



**KERN HEALTH  
SYSTEMS**

**REGULAR MEETING OF THE  
BOARD OF DIRECTORS**

**Thursday, June 13, 2024**

**at**

**8:00 A.M.**

**At**

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

**The public is invited.**

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





# AGENDA

## BOARD OF DIRECTORS

KERN HEALTH SYSTEMS  
2900 Buck Owens Boulevard  
Bakersfield, California 93308

**Regular Meeting**  
**Thursday, June 13, 2024**

**8:00 A.M.**

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

**PLEASE SILENT CELL PHONES AND OTHER ELECTRONIC DEVICES DURING THE MEETING**

### BOARD TO RECONVENE

Directors: Watson, Thygerson, Patel, Elliott, Acharya, Alva, Bowers, Hoffmann, Ma, McGlew, Meave, 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) CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION  
Significant exposure to litigation pursuant to Government Code Section 54956.9 (d)(2): 1 case  
Facts and circumstances that might result in litigation against the local agency but which the local agency believes are not yet known to a potential plaintiff or plaintiffs, which facts and circumstances need not be disclosed.
- 3) CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION  
Government Code Section 59456.9 (d)(1)  
Name of Case: Anita Martin v. Kern Health Systems, BCV-23-103336-BCB

8:15 A.M.

BOARD TO RECONVENE

REPORT ON ACTIONS TAKEN IN CLOSED SESSION

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

STAFF RECOMMENDATION SHOWN IN CAPS

PUBLIC PRESENTATIONS

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

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

- 5) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code section 54954.2(a)(2))
- CA-6) Minutes for Kern Health Systems Board of Directors regular meeting on April 18, 2024 (Fiscal Impact: None) – APPROVE

- CA-7) Appreciation recognition of Cathy Abernathy for 2 years of dedicated service as a member of the Kern Health Systems Board of Directors (Fiscal Impact: None) –  
RECEIVE AND FILE
- CA-8) Request to terminate Attorney Retainer Agreement with the County of Kern dated July 13, 2010, and authorize Assistant General Counsel to send Notice of Termination (Fiscal Impact: None) –  
APPROVE; AUTHORIZE NOTICE
- CA-9) Report on Kern Health Systems Provider Network Capacity Study (Fiscal Impact: None) –  
RECEIVE AND FILE
- CA-10) Report on Kern Health Systems Employee Engagement Survey (Fiscal Impact: None) –  
RECEIVE AND FILE
- 11) Report from the Milliman actuary firm regarding capital reserves and liquidity (Fiscal Impact: None) –  
APPROVE
- 12) Report on Kern Health Systems investment portfolio for the first quarter ending March 31, 2024 (Fiscal Impact: None) –  
RECEIVE AND FILE
- 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, 2024 through June 30, 2025 (Fiscal Impact: \$800,000 Estimated; Budgeted) –  
APPROVE
- 14) Proposed renewal and binding of employee benefit plans for medical (self-funded), vision, dental, life insurance, short-term and long-term disability, and long-term care effective January 1, 2025 (Fiscal Impact: \$11,000,000 Estimated; Budgeted) –  
APPROVE
- 15) Proposed Agreement with Office Ally, LLC, to process and submit electronic medical claims from providers and institutions directly to KHS, from June 22, 2024 through June 21, 2027, in an amount not to exceed \$0.21 per claim (Fiscal Impact: \$556,500 estimated annually; Budgeted) –  
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- 16) Report on Kern Health Systems Foundation Update – Bylaws (Fiscal Impact: None) –  
RECEIVE AND FILE

- 17) Report on Kern Health Systems financial statements for February 2024, March 2024 and April 2024 (Fiscal Impact: None) –  
RECEIVE AND FILE
- CA-18) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for February 2024, March 2024 and April 2024 and IT Technology Consulting Resources for the period ended March 31, 2024 (Fiscal Impact: None) –  
RECEIVE AND FILE
- CA-19) Proposed Kern Health Systems provider contracts (rates confidential per Welfare and Institutions Code Section 14087.38(m)) –  
APPROVE; AUTHORIZE CHIEF EXECUTIVE OFFICER TO SIGN
- CA-20) Kern Health Systems Chief Compliance and Fraud Prevention Officer report (Fiscal Impact: None) –  
RECEIVE AND FILE
- CA-21) Report on Kern Health Systems Regulatory Audit Summary 2018-2023 (Fiscal Impact: None) –  
RECEIVE AND FILE
- CA-22) Report on Kern Health Systems MCAS Audit Summary 2017-2023 (Fiscal Impact: None) –  
RECEIVE AND FILE
- CA-23) Report on Major Organ Transplant Centers of Excellence (Fiscal Impact: None) –  
RECEIVE AND FILE
- 24) Kern Health Systems Chief Medical Officer report (Fiscal Impact: None) –  
RECEIVE AND FILE
- 25) Kern Health Systems Chief Executive Officer report (Fiscal Impact: None) –  
RECEIVE AND FILE
- CA-26) Miscellaneous Documents –  
RECEIVE AND FILE
  - A) Minutes for Kern Health Systems Behavioral Health Advisory Committee meeting on March 11, 2024
  - B) Minutes for Kern Health Systems Drug Utilization Review Committee meeting on March 18, 2024
  - C) Minutes for Kern Health Systems Community Advisory Committee meeting on March 26, 2024
  - D) Minutes for Kern Health Systems Quality Improvement Committee meeting on March 29, 2024
  - E) Minutes for Kern Health Systems Physician Advisory Committee meeting on April 3, 2024

- F) Minutes for Kern Health Systems Finance Committee meeting on April 12, 2024
- G) Minutes for Kern Health Systems Physician Advisory Committee meeting on May 1, 2024
- H) Minutes for Kern Health Systems Fraud, Waste, and Abuse Committee meeting on May 6, 2024
- I) Minutes for Kern Health Systems Delegation Oversight Committee meeting on May 7, 2024
- J) Minutes for Kern Health Systems Compliance Committee meeting on May 8, 2024
- K) Minutes for Kern Health Systems Executive Quality Improvement Health Equity Committee Meeting on May 23, 2024
- L) Minutes for Kern Health Systems Governance and Compliance Committee meeting on May 23, 2024

ADJOURN TO AUGUST 15, 2024 AT 8:00 A.M.

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

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



## SUMMARY

### BOARD OF DIRECTORS

KERN HEALTH SYSTEMS  
**2900 Buck Owens Boulevard**  
Bakersfield, California 93308

Regular Meeting  
Thursday, April 18, 2024

8:00 A.M.

#### BOARD RECONVENED

Directors: Watson, Thygeron, Patel, Elliott, Acharya, Alva, Bowers, Hoffmann, Ma, McGlew, Meave, Patrick, Singh, Tamsi, Turnipseed  
ROLL CALL: 10 Present – 5 Absent: Thygeron, Bowers, Hoffmann, Singh, Tamsi

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

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

#### BOARD ACTION SHOWN IN CAPS

#### ADJOURNED TO CLOSED SESSION

**Patel**

NOTE: DIRECTOR THYGERON ARRIVED DURING CLOSED SESSION

NOTE: DIRECTOR BOWERS ARRIVED DURING CLOSED SESSION

NOTE: DIRECTOR SINGH ARRIVED DURING CLOSED SESSION

NOTE: DIRECTOR TAMSI ARRIVED DURING CLOSED SESSION

CLOSED SESSION

- 1) Request for Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) – SEE RESULTS BELOW
- 2) CONFERENCE WITH LEGAL COUNSEL – FORMALLY INITIATED LITIGATION - (Government Code § 54956.9 (d) (1) and (g))  
Name of case: Oxford, Michelle vs KHS – SEE RESULTS BELOW

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 FOR MARCH 2024** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR THYGERSON ABSTAINED FROM VOTING ON ADVENTIST HEALTH SPECIALTY BAKERSFIELD, VARELA; DIRECTOR ACHARYA ABSTAINED FROM VOTING ON CERRO CANTON, CHEEMA, KELLER, POKKAMTHANAM, ROSALES, DAVIS; DIRECTOR BOWERS ABSTAINED FROM VOTING ON CERRO CANTON, CHEEMA, KELLER, POKKAMTHANAM, ROSALES, DAVIS; DIRECTOR PATEL ABSTAINED FROM VOTING ON FAMILY HEALTHCARE NETWORK; DIRECTOR TURNIPSEED ABSTAINED FROM VOTING ON ADVENTIST HEALTH SPECIALTY BAKERSFIELD, RAMOS, VARELA

Item No. 1 concerning a Request for Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) RECOMMENDED FOR **INITIAL CREDENTIALING FOR APRIL 2024** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR INITIAL CREDENTIALING; DIRECTOR THYGERSON ABSTAINED FROM VOTING ON FINK, MALIK; DIRECTOR TURNIPSEED ABSTAINED FROM VOTING ON DAYANGHIRANG, RIZKALLA

Item No. 1 concerning a Request for Closed Session regarding peer review of a provider (Welfare and Institutions Code Section 14087.38(o)) RECOMMENDED FOR **RECREREDENTIALING FOR MARCH 2024** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR RECREREDENTIALING; DIRECTOR THYGERSON ABSTAINED FROM VOTING ON ATEN, KLANG, FARVON, HANNON, JOOLHAR, TASINGA, ALL DELEGATED CREDENTIALING; DIRECTOR ACHARYA ABSTAINED FROM VOTING ON CENTRAL VALLEY SURGICAL CENTER; DIRECTOR BOWERS ABSTAINED FROM VOTING ON CENTRAL VALLEY SURGICAL CENTER



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 RECREDENTIALING FOR APRIL 2024** – HEARD; BY A UNANIMOUS VOTE OF THOSE DIRECTORS PRESENT, THE BOARD APPROVED ALL PROVIDERS RECOMMENDED FOR RECREDENTIALING; DIRECTOR THYGERSON ABSTAINED FROM VOTING ON KERN MEDICAL, COFFEY, FOX, OH, OLANGO, POLLOCK, RAY; DIRECTOR ACHARYA ABSTAINED FROM VOTING ON SINGH; DIRECTOR BOWERS ABSTAINED FROM VOTING ON OBANDO CABREJO, SINGH; DIRECTOR TURNIPSEED ABSTAINED FROM VOTING ON MAHESHWARI; DIRECTOR PATEL ABSTAINED FROM VOTING ON NUNEZ

Item No. 2 concerning a CONFERENCE WITH LEGAL COUNSEL – FORMALLY INITIATED LITIGATION - (Government Code § 54956.9 (d) (1) and (g))  
Name of case: Oxford, Michelle vs KHS – 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))  
**NO ONE HEARD**
- CA-5) Minutes for Kern Health Systems Board of Directors regular meeting on February 15, 2024 (Fiscal Impact: None) – APPROVED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- 6) Kern County Board of Supervisors appointment of Alex Alva, 2<sup>nd</sup> District Community Representative, for term expiring April 21, 2026 (Fiscal Impact: None) – RECEIVED AND FILED  
**Patrick-Meave: 14 Ayes; 1 Absent - Hoffmann**

- 7) Report by Daniells Phillips Vaughan & Bock on the audited financial statements of Kern Health Systems for the year ending December 31, 2023 (Fiscal Impact: None) – SHANNON WEBSTER, DANIELLS PHILLIPS VAUGHAN & BOCK, HEARD; APPROVED  
**Acarya-Patrick: 14 Ayes; 1 Absent - Hoffmann**
- CA-8) Report on Kern Health Systems 2023 Provider Satisfaction Survey (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-9) Report on Kern Health Systems 2023 Member Satisfaction Survey (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-10) Report on Kern Health Systems 2024 Utilization Management (UM) Program Evaluation and the 2024 UM Program Description (Fiscal Impact: None) – APPROVED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-11) Report on Kern Health Systems Quality Improvement (QI) 2023 Program Evaluation, 2024 QI Program Description and the 2024 Quality Improvement Work Plan (Fiscal Impact: None) – APPROVED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-12) Report on Kern Health Systems Code of Conduct (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-13) Report on Kern Health Systems Compliance Self-Study Employee Guide (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-14) Report on Kern Health Systems Annual Compliance Survey (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-15) Report on Kern Health Systems 2023 Department of Health Care Services Draft Audit Report Response (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-16) Report on Kern Health Systems 2023 Department of Managed Health Care Preliminary Audit Report (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-17) Report on Kern Health Systems 2024 Compliance Work Plan Q1 Update (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**

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- 18) Proposed Agreement with AllMed Healthcare Management, LLC, to provide Clinical Augmentation Services, from July 1, 2024 through June 30, 2027 (Fiscal Impact: \$19,076,145 over the term of the contract; Budgeted) – APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN  
**Patel-McGlew: 14 Ayes; 1 Absent - Hoffmann**
- CA-19) Proposed Agreement with OptumInsight, Inc., for the renewal of the Optum Prospective Payment contract from May 1, 2024 through April 30, 2029 (Fiscal Impact: \$3,411,038 over the term of the contract; Budgeted) – APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- 20) Report on Kern Health Systems Financial Statements for December 2023 and January 2024 (Fiscal Impact: None) – RECEIVED AND FILED  
**Patrick-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-21) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for December 2023 and January 2024 and IT Technology Consulting Resources for the period ended December 31, 2023 (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-22) Proposed Kern Health Systems provider contracts (rates confidential per Welfare and Institutions Code Section 14087.38(m)) – APPROVED; AUTHORIZED CHIEF EXECUTIVE OFFICER TO SIGN  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-23) Proposed revisions to Policy 4.01-P Credentialing Program and proposed new Policies 4.55-I Assessment of Organizational Providers and 4.56-P Physician Advisory Committee (Credentialing) (Fiscal Impact: None) – APPROVED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-24) Proposed revisions to Policy 4.01-P Credentialing Program and proposed new Policy 4.58-I Credentialing Systems Control (Fiscal Impact: None) – APPROVED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- CA-25) Kern Health Systems Chief Compliance and Fraud Prevention Officer report (Fiscal Impact: None) – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**
- 26) Report on Kern Health Systems Operation Performance and Review of the Kern Health Systems Grievance Report (Fiscal Impact: None) – ALAN AVERY, KHS CHIEF OPERATING OFFICER PRESENTED THE 2024 1<sup>ST</sup> QUARTER GRIEVANCE REPORT TO THE BOARD. AS THE PLAN MEMBERSHIP GREW BY 60,000 MEMBERS IN JANUARY, SO TOO DID THE MEMBER GRIEVANCES GROW AS WELL. QUESTION RAISED BY THE BOARD, WHAT WERE SPECIFIC AREAS AND REASONS FOR THE GROWTH. MR. AVERY INDICATED SOMETIMES NEW MEMBERS HAVE UNREALISTIC EXPECTATIONS WHEN THEY JOIN THE PLAN ALONG WITH PENT UP MEDICAL NEEDS. THE TWO AREAS THAT INCREASED

FROM THE PREVIOUS QUARTER WAS ACCESS TO CARE AND QUALITY OF SERVICE. DISCRIMINATION GRIEVANCES LIKEWISE GREW SLIGHTLY DURING THE QUARTER AS WELL. ANY CALLER ALLEGING ANY DISCRIMINATION OF SEX, RACE, RELIGION, AGE, PHYSICAL DISABILITY OR GENDER IDENTIFICATION MUST BE REPORTED TO THE OFFICE OF CIVIL RIGHTS WITHIN 10 DAYS.

EXEMPT GRIEVANCES INCREASED SLIGHTLY FROM THE 4<sup>TH</sup> QUARTER OF 2023. THESE ARE INFORMAL COMPLAINTS AND ARE NOT BROKEN DOWN FURTHER INTO SPECIFIC DETAILED CATEGORIES. THESE ARE MINOR COMPLAINTS; HOWEVER WE ARE STILL REQUIRED TO INVESTIGATE THEIR COMPLAINTS FURTHER. WE USE THIS INFORMATION AS PART OF THE PROVIDERS RECREDENTIALING PROCESS.

MR. AVERY REVIEWED WITH THE BOARD HOW GRIEVANCES ARE PROCESSED, AND A DISPOSITION DECISION IS REACHED. EACH GRIEVANCE COMES TO MEMBER SERVICES FROM EITHER A MEMBER OR A PROVIDER. THE GRIEVANCE COORDINATOR RESEARCHES THE FACTS OF THE GRIEVANCE, REQUESTS MEDICAL RECORDS IF NEEDED OR INPUT FROM THE PROVIDER AND FORWARDS ALL POTENTIAL INAPPROPRIATE CARE TO THE QUALITY TEAM FOR FURTHER REVIEW. A RECOMMENDATION IS THEN MADE TO THE WEEKLY GRIEVANCE COMMITTEE FOR DISCUSSION AND APPROVAL. THIS COMMITTEE IS COMPRISED OF A MEDICAL DIRECTOR, AND REPRESENTATIVES FROM UM, QUALITY, CASE MANAGEMENT, PROVIDER NETWORK MANAGEMENT, COMPLIANCE, AND THE COO. THE COMMITTEE REVIEWS THE FACTS OF THE CASE PRIOR TO THE MEETING, REVIEWS THE RECOMMENDATION AND COMES TO A DECISION.

IN REVIEWING THE DISPOSITION OF THE 1803 FORMAL GRIEVANCES FOR THE QUARTER, MR. AVERY REPORTED THE POTENTIAL INAPPROPRIATE CARE AND MEDICAL NECESSITY GRIEVANCES ARE THE CATEGORY WITH THE MOST GRIEVANCES RECEIVED DURING THE QUARTER. BOARD MEMBER BOWERS ASKED MR. AVERY WHAT MIGHT CAUSE THE SIGNIFICANT OVERTURNING OF SPECIALIST GRIEVANCES. MR. AVERY INDICATED THE PRIMARY REASON TO UPHOLD THE DECISION IS THE LACK OF SUPPORTING DOCUMENTATION FROM THE PROVIDER OR THE MEMBER TO CONFIRM THE REQUEST MEETS APPROPRIATE MEDICAL CRITERIA. THE OTHER NOTEWORTHY MAJOR CATEGORY OF GRIEVANCES IS POTENTIAL INAPPROPRIATE CARE ISSUES. - RECEIVED AND FILED

**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**

- 27) Kern Health Systems Chief Medical Officer report (Fiscal Impact: None) – RECEIVED AND FILED

**McGlew-Patrick: 14 Ayes; 1 Absent - Hoffmann**

- 28) Kern Health Systems Chief Executive Officer report (Fiscal Impact: None) – RECEIVED AND FILED

**Elliott-Patel: 14 Ayes; 1 Absent – Hoffmann**

CA-29) Miscellaneous Documents – RECEIVED AND FILED  
**Bowers-Patel: 14 Ayes; 1 Absent - Hoffmann**

- A) Minutes for Kern Health Systems Community Advisory Committee meeting on January 23, 2024
- B) Minutes for Kern Health Systems Physician Advisory Committee meeting on February 7, 2024
- C) Minutes for Kern Health Systems Executive Quality Improvement Health Equity Committee Meeting on February 8, 2024
- D) Minutes for Kern Health Systems Finance Committee meeting on February 9, 2024
- E) Minutes for Kern Health Systems Fraud, Waste, and Abuse Committee meeting on February 9, 2024
- F) Minutes for Kern Health Systems Delegation Oversight Committee meeting on February 26, 2024
- G) Minutes for Kern Health Systems Compliance Committee meeting on February 29, 2024
- H) Minutes for Kern Health Systems Physician Advisory Committee meeting on March 6, 2024
- I) Minutes for Kern Health Systems Governance and Compliance Committee meeting on March 28, 2024

ADJOURN TO JUNE 13, 2024 AT 8:00 A.M.  
**Elliott-Patel**





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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Kristen Watson, Chairman  
**SUBJECT:** Service Recognition on KHS Board of Directors  
**DATE:** June 13, 2024

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Cathy Abernathy has served as a member of the Kern Health Systems Board of Directors from August 9, 2022 – April 15, 2024. Ms. Abernathy resigned effective April 15, 2024.

On behalf of the Kern Health Systems Board of Directors, we appreciated Member Abernathy's participation and input on Kern Health Systems Board of Directors over the years.

### **Recognition**

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

### **Requested Action**

Receive and File.







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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Devin W. Brown, Chief Human Resources Officer  
**SUBJECT:** Termination of County Counsel Retainer Agreement  
**DATE:** June 13, 2024

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### **Background**

Kern Health Systems (“KHS”) has utilized legal services from the County of Kern (“County”) through its Office of County Counsel pursuant to an on-going retainer agreement last approved July 13, 2010. The agreement allows KHS to receive general advisory and transactional legal advice from an assigned attorney in lieu of having in-house legal counsel. The assigned attorney has been present at Board of Directors meetings, reviews contracts for legal compliance and form, and assists in advising KHS on non-specialized legal matters. The assigned attorney is not wholly assigned to KHS and devotes time to other client matters. KHS also utilizes outside consultant counsel for specialized legal matters, including employment-related litigation.

As KHS continues to grow and the legal workload has expanded, it has become necessary to have in-house legal counsel. In Spring 2024, we have developed an Assistant General Counsel role to assume the day-to-day responsibilities currently being handled through the retainer agreement with the County. The position has been filled and the Assistant General Counsel started their employment with KHS on June 3, 2024.

The retainer agreement with the County continues in perpetuity unless terminated. The termination provision in the agreement requires a Notice of Termination be sent, and that the agreement be deemed terminated 30 days after personal delivery or 35 days after mailing by regular U.S. mail, postage prepaid. Termination of the retainer agreement will allow our Assistant General Counsel to receive all KHS files generated under the agreement. Receipt of these files is necessary for in-house counsel to serve effectively as legal advisor to KHS.

### **Requested Action**

Approve the termination of the Attorney Retainer Agreement and authorize the Assistant General Counsel to send a Notice of Termination to the County on behalf of the KHS Board of Directors.

Attachment – Attorney Retainer Agreement

**ATTORNEY RETAINER AGREEMENT**

**THIS AGREEMENT** ("Agreement") is made and entered into effective this 13<sup>th</sup> day of July 2010, by and between the COUNTY OF KERN, a political subdivision of the State of California ("County"), acting by and through the County Counsel (hereinafter "Attorney"), and Kern Health Systems, a county health authority ("KHS").

**WITNESSETH:**

**WHEREAS:**

(a) Government Code §26520 authorizes the County Counsel to provide legal services to local public agencies when requested to do so; and

(b) KHS desires to retain Attorney to perform legal services on its behalf as hereinafter set forth;

**NOW, THEREFORE, IT IS AGREED** as follows:

1. **Services to be Rendered.** Attorney shall provide legal advice and representation to KHS and its officers and employees on contractual, statutory, regulatory, litigation and other legal matters as requested. This advice will include, without limitation, reviewing contracts, meeting agendas and notices, providing legal opinions and resolutions, reviewing policies and procedures, generally supervising and coordinating litigation involving KHS with special counsel retained to represent it on specific cases, representing KHS, its officers and its employees in litigation in any of the courts of this State or in Federal court, and advising the KHS Board of Directors and its Chief Executive Officer and staff. Attorney shall also attend KHS board meetings and closed sessions as legal counsel to KHS.

In the event of a conflict of interest, where a matter requires expertise not readily available from Attorney or when KHS may otherwise direct, KHS may retain independent counsel of its selection.

2. **Kern Health Systems Duties.** KHS shall provide such assistance, information, cooperation, and access to books, records, and other information as is necessary for Attorney to effectively and efficiently render its services under this Agreement. KHS shall comply with this Agreement and timely pay Attorney's bills for fees, costs, and expenses in accordance with this Agreement.

