC	109,291.50	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS
T1861	CERIDIAN HCM, INC.	98,779.24	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T4460	PAYSPAN, INC	98,008.82	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T5486	ALLIED GENERAL CONTRACTORS, INC	93,650.00	OFFICE PAINTING & CONSTRUCTION	CAPITAL
T4353	TWE SOLUTIONS, INC. ****	91,933.22	CORTEX XDR PRO LICENSES	MIS INFRASTRUCTURE
T2584	UNITED STATES POSTAL SVC - HASLER	90,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5145	CCS ENGINEERING FRESNO INC	85,885.28	JANITORIAL SERVICES	CORPORATE SERVICES
WT/ACH	USPS	80,000.00	FUND KHS POSTAL ONE/EPS ACCOUNT	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
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	77,000.00	2023 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	76,561.86	2023 EDI CLAIM PROCESSING	CLAIMS
T2955	DELTA ELECTRIC INC	72,705.00	OFFICE REMODEL ELECTRICAL WORK	CORPORATE SERVICES
T2918	STINSON'S	70,030.78	OFFICE SUPPLIES	VARIOUS
T2413	TREK IMAGING INC	69,230.24	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T5111	ENTISYS 360, E360	69,201.68	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T4963	LINKEDIN CORPORATION	65,388.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T4484	JACOBSON SOLUTIONS	58,870.84	TEMPORARY HELP	HEALTH SERVICES - UM
T4792	KP LLC ****	57,578.13	PROVIDER DIRECTORIES	PROVIDER NETWORK MANAGEMEN
T5436	THE BEACON STUDIOS LLC	56,502.00	TV COMMERCIAL PRODUCTION	MEDIA & ADVERTISING
T4501	ALLIED UNIVERSAL SECURITY SERVICES	56,124.89	ONSITE SECURITY	CORPORATE SERVICES
T4483	INFUSION AND CLINICAL SERVICES, INC	54,107.67	DIABETIC GRANT PROGRAM	COMMUNITY GRANTS
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK	51,900.00	2022 AUDIT FEES	FINANCE
T1960	LOCAL HEALTH PLANS OF CALIFORNIA	51,363.62	WEBINAR REGISTRATIONS & SPECIAL DUES ASSESSMENT	VARIOUS

KERN·HEALTH SYSTEMS

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Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T1128	HALL LETTER SHOP	48,232.46	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS	VARIOUS
T1005	COLONIAL LIFE & ACCIDENT	47,936.80	LIFE INSURANCE PREMIUM	VARIOUS
T5479	TRANSFORMING LOCAL COMMUNITIES, INC	47,647.40	DEC. 2022 PROVIDER GRANT PROGRAM	COMMUNITY GRANTS
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	47,377.00	2023 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T5344	SIGNATURE STAFF RESOURCES LLC ****	46,912.00	2023 PROFESSIONAL SERVICES	BUSINESS INTELLIGENCE
T2941	KERN PRINT SERVICES INC	46,376.87	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T5121	TPX COMMUNICATIONS	44,680.16	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE
T1022	UNUM LIFE INSURANCE CO.	43,111.73	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5107	CITRIX SYSTEMS, INC ****	42,619.20	CITRIX LICENSE RENEWAL	MIS INFRASTRUCTURE
T5319	CITIUSTECH INC	42,498.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T4657	DAPONDE SIMPSON ROWE PC	42,401.25	LEGAL FEES	VARIOUS
T5645	RIDGECREST REGIONAL HOSPITAL	40,508.55	PROVIDER QUALITY CARE GRANT PROGRAM	COMMUNITY GRANTS
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	39,027.38	BOARDROOM FURNITURE	CORPORATE SERVICES
T2726	DST PHARMACY SOLUTIONS, INC	38,913.87	PHARMACY CLAIMS	PHARMACY
T5467	MOSS ADAMS LLP ****	37,597.00	2023 CLAIMS AUDIT TOOL SUPPORT & LICENSES	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
T5435	TEGRIA SERVICES GROUP - US, INC	36,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5367	ADVENTIST HEALTH DELANO	35,910.73	PROVIDER GRANT PROGRAM	COMMUNITY GRANT
T1272	COFFEY COMMUNICATIONS INC	35,840.64	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH EDUCATION/MEDIA & ADVERTISING
T5520	BG HEALTHCARE CONSULTING, INC	35,475.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T4503	VISION SERVICE PLAN	35,291.66	EMPLOYEE HEALTH BENEFITS	VARIOUS
T4514	A.J. KLEIN, INC T.DENATALE, B. GOLDNER	35,181.18	LEGAL FEES	ADMINISTRATION
T2578	AMERICAN HEART ASSOCIATION - KERN COUNTY	35,000.00	SPONSORSHIP	MEDIA & ADVERTISING
T5480	PRESS GANEY ASSOCIATES LLC	34,501.50	2023 ECM & PROVIDER SATISFACTION SURVEYS	VARIOUS
T4059	KERN VALLEY HEALTHCARE DISTRICT	33,624.20	2022 PROVIDER QUALITY CARE GRANT	COMMUNITY GRANTS
T2969	AMERICAN BUSINESS MACHINES INC	32,495.90	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC	32,152.06	2023 EDI CLAIM PROCESSING	CLAIMS
T5568	MICHELLE OXFORD	30,910.89	CONSULTING SERVICES	EXECUTIVE
T5574	CARMAX AUTO SUPERSTORES, INC	30,451.85	COMPANY VEHICLE	CORPORATE SERVICES
T5392	THE KNOWLEDGE ACADEMY INC	30,155.00	CA PROJECT MANAGEMENT TRAINING	MIS ADMINISTRATION
T5687	IRISE EXECUTIVE COACHING LLC ****	30,000.00	EXECUTIVE RETREAT	ADMINISTRATION

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Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5429	JANE MACADAM	29,118.77	2022 HYBRID COMMUTING	COMPLIANCE
T4554	THE KEN BLANCHARD COMPANIES	28,845.93	LEADERSHIP TRAINING COURSES	HUMAN RESOURCES
T4982	NGC US, LLC	28,550.00	PREFUND MEMBER INCENTIVES - COVID 19 INCENTIVE PROGRAM	VARIOUS
T5329	RELAY NETWORK, LLC	28,333.35	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
T5583	THE MIHALIK GROUP, LLC	28,000.00	NCQA TRAINING	HEALTH SERVICES - QI
T5550	CHARTER COMMUNICATIONS OPERATING, LLC	26,003.39	INTERNET SERVICES	MIS INFRASTRUCTURE
T4731	GO TO TECHNOLOGY CONSULTING, LLC	25,062.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T5300	CENTRAL VALLEY OCCUPATION MEDICAL GROUP, INC	24,060.00	COVID-19 TESTING	HUMAN RESOURCES
T5317	PRESIDIO NETWORKED SOLUTIONS GROUP LLC	23,125.00	NUTANIX HARDWARE & SOFTWARE - SECURITY PROGRAM ASSESSMENT	MIS INFRASTRUCTURE
T5701	THE GRANGER NETWORK LLC ****	22,000.00	SUPERVISOR BOOTCAMP	ADMINISTRATION
T5201	JAC SERVICES, INC	21,962.17	AC MAINTENANCE & SERVICE	CORPORATE SERVICES
T3986	JACQUELYN S JANS ****	21,810.00	CONSULTING FOR KHS PUBLIC IMAGE CAMPAIGN	ADMINISTRATION/ MARKETING
T5684	REBELLIS GROUP LLC ****	21,500.00	MAPD BUSINESS CONSULTING	MEDICARE
T5578	KIMBERY A MARTIN ****	21,052.50	PROFESSIONAL SERVICES	UTILIZATION MANAGEMENT-UM
T4607	AGILITY RECOVERY SOLUTIONS INC ****	20,798.72	PROFESSIONAL SERVICES	ADMINISTRATION

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Vendor No.	Vendor Name	Year-to-Date	Description	Department
T1097	NCQA	20,580.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDITATION	HEALTH SERVICES - QI
T5535	PANAMA-BUENA VISTA UNION SCHOOL DISTRICT ****	20,000.00	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS
		<u>19,624,288.48</u>		
	TOTAL VENDORS OVER \$20,000	19,624,288.48		
	TOTAL VENDORS UNDER \$20,000	1,230,138.39		
	TOTAL VENDOR EXPENSES- APRIL	<u>\$ 20,854,426.87</u>		

Note:

****New vendors over \$20,000 for the month of April

Vendor Name	Contract Amount	Budgeted	Department	Department Head	Services that this vendor will provide to KHS	Effective Date	Termination Date
January							
Jacquelyn S. Jans	\$135,840.00	Yes	MRK	Louie Iturriria	Marketing & Corporate Image Consulting	1/2/2023	12/31/2024
HD Dynamics	\$50,000.00	Yes	PNM	Amisha Pannu	Consulting services for Microsoft Dynamics CRM	1/2/2023	12/31/2023
Rest and Reassure, LLC	\$144,000.00	Yes	PHM	Deb Murr	Consulting services for Cal-Aim & PHM dept requirements	1/2/2023	12/31/2023
BG Healthcare	\$189,000.00	Yes	PHM	Deb Murr	Consulting services	1/2/2023	12/23/2022
SHI	\$51,094.74	Yes	IT	Richard Pruitt	VMWare renewal	1/1/2023	12/31/2023
Catalyst	\$199,999.00	Yes	Exec	Michelle Oxford	D-SNP and related Medicare health plan resource	1/30/2023	6/2/2023
Jennifer Clancy	\$49,500.00	Yes	BH	Deb Murr	Behavioral Health Department Development	1/30/2023	5/30/2023
Lamar	\$69,115.56	Yes	MRK	Louie Iturriria	(6) Billboards for advertising	1/23/2023	6/30/2024
Cotiviti	\$175,000.00	Yes	QI	Jane Daughenbaugh	Medical record retrieval services	1/27/2023	5/31/2023
February							
Gartner	\$117,060.00	Yes	IT	Richard Pruitt	Executive Programs Member license for CIO	2/1/2023	1/31/2024
Language Line	\$75,000.00	Yes	HE	Isabel Silva	Interpreting services	2/28/2023	2/27/2024
Coffey Communications	\$120,000.00	Yes	HE	Isabel Silva	Printing agreement	2/15/2023	2/14/2024
Lifesigns	\$80,000.00	Yes	HE	Isabel Silva	ASL interpreting services	2/23/2023	2/22/2025
Entisys360	\$69,201.68	Yes	IT	Richard Pruitt	Nutanix Prod APP storage expansion	2/8/2023	2/7/2024
March							
GET Bus	\$72,900.00	Yes	MRK	Louie Iturriria	Four (4) King Kong outdoor advertisements	3/1/2023	6/30/2024
The Granger Network	\$110,000.00	Yes	HR	Anita Martin	Supervisor Bootcamp	3/31/2023	6/31/23
April							
Advanced Medical Reviews (AMR)	\$182,000.00	Yes	UM	Misty Dominguez	Peer to Peer Medical Reviews	4/1/2023	3/31/2025

2023 TECHNOLOGY CONSULTING RESOURCES																			
ITEM	PROJECT	CAP/EXP	BUDGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YTD	TOTAL	REMAINING BALANCE	
#	Project Name																		
1	Member Engagement	CA	\$158,500	\$23,832	\$22,640	\$26,215												\$72,687	\$85,813
2	DSNP MCAS Star Software	CA	\$158,500	\$0		\$0												\$0	\$158,500
3	Population Health Management	CA	\$301,000	\$34,348	\$32,436	\$38,231												\$105,015	\$195,985
4	DSNP JIVA Medicare Module	CA	\$81,750	\$0	\$0	\$0												\$0	\$81,750
5	Data Lineage and Cataloging System	CA	\$91,012	\$0	\$0	\$0												\$0	\$91,012
6	IT Staff Augmentation	EX	\$7,365,693	\$549,087	\$472,083	\$607,699												\$1,628,869	\$5,736,824
7	PM Staff Augmentation	EX	\$1,185,600	\$17,940	\$91,885	\$142,020												\$251,845	\$933,755
8	DSNP Staff Augmentation	EX	\$6,515,185	\$81,624	\$309,241	\$364,781												\$755,646	\$5,759,539
Totals:		Totals	\$15,857,240	\$706,831	\$928,285	\$1,178,946	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,814,062	\$13,043,178

Updated 5/25/23

**KERN HEALTH SYSTEMS
BOARD OF DIRECTORS
NEW VENDOR CONTRACTS
June 15, 2023**

Legal Name DBA	Specialty	Address	Comments	Contract Effective Date
PAC 05/03/2023				
Blood and Cancer Therapeutics, A Medical Corporation	Hematology/Oncology	4500 Morning Drive Ste. 105 Bakersfield CA	Existing Provider: Vinh-Linh Nguyen	6/1/2023
Windsor Arvin Healthcare LLC dba: Windsor Post-Acute Center of Arvin	SNF	323 Campus Drive Arvin CA		6/1/2023
Windsor Bakersfield Healthcare LLC dba: Windsor Post-Acute Center of Bakersfield	SNF	6212 Tudor Way Bakersfield CA		6/1/2023
PAC 06/07/2023				
Antelope Valley Neonatology Group	Neonatology (Hosp Based)	1600 W Avenue J Street Lancaster CA	*Hospital Based Providers - credentialing not applicable	7/1/2023
ART Med Trans Inc	Transportation	3022 N Hollywood Way Burbank CA		7/1/2023
Kern County Hospital Authority dba: Brundage Lane Navigation Center Recuperative Care Dorm	CSS - Recuperative Care	1900 E Brundage Lane Bakersfield CA	*Existing Contract / New Services	7/1/2023



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Martha Tasinga, MD, MPH, MBA
SUBJECT: Chief Medical Officer Report
DATE: June 15, 2023

BACKGROUND

The Chief Medical Officer's presentation provides an update on the Population Health Management (PHM) programs, clinical services utilizations, and MCAS Measures for the first quarter of 2023.

Included is Attached A – E with the detailed medical management performance dashboard.

REQUESTED ACTION

Receive and File

Chief Medical Officer Report

Board of Directors
June 15, 2023



Martha Tasinga, MD, MPH, MBA
Chief Medical Officer



Current: PHM Program

Population Health Management (PHM):

- Members at high risk of complex transitions when they change level of care.
 - 41 new high-risk members identified & all enrolled in transitions of care clinic
 - Benefit: members are contacted within 48hrs, seen within 7 days which helps reduce ER visit & readmission rates.
- ER Navigation program is a program at one of our hospital ER
 - 36 new members identified and enrolled in the ER Navigation program.
 - Plan to expand to another hospital
 - Benefit: Continuity & Coordination of Care.



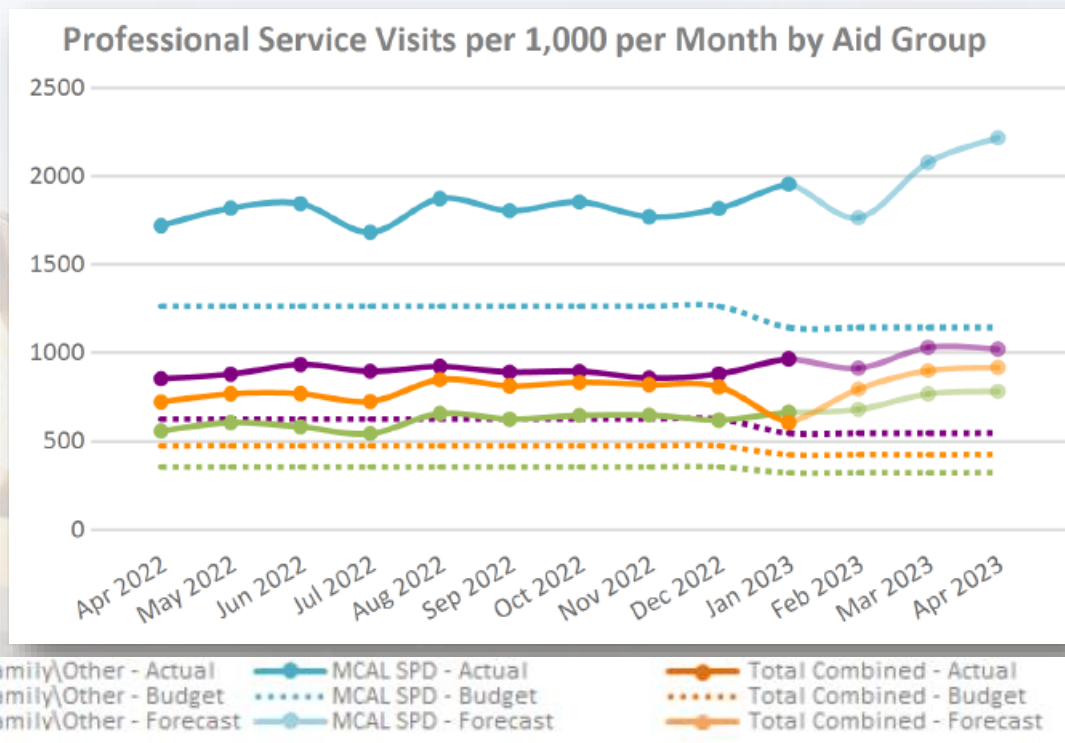
New: PHM Program

- Obesity, 33% of adults in Kern county are obese.
 - KHS identified 63,780 obese members (BMI > 35%)
 - 43,982 are Hispanic
 - 3,536 African Americans
 - 9,783 Caucasians
 - 4,740 unknown race or ethnicity
 - 52 % have hypertension and diabetes
 - Program developed, launching in Late June or early July 2023
 - Program focus is on managing obesity & helping reduce chronic conditions such as Hypertension & ESRD.
- Maternal Mental Health, 14 – 23% of women experience depression during pregnancy (1000 to 1150 at any time), 92 to 100/month
 - KHS Maternal Mental Health program started
 - 268 pregnant women called,
 - 98 unable to contact
 - Reached and completed 169 screenings for depression
 - 3 positive and referred to for case management



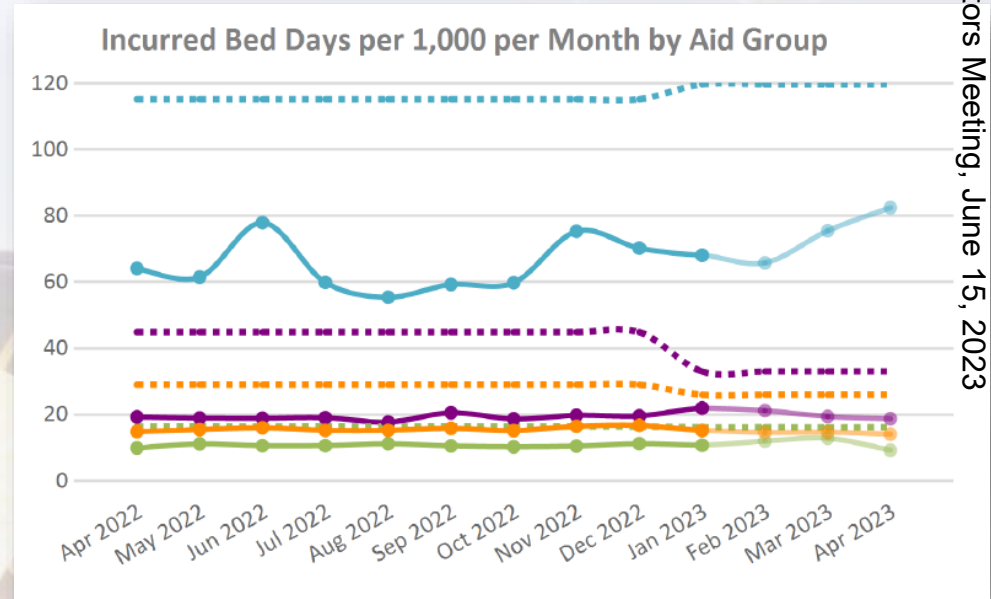
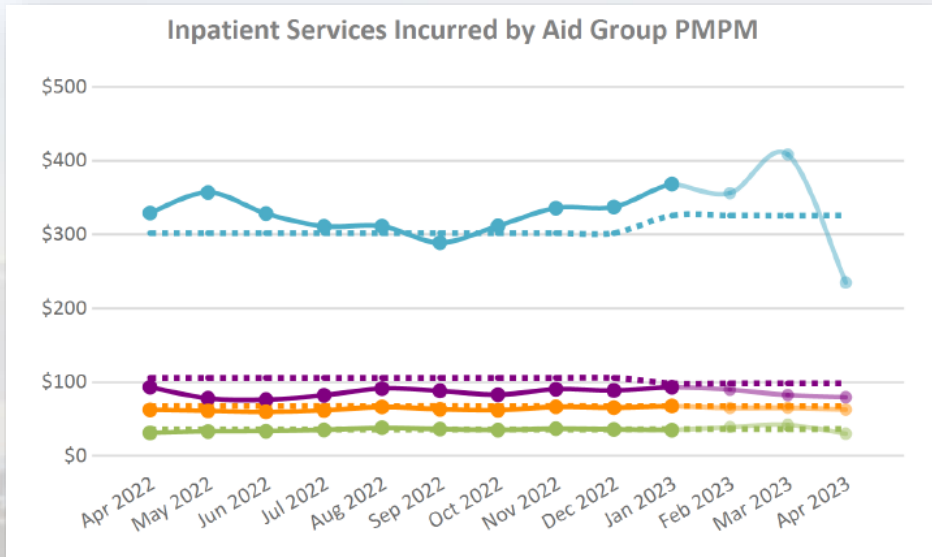
Professional Services Utilization

- SPDs >2000 visits per 1000 members per month
- Other Aid codes less than 1000 visits per 1000 members per month
- Cost per professional visit has remained stable
- Top 3 diagnosis
 - Hypertension
 - Diabetes
 - Chronic kidney /End Staged Renal Disease(ESRD)



Inpatient Utilization

Inpatient cost for all aid codes remained stable and close to projection for first quarter 2023



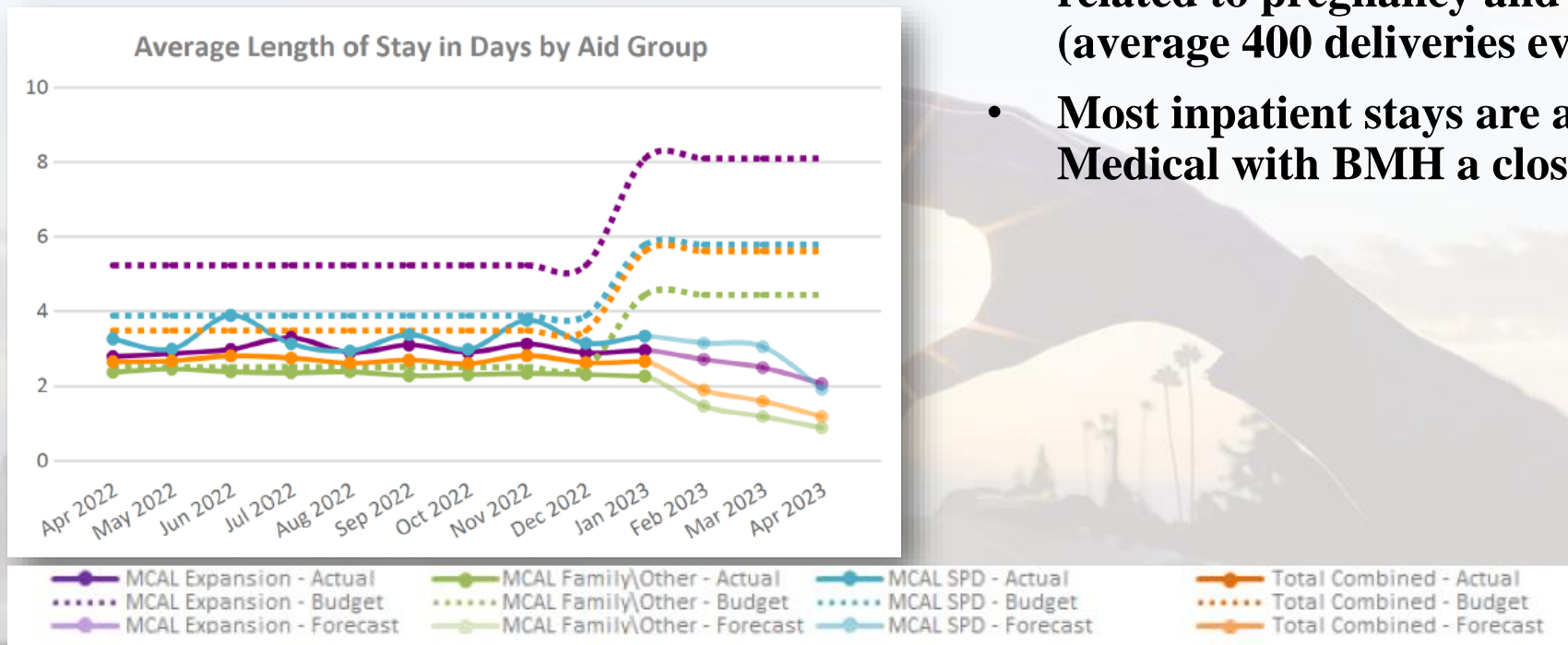
Bed days per 1000 members per month for the SPDs is trending up in the first quarter of 2023



Inpatient Utilization *continued*

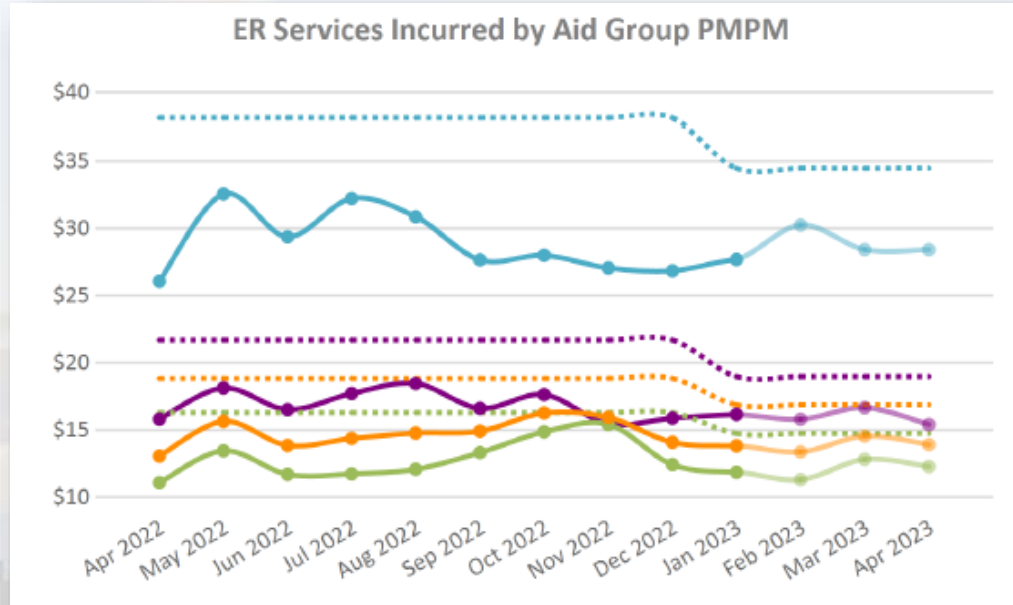
Overall average length of stay for all Aide codes in the Acute hospital is below our projections for the first quarter of 2023.