3. **Compensation to Attorney.** County shall bill KHS and KHS shall pay County for legal services provided pursuant to this Agreement monthly at the rate set for County departments and agencies under the Countywide Cost Allocation Plan, as amended each fiscal year. The County's current hourly rate is \$145.00 for attorneys and \$83.00 for paralegals. Effective July 1, 2010, the County's hourly rate will be \$152.00 for attorneys and \$66.00 for paralegals. Attorney shall notify KHS in writing of any revised rates at least 30 days prior to the effective date thereof. Revised rates shall not be applied to services rendered before the effective date of the revised rate. KHS shall pay all amounts due within 30 days from the date of billing, and shall reimburse County for all necessary and reasonable costs incurred on behalf of KHS as set forth below. There shall be no charge for secretarial, clerical support staff, word processing or overhead.

The time charged will include all time spent on KHS business, including telephone calls, meetings, court appearance, research and writing and travel, portal-to-portal. Legal personnel assigned to KHS matters by Attorney may confer among themselves about KHS business as reasonable and necessary and, when they do

confer, each person will charge KHS for the time expended, as long as the time charged is reasonably necessary and not duplicative. Likewise, if more than one attorney attends a meeting or other proceeding at the request of KHS, each will charge for the time spent.

4. **Reimbursement Policy and Billing Requirements.**

a. KHS shall reimburse County at actual cost for the following items, when reasonably necessary and incurred:

- (1) Deposition and transcript fees,
- (2) Filing Fees,
- (3) Postage,
- (4) Travel, at actual expense, not to exceed the then-current County per diems (the current per diems are set forth in Exhibit A attached hereto),
- (5) Consultant and expert witness fees, but only after the prior written approval of KHS, and
- (6) Other expenses, when approved in advance by KHS.

If Attorney deems it appropriate to retain a consultant, expert or investigator in connection with the performance of services under this Agreement, Attorney will so advise KHS and request approval prior to such retention.

b. There shall be no charge to KHS for the preparation of status reports, providing information for a fee audit or for work not authorized by KHS.

c. All invoices for payment shall be fully itemized as to fees and costs and shall show monthly charges and year-to-date totals. Invoices shall be sent to KHS'

Chief Executive Officer for review and processing. The following information shall be contained in or attached to each invoice:

(1) The name of the person providing the service, the person's hourly rate, and a description of the work performed.

(2) Invoices supporting all costs for which reimbursement is requested.

5. **Term.** The term of this Agreement shall commence on the date first-above written and shall continue until terminated.

6. **Personnel.** Attorney shall have sole discretion to select the persons who provide service to KHS under this Agreement.

7. **Representations.** The following representations are material to and form a part of the inducement for this Agreement:

a. Attorney is qualified and able to provide the services described herein and shall diligently perform this Agreement consistent with accepted professional standards, the Rules of Professional Conduct of the California State Bar Association and the California Business and Professions Code.

b. Attorney has interests potentially adverse to KHS by reason of Attorney's simultaneous representation of the County. Attorney has adopted the Kern County Counsel Conflicts Policy Regarding Representation of Kern Health Systems ("Conflicts Policy"), a copy of which is appended to this Agreement as Exhibit B and incorporated herein by this reference. Attorney shall implement and comply with the Conflicts Policy throughout the term of this Agreement.

c. In the event of a conflict of interest that is not resolved or avoided by the Conflicts Policy, Attorney shall comply with Rule 3-310 of the California Rules of

Professional Conduct and other rules governing the professional conduct of Attorney. If the conflict can be resolved by the informed written consent and waiver of both KHS and County then Attorney may continue to simultaneously represent KHS and the County. If not, KHS may obtain independent counsel of its selection. Attorney may discontinue some or all of the legal services provided to KHS, after notice to and consultation with KHS, in accordance with Paragraph 10.

d. Attorney will respond to telephone calls or e-mails from KHS the same day as received or as soon as practicable the next business day and will complete review of routine matters within 3 business days. In the event more time is required, Attorney will advise and consult with KHS.

**8. Independent Contractor**

In the performance of this Agreement, Attorney is and shall remain an independent contractor and not an employee of KHS. Attorney shall control the manner and method of providing service to KHS under this Agreement

Attorney retains full supervision and control over the employment, direction, compensation and discharge of all persons assisting Attorney in the provision of services under this Agreement. Attorney shall be solely responsible for the payment of all wages, benefits and other compensation, compliance with all occupational safety, welfare and civil rights laws, tax withholding and payment of employee taxes, whether federal, state or local, and compliance with any and all other laws regulating employment.

**9. Indemnification and Insurance.**

a. The County shall indemnify, defend and save harmless KHS, its officers, agents and employees from any and all loss, damage, liability, claims or

causes of action or other actions of every nature whatsoever which may arise out of any act or omission of Attorney or Attorney's deputies or agents; provided that the County shall have no obligation with regard to losses directly or proximately caused by the intentional or willful misconduct or gross negligence of KHS, its officers, agents or employees.

b. The County is self-insured for Professional Liability, General Liability, Automobile Liability and Workers' Compensation through the County. All exposures, including contractual liability, arising out of Attorney's services are covered by the County's self-insurance program undertaken pursuant to California Government Code Section 990.

10. **Termination.** Either party may terminate this Agreement by written notice to the other party. Notice of Termination shall be deemed effective 30 days after personal delivery or 35 days after mailing by regular U.S. Mail, postage prepaid. In the event this Agreement is terminated by either party, Attorney shall submit to KHS a final status report on any pending matters, and shall deliver to KHS all files, memoranda, documents, evidence, exhibits, correspondence and other items generated in the course of performing this Agreement, within 15 days after the effective date of any written Notice of Termination.

11. **Ownership and Inspection of Files.** All client files, pleadings, reports, exhibits, evidence and other items generated or gathered in the course of providing services to KHS under this Agreement are and shall remain the property of KHS and shall be returned to KHS upon termination of this Agreement. The provisions of this paragraph shall survive termination of this Agreement.

12. **Notices.** All notices given pursuant to this Agreement shall be

addressed to the parties at the following addresses, by personal delivery or deposit in the U.S. Mail, postage prepaid, registered or certified mail:

To Attorney: Theresa A. Goldner, County Counsel  
Office of County Counsel  
1115 Truxtun Avenue, Fourth Floor  
Bakersfield, CA 93301

To Kern Health Systems: Carol L. Sorrell, Chief Executive Officer  
Kern Health Systems  
9700 Stockdale Highway  
Bakersfield, CA 93311

Either party may change its designated address by providing written notice thereof to the other party.

13. **Entire Agreement.** This document contains the entire agreement of the parties relating to the services, rights and obligations described herein. No inducements, representations or promises have been made, other than those recited in this Agreement.

14. **Modification.** This Agreement may only be amended by subsequent written agreement of the parties.

15. **Waiver.** No waiver of a breach or provision of this Agreement shall constitute a waiver of any other breach or provision. A party's failure to enforce any provision of this Agreement shall not be construed as a waiver thereof. The parties' remedies hereunder shall be cumulative and additional to any other remedies in law or equity.

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**IN WITNESS TO WHICH**, each party has signed this Agreement and agrees to be fully bound by all terms and conditions of this Agreement.

**COUNTY OF KERN**

**Kern Health Systems**

By: 

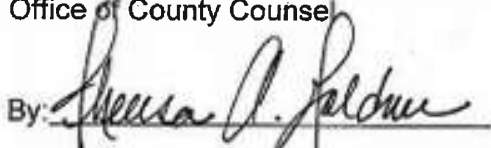
By: 

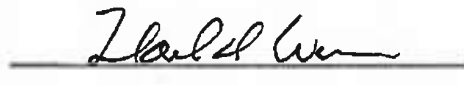
Jon McQuiston  
Vice-Chairman, Board of Supervisors

Paul Hensler, Chairman  
Board of Directors

**Approved as to Form and Content**  
Office of County Counsel

**Approved as to Form and Content**

By: 



Theresa A. Goldner  
County Counsel

Mark A. Wasser  
Attorney for Kern Health Systems

Exhibit A

**PER MILE REIMBURSEMENT RATES FOR PERSONAL VEHICLE USE: \$ .50**

**LODGING:**

Maximum allowable reimbursement rate including taxes: \$197

**MEALS AND INCIDENTAL EXPENSES (PER DIEM):**

Refer to federal General Services Administration web site ([www.gsa.gov](http://www.gsa.gov)) for current reimbursement rate.

**KERN COUNTY COUNSEL  
KERN HEALTH SYSTEMS REPRESENTATION  
SUPPLEMENTAL CONFLICTS POLICY**


By statute, the County Counsel has the legal obligation to provide legal services to the County and to its component departments. Pursuant to Government Code section 26520, the County Counsel may provide legal advice to other public entities when requested. Kern Health Systems, a Kern County health authority, has requested and the County Counsel has agreed to provide such legal services. Because of the potential conflicts in the representation of the County and Kern Health Systems, and to ensure the confidences of each client are maintained, the Office of County Counsel will provide adequate screening processes to assure there is no inappropriate contact between the attorneys representing Kern Health Systems and those representing the County. The purpose of this policy is to provide an ethical wall to ensure that both the County and Kern Health Systems receive independent legal advice and to prevent confidential information from being given to opposing counsel.


Assistant County Counsel Stephen D. Schuett and Chief Deputy County Counsel Karen S. Barnes are directed to serve as counsel to Kern Health Systems.

1. In undertaking this representation, neither attorney shall discuss or communicate in any way with County staff or with other attorneys in the Office of County Counsel any confidential information regarding their representation of Kern Health Systems.

2. The mail and fax communications to both attorneys from Kern Health Systems is to be routed to that attorney without inspection by any other attorney in the office. Clerical staff assigned to produce any documents shall be instructed not to discuss the document with any person other than the attorney assigned to the matter and to take reasonable steps to maintain the confidentiality of the document while the work is in progress. All Kern Health Systems' files shall be maintained separate from other County Counsel files and shall be accessible only by the attorneys or clerical staff assigned.

3. Both attorneys have been advised that violation of this conflicts policy will constitute a violation of a lawful order of a superior and provide good cause for disciplinary action under Kern County Civil Service Rule 1700 et sq.

  
Stephen D. Schuett  
Assistant County Counsel

  
Theresa A. Goldner  
County Counsel

  
Karen S. Barnes, Chief Deputy





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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Amisha Pannu, Senior Director of Provider Network Management  
**SUBJECT:** Provider Network Capacity Study  
**DATE:** June 13, 2024

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### **BACKGROUND**

On an annual basis, Kern Health Systems (KHS) conducts the Provider Network Capacity Study. The Provider Network Capacity Study identifies adequacy and capacity issues within the KHS network including issues amongst specific provider types and geographic regions of our service area. 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 within each MSSA to confirm the Plan is meeting the regulatory required ratios. The capacity study tracks the growth of specialty providers over a five-year period and reviews the annual Department of Managed Health Care network report to identify any gaps.

The Provider Network Management Department utilized the results of the 2023 capacity study to target provider network expansion activities to address identified gaps and to develop strategic programs including the 2023 – 2025 Retention and Recruitment Grant.

### **REQUESTED ACTION**

Receive and file.



# 2023 Provider Network Capacity Report



Board of Directors  
June 13, 2024



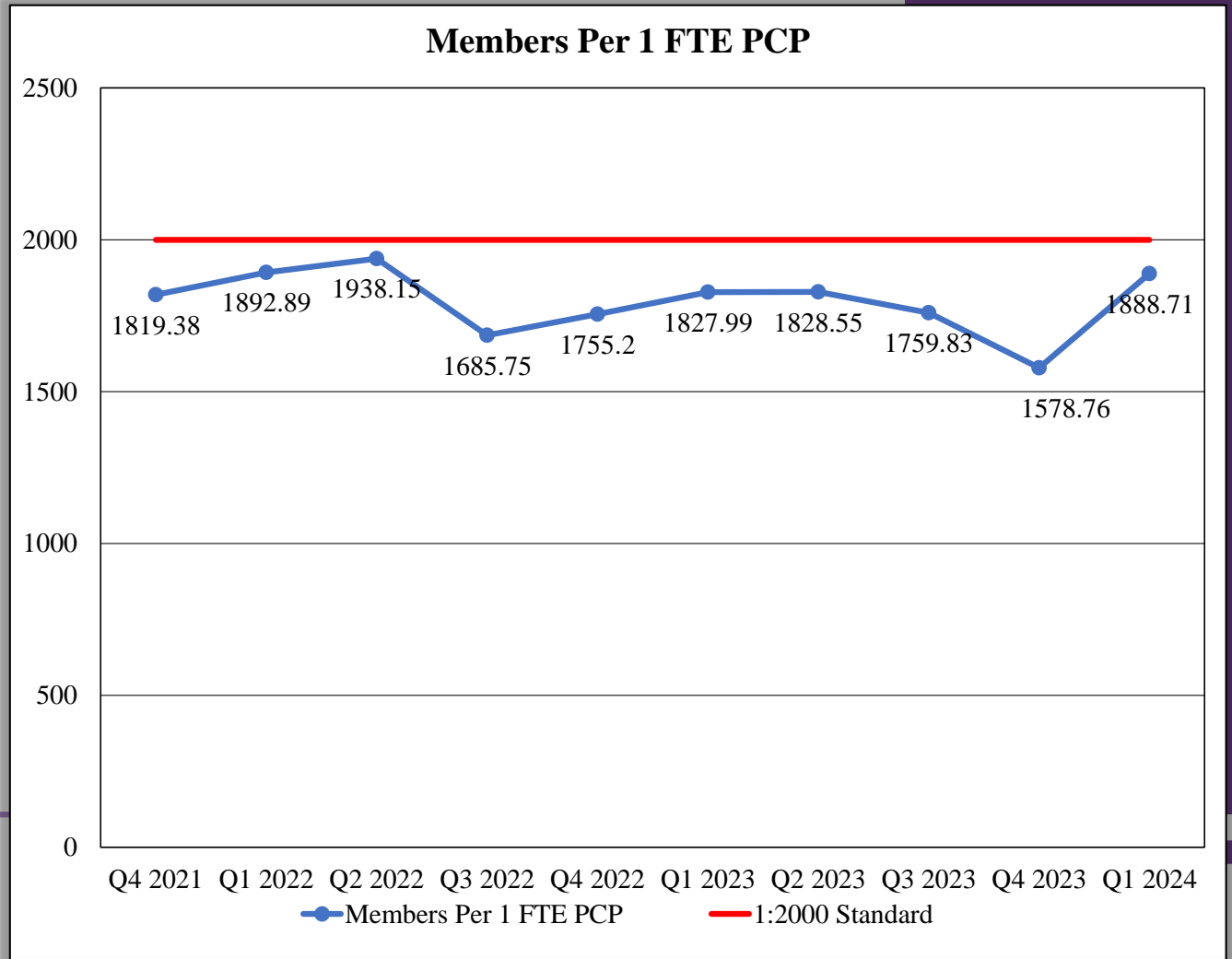


# Background/ Scope

- On an annual basis, Kern Health Systems (KHS) reviews network capacity to ensure members have appropriate access to high-quality healthcare providers.
- The Plan's Provider Network Management Department reviewed:
  - Provider to Member Ratio
  - PCP Medical Service Study Area Capacity
  - Specialty Provider Network
  - Mental Health Provider Network
- The 2023 Provider Network Capacity Report includes analysis as of Q1 2024 to capture member growth related to the Medi-Cal Managed Care Plan transition that occurred on 1/1/2024.
  - Approximate growth of 50,000 members



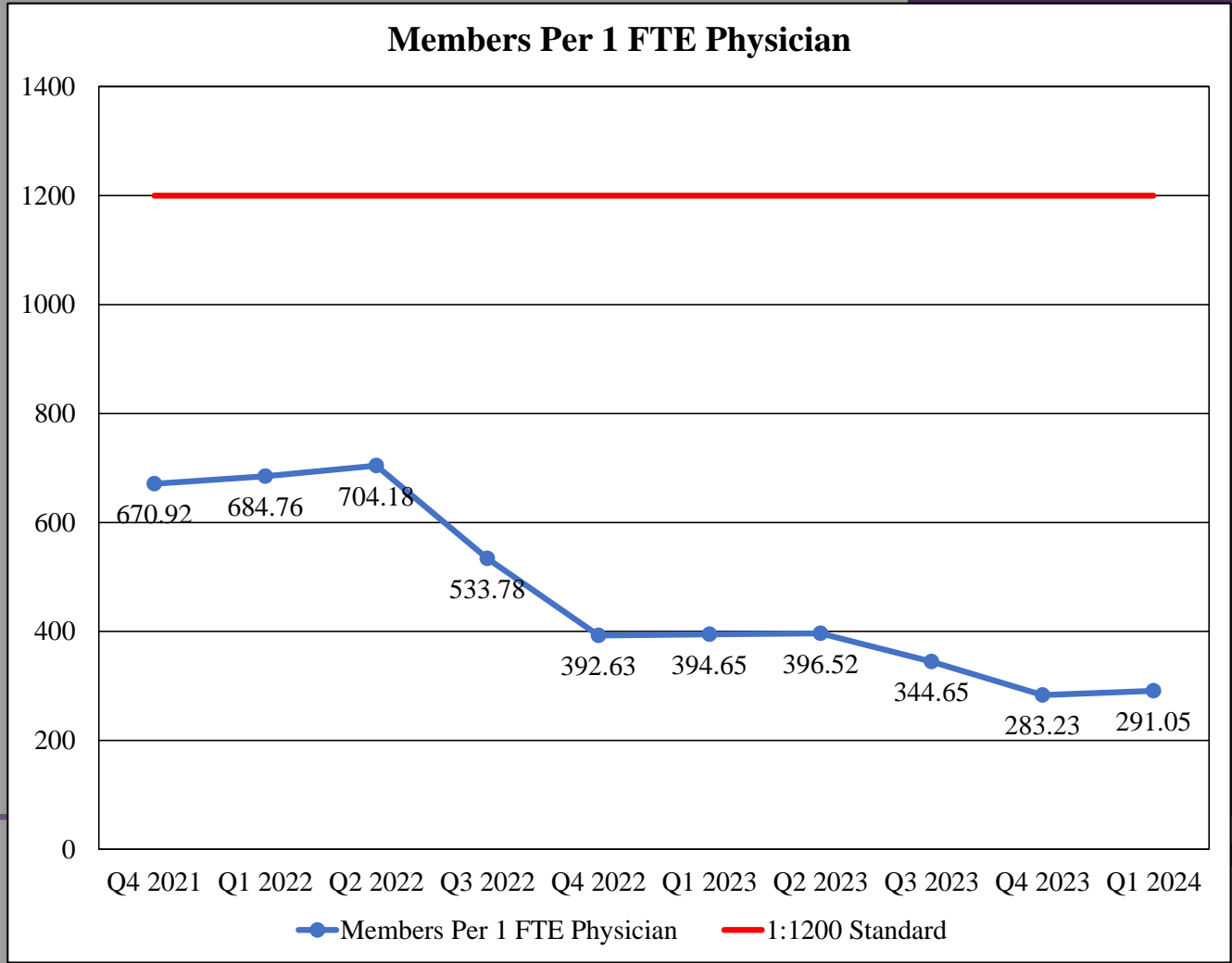
# PCP to Enrollee Ratios







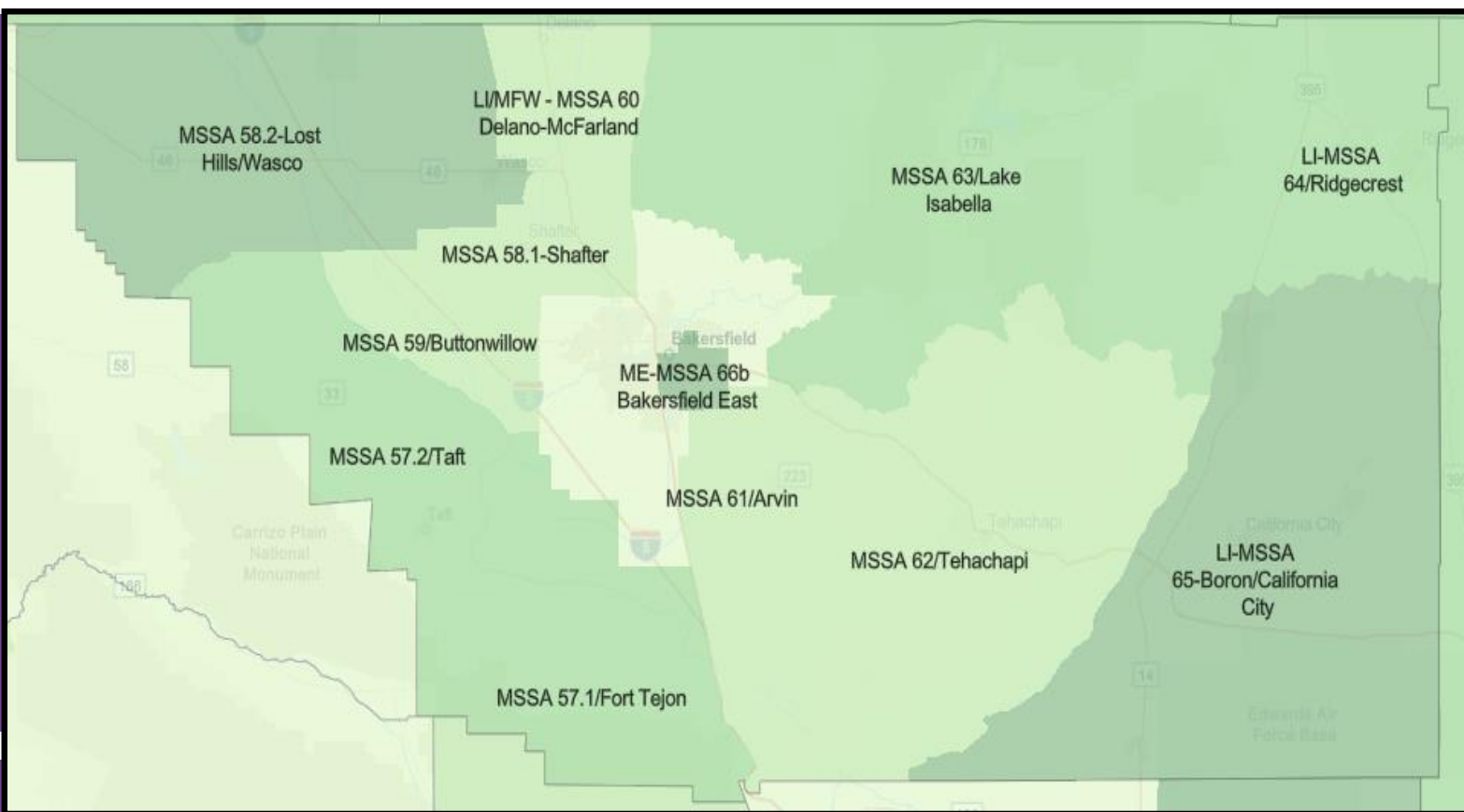
# Physician to Enrollee Ratios



# Primary Care – HPSA Map



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



# PCP Capacity, Per MSSA Region



MSSAMS	Major Cities	Number of Primary Care Physicians	Number of Primary Care Mid-levels	Total FTE PCP	Membership Q1 2024	Percent of KFHC Members per MSSA	Number of FTE PCPs to Serve Membership	FTE PCP Gap
57.1	Frazier Park, Lebec	0	1	0.31	1,964	0.49%	0.98	-0.18
57.2	Taft, Maricopa	10	10	9.38	10,830	2.70%	5.42	No Gap
58.1	Shafter	11	23	14.07	17,497	4.37%	8.75	No Gap
58.2	Lost Hills, Wasco	19	22	18.76	14,752	3.68%	7.38	No Gap
59	Buttonwillow	1	1	0.94	1,255	0.31%	0.63	No Gap
60	Delano, McFarland	28	18	23.14	35,260	8.80%	17.63	No Gap
61	Arvin, Lamont	16	21	16.58	26,967	6.73%	41.77	No Gap
62	Tehachapi	5	8	5.63	6,510	1.62%	3.26	No Gap
63	Lake Isabella, Wofford Heights, Kernville	5	4	4.38	3,305	0.82%	1.65	No Gap
64	Ridgecrest	22	16	18.76	8,968	2.24%	4.48	No Gap
65	California City, Mojave, Rosamond	12	14	11.88	12,466	3.11%	6.23	No Gap
66a, 66b, 66c, 66d	Metropolitan Bakersfield	147	152	139.48	260,990	65.12%	130.50	No Gap

KHS Board of Directors Meeting

June 13, 2024



# Specialist Capacity

- KHS is required to maintain a ratio of specialists to “reasonably assure” services are accessible to enrollees on an appropriate basis. Currently, there is no numerically defined ratio requirements for specialty providers.
- As a part of Annual Provider Network Reporting, the DMHC reviews the Plan’s ratio of enrollees to providers of certain specialty types. Plans are reviewed against other health plans, and if identified as an outlier, issued a finding.
- The DMHC calculation for specialist ratios does not take into account mid-level providers or providers offering services via telehealth.
- The most recent year in which the Plan has received feedback from the DMHC is Measurement Year 2022, submitted by the Plan in 2023.

# DMHC Specialist Findings



\*DMHC calculation did not take into account mid-level or telehealth providers

Specialty	MY 2018*	MY 2019*	MY 2020*	MY2021*	MY2022*
Dermatology	X	X	X	X	X
Endocrinology	X	✓	✓	✓	✓
Neurology	X	X	X	X	✓
Oncology	X	X	X	X	✓
Ophthalmology	X	X	X	X	✓
Orthopedic Surgery	X	X	X	X	X
Psychiatry	N/A	N/A	✓	✓	✓
Urology	X	X	X	X	✓
DMHC Finding - X	No Finding - ✓		Not Reviewed – N/A		



# Specialist Growth

≥5% Increase

≥5% Decrease

Specialty	2019	2020	2021	2022	2023	5YR %
Cardiology	40	42	46	44	46	15%
Dermatology	35	35	35	45	53	51%
Endocrinology	19	20	24	26	29	52%
ENT/Otolaryngology	12	10	9	14	15	25%
Gastroenterology	20	22	24	33	35	75%
General Surgery	59	68	62	64	67	14%
Hematology	18	19	23	23	22	22%
Infectious Diseases	10	10	8	11	13	30%
Nephrology	25	25	28	32	30	17%
Neurology	25	25	25	29	33	32%
Oncology	23	24	27	26	24	4%
Ophthalmology	32	30	28	32	37	16%
Orthopedic Surgery	20	21	22	32	32	60%
Physical Med & Rehab	27	24	10	8	9	-67%
Psychiatry	54	54	53	65	76	41%
Pulmonology	21	20	20	21	25	19%
Urology	13	17	16	22	25	92%

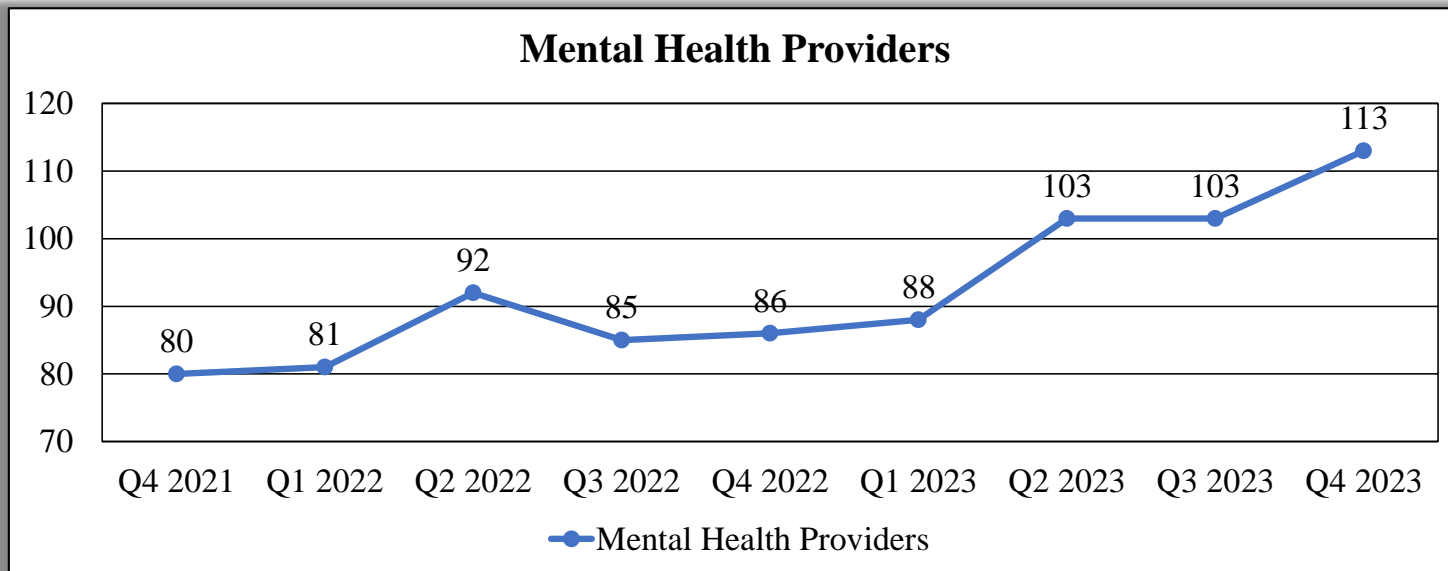
# Mental Health Network



## DMHC Annual Network Report Findings:

Specialty	MY 2018	MY 2019	MY 2020	MY 2021	MY 2022
Mental Health	✓	✓	✓	✓	✓
DMHC Finding - ✗			No Finding - ✓		

## Provider Counts:





# Moving Forward

- The Plan maintains ongoing Access monitoring
  - The Plan established the Network Adequacy Committee (NAC) in 2024
- Continued emphasis on Provider Network Expansion efforts
- Analysis and contracting work needed to meet additional accessibility and capacity standards required as part of Plan's NCQA Accreditation and D-SNP Line of Business
- 2023-2025 Provider Recruitment and Retention Grant
  - \$5,000,000 to aid in improving access to Primary Care, Specialty Care, and Behavioral Health Services
- Medi-Cal Redeterminations to potentially impact enrollment counts



# Questions

For additional information, please contact:

Amisha Pannu  
Senior Director of Provider Network Management  
(661) 664-5000







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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Devin W. Brown, Chief Human Resources Officer  
**SUBJECT:** Report on KHS Employee Engagement Survey 2024  
**DATE:** June 13, 2024

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### **Background**

Kern Health Systems (“KHS”) annually surveys its internal workforce to provide feedback on the engagement level of our employees. On January 29, 2024, the Human Resources Department launched this year’s survey with the assistance of partner Inclusive Insights. We received 464 completed survey responses at a response rate 67%. A two-thirds response rate of the active workforce provides a sufficient cross-section by which to gauge our overall employee engagement.

This year’s survey included a total of 40 questions and gathered demographic information from our workforce to give further insight into the engagement of certain segments of our employee population. The survey included a 10-question employee engagement index and specific questions related to strategy, communication, performance, compensation, career development, and culture. Each question had five possible responses ranging from “extremely satisfied” to “extremely dissatisfied.”

### **KHS Engagement Results**

The overall engagement remained steady from 2023 at **84%**. The percentage of disengaged responses decreased from 4.4% to 3% year-over-year. Our engagement remains incredibly high when compared to Gallup’s national number or 33% engagement.

KHS also received high marks in several categories including a 94% favorable response to the question – “*How likely are you to be working here in one year?*” This year we also tracked our Net Promoter Score (NPS) for 32 of the questions to gauge how likely an employee would be willing to share a positive opinion of KHS. Thirty-one of 32 questions received a “Great” or “Excellent” NPS. The overall engagement NPS was an “Excellent” rating of 81.

### **Area for Improvement**

The survey did pick up on one clearly defined area for improvement from the question – “*Have you had career conversations and mentorship from senior leadership other than direct supervisor?*” The unfavorable responses to this question surpassed the favorable responses by 2% leaving an NPS of -2 for the question. Surprisingly, the demographic data showed that both African



American and Hispanic segments had more favorable responses than white employees to this question. Women and those preferring not to state a gender had less favorable responses than men on this question.

Internal career mobility and career development has been a rising focus of human resources professionals and organizations since the Great Realignment of 2021-2022. The generational shift to a majority of Millennials and Generation Z workers, exacerbated the desire to move up the career ladder quicker and more frequently. KHS would be well-served to respond to this feedback to continue to thrive as a highly engaging and attractive place to work.

### **Next Steps**

KHS plans to respond to the feedback from this survey in the following way:

- Meet with KHS department leadership over individual department results and develop action plans specific to department areas for improvement.
- Develop KHS's Employer Value Proposition around the positive results.
- Provide leadership training on having skip-level career conversations across the organization.
- Develop HR capacity to provide internal career planning consulting and internal mobility processes.
- Engage in selection of vendor to continue to survey KHS workforce using this survey as new baseline.

With an increased focus on supporting the career growth and development of our workforce, we expect to see an increase in overall engagement during our next survey period.

### **Requested Action**

Receive and file.

Attachment – KHS Employee Engagement Survey 2024 Presentation



**KERN HEALTH  
SYSTEMS**

# KHS Employee Engagement Survey 2024

Devin W. Brown  
CHRO  
June 13, 2024

# Agenda

- Process Overview
- KHS Overall Results
  - Favorable/Unfavorable Scores
  - Net Promoter Scores
- Demographic Specific Results
- Key Recommendations and Next Steps



# Process Overview



# Survey Process

- Survey conducted by Inclusive Insights from January 29 – February 16, 2024 – **464 complete responses (67%)**
- Total of 40 questions surveyed in categories:
  - Overall employee engagement index
  - Strategy and communication
  - Career performance and pay
  - Culture
- Demographic data also gathered from respondents







# Response Breakdown

- Each question included 5 possible response options:
  - Extremely satisfied - 5
  - Satisfied - 4
  - Neutral - 3
  - Dissatisfied - 2
  - Extremely dissatisfied - 1
- Favorable (5 and 4)/Unfavorable (2 and 1)



# KHS Overall Results



# Overall Engagement Index

- Overall Employee Engagement is at **84% Favorable**.
  - Based upon response to 10-question index
  - 13% Neutral and 3% Unfavorable
- Top Two Engagement Responses
  - **How likely are you to be working here in one year?**
    - 94% Favorable, 4% Neutral, 2% Unfavorable
  - **How willing are you to work above and beyond the call of duty?**
    - 93% Favorable, 6% Neutral, 1% Unfavorable



# Key Strengths



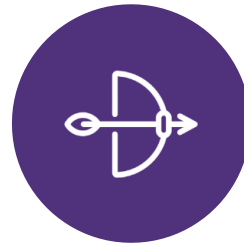
## Retention

Employees report high likelihood of remaining at KHS in the next year



## Discretionary Effort

Employees demonstrate willingness to work above and beyond expectations



## Alignment with Objectives

Employees feel their work supports strategic and departmental goals



## Shared Purpose

Employees are aligned with KHS's mission and shared vision





# Areas to Engage On

- Survey responses indicated one key area for improvement:
  - **Have you had career conversations and mentorship from senior leadership other than direct supervisor?**
    - 37% Favorable, 24% Neutral, 39% Unfavorable
- Other areas to give attention to:
  - **Understanding roles and responsibilities of other departments**
    - 53% Favorable, 35% Neutral, 12% Unfavorable
  - **Cross-collaboration between departments**
    - 58% Favorable, 31% Neutral, 11% Unfavorable

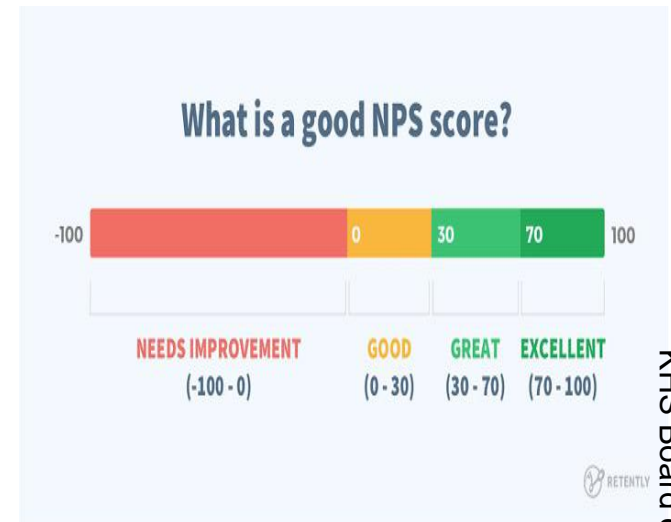


# Net Promoter Scores (NPS)



# What is a Net Promoter Score?

- Net promoter scores (NPS) gauge how likely an employee is willing to share a positive opinion of their employer
- The calculation is the difference between favorable scores and unfavorable scores (excludes neutral ratings)
  - Ex: 93% favorable, 7% unfavorable = NPS of 87





# KHS *is* a Premier Employer

- KHS' Overall Engagement Index has an **Excellent** NPS of **81**
- 17 out of 32 questions received **Excellent** NPS (70-100)
  - Including 9 out of 10 of the Engagement Index questions
- 14 out of 32 questions received **Great** NPS (30-70)
- One question fell into Needs Improvement group (-2 NPS)
  - **Have you had career conversations and mentorship from senior leadership other than direct supervisor?**





# Demographics Results



# Notable Demographic Results

- African Americans, Hispanics, and Women all rate highly on retention, the KHS mission, and working above and beyond the call.
- Additionally, African Americans and Hispanics rate access to senior career sponsorship higher than white employees.
- Women and those preferring not to state gender rated their access to senior sponsorship than men.
  - **Unfavorable: Nonbinary 58%, Women 39%, Men 30%**
- Those preferring not to state gender rated lower than men by double digits on almost all categories



# Key Recommendations & Next Steps



# Key Recommendations



## Increase Senior Level Exposure

Increase senior level through skip level meetings, and career sponsorship and mentorship opportunities.



## Interdepartmental Collaboration Template

Governance mechanism for establishing and monitoring interdepartmental collaboration



## Career Conversations Training

Training for managers and employees on how to talk about career goals and build development plans



# Next Steps



- Meet with KHS department leadership over individual department results and develop action plans specific to department areas for improvement.
- Develop KHS's Employer Value Proposition around the positive results.
- Provide leadership training on having skip-level career conversations across the organization.
- Develop HR capacity to provide internal career planning consulting and internal mobility processes.
- Engage in selection of vendor to continue to survey KHS workforce using this survey as new baseline.



**Questions?**



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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Robert Landis, Chief Financial Officer  
**SUBJECT:** Annual Review of Tangible Net Equity and Minimum Liquidity Test Policy  
**DATE:** June 13, 2024

---

### **Background**

The Kern Health Systems (“KHS”) Tangible Net Equity (“TNE”) Policy (Attachment 1) was approved by the KHS Board of Directors (“Board”) at the August 12, 2021, Board Meeting and amended at the June 15, 2023 Board Meeting to include a Minimum Liquidity Test.

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.

The current initial Minimum Liquidity Test target range established by the Board has an initial target range of two to three months of Operating Revenues which excludes certain passthrough amounts from the range.

### **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). Nick Johnson, Principal and Consulting Actuary with Milliman will be available to answer questions relating to the new D-SNP line of business scheduled to start January 1, 2026. Mr. Johnson’s bio is also included (Attachment 4).

### **Requested Action**

Maintain the Minimum TNE Target Ratio of 500%-600% along with maintaining the Minimum Liquidity Test target range requiring a minimum unrestricted cash and investment level between two to three months of Operating Revenue excluding Hospital Directed Payment Revenue and MCO Tax Revenue passthrough amounts.

The combination of these two measurements will continue to 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.

Approve.



# KERN HEALTH SYSTEMS

## Policy and Procedure Review

**KHS Policy & Procedure: 8.65-I Tangible Net Equity and Minimum Liquidity Test Policy**  
 Revised by the Controller to establish guidelines and procedures to set Minimum Liquidity Test.

Reviewer	Date	Signature
Emily Duran Chief Executive Officer	8/7/23	
Robert Landis Chief Financial Officer	7/26/23	
Alan Avery Chief Operating Officer	7/28/2023	
Veronica Barker Controller	7/26/2023	

(CEO decision(s))

Board approval required: Yes \_\_\_ No \_\_\_      QI/UM Committee approval: Yes \_\_\_ No \_\_\_

Date approved by the KHS BOD: \_\_\_\_\_      Date of approved by QI: \_\_\_\_\_

PAC approval: Yes \_\_\_ No \_\_\_      Date of approval by PAC: \_\_\_\_\_

Approval for internal implementation: Yes \_\_\_ No \_\_\_

Provider distribution date: Immediately \_\_\_\_\_ Quarterly \_\_\_\_\_

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Effective date: \_\_\_\_\_

DHCS submission: \_\_\_\_\_

DMHC submission: \_\_\_\_\_

Provider distribution: \_\_\_\_\_

Compliance Department





<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: Tangible Net Equity and Minimum Liquidity Test Policy				POLICY #: 8.65-I	
DEPARTMENT: Finance					
Effective Date: 8/12/2021	Review/Revised Date: 08/07/2023	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD	X	FINANCE COMMITTEE	X

\_\_\_\_\_  
Emily Duran  
Chief Executive Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Chief Financial Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Chief Operating Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Controller

Date \_\_\_\_\_

**POLICY:**

This policy establishes guidelines and procedures to set Tangible Net Equity (TNE) and Minimum Liquidity 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 and June 15, 2023 for Minimum Liquidity.

**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.

Maintaining an appropriate level of cash liquidity will ensure KHS' 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.

**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
MLT	Minimum Liquidity Test
Required Minimum MLT	A specific calculation requiring a minimum unrestricted cash and investment level between two to three months of Operating Revenue (Excluding Hospital Directed Payments and MCO Tax Revenues).
Target MLT	The target range applied to a minimum MLT 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) The Minimum MLT target range will be established by the Board. The current initial target range of two to three months of Operating Revenue (Excluding Hospital Directed Payments and MCO Tax Revenues) was approved by the Board at the KHS' Board of Directors Meeting on June 15<sup>th</sup> 2023.
- C) As part of the Annual Budget, Management will present to the Board the current annual TNE and the current MLT and an updated estimate of future TNE and MLT requirements.
- D) 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.

- E) Following the year-end audit, Management will update the 3–5-year proforma presented at the June 15, 2023 Board Meeting for determining prospective Minimum Liquidity Target requirements. Using this approach, the Finance Committee and Board can compare the MLT target range of two to three months of Operating Revenue (Excluding Hospital Directed Payments and MCO Tax Revenues) and confirm or modify assumptions used for future MLT target range estimates.

**REFERENCE:**

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**Revision 2023-06:** Revision to establish guidelines and procedures to set Minimum Liquidity Test. **Revision 2021-08:** Policy created by KHS Controller to establish guidelines and procedures to set Tangible Net Equity.

Attachment 2

# Kern Health Systems

## Five-Year Pro Forma Analysis Kern Health System Finance Committee

Aaron Gates, FSA, MAAA  
JUNE 2024



*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



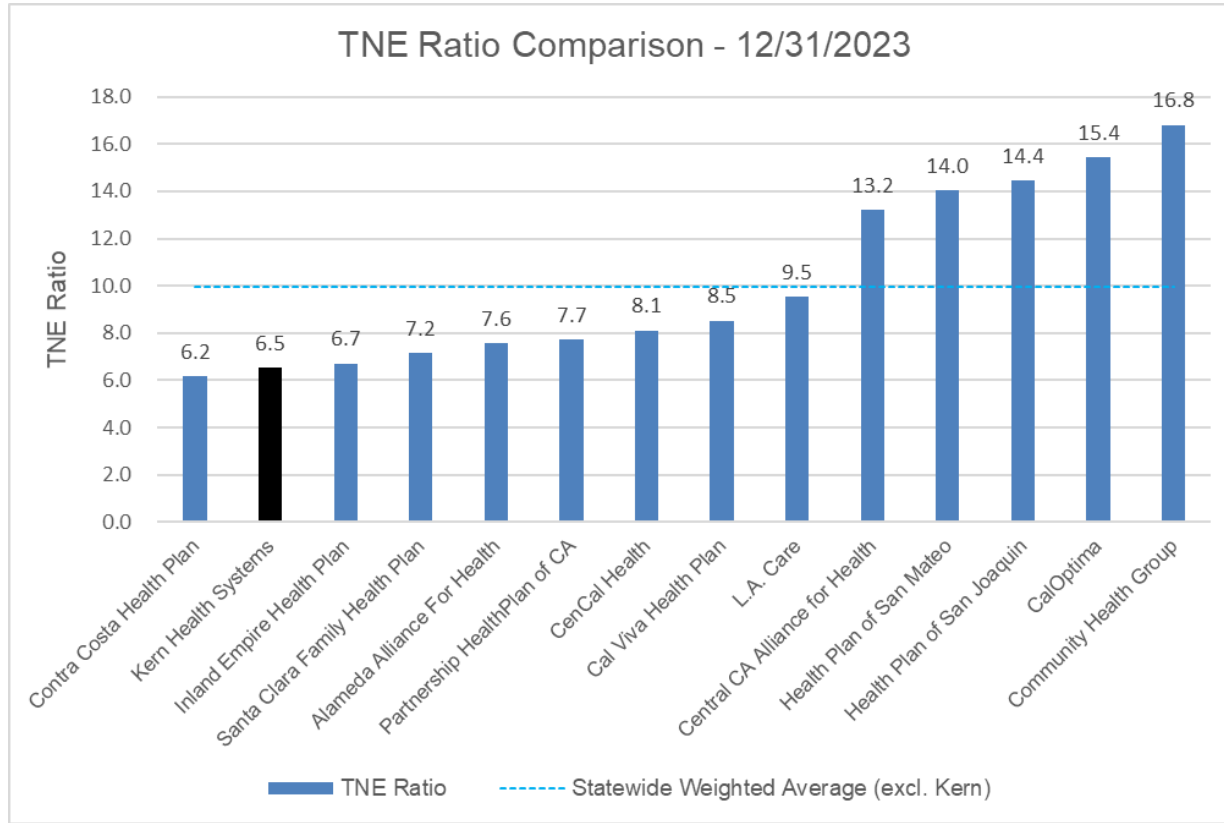
## Recap

- 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 tangible net equity (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 2029.
- The enclosed projections are based on the KHS 2024 budget, current enrollment projections, and other DHCS and CMS information
- KHS introduced a recommended minimum level for cash and equivalents of 2-3 months of average contract revenue in June of 2023

## Background - Why Hold Capital Reserves?

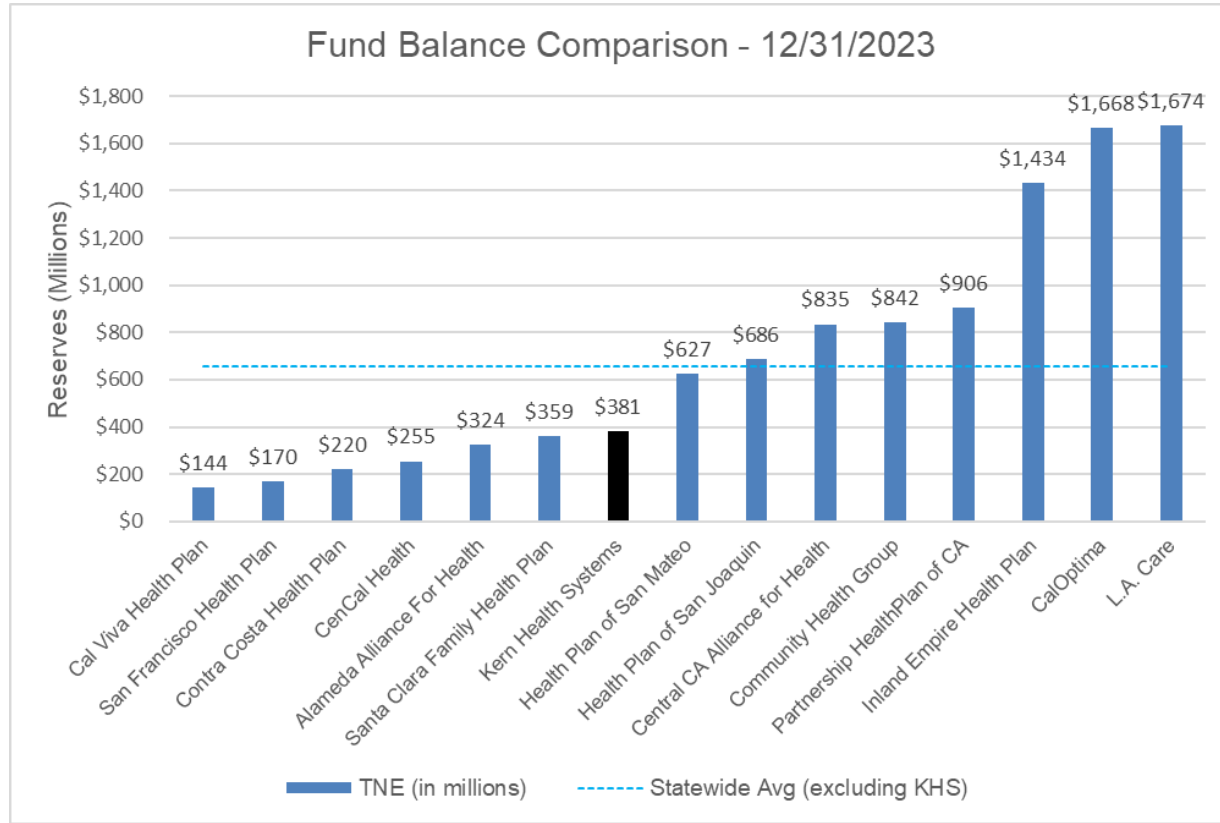
- Capital reserves are funds or other assets that are held to provide financial stability
  - Assets = Liabilities + Capital Reserves; capital reserves are the excess of Assets over Liabilities
- Absorb volatility due to unpredictability and uncertainty of healthcare cost levels
- Support stability during 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 - 12/31/2023





# Fund Balance Comparison - 12/31/2023



## Summary

CalAIM has increased Kern Health Systems' membership and Medi-Cal benefit offerings. The Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) (effective 1/1/2026), will increase membership, but will not increase future capital reserve requirements if membership is delegated.