- **Top 4 reasons for inpatient stay are related to pregnancy and delivery. (average 400 deliveries every month)**
- **Most inpatient stays are at Kern Medical with BMH a close second**



Emergency Room Visits

Below projections for all AID codes

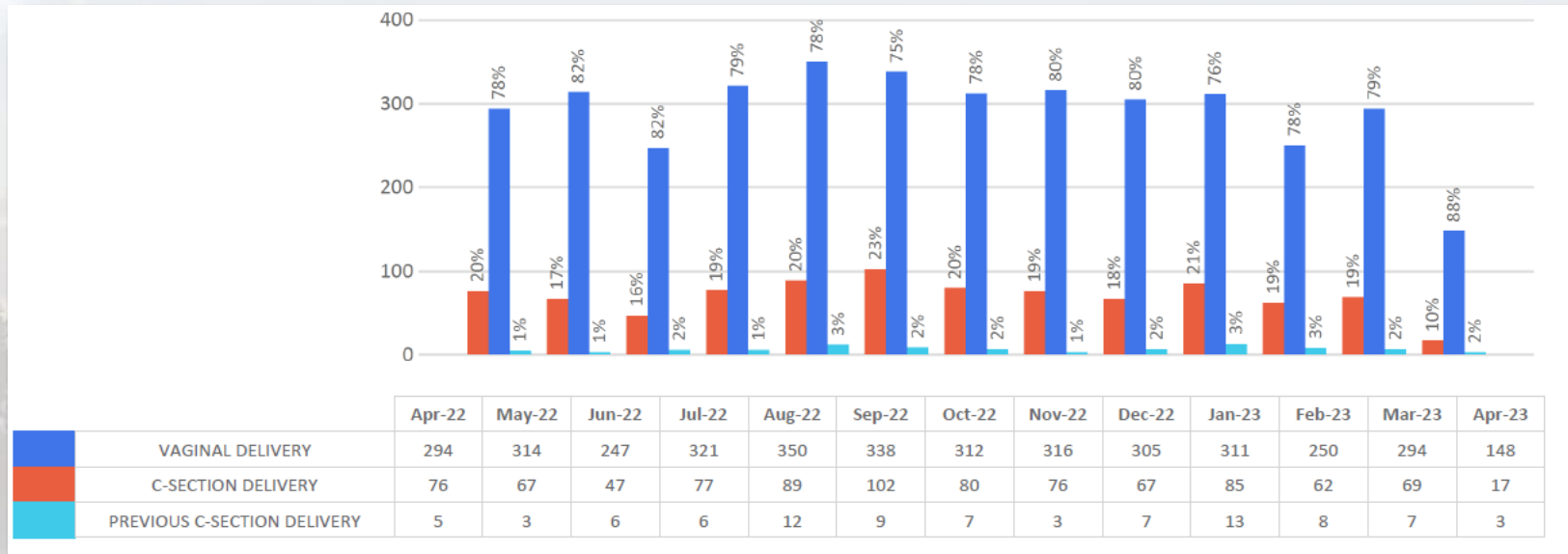


- Top diagnoses for ED visit in descending order of frequency
 - Upper respiratory infections followed by
 - Urinary tract infections.



OB Services

- Primary C/Section average for 2023 first quarter is 19% compared to CA goal of 23%
- Top hospitals for deliveries
 - Bakersfield memorial hospital
 - Kern Medical Hospital



Medi-Cal Managed Care Accountability (MCAS) Update



MCAS Providers Focus Interventions

- Monthly KHS Provider Partnership Webinar was held on May 3rd, 2023
 - At least 50 offices participated
- EMR access and cross walking data to reflect real-time compliance is ongoing



Member Focus Interventions

- Baby Steps Program. Monthly education guides are sent to pregnant members prenatal and postpartum care 1st Quarter 2023,
- Social Media Posts educating and encouraging members to schedule preventative health care screenings (5/15/23 “what is a healthy weight?”; 5/29/2023 “Do adults need Vaccines?”)
- Member outreach continuing for members aging out of measures
- KHS Partnered with Bakersfield City School District’s (BCSD) Wellness Center for immunizations
 - KHS provided a pair of movie tickets to each student to encourage participation in BCSD’s immunization clinic days in May 2023
 - 296 children got the required T-Dap booster



MCAS Measures: How are we doing?

- **1** measure meeting MPL
 - Asthma Medication Ratio
- **11** measures compliance rate increase from last year this time
- **4** measures compliance rate slightly below from last year this time
 - Stratification of the data by ages, the outreach team prioritize calling members aging out of measures (WCV, CIS-10, IMA-2, LSC.W30)
 - Continuing Outreach to members within the 45 days of aging out and schedule doctor's visits for preventative health care services.
- **2** new measures for 2023
 - Developmental Screening in the First 3 Years of Life | CDEV
 - Prevention: Topical Fluoride for Children | TFLCH

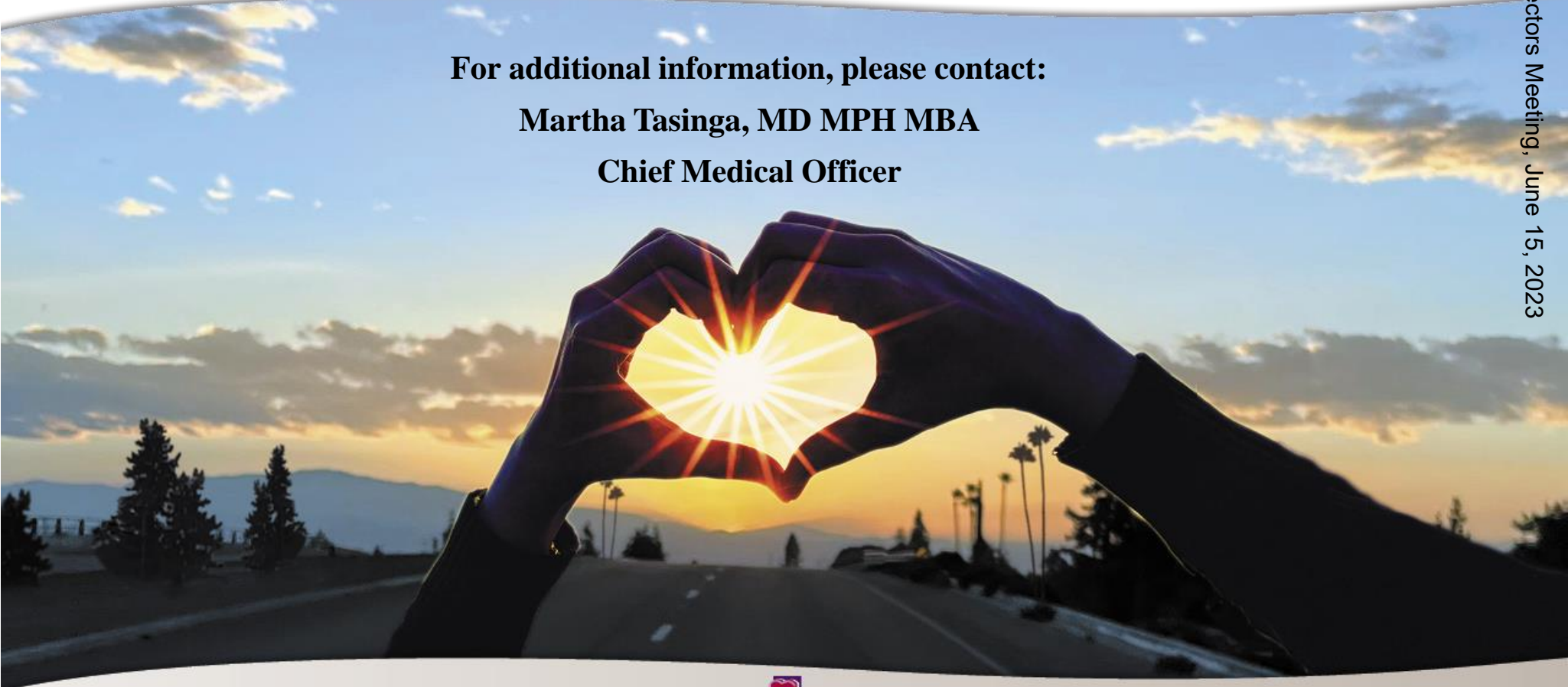


You + Us = a better day!

For additional information, please contact:

Martha Tasinga, MD MPH MBA

Chief Medical Officer



Kern Health Systems

KHS Medical Management Performance Dashboard (Critical Performance Measurements)

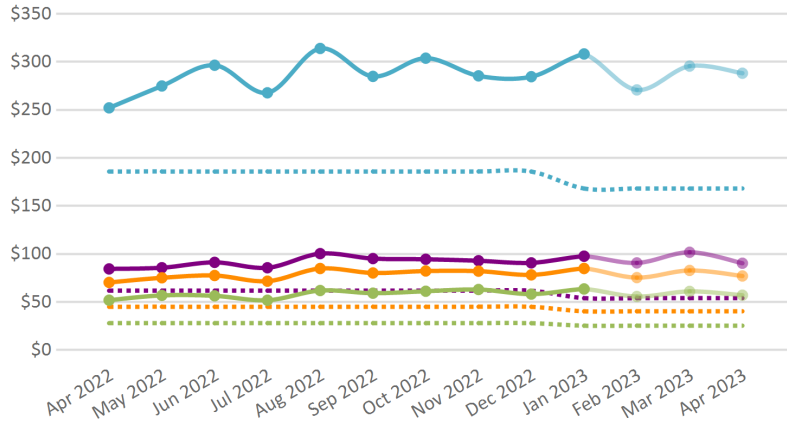


Physician Services

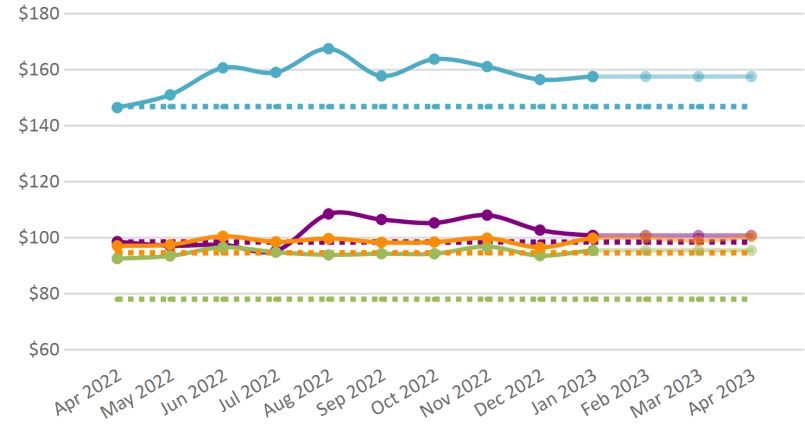
(Includes: Primary Care Physician Services, Referral Specialty Services, Other Professional Services and Urgent Care)

- 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

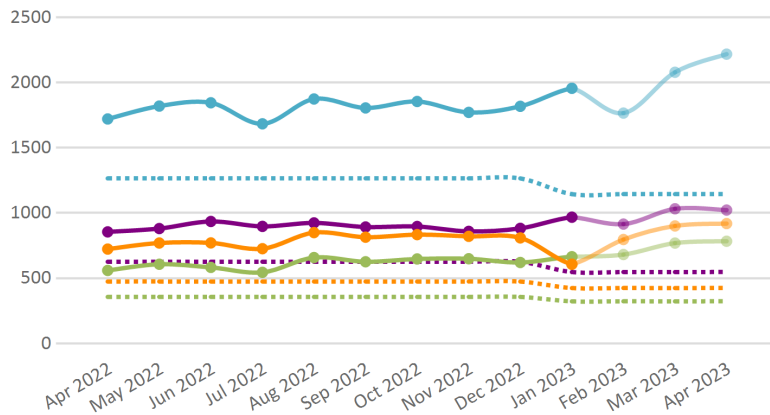
Professional Services Incurred by Aid Group PMPM



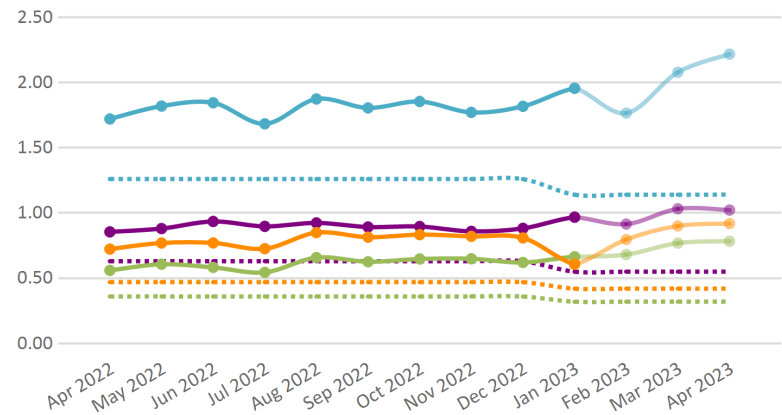
Cost per Professional Service Visit by Aid Group



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



Professional Service Visits per Member per Month by Aid Group



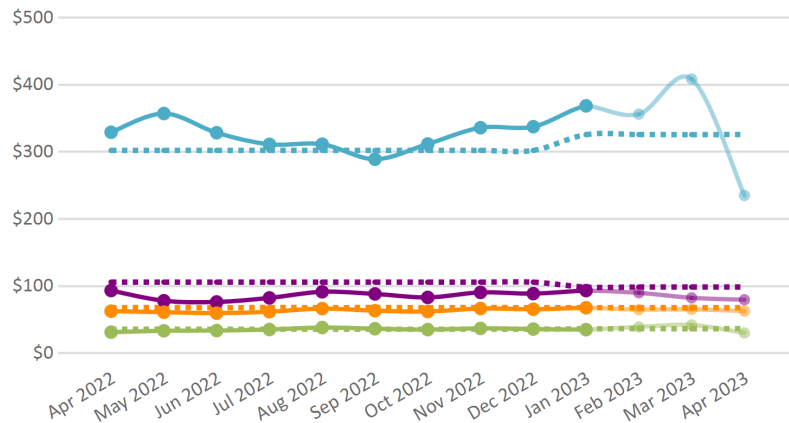


Inpatient

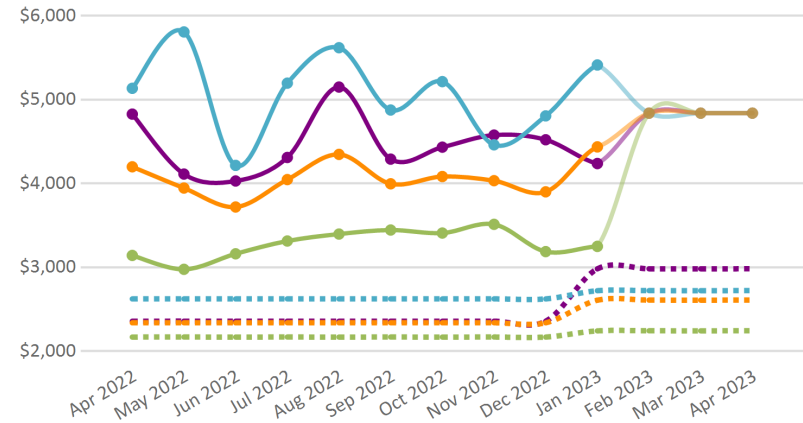
(Includes: Inpatient Hospital Claims)

- 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

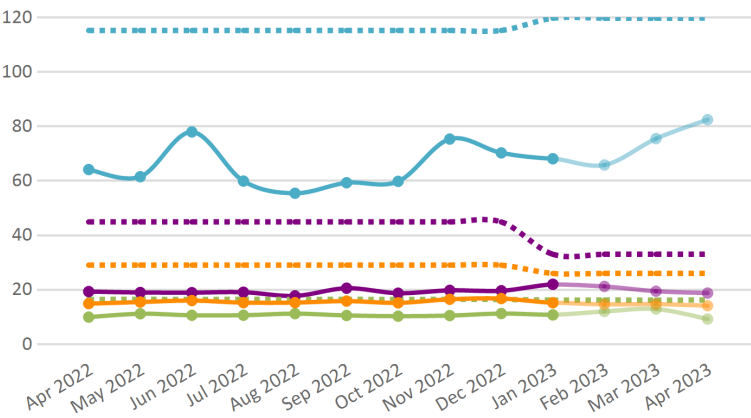
Inpatient Services Incurred by Aid Group PMPM



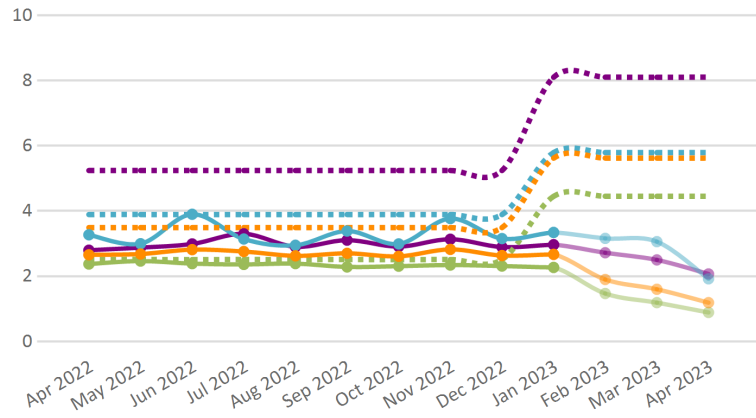
Cost Per Bed Day by Aid Group



Incurred Bed Days per 1,000 per Month by Aid Group



Average Length of Stay in Days by Aid Group

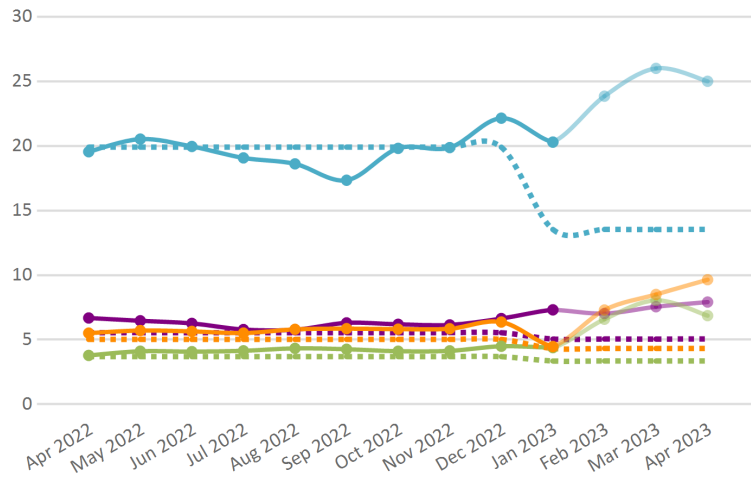


Inpatient

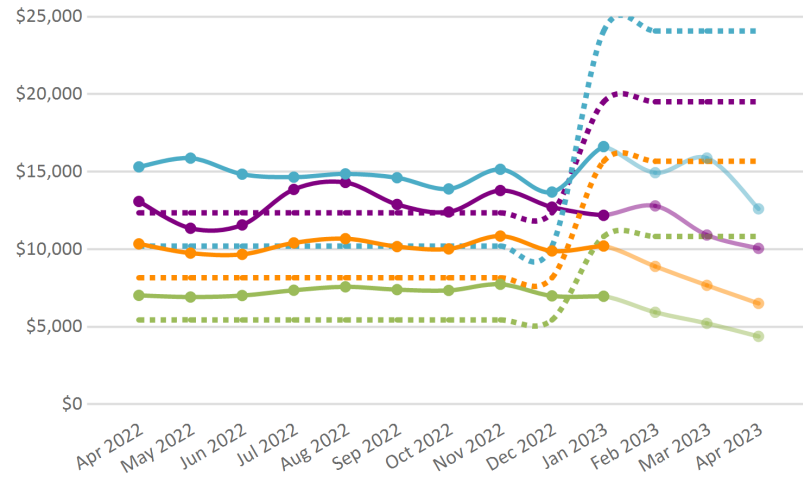
(Includes: Inpatient Hospital Claims)

- 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

Incurred Admits per 1,000 per Month by Aid Group



Cost per Admit by Aid Group



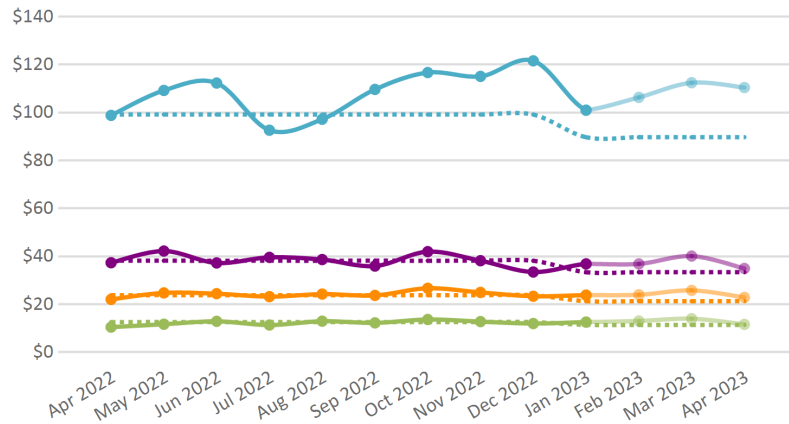


Outpatient Hospital

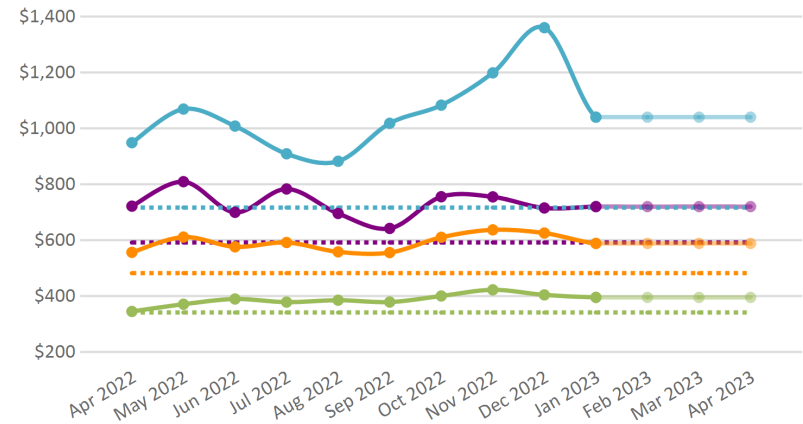
(Includes: Outpatient Diagnostic, Outpatient Surgery, Outpatient Observation, and Outpatient Other)

- 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

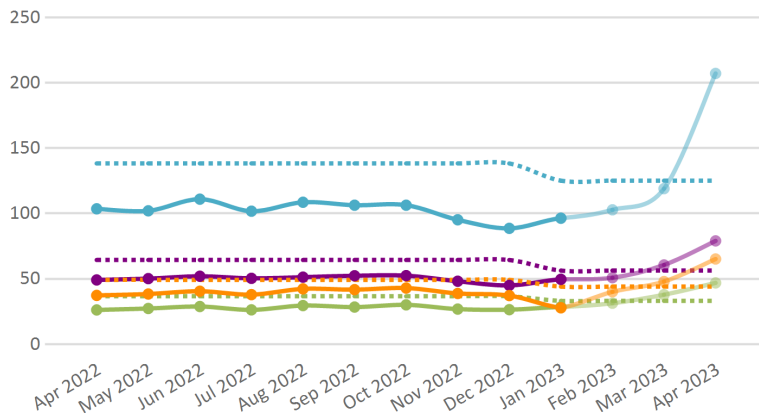
Outpatient Services Incurred by Aid Group PMPM



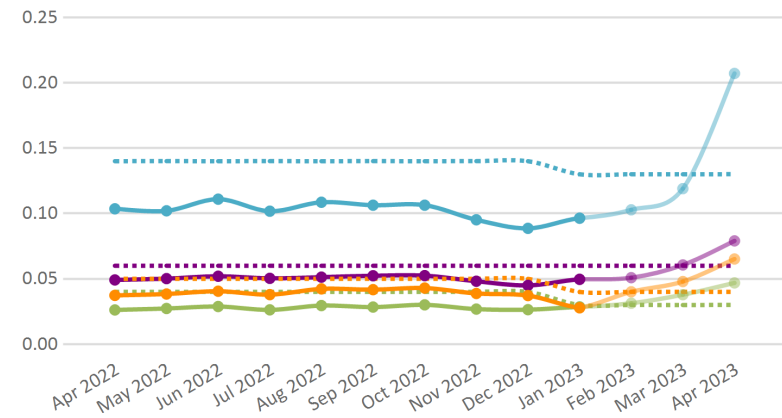
Cost Per Outpatient Visit by Aid Group



Outpatient Visits per 1,000 per Month by Aid Group



Outpatient Visits per Member per Month by Aid Group

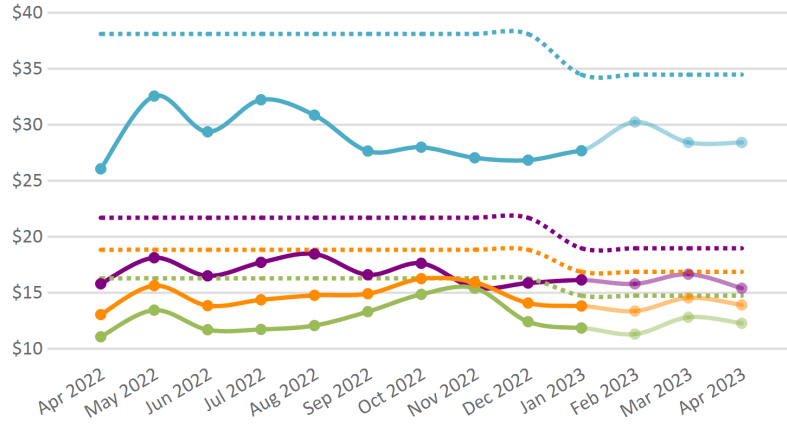




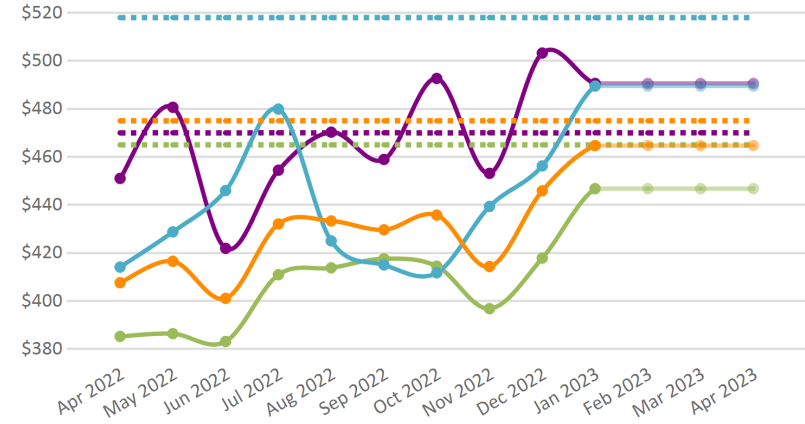
Emergency Room

- 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

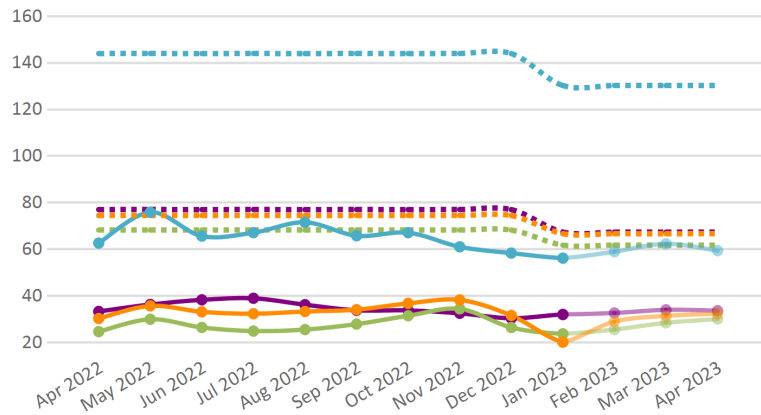
ER Services Incurred by Aid Group PMPM



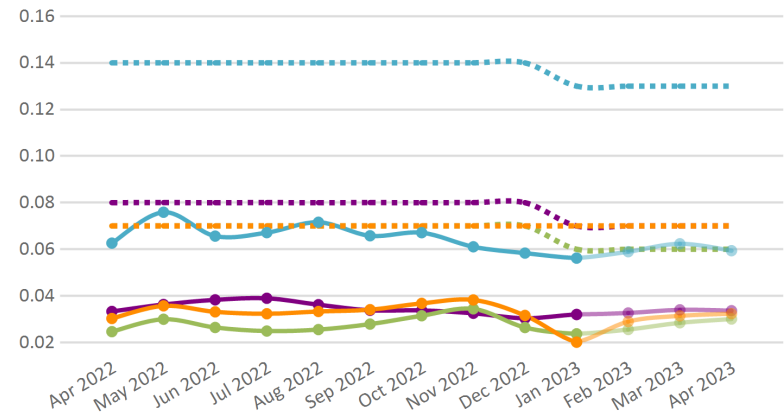
Cost Per ER Visit by Aid Group



ER Visits per 1,000 per Month by Aid Group

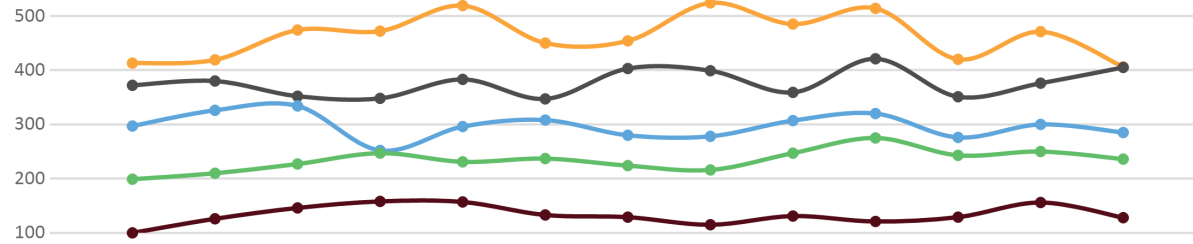



ER Visits per Member per Month by Aid Group

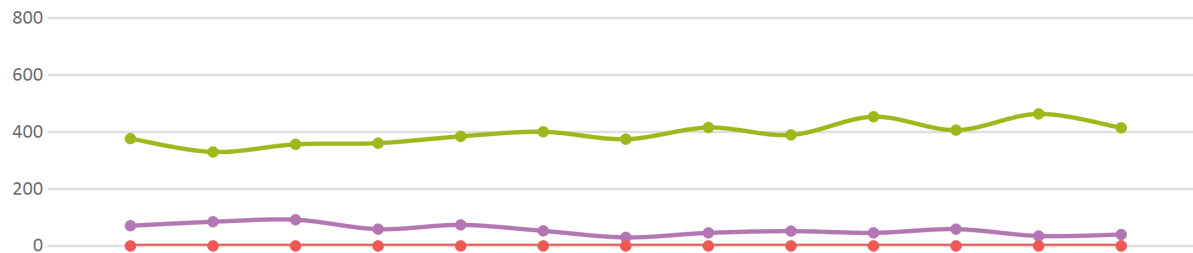





Governed Reporting System

Inpatient Admits by Hospital

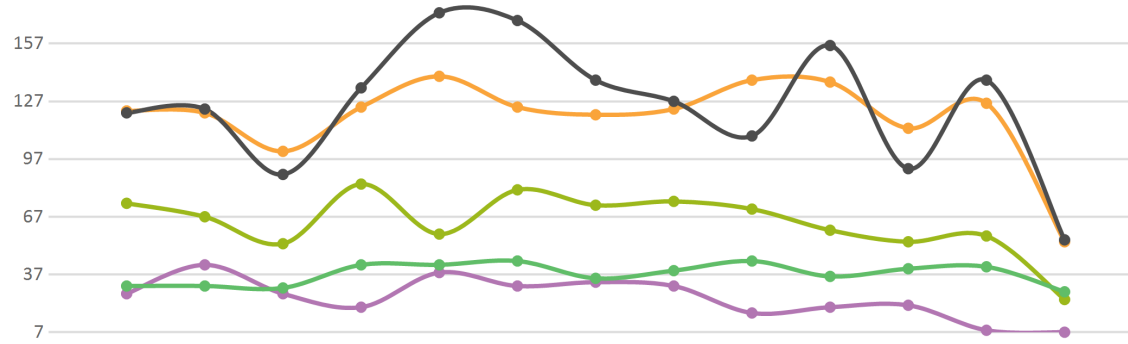


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
 KERN MEDICAL	413	419	474	472	519	450	454	524	485	514	420	471	406
 BAKERSFIELD MEMORIAL	372	380	352	348	383	347	403	399	359	421	351	376	405
 ADVENTIST HEALTH	297	326	334	252	296	308	280	278	307	320	276	300	285
 MERCY HOSPITAL	199	210	227	247	231	237	224	216	247	275	243	250	236
 GOOD SAMARITAN HOSPITAL	100	126	146	158	157	133	129	115	131	121	129	156	128

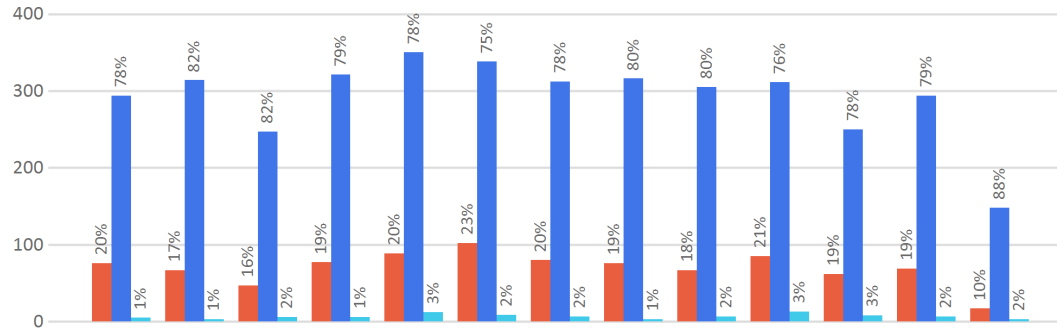


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
 DELANO REGIONAL HOSPITAL	71	85	92	59	74	53	30	46	52	46	59	35	40
 OUT OF AREA	377	330	357	361	385	401	375	416	390	454	407	464	415
 BAKERSFIELD HEART HOSP	22	37	42	34	44	31	34	34	37	33	47	45	44

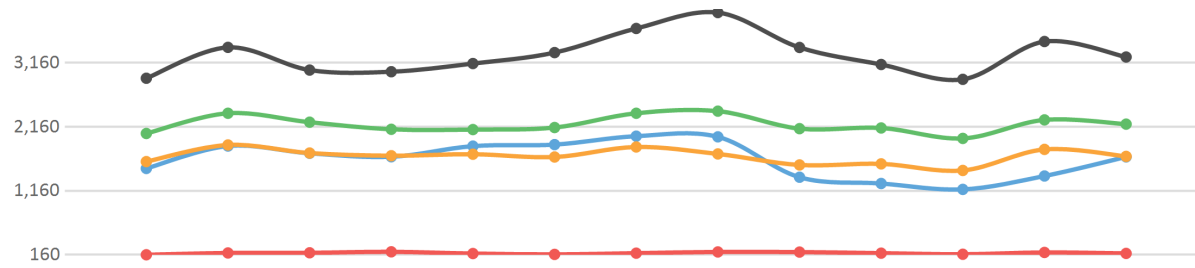
Obstetrics Metrics



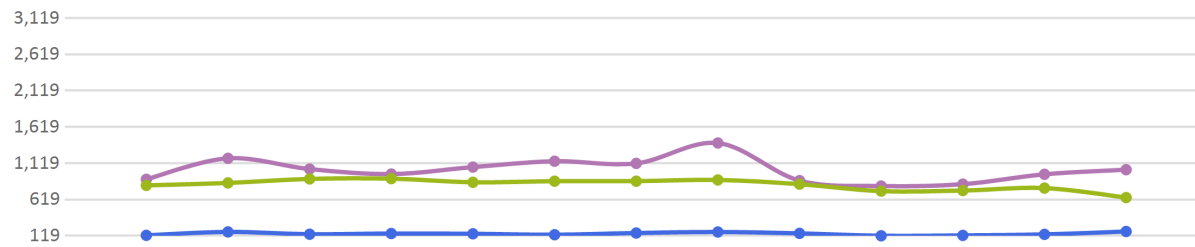
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
BAKERSFIELD MEMORIAL	121	123	89	134	173	169	138	127	109	156	92	138	55
KERN MEDICAL	122	121	101	124	140	124	120	123	138	137	113	126	54
OTHER	74	67	53	84	58	81	73	75	71	60	54	57	24
MERCY HOSPITAL	31	31	30	42	42	44	35	39	44	36	40	41	28
DELANO REGIONAL HOSPITAL	27	42	27	20	38	31	33	31	17	20	21	8	7






	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
VAGINAL DELIVERY	294	314	247	321	350	338	312	316	305	311	250	294	148
C-SECTION DELIVERY	76	67	47	77	89	102	80	76	67	85	62	69	17
PREVIOUS C-SECTION DELIVERY	5	3	6	6	12	9	7	3	7	13	8	7	3

Governed Reporting System
Emergency Visits by Hospital


		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
	BAKERSFIELD MEMORIAL	2,919	3,402	3,047	3,021	3,149	3,320	3,697	3,946	3,400	3,134	2,902	3,493	3,251
	MERCY HOSPITAL	2,056	2,372	2,232	2,121	2,117	2,149	2,372	2,405	2,131	2,142	1,979	2,268	2,202
	KERN MEDICAL	1,616	1,876	1,750	1,708	1,732	1,688	1,845	1,736	1,564	1,581	1,478	1,807	1,698
	ADVENTIST HEALTH	1,509	1,860	1,746	1,692	1,858	1,882	2,014	2,003	1,372	1,274	1,182	1,391	1,690
	BAKERSFIELD HEART HOSP	160	188	191	206	179	166	185	204	202	185	168	196	181



		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
	DELANO REGIONAL HOSPITAL	897	1,186	1,038	969	1,065	1,146	1,116	1,397	879	804	830	966	1,029
	OUT OF AREA	813	847	902	906	856	871	871	888	830	734	742	776	645
	KERN VALLEY HEALTHCARE	125	172	140	150	146	133	157	171	152	119	124	138	178

Asthma Medication Ratio

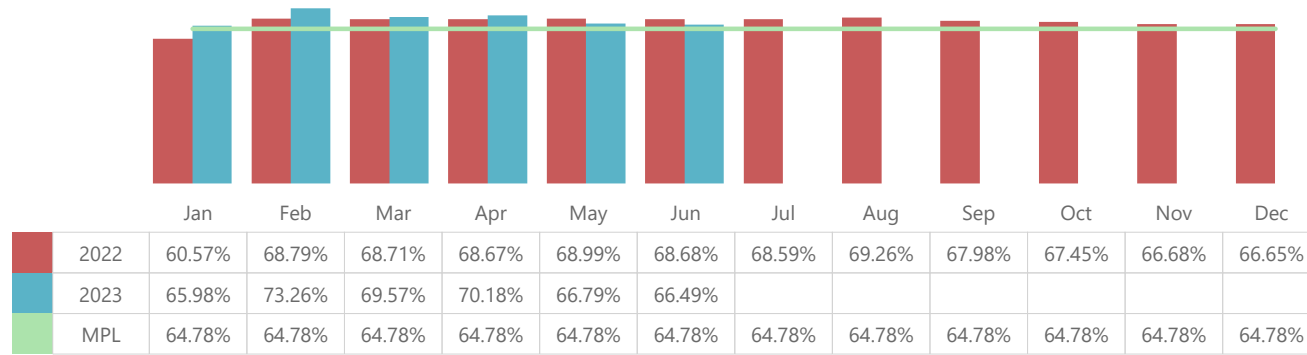
The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

AMR

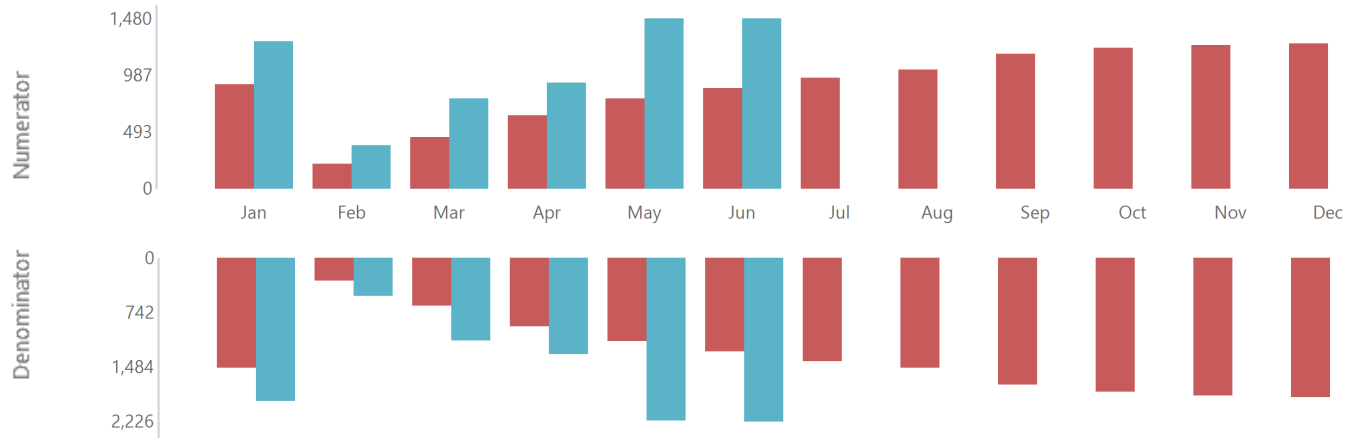
Hits needed for MPL

0

Rate: 66.79%
MPL: 64.78%



$$\frac{1,480}{2,216}$$



Breast Cancer Screening

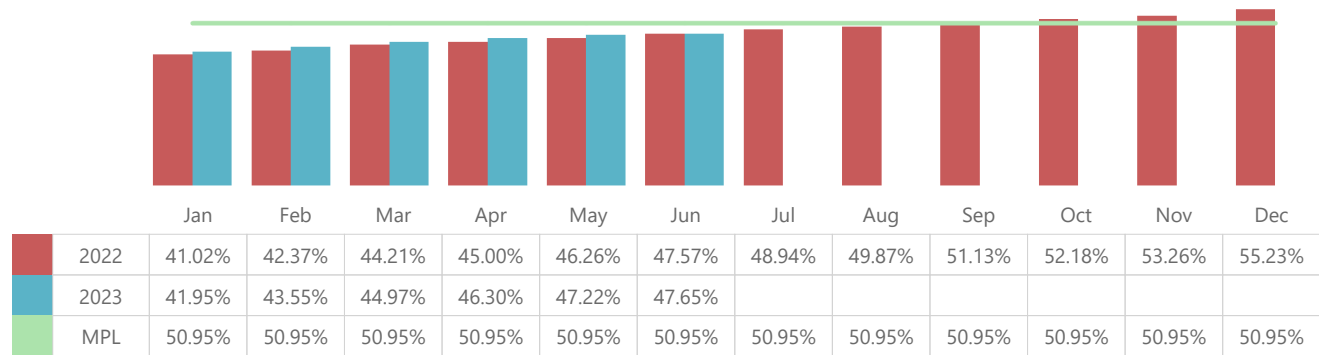
The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer. Measurement period: January 1–December 31.

BCS

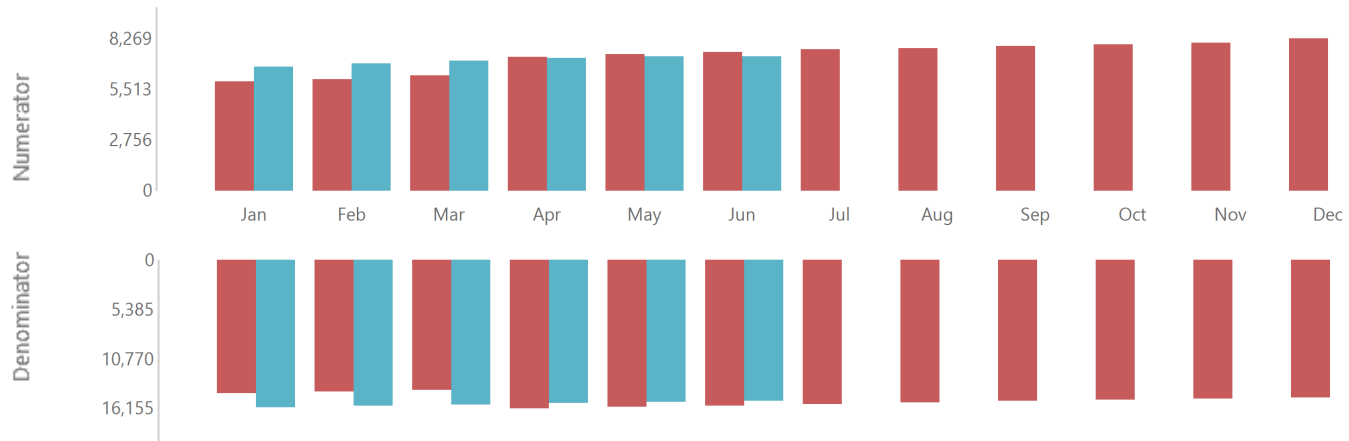
Hits needed for MPL

576

Rate: 47.22%
MPL: 50.95%



$$\frac{7,301}{15,462}$$



Cervical Cancer Screening

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: • Women 21–64 years of age who had cervical cytology performed within the last 3 years. • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

CCS

Hits needed for MPL

5,830

Rate: 47.38%
MPL: 57.64%

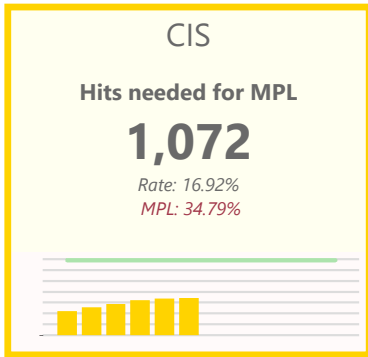
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	39.22%	39.89%	41.06%	41.99%	43.02%	43.93%	45.00%	46.02%	47.04%	47.87%	48.87%	50.46%
2023	43.40%	44.19%	45.37%	46.35%	47.38%	47.70%						
MPL	57.64%	57.64%	57.64%	57.64%	57.64%	57.64%	57.64%	57.64%	57.64%	57.64%	57.64%	57.64%

26,936
 56,846



Childhood Immunization Status

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	11.82%	13.21%	14.37%	15.35%	16.00%	17.27%	17.58%	17.76%	18.04%	18.43%	18.94%	19.15%
2023	11.04%	12.93%	14.34%	16.13%	16.92%	17.09%						
MPL	34.79%	34.79%	34.79%	34.79%	34.79%	34.79%	34.79%	34.79%	34.79%	34.79%	34.79%	34.79%

$$\frac{1,015}{6,000}$$



Immunizations for Adolescents

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

IMA

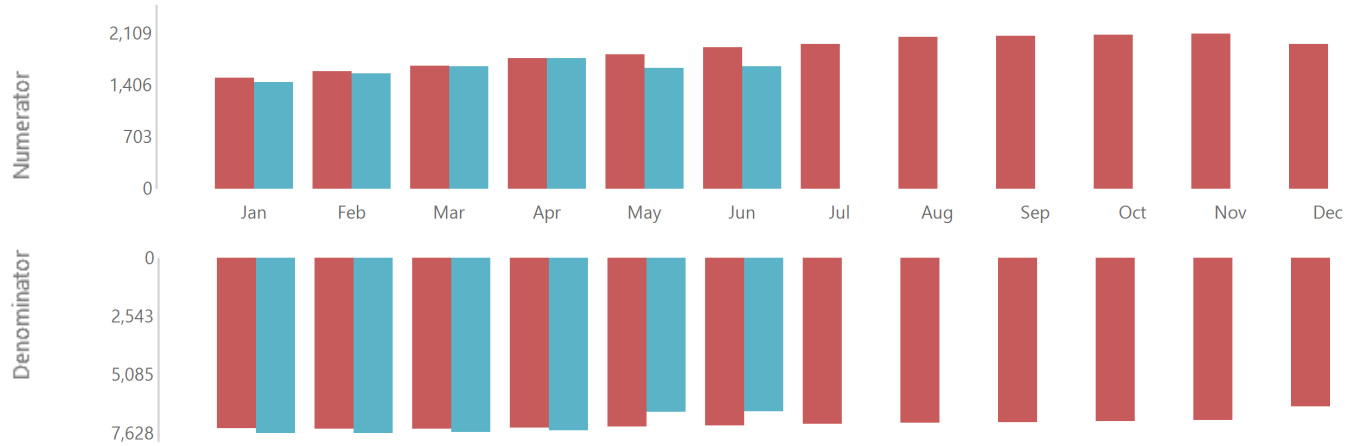
Hits needed for MPL

704

Rate: 24.51%
MPL: 35.04%

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2022	20.30%	21.45%	22.40%	24.07%	24.81%	26.36%	27.21%	28.75%	29.12%	29.51%	29.85%	30.38%
	2023	18.94%	20.59%	21.93%	23.64%	24.51%	24.88%						
	MPL	35.04%	35.04%	35.04%	35.04%	35.04%	35.04%	35.04%	35.04%	35.04%	35.04%	35.04%	35.04%

$$\frac{1,641}{6,695}$$



Chlamydia Screening in Women

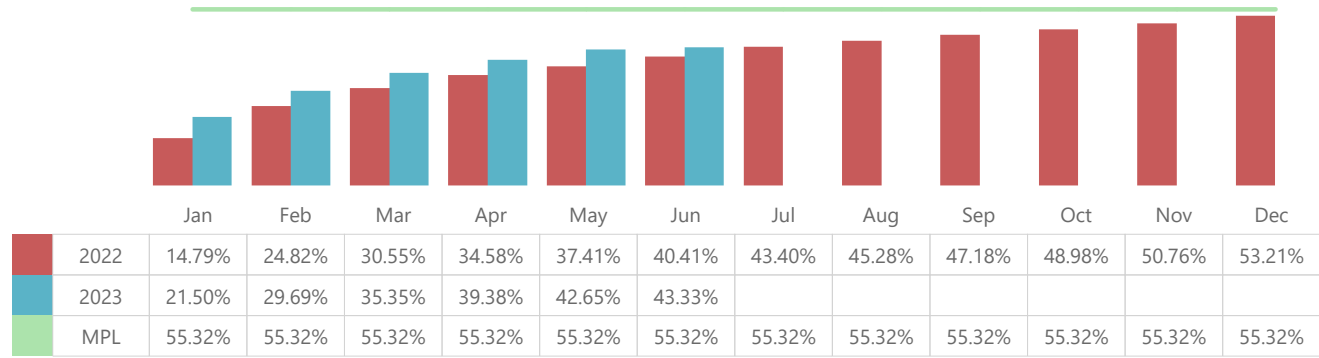
The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