Year	2024	2025	2026	2027	2028	2029
Avg Members	404,500	407,800	415,800	424,400	432,300	439,900
<i>Current TNE Calculation (\$ shown in millions)</i>						
500% TNE	\$358.4	\$378.3	\$392.1	\$406.4	\$421.3	\$436.8
Projected Capital	\$385.6	\$409.4	\$432.8	\$458.4	\$486.0	\$515.9
Difference	\$27.2	\$31.1	\$40.6	\$52.0	\$64.7	\$79.0
Capital as % of TNE	538%	541%	552%	564%	577%	590%
Prior Year Cap. As % of TNE	517%	514%	485%	454%	437%	N/A

Assumptions changes from prior year pro forma include:

- Updated rates and trends for 2025-2029 projection
- Updated D-SNP membership and margin projection – delegated scenario under moderate financial outcome

# Cash Liquidity Testing - Results

- KHS introduced a recommended minimum level for cash and equivalents of 2-3 months of average contract revenue in June of 2023 at the finance and board meetings.
- The amount of unrestricted cash and investments amounts is assumed to be stable over time for the purpose of this exercise.
- Cash and investments is the sum of cash and equivalents and short-term investments from the 2023 balance sheet.
- An additional proforma adjustment is made subtracting one month of average Medi-Cal revenue to account for DHCS payments being made one month in arrears.
- D-SNP revenue is not included under the delegated scenario.

Year	2023	2024	2025	2026	2027	2028	2029
Avg Members	351,700	404,500	407,800	415,800	424,400	432,300	439,900
<i>Current Cash Liquidity Testing Calculation (\$ shown in millions)</i>							
Two Months Revenue	\$201.3	\$244.1	\$262.8	\$273.4	\$284.5	\$296.0	\$308.0
Projected Unrestricted Cash and Investments	\$421.2	\$421.2	\$421.2	\$421.2	\$421.2	\$421.2	\$421.2
<b>Months of Cash on Hand</b>	<b>4.2</b>	<b>3.5</b>	<b>3.2</b>	<b>3.1</b>	<b>3.0</b>	<b>2.8</b>	<b>2.7</b>



# Cash Liquidity Testing – Historical and Projected



## 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 and D-SNP
  - The economy (including state budget deficits) and the impact on current and future Medi-Cal enrollment
  - The unwinding of policy from 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 2025-29 Pro Forma Exhibit.pdf”

## Key Assumptions – Membership

- KHS membership projection based on DHCS data
  - 500 / month newborns
    - Maternity revenue and birth expenses
    - Membership added to the child category
  - 2025: Static enrollment assumption for all other categories
  - 2026-2028: Additional membership from D-SNP (starting January 1, 2026)
    - Consistent with Milliman D-SNP feasibility study
    - D-SNP risk is assumed to be delegated
  - No other increases or decreases assumed



## Key Assumptions – Revenue

- Medi-Cal gain in capitation rates assumed to be 1.8%, maternity gain assumed to be 2.0%
- Projected non-medical expense (administration) assumes consistent expense as a percent of revenue
- New populations
  - 2026 Medicare Dual Special Needs Plan (D-SNP)
    - Includes Part C (medical) and Part D (pharmacy) benefits
    - D-SNP risk is assumed to be delegated



## Key Assumptions – Benefits / Claims

- Projected claims based on a combination of projected 2024 claims and expenses supporting 2024 DHCS capitation rates and emerging trends
  - Medical trend = 3.5%, Maternity trend = 3.5%
  - Rate add-on component cost based on DHCS rate documents
  - CalAIM incentive payments, enhanced care management, and GEMT based on KHS budget
  - CalAIM incentive payments phased out by the end of 2024
  - Member quality incentives and medical department compensation (MLR allocation) based on KHS budget

## D-SNP Considerations

- Milliman D-SNP feasibility studies have assessed both direct and delegated arrangements under different financial outcome scenarios
- The proforma projection in this analysis is based on a delegated model under a moderate financial outcome
- Direct arrangement carries additional financial risk:
  - New market entrants could take at least 3-4 years to break even on D-SNP business
  - Fixed administrative costs spread over potentially low initial membership
    - 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
    - New plans may be challenged to implement the operational infrastructure to succeed with risk adjustment and star ratings in the early years

## D-SNP Considerations – Financial Impact Scenarios

Year	2026	2027	2028	2029
<i>D-SNP: Delegated</i>				
Members	2,098	4,676	6,543	8,121
Revenue	\$47.4	\$111.0	\$163.3	\$206.1
Expenditures	\$49.8	\$113.0	\$165.6	\$208.6
Margin	(\$2.4)	(\$2.1)	(\$2.3)	(\$2.4)
<i>D-SNP: Direct</i>				
Members	2,098	4,676	6,543	8,121
Revenue	\$47.5	\$110.9	\$163.3	\$206.3
Expenditures	\$56.8	\$123.9	\$170.1	\$212.8
Margin	(\$9.3)	(\$13.0)	(\$6.7)	(\$6.4)
<i>Difference</i>				
Members	0	0	0	0
Revenue	(\$0.1)	\$0.1	(\$0.0)	(\$0.2)
Expenditures	(\$7.0)	(\$10.9)	(\$4.5)	(\$4.2)
Margin	\$6.9	\$10.9	\$4.5	\$4.0

## 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
- We recommend that the KHS TNE policy continue to include a minimum liquidity amount of unrestricted cash and investments equal to two to three months of premiums earned (excluding delegated D-SNP revenue, Hospital Directed payments earned and MCO Tax Revenue Received).

## Caveats and Limitations

This analysis was prepared for the internal use of Kern Health Systems.

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](mailto:aaron.gates@milliman.com)

**Exhibit 1 Supplemental  
Kern Health System  
Five-Year Pro Forma Projection**  
(all dollar amounts shown in \$millions)

Calendar Year	Current State		Future State				
	2023	2024	2025	2026	2027	2028	2029
Member Months - MCal	4,220,461	4,854,000	4,893,000	4,965,000	5,037,000	5,109,000	5,181,000
Member Months - D-SNP	0	0	0	25,175	56,115	78,518	97,454
Member Months - Total	4,220,461	4,854,000	4,893,000	4,990,175	5,093,115	5,187,518	5,278,454
<b>Revenue</b>							
Medi-Cal Benefits	\$1,207.9	\$1,464.6	\$1,576.6	\$1,640.6	\$1,707.1	\$1,776.3	\$1,848.2
D-SNP Benefits	\$0.0	\$0.0	\$0.0	\$47.4	\$111.0	\$163.3	\$206.1
Hospital Directed Payments	233.3	266.4	275.7	285.4	295.3	305.7	316.4
Other Pass Through Payments (MCO Tax)	375.8	453.7	488.4	508.2	528.8	550.2	572.5
Other Revenue (interest)	21.1	25.0	25.3	26.8	28.4	30.0	31.9
Subtotal	\$1,838.2	\$2,209.7	\$2,366.0	\$2,508.4	\$2,670.6	\$2,825.6	\$2,975.1
<b>Expenses</b>							
Medi-Cal Benefits	\$1,074.9	\$1,375.4	\$1,465.7	\$1,525.2	\$1,586.9	\$1,651.0	\$1,717.8
D-SNP Benefits	\$0.0	\$0.0	\$0.0	\$48.7	\$111.0	\$163.3	\$206.1
Hospital Directed Payments	231.9	266.4	275.7	285.4	295.3	305.7	316.4
Other Pass Through Payments (MCO Tax)	376.5	453.7	488.4	508.2	528.8	550.2	572.5
Subtotal	\$1,683.2	\$2,095.5	\$2,229.8	\$2,367.5	\$2,522.0	\$2,670.3	\$2,812.8
<b>Non-Medical Expenses</b>							
Medi-Cal	\$87.4	\$90.0	\$102.4	\$106.6	\$110.9	\$115.4	\$120.1
D-SNP	\$0.0	\$0.0	\$0.0	\$1.1	\$2.1	\$2.3	\$2.4
Total	\$87.4	\$90.0	\$102.4	\$107.6	\$112.9	\$117.7	\$122.5
<b>Net Profit - Before Grants and D-SNP</b>	\$67.5	\$24.2	\$33.8	\$33.3	\$35.7	\$37.6	\$39.8
Grants and D-SNP Startup	(\$4.9)	(\$20.0)	(\$10.0)	(\$10.0)	(\$10.0)	(\$10.0)	(\$10.0)
Contribution to Surplus	\$62.6	\$4.2	\$23.8	\$23.3	\$25.7	\$27.6	\$29.8
<b>Medical Loss Ratio (non pass-through)</b>	87.5%	92.3%	91.5%	91.8%	92.0%	92.1%	92.2%
<b>Admin Ratio (non pass-through)</b>	7.1%	6.0%	6.4%	6.3%	6.1%	6.0%	5.9%
<b>Capital Reserve</b>							
Minimum TNE	\$58.3	\$71.7	\$75.7	\$78.4	\$81.3	\$84.3	\$87.4
Minimum Requirement - 500% TNE	\$291.3	\$358.4	\$378.3	\$392.1	\$406.4	\$421.3	\$436.8
Capital Reserve (CR)	\$381.4	\$385.6	\$409.4	\$432.8	\$458.4	\$486.0	\$515.9
CR as % of TNE	654%	538%	541%	552%	564%	577%	590%
Difference from 500% of TNE	\$90.0	\$27.2	\$31.1	\$40.6	\$52.0	\$64.7	\$79.0
<b>Cash Liquidity Test</b>							
One Month Revenue	\$100.7	\$122.1	\$131.4	\$136.7	\$142.3	\$148.0	\$154.0
Minimum Requirement - Two Months Revenue	\$201.3	\$244.1	\$262.8	\$273.4	\$284.5	\$296.0	\$308.0
Unrestricted Cash and Investments	\$421.2	\$421.2	\$421.2	\$421.2	\$421.2	\$421.2	\$421.2
Months of Cash on Hand	4.2	3.5	3.2	3.1	3.0	2.8	2.7
Difference from Two Months Revenue	\$219.9	\$177.1	\$158.4	\$147.8	\$136.7	\$125.2	\$113.2

**Key Assumptions**

**Base Data**

Source data includes KHS 2024 budget and CY2024 DHCS capitation rates.

**Enrollment Projections**

2026-2028 assumption for Dual Eligibles under Medicare Advantage Dual Special Needs Plan (D-SNP) consistent with D-SNP feasibility study.

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

Membership for 2025 and later assumes offsetting impacts from members entering and leaving the plan.

**Revenue and Claim Projections**

- Projected trends: Medical = 3.5%/year, Maternity = 3.5%/year
- Non-medical expenses (administrative) assumes 2024 admin as a percent of revenue, adjusted for D-SNP.
- D-SNP financial results reflect delegated scenario under moderate financial outcome.

**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.

*This analysis was prepared for the internal use of Kern Health Systems. 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. In particular, there are many non-actuarial accounting assumptions that were provided by KHS. We cannot opine on the appropriateness or completeness of these assumptions.*

*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. These exhibits should not be provided directly to DMHC as Milliman projections.*

*Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this document are members of the American Academy of Actuaries, and meet the qualification standards for performing the actuarial analyses in this report.*

**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 10 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 focus in California. Examples of his experience include risk adjustment and capitation arrangements, minimum loss ratio analysis, reserving, capital adequacy analysis, RFP bid and response support, and Medi-Cal fee schedule analysis.

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.



**NICK JOHNSON**

FSA, MAAA

Principal &amp; Consulting Actuary

nick.johnson@milliman.com

+1 206 504 5941

**Attachment 4****Current Responsibility**

Nick Johnson is a principal and consulting actuary specializing in healthcare in Milliman's Seattle office. He joined the firm in 2009.

**Professional Work Experience**

Nick's primary expertise is in helping clients understand the financial implications of trends and changes in the healthcare delivery system, particularly in Medicare and dual-eligible populations.

He has worked with a broad range of clients, including health plans, integrated delivery systems, provider groups, reinsurers, and the Veterans Health Administration. He has significant experience in Medicare Advantage, Medicare Part D, Medicaid, commercial, and ACA markets.

Nick's primary focus areas, including examples of recent analyses, include:

**Medicare Advantage / Part D**

- Bid development and certification
- Product development and feasibility analysis
- Risk score monitoring, forecasting, and optimization
- Risk-sharing contract support for health plans and providers

**Managed long-term services and supports (MLTSS)**

- Medicaid MLTSS RFP response
- Nursing home to HCBS transition monitoring
- Forecasting and analysis of programmatic changes
- PACE capitation rate setting

**Reinsurance and stop loss**

- Review of quota share arrangements
- Stop loss reserve estimation
- [Milliman Excess Product Suite](#) tool development

- Fellow, Society of Actuaries
- Member, American Academy of Actuaries

**Education**

- BA, Mathematics, Augustana College
- MS, Applied Statistics, Portland State University

**Professional Designations**

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Seattle, WA 98101-2635  
United States

milliman.com







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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Robert Landis, Chief Financial Officer  
**SUBJECT:** Quarterly Review of Kern Health Systems Investment Portfolio  
**DATE:** June 13, 2024

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### **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 time frame 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 frame are typically for reserves and to take advantage of obtaining higher yields.

### **Requested Action**

Receive and File.

**Kern Health Systems  
Investment Portfolio  
March 31, 2024**

**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) \$ 1,450,000	0.21%	100%		1 Day	None
Money Market Accounts	(A)	(1) \$ 95,450,000	13.74%	40%	5.15%	1 Day	None
Local Agency Investment Fund (LAIF)	(B)	(2) \$ 1,600,000	0.23%	50%	4.23%	2 Days	None
US T-Bills & Federal Agencies at Wells Fargo		(1) \$ 437,150,000	62.92%	100%	5.29%	1 Day	Subject to Interest Rate Fluctuations
KHS Managed Portfolio at Wells Fargo	(C)	(1) \$ 12,300,000	1.77%		5.62%	3 Days	Subject to Interest Rate and Credit Fluctuations
Sub-Total		\$ 547,950,000	78.87%		5.25%		

**Long Term Port Folio ( 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)	\$ 62,900,000	9.05%		5.22%	3 Days	Subject to Interest Rate and Credit Fluctuations
KHS Managed Portfolio at Wells Fargo	(C)	\$ 83,900,000	12.08%		5.47%	3 Days	Subject to Interest Rate and Credit Fluctuations
Sub-Total		\$ 146,800,000	21.13%		5.36%		
<b>Total Portfolio</b>		<b>\$ 694,750,000</b>	<b>100.00%</b>		<b>5.28%</b>		

<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	5.15%	5.30%	5.40%	5.05%
2 year	4.92%	5.04%	5.14%	4.85%
3 year	4.76%	4.92%	5.03%	4.70%
5 year	4.63%	4.94%	5.06%	4.50%

- (A) Money market fund comprised of US Treasury and Repurchase Agreement Obligations.
  - (B) LAIF is part of a \$156.5 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, MCO Tax advances, 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 2024 capital projects.



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# UBS Client Review

As of March 31, 2024

**Report Prepared for:** Kern Health Systems

Account Number	Account Name	Type	What's inside
EX XX120	BOND PORTFOLIO	Portfolio Management Program	Portfolio Review. . . . . 2
Risk profile:	Conservative		Asset Allocation by Account. . . . . 5
Return Objective:	Current Income		Asset Allocation Review. . . . . 6
			Bond Summary. . . . . 7
			Bond Holdings. . . . . 8
			Additional Information About Your Portfolio. . . . . 15
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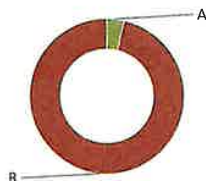


## Portfolio Review

as of March 31, 2024

### Asset Allocation Review

	Value on 03/31/2024 (\$)	% of Portfolio
<b>A Cash</b>	<b>2,310,629.55</b>	<b>3.67</b>
Cash	2,310,629.55	3.67
US	2,310,629.55	3.67
<b>B Fixed Income</b>	<b>60,584,776.45</b>	<b>96.33</b>
US	60,584,776.45	96.33
Government	2,394,044.12	3.81
Corporate IG Credit	58,190,732.33	92.52
<b>C Equity</b>	<b>0.00</b>	<b>0.00</b>
<b>D Commodities</b>	<b>0.00</b>	<b>0.00</b>
<b>E Non-Traditional</b>	<b>0.00</b>	<b>0.00</b>
<b>F Other</b>	<b>0.00</b>	<b>0.00</b>



**Total Portfolio** **\$62,895,406.00** **100%**  
Balanced mutual funds and Insurance & Annuity products are allocated in the 'Other' category

### Portfolio Value and Investment Results

#### Performance returns (annualized > 1 year)

	For period of 12/31/2023 to 01/31/2024	For period of 01/31/2024 to 02/29/2024	For period of 02/29/2024 to 03/31/2024	For period of 12/31/2023 to 03/31/2024
<b>Opening value</b>	<b>62,402,938.86</b>	<b>62,608,221.76</b>	<b>62,554,155.09</b>	<b>62,402,938.86</b>
Net deposits/withdrawals	-25,050.42	0.00	0.00	-25,050.42
Div./interest income	197,925.26	155,908.13	67,396.21	421,229.60
Change in accr. interest	-53,200.94	-372.80	109,642.20	56,068.46
Change in value	85,609.00	-209,602.00	164,212.50	40,219.50
<b>Closing value</b>	<b>62,608,221.76</b>	<b>62,554,155.09</b>	<b>62,895,406.00</b>	<b>62,895,406.00</b>
Net Time-weighted ROR	0.33	-0.09	0.55	0.79

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. Accrued interest, if any, has been included in the total market value.

Report created on: April 24, 2024

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

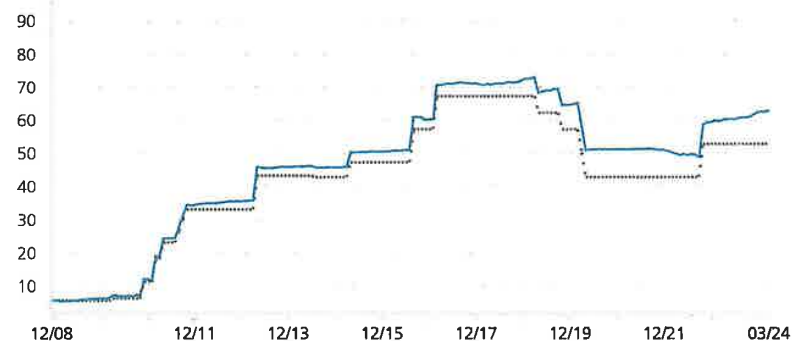
Prepared for Kern Health Systems

Risk profile: Conservative

Return Objective: Current Income

### Sources of Portfolio Value

\$ Millions



— Market Value ..... Net amount you invested (net of fees)

### Summary of Gains and Losses

	Short term (\$)	Long term (\$)	Total (\$)
<b>2023 Realized gains and losses</b>	<b>3,782.26</b>	<b>1,382.00</b>	<b>5,164.26</b>
Taxable	3,782.26	1,382.00	5,164.26
Tax-Deferred	0.00	0.00	0.00
<b>2024 Year to date</b>	<b>525.00</b>	<b>6,388.75</b>	<b>6,913.75</b>
Taxable	525.00	6,388.75	6,913.75
Tax-Deferred	0.00	0.00	0.00

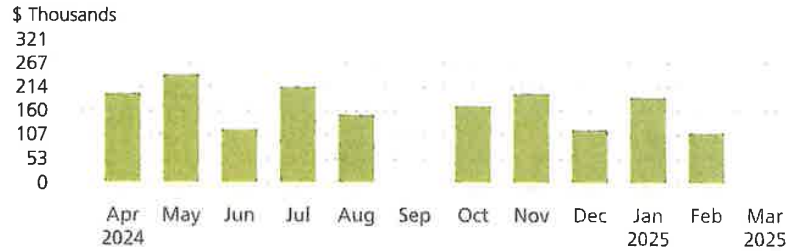
Prior to 2024, interest income for short-term obligations that were held to maturity or redeemed is displayed as realized gain; however, it will be reported as interest income on your annual 1099 and PR480.6 tax forms.