CHL Adults and Peds

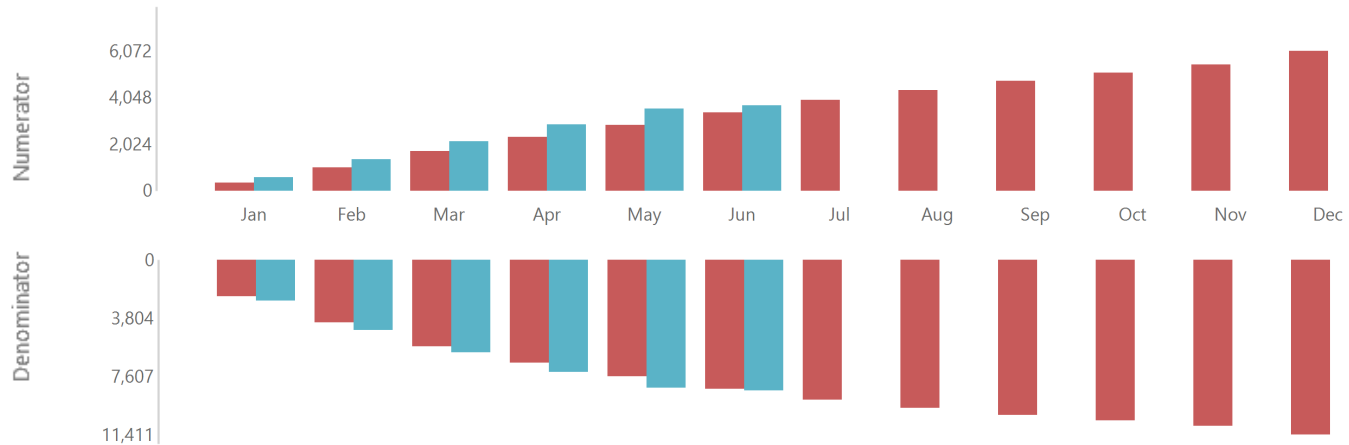
Hits needed for MPL

1,060

Rate: 42.65%
MPL: 55.32%



$$\frac{3,568}{8,366}$$



Lead Screening in Children

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

LSC

Hits needed for MPL

690

Rate: 52.51%

MPL: 63.99%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	36.86%	38.64%	39.76%	40.86%	42.27%	43.30%	44.18%	45.11%	45.79%	46.32%	46.50%	46.89%
2023	42.64%	46.09%	48.51%	50.07%	52.51%	52.86%						
MPL	63.99%	63.99%	63.99%	63.99%	63.99%	63.99%	63.99%	63.99%	63.99%	63.99%	63.99%	63.99%

$$\frac{3,160}{6,018}$$



Child and Adolescent Well-Care Visits

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

WCV

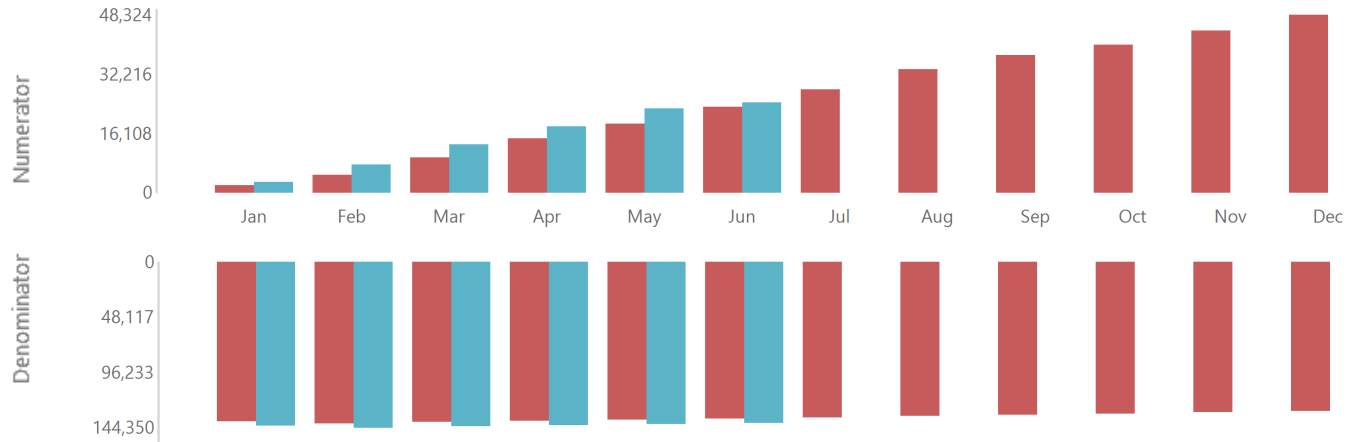
Hits needed for MPL

46,223

Rate: 16.22%
MPL: 48.93%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	1.40%	3.48%	6.86%	10.65%	13.63%	17.12%	20.70%	24.94%	28.04%	30.42%	33.70%	37.20%
2023	1.98%	5.24%	9.16%	12.62%	16.22%	17.50%						
MPL	48.93%	48.93%	48.93%	48.93%	48.93%	48.93%	48.93%	48.93%	48.93%	48.93%	48.93%	48.93%

$$\frac{22,930}{141,331}$$



Controlling High Blood Pressure

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

CBP

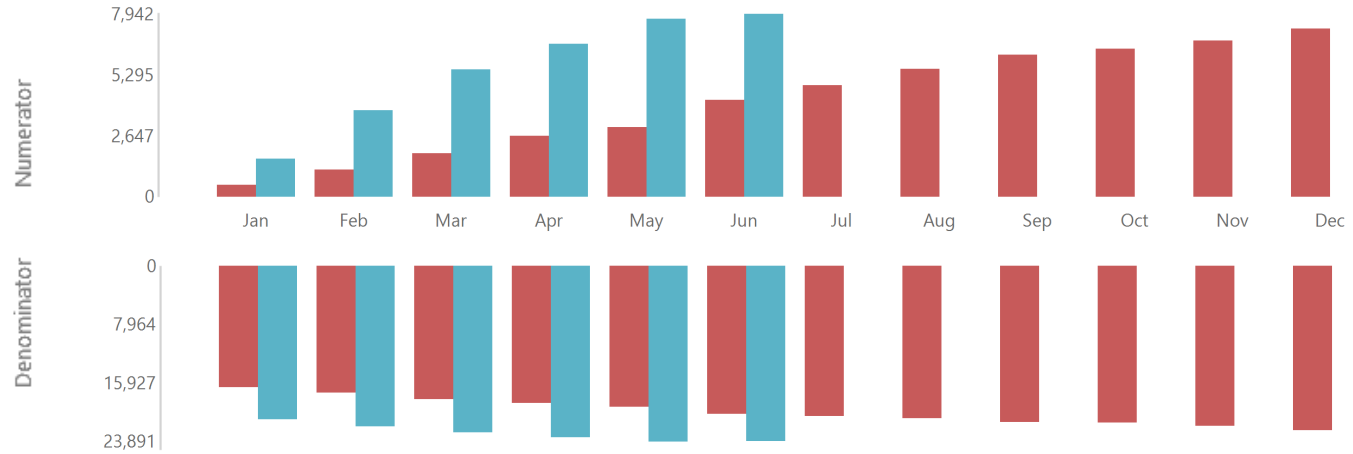
Hits needed for MPL

6,568

Rate: 32.36%
MPL: 59.85%

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2022	3.15%	6.84%	10.37%	14.12%	15.74%	20.90%	23.71%	26.81%	29.00%	30.22%	31.16%	32.66%
	2023	7.85%	17.19%	24.42%	28.47%	32.36%	33.31%						
	MPL	59.85%	59.85%	59.85%	59.85%	59.85%	59.85%	59.85%	59.85%	59.85%	59.85%	59.85%	59.85%

$$\frac{7,730}{23,891}$$



Well-Child Visits in the First 30 Months of Life

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.

W30 0 - 15 Months

Hits needed for MPL

826

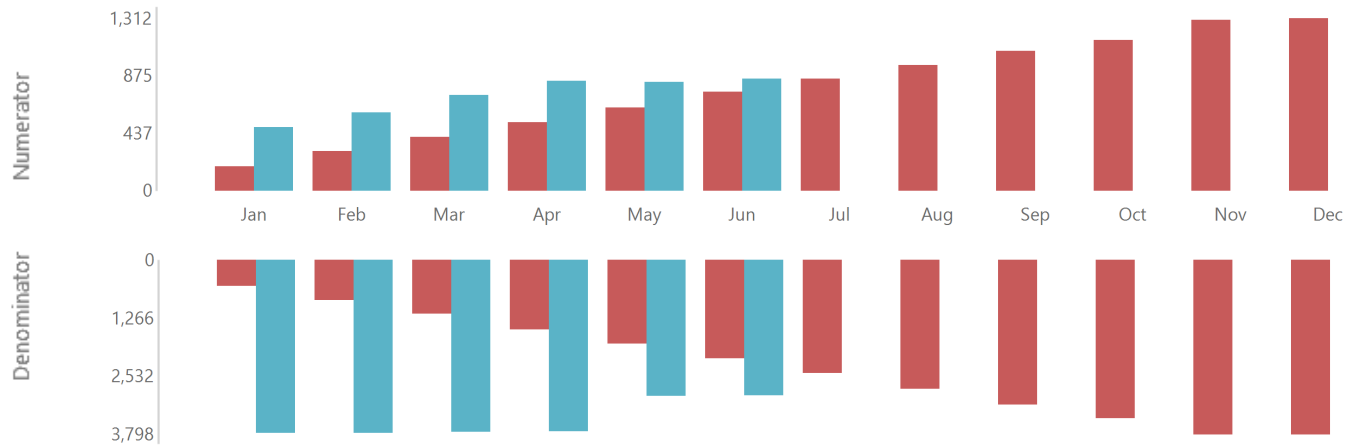
Rate: 27.87%

MPL: 55.72%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	32.16%	33.90%	34.52%	34.32%	34.65%	35.01%	34.61%	34.04%	33.68%	33.24%	34.25%	34.54%
2023	12.79%	15.81%	19.48%	22.46%	27.87%	28.90%						
MPL	55.72%	55.72%	55.72%	55.72%	55.72%	55.72%	55.72%	55.72%	55.72%	55.72%	55.72%	55.72%

827

2,967



Well-Child Visits in the First 30 Months of Life

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

W30 15 - 30 Months

Hits needed for MPL

671

Rate: 55.58%
MPL: 65.83%

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2022	41.60%	44.67%	46.61%	48.86%	50.34%	51.49%	52.65%	53.34%	53.95%	54.28%	54.84%	54.92%
	2023	42.49%	46.54%	50.24%	53.15%	55.58%	56.29%						
	MPL	65.83%	65.83%	65.83%	65.83%	65.83%	65.83%	65.83%	65.83%	65.83%	65.83%	65.83%	65.83%

3,638

6,546



Prenatal and Postpartum Care

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

PPC Pre

Hits needed for MPL

1,569

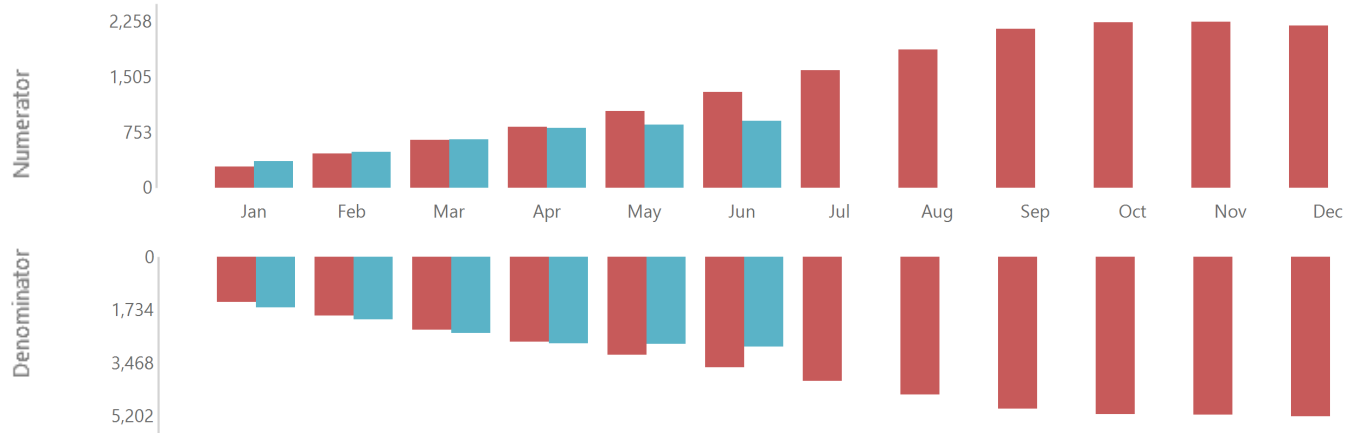
Rate: 30.12%

MPL: 85.40%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	19.31%	24.03%	27.18%	29.76%	32.61%	36.01%	39.28%	41.75%	43.53%	43.77%	43.84%	42.39%
2023	21.77%	23.83%	26.43%	28.58%	30.12%	30.84%						
MPL	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%	85.40%

855

2,839



Prenatal and Postpartum Care

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

PPC Post

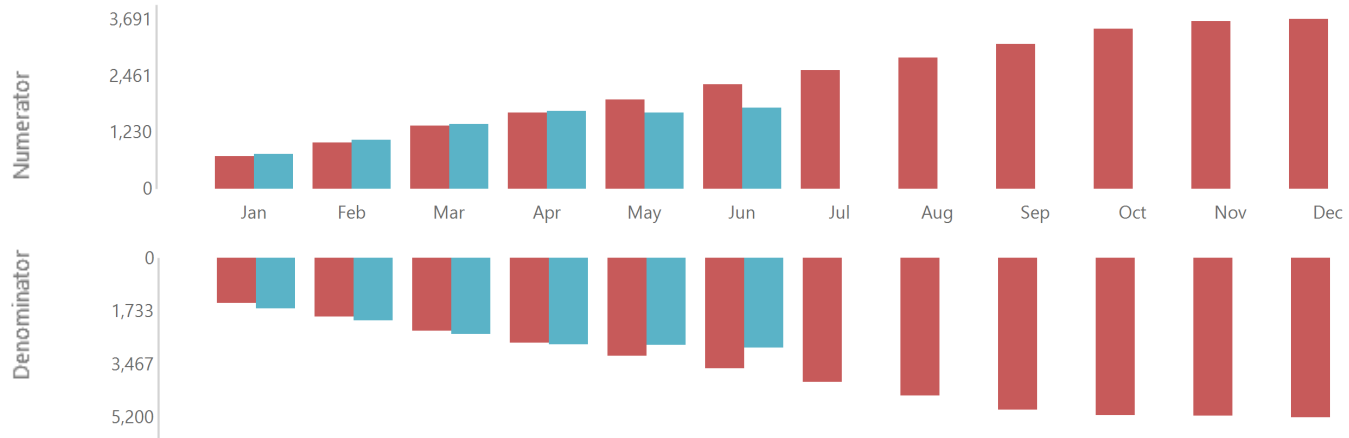
Hits needed for MPL

547

Rate: 58.08%
MPL: 77.37%

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2022	47.86%	52.61%	57.76%	59.93%	60.53%	62.79%	63.38%	63.38%	63.38%	67.57%	70.79%	70.98%
	2023	45.41%	52.00%	56.72%	59.55%	58.08%	60.25%						
	MPL	77.37%	77.37%	77.37%	77.37%	77.37%	77.37%	77.37%	77.37%	77.37%	77.37%	77.37%	77.37%

$$\frac{1,649}{2,839}$$



Follow-Up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days of the ED visit.

FUM 30 Day Follow-up

Hits needed for MPL

111

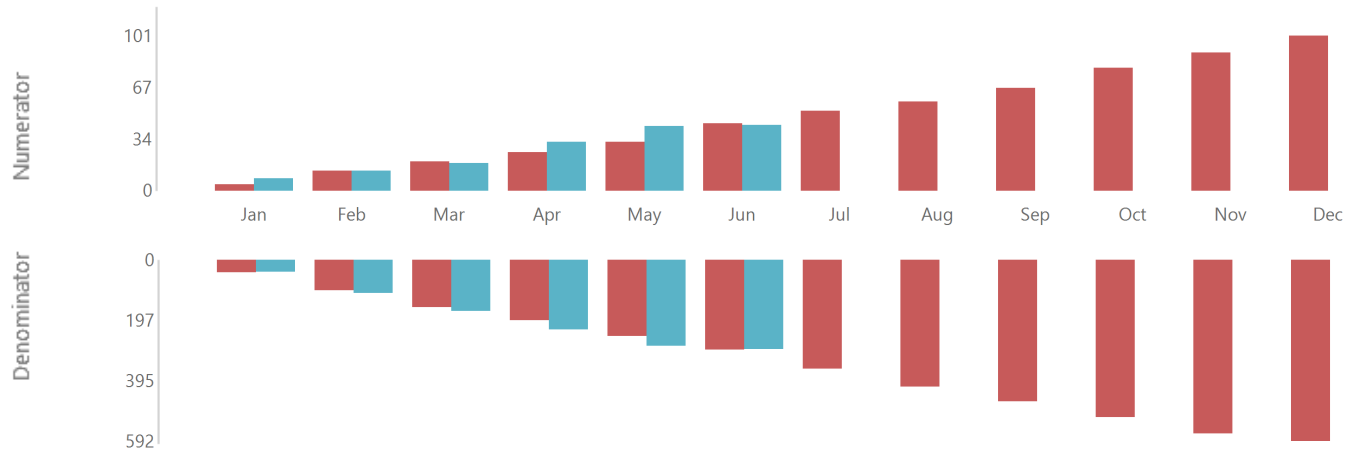
Rate: 14.95%

MPL: 54.51%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	9.76%	13.00%	12.34%	12.69%	12.90%	14.97%	14.61%	13.98%	14.47%	15.56%	15.87%	17.06%
2023	20.51%	11.93%	10.78%	14.10%	14.95%	14.73%						
MPL	54.51%	54.51%	54.51%	54.51%	54.51%	54.51%	54.51%	54.51%	54.51%	54.51%	54.51%	54.51%

42

281



Follow-Up After Emergency Department Visit for Substance Use

The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit.

FUA 30 Day Follow-up

Hits needed for MPL

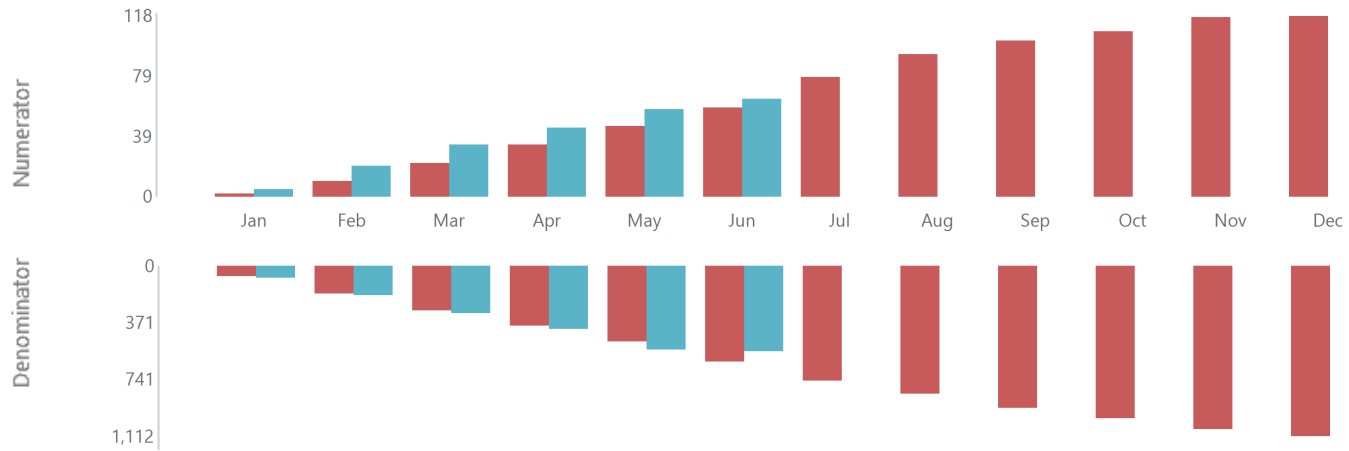
59

Rate: 10.42%
MPL: 21.24%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	3.03%	5.49%	7.59%	8.70%	9.29%	9.27%	10.41%	11.11%	10.98%	10.84%	10.99%	10.61%
2023	6.41%	10.36%	11.04%	10.87%	10.42%	11.45%						
MPL	21.24%	21.24%	21.24%	21.24%	21.24%	21.24%	21.24%	21.24%	21.24%	21.24%	21.24%	21.24%

57

547



Hemoglobin A1c Testing & Control for Patients With Diabetes

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c Control (<8.0%).
- HbA1c Poor Control (>9.0%).

Inverted Measure - a lower rate is desired for this measure.

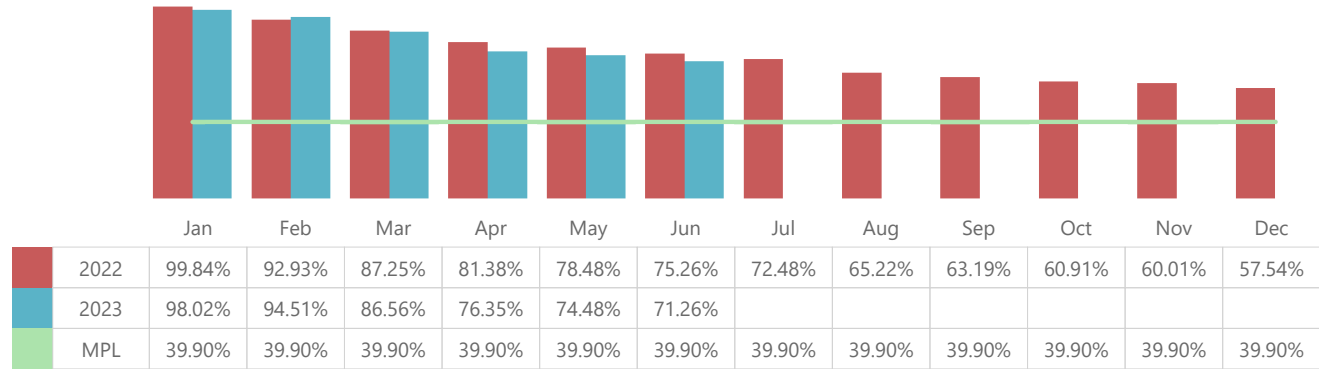
HBD HBA1C >9%

Hits needed for MPL

5,157

Rate: 74.48%

MPL: 39.90%



11,109

 14,915



New Measure for 2023

Developmental Screening in the First 3 Years of Life

The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday. This is a composite measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened in the 12 months preceding or on their first, second or third birthday.

CDEV

Hits needed for MPL

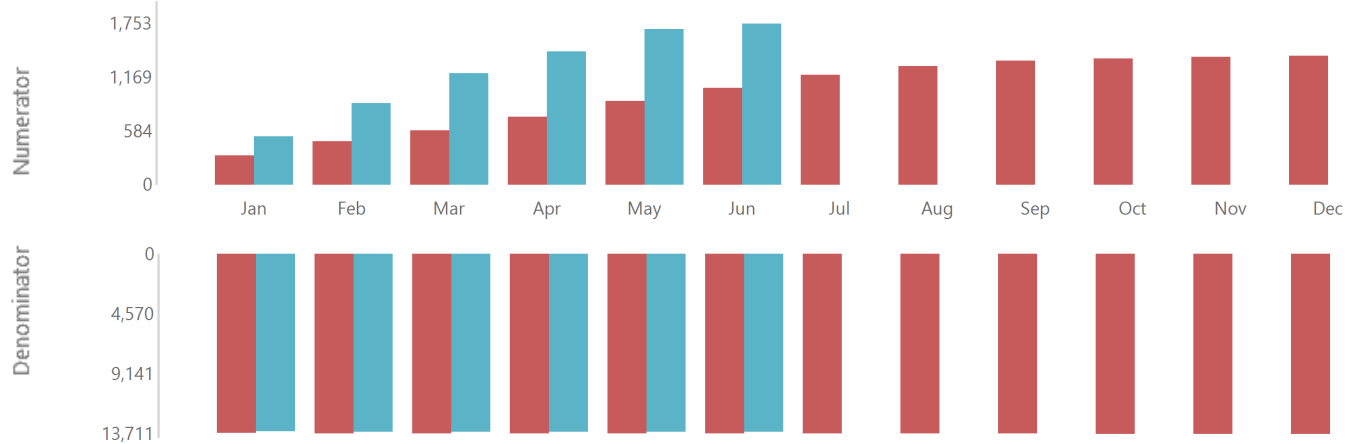
3,135

Rate: 12.49%

MPL: 35.60%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	2.34%	3.45%	4.32%	5.41%	6.62%	7.68%	8.73%	9.42%	9.83%	10.00%	10.15%	10.23%
2023	3.89%	6.53%	8.95%	10.68%	12.49%	12.92%						
MPL	35.60%	35.60%	35.60%	35.60%	35.60%	35.60%	35.60%	35.60%	35.60%	35.60%	35.60%	35.60%

$$\frac{1,694}{13,565}$$



New Measure for 2023

Prevention: Topical Fluoride for Children

Percentage of children aged 1–21 years who received at least 2 topical fluoride applications as (a) dental OR oral health services, (b) dental services, and (c) oral health services within the reporting year.

TFLCH

Hits needed for MPL

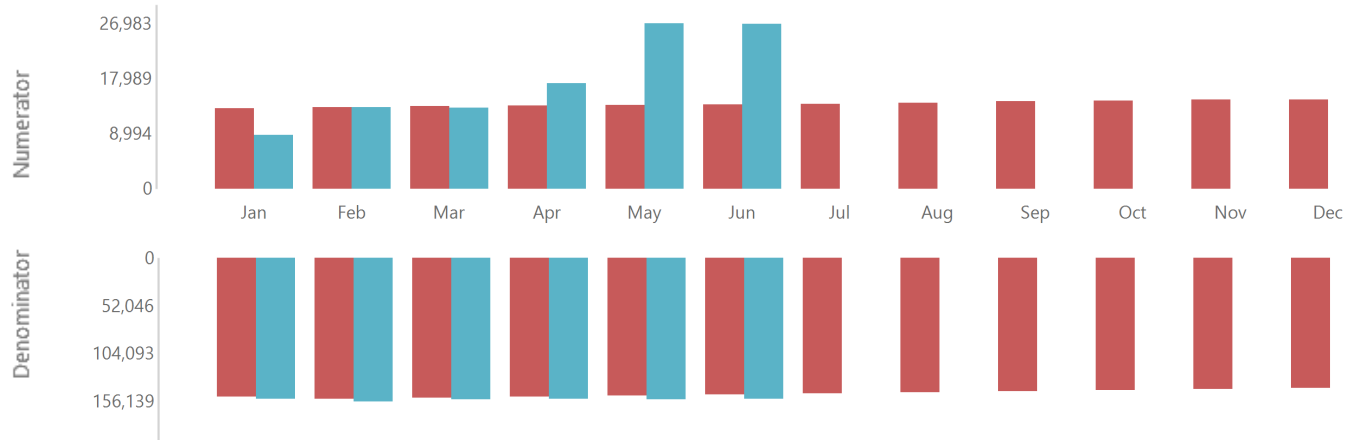
50,161

Rate: 17.49%

MPL: 50.00%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	8.66%	8.68%	8.84%	9.00%	9.11%	9.25%	9.38%	9.58%	9.81%	9.97%	10.19%	10.30%
2023	5.68%	8.54%	8.58%	11.21%	17.49%	17.55%						
MPL	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%

26,983
 154,289





KERN HEALTH SYSTEMS

Chief Executive Officer's Report

Board of Directors Meeting

Emily Duran

June 15, 2023

COMPLIANCE AND REGULATORY ACTIVITIES

Compliance and regulatory updates will be moved to a quarterly report prepared by the Chief Compliance and Fraud Prevention Officer.