# Portfolio Review

as of March 31, 2024 (continued)

## Expected Cash Flow

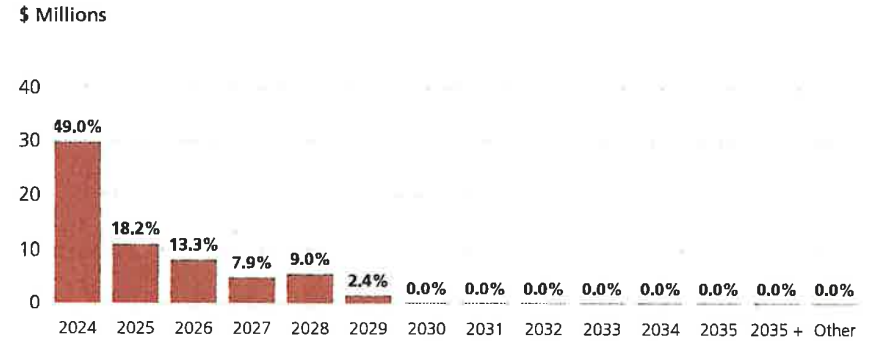


Taxable income

**Total taxable income: \$1,745,850.06**  
**Total expected cash flow: \$1,745,850.06**

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

## Bond Maturity Schedule



Effective maturity schedule

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

## Equity Sector Analysis

Compared to S&P 500 index

	Value on 03/31/2024 (\$)	Actual (%)	Model (%)	Gap (%)
Communication Services	0.00	0.00	9.71	-9.71
Consumer Discretionary	0.00	0.00	10.38	-10.38
Consumer Staples	0.00	0.00	6.58	-6.58
Energy	0.00	0.00	4.16	-4.16
Financials	0.00	0.00	12.79	-12.79
Health Care	0.00	0.00	12.39	-12.39
Industrials	0.00	0.00	8.35	-8.35
Information Technology	0.00	0.00	28.66	-28.66
Materials	0.00	0.00	2.33	-2.33
Real Estate	0.00	0.00	2.17	-2.17
Utilities	0.00	0.00	2.26	-2.26
<b>Total classified equity</b>	<b>\$0.00</b>			
Unclassified Securities	0.00			

Past performance does not guarantee future results and current performance may be lower/higher than past data presented.  
 Accrued interest, if any, has been included in the total market value.

Report created on: April 24, 2024



## Portfolio Review

as of March 31, 2024 (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)				
		Performance start date	Value on 03/31/2024 (\$)	% of portfolio		For period of 12/31/2023 to 01/31/2024	For period of 01/31/2024 to 02/29/2024	For period of 02/29/2024 to 03/31/2024	For period of 12/31/2023 to 03/31/2024
EX XX120	BOND PORTFOLIO•PMP•Ira Cohen / Jason Cohen Fixed Income	Dec 08, 2008	62,895,406.00	100.00%	Net time-weighted	0.33%	-0.09%	0.55%	0.79%
Risk profile: Conservative									
Return objective: Current Income									
<b>Total Portfolio</b>		<b>Dec 08, 2008</b>	<b>\$62,895,406.00</b>	<b>100%</b>	<b>Net time-weighted</b>	<b>0.33%</b>	<b>-0.09%</b>	<b>0.55%</b>	<b>0.79%</b>
						For period of 12/31/2023 to 01/31/2024	For period of 01/31/2024 to 02/29/2024	For period of 02/29/2024 to 03/31/2024	For period of 12/31/2023 to 03/31/2024
<b>Benchmarks - Annualized time-weighted returns</b>									
Blended Index						0.42%	-0.29%	0.46%	0.59%
Blended Index 2						0.46%	0.04%	0.43%	0.93%
US Treasury Bill - 3 Mos						0.44%	0.42%	0.46%	1.32%
BBG US Agg (1-3 Y)						0.40%	-0.35%	0.41%	0.45%
S&P 500						1.68%	5.34%	3.22%	10.56%

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

Blended Index: 06/30/2023 - 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

+Additional benchmark information can be found on the benchmark composition page.

Report created on: April 24, 2024

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# Asset Allocation by Account

as of March 31, 2024

	Equities (\$/%)			Fixed Income (\$/%)			Non-Traditional (\$/%)	Commodities (\$/%)	Other (\$/%)	Total	
	Cash (\$/%)	U.S.	Global	International	U.S.	Global					International
	<b>2,310,629.55</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>60,584,776.45</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>\$62,895,406.00</b>
<b>Total Portfolio</b>	<b>3.67</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>96.33</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>100%</b>
	2,310,629.55	0.00	0.00	0.00	60,584,776.45	0.00	0.00	0.00	0.00	0.00	\$62,895,406.00
	3.67	0.00	0.00	0.00	96.33	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
	<b>2,310,629.55</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>60,584,776.45</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>\$62,895,406.00</b>
<b>Total Portfolio</b>	<b>3.67</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>96.33</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>100%</b>

Balanced mutual funds and Insurance & Annuity products are allocated in the 'Other' category

Accrued interest, if any, has been included in the total market value.

Report created on: April 24, 2024



# Asset Allocation Review

as of March 31, 2024

## Summary of Asset Allocation

	Market value (\$)	% of Portfolio
<b>Cash</b>	<b>2,310,629.55</b>	<b>3.67</b>
Cash	2,310,629.55	3.67
US	2,310,629.55	3.67
<b>Fixed Income</b>	<b>60,584,776.45</b>	<b>96.33</b>
US	60,584,776.45	96.33
Government	2,394,044.11	3.81
Corporate IG Credit	58,190,732.33	92.52
<b>Equity</b>	<b>0.00</b>	<b>0.00</b>
<b>Commodities</b>	<b>0.00</b>	<b>0.00</b>
<b>Non-Traditional</b>	<b>0.00</b>	<b>0.00</b>
<b>Other</b>	<b>0.00</b>	<b>0.00</b>
<b>Total Portfolio</b>	<b>\$62,895,406.00</b>	<b>100%</b>

Balanced mutual funds and Insurance & Annuity products are allocated in the 'Other' category

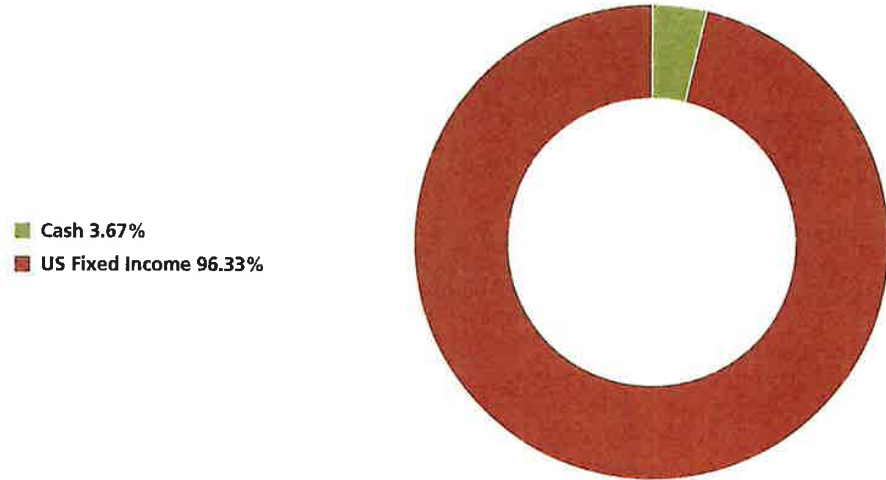
EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative

Return Objective: Current Income

Total Value: \$62,895,406.00



Accrued interest, if any, has been included in the total market value.



# Bond Summary

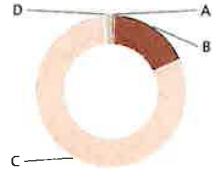
as of March 31, 2024

## Bond Overview

Total quantity	61,150,000
Total market value	\$60,009,150.75
Total accrued interest	\$575,625.70
Total market value plus accrued interest	\$60,584,776.45
Total estimated annual bond interest	\$1,882,795.00
Average coupon	3.08%
Average current yield	3.14%
Average yield to maturity	5.22%
Average yield to worst	5.22%
Average modified duration	1.37
Average effective maturity	1.48

## Credit Quality of Bond Holdings

Effective credit rating	Issues	Value on 03/31/2024 (\$)	% of port.
<b>A</b> Aaa/AAA/AAA	1	403,149.33	0.66
<b>B</b> Aa/AA/AA	8	10,571,674.93	17.43
<b>C</b> A/A/A	33	48,614,697.74	80.26
<b>D</b> Baa/BBB/BBB	1	995,254.44	1.64
<b>E</b> Non-investment grade	0	0.00	0.00
<b>F</b> Certificate of deposit	0	0.00	0.00
<b>G</b> Not rated	0	0.00	0.00
<b>Total</b>	<b>43</b>	<b>\$60,584,776.45</b>	<b>100%</b>

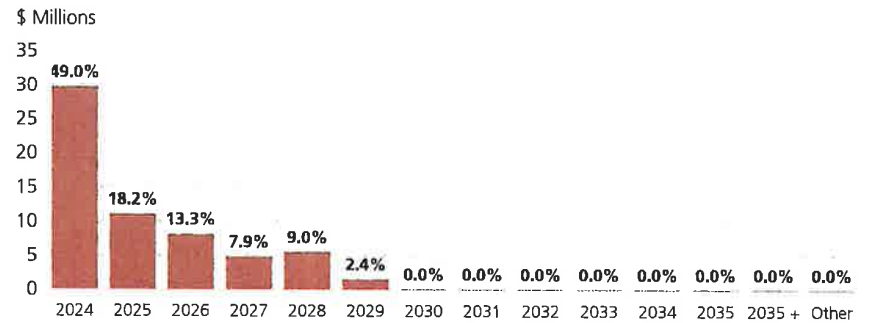


EX XX120 • BOND PORTFOLIO • Portfolio Management Program  
 Prepared for Kern Health Systems  
 Risk profile: Conservative  
 Return Objective: Current Income

## Investment Type Allocation

Investment type	Taxable (\$)	Tax-exempt / deferred (\$)	Total (\$)	% of bond port.
U.S. corporates	58,190,732.33	0.00	58,190,732.33	96.05
U.S. federal agencies	2,394,044.11	0.00	2,394,044.11	3.95
<b>Total</b>	<b>\$60,584,776.44</b>	<b>\$0.00</b>	<b>\$60,584,776.44</b>	<b>100%</b>

## Bond Maturity Schedule



Effective 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. Accrued interest, if any, has been included in the total market value.



## Bond Holdings

as of March 31, 2024

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
2024	18	29,850,000	712,225.00	2.42%	5.44%	5.44%	0.44	29,874,980.09	-437,131.09	29,690,286.43	49.06%
2025	8	11,100,000	407,850.00	3.74%	5.27%	5.27%	1.12	11,016,300.78	-96,732.78	11,031,431.34	18.20%
2026	6	8,300,000	292,857.50	3.65%	5.06%	5.06%	2.12	7,961,515.5	72,388.00	8,123,099.75	13.39%
2027	5	4,950,000	169,425.00	3.56%	4.76%	4.76%	2.83	4,699,820	64,155.50	4,803,825.71	7.94%
2028	4	5,500,000	236,500.00	4.37%	4.73%	4.73%	3.78	5,372,499	37,729.00	5,481,495.01	9.02%
2029	2	1,450,000	63,937.50	4.43%	4.51%	4.51%	4.29	1,445,363.5	-1,736.75	1,454,638.21	2.41%
2030	0	0			N/A	N/A	N/A				
2031	0	0			N/A	N/A	N/A				
2032	0	0			N/A	N/A	N/A				
2033	0	0			N/A	N/A	N/A				
2034	0	0			N/A	N/A	N/A				
2035	0	0			N/A	N/A	N/A				
2036	0	0			N/A	N/A	N/A				
2037	0	0			N/A	N/A	N/A				
2038	0	0			N/A	N/A	N/A				
2039	0	0			N/A	N/A	N/A				
2040	0	0			N/A	N/A	N/A				
2041	0	0			N/A	N/A	N/A				
2042	0	0			N/A	N/A	N/A				
2043	0	0			N/A	N/A	N/A				
2044	0	0			N/A	N/A	N/A				
2045	0	0			N/A	N/A	N/A				
2046	0	0			N/A	N/A	N/A				
2047	0	0			N/A	N/A	N/A				
2048	0	0			N/A	N/A	N/A				
2049	0	0			N/A	N/A	N/A				
2049 +	0	0			N/A	N/A	N/A				
Other	0	0			N/A	N/A	N/A				
<b>Total</b>	<b>43</b>	<b>61,150,000</b>	<b>\$1,882,795.00</b>	<b>3.14%</b>	<b>5.22%</b>	<b>5.22%</b>	<b>1.37</b>	<b>\$60,370,478.87</b>	<b>\$-361,328.12</b>	<b>\$60,584,776.45</b>	

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities. Accrued interest, if any, has been included in the total market value.

Report created on: April 24, 2024

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## Bond Holdings

as of March 31, 2024 (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.
<b>Total Bond Portfolio</b>		<b>61,150,000</b>	<b>3.08%</b>	<b>09/24/2025</b>	<b>N/A</b>	<b>\$1,882,795.00</b> <b>3.14%</b>	<b>5.22%</b> <b>5.22%</b>	<b>1.37</b>	<b>\$60,370,478.87</b> <b>\$-361,328.12</b>	<b>N/A</b>	<b>\$60,009,150.75</b> <b>\$575,625.70</b> <b>\$60,584,776.45</b>	<b>100%</b>

	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.
<b>Maturing 2024</b>												
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		55,500.00 3.70%	5.10% 5.10%	0.04	1,500,821.10 -1,871.10	99.930	1,498,950.00 25,591.67	2.50%
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		11,400.00 2.86%	5.50% 5.50%	0.11	401,140.24 -2,424.24	99.679	398,716.00 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 0.45%	5.32% 5.32%	0.12	1,997,660.00 -9,520.00	99.407	1,988,140.00 3,475.00	3.31%
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 3.63%	5.33% 5.33%	0.12	1,806,703.34 -10,681.34	99.779	1,796,022.00 25,012.50	2.99%
US BANCORP NTS B/E 02.400% 073024 DTD072919 FC013020	A3/A/A NR/NR/NR	2,000,000	2.40%	07/30/2024	05/30/2024 100.00	48,000.00 2.43%	5.56% 5.56%	0.33	1,967,640.00 11,220.00	98.943	1,978,860.00 8,000.00	3.30%
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 2.53%	5.78% 5.78%	0.33	1,006,623.57 -17,693.57	98.893	988,930.00 4,166.67	1.65%
UNITEDHEALTH GROUP INC 02.375% 081524 DTD072519 CALL@MW+10BP NTS	A2/A/A+ NR/NR/NR	2,250,000	2.38%	08/15/2024		53,437.50 2.40%	5.42% 5.42%	0.37	2,239,852.87 -15,547.87	98.858	2,224,305.00 6,828.12	3.71%

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities. Accrued interest, if any, has been included in the total market value.

Report created on: April 24, 2024



## Bond Holdings

as of March 31, 2024 (continued)

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative

Return Objective: Current Income

	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.
<b>Maturing 2024</b>												
JOHN DEERE CAPITAL CORP 00.625% 091024 DTD091021 FC031022 NTS B/E	A1/A+/A- NR/NR/NR	1,400,000	0.63%	09/10/2024		8,750.00 0.64%	5.27% 5.27%	0.43	1,400,281.01 -28,883.01	97.957	1,371,398.00 510.42	2.29%
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 2.44%	5.37% 5.37%	0.48	2,249,955.03 -33,007.53	98.531	2,216,947.50 27,000.00	3.69%
SIMON PPTY GROUP LP B/E 03.375% 100124 DTD091014 FC040115 CALL@MW+15BP	A3/WD/A- NR/NR/NR	1,900,000	3.38%	10/01/2024	07/01/2024 100.00	64,125.00 3.41%	5.63% 5.63%	0.48	1,923,217.90 -44,421.90	98.884	1,878,796.00 32,062.50	3.13%
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 0.87%	5.51% 5.51%	0.55	1,500,406.77 -39,481.77	97.395	1,460,925.00 5,525.00	2.43%
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 2.89%	5.54% 5.54%	0.55	1,968,179.19 1,600.81	98.489	1,969,780.00 24,541.67	3.28%
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	10/01/2024 100.00	44,000.00 2.24%	5.69% 5.69%	0.56	2,019,693.88 -59,773.88	97.996	1,959,920.00 18,333.33	3.27%
GENERAL DYNAMICS CORP 02.375% 111524 DTD091417 FC051518 CALL@MW+10BP	A3/WD/A- NR/NR/NR	1,750,000	2.38%	11/15/2024	09/15/2024 100.00	41,562.50 2.42%	5.50% 5.50%	0.60	1,767,945.50 -51,423.00	98.087	1,716,522.50 15,701.39	2.86%
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 3.00%	5.54% 5.54%	0.60	1,012,649.92 -28,539.92	98.411	984,110.00 11,144.44	1.64%
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 2.20%	5.59% 5.59%	0.66	1,984,671.49 -30,571.49	97.705	1,954,100.00 13,736.11	3.26%

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities. Accrued interest, if any, has been included in the total market value.

Report created on: April 24, 2024

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# Bond Holdings

as of March 31, 2024 (continued)

**EX XX120 • BOND PORTFOLIO • Portfolio Management Program**  
**Prepared for** Kern Health Systems  
**Risk profile:** Conservative  
**Return Objective:** Current Income

	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.
<b>Maturing 2024</b>												
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 2.69%	5.02% 5.02%	0.68	1,926,417.99 -57,710.99	98.353	1,868,707.00 14,825.28	3.11%
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 3.35%	5.37% 5.37%	0.68	1,201,120.29 -18,400.29	98.560	1,182,720.00 11,550.00	1.97%
<b>Total 2024</b>		<b>29,850,000</b>	<b>2.39%</b>	<b>09/13/2024</b>		<b>\$712,225.00</b> <b>2.42%</b>	<b>5.44%</b> <b>5.44%</b>	<b>0.44</b>	<b>\$29,874,980.09</b> <b>\$-437,131.09</b>		<b>\$29,437,849.00</b> <b>\$252,437.43</b>	<b>49.06%</b>
<b>Maturing 2025</b>												
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 3.18%	5.41% 5.41%	0.79	2,441,163.27 -84,579.27	98.191	2,356,584.00 14,166.67	3.93%
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 3.06%	5.33% 5.33%	0.87	1,315,999.51 -42,493.51	97.962	1,273,506.00 4,008.33	2.12%
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 3.06%	5.17% 5.17%	0.96	957,230.00 21,720.00	97.895	978,950.00 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 3.33%	5.48% 5.48%	1.12	295,368.00 -2,892.00	97.492	292,476.00 3,250.00	0.49%
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 3.82%	5.17% 5.17%	1.23	1,940,760.00 24,020.00	98.239	1,964,780.00 15,833.33	3.27%
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 4.07%	5.29% 5.29%	1.25	1,798,200.00 -27,612.00	98.366	1,770,588.00 13,600.00	2.95%

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities. Accrued interest, if any, has been included in the total market value.



## Bond Holdings

as of March 31, 2024 (continued)

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative

Return Objective: Current Income

	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.
<b>Maturing 2025</b>												
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 4.02%	5.07% 5.07%	1.45	968,230.00 15,260.00	98.349	983,490.00 18,213.89	1.64%
FFCB BOND 05.200 % DUE 110325 DTD 110322 FC 05032023	Aaa/AA+/AA+ NR/NR/NR	1,300,000	5.20%	11/03/2025		67,600.00 5.20%	5.24% 5.24%	1.48	1,299,350.00 -156.00	99.938	1,299,194.00 27,791.11	2.16%
<b>Total 2025</b>		<b>11,100,000</b>	<b>3.68%</b>	<b>06/04/2025</b>		<b>\$407,850.00</b> <b>3.74%</b>	<b>5.27%</b> <b>5.27%</b>	<b>1.12</b>	<b>\$11,016,300.78</b> <b>\$-96,732.78</b>		<b>\$10,919,568.00</b> <b>\$111,863.34</b>	<b>18.20%</b>
<b>Maturing 2026</b>												
LOCKHEED MARTIN CORP B/E 03.550% 011526 DTD112315 FC071516 CALL@MW+20BP	A2/A-/A- NR/NR/NR	1,500,000	3.55%	01/15/2026	10/15/2025 100.00	53,250.00 3.64%	4.94% 4.94%	1.70	1,445,685.00 18,855.00	97.636	1,464,540.00 11,241.67	2.44%
BANK OF AMER CORP NTS 03.500% 041926 DTD041916 FC101916 B/E	A1/AA-/A- NR/NR/NR	1,650,000	3.50%	04/19/2026		57,750.00 3.61%	5.06% 5.06%	1.92	1,581,525.00 18,661.50	96.981	1,600,186.50 25,987.50	2.67%
PROLOGIS NTS B/E 03.250% 063026 DTD063022 FC123022 CALL@MW+30BP	A3/NR/A NR/NR/NR	1,250,000	3.25%	06/30/2026	03/30/2026 100.00	40,625.00 3.38%	5.04% 5.04%	2.12	1,183,125.00 19,750.00	96.230	1,202,875.00 10,156.25	2.00%
ARCHER-DANIELS-MIDL& CO 02.500% 081126 DTD081116 FC021117 CALL@MW+15BP	A2/A/A NR/NR/NR	1,500,000	2.50%	08/11/2026	05/11/2026 100.00	37,500.00 2.64%	4.96% 4.96%	2.25	1,425,765.00 -7,290.00	94.565	1,418,475.00 5,208.33	2.36%
WALT DISNEY COMPANY/THE 03.375% 111526 DTD111519 CALL@MW+20BP	A2/A-/A- NR/NR/NR	1,350,000	3.38%	11/15/2026	08/15/2026 100.00	45,562.50 3.50%	4.89% 4.89%	2.44	1,278,828.00 21,330.00	96.308	1,300,158.00 17,212.50	2.17%
FFCB BOND 05.540 % DUE 120126 DTD 060123 FC 12012023	Aaa/AA+/AA+ NR/NR/NR	1,050,000	5.54%	12/01/2026		58,170.00 5.55%	5.63% 5.63%	2.41	1,046,587.50 1,081.50	99.778	1,047,669.00 19,390.00	1.75%
<b>Total 2026</b>		<b>8,300,000</b>	<b>3.54%</b>	<b>07/06/2026</b>		<b>\$292,857.50</b> <b>3.65%</b>	<b>5.06%</b> <b>5.06%</b>	<b>2.12</b>	<b>\$7,961,515.50</b> <b>\$72,388.00</b>		<b>\$8,033,903.50</b> <b>\$89,196.25</b>	<b>13.39%</b>

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities. Accrued interest, if any, has been included in the total market value.