KERN FAMILY FOUNDATION UPDATE

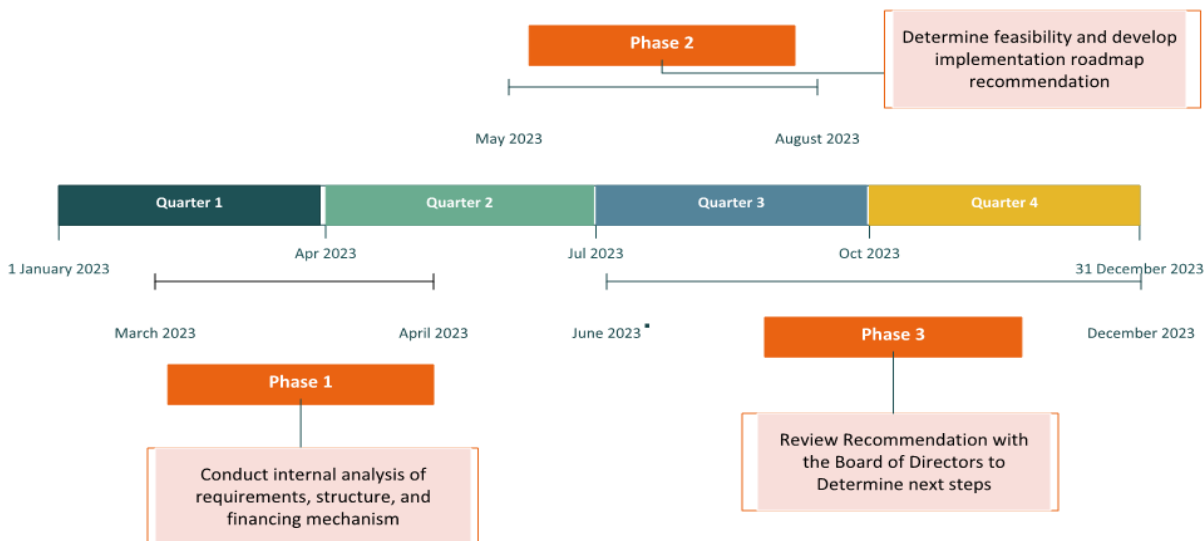
Name: The Kern Family Foundation

The Kern Health Systems team has completed phase 1 of the KF Foundation project. Meetings were held with external stakeholders to analyze requirements, structure, and financing mechanisms. We met with Inland Empire Health Plan (IEHP) Foundation and the Mercy Foundation with Dignity Health to gather information on their experience in development of a non-profit foundation. IEHP specifically shared their approach on continuous funding of the foundation that was acceptable by DHCS.

The team has moved onto phase 2 of the project. KHS has connected with a local law firm and an engagement letter is currently under review. The firm will assist the KHS team with drafting Articles of Incorporation, preparation of Bylaws, and organizational minutes formats. They will also be providing information and details on the filing process of the initial statement of information, the registration for the corporation with the California Attorney General and provide general advice with respect to the organization of the foundation.

As the KHS team continues to work with the law firm, an incorporation proposal will be presented to the KHS Board of Directors for consideration and final decision.

Figure 1: Foundation Timeline.



LHPC BUDGET SUMMARY | MCO TAX

Highlights from Local Health Plans of California (LHPC) of the Governor's proposed 2023-24 May revisions included in Attachment A: Highlights from Governor's May Revision for 2023-24.

The Governor's May Revision includes details of the Managed Care Organization (MCO) Tax, the state's tax on health insurance plans. The tax renewal presents a historic opportunity for the State to address the longstanding underfunding of the Medi-Cal system by increasing Medi-Cal provider reimbursement rates. The May Revision proposes increasing the MCO tax substantially above what was budgeted in the January Budget. While the January Budget assumed an MCO tax period of three years and total revenue of **\$6.5 billion**, the May Revision assumes an extended tax period of three years and three quarters (effective retroactively to April 1, 2023 through CY 2026) and total revenue over the tax period of **\$19.4 billion**.

STATE PROGRAM DEVELOPMENT

KHS is preparing for the implementation of several Department of Health Care Services (DHCS) programs coming later in 2023 and 2024:

Long Term Care (LTC), Phase 2: Effective 1/1/24, DHCS will implement the next phase of the Long-Term Care carve-in by requiring members receiving care in Intermediate Care and Subacute Facilities to enroll in a Managed Care Plan (MCP) to receive their LTC benefits. An estimated 267 members in Kern County will be transitioned. DHCS shared a deliverables list with Plans in early May. The deliverables include requirements for provider training, updated operational policies and procedures, and post-transitional monitoring. DHCS also shared draft versions of the Member Notices that will be sent 30/60/90 days prior to the transition. The Provider Network Management team is currently analyzing the facilities available in our area and developing an outreach plan. There is an internal project team preparing for the implementation of these new services/populations.

Medi-Cal Expansion to Adults regardless of immigration status: The State continues to move forward with expanding full-scope Medi-Cal services to individuals who are 26 through 49 years of age regardless of immigration status. DHCS still intends to implement this expansion on 1/1/24. As expected DHCS shared updated estimates on the number of members who will transition to full-scope coverage, with the number in Kern County now expected to be over 18,000. The State will be sharing additional information on these members as the expansion date approaches.

Enhanced Care Management (ECM): KHS staff continue preparations for upcoming new ECM populations. As of 7/1/23, MCPs will expand ECM to the Child and Youth populations. Effective 1/1/24, MCPs will expand ECM to certain individuals transitioning from incarceration and to certain pregnant and postpartum individuals. In May, DHCS approved the Plan's updated Model of Care for the Child and Youth Population. The internal ECM team has identified 14 providers who will be rendering services to the Child and Youth population. In addition, staff has identified the members who would qualify and is working to connect them with an ECM site. DHCS also recently updated the data sharing guidelines for the program, which is currently being reviewed with the ECM sites.

2024 Health Plan Transitions: Due to a recent State re-procurement of the Commercial Plans in Medi-Cal, beginning 1/1/24 Medi-Cal in Kern County will be administered by Anthem Blue Cross and Kaiser, in addition to KHS. This means members will be transitioning away from Health Net, into other options. Also, members who receive care from Kaiser through a subcontract with KHS will transition directly to Kaiser. DHCS has begun developing a transition plan to provide guidance and expectations around these transitions. They have also shared draft member notices which will be sent 30/60/90 days in advance. DHCS anticipates sharing additional details on the transition approach by the end of June.

LEGISLATIVE SUMMARY UPDATE

State Legislation: The month of May included deadlines for bills to pass through fiscal committees and full floor votes. This marks essentially the half-way point in the legislative cycle where bills will move to the opposite house to run through the whole process again. With these deadlines passing, 20 bills that were being tracked are no longer moving forward this session. To-date, staff are still tracking over 50 bills of relevance. The bill tracking document is included under **Attachment B: Bill Tracker**. Staff remain highly engaged with our Associations in prioritizing, reviewing, and advocating on relevant bills.

State Budget: On Friday May 12th, the Governor's Administration released an updated budget proposal for fiscal year 2023-2024. As expected, since the release of the January budget proposal the State has continued to experience revenue declines which resulted in an additional \$9 billion shortfall to be accounted for in the May revise. Despite this shortfall, the May Budget proposal kept funding intact for major Medi-Cal initiatives such as CalAIM and the Expansion of Medi-Cal to Adults regardless of immigration status. One major new generator of revenue is the revised Managed Care Organization (MCO) tax proposal. The previous version of this tax was allowed to expire at the end of 2022. The administration's newest proposal would draw down significant additional federal funding and would be effective retroactively to April 2023. It would also earmark some funds to increase reimbursement rates for primary care, maternity care, and non-specialty mental health services. There is ongoing discussion amongst the legislature, administration, and interested stakeholders about how these funds should be spent, and over what timeline. Agreement on the final budget, including the MCO tax proposal, must be reached by mid-June.

Student Behavioral Health Incentive Program (SBHIP)

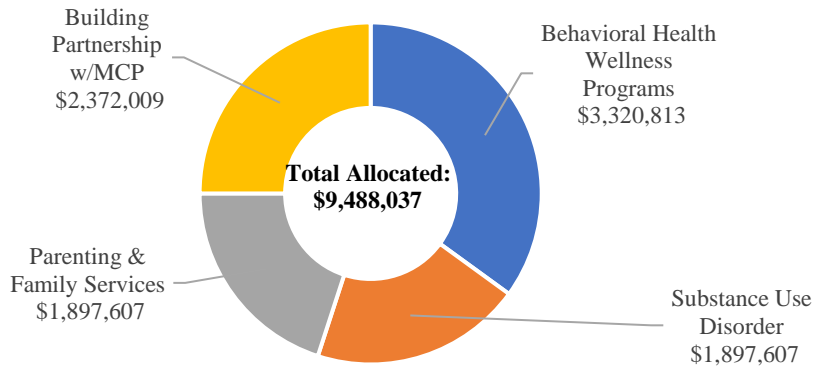
\$9.5M Allocated Funds

Awardees include **8** Local Education Agencies (LEAs)

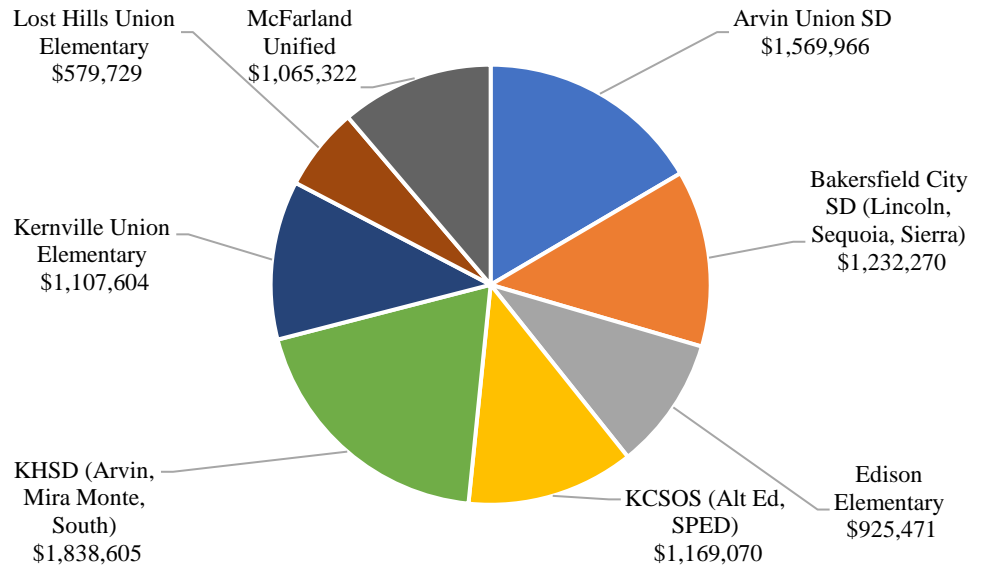
Project Period: January 1, 2023, to December 31, 2024

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. KHS and HealthNet collaboratively convened several stakeholders in Kern County including local education and behavioral health agencies, to collectively identify specific school districts, student populations, and interventions to build infrastructure and support behavioral services on or near campuses. Final fund distribution is contingent on meeting all DHCS outcomes.

Allocation by Initiative



Allocation by School District



Current Status | Next Steps

Kern County Superintendent of Schools (KCSOS) will serve as the fiduciary intermediary for fund distribution to each of the identified school districts. A MOU between KHS and KCSOS is in process to allow for fund distribution across the districts. Each school districts first bi-quarterly reports are due to KHS on June 2, 2023 for submission to DHCS for review.

Examples of the districts targeted interventions include expansion on family resource centers, teacher trainings, social worker staff recruiting, implementation of a referral tracking system, expansion of telehealth services, onsite behavioral health staff, and expansion of modular space for service offerings.

Incentive Payment Program Funding Awards: CSS & ECM

\$12.2 Awarded

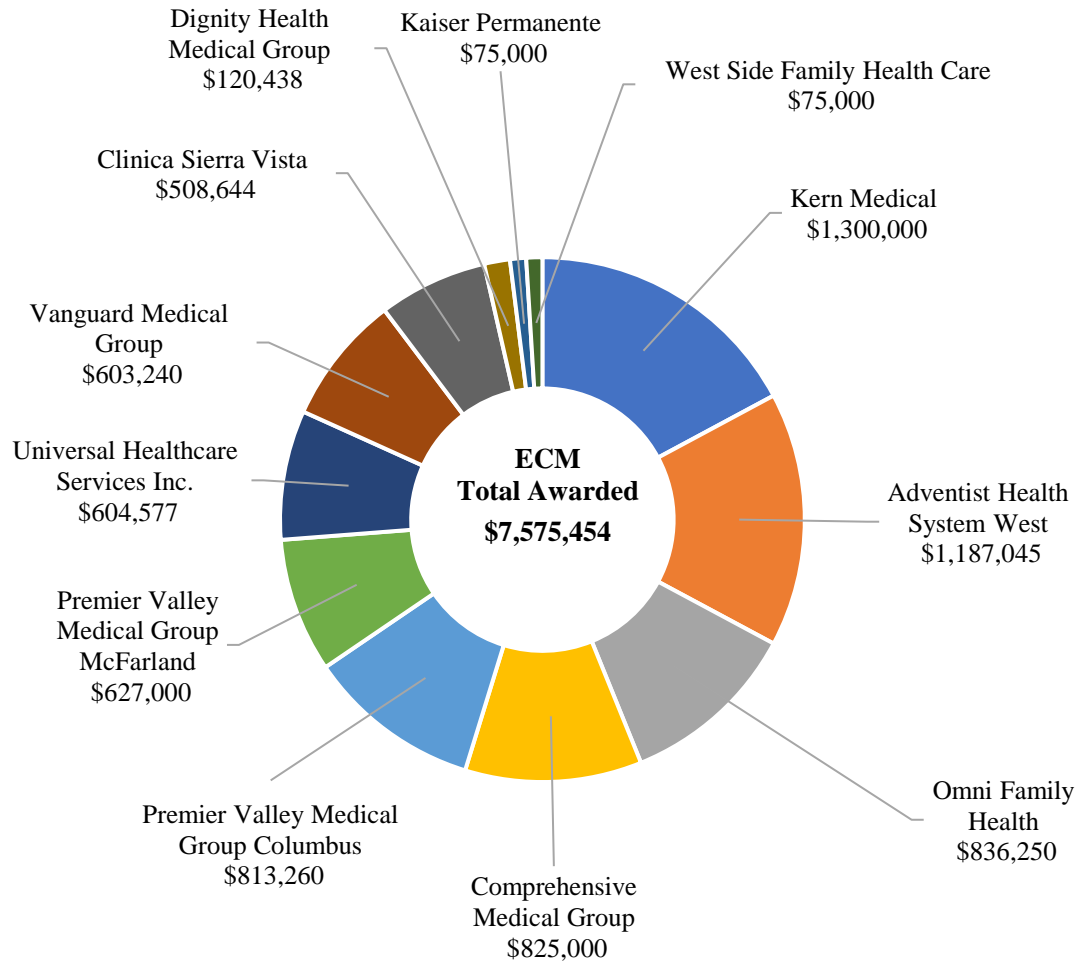
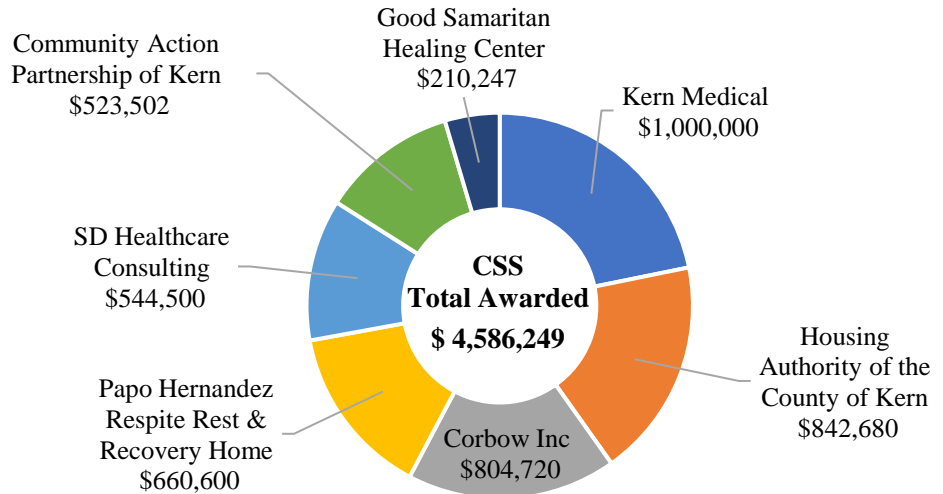
7 CSS Organizations Funded

12 ECM Organizations Funded

Project Period: January 1, 2022, to December 31, 2023

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.

KHS has awarded IPP Funding to the following providers to expand on ECM & CSS services. Final fund distribution is contingent on meeting all DHCS outcomes.



<p>Current Status</p>	<ul style="list-style-type: none"> • Vanguard went live June 1, 2023, ECM program serving Shafter and surrounding areas. • Universal Health Care Niles is scheduled to go live On July 1, 2023, serving East Bakersfield • Premier Valley Medical Group scheduled to go live on August 1, 2023, providing ECM services in McFarland and surrounding areas. • Clinica Sierra Vista is scheduled to go live September 1, 2023, providing ECM services in Delano. • SD Consulting is scheduled to go live July 1, 2023, providing Community support Services to Delano and Bakersfield for: <ul style="list-style-type: none"> ○ Asthma Remediation ○ Personal Care and Homemaker ○ Respite Caregiver • Good Samaritan Healing Center, scheduled to go live on September 1, 2023, providing Community Support in McFarland and surrounding areas for: <ul style="list-style-type: none"> ○ Short Term Post Hospitalization ○ Recuperative Care • Bakersfield Community Healthcare scheduled to go live July 1, 2023, providing CS services in Bakersfield and throughout Kern County for: <ul style="list-style-type: none"> ○ Nursing Facility/Diversion to Assisted Living Facilities, such as Residential Care Facilities for elderly and adult residential facilities. ○ Community Transition Services/Nursing Facility Transition to a home.
<p>Next Steps</p>	<ul style="list-style-type: none"> • Vanguard will go live with new Enhanced Care Management Program (ECM) starting June 1, 2023 • Additional funding being allocated to current ECM Providers for program expansion with IPP program year two funding.

Housing and Homelessness Incentive Program

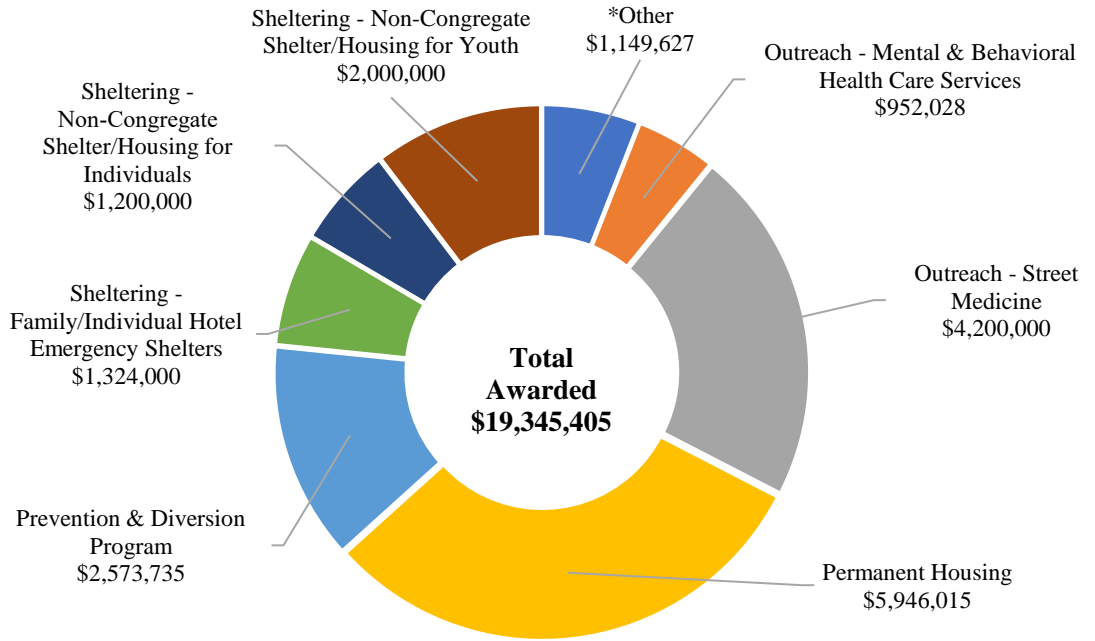
\$19.3M Awarded

19 Providers & Community Based Organizations Funded

Project Period:
January 1, 2022, to December 31, 2023

Background: 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. Final fund distribution is contingent on meeting all DHCS outcomes.



Provider/CBO	Service	Amount Awarded
California Veterans Assistance Foundation	Permanent Housing	\$ 500,000
Casa Esperanza	Permanent Housing	\$ 540,015
Casa Esperanza	Prevention & Diversion Program	\$ 359,985
Chaparral Medical group	Outreach - Street Medicine	\$ 2,600,000
Chaparral Medical group	Permanent Housing	\$ 3,900,000
Clinica Sierra Vista	Outreach - Street Medicine	\$ 850,000
Corbow Inc	Prevention & Diversion Program	\$ 1,000,000
Flood Ministries	Outreach - Street Medicine	\$ 550,000
Golden Empire Affordable Housing, Inc	Permanent Housing	\$ 206,000
Habitat for Humanity Golden Empire	Prevention & Diversion Program	\$ 713,750
Housing Authority of the County of Kern	Permanent Housing	\$ 800,000
Housing Authority of the County of Kern	Sheltering - Non-Congregate Shelter/Housing for Youth	\$ 700,000
Housing Authority of the County of Kern	Sheltering - Non-Congregate Shelter/Housing for Youth	\$ 1,300,000
Kern Behavioral Health & Recovery Services	Outreach - Mental & Behavioral Health Care Services	\$ 576,000
Kern Behavioral Health & Recovery Services	Sheltering - Family/Individual Hotel Emergency Shelters	\$ 24,000
The Open Door Network	Outreach - Mental & Behavioral Health Care Services	\$ 96,484
The Open Door Network	Outreach - Mental & Behavioral Health Care Services	\$ 279,544
The Open Door Network	Sheltering - Family/Individual Hotel Emergency Shelters	\$ 1,300,000
The Open Door Network	Sheltering - Non-Congregate Shelter/Housing for Individuals	\$ 1,200,000
The Social Servant	Outreach - Street Medicine	\$ 200,000
United Way of Kern	Prevention & Diversion Program	\$ 500,000
HMIS		\$ 235,075
KHS Contingency		\$ 914,552
Total		\$ 19,345,405

<p>Current Status</p>	<ul style="list-style-type: none"> • Corbow Inc completed project offering interim sheltering for members form LGBTQ+ community. Corbow Inc. purchased, remodeled, and furnished home for temporary housing. A vehicle was also funded with HHIP funds to assist with transportation. • Golden Empire Affordable Housing offering permanent housing completed project in Delano. • Habitat Golden Empire, Prevention & Diversion Program, completed 6 roofing repairs, and 146 minor repairs to support elderly and low-income clients at risk of being homeless. • Chaparral Medical Group has hired a physician to provide street medicine alongside with the 3 street medicine teams who have been in the field since March. • Clinica Sierra Vista expanded their Street Medicine team and providing street medicine in rural and urban areas of Kern and metro Bakersfield. • Kern Behavioral Health & Recovery Services have hired staff and purchased vehicles to support their outreach efforts in East and West Kern. • The Open-Door Network/Alliance Against Family Violence, Sheltering and Expansion family/individual Emergency Shelter, has located and secured a facility for Bakersfield, Arvin, and Lamont. They are on track to add an additional 16 bed shelter expansion. • Social Servant acquired mobile unit and has outreached to over 100 homeless individuals in our community. Social Servant has been actively participating in several community events. • United Way of Kern County, Prevention and Diversion Program (rental assistance) has hired a full-time staff and has assisted 75 households during last quarter.
<p>Next Steps</p>	<ul style="list-style-type: none"> • Casa Esperanza will be hiring new staff for their Prevention and Diversion program. • California Veterans Assistance Foundation will start construction on 12 individual units. • Chaparral will purchase one mobile unit to continue street medicine. • Housing Authority to housed 5 homeless individuals in Delano. • Habitat Golden Empire will continue to conduct minor repairs for elderly. • Kern Behavioral Health and Recovery Services will continue to work closely with landlords to house up to 80 people experiencing homelessness. • United Way and Social Servant will continue to provide outreach to people experiencing homelessness and provide needed resources.