Report created on: April 24, 2024





# Bond Holdings

as of March 31, 2024 (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.
<b>Maturing 2027</b>												
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 3.75%	4.92% 4.92%	2.61	913,100.00 53,170.00	96.627	966,270.00 7,149.31	1.61%
IBM CORP B/E 03.300% 012727 DTD012717 FC072717 CALL@MW+15BP	A3/A-/A- NR/NR/NR	1,100,000	3.30%	01/27/2027		36,300.00 3.44%	4.83% 4.83%	2.64	1,060,532.00 -4,554.00	95.998	1,055,978.00 6,453.33	1.76%
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 3.43%	4.65% 4.65%	2.80	942,880.00 19,350.00	96.223	962,230.00 15,400.00	1.60%
QUALCOMM INC NTS B/E 03.250% 052027 DTD052617 FC112017 CALL @MW+20BP	A2/NR/A NR/NR/NR	350,000	3.25%	05/20/2027	02/20/2027 100.00	11,375.00 3.39%	4.68% 4.68%	2.90	336,483.00 -990.50	95.855	335,492.50 4,139.24	0.56%
META PLATFORMS INC NTS 03.500% 081527 DTD080922 FC021523 CALL@MW+15BP	A1/NR/AA- NR/NR/NR	1,500,000	3.50%	08/15/2027	07/15/2027 100.00	52,500.00 3.64%	4.71% 4.71%	3.12	1,446,825.00 -2,820.00	96.267	1,444,005.00 6,708.33	2.41%
<b>Total 2027</b>		<b>4,950,000</b>	<b>3.42%</b>	<b>04/20/2027</b>		<b>\$169,425.00</b> <b>3.56%</b>	<b>4.76%</b> <b>4.76%</b>	<b>2.83</b>	<b>\$4,699,820.00</b> <b>\$64,155.50</b>		<b>\$4,763,975.50</b> <b>\$39,850.21</b>	<b>7.94%</b>
<b>Maturing 2028</b>												
INTEL CORP NTS B/E 04.875% 021028 DTD021023 CALL@MW+20BP	A3/A-/A- NR/NR/NR	700,000	4.88%	02/10/2028	01/10/2028 100.00	34,125.00 4.86%	4.79% 4.79%	3.38	687,127.00 14,945.00	100.296	702,072.00 4,834.38	1.17%
BRISTOL-MYERS SQUIBB CO 03.900% 022028 DTD022020 FC082020 CALL@MW+20BP	A2/WD/A NR/NR/NR	1,000,000	3.90%	02/20/2028	11/20/2027 100.00	39,000.00 4.01%	4.71% 4.71%	3.54	972,970.00 -1,430.00	97.154	971,540.00 4,441.67	1.62%
ESTEE LAUDER CO INC NTS 04.375% 051528 DTD051223 FC111523 CALL@MW+15BP	A1/NR/A NR/NR/NR	1,500,000	4.38%	05/15/2028	04/15/2028 100.00	65,625.00 4.44%	4.79% 4.79%	3.67	1,493,730.00 -16,680.00	98.470	1,477,050.00 24,791.67	2.46%

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Report created on: April 24, 2024



## Bond Holdings

as of March 31, 2024 (continued)

EX XX120 • BOND PORTFOLIO • Portfolio Management Program

Prepared for Kern Health Systems

Risk profile: Conservative

Return Objective: Current Income

	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.
<b>Maturing 2028</b>												
ABBVIE INC B/E 04.250%	A3/NR/A-	2,300,000	4.25%	11/14/2028	08/14/2028	97,750.00	4.68%	4.08	2,218,672.00	98.242	2,259,566.00	3.77%
111428 DTD091818	NR/NR/NR				100.00	4.33%	4.68%		40,894.00		37,199.31	
FC051419 CALL@MW+25BP												
<b>Total 2028</b>		<b>5,500,000</b>	<b>4.30%</b>	<b>07/03/2028</b>		<b>\$236,500.00</b>	<b>4.73%</b>	<b>3.78</b>	<b>\$5,372,499.00</b>		<b>\$5,410,228.00</b>	<b>9.02%</b>
						<b>4.37%</b>	<b>4.73%</b>		<b>\$37,729.00</b>		<b>\$71,267.01</b>	
<b>Maturing 2029</b>												
PROCTER & GAMBLE CO/THE	Aa3/NR/AA-	875,000	4.35%	01/29/2029		38,062.50	4.38%	4.28	873,250.00	99.844	873,635.00	1.46%
04.350% 012929	NR/NR/NR					4.36%	4.38%		385.00		6,555.21	
DTD012924 FC072924												
CALL@MW+5BP												
LOCKHEED MARTIN CORP	A2/A-/A-	575,000	4.50%	02/15/2029	01/15/2029	25,875.00	4.70%	4.30	572,113.50	99.129	569,991.75	0.95%
NTS 04.500% 021529	NR/NR/NR				100.00	4.54%	4.70%		-2,121.75		4,456.25	
DTD012924 FC081524												
CALL@MW+10BP												
<b>Total 2029</b>		<b>1,450,000</b>	<b>4.41%</b>	<b>02/05/2029</b>		<b>\$63,937.50</b>	<b>4.51%</b>	<b>4.29</b>	<b>\$1,445,363.50</b>		<b>\$1,443,626.75</b>	<b>2.41%</b>
						<b>4.43%</b>	<b>4.51%</b>		<b>\$-1,736.75</b>		<b>\$11,011.46</b>	
<b>Total Bond Portfolio</b>												
		<b>61,150,000</b>	<b>3.08%</b>	<b>09/24/2025</b>	<b>N/A</b>	<b>\$1,882,795.00</b>	<b>5.22%</b>	<b>1.37</b>	<b>\$60,370,478.87</b>	<b>N/A</b>	<b>\$60,009,150.75</b>	<b>100%</b>
						<b>3.14%</b>	<b>5.22%</b>		<b>\$-361,328.12</b>		<b>\$575,625.70</b>	
											<b>\$60,584,776.45</b>	

Includes all fixed-rate securities in the selected portfolio. Average yields and durations exclude Structured Product, Pass-Through, Perpetual Preferred, and Foreign securities. Accrued interest, if any, has been included in the total market value.

Report created on: April 24, 2024



# Additional Information About Your Portfolio

as of March 31, 2024

**EX XX120 • BOND PORTFOLIO • Portfolio Management Program**  
**Prepared for** Kern Health Systems  
Risk profile: Conservative  
Return Objective: Current Income

## 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 - 06/30/2023:** 45% BBG US Corp 1-3Y Incp76; 55% BBG US Agg Gvt & CR 1-3 Y
- 06/30/2023 - 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



## Disclosures Applicable to Accounts at UBS Financial Services Inc. *(continued)*

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 may be 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 its 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 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 include income on securities that have been lent out & 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





## Disclosures Applicable to Accounts at UBS Financial Services Inc. *(continued)*

exchange traded options. The options risk disclosure document can be accessed at the following web address: [www.optionsclearing.com/about/publications/character-risks](http://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 connection 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 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



## Disclosures Applicable to Accounts at UBS Financial Services Inc. *(continued)*

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 dividend/interest rate paid by the investment solely as of the date of this report, annualized yearly per share and multiplied by the quantity of shares held in the selected account(s). For Expected Cash Flow and Portfolio Holdings reports prior to June 23, 2023, savings products & sweep funds do not display such calculations and instead, values are displayed as N/A. For all other reports, Estimated Annual Income for savings products & sweep funds is not calculated or factored into aggregate calculations and will be displayed as 0.

**Current Yield:** Current yield calculations display the current yield of the investment solely as of the date of this report, is defined as the estimated annual income divided by the total market value. For Portfolio Holdings report generated prior to June 23, 2023, savings products & sweep funds do not include such information and instead, values are displayed as N/A. For all other reports, Current Yield for savings products & sweep funds is not calculated or factored into aggregate calculations and will be displayed as 0.

**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



## Disclosures Applicable to Accounts at UBS Financial Services Inc. *(continued)*

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.<sup>A</sup> 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 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 the account is a donor advised fund account, the assets in those accounts are owned by the Sponsoring Charitable Organization, and not the donor. You and your financial

advisor have procured the appropriate authorization to view the assets in the donor advised fund account. 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





## Disclosures Applicable to Accounts at UBS Financial Services Inc. *(continued)*

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](https://ubs.com/relationshipsummary).

### **UBS Financial Services account protection**

The Firm is a member of the Securities Investor Protection Corporation (SIPC), which protects securities customers of its members up to \$500,000 (including \$250,000 for claims for cash). Explanatory brochure available upon request or at [www.sipc.org](http://www.sipc.org). The SIPC asset protection limits apply to all accounts that you hold in a particular capacity.

The Firm, together with certain affiliates, has also purchased supplemental insurance. The maximum amount payable to all eligible clients, collectively under this protection is \$500 million as of December 10, 2019. Subject to the policy conditions and limitations, cash at the Firm is further protected for up to \$1.9 million in the aggregate for all your accounts held in a particular capacity. A full copy of the policy wording is available upon request.

Neither the SIPC protection nor the supplemental protection apply to:

- Certain financial assets controlled by (and included in your account value) but held away from UBS Financial Services. For example certain (i) insurance products, including variable annuities, and (ii) shares of mutual funds registered in the name of the account holder on the books of the issuer or transfer agent);
- Investment contracts or investment interests (e.g., limited partnerships and private placements) that are not registered under the Securities Act of 1933;
- Commodities contracts (e.g., foreign exchange and precious metal contracts), including futures contracts and commodity option contracts;
- Securities on loan to UBS Financial Services; and
- Deposit accounts (except certificates of deposit) at UBS Bank USA, UBS AG U.S. branches and banks in the FDIC Insured Deposit Program.

The SIPC protection and the supplemental protection do not apply to these assets even if they otherwise appear on your statements. The SIPC protection and the supplemental protection do not protect against changes in the market value of your investments (whether as a result of market movement, issuer bankruptcy or otherwise).

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

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

Filtered by: Entry Date 01/01/2024-03/31/2024, Call/Redemptor

Entry Date	Settle Date	Activity	Description	Security#	Quantity	Price/Detail	Amount
03/28/24	03/28/24	CALL REDEMPTION	FHLMC MED TERM NTS 06.000 % DUE 092827	FD33V1	-2,100,000.00	REDEMPTION	2,100,000.00
02/06/24	02/06/24	CALL REDEMPTION	MICROSOFT CORP NTS B/E 02.875% 020624 DTD020617	773EL1	-875,000.00	REDEMPTION	875,000.00
02/05/24	02/05/24	CALL REDEMPTION	US BANCORP MED TERM NTS 03.375% 020524 DTD020419	821HH8	-300,000.00	REDEMPTION	300,000.00

Filtered by: Entry Date 01/01/2024-03/31/2024, Bought

Entry Date	Settle Date	Activity	Description	Security#	Quantity	Price/Detail	Amount
02/08/24	02/12/24	BOUGHT	PROCTER & GAMBLE CO/THE 04.350% 012929 DTD012924 Trade#:43887 Blot:9'	8193X9	875,000.00	\$99.80	-874,624.48
02/06/24	02/08/24	BOUGHT	LOCKHEED MARTIN CORP NTS 04.500% 021529 DTD012924 Trade#:14872 Blot:9'	752649	575,000.00	\$99.50	-572,760.38

*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 UBS 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 you understand the ways in which we conduct business and that you carefully read the agreements and disclosures that we provide about the products or services we offer. For more information, please review client relationship summary provided at [ubs.com/relationshipsummary](https://ubs.com/relationshipsummary).*

*The information is based upon the market value of your account(s) as of the close of business on **March 31, 2024**, 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**  
**03/01/2024 - 03/31/2024**

KERN HEALTH SYSTEMS  
 2900 BUCK OWENS BOULEVARD

**Account Number**  
 [REDACTED]

**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	141,168,991.09	95,441,407.21	15%
Bonds	208,521,280.74	533,350,918.42	85%
Stocks	0.00	0.00	0%
<b>Total Account Value</b>	<b>\$ 349,690,271.83</b>	<b>\$ 628,792,325.63</b>	<b>100%</b>
<b>Value Change Since Last Statement Period</b>		<b>\$ 279,102,053.80</b>	
<b>Percent Increase Since Last Statement Period</b>		<b>80%</b>	
<b>Value Last Year-End</b>		<b>\$ 409,049,809.76</b>	
<b>Percent Increase Since Last Year-End</b>		<b>54%</b>	

**Income Summary USD**

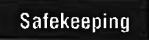
	This Period	Year-To-Date
Interest	\$ 664,216.25	\$ 3,054,291.25
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	445,262.37	1,352,887.21
Other	0.00	0.00
<b>Income Total</b>	<b>\$ 1,109,478.62</b>	<b>\$ 4,407,178.46</b>

**Interest Charged USD**

Description	This Period
Debit interest For March 2024	0.00
<b>Total Interest Charged</b>	<b>\$ 0.00</b>

**Money Market Mutual Funds Summary USD**

Description	Amount
<b>Opening Balance</b>	<b>\$ 141,168,991.09</b>
Deposits and Other Additions	537,162,966.25
Distributions and Other Subtractions	(583,335,812.50)
Dividends Reinvested	445,262.37
Change in Value	0.00
<b>Closing Balance</b>	<b>\$ 95,441,407.21</b>



### 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 7<sup>th</sup> 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
<b>Bonds USD</b>								
912797JL2	UNITED STATES TREASURY BILL	04/02/24	0.000%	25,000,000.000	99.9854	24,996,351.50		
912797GZ4	UNITED STATES TREASURY BILL	04/04/24	0.000%	100,000,000.000	99.9563	99,956,258.00		
912797JM0	UNITED STATES TREASURY BILL	04/09/24	0.000%	25,000,000.000	99.8835	24,970,880.50		
912797JN8	UNITED STATES TREASURY BILL	04/16/24	0.000%	25,000,000.000	99.7810	24,945,258.25		
931142DP5	WALMART INC	04/22/24	3.300%	2,400,000.000	99.8743	2,396,982.86		Y
912797JP3	UNITED STATES TREASURY BILL	04/23/24	0.000%	25,000,000.000	99.6779	24,919,486.00		
3135GAGV7	FANNIE MAE	04/26/24	5.125%	10,000,000.000	99.9878	9,998,778.50		Y
912797JQ1	UNITED STATES TREASURY BILL	04/30/24	0.000%	25,000,000.000	99.5775	24,894,372.50		
912797HH3	UNITED STATES TREASURY BILL	05/02/24	0.000%	100,000,000.000	99.5469	99,546,909.00		
3135GAHK0	FANNIE MAE	05/08/24	5.000%	5,000,000.000	99.9737	4,998,685.00		Y
717081DM2	PFIZER INC	05/15/24	3.400%	1,000,000.000	99.7275	997,275.37		N
22160KAL9	COSTCO WHOLESALE CORP	05/18/24	2.750%	2,000,000.000	99.6313	1,992,626.00		Y
04636NAC7	ASTRAZENECA FINANCE LLC	05/28/24	0.700%	3,006,000.000	99.2585	2,983,711.53		Y
3134GYS60	FREDDIE MAC	06/17/24	5.200%	5,000,000.000	99.9351	4,996,752.60		Y
3135GAHX2	FANNIE MAE	06/28/24	5.330%	5,000,000.000	99.9712	4,998,561.30		Y
3135GAG47	FANNIE MAE	07/12/24	5.050%	10,000,000.000	99.9519	9,995,186.30		Y
3134GYEM0	FREDDIE MAC	07/19/24	4.800%	5,000,000.000	99.7908	4,989,537.70		Y
3134GYJM5	FREDDIE MAC	08/28/24	5.050%	5,000,000.000	99.8150	4,990,747.70		Y
191216CL2	COCA-COLA CO/THE	09/06/24	1.750%	3,000,000.000	98.4599	2,953,796.55		N
771196BE1	ROCHE HOLDINGS INC	09/30/24	3.350%	1,000,000.000	99.0253	990,253.47		Y
3135GAJ36	FANNIE MAE	12/27/24	5.500%	5,000,000.000	99.8187	4,990,935.00		Y
3135GAJ28	FANNIE MAE	01/10/25	5.350%	5,000,000.000	100.0055	5,000,273.55		Y
3134GYP63	FREDDIE MAC	01/13/25	5.000%	5,000,000.000	99.6334	4,981,670.40		Y
3135GAH20	FANNIE MAE	01/27/25	5.250%	5,000,000.000	99.9334	4,996,668.95		Y
3135GAHT1	FANNIE MAE	02/24/25	5.250%	3,000,000.000	99.9828	2,999,485.44		Y
3134GXS88	FREDDIE MAC	02/28/25	4.000%	5,000,000.000	98.9996	4,949,977.80		Y
3134GYQP0	FREDDIE MAC	05/01/25	5.375%	5,000,000.000	99.8291	4,991,455.55		Y
3134GYRH7	FREDDIE MAC	05/15/25	5.300%	5,000,000.000	99.6911	4,984,553.90		Y
3134GYSG8	FREDDIE MAC	05/22/25	5.050%	5,000,000.000	99.7880	4,989,402.35		Y
3133EPQP3	FEDERAL FARM CREDIT BANK	07/24/25	5.330%	5,000,000.000	99.9064	4,995,318.95		Y
3134GYWV0	FREDDIE MAC	07/25/25	5.600%	5,000,000.000	99.8365	4,991,824.85		Y
3135GALS8	FANNIE MAE	01/12/26	5.350%	10,000,000.000	100.0317	10,003,167.70		Y

KHS Board of Directors Meeting, June 13, 2024

Safekeeping

Statement Ending:

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

**Portfolio Holdings (Continued)** *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
<b>Bonds USD</b>								
3130B0MQ9	FEDERAL HOME LOAN BANK	03/27/26	5.400%	5,000,000.000	100.0069	5,000,344.50		Y
3134GYS94	FREDDIE MAC	05/15/26	5.000%	5,000,000.000	99.7698	4,988,488.40		Y
3134H1GR8	FREDDIE MAC	07/30/26	5.750%	3,000,000.000	99.9674	2,999,020.74		Y
3134GYZA3	FREDDIE MAC	08/14/26	5.500%	5,000,000.000	100.0207	5,001,034.95		Y
3130AX5H7	FEDERAL HOME LOAN BANK	09/11/26	5.500%	5,000,000.000	99.8206	4,991,029.10		Y
3134H1CK7	FREDDIE MAC	09/25/26	5.050%	5,000,000.000	99.3750	4,968,748.70		Y
3130AXVD7	FEDERAL HOME LOAN BANK	11/20/26	5.400%	5,000,000.000	99.9959	4,999,793.10		Y
3130AY2Q8	FEDERAL HOME LOAN BANK	12/18/26	5.250%	5,000,000.000	99.8944	4,994,721.60		Y
3135GAQE4	FANNIE MAE	03/19/27	5.200%	5,000,000.000	100.0370	5,001,849.65		Y
3130AXVH8	FEDERAL HOME LOAN BANK	11/22/27	5.500%	5,000,000.000	100.1227	5,006,136.75		Y
3130AY2W5	FEDERAL HOME LOAN BANK	12/14/27	5.600%	5,000,000.000	100.1412	5,007,059.40		Y
3134H1FS7	FREDDIE MAC	04/17/28	6.000%	3,000,000.000	100.2927	3,008,781.03		Y
3134H1GP2	FREDDIE MAC	10/17/28	6.000%	3,000,000.000	100.3902	3,011,705.13		Y
3130AXVF2	FEDERAL HOME LOAN BANK	11/27/28	6.000%	5,000,000.000	99.7868	4,989,338.90		Y
3134H1KW2	FREDDIE MAC	12/04/28	5.550%	5,000,000.000	100.3529	5,017,644.55		Y
3130AXXB9	FEDERAL HOME LOAN BANK	12/21/28	5.700%	5,000,000.000	100.0257	5,001,285.50		Y
3130B0E62	FEDERAL HOME LOAN BANK	03/26/29	5.550%	10,000,000.000	99.8680	9,986,797.90		Y
3130B0N47	FEDERAL HOME LOAN BANK	03/26/29	5.000%	5,000,000.000	99.7999	4,989,993.45		Y
				534,406,000.000		533,350,918.42	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.

**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
<b>Transaction Activity USD</b>									
03/06/24	03/06/24	Security Delivery	3130AUZ49	FEDERAL HOME LOAN BANK	(5,000,000.00)	99.9960330	4,999,801.65	126,145.83	5,125,947.48
03/12/24	03/12/24	Security Receipt	912797GZ4	UNITED STATES TREASURY BILL	50,000,000.00	99.6671390	(49,833,569.50)	0.00	(49,833,569.50)
03/12/24	03/12/24	Security Receipt	912797GZ4	UNITED STATES TREASURY BILL	50,000,000.00	99.6671390	(49,833,569.50)	0.00	(49,833,569.50)
03/12/24	03/12/24	Security Receipt	912797JM0	UNITED STATES TREASURY BILL	25,000,000.00	99.5940000	(24,898,500.00)	0.00	(24,898,500.00)

**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
<b>Transaction Activity USD</b>									
03/12/24	03/13/24	Security Receipt	912797JJ7	UNITED STATES TREASURY BILL	25,000,000.00	99.9131670	(24,978,291.75)	0.00	(24,978,291.75)
03/12/24	03/13/24	Security Receipt	912797JK4	UNITED STATES TREASURY BILL	25,000,000.00	99.8118610	(24,952,965.25)	0.00	(24,952,965.25)
03/12/24	03/13/24	Security Receipt	912797JL2	UNITED STATES TREASURY BILL	25,000,000.00	99.7100000	(24,927,500.00)	0.00	(24,927,500.00)
03/18/24	03/19/24	Security Receipt	3135GAQE4	FANNIE MAE	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/18/24	03/19/24	Security Receipt	912797JN8	UNITED STATES TREASURY BILL	25,000,000.00	99.5932220	(24,898,305.50)	0.00	(24,898,305.50)
03/19/24	03/21/24	Security Receipt	912797HH3	UNITED STATES TREASURY BILL	50,000,000.00	99.3910000	(49,695,500.00)	0.00	(49,695,500.00)
03/19/24	03/21/24	Security Receipt	912797HH3	UNITED STATES TREASURY BILL	50,000,000.00	99.3910000	(49,695,500.00)	0.00	(49,695,500.00)
03/06/24	03/26/24	Security Receipt	3130B0E62	FEDERAL HOME LOAN BANK	7,300,000.00	100.0000000	(7,300,000.00)	0.00	(7,300,000.00)
03/12/24	03/26/24	Security Receipt	3130B0E62	FEDERAL HOME LOAN BANK	2,700,000.00	100.0000000	(2,700,000.00)	0.00	(2,700,000.00)
03/25/24	03/26/24	Security Receipt	912797JP3	UNITED STATES TREASURY BILL	25,000,000.00	99.5940000	(24,898,500.00)	0.00	(24,898,500.00)
03/25/24	03/26/24	Security Receipt	912797JQ1	UNITED STATES TREASURY BILL	25,000,000.00	99.4944440	(24,873,611.00)	0.00	(24,873,611.00)
03/25/24	03/27/24	Security Receipt	3130B0MQ9	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/25/24	03/27/24	Security Receipt	3130B0N47	FEDERAL HOME LOAN BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)
03/26/24	04/02/24	Security Receipt	3133EP6X8	FEDERAL FARM CREDIT BANK	5,000,000.00	100.0000000	(5,000,000.00)	0.00	(5,000,000.00)