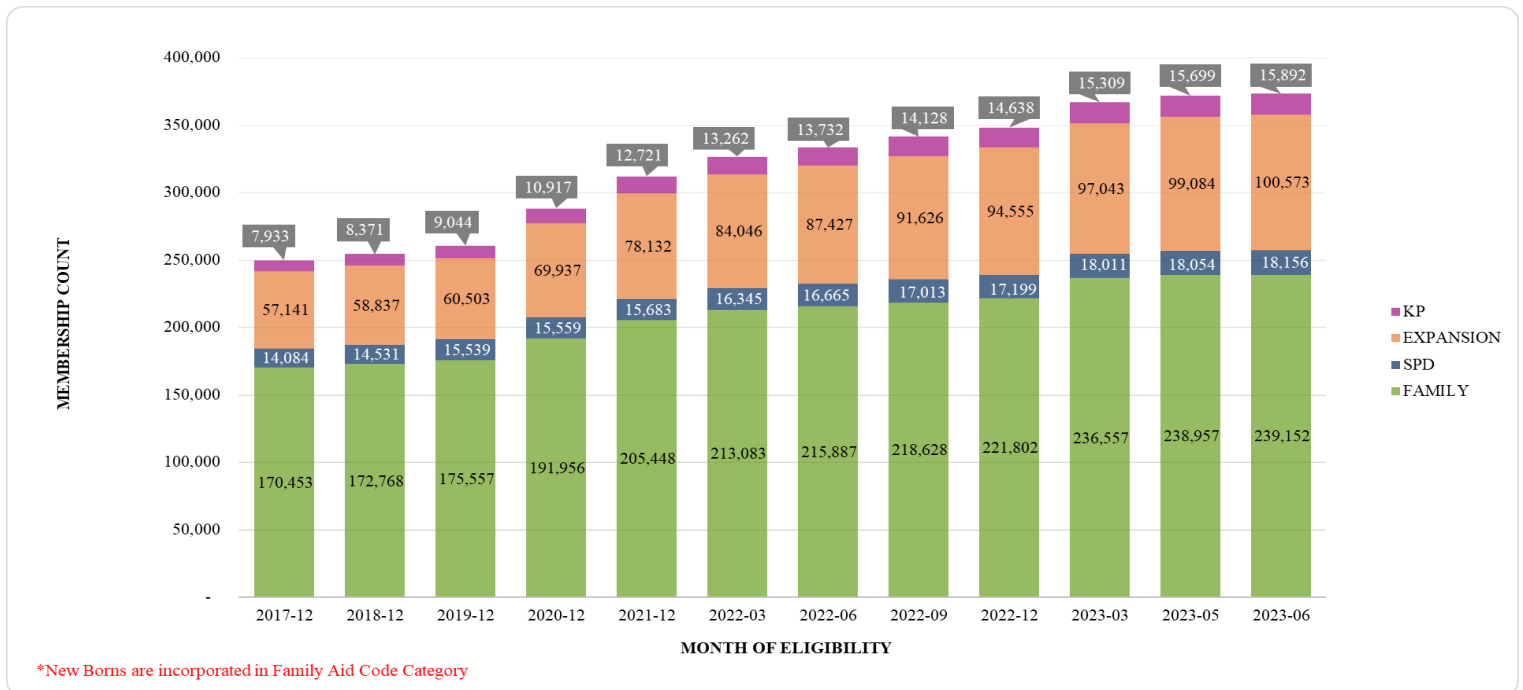
KHS JUNE 2023 ENROLLMENT

Percentage Increase/Decrease in Membership from previous month.

	Enrollment Type				
	Medi-Cal	Seniors & Persons with Disabilities (SPDs)	Expanded Eligible	Kaiser Permanente (KP)	Total KHS Medi-Cal Managed Care Enrollment
2023-05	238,957	18,054	99,084	15,699	371,794
2023-06	239,152	18,156	100,573	15,892	373,773
% Change	+0.1%	+0.6%	+1.5%	+1.2%	+0.5%

Enrollment Update: During the public health emergency (PHE), the Department of Health Care Services froze Medi-Cal redeterminations. Thus, the Kern County Department of Human Services suspended their “automated discontinuance process” for Medi-Cal Redeterminations. The automated discontinuance process was in place locally prior to the PHE when Medi-Cal beneficiaries did not complete the Annual Eligibility Redetermination process. During the PHE, Kern DHS worked new Medi-Cal applications, reenrollments, successful renewals, additions, etc. (anything with a positive outcome). The Consolidated Appropriations Act of 2023 passed by Congress decoupled redeterminations from the public health emergency declaration. The unwinding of Medi-Cal continuous enrollment provision began April 1, 2023.

Market Share – 4 of every 5 Medi-Cal managed care enrollees are KFHC members (as per Medi-Cal Managed Care Enrollment Kern County chart).



KHS DHS MEDI-CAL RENEWAL PARTNERSHIP

Background: During the public health emergency (PHE), the Department of Health Care Services froze Medi-Cal redeterminations. Thus, the Kern County Department of Human Services suspended their “automated discontinuance process” for Medi-Cal Redeterminations when Medi-Cal beneficiaries did not complete the Annual Eligibility Redetermination process. The unwinding of Medi-Cal continuous enrollment provision began in April 2023 for Medi-Cal eligibles who are due to renew their Medi-Cal eligibility in June 2023. During the unwinding of Medi-Cal continuous enrollment, the State, County, KHS and other stakeholders are working together to ensure continuity of coverage since the complete Medi-Cal redetermination process resumed. Given that more than half of Medi-Cal enrollees complete their annual renewal through the manual mailing process, it is important Kern DHS has updated contact information of Medi-Cal enrollees. Stakeholders, including KHS, are educating residents about the importance of sharing updated contact information such as mailing addresses, phone numbers, email addresses, etc. with Kern DHS. KHS also shares member demographic updates via a data exchange with Kern DHS.

Update: As the unwinding of Medi-Cal continuous enrollment provision began, Kern DHS out stationed two full time Human Services Technicians (HST) staff and one part time Supervisor on-site at KHS. KHS funds these positions to assist Kern DHS process updates from KHS and complete the renewal process for KHS members. In addition to the 2.5 DHS staff, KHS has brought on board 9 additional staff who are fully trained to answer redetermination questions and can help members complete the enrollment process. Beginning in April 2023, Kern DHS began sharing eligibility data with KHS that includes which members must complete the manual mailing renewal process along with timelines and due dates. KHS is communicating the importance of completing this process to members using text messages, mail, and phone calls. KHS is also sharing renewal information with staff and contracted providers so they can inform members of their upcoming renewal date and connect them with help completing the process. As a result of these efforts, of the 23,118 members requiring redetermination in June, 10,496 members or 45.40% have been successfully renewed. We will continue to reach out to the remaining 12,622 or 54.60% to remind them of the need to complete the redetermination process. The redetermination process for July members has recently begun. As of May 31st, 8,484 members or 35.98% have been successfully renewed. This redetermination process will continue on a monthly basis until all 373,000 KHS members have gone thru the redetermination process.

Next Steps: KHS will continue the current text messaging, mail and phone calling along with working with local Medi-Cal enrollment entities and community-based organizations to support the correct completion of the renewal applications which Kern DHS will review and use to determine eligibility. In addition, KHS is working on a robust advertising campaign to focus on redetermination awareness and encouraging members to take action.

COMMUNITY EVENTS

KHS will share sponsorship in the following events in June and July:		
Organization Name	Event Name	Donated Amount
Bakersfield Ronald McDonald House	“Walk for Kids”	\$2,500
Kern Alliance of Nonprofits	“KAN Leadership Awards”	\$2,500
Friends of Mercy Foundation	“33rd Annual Mercy Charity Golf Classic”	\$1,500
Epilepsy Society of Kern County	“Annual Mud Volleyball Tournament”	\$1,000
NAACP	“Juneteenth Festival”	\$2,500
Greater Bakersfield Chamber of Commerce	“2023 Beautiful Bakersfield Awards”	\$3,000
Bakersfield College Foundation	“Bakersfield College Hall of Fame”	\$1,000
California Pan-Ethnic Health Network	“CPEHN Voices for Change”	\$5,000
Kern County Cancer Foundation	“2023 Media Music Jam”	\$3,000
City of Wasco	“Bike Rodeo”	\$1,000
Latina Leaders of Kern County	“Awards and Installation Dinner”	\$1,500
Magdalene Hope	“Pink and Blue Gala”	\$2,500
Independent Living Center	“2023 ADA Conference”	\$1,500
United Way of Kern County	“Community Professional Development Conference”	\$2,000

KHS will also participate in the following events in June and July:		
Event Name	Time	Location
Spanish Radio Group and United Way of Kern County “Festival de la Familia”	Sunday, June 4 th 8:30am – 3:00pm	Kern County Fairgrounds
Bakersfield City School District “Universal Pre-Kindergarten Parent Resource Fair/Enrollment”	Thursday, June 15 th 11:00am – 2:00pm	BCSD Kinder Registration Office
Mercy & Memorial Hospitals “Back to School Event”	Saturday, July 29 th 7:00am – 11:00am	Bessie Owens School

KHS Partners with Delano Union School District (DUSD) and Advanced Center for Eyecare (ACE) to Host a Vision Clinic

Background: Due to optometrist access issues in Delano, this partnership made it possible to provide eye examinations and glasses to Delano Union School District students in need. The school-based vision center at DUSD is celebrating 5 years of serving Delano families.

Update: A two-day Vision Clinic was held in April. Students with most severe visual needs and any referrals from school nurses and teachers were addressed and provided a comprehensive eye exam. 161 students were examined, 150 of them received glasses (this was the first pair of eyeglasses for 62 of the students who received glasses). Any students with medial eye issues were facilitated a referral by school nurses and ACE staff. Through the KHS School Wellness Program, a \$35,000 grant was awarded to the Delano Union School District to fund this partnership.

Next steps: KHS and ACE are collaborating to offer another vision clinic for the Delano Union School District in the 2023-2024 school year and to expand this to other school districts in Kern County.

KFHC Community Grant Program

Background: In recognition of the essential role that community organizations have in our health care delivery system, our Community Grant Program financially aids and encourages innovative efforts to bring beneficial services to our community. Community organizations that serve Medi-Cal beneficiaries and low-income populations are eligible to apply for funding, grant awards range from \$1,000 – \$4,000. We accept grant applications from February 1st to mid-March of each year.

Update: This year marks the 8th Year of our Community Grant Program. We received a total of 81 applications - 16 were new organizations that haven't applied in the past. We approved 71 of the grant applications totaling \$273,089.63. Funded programs serve the Bakersfield area as well as outlying Kern communities (1/3 of the programs serve rural Kern communities outside of Bakersfield).

Some of the programs we are proudly supporting:

Organization	Program	Description
Bakersfield Pregnancy Center	<i>Fatherhood Project 2023</i>	This project provides fathers with the opportunity to attend a variety of workshops with different topics. Topics range from how important it is to be a present dad, parenting skills, and much more. This is the only program of its kind to fathers in Kern County.
Black Infant and Maternal Health Initiative	<i>Sister Circles</i>	The project will hold focus groups called Sister Circles to provide African Americans information on different health awareness topics. The program is designed to bring awareness about mental health, along with important health information to help have healthier pregnancies and reduce maternal mortality.
Boys & Girls Club of Kern County	<i>Learning Garden</i>	This program will provide children that attend the Boys and Girls Club with a Learning Garden (living outdoor classroom). Kids will have the opportunity to learn about gardening, cooking, and physical health.
Children First	<i>Wildcat Care Program</i>	This project is a partnership between Children First and Williams Elementary. It will help 100 kids who don't have access to basic necessities such as shoes, sweaters, backpacks, etc. With this grant, Children First will be able to make sure kids have what they need to attend school.
Church Without Walls	<i>Work Ethics Rewards Program</i>	Provides homeless clients that currently receive services at Church Without Walls with work experience. Clients will be able to work and receive essential needs as payments such as, bikes, sleeping bags, etc. Project doesn't only help with work ethics but also helps clients with basic needs.
Flood Ministries Arvin Navigation Center	<i>Making a Difference Program</i>	Offer in-person training to clients that will give them a variety of business and technology skills and work experience. This project is designed to help clients get skills and in the habit of getting a job to help with a better quality of life.

Next steps: KHS will provide approved funding to community organizations along with necessary support and oversight to ensure project goals are met and proper recognition is given to KFHC for the partnerships.

KFHC Television Advertising Campaign Recognition

We were honored that our new television advertising campaign “You + Us = A Better Day” received national recognition. Our production partner “Beacon Studios” submitted the commercials, and we were excited to learn we received two Telly Awards and three LIT Commercial Awards.

- The Telly Awards – Silver in “Campaign/Branding” and “Campaign/Business to Consumer” categories.
- LIT Commercial Awards – Platinum in “Best Cinematography” and “Digital Advertising Campaign” categories and Gold in “Digital Marketing Campaign” category.

Employee Video Newsletter

KHS’ Video Employee Newsletter can be seen by clicking the following link:

<https://vimeo.com/832068090/6ca10b1a43?share=copy>

KHS Media Clips

We compiled local media coverage that KHS received in April and May. Please see **Attachment C: KHS Media Clips**. Click on the title or “Read More” to view the complete article.

KHS ORGANIZATIONAL & COMMUNITY HIGHLIGHTS

Homeless Management Information System (HMIS): On February 10, 2023, Bakersfield – Kern Regional Homeless Collaborative (Bakersfield/Kern Continuum of Care), published an RFP for the Homeless Management Information System (HMIS) Lead Agency. Kern Health Systems submitted a proposal to serve as the HMIS Lead Agency, primarily due to the CalAim implementation, which focuses on the homeless population alongside the Housing and Homelessness Incentive Program (HHIP) funding. As the HMIS Lead Agency, KHS will be granted access to accurate data related to the homeless population, which will assist in mandatory reporting to DHCS.

On April 13, 2023, KHS was awarded the RFP and will now serve as the Lead Agency for HMIS. Duties as the Lead Agency include, oversee, administer, and maintain the HMIS. HMIS acts as a centralized database to capture community-wide data on homeless populations and services provided. HMIS data is used and analyzed to generate reports for homeless service providers, funding agencies, and local/state/federal government. Data is also used to identify and determine any trends within the Continuum of Care (CoC) and homeless system. KHS has a highly robust technology and operational team who will manage the project. KHS is currently working with the current Lead Agency, Kern Behavioral Health and Recovery Services, (KBHRS), on the transition plan. KHS is aiming for a go live date of August 1, 2023.

Community Wellness Event: KHS held its first Community Wellness Event on Saturday, April 29, 2023. The event was hosted on site at the 2900 Buck Owens Blvd. location with more than 85 vendors on site to contribute to overall theme of “Community Wellness”. Community partners in attendance included Kern Medical, Adventist Health, Kern County Public Health, No Sister Left Behind, CAPK, Vision y Compromiso, United Way of Kern County, Community Interventions, Garden Pathways, Flood Ministries, Dolores Huerta Foundation, CSUB Community Preventive Health Collaborative Program, and many more. The event was sponsored to promote physical, mental, and emotional wellness. Some of the services offered were; free skin cancer screenings, free children immunizations, free children physicals, free blood pressure, prenatal services, blood sugar, cholesterol, and body mass index screenings, and free development screenings for children 0-5 years old. Fun events including face painting for children, chalk art and food trucks. Due to the overwhelming response to the event that was well attended, we will be sponsoring the Community Wellness event annually.



DHCS Visit and Clinic Tour: On April 24th representatives from the DHCS were welcomed onsite at KHS to review our innovative programs and initiatives aimed at improving MCAS performance and the quality of care delivered to KHS members. The efforts include electronic health record data integrations, Member Services Outreach Specialists, community and provider partnerships, pilot programs for specific measures such as breast cancer screenings and hemoglobin A1C's, street medicine initiatives, and mobile health units. DHCS was extremely pleased with the programs and innovations that KHS has implemented and will continue to develop well into the future.

After the visit here, KHS staff and DHCS visited the newly remodeled Clinica Sierra Vista Family Health Center in downtown Bakersfield, along with their new Mobile Health Unit. This new mobile unit is a key partnership with KHS to begin delivering care to where members are such as job sites, schools, Head Start/Early Head Start locations, and rural areas. KHS thanks DHCS for their visit and is looking forward to sharing our continued progress with them along the way.



African American Listening Session on Mental Health: On April 12th, Kern Health Systems and Kern Behavioral Health & Recovery Services co-hosted a listening session focused on African American healthcare disparities. The event brought together representatives from a diverse group of stakeholders: government agencies, community-based organizations, educational leaders, healthcare providers, policymakers, and community members all dedicated to addressing the pressing challenges that contribute to inequities in health outcomes.

During the session, panelists engaged in open and honest conversations, with the goal of deepening understanding for healthcare entities of the many factors that underpin African American health disparities. They discussed the scarcity of healthcare facilities, particularly in underserved areas, and the resulting limited access to primary care, preventive services, and specialized care. Participants called for increased investment in community health centers, in Black-led CBOs, and in initiatives to expand healthcare coverage for vulnerable populations. Another significant topic was the impact of racism and discrimination on African American health. The participants acknowledged the existence of racial bias within the healthcare system, contributing to disparities in diagnosis, treatment, and health outcomes.

Overall, the listening session served as a platform for open dialogue, highlighting the complex nature of African American health disparities. By fostering understanding, generating ideas, and building alliances, the participants demonstrated a shared determination to address these disparities and work towards achieving health equity for all. A follow up session is scheduled for the afternoon of June 16th at Kern Health Systems, with additional listening sessions planned for other minority groups later in the year.



Kern Behavioral Health & Recovery Services and Kern Health Systems Presents

African American Listening Session for Healthcare Providers

KernBHRS and Kern Health Systems are inviting you to join us for a listening panel session with African American community leaders. We want to create better healthcare services for our Kern County residents. Our goal is to develop concrete solutions to create better pathways to care and service outcomes.

Wednesday, April 12, 2023
1 P.M. - 2:30 P.M.
Larry E. Reider Education Center
2000 K Street, Bakersfield, CA
Kindly R.S.V.P. to: tlindsey@kernbhers.org

Kern Family Health Care. BEHAVIORAL HEALTH & RECOVERY SERVICES



To: Board of Directors & Plan Staff

From: LHPC Staff

Subject: Highlights from Governor's May Revision for 2023-24

Date: May 12, 2023

This memo includes highlights from the May Revision for FY 2023-24, specifically health and human services proposals of relevance to local plans. See the May Revision [Budget Summary](#), [DHCS Budget Highlights](#), and the [DHCS Medi-Cal Estimate](#) for additional details (references and page numbers are provided throughout the memo). LHPC will continue to review and analyze Budget proposals impacting local plans and provide additional information as it becomes available. Please contact Rebecca Sullivan at rsullivan@lhpc.org with any questions.

State Budget Overview

The following highlights provide a snapshot of California's overall State Budget:

- **Total Budget:** \$306 billion total fund (\$224 billion General Fund) in 2023-24
- **Reduced Revenues and Budget Shortfall:** There is an additional \$9.3 billion dollar shortfall from the Governor's January Budget resulting in a FY 2023-24 budget shortfall of \$31.5 billion. The Governor presented a balanced budget by proposing the following solutions to fulfill the shortfall:
 - **\$8.1 billion total in Funding Delays** – Additional \$695 million across the multi-year without reducing the total amount of funding through the same period. Including \$295 million moved into the out-years for the Foreclosure Intervention Housing Prevention Program.
 - **\$6.7 billion total in Reductions/Pullbacks** – Additional \$1.1 billion reduction in spending through reversions of unused funds, rather than cuts to programs.
 - **\$7.5 billion total in Funding Shifts** – Additional \$3.3 billion in shifts of spending commitments from the General Fund to other funds.
 - **\$3.9 billion total in Trigger Reductions** – The May Revision does not include additional trigger reductions from the Governor's January Budget.
 - **\$4.9 billion total in Limited Revenue Generation and Borrowing** – Including the additional \$2.5 billion from the MCO tax beginning in calendar year (CY) 2023 and \$1.2 billion in additional special fund loans to the General Fund.
 - **\$450 million Safety Net Reserve Withdrawal**
- **Budget Reserves:** Reserved increased by \$1.6 billion to \$37.2 billion in budgetary reserves, the reserves include:

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May 12, 2023

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- \$22.3 billion in the Rainy Day Fund (Budget Stabilization Account)
- \$450 million in the Safety Net Reserve, which decreased the fund by half
- \$10.7 billion in the Public School System Stabilization Account, and increase of \$2.2 billion
- \$3.8 billion in the state's operating reserve (Special Fund for Operating Uncertainties)

The Rainy Day fund continues to remain at the constitutional maximum which requires \$2.3 billion to be dedicated for infrastructure investments. In order to access the Rainy Day fund, the Governor would need to declare a fiscal emergency, and any withdrawal is limited to no more than 50 per cent of the fund balance for any given fiscal year. While the May Revision does not project a recession, the administration has highlighted general fiscal uncertainty and forecasts revenues could decrease by \$40 billion based on a moderate recession scenario driven largely by losses in personal income tax.

As required by Proposition 2, the budget accelerates the paydown of payments for state's retirement liabilities and includes an additional \$2.3 billion in 2023-24 and approximately \$5.1 billion over the next three years.

Based on the current revenue forecast, the Governor's budget focused on sustaining prior key investments such as:

- Transitional Kindergarten, Child Care Availability and Affordability, and Universal School Meals
- Maintaining Higher Education Commitments
- Advancing Climate Agenda
- Expanding Health Care Access and Delivery Transformation
- Expanding the Behavioral Health Continuum, Mental Health and Substance Use Disorder Supports
- Investments in Infrastructure, Housing, Homelessness, and continued Workforce Development

Reference: Budget Summary, pp. 1-7

Significant Medi-Cal Budget Items

Overall Medi-Cal Budget

- **2023-24 Budget estimate: \$151.2 billion** (\$37.6 billion General Fund) (DHCS Budget Highlights, p.15).
 - The 2023-24 budget estimates are \$12.3 billion higher than the Governor's January Budget projection of \$138.9 billion (\$38.7 billion General Fund)
- **Total projected enrollment: The 2023-24 updated projected average monthly caseload is 14.2 million, a decrease of 1.4% from the Governor's Budget.** (DHCS Budget Highlights, p. 12)

The May Revision Medi-Cal caseload projections reflect impacts of California's PHE Unwinding plan and continuous coverage requirements that were not included in the Governor's January Budget.

- Medi-Cal beneficiaries will begin to lose coverage beginning in July 2023. The Medi-Cal caseload is projected to grow through June 2023 and then decline to a projected 12.8 million beneficiaries by July 2024 following the redetermination activities.
 - The federal Consolidated Appropriations Act, 2023 provides a step down of federal participation.
 - 6.2% enhanced match through March 31, 2023
 - 5.0% enhanced match April 1, 2023 through June 30, 2023
 - 2.5% enhanced match July 1, 2023 through September 30, 2023
 - 1.5% enhanced match October 1, 2023, through December 31, 2023

Reference: DHCS Budget Highlights, pp. 12-15

MCO Tax

The MCO Tax Model

The May Revision proposes increasing the MCO tax substantially above what was budgeted in the January Budget. While the January Budget assumed an MCO tax period of three years and total revenue of \$6.5 billion, the May Revision assumes an extended tax period of three years and three quarters (effective retroactively to April 1, 2023 through CY 2026) and **total revenue over the tax period of \$19.4 billion**. Prior to the release of the May Revision, DHCS released trailer bill language and a fact sheet outlining their proposal. Additional details are below.

MCO tax model summary:

- The proposed model assumes an **annual net state benefit of \$5 billion** (\$19.4 billion over the life of the tax as stated above).
- For the tax to be **effective retroactively to April 1, 2023**, DHCS must submit it to CMS by June 30th. This means the tax must be agreed upon and passed by the Legislature by June 15th.
- The **trailer bill includes the details of the model, including the tax tiers and amounts, and parameters for DHCS making changes to either enrollment or the tax model** for purposes of obtaining federal approval. The trailer bill also includes language authorizing a "Provider Payment Reserve Fund." More details are summarized below.

MCO spending proposal:

- The Administration proposes **\$8.3 billion of the MCO tax revenue be utilized to support a balanced budget (General Fund offset) over the three and three-quarter years of the tax**. Specifically:
 - **\$3.4 billion** in 2023-24
 - The remaining amount proposed as General Fund offset is \$4.9 billion. If this is evenly distributed over FY 2024-25, FY 2025-26, and the first half of FY 2026-27, approximately \$2 billion would be dedicated to the General Fund on an annual basis (with FY 2026-27 being a half year as the tax expires after December 31,

2026). These dollar amounts are not explicitly stated in the Budget documents, so LHPC will seek clarity from the Administration about its proposal.

- The Administration **proposes to establish a special fund for provider investments to improve access, quality, and equity total \$11.1 billion over an 8 to 10 year period.**
- Of the proposed \$11.1 billion to be dedicated to provider investments, the only specific proposal in the May Revision is provider rate increases for certain services up to **87.5% of Medicare rates** (primary care, maternity care, and non-specialty MH services).
 - These rate increases will be effective January 1, 2024 and in FY 2023-24 are estimated at **\$98 million GF** (\$237 million total funds).
 - Note that this proposal **includes Proposition 56 funding** and elimination of historical AB 97 rate reductions.
 - Our understanding is that while most, if not all, of the rates associated with the Proposition 56 codes are at or above the 87.5% threshold currently, this proposal will not decrease these rates. Rather, the **new base rate will be the calculation of the current base rate plus the supplemental payment.**
 - **We have not yet seen the specific codes** that will be attached to the rate increase but believe it will be the same as those DHCS proposed in the January Budget related to the federal approval of DSHP funding via the 1115 waiver.
- The Administration proposes to **develop additional specific proposals related to provider investments over the summer and fall** for inclusion in the Governor's January Budget for FY 2024-25.
- LHPC will continue to work closely with our members and the MCO Coalition to advocate for a spending plan that will provide meaningful investments to the Medi-Cal program.
- LHPC's press release in response to the May Revision can be found [here](#).

Reference: Budget Summary, p. 49; DHCS Budget Highlights, pp. 5-6

Medi-Cal Eligibility Expansion to Undocumented Individuals

The May Revision maintains the funding levels for expansion of full-scope Medi-Cal coverage to all income-eligibility adults aged 26 through 49 regardless of immigration status, beginning January 1, 2024. Moreover, it reflects an **increase of \$1.6 billion General Fund for FY 2023-24 and an estimated \$2.4 billion General Fund ongoing annually**, for the expansion populations of adults 50 and older and 26-49. The increases are due to updated managed care rates, higher share of cost-only costs, higher caseloads due the continuous coverage requirement, and higher acuity members based on experience.

Reference: DHCS Budget Highlights, p. 7

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule TPA

The May Revision includes **\$10 million General Fund in FY 2023-24** to develop and implement a statewide infrastructure that will centralize provider management functions, including credentialing and quality oversight, and manage billing and claims for behavioral health services by school-based and school-linked providers, under the CYBHI fee schedule.