**Income / Payment Activity USD**

03/01/24	03/01/24	Matured	3130AUZ23	FEDERAL HOME LOAN BANK			5,000,000.00		5,000,000.00
03/01/24	03/01/24	Matured	3130AUZ23	FEDERAL HOME LOAN BANK	(5,000,000.00)				
03/01/24	03/01/24	Interest	3130AUZ23	FEDERAL HOME LOAN BANK				131,250.00	131,250.00
03/05/24	03/05/24	Matured	771196BQ4	ROCHE HLDGS INC			1,725,000.00		1,725,000.00
03/05/24	03/05/24	Matured	771196BQ4	ROCHE HLDGS INC	(1,725,000.00)				
03/05/24	03/05/24	Interest	771196BQ4	ROCHE HLDGS INC				3,881.25	3,881.25
03/06/24	03/06/24	Interest	191216CL2	COCA-COLA CO/THE				26,250.00	26,250.00
03/07/24	03/07/24	Matured	3130AWD64	FEDERAL HOME LOAN BANK			5,000,000.00		5,000,000.00
03/07/24	03/07/24	Matured	3130AWD64	FEDERAL HOME LOAN BANK	(5,000,000.00)				
03/07/24	03/07/24	Interest	3130AWD64	FEDERAL HOME LOAN BANK				65,625.00	65,625.00
03/08/24	03/08/24	Matured	771196BU5	ROCHE HOLDINGS INC			1,000,000.00		1,000,000.00
03/08/24	03/08/24	Matured	771196BU5	ROCHE HOLDINGS INC	(1,000,000.00)				
03/08/24	03/08/24	Interest	771196BU5	ROCHE HOLDINGS INC				9,410.00	9,410.00
03/11/24	03/11/24	Interest	3130AX5H7	FEDERAL HOME LOAN BANK				137,500.00	137,500.00
03/15/24	03/15/24	Matured	717081ES8	PFIZER INC			1,800,000.00		1,800,000.00
03/15/24	03/15/24	Matured	717081ES8	PFIZER INC	(1,800,000.00)				
03/15/24	03/15/24	Interest	717081ES8	PFIZER INC				26,550.00	26,550.00
03/19/24	03/19/24	Matured	912797JJ7	UNITED STATES TREASURY BILL			25,000,000.00		25,000,000.00
03/19/24	03/19/24	Matured	912797JJ7	UNITED STATES TREASURY BILL	(25,000,000.00)				
03/20/24	03/20/24	Matured	3134GYMN9	FREDDIE MAC			5,000,000.00		5,000,000.00
03/20/24	03/20/24	Matured	3134GYMN9	FREDDIE MAC	(5,000,000.00)				
03/20/24	03/20/24	Interest	3134GYMN9	FREDDIE MAC				137,500.00	137,500.00

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Safekeeping

KHS Board of Directors Meeting, June 13, 2024

**KERN HEALTH SYSTEMS**

Account Number: **[REDACTED]**

**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
<b>Income / Payment Activity USD</b>									
03/25/24	03/25/24	Interest	3134H1CK7	FREDDIE MAC				126,250.00	126,250.00
03/26/24	03/26/24	Matured	912797JK4	UNITED STATES TREASURY BILL			25,000,000.00		25,000,000.00
03/26/24	03/26/24	Matured	912797JK4	UNITED STATES TREASURY BILL	(25,000,000.00)				

**Cash Activity USD**

Transaction / Trade Date	Settlement / Eff. Date	Activity	Description	Debit Amount / Disbursements	Credit Amount / Receipts
03/05/24	03/05/24	ACH/DDA Transaction	DESIGNATED DDA	40,800,000.00	
03/05/24	03/05/24	ACH/DDA Transaction	DESIGNATED DDA	105,800,000.00	
03/06/24	03/06/24	ACH/DDA Transaction	DESIGNATED DDA	5,152,197.48	
03/06/24	03/06/24	ACH/DDA Transaction	DESIGNATED DDA	1,750,000.00	
03/12/24	03/12/24	ACH/DDA Transaction	DESIGNATED DDA		100,000,000.00
03/12/24	03/12/24	ACH/DDA Transaction	DESIGNATED DDA		200,000,000.00
03/18/24	03/18/24	ACH/DDA Transaction	DESIGNATED DDA		167,000,000.00
03/20/24	03/20/24	ACH/DDA Transaction	DESIGNATED DDA	5,000,000.00	
03/26/24	03/26/24	ACH/DDA Transaction	DESIGNATED DDA	25,000,000.00	
03/27/24	03/27/24	ACH/DDA Transaction	DESIGNATED DDA	6,500,000.00	

**Money Market Fund Activity**

**Morgan Stan TreasSvc 8314**

\*As of March 31, 2024

USD	Dividend paid this period	7 day* simple yield	30 day* simple yield
	254.15	5.100%	5.100%

Transaction Date	Activity	Shares	Price	Market Value (\$)	Dividend Amount	Share Balance
	<b>Beginning Balance</b>		<b>1.0000</b>	<b>62,591.50</b>		<b>62,591.50000</b>
03/01/24	Reinvest	254.15000			254.15	62,845.65000
	<b>Ending Balance</b>		<b>1.0000</b>	<b>62,845.65</b>		<b>62,845.65000</b>

**Goldman FS Tr Ob Ins 468**

\*As of March 31, 2024

USD	Dividend paid this period	7 day* simple yield	30 day* simple yield
	261,478.66	5.160%	5.170%

Transaction Date	Activity	Shares	Price	Market Value (\$)	Dividend Amount	Share Balance
	<b>Beginning Balance</b>		<b>1.0000</b>	<b>100,434,442.91</b>		<b>100,434,442.91000</b>



**Money Market Fund Activity (Continued)**

Transaction Date	Activity	Shares	Price	Market Value (\$)	Dividend Amount	Share Balance
03/01/24	Purchase	5,131,250.00000		5,131,250.00		105,565,692.91000
03/01/24	Reinvest	261,478.66000			261,478.66	105,827,171.57000
03/05/24	Purchase	1,728,881.25000		1,728,881.25		107,556,052.82000
03/05/24	Redemption	(105,800,000.00000)		(105,800,000.00)		1,756,052.82000
03/06/24	Redemption	(1,750,000.00000)		(1,750,000.00)		6,052.82000
03/07/24	Purchase	5,065,625.00000		5,065,625.00		5,071,677.82000
03/08/24	Purchase	1,009,410.00000		1,009,410.00		6,081,087.82000
03/11/24	Purchase	137,500.00000		137,500.00		6,218,587.82000
03/12/24	Purchase	200,000,000.00000		200,000,000.00		206,218,587.82000
03/12/24	Redemption	(99,667,139.00000)		(99,667,139.00)		106,551,448.82000
03/13/24	Redemption	(74,858,757.00000)		(74,858,757.00)		31,692,691.82000
03/15/24	Purchase	1,826,550.00000		1,826,550.00		33,519,241.82000
03/18/24	Purchase	167,000,000.00000		167,000,000.00		200,519,241.82000
03/19/24	Redemption	(29,898,305.50000)		(29,898,305.50)		170,620,936.32000
03/19/24	Purchase	25,000,000.00000		25,000,000.00		195,620,936.32000
03/20/24	Purchase	5,137,500.00000		5,137,500.00		200,758,436.32000
03/20/24	Redemption	(5,000,000.00000)		(5,000,000.00)		195,758,436.32000
03/21/24	Redemption	(99,391,000.00000)		(99,391,000.00)		96,367,436.32000
03/25/24	Purchase	126,250.00000		126,250.00		96,493,686.32000
03/26/24	Redemption	(59,772,111.00000)		(59,772,111.00)		36,721,575.32000
03/26/24	Purchase	25,000,000.00000		25,000,000.00		61,721,575.32000
03/27/24	Redemption	(10,000,000.00000)		(10,000,000.00)		51,721,575.32000
03/27/24	Redemption	(6,500,000.00000)		(6,500,000.00)		45,221,575.32000
<b>Ending Balance</b>			<b>1.0000</b>	<b>45,221,575.32</b>		<b>45,221,575.32000</b>

JPMorgan UST Plus Inst 3918	Dividend paid this period	7 day* simple yield	30 day* simple yield
*As of March 31, 2024			
USD	183,529.56	5.150%	5.140%

Transaction Date	Activity	Shares	Price	Market Value (\$)	Dividend Amount	Share Balance
<b>Beginning Balance</b>			<b>1.0000</b>	<b>40,671,956.68</b>		<b>40,671,956.68000</b>
03/01/24	Reinvest	183,529.56000			183,529.56	40,855,486.24000
03/05/24	Redemption	(40,800,000.00000)		(40,800,000.00)		55,486.24000
03/12/24	Purchase	100,000,000.00000		100,000,000.00		100,055,486.24000
03/12/24	Redemption	(24,898,500.00000)		(24,898,500.00)		75,156,986.24000
03/26/24	Redemption	(25,000,000.00000)		(25,000,000.00)		50,156,986.24000



Statement Ending:

**KERN HEALTH SYSTEMS**  
Account Number: [REDACTED]

**Money Market Fund Activity (Continued)**

Transaction Date	Activity	Shares	Price	Market Value (\$)	Dividend Amount	Share Balance
	<b>Ending Balance</b>		<b>1.0000</b>	<b>50,156,986.24</b>		<b>50,156,986.24000</b>



# PMIA/LAIF Performance Report as of 4/17/24



## Quarterly Performance Quarter Ended 03/31/24

LAIF Apportionment Rate <sup>(2)</sup> :	4.30
LAIF Earnings Ratio <sup>(2)</sup> :	0.00011755619077389
LAIF Administrative Cost <sup>(1)*</sup> :	0.27
LAIF Fair Value Factor <sup>(1)</sup> :	0.994191267
PMIA Daily <sup>(1)</sup> :	4.22
PMIA Quarter to Date <sup>(1)</sup> :	4.12
PMIA Average Life <sup>(1)</sup> :	226

## PMIA Average Monthly Effective Yields<sup>(1)</sup>

March	4.232
February	4.122
January	4.012
December	3.929
November	3.843
October	3.670

## Pooled Money Investment Account Monthly Portfolio Composition <sup>(1)</sup> 3/31/24 \$156.5 billion

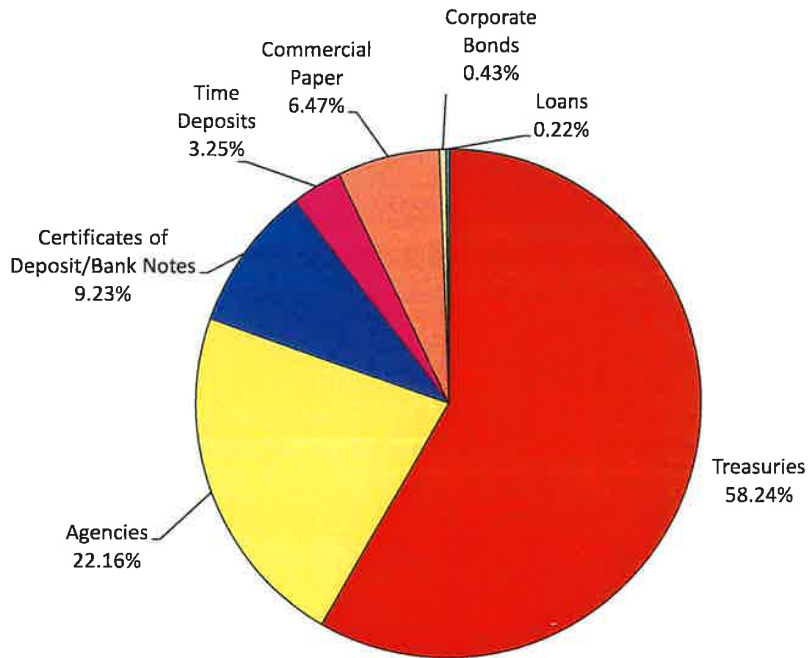


Chart does not include \$2,005,000.00 in mortgages, which equates to 0.001%. Percentages may not total 100% due to rounding.





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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Robert Landis, Chief Financial Officer  
**SUBJECT:** Analysis of Insurance Renewals  
**DATE:** June 13, 2024

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### **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 coverage 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 with AIG (incumbent).

- National Union Fire Insurance Company of Pittsburgh, PA (AIG)
- Rating: Carrier has an A XV rating from AM Best
- Term: July 1, 2024 through June 30, 2025
- Limits: \$10,000,000
- Deductible: \$2,500
- Annual Premium: \$19,425
- Prior year’s premium was \$18,871.

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 the Excess Crime policy with Zurich (incumbent).

- Zurich American Insurance Company
- Rating: Carrier has an A+ XV rating from AM Best
- Term: July 1, 2024 through June 30, 2025
- Deductible: Excess of National Union Ins. Co. of Pittsburgh, PA (AIG)
- Annual Premium: \$6,055.
- Prior year's premium was \$5,876.

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 \$80.7 million in property values (\$42.6 million Building and \$38.1 million Contents) which is a \$2 million property value increase from the expiring coverage. Management recommends renewing Property policy with the Federal Insurance Company (Chubb) (incumbent).

- Federal Insurance Company (Chubb)
- Rating: Carrier has an A++ XV rating from AM Best
- Term: July 1, 2024 through June 30, 2025
- Limit per Occurrence –
  - Building - \$42,561,376 repair or replacement cost
  - Contents - \$38,119,434 repair or replacement cost
  - Extra Expense- \$25,000,000
  - Boiler and Machinery - \$42,561,376 Building and \$38,119,434 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: \$84,294. Prior year's premium was \$80,531.

**Auto Physical Damage**

- ACGS Marine Insurance Company
- Rating: Carrier has an A+ XV rating from AM Best
- Term: July 1, 2024 to June 30, 2025
- Limit/TIV: \$127,066
- Deductible: \$5,000 Comprehensive and \$5,000 Collision
- Annual Premium: \$1,020. Prior year's premium was \$1,020.

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 \$43.1 million in total plan assets as of March 2024. Management recommends renewing the fiduciary liability policy with Hudson Insurance Company (incumbent carrier).

- Hudson Insurance Company
- Rating: Carrier has an A+ XV rating from AM Best
- Term: August 1, 2024 through August 1, 2025
- 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 \$14,667.

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 for Notified Individuals 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 a per individual limit for Breach Response outside of the other coverage limits.

Alliant has extensively marketed the KHS Cyber placement (See Attachment 1) and was able to secure a slight **decrease in premium** moving coverage from Coalition \$5M and additional \$5M excess limit with Arch to Beazley for total of \$10 million limits for a premium of \$402,402. Beazley provides a lower retention which is the most competitive option. Coalition and Arch renewal terms combined was a premium of \$430,379.

Alliant also provided an Excess Cyber policy option for \$5 million with Homeland Insurance Company of New York (Resilience) in excess of the \$10 million Primary Cyber policy with Beazley. This excess policy has a premium of \$130,307.

Management recommends moving the Primary Cyber Liability coverage with a \$10 million limit to Beazley and obtaining \$5 million of Excess Cyber Liability coverage with Resilience.

**Primary Cyber**

- Syndicate 623/2623 at Lloyd's (Beazley)
- Rating: Carrier has an A XV rating from AM Best
- Term: July 1, 2024 through June 30, 2025
- Per Claim Limit/Aggregate: \$10,000,000
- Breach Response Costs Notified Individuals: \$350,000
- \$1,500,000 Legal, Forensic & Public Relations/Crisis Management
- The Breach Response Limits Above Are in Addition to The Policy Aggregate Limit of Liability
- Retention: \$250,000 / 250 Notified Individuals Threshold / Breach Response: \$150,000 Legal, Forensic & Public Relations & Crisis Management / \$75,000 for Legal /8 hour waiting period
- Annual Premium: \$402,402. Prior year's premium was \$402,788.

**Excess Cyber Option**

- Homeland Insurance Company of New York (Resilience)
- Rating: Carrier has an A+ XV rating from AM Best
- Term: July 1, 2024 through June 30, 2025
- Per Claim Limit/Aggregate: \$5,000,000 above \$10,000,000 Primary Cyber
- Annual Premium: \$130,307.

There was one precautionary Cyber Insurance claim reported on 2/23/24 relating to the Change Healthcare ransomware matter which did not impact KHS directly. \$10,026 of expenses have been reserved.

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

Managed Care E&O coverage 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 flat renewal premium. Alliant was able to negotiate a flat renewal even with 14% increase in enrollee membership which is a (14%) **net rate decrease**. Management recommends renewing Managed Care E&O policy with TDC National Assurance Company (incumbent).

- TDC National Assurance Company
- Rating: Carrier has an A XV rating from AM Best
- Term: July 1, 2024 through June 30, 2025
- 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 \$77,771.

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 policy with Hartford Ins. Company of the Midwest (incumbent).

- Hartford Ins. Company of the Midwest
- Rating: Carrier has a superior A+ XV rating from AM Best
- Term: November 18, 2024 through November 18, 2025
- 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 \$2,291.

No claims were filed last year.

(Please note that KHS has additional flood insurance of \$5,000,000 under its property policy)

- **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 is 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 Alliant Deadly Weapon Response Program (ADWRP) policy with Underwriters at Lloyd's of London (incumbent).

- Underwriters at Lloyd's of London
- Rating: Carrier has an Excellent A XV rating from AM Best
- Term: July 1, 2024 to June 30, 2025
- \$1,000,000 Per Occurrence and Annual Aggregate
- \$10,000 Deductible Each Event including Claims Expenses
- Annual Premium Not to Exceed: \$13,711. Prior year's premium was \$14,030.

No claims were filed last year.

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

**Requested Action**

Approve.

 <b>Kern Health Systems Primary and Excess Cyber Liability Marketing Log 07/01/2024 - 07/01/2025</b>	
Market	Status
Coalition	Incumbent -Not competitive. Quoted Primary \$5M limit - \$244,943, \$250K retention and \$423,338 for a 10 mill limit with a 250k retention. Also quoted \$5M xs \$10M Beazley primary at \$1141,141.
APIP Cyber Program (Various carriers)	Declined - Primary sublimits not as competitive and Excess due to current primary structure not viable option.
Tokio Marine	Declined- not competitive.
Resilience	Quoted - See Proposal, Quoted \$5M xs \$10M Beazley primary option for \$134,434 and \$10M xs \$10M primary Beazley for \$ill limit \$130k and 10 mill limit for \$258,250.
Arch	Incumbent Excess - Not competitive \$5M xs \$5M layer - Quoted \$5M xs \$5M Coalition for excess \$185,436.
C&F	Declined – due to size of risk is too large.
Acrisure London Wholesale Limited	Declined- not competitive.
Ironshore	Declined- not competitive.
Westchester	Declined- not competitive.
AIG	Declined – due to exposure not a fit.
XL	Declined – due to exposure and appetite. Was on excess placement in 20/21 term.
Beazley	Quoted primary \$5M \$226,996 and \$10M limit options. See proposal for \$10M limit option most competitive primary option This carrier was on primary placement in 20/21 under SDRMA Package placement.
Corvus	Quoted - Not competitive. \$5M and \$10M excess of \$10M Beazley primary for \$139,593 for \$5M xs \$10M and \$258,520 however required additional complex subjectivities to be met prior to binding.
Great American	Declined - due to size of risk is too large. Declined 3 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 3 years ago too.
Cowbell	Declined – due to size of risk is too large. Declined 3 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.




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**MEMORANDUM**

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Devin W. Brown, Chief Human Resources Officer  
**SUBJECT:** Employee Benefits Renewal 2025  
**DATE:** June 13, 2024

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**Background**

Kern Health Systems (“KHS”) annually reviews and evaluates its employee benefits package. The evaluation takes into consideration the improvements of benefits, cost of premium, feasibility of continuation of current plans, comprehensive administrative services provided by the carriers, plan documents, summary plan descriptions, and the employee communication process.

Most of our core benefits package premiums remain unchanged for 2025. Our dental, vision, life insurance, short and long-term disability, and long-term care have rate passes for 2025. Our medical plan renewal for Kaiser Permanente came in at a 14.79% increase. As discussed below, we are proposing a different course of action for this employee benefit.

**MEDICAL PLAN**

As noted during the 2024 renewal discussion, we evaluated the feasibility of moving to a self-funded medical plan for the 2025 plan year. We engaged our broker INSURICA to assist in receiving quotes for a Blue Shield of California PPO. We also received a quote from a self-funded risk pool option made available to public entities through PRISM.

	<b><u>Current Year</u></b>	<b><u>Kaiser Renewal</u></b>	<b><u>PRISM Blue Shield</u></b>	<b><u>Self-funded Blue Shield (Estimated)</u></b>
Projected 2025 Costs	\$9,873,840	\$11,334,439	\$10,072,104	\$9,595,768
% Difference from 2024	-	14.79%	2.01%	-2.82%

All quotes were generated from current Kaiser claims data. The KHS self-funded option includes administrative fees for third-party administrator Health Now and use of the Blue Shield of California PPO network. The quote also includes the cost of securing a stop loss coverage for claims above \$150,000. The actual cost of this option will be based upon plan utilization in 2025 up to the contracted for stop loss amount. Becoming self-funded guarantees KHS a high degree of insight into actual claims data, the flexibility over utilization and network options, and the ability to ensure employees have excellent customer service and care.

Management is proposing the following course of action for our 2025 Employee Benefits:

- Selection of the self-funded Blue Shield of California PPO option and direction to proceed with third-party administration contracts and implementation in preparation for January 1, 2025, cutover. The annual cost of implementing this selection is projected to be approximately \$9,596,000.
- Continuing with Delta Dental DHMO and PPO plan designs, the annual cost will be \$557,000.
- Adding additional employee support services through Blue Shield such as Concierge Service, Family ID Cards, Annual Patient-Centered Outcomes Research Institute (PCORI) Reporting Fees, Nurse Help Line 24/7, Teladoc Medical, Behavioral Health and Dermatology. The current annual cost if enrollment stays at the current level will be \$63,000.
- Renew with VSP with no benefit or rate changes for the final year of a 4-year rate guarantee. The current annual cost if enrollment stays at the current level will be \$129,000.
- Renew with Prudential for the following lines: Basic Life, Voluntary Life, Short Term disability and Long-Term disability with no benefit or rate changes. This is the last year of a 3-year rate guarantee. The current annual cost if enrollment stays at the current level will be \$433,000.
- Maintain current Long Term Care policy with Unum. This policy has not received an increase in rates since 2020. The annual cost if enrollment stays at the current level will be \$182,000.

KHS has an estimated decrease in medical costs of \$255,000 over the current year, with an overall benefits renewal decrease of approximately -2.27%.

Representatives from our benefits broker, INSURICA, will be available to answer questions relating to the employee benefit renewal.

**Requested Action**

Approve the renewal and binding of employee benefit plans for dental, vision, life insurance, short-term, long-term disability, long-term care along with additional employee support services being provided by Blue Shield listed above and approve the selection of the KHS self-funded Blue Shield PPO option.



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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Robin Dow-Morales, Senior Director of Claims  
**SUBJECT:** Office Ally Clearinghouse Contract Extension  
**DATE:** June 13, 2024

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### **Background**

Office Ally is one of four clearinghouses offered through Kern Health Systems for providers to submit their medical claims electronically at no cost to the provider.

### **Discussion**

Office Ally is one of the highest utilized clearinghouses, currently providing 53% of the electronic claims to Kern Health Systems. With a three-year contract renewal, KHS was able to secure the rate per claim at a reduction from \$.23 per claim transaction to \$.21 per claim transaction.

### **Financial Impact**

Cost for a 3-year term not to exceed \$.21 per claims transaction, with an estimated annual dollar amount of \$556,500.

### **Requested Action**

Approve.

# Office Ally Clearinghouse Contract Extension

Robin Dow-Morales  
Senior Director of Claims  
June 13, 2024



# Agenda

- Background
- Scope of Services
- Provider Advantages
- Request for Contract Extension
- Recommendation
- Questions



# Background

- Kern Health Systems (KHS) receives over 4.5 million claims a year, and 99% of those claims are submitted electronically.
- KHS offers four different clearinghouses from which providers can choose to utilize.
- Office Ally will not have access to KHS systems, nor do our systems interface. KHS receives a file, vets it via security channels and then ingests the data.
- One of the more popular clearinghouses, Office Ally accounts for over 53% of the electronic submissions this year to date.
- Our 3 year contract is up for renewal.
- Cost per claim is at \$.23 per transaction during the current contract.





# Scope of Services

- Clearinghouses accept claims directly from Providers or 3<sup>rd</sup> party clearinghouses and convert to an appropriate format to submit to KHS.
- Adheres to legislated timeliness guidelines and other requirements.
- Notifies provider of acceptance or rejection of the claim submission and if rejected, the reason as to why the submission is rejected.
- This allows the provider to correct errors and resubmit at a much faster pace than waiting for a denial from KHS to determine a corrected billing is necessary.