DHCS and DMHC are convening a **small CYBHI fee schedule workgroup consisting of LHPC, CAHP and several plan representatives beginning May 2023**. This workgroup will continue meeting monthly through the end of 2023 to discuss policy and operational considerations for implementing the statewide all-payer fee schedule as part of CYBHI.

Reference: DHCS Budget Highlights, p. 9

Forthcoming Whole Child Model Trailer Bill Language

DHCS will be amending existing trailer bill language to **remove Single Plan counties from the WCM expansion**; leaving in only those COHS counties who are expanding geographically and operate WCM today.

Reference: DHCS Budget Highlights, p. 11

Doula Services Implementation Evaluation Trailer Bill Language

Through the May Revision, DHCS is proposing trailer bill language extending the timelines for this workgroup to examine the implementation of the doula benefit through June 30, 2025.

Reference: DHCS Budget Highlights, p. 10

Other Health Proposals

Distressed Hospital Loan Program

The May Revision includes **\$150 million General Fund one-time over 2022-23 and 2023-24** to provide interest-free cashflow loans to not-for-profit hospitals and public hospitals in significant financial distress or to governmental entities representing a closed hospital, for purposes of preventing the closure of, or facilitating the reopening of, those hospitals.

Reference: Budget Summary p. 59

Behavioral Health

- *Behavioral Health Community-Based Organized Network of Equitable Care and Treatment (BH-CONNECT) Demonstration (formerly CalBH-CBC)*
 - The May Revision provides for **\$480 million in funding for a new workforce initiative in each year of the five-year demonstration**, totaling \$2.4 billion dollars comprised of federal funds and the non-federal share is funded through DSHP and portion of MHPA state directed revenues. The workforce initiative is targeted at long and short term investments in behavioral health workforce, strengthening the pipeline of behavioral health professionals needed, and improving short-term recruitment and retention efforts.

Reference: DHCS Budget Highlights, pp. 6-7

- *CARE Act Funding Increases*
 - Increases to account for additional activities required in draft rules released by the Judicial Council, changes in the hourly rates assumed for each activity performed by counties, and updates to the length of time in hearings.
 - \$67.3 million General Fund, an increase of \$800,000 from the Governor's January Budget for FY 2023-24
 - \$121 million General Fund, an increase of \$12.5 million from the Governor's January Budget for FY 2024-25 and ongoing
 - \$15 million General Fund one-time start-up funding to Los Angeles County given their December 1, 2023 implementation

Reference: Budget Summary pp. 49-50; DHCS Medi-Cal Estimate p. 7

- *998 Suicide and Crisis Lifeline*
 - The May Revision includes **\$15 million one-time 988 State Suicide and Behavioral Health Crisis Services Fund in 2023-24** to support eligible 988 call center behavioral health crisis services, for a total of \$19 million in 2023-24 and \$12.5 million in 2024-25 and ongoing.

Reference: Budget Summary p. 50

- *Behavioral Health Budget Solutions*
 - Behavioral Health Bridge Housing Program and CalHOPE funding is shifted, at least in part, from the General Fund to the Mental Health Services Fund. This shifting effectively eliminates the delay of \$250 million General Fund for the Behavioral Health Bridge Program.

Reference: Budget Summary p. 50

Home and Community Based Services (HCBS) Spending Plan

The 2021 Budget Act appropriated funds made available through the American Rescue Plan (ARP) Act to enhance, expand, and strengthen HCBS. The ARP required HCBS funding to be spent by March 31, 2024 and that has been extended until March 31, 2025.

The May Revision proposes allowing certain initiatives, included in the approved HCBS Spending Plan, additional time to fully expend the funds and complete initiative objectives. One initiative of note is DHCS's Eliminating Assisted Living Waiver Waitlist. This will allow funds to be spent until March 2024.

Reference: DHCS Budget Highlights p. 8

ATTACHMENT B: Bill Tracker

Title	Description	Status
<p>AB 33 (Bains)</p>	<p>This bill would, subject to an appropriation, establish the Fentanyl Addiction and Overdose Prevention Task Force to undertake various duties relating to fentanyl abuse, including, among others, collecting and organizing data on the nature and extent of fentanyl abuse in California and evaluating approaches to increase public awareness of fentanyl abuse. The bill would require the task force to be cochaired by the Attorney General and the Surgeon General, or their designees, and would specify the membership of the task force. The bill would require the first meeting of the task force to take place no later than March 1, 2024, and would require the task force to meet at least once every 2 months. The bill would require the task force to submit an interim report to the Governor and the Legislature by January 1, 2025, and would require the task force to report its findings and recommendations to the Governor and the Legislature by July 1, 2025. The bill would repeal these provisions on January 1, 2026.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB33</p>	<p>05/26/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 85 (Weber)</p>	<p>This bill would, upon appropriation by the Legislature for these purposes, require a health care service plan contract on or after January 1, 2024, to include coverage for screenings for social determinants of health, regardless of the screening method utilized. The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to community health workers, peer support specialists, lay health workers, community health representatives, or social workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services to provide reimbursement for those screenings.</p> <p>This bill would require HCAI to convene a working group, with specified membership, to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community providers, and to determine gaps in research and data to inform policies on system changes to address social determinants of health.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB85</p>	<p>CAHP Opposed</p> <p>05/26/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>

<p>AB 254 (Bauer-Kahan)</p>	<p>The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care for purposes of allowing the individual to manage the individual’s information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA.</p> <p>This bill would revise the definition of “medical information” to include reproductive or sexual health application information, which the bill would define to mean information about a consumer’s reproductive or sexual health collected by a reproductive or sexual health digital service. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual’s information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254</p>	<p>05/31/23 - Referred to Coms. on JUD. and HEALTH.</p>
<p>AB 317 (Weber)</p>	<p>This bill would require a health care service plan that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB317</p>	<p>05/10/23 - Referred to Com. on HEALTH.</p>

<p>AB 352 (Bauer-Kahan)</p>	<p>This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to sensitive services, as specified.</p> <p>The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless the request for medical information is authorized in accordance with specified existing provisions of law.</p> <p>The bill would define “sensitive services” for these purposes to mean all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB352</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 365 (Aguiar-Curry)</p>	<p>This bill would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program, subject to utilization controls. The bill would require the department, by July 1, 2024, to review and update, as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB365</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 425 (Alvarez)</p>	<p>This bill would add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person’s genetics may impact the efficacy, toxicity, and safety of medications, including medications prescribed for behavioral or mental health, oncology, hematology, pain management, infectious disease, urology, reproductive or sexual health, neurology, gastroenterology, or cardiovascular diseases.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB425</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>

<p>AB 459 (Haney)</p>	<p>This bill would require the California Health and Human Services Agency, by July 1, 2026, to establish the California Behavioral Health Outcomes and Accountability Review (CBH-OAR), consisting of performance indicators, county self-assessments, and county and health plan improvement plans. The bill would require the agency to establish a risk corridor structure, as specified, that applies to all health payers who provide behavioral health services in California.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB459</p>	<p>CAHP Concern</p> <p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 492 (Pellerin)</p>	<p>This bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants, incentive payments, or other financial support available to Medi-Cal managed care plans to develop and implement reproductive and behavioral health integration pilot programs in partnership with identified qualified providers, in order to improve access to behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.</p> <p>The bill would define “qualified provider” as a Medi-Cal provider that is enrolled in the Family PACT Program and that provides abortion- and contraception-related services. For funding eligibility, the bill would require a Medi-Cal managed care plan to identify the qualified providers and the services that will be provided through the pilot program, as specified.</p> <p>The bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants or other financial support available to qualified providers for reproductive and behavioral health integration pilot programs, in order to support development and expansion of services, infrastructure, and capacity for the integration of behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB492</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 557 (Hart)</p>	<p>This bill would extend the Brown Act abbreviated teleconferencing provisions when a declared state of emergency is in effect, or in other situations related to public health, as specified, indefinitely. The bill would also extend the period for a legislative body to make the above-described findings related to a continuing state of emergency and social distancing to not later than 45 days after the first teleconferenced meeting, and every 45 days thereafter, in order to continue to meet under the abbreviated teleconferencing procedures.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB557</p>	<p>05/24/23 - Referred to Coms. on GOV. & F. and JUD.</p>
<p>AB 564 (Villapudua)</p>	<p>This bill would require the department to allow a provider to submit an electronic signature for a claim or remittance form under the Medi-Cal program, to the extent not in conflict with federal law.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB564</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>

<p>AB 576 (Weber)</p>	<p>This bill would require the department, by March 1, 2024, to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines.</p> <p>The bill would require the department to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB576</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 608 (Schiavo)</p>	<p>This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department to consider input from the State Department of Public Health and certain stakeholders, as specified, in determining the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered.</p> <p>The bill would require the department to cover comprehensive perinatal services that are rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site, as specified. The bill would also require the department to allow a nonlicensed perinatal health worker rendering those services to be supervised by a community-based organization (CBO) or a local health jurisdiction (LHJ). For these purposes, the bill would require a CBO or LHJ supervising a nonlicensed perinatal health worker to provide those services under contract with a Comprehensive Perinatal Services Program provider.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB608</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>

<p>AB 614 (Wood)</p>	<p>This bill would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans.</p> <p>This bill would specify that the director would be required to enter into contracts with managed care plans licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975, except as otherwise authorized under the Medi-Cal program. The bill would require the director, prior to issuing a new request for proposal or entering into new contracts, to provide an opportunity for interested stakeholders to provide input to inform the development of contract provisions.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB614</p>	<p>05/31/23 - Referred to Com. on HEALTH.</p>
<p>AB 620 (Connolly)</p>	<p>Existing law requires a health care service plan that provides coverage for hospital, medical, or surgical expenses to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified.</p> <p>This bill would require a health care service plan contract that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1, 2024, to provide coverage for the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB620</p>	<p>CAHP Opposed</p> <p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 665 (Carrillo)</p>	<p>This bill would remove the requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB665</p>	<p>05/03/23 - Referred to Com. on JUD.</p>
<p>AB 719 (Boerner-Horvath)</p>	<p>This bill would require the department to require managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public transit operator. The bill would require the rates reimbursed by the managed care plan to the public transit operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB719</p>	<p>CAHP Opposed</p> <p>05/31/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>

<p>AB 815 (Wood)</p>	<p>This bill would require the California Health and Human Services Agency to create and maintain a provider credentialing board, with specified membership, to certify private and public entities for purposes of credentialing physicians and surgeons in lieu of a health care service plan's or health insurer's credentialing process. The bill would require the board to convene by July 1, 2024, develop criteria for the certification of public and private credentialing entities by January 1, 2025, and develop an application process for certification by July 1, 2025.</p> <p>This bill would require a health care service plan or health insurer, or its delegated entity, to accept a valid credential from a board-certified entity without imposing additional criteria requirements and to pay a fee to a board-certified entity based on the number of contracted providers credentialed through the board-certified entity.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB815</p>	<p>CAHP Concern</p> <p>05/31/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 847 (Rivas)</p>	<p>This bill would extend eligibility for pediatric palliative care services for those individuals who have been determined eligible for those services prior to 21 years of age, until 26 years of age and would extend eligibility for hospice services after 21 years of age.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB847</p>	<p>05/31/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 904 (Calderon)</p>	<p>This bill would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. The bill would authorize the departments to jointly convene a workgroup to examine the implementation of these programs.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB904</p>	<p>05/31/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 907 (Lowenthal)</p>	<p>Would require a health care service plan on or after January 1, 2024, 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 a provider.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB907</p>	<p>CAHP Opposed</p> <p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 931 (Irwin)</p>	<p>This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB931</p>	<p>CAHP Opposed</p> <p>05/10/23 - Referred to Com. on HEALTH.</p>

<p>AB 1060 (Ortega)</p>	<p>Under the bill, prescription or nonprescription naloxone hydrochloride would be a covered benefit under the Medi-Cal program, if that medication is approved, for prescription or nonprescription use, respectively, by the FDA for treatment of an opioid overdose. The bill would require a health care service plan contract or health insurance policy, as specified, to include coverage for that same medication under the same conditions. The bill would prohibit a health care service plan contract or health insurance policy from imposing any cost-sharing requirements for that coverage, would prohibit the department from subjecting that coverage to any share-of-cost requirements under the Medi-Cal program, and would require that coverage to include the total cost of that medication.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1060</p>	<p>05/26/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 1085 (Maienschein)</p>	<p>This bill would require the department to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services by 7/1/24. Under the bill, subject to receipt of those federal approvals, a Medi-Cal beneficiary would be eligible for those services if they either experience homelessness or are at risk of homelessness, as specified. Under the bill, the services would include housing transition and navigation services, housing deposits, and housing tenancy and sustaining services, as defined.</p> <p>If the evaluation finds that the state has insufficient network capacity to meet state and federal guidelines to create a new housing support services benefit, the bill would require the department to provide recommendations for building capacity and a timeline for implementation consistent with the analysis findings.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1085</p>	<p>05/31/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 1122 (Bains)</p>	<p>This bill would require the Director of Health Care Services to develop a process to allow an applicant or provider to submit an alternative type of primary, authoritative source documentation to meet the requirement of provider enrollment. The bill would require the department to document each case of an applicant or provider submitting an alternative type of primary, authoritative source documentation, as specified.</p> <p>This bill would authorize the applicant or provider to submit its application for enrollment up to 30 days before having an established place of business and have its application considered by the department.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1122</p>	<p>05/26/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>

<p>AB 1202 (Lackey)</p>	<p>This bill would, no later than January 1, 2025, require each Medi-Cal managed care plan to conduct, and report to the department the results of, an analysis to identify the number and, as appropriate, the geographic distribution of Medi-Cal providers needed to ensure the Medi-Cal managed care plan’s compliance with time or distance and appointment time standards for pediatric primary care, across all service areas of the plan. The bill would, no later than January 1, 2026, require the department to prepare and submit a report to the Legislature that includes certain information, including a summary of the results reported by Medi-Cal managed care plans, specific steps for Medi-Cal managed care plan accountability, evidence of progress and compliance, and level of accuracy of provider directories, as specified.</p> <p>The bill would, no later than July 1, 2024, require the department to submit a report to the Legislature, and to make it publicly available, with certain information for the 2019, 2020, 2021, and 2022 calendar years, including (1) the number of children 0 to 5 years of age, inclusive, and the number of children 6 to 18 years of age, inclusive, who are Medi-Cal beneficiaries receiving any of specified early childhood preventive or developmental services, and (2) the number of pregnant persons, and the number of postpartum persons, who are Medi-Cal beneficiaries receiving any of specified services. The bill would require that the report also include, for those populations, information about any disparities across racial or ethnic groups, primary languages spoken at home, service areas or counties, or age groups.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1202</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 1241 (Weber)</p>	<p>Existing law requires providers furnishing service through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified. This bill would instead require, under the above-described circumstance, a provider to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1241</p>	<p>05/24/23 - Read second time, amended, and re-referred to Com. on HEALTH.</p>
<p>AB 1288 (Reyes)</p>	<p>Would prohibit a health insurer from subjecting a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder to prior authorization.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1288</p>	<p>CAHP Opposed</p> <p>05/31/23 Referred to Com. on HEALTH.</p>

<p>AB 1331 (Wood)</p>	<p>This bill would require the Center for Data Insights and Innovation to take over establishment, implementation, and all the functions related to the California Health and Human Services Data Exchange Framework on or before July 1, 2023, subject to an appropriation in the annual Budget Act. The bill would require the center to establish the CalHHS Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Data Exchange Framework data sharing agreement, among other things.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1331</p>	<p>05/31/23 - Referred to Com. on HEALTH.</p>
<p>AB 1451 (Jackson)</p>	<p>This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergent mental health and substance use disorders. The bill would authorize treatment for the behavioral health crisis to be provided at the contracted facility, if the facility has the appropriate staff to provide that care. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1451</p>	<p>CAHP Opposed</p> <p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>AB 1470 (Quirk-Silva)</p>	<p>The bill, as part of CalAIM, and with respect to behavioral health services provided under the Medi-Cal program, would require the department to standardize data elements relating to documentation requirements, including, but not limited to, medically necessary criteria, and would require the department to develop standard forms containing information necessary to properly adjudicate claims pursuant to CalAIM Terms and Conditions. The bill would require the department to consult with representatives of specified associations and programs for purposes of implementing these provisions.</p> <p>The bill would require the department to conduct, on or before July 1, 2025, regional trainings for personnel and provider networks of applicable entities, including county mental health plans, Medi-Cal managed care plans, and entities within the fee-for-service delivery system, on proper completion of the standard forms. The bill would require each applicable entity to distribute the training material and standard forms to its provider networks, and to commence, no later than July 1, 2025, using the standard forms. The bill would require providers of applicable entities to use those forms, as specified. The bill would authorize the department to restrict the imposition of additional documentation requirements beyond those included on standard forms, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB1470</p>	<p>06/01/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>

<p>AB 1481 (Boerner Horvath)</p>	<p>This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program “Presumptive Eligibility for Pregnant People” (PE4PP). The bill would also require the department to ensure that a pregnant person receiving coverage under PE4PP who applies for full-scope Medi-Cal benefits within 60 days receives coverage under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1481</p>	<p>05/26/23 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p>SB 70 (Wiener)</p>	<p>This bill would prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan’s or insurer’s formulary. The bill would prohibit a health care service plan contract from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB70</p>	<p>CAHP Opposed</p> <p>06/01/23 - Referred to Com. on HEALTH.</p>
<p>SB 257 (Portantino)</p>	<p>Beginning on January 1, 2025, this bill would require health plans and insurers to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB257</p>	<p>CAHP Opposed</p> <p>05/26/23 - In Assembly. Read first time. Held at Desk.</p>
<p>SB 282 (Eggman)</p>	<p>This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.</p> <p>The bill would include a licensed acupuncturist within those health care professionals covered under the definition of a “visit.”</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB282</p>	<p>LHPC Support</p> <p>05/25/23 - In Assembly. Read first time. Held at Desk.</p>
<p>SB 299 (Eggman)</p>	<p>This bill would remove loss of contact with a beneficiary, as evidenced by the return of mail, as a circumstance requiring prompt redetermination and would delete requirement for a county to send a notice of action terminating eligibility if the prepopulated form is returned and the purpose for the redetermination is loss of contact with the beneficiary.</p>	<p>06/01/23 - Referred to Com. on HEALTH.</p>

	https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB299	
SB 311 (Eggman)	<p>This bill would require the department to submit a state plan amendment no later than January 1, 2024, to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB311</p>	<p>LHPC Support</p> <p>05/25/23 - In Assembly. Read first time. Held at Desk.</p>
SB 324 (Limon)	<p>This bill would add any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines, as a covered benefit under Medi-Cal without prior authorization or other utilization review.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB324</p>	<p>CAHP Opposed</p> <p>06/01/23 - Referred to Com. on HEALTH.</p>
SB 339 (Weiner)	<p>Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met. This bill would instead authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met.</p> <p>This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist, and reimburse pharmacist services at 100% of the fee schedule for physician services. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB339</p>	<p>CAHP Opposed</p> <p>05/26/23 - Referred to Coms. on HEALTH and B. & P.</p>
SB 340 (Eggman)	<p>This bill, for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB340</p>	<p>05/25/23 - In Assembly. Read first time. Held at Desk.</p>

<p>SB 424 (Durazo)</p>	<p>Existing law requires the department to establish a statewide Whole Child Model program stakeholder advisory group that includes specified persons, including CCS case managers, and to consult with that advisory group on prescribed matters. Existing law terminates the advisory group on December 31, 2023.</p> <p>This bill would extend the operation of the advisory group until December 31, 2026.</p> <p>https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240SB424</p>	<p>LHPC Opposed Unless Amended</p> <p>06/01/23 - In Assembly. Read first time. Held at Desk.</p>
<p>SB 427 (Portantino)</p>	<p>This bill would prohibit a health care service plan from subjecting antiretroviral drugs, devices, or products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request.</p> <p>The bill would prohibit a health care service plan contract from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. The bill would require a grandfathered health care service plan contract or health insurance policy to provide coverage for those drugs, devices, or products, and would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, devices, or products, including by supplying participating providers directly with a drug, device, or product, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427</p>	<p>CAHP Opposed</p> <p>06/01/23 - Referred to Com. on HEALTH.</p>
<p>SB 496 (Limon)</p>	<p>by July 1, 2024, would expand the Medi-Cal schedule of benefits to include medically necessary biomarker testing, as prescribed, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a Medi-Cal beneficiary's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB496</p>	<p>CAHP Opposed Unless Amended</p> <p>06/01/23 - Referred to Com. on HEALTH.</p>

<p>SB 502 (Allen)</p>	<p>This bill would require the department to file all necessary state plan amendments to exercise the option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB502</p>	<p>05/25/23 - In Assembly. Read first time. Held at Desk.</p>
<p>SB 525 (Durazo)</p>	<p>Commencing June 1, 2024 and until June 1, 2025, this bill would require a health care worker minimum wage of \$21 per hour for hours worked in covered health care employment, as defined. Commencing June 1, 2025, the bill would require a health care minimum wage of \$25 per hour for hours worked in covered health care employment, as defined, subject to adjustment, as prescribed.</p> <p>This bill would require, for covered health care employment where the employee is paid on a salary basis, that the employee earn a monthly salary equivalent to no less than 150% of the health care worker minimum wage for full-time employment in order to qualify as exempt from the payment of minimum wage and overtime.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB525</p>	<p>06/01/23 - In Assembly. Read first time. Held at Desk.</p>
<p>SB 537 (Becker)</p>	<p>This bill would authorize the legislative body of a multijurisdictional, cross-county agency, as specified, to use alternate teleconferencing provisions if the eligible legislative body has adopted an authorizing resolution, as specified. The bill would also require the legislative body to provide a record of attendance and the number of public comments on its internet website within 7 days after a teleconference meeting, as specified. The bill would require at least a quorum of members of the legislative body to participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The bill would require the legislative body to identify in the agenda each member who plans to participate remotely and to include the address of the publicly accessible building from each member will participate via teleconference. The bill would prohibit a member from participating remotely pursuant to these provisions unless the remote location is the member’s office or another location in a publicly accessible building and is more than 40 miles from the location of the in-person meeting. The bill would repeal these alternative teleconferencing provisions on January 1, 2028.</p> <p>This bill would expand the circumstances of “just cause” to apply to the situation in which an immunocompromised child, parent, grandparent, or other specified relative requires the member to participate remotely.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB537</p>	<p>05/31/23 - In Assembly. Read first time. Held at Desk.</p>

<p>SB 598 (Skinner)</p>	<p>Would, on or after January 1, 2025, prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB598</p>	<p>CAHP Opposed</p> <p>06/01/23 - Referred to Com. on HEALTH.</p>
<p>SB 667 (Dodd)</p>	<p>Adds common gynecologic conditions to the practice of midwifery by a Certified Nurse Midwife (CNM). Permits a CNM who holds privileges in a general acute care hospital, as defined, to admit and discharge patients upon their own authority, within their scope of practice and in accordance with the bylaws of that facility, as specified. Updates and revises the authority for CNMs to furnish and order controlled substances classified in schedule II, III, IV, and V. Clarifies that a CNM may dispense drugs, which are defined in the pharmacy law as not dangerous, as specified. Adds a CNM to the definition of “prescriber” in the pharmacy law, as specified.</p> <p>Authorizes an alternative birth center or primary care clinic to perform tests classified as “waived” under CLIA or a provider-performed microscopy (PPM) that are consistent with services within the scope of the provider’s license if the alternative birth center or primary care clinic obtains a registration from the DPH complies with specified provisions.</p> <p>https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240SB667</p>	<p>06/01/23 - In Assembly. Read first time. Held at Desk.</p>
<p>SB 694 (Eggman)</p>	<p>This bill would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program for the treatment of high blood pressure. The bill would state the intent of the Legislature that those covered devices and services be consistent in scope with devices and services that are recognized under specified existing billing codes or their successors.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB694</p>	<p>05/25/23 - In Assembly. Read first time. Held at Desk.</p>

<p>SB 770 (Weiner)</p>	<p>This bill would direct the Secretary of the California Health and Human Services Agency to pursue waiver discussions with the federal government with the objective of a unified health care financing system that incorporates specified features and objectives, including, among others, a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing for essential services and treatments. The bill would further require the secretary to establish a Waiver Development Workgroup comprised of members appointed by the Governor, Speaker of the Assembly, and President Pro Tempore of the Senate, as specified. The bill would require the workgroup to include stakeholders representing various specified interests, including consumers, patients, health care professionals, labor unions, government agencies, and philanthropic organizations. The bill would also require the secretary to submit a complete set of recommendations regarding the elements to be included in a formal waiver application, as specified, by no later than June 1, 2024. The bill would also include findings and declarations of the Legislature related to the implementation of a unified health care financing system.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB770</p>	<p>CAHP Oppose</p> <p>05/31/23 - In Assembly. Read first time. Held at Desk.</p>
<p>SB 805 (Portantino)</p>	<p>This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified.</p> <p>This bill would require the department to adopt emergency regulations to address the use of behavioral health professionals and behavioral health paraprofessionals in group practice provider behavioral intervention services. The bill would require the department to establish rates and the educational or experiential qualifications and professional supervision requirements necessary for these positions to provide behavioral intervention services, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB805</p>	<p>05/25/23 - In Assembly. Read first time. Held at Desk.</p>

SB 819 (Eggman)	<p>Under existing law, an applicant or provider that is operated on separate premises and is license exempt, including an intermittent site or mobile health care unit that is operated by a licensed primary care clinic that provides all staffing, protocols, equipment, supplies, and billing services, is not required to enroll in the Medi-Cal program as a separate provider or comply with the enrollment procedures, if the licensed primary care clinic has notified the department of its separate locations, premises, intermittent sites, or mobile health care units.</p> <p>This bill would additionally exempt from the Medi-Cal enrollment procedures an intermittent site or mobile health care unit that is operated by the above-described government-run license-exempt clinic if that clinic has notified the department of its separate locations, premises, sites, or units.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB819</p>	05/11/23 - Referred to Com. on HEALTH.
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**KERN HEALTH
SYSTEMS**

MEDIA Clips

This news compilation is intended for KHS purposes only.

KERN COUNTY

The Social Servant officially launches new mobile clinic in Kern

By KERO 23 News

“Just the passion that they have and the grassroots efforts. They are literally driving around and going and finding these individuals that otherwise would probably just go unseen and not receive the help. They are the boots on the ground for us,” said Emily Duran, CEO of Kern Health Systems.

[Read More](#)

Kern County’s latest mobile clinic extends aid to unhoused individuals in Kern County

By Eyewitness News

Amisha is with the Kern Health Systems... “Kern Family Health Care receive these fundings to be able to allocate funds to these projects. So, Social Servant Mobile Clinic is one of the nineteen projects that we funded through these incentive funding.”

[Read More](#)

Kern listening panel searches for solutions to healthcare inequities

By KERO 23 News

“If you want to build and strengthen trust with different communities and the health care systems, you have to talk to them. You have to understand where they’re coming from, what their experiences are like, and that’s the power in conversations,” said Matthews. “Really just take time to listen.”

[Read More](#)

Bakersfield homeless shelter has record month, opens recuperative care dorm

By Eyewitness News

The new recuperative care dorm makes hospital bed space more available throughout the region, ensuring a transition for individuals entering the BLNC to receive services, according to the city. It is being operated by Kern Medical and funded by Kern Health Systems.

[Read More](#)

Local Newscasts

KGET Channel 17 - NBC

Monday – Friday

5 am, 6 am, 12 pm, 5 pm - 6:30 pm,
11 pm

Sat. & Sun.

5 pm, 6 pm, 11 pm

KERO Channel 23 – ABC

Monday – Friday

4:30 am, 11 am, 5 pm, 6 pm, 7 pm,
11 pm

Sat. & Sun.

6 am, 8 am, 6 pm, 11 pm

KBAK Channel 29 – CBS

Monday – Friday

4:30 am, 12 pm, 5 pm, 6 pm, 7 pm,
11 pm

Sat. & Sun.

5 pm, 6 pm, 11 pm

KBFX Channel 58 – Fox

Monday – Friday

7 am, 12:30 pm, 10 pm

Sat. & Sun.

6 pm, 10 pm



Health4kern coalition urges residents to prioritize healthcare and renew medi-cal coverage

By South Kern Sol

“Kern Family Health Care is proud to partner with the Kern County Department of Human Services, who will share accurate Medi-Cal renewal date information with us. We are using this data for direct member messaging and outreach via mail, text, phone calls, member portal, and other methods to remind members about their Medi-Cal renewal deadline and assist them so they don’t lose their Medi-Cal coverage if they still qualify,” Matthews stated.

[Read More](#)

Medi-Cal Renewals Spanish Interview

By TeleXitos KBBV-19 Bakersfield

Maritza Jimenez, KHS Community Engagement Supervisor, shares information on renewing your Medi-Cal and the benefits of being a KFHC member.

[Read More](#)

Kern County health organizations urge residents to renew Medi-Cal coverage

By KERO 23 News

Building Healthy Communities and the Health4Kern Coalition are making sure Kern County families are aware of their options.

[Read More](#)

Kern health leaders recognize mental health for May

By Tehachapi News

Services through the county are free for those with Medi-Cal insurance. In order to qualify one must go through a mental health assessment and demonstrate a significant mental impairment, such as “not taking care of their physical health.” From there, patients can be connected through Kern BHRS, Kern Health Systems or Kern Health Net, depending on their case.

[Read More](#)

Local Plan Strategies for CalAIM Incentive Payment Program

By California Health Care Foundation

In an issue brief, Local Health Plans of California reviewed four local plans’ strategies for disbursing incentive funds in their service areas...The four plans profiled are Inland Empire Health Plan, Kern Family Health Care, Partnership HealthPlan of California, and Central California Alliance for Health.

[Read More](#)



CSUB launches new health equity course for Fall 2023

By KERO 23 News

According to Kern Health Systems Chief Health Equity Officer Traco Matthews, the opportunities for growth in public health don't stop there. "I love that there is this increased focus on health equity, that there is this renewed appreciation. I think it's going to make our community here in Bakersfield and all of Kern County a healthier place to live, and that excites me."

[Read More](#)

CSUB to offer health equity course in the Fall

By The Bakersfield Californian

"That means moving forward we're going to need people who understand health equity and who understand the disparities...and the landscape and environment that needs to be created in order to give folks the opportunity to achieve greater healthcare or greater health," Matthews said. "Organizations like Kern Health Systems, providers, hospitals, really everyone who is involved with healthcare at all should be thrilled."

[Read More](#)

Local health care plan is hosting its community wellness event this weekend

By Eyewitness News

"We wanted to bring all organizations to come out to [a] one-stop location, so our members [and community] can come out and talk to them all of them at once and see if they're eligible for [the various] program[s]," said Maritza Jimenez, community engagement supervisor for Kern Health Systems.

[Read More](#)



MEMORANDUM

TO: Kern Health Systems Board of Directors
FROM: Martha Tasinga, MD, Chief Medical Officer
SUBJECT: Recommendation of Physician Advisory Committee (PAC) members
DATE: June 15, 2023

BACKGROUND

The Physician Advisory Committee would like to recommend the KHS Board approve to appoint two new committee members to fill vacant positions on KHS's Physician Advisory Committee: Gohar Gevorgyan, MD, to represent Family Medicine (Primary Care), and Atul Aggarwal, MD., to serve as Member-at-Large.

By way of background:

- Gohar Gevorgyan, MD was selected and approved by PAC to represent Family Medicine/Primary Care as a long-standing primary care physician in the community and within the KHS Network. Dr. Gevorgyan completed her internship and residency at Kern Medical in 2009 and has been active in the community and network provider since July 2010; held past Medical Director position at Evergreen Nursing Home; participated in hospitalist programs and most recently is the current Medical Director of Ararat Hospice Care Inc.
- Atul Aggarwal, MD was selected and approved by PAC for the Member-At-Large position. He is board-certified Cardiovascular Disease and Interventional Cardiology. Dr. Aggarwal is also active in the community and has been a network provider since February 2011. Both residency and fellowship were completed at the Fletcher Allen Health Care in Burlington. Dr. Aggarwal brings a broad expertise in Cardiology and Level III training in Interventional Cardiology including peripheral vascular interventions, structural heart interventions and implantation and retrieval of inferior vena cava filters.

REQUESTED ACTION

Board Approval.

20 A

SUMMARY

QUALITY IMPROVEMENT (QI) / UTILIZATION MANAGEMENT (UM) COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Thursday, March 16, 2023
7:00 A.M.

COMMITTEE RECONVENED

Members: Ansolabehere, Arya, Cox, Colayco, Jeffries, Kennedy, Komin, Melendez, Park, Tasinga

ROLL CALL: 5 Present; 5 Absent – Arya, Cox, Komin, Melendez, Park

MEETING CALLED TO ORDER AT 7:07 A.M. BY DR. TASINGA, MD, CMO

NOTE: The vote is displayed in bold below each item. For example, Ansolabehere-Arya denotes Member Ansolabehere made the motion and Member Arya 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 Members on any matter not on this agenda but under the jurisdiction of the Committee Members. 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 Members at a later meeting. Also, the Committee Members 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 of Proceedings

Quality Improvement- Utilization Management 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 (Gov. Code Sec. 54954.2[a])

3) Announcements – ALLEN KENNEDY OF QUALITY TEAM ANNOUNCED THAT THEY WILL BE MERGING THEIR TWO LOCATIONS MID-MAY. THE ORIGINAL LOCATION AT 3740 N. SILLECT # 1B WILL BE MOVING TO THE 4208 ROSEDALE HWY. # 201 LOCATION. HOWEVER, HE STATED THAT THE MAILING ADDRESSES THEY HAVE NOW WILL STAY THE SAME.

DANIELLE COLAYCO FROM KOMOTO SHARED WITH THE COMMITTEE THAT KFHC WAS ONE OF THE SPONSORS OF KOMOTO'S CHILDREN'S COLORING BOOK PROJECT. THE BOOK IS BEING DISTRIBUTED FREE OF CHARGE AT HEALTH FAIRS AND SCHOOLS THROUGHOUT THE COUNTY.

4) CMO Report - DR. MARTHA TASINGA SHARED WITH THE COMMITTEE THAT KHS WILL BE CREATING A STRIKE TEAM, WHICH CONSISTS OF REPRESENTATIVES FROM MULTIPLE DEPARTMENTS WHO WILL CREATE POLICIES AND PROCEDURES TO IMPROVE MCAS/HEDIS AND MEASURE PLAN COMPLIANCE.

CA-5) QI-UM Committee held in Q4 Summary of Proceedings– APPROVED
COLAYCO-KENNEDY: ALL AYES

CA-6) Physician Advisory Committee (PAC) held in Q4 Summary of Proceedings – APPROVED
COLAYCO-KENNEDY: ALL AYES

CA-7) Public Policy – Community Advisory Committee (PP-CAC) held in Q4 Summary of Proceedings – APPROVED
COLAYCO-KENNEDY: ALL AYES

CA-8) Drug Utilization Review (DUR) Committee held in Q4 Summary of Proceedings – APPROVED
COLAYCO-KENNEDY: ALL AYES

CA-9) Pharmacy TAR Log Statistics for Q4 2022 – RECEIVED AND FILED
COLAYCO-KENNEDY: ALL AYES

Summary of Proceedings

Quality Improvement- Utilization Management Committee Meeting
Kern Health Systems

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10) Quality Improvement Program Report for Q4 2022

- QI Reporting for Q4
- Initial Health Assessment Bi-Annual Audit Summary
- Potential Quality Issues Audit Summary
- Policy 2.71-P Facility Site Review and Medical Records Review

MS. JANE DAUGHENBAUGH, DIRECTOR OF QUALITY IMPROVEMENT, REVIEWED WITH THE COMMITTEE THE EXECUTIVE SUMMARY FOR THE 4TH QUARTER OF 2022 QI DEPARTMENT REPORTS, AS WELL AS:

- QI PROGRAM EVALUATION FOR 2022
- SUGGESTION WAS MADE BY DANIELLE COLAYCO TO FOCUS OUR EFFORTS ON MEMBER GEOGRAPHICS OF HIGH NON COMPLIANCE, SUCH AS DELANO.
- QUESTION WAS ASKED BY JENNIFER ANSOLABEHERE ABOUT WHICH MOBILE SERVICES KHS WILL BE OFFERING.
APPROVED - **COLAYCO-KENNEDY: ALL AYES**

11) Utilization Management Program Reporting for Q4 2022 – APPROVED
COLAYCO-KENNEDY: ALL AYES

CA-12) Kaiser Reports (PROPRIETARY AND CONFIDENTIAL)

- KFHC APL Grievance Report for Q4 2022 – RECEIVED AND FILED
- KFHC Volumes Report for Q4 2022 – RECEIVED AND FILED
- Kaiser Reports will be available upon Request

COLAYCO-KENNEDY: ALL AYES

13) Population Health Management (PHM) Reporting for Q4 2022 – APPROVED
KENNEDY-COLAYCO: ALL AYES14) Grievance Operational Board Update for Q4 2022 – APPROVED
KENNEDY-COLAYCO: ALL AYES15) Grievance Summary Reports for Q4 2022 – APPROVED
KENNEDY-COLAYCO: ALL AYES16) Credentialing Statistics for Q4 2022 – APPROVED
COLAYCO-KENNEDY: ALL AYESCA-17) Board Approved New & Existing Contracts Report – RECEIVED AND FILED
COLAYCO-KENNEDY: ALL AYESCA-18) Credentialing & Recredentialing Summary Report – RECEIVED AND FILED
COLAYCO-KENNEDY: ALL AYESCA-19) Network Review for Q4 2022 – RECEIVED AND FILED
COLAYCO-KENNEDY: ALL AYES

Summary of Proceedings

Quality Improvement- Utilization Management Committee Meeting
Kern Health Systems

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CA-20) Health Education Activity Report for Q4 2022 - APPROVED

COLAYCO-KENNEDY: ALL AYES

MEETING ADJOURNED AT 8:50 A.M. TO THURSDAY, JUNE 22, 2023 @ 7:00 A.M

20 B

SUMMARY

DRUG UTILIZATION REVIEW (DUR) COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Tuesday, March 21, 2023
6:30 P.M.

COMMITTEE RECONVENED

Members: Bell, Gehlawat, Hoffmann, Person, Ratnayake, Singh, Srinivas, Tasinga, Tran, Wearda
ROLL CALL: 5 Present; 5 Absent - Hoffmann, Person, Ratnayake, Singh, Tran

Meeting called to order at 6:35 P.M. by Dr. Tasinga, MD, CMO

NOTE: The vote is displayed in bold below each item. For example, Bell-Gehlawat denotes Member Bell made the motion and Member Gehlawat 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

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 (Gov. Code Sec. 54954.2[a])

BRUCE INTRODUCED DR. SIDHU, OUR NEW PHM MEDICAL DIRECTOR TO THE COMMITTEE.

DR. GEHLAWAT ASKED FOR AN OVERVIEW OF THE PHM DEPARTMENT, AND DR. TASINGA PROVIDED THE EXPLANATION.

- 3) Brown Act Update – ANNOUNCEMENT

BRUCE EXPLAINED TO THE COMMITTEE THAT DUE TO RECENT LEGISLATION WE ARE NOW MEETING IN PERSON FOR ALL COMMITTEE MEETINGS.

- CA-4) Minutes for KHS Drug Utilization Review Committee meeting on November 21, 2022 –
DUE TO LACK OF QUORUM, THE MINUTES WERE REVIEWED BUT WILL BE BROUGHT BACK TO THE NEXT MEETING TO BE RATIFIED.

- CA-5) Report of Plan Utilization Metrics – RECEIVED AND FILED

- CA-6) Report of Removal of X Waiver – RECEIVED AND FILED

- CA-7) Managed Care DUR Surveys available on CMS website – RECEIVE AND FILE
Committee reviewed reports, but no action taken due to lack of quorum.

- 8) DUR Vacancy – DISCUSSION

BRUCE SHARED THAT THERE ARE SOME VACANCIES ON THE DUR COMMITTEE, SPECIFICALLY TO BE COMPLIANT WITH DHCS CONTRACT 2024. A POSITION OF “GERIATRIC SPECIALIST” PHYSICIAN IS REQUIRED. THE HEALTH PLAN REVIEWED CLAIMS DATA AND PCP SELECTION BY THE MEMBER, DOCTORS PERVEZ MEMNON AND INGY AYAD WERE IDENTIFIED.

THE COMMITTEE SUGGESTED DOCTORS PERVEZ MEMNON AND RADHEY BANSAL AS POSSIBLE CANDIDATES FOR THE GERIATRIC VACANCY.

9) Executive Order N-01-19: Medi-Cal Rx Update – DISCUSSION

BRUCE SHARED THAT THE TRANSITION POLICY WILL BE ENDING, AND PRIOR AUTHORIZATIONS AND DUR EDITS WILL BE COMING BACK. AS A REMINDER, THE CONTRACT DRUG LIST (CDL) ARE ON THE MEDI-CAL WEBSITE AND DR. SRINIVAS ASKED IF THERE WAS A LINK FROM OUR WEBSITE. KHS PROVIDER WEBSITE DOES CONTAIN LINKS TO THE MEDI-CAL WEBSITE, AND OTHER HELPFUL LINKS AND RESOURCES. KHS ALSO POSTS BULLETINS ON THE KHS WEBSITE FROM DHCS REGARDING MEDI-CAL RX. KHS FAXES SAME BULLETINS TO NETWORK PROVIDERS AND PHARMACIES.

ADJOURN TO CLOSED SESSION – N/A

CLOSED SESSION

Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) –

COMMITTEE TO RECONVENE TO OPEN SESSION – N/A

MEETING ADJOURNED BY DR. TASINGA AT 7:30 PM AND IT WAS DECIDED THAT WE WILL MEET ON MONDAY'S FROM NOW ON, AND OUR NEXT MEETING WILL BE ON JUNE 26 2023 @ 6:30 P.M.

SUMMARY

PUBLIC POLICY/COMMUNITY ADVISORY COMMITTEE

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Regular Meeting
Tuesday, March 28, 2023

COMMITTEE RECONVENED

Members: Janet Hefner, Jennifer Wood, Jasmine Ochoa, Mark McAlister, Cecilia Hernandez-Colin, Beatriz Basulto, Tammy Torres, Yadira Ramirez, Michelle Bravo, Alex Garcia, Quon Louey, Kaelsun Singh Tyiska, Rukiyah Polk

ROLL CALL: 9 Present; 4 Absent – Jennifer Wood, Mark McAlister, Yadira Ramirez, Kaelsun Singh Tyiska

Meeting called to order by Louie Iturriria, Director of Marketing and Public Relations, at 11:02 AM.

NOTE: The vote is displayed in bold below each item. For example, Hefner-Wood denotes Member Hefner made the motion and Member Wood seconds 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.

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 (Gov. Code Sec. 54954.2[a]) **NO ONE HEARD.**
- CA-3) Minutes for Public Policy/Community Advisory Committee meeting on December 13, 2022
APPROVED
Garcia-Hefner: 9 Ayes; 4 Absent – Wood, McAlister, Ramirez, Singh-Tyiska
- CA-4) Report on Q1-2023 Medi-Cal Membership Enrollment
RECEIVED AND FILED
Garcia-Hefner: 9 Ayes; 4 Absent – Wood, McAlister, Ramirez, Singh-Tyiska
- CA-5) Report on Population Health Management for Q4 2022 -
RECEIVED AND FILED
Garcia-Hefner: 9 Ayes; 4 Absent – Wood, McAlister, Ramirez, Singh-Tyiska
- CA-6) Report on Health Education for Q4 2022 -
RECEIVED AND FILED
Garcia-Hefner: 9 Ayes; 4 Absent – Wood, McAlister, Ramirez, Singh-Tyiska
- 7) Report on Member Services Grievance Operational Report and Grievance Summary for Q4 2022 -
APPROVED
Garcia-Hernandez-Colin: 9 Ayes; 4 Absent – Wood, McAlister, Ramirez, Singh-Tyiska
- 8) Marketing Department - New Branding Campaign
PRESENTATION
- QUON LOUEY SUGGESTED KHS SURVEY OUR MEMBERS THROUGH THEIR PROVIDERS TO SEE IF THEY ARE SEEING KHS BUS ADS, TV ADS, IN ORDER TO SEE IF THEY ARE EFFECTIVELY BEING REACHED.
 - CECILIA HERNANDEZ-COLIN AND BEATRIZ BASULTO ASKED IF KFHC WILL ASSIST WITH MEDI-CAL RENEWALS AS WELL AS FOLLOW-UP IF THERE IS A NEED.
 - RUKIYAH POLK SUGGESTED A TEXT MESSAGE CAMPAIGN FOR OUR MEMBERS TO HELP WITH THE MEDI-CAL RENEWAL PROCESS.
 - TAMMY TORRES SUGGESTED THAT KFHC OFFER MORE ASSISTANCE AND OUTREACH TO ADOPTIVE AND/OR FOSTER, AND RESOURCE PARENTING.
 - ALEX GARCIA SUGGESTED OUR MEMBERS WOULD BE BEST REACHED THROUGH SOCIAL MEDIA PLATFORMS.

9) Health Education KFHC Winter 2023 Member Newsletter -
PRESENTATION

- HEALTH EDUCATION STARTED PLANNING THE SUMMER NEWSLETTER IN WINTER 2022. ALL TOPICS PRESENTED IN DECEMBER 2022 WILL BE COVERED. IN ADDITION, BASED ON THIS COMMITTEE'S FEEDBACK, AN ARTICLE ON ALZHEIMER'S WAS INCLUDED WITH A FOCUS ON CARE GIVER WELLNESS. OTHER TOPICS WERE ALSO INCLUDED BASED ON THE PLAN'S PERFORMANCE: STI AND CERVICAL CANCER SCREENING.

MEETING ADJOURNED BY LOUIE ITURRIRIA, DIRECTOR OF MARKETING AND PUBLIC RELATIONS, AT 11:54 AM TO JUNE 27, 2023 AT 11:00 AM

**Summary – Public Policy/Community Advisory
Committee**
Kern Health Systems

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SUMMARY

PHYSICIAN ADVISORY COMMITTEE MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Blvd.
Bakersfield, California 93308

Wednesday, April 5, 2023
7:00 A.M.

COMMITTEE RECONVENED

Members: Aggarwal, Amin, Gevorgyan, Hair, Lascano, Parmar, Patel, Tasinga
ROLL CALL: 8 Present; 0 Absent

Meeting called to order at 7:02 A.M. by Dr. Tasinga, MD, CMO

NOTE: The vote is displayed in bold below each item. For example, Amin-Parmar denotes Member Amin made the motion and Member Parmar 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

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 (Gov. Code Sec. 54954.2[a])

DR. TASINGA INTRODUCED DR. SUKHPREET SIDHU, KHS NEW PHM MEDICAL DIRECTOR TO THE COMMITTEE.

ADJOURNED TO CLOSED SESSION @ 7:05 A.M.

CLOSED SESSION

- 3) Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – BY A VOTE OF 8-0, THE COMMITTEE APPROVED PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING AND RECREDENTIALING. (GEVORGYAN-AMIN)

INITIAL CREDENTIALING

- THERE WERE NO COMPREHENSIVE REVIEWS FOR INITIAL APPLICANTS PRESENTED.

RECREDENTIALING

- COMPREHENSIVE REVIEWS WERE CONDUCTED FOR RECREDENTIALING APPLICATIONS LISTED BELOW FOR REVIEW OF ADDITIONAL ADVERSE INFORMATION AND/OR INFORMATION RELATED TO MALPRACTICE CASE(S) THAT RESULTED IN SETTLEMENT OR JUDGMENT MADE ON BEHALF OF THE PRACTITIONER WITHIN THE PREVIOUS 3 YEARS:
- MEMBER GRIEVANCES: ALL PROVIDERS WITH SIGNIFICANT MEMBER & QUALITY GRIEVANCES WERE REVIEWED WITH NO QUALITY OF SERVICE OR CARE ISSUES REPORTED AS SIGNIFICANT TRENDS OR CONCERN REQUIRING FURTHER REVIEW BY THIS COMMITTEE.
- PRV030847 – REVIEWED INFORMATION REGARDING NPDB 2022 SETTLEMENT \$29,000 ALLEGED NEGLIGENT RIGHT ROTATOR CUFF REPAIR RESULTING IN MUSCULOCUTANEOUS NERVE INJURY IN 59-YR OLD PT. PROVIDER EXPLANATION REVIEWED AND RECOMMEND APPROVAL OF CONTINUED NETWORK PARTICIPATION.
- PRV004774 - COMPLIANCE - OPEN CASE FOR POTENTIAL FRAUD. COMPLIANCE RECOMMENDS PROCEEDING WITH RECREDENTIALING AND WILL PRESENT FURTHER FINDINGS UPON CASE CLOSURE IF WARRANTED.

Summary

Physician Advisory Committee Meeting
Kern Health Systems

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- PRV037668 - REVIEWED INFORMATION REGARDING NPDB 2022 SETTLEMENT \$20,000 ALLEGED APPLIED TOO MUCH PRESSURE TO MID BACK WHEN PERFORMING CHIROPRACTIC ADJUSTMENT; ROTATIONS WERE NORMAL HOWEVER, X-RAY REVEALED RIB FRACTURE. PROVIDER EXPLANATION REVIEWED AND RECOMMEND APPROVAL OF CONTINUED NETWORK PARTICIPATION.
- PRV000416 – REVIEWED INFORMATION REGARDING NPDB 2022 SETTLEMENT \$100,000 ALLEGED FAILURE TO REPAIR ACL RUPTURE IN NEED FOR TOTAL ARTHROPLASTY. PROVIDER EXPLANATION REVIEWED AND RECOMMEND APPROVAL OF CONTINUED NETWORK PARTICIPATION.
- PRV039737 - COMPLIANCE - OPEN CASE FOR POTENTIAL FRAUD. COMPLIANCE RECOMMENDS PROCEEDING WITH RECREDENTIALING AND WILL PRESENT FURTHER FINDINGS UPON CASE CLOSURE IF WARRANTED.
- PRV000210 - COMPLIANCE - OPEN CASE FOR POTENTIAL FRAUD. COMPLIANCE RECOMMENDS PROCEEDING WITH RECREDENTIALING AND WILL PRESENT FURTHER FINDINGS UPON CASE CLOSURE IF WARRANTED.

COMMITTEE RECONVENED TO OPEN SESSION @ 7:26 A.M.

- CA-4) Minutes for KHS Physician Advisory Committee meeting on March 1, 2023 – APPROVED
Hair-Amin: All Ayes
- 5) Review Policy 4.01-P Credentialing – APPROVED
Patel-Parmar: All Ayes

MEETING ADJOURNED AT 8:18 A.M. TO WEDNESDAY, MAY 3, 2023 @ 7:00 A.M

SUMMARY

FINANCE COMMITTEE MEETING

KERN HEALTH SYSTEMS
2900 Buck Owens Boulevard
Bakersfield, California 93308

Friday, April 7, 2023

8:00 A.M.

COMMITTEE RECONVENED

Members: Martinez, Garcia, McGlew, Watson
ROLL CALL: 3 Present; 1 Absent - McGlew

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

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NO ONE HEARD

COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

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NO ONE HEARD

- CA-3) Minutes for Kern Health Systems Finance Committee meeting on February 10, 2023 - APPROVED

Watson-Garcia: 3 Ayes; 1 Absent - McGlew

- 4) Report by Daniells Phillips Vaughan & Bock on the audited financial statements of Kern Health Systems for the year ending December 31, 2022 (Fiscal Impact: None) – SHANNON WEBSTER, DANIELLS, PHILLIPS, VAUGHAN & BOCK, HEARD; RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS

Garcia-Watson: 3 Ayes; 1 Absent - McGlew

- 5) Proposed 2023 Budget changes relating to MCO Tax and Hospital Directed Payments (Fiscal Impact to Net Position: None) – APPROVED; REFERRED TO KHS BOARD OF DIRECTORS

Watson-Garcia: 3 Ayes; 1 Absent - McGlew

- 6) Report on Kern Health Systems Financial Statements for December 2022 and January 2023 (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS

Garcia-Watson: 3 Ayes; 1 Absent - McGlew

- 7) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for December 2022 and January 2023 and IT Technology Consulting Resources for the period ended December 31, 2022 (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS

Watson-Garcia: 3 Ayes; 1 Absent - McGlew

ADJOURN TO FRIDAY, JUNE 9, 2023 AT 8:00 A.M.