# Provider Advantages

- Claims submitted through KHS Clearinghouses are at no cost to the provider.
- No mailing/paper/form costs.
- Many billing errors are identified immediately and returned to the provider for correction – no waiting for KHS action.
- Easier tracking and receipt of acknowledgement of claims.
- Faster submission = faster payment = better cash flow for the provider!



# Request for Contract Extension

RFP is not necessary as multiple vendors are used for this service.  
This contract extension is at the reduced rate of \$.21 per transaction.  
Estimated annual number of claims ~ 2,650,000  
Estimated annual cost \$556,500.  
Estimated savings from prior contract per year ~ \$53,000.  
One of lowest rates when compared to other vendors ranging from \$.22-\$.25 per transaction.



# Recommendation

- Request the Board of Directors to authorize the CEO to approve a three-year contract extension with Office Ally in the amount not to exceed \$.21 per claims transaction. Estimated annual amount of \$556,500. (Budgeted)



# You + Us = a better day!

## Questions

Please contact:

Name: Robin Dow-Morales

Title: Senior Claims Director

Phone Number: 661-617-2598

e-Mail: [Robin.Dow-Morales@khs-net.com](mailto:Robin.Dow-Morales@khs-net.com)







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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Emily Duran, Chief Executive Officer  
**SUBJECT:** Kern Family Foundation Update  
**DATE:** June 13, 2024

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### **BACKGROUND**

As part of the Kern Health Systems (KHS) Strategic Goal, the team is working towards creating a non-profit foundation to further its mission in the community. The foundation will be organized and operated for charitable purposes of promoting the health status of residents in Kern County developing partnerships with community-based organizations and supporting the workforce development for healthcare careers.

In October of 2023, an overview of the foundation as well as the next steps were reviewed with the Board of Directors. The team finalized the analysis phase and is advancing towards the development phase. The articles of incorporation and bylaws have been drafted. KHS will be establishing a committee to review and approve the bylaws with the Board of Directors. The final documents will be reviewed with the Directors in August of 2024. The Articles of Incorporation are attached for review.

### **REQUESTED ACTION**

Receive and File.

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KERN  FAMILY

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FOUNDATION

Emily Duran, MSA  
Chief Executive Officer  
Kern Health Systems





# Kern Family Foundation

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## Background

- As part of the Kern Health Systems (KHS) Strategic Goal, the team is exploring the opportunity to create a non-profit foundation to further its mission in the community.
- The foundation will be organized and operated for charitable purposes of promoting the health status of residents in Kern County developing partnerships with community-based organizations and supporting the workforce development for healthcare careers

## Purpose of this Presentation:

- Provide a status update on the articles of incorporation, bylaws, and next steps



# Kern Family Foundation | Timeline

## 2023

- ✓ Conduct internal analysis of requirements, structure, and financing
- ✓ Review recommendation with the Board of Directors to determine next steps.

- ✓ Determine feasibility and develop implementation roadmap recommendation

- ✓ Development of bylaws

- ✓ Filing of articles of incorporation

By-laws Review Committee for approval

Board Presentation: Phase 1

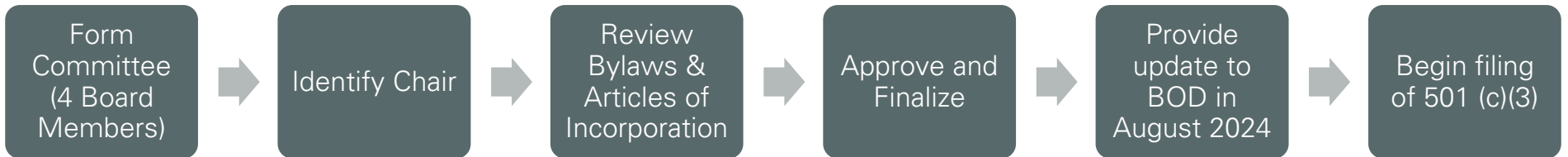
Board Presentation: Phase 2

Filing of tax-exempt status 501 (c)(3)

## 2024



# Kern Family Foundation | Next Steps





# **Kern Family Foundation | Requested Action**

**Receive and File.**



**ARTICLES OF INCORPORATION  
OF  
KERN FAMILY FOUNDATION**

For Office Use Only  
**-FILED-**  
File No.: 6019802  
Date Filed: 12/13/2023

B2312-2376 12/13/2023 5:00 PM Received by California Secretary of State

**ARTICLE I: NAME**

The name of this corporation is KERN FAMILY FOUNDATION ("Corporation").

**ARTICLE II: PURPOSE**

A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

B. The specific purposes of the Corporation are to: (i) conduct charitable activities to provide financial and other forms of support to Kern County communities; (ii) promote activities and programs that meet and innovate healthcare needs and ensure the availability of quality healthcare; (iii) engage in any other activities in the furtherance of the purposes for which the Corporation is formed; and (iv) receive, invest and utilize funds and in-kind materials or services acquired through the solicitation of contributions, donations, grants, gifts and bequests for the purposes for which the Corporation is formed.

**ARTICLE III: AGENT FOR SERVICE OF PROCESS**

The name and address in the State of California of this Corporation's initial agent for service of process is:

Emily Duran  
2900 Buck Owens Boulevard  
Bakersfield, California 93308

**ARTICLE IV: STREET AND MAILING ADDRESS**

The initial street address and mailing address of the Corporation is:

2900 Buck Owens Boulevard  
Bakersfield, California 93308

**ARTICLE V: LIMITATION ON CORPORATE ACTIVITIES**

A. The Corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "IRC").

B. Notwithstanding any other provision of these articles, the Corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of the Corporation, and the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under IRC Section 501(c)(3), or (b) by a corporation, contributions to which are deductible under IRC Section 170(c)(2).

C. No substantial part of the activities of the Corporation shall consist of lobbying or propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including publishing or distributing statements) any political campaign on behalf of, or in opposition to, any candidate for public office.

**ARTICLE VI: DEDICATION AND DISSOLUTION**

A. All corporate property is irrevocably dedicated to the charitable purposes set forth in Article II above. No part of the net income or assets of the Corporation shall ever inure to the benefit of any of its directors, trustees, officers, members, or to the benefit of any private persons.

B. Upon the dissolution or winding up of the Corporation, and after paying or adequately providing for the debts, obligations, and liabilities of the Corporation, the remaining assets of the Corporation shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable purposes, and which has established and maintained its tax-exempt status under IRC Section 501(c)(3), or Kern Family Health Care, provided such assets are used in furtherance of the purposes for which the Corporation was established.

C. If the Corporation holds any assets in trust, such assets will be disposed of on dissolution in conformity with these articles or the bylaws for the Corporation, subject to complying with the provisions of any trust under which such assets are held. The disposition shall be in such manner as may be directed by a decree of the Superior Court of the county in which the Corporation has its principal offices, on petition therefor by the Attorney General or by any person concerned in the liquidation, in a proceeding to which the Attorney General is a party. Such decree of the Superior Court may be waived if the Attorney General makes a written waiver of objections to the disposition.

Dated: December 11, 2023

  
BERNARD G. LEBEAU III, Incorporator



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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Robert Landis, Chief Financial Officer  
**SUBJECT:** February 2024 Financial Results  
**DATE:** June 13, 2024

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The February results reflect a \$624,528 Net Increase in Net Position which is a \$100,519 unfavorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$3.6 million favorable variance primarily due to:
  - A) \$3.4 million favorable variance in Premium Revenue primarily due to higher-than-expected budgeted membership for the Expansion and SPD Categories of Aid
  - B) \$6.9 million unfavorable variance in MCO Tax Premium primarily due to receiving revised MCO Tax information from DHCS offset against a favorable variance included in the MCO Tax Expense line item on the Income Statement for the same amount.
  - C) \$2.2 million favorable variance in Premium-Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 2E below.
  - D) \$2.4 million favorable variance in Premium-Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2023 offset against amounts included in 2F below.
  - E) \$2.8 million favorable variance in Rate/Income Adjustments primarily due to receiving retroactive revenue for members that became effective in 2023.
- 2) Total Medical Costs reflect a \$12.5 million unfavorable variance primarily due to:
  - A) \$2.7 million unfavorable variance in Physician Services primarily due to higher-than-expected utilization of PCP and Specialty services over the last several months.
  - B) \$4.9 million favorable variance in Other Professional Services primarily due to the timing of hiring 2024 Budgeted Utilization Management Employees during the first quarter of 2024 (\$1.7 million) and lower than expected utilization of Autism and Mental Health Services (\$3.3 million).

- C) \$2.5 million unfavorable variance in Outpatient Hospital primarily due to higher-than-expected utilization over the last several months by Family and SPD members.
- D) \$7.2 million unfavorable variance in Other Medical primarily from:
  - 1) \$1.0 million unfavorable variance in Ambulance and Non-emergency Medical Transportation (“NEMT”) due to higher-than-expected utilization of NEMT services over the last several months by our members.
  - 2) \$2.8 million unfavorable variance in Long Term Care expense primarily due to higher-than-expected utilization over the last several months.
  - 3) \$2.3 million unfavorable variance in CalAim Incentive Programs due to timing differences of receiving provider invoices.
  - 4) \$.7 million unfavorable variance in Durable Medical Equipment primary due to higher-than-expected usage of members requiring this type of medical equipment.
- E) \$2.2 million unfavorable variance in Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 1C above.
- F) \$2.4 million unfavorable variance in Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2023 offset against amounts included in 1D above.

The February Medical Loss Ratio is 94.1% which is unfavorable to the 92.3% budgeted amount. The February Administrative Expense Ratio is 4.9% which is favorable to the 5.8% budgeted amount.

The results for the 2 months ended February 29, 2024, reflect a Net Increase in Net Position of \$3,241,329. This is a \$1,713,060 favorable variance to budget and includes approximately \$2.0 million of favorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 92.9% which is unfavorable to the 92.3% budgeted amount. The year-to-date Administrative Expense Ratio is 5.4% which is favorable to the 5.8% budgeted amount.





**Financial Packet  
February 2024**

**KHS – Medi-Cal Line of Business**

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**KHS Group Health Plan – Healthy Families Line of Business**

Comparative Statement of Net Position	Page 16
Statement of Revenue, Expenses, and Changes in Net Position	Page 17

**KHS Administrative Analysis and Other Reporting**

Monthly Member Count	Page 18
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**MEDI-CAL**  
**STATEMENT OF NET POSITION**  
**AS OF FEBRUARY 29, 2024**



ASSETS	February	January	Increase/ (Decrease)
Cash and Cash Equivalents	136,021,724	190,265,601	(54,243,877)
Short-Term Investments	279,090,046	309,754,179	(30,664,133)
Premiums Receivable	176,965,427	105,661,795	71,303,632
Premiums Receivable - MCO Tax	405,138,696	405,475,994	(337,298)
Premiums Receivable - Hospital Directed Payments	415,152,440	486,352,051	(71,199,610)
Interest Receivable	776,415	138,013	638,402
Provider Advance Payment	489,304	537,974	(48,670)
Other Receivables	815,787	1,362,944	(547,157)
Prepaid Expenses & Other Current Assets	8,460,199	7,723,254	736,945
<b>Total Current Assets</b>	<b>1,422,910,038</b>	<b>1,507,271,804</b>	<b>(84,361,765)</b>
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	1,188,312	1,048,794	139,518
Computer Equipment - Net	20,494,912	20,242,666	252,246
Building and Improvements - Net	33,046,093	33,123,383	(77,290)
Capital Projects In Process	1,226,322	882,182	344,140
<b>Total Capital Assets</b>	<b>60,046,346</b>	<b>59,387,731</b>	<b>658,614</b>
Restricted Assets	300,000	300,000	-
Officer Life Insurance Receivables	1,653,788	1,653,788	-
<b>Total Long-Term Assets</b>	<b>1,953,788</b>	<b>1,953,788</b>	-
Deferred Outflow of Resources	8,425,634	8,425,634	-
<b>Total Assets and Deferred Outflows of Resources</b>	<b>1,493,335,806</b>	<b>1,577,038,957</b>	<b>(83,703,151)</b>
<b>CURRENT LIABILITIES</b>			
Accrued Salaries and Benefits	6,611,186	6,352,760	258,426
Accrued Other Operating Expenses	5,558,134	5,858,462	(300,328)
MCO Tax Payable	330,415,577	415,975,589	(85,560,013)
Claims Payable (Reported)	11,839,982	14,580,120	(2,740,137)
IBNR - Inpatient Claims	70,372,043	70,678,932	(306,890)
IBNR - Physician Claims	24,417,069	21,088,370	3,328,699
IBNR - Accrued Other Medical	38,260,613	36,655,966	1,604,647
Risk Pool and Withholds Payable	4,803,788	5,507,584	(703,795)
Allowance for Claims Processing Expense	3,776,682	3,776,682	-
Other Liabilities	152,039,324	114,259,697	37,779,627
Accrued Hospital Directed Payments	448,664,135	486,352,051	(37,687,916)
<b>Total Current Liabilities</b>	<b>1,096,758,533</b>	<b>1,181,086,213</b>	<b>(84,327,679)</b>
<b>NONCURRENT LIABILITIES</b>			
Net Pension Liability	12,965,462	12,965,462	-
<b>Total NonCurrent Liabilities</b>	<b>12,965,462</b>	<b>12,965,462</b>	-
Deferred Inflow of Resources	158,303	158,303	-
<b>NET POSITION:</b>			
Net Position at Beginning of Year	380,212,179	380,212,179	-
Increase (Decrease) in Net Position - Current Year	3,241,329	2,616,800	624,528
<b>Total Net Position</b>	<b>383,453,508</b>	<b>382,828,979</b>	<b>624,528</b>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION</b>	<b>1,493,335,806</b>	<b>1,577,038,957</b>	<b>(83,703,151)</b>



**MEDI-CAL - ALL COA**  
**STATEMENT OF REVENUE, EXPENSES, AND CHANGES**  
**IN NET POSITION**  
**FOR THE MONTH ENDED FEBRUARY 29, 2024**

	February	Budget	Variance	Year to Date	Budget	Variance
Family Members	247,629	251,044	(3,415)	490,477	504,188	(13,711)
Expansion Members	119,304	116,611	2,693	236,536	234,422	2,114
SPD Members	23,209	20,727	2,482	45,151	41,654	3,497
LTC Members	506	555	(49)	995	1,110	(115)
Other Members	23,250	24,164	(914)	45,574	48,327	(2,753)
<b>Total Members - MCAL</b>	<b>413,898</b>	<b>413,100</b>	<b>798</b>	<b>818,733</b>	<b>829,700</b>	<b>(10,967)</b>

**REVENUES**

	February	Budget	Variance	Year to Date	Budget	Variance
Medicaid - Family and Other	54,928,439	54,110,815	817,624	107,955,655	108,634,528	(678,873)
Medicaid - Expansion Members	48,031,590	46,806,727	1,224,863	94,843,442	94,095,125	748,316
Medicaid - SPD Members	23,534,898	21,797,792	1,737,106	46,952,592	43,805,917	3,146,675
Medicaid - LTC Members	4,090,307	4,470,309	(380,002)	8,065,973	8,940,617	(874,644)
Premium - MCO Tax	39,388,230	46,258,938	(6,870,708)	78,776,460	92,909,806	(14,133,347)
Premium - Hospital Directed Payments	24,917,058	22,737,717	2,179,341	49,199,429	45,682,062	3,517,368
Investment Earnings And Other Income	2,024,302	2,121,099	(96,797)	4,564,108	4,258,383	305,725
Reinsurance Recoveries	-	115,668	(115,668)	-	232,316	(232,316)
Rate Adjustments - Hospital Directed Payments	2,359,548	-	2,359,548	2,401,713	-	2,401,713
Rate/Income Adjustments	2,754,769	-	2,754,769	2,837,843	-	2,837,843
<b>Total Revenues</b>	<b>202,029,140</b>	<b>198,419,064</b>	<b>3,610,075</b>	<b>395,597,215</b>	<b>398,558,755</b>	<b>(2,961,540)</b>

**EXPENSES**  
**MEDICAL COSTS**

	February	Budget	Variance	Year to Date	Budget	Variance
Physician Services	32,725,820	30,049,655	(2,676,165)	62,808,538	60,363,379	(2,445,159)
Other Professional Services	10,865,981	15,758,856	4,892,875	24,565,535	31,654,074	7,088,539
Emergency Room	6,114,762	6,701,836	587,074	13,020,595	13,462,238	441,643
Inpatient	29,579,215	28,915,147	(664,068)	59,764,255	58,096,487	(1,667,768)
Reinsurance Expense	98,519	115,668	17,149	195,284	232,316	37,032
Outpatient Hospital	15,812,073	13,345,641	(2,466,432)	29,307,820	26,814,122	(2,493,698)
Other Medical	31,166,022	24,009,528	(7,156,494)	54,632,485	48,193,877	(6,438,608)
Pay for Performance Quality Incentive	620,847	619,650	(1,197)	1,228,089	1,244,550	16,461
Hospital Directed Payments	24,917,058	22,737,717	(2,179,341)	49,199,429	45,682,062	(3,517,368)
Hospital Directed Payment Adjustment	2,395,027	-	(2,395,027)	2,437,192	-	(2,437,192)
Non-Claims Expense Adjustment	115,821	-	(115,821)	257,322	-	(257,322)
IBNR, Incentive, Paid Claims Adjustment	329,680	-	(329,680)	494,252	-	(494,252)
<b>Total Medical Costs</b>	<b>154,740,825</b>	<b>142,253,698</b>	<b>(12,487,127)</b>	<b>297,910,798</b>	<b>285,743,106</b>	<b>(12,167,693)</b>

<b>GROSS MARGIN</b>	<b>47,288,315</b>	<b>56,165,366</b>	<b>(8,877,052)</b>	<b>97,686,416</b>	<b>112,815,649</b>	<b>(15,129,233)</b>
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**ADMINISTRATIVE COSTS**

	February	Budget	Variance	Year to Date	Budget	Variance
Compensation	3,433,013	4,098,286	665,273	7,019,278	8,196,572	1,177,294
Purchased Services	1,860,964	1,739,891	(121,073)	3,887,380	3,479,782	(407,598)
Supplies	259,860	372,344	112,485	614,496	744,689	130,192
Depreciation	634,912	710,921	76,009	1,360,624	1,421,842	61,218
Other Administrative Expenses	551,825	554,843	3,018	1,214,845	1,109,686	(105,159)
Administrative Expense Adjustment	(160,374)	-	160,374	97,650	-	(97,650)
<b>Total Administrative Expenses</b>	<b>6,580,201</b>	<b>7,476,286</b>	<b>896,085</b>	<b>14,194,273</b>	<b>14,952,571</b>	<b>758,298</b>

<b>TOTAL EXPENSES</b>	<b>161,321,026</b>	<b>149,729,984</b>	<b>(11,591,042)</b>	<b>312,105,072</b>	<b>300,695,677</b>	<b>(11,409,395)</b>
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<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>40,708,114</b>	<b>48,689,081</b>	<b>(7,980,967)</b>	<b>83,492,143</b>	<b>97,863,078</b>	<b>(14,370,935)</b>
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<b>MCO TAX</b>	<b>39,388,230</b>	<b>46,258,938</b>	<b>6,870,708</b>	<b>78,776,460</b>	<b>92,909,806</b>	<b>14,133,347</b>
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<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>1,319,884</b>	<b>2,430,142</b>	<b>(1,110,259)</b>	<b>4,715,683</b>	<b>4,953,272</b>	<b>(237,588)</b>
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**NON-OPERATING REVENUE (EXPENSE)**

	February	Budget	Variance	Year to Date	Budget	Variance
Provider Grants/CalAIM/Home Health	(498,795)	(852,548)	353,752	(953,175)	(1,712,502)	759,327
D-SNP Expenses	(196,560)	(852,548)	655,987	(521,180)	(1,712,502)	1,191,322
<b>Total Non-Operating Revenue (Expense)</b>	<b>(695,355)</b>	<b>(1,705,095)</b>	<b>1,009,740</b>	<b>(1,474,355)</b>	<b>(3,425,003)</b>	<b>1,950,648</b>

<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>624,528</b>	<b>725,047</b>	<b>(100,519)</b>	<b>3,241,329</b>	<b>1,528,269</b>	<b>1,713,060</b>
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<b>MEDICAL LOSS RATIO</b>	<b>94.1%</b>	<b>92.3%</b>	<b>-1.8%</b>	<b>92.9%</b>	<b>92.3%</b>	<b>-0.5%</b>
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<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>4.9%</b>	<b>5.8%</b>	<b>0.9%</b>	<b>5.4%</b>	<b>5.8%</b>	<b>0.4%</b>
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**MEDI-CAL - ALL COA**  
**STATEMENT OF REVENUE, EXPENSES, AND CHANGES**  
**IN NET POSITION**  
**FOR THE MONTH ENDED FEBRUARY 29, 2024**

	February	Budget	Variance	Year to Date	Budget	Variance
<b>Family Members</b>	247,629	251,044	(3,415)	490,477	504,188	(13,711)
<b>Expansion Members</b>	119,304	116,611	2,693	236,536	234,422	2,114
<b>SPD Members</b>	23,209	20,727	2,482	45,151	41,654	3,497
<b>LTC Members</b>	506	555	(49)	995	1,110	(115)
<b>Other Members</b>	23,250	24,164	(914)	45,574	48,327	(2,753)
<b>Total Members - MCAL</b>	<b>413,898</b>	<b>413,100</b>	<b>798</b>	<b>818,733</b>	<b>829,700</b>	<b>(10,967)</b>
<b>REVENUES</b>						
Medicaid - Family and Other	202.78	196.62	6.16	201.39	196.62	4.77
Medicaid - Expansion Members	402.60	401.39	1.21	400.97	401.39	(0.42)
Medicaid - SPD Members	1,014.04	1,051.67	(37.62)	1,039.90	1,051.67	(11.76)
Medicaid - LTC Members	8,083.61	8,058.24	25.37	8,106.51	8,058.24	48.27
Premium - MCO Tax	1,694.12	1,914.41	(220.30)	1,728.54	1,922.52	(193.98)
Premium - Hospital Directed Payments	60.20	55.04	5.16	60.09	55.06	5.03
Investment Earnings And Other Income	4.89	5.13	(0.24)	5.57	5.13	0.44
Reinsurance Recoveries	-	0.28	(0.28)	-	0.28	(0.28)
Rate Adjustments - Hospital Directed Payments	5.70	-	5.70	2.93	-	2.93
Rate/Income Adjustments	6.66	-	6.66	3.47	-	3.47
<b>Total Revenues</b>	<b>488.11</b>	<b>480.32</b>	<b>7.80</b>	<b>483.18</b>	<b>480.36</b>	<b>2.82</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	79.07	72.74	(6.33)	76.71	72.75	(3.96)
Other Professional Services	26.25	38.15	11.89	30.00	38.15	8.15
Emergency Room	14.77	16.22	1.45	15.90	16.23	0.32
Inpatient	71.46	70.00	(1.47)	73.00	70.02	(2.97)
Reinsurance Expense	0.24	0.28	0.04	0.24	0.28	0.04
Outpatient Hospital	38.20	32.31	(5.90)	35.80	32.32	(3.48)
Other Medical	75.30	58.12	(17.18)	66.73	58.09	(8.64)
Pay for Performance Quality Incentive	1.50	1.50	0.00	1.50	1.50	0.00
Hospital Directed Payments	60.20	55.04	(5.16)	60.09	55.06	(5.03)
Hospital Directed Payment Adjustment	5.79	-	(5.79)	2.98	-	(2.98)
Non-Claims Expense Adjustment	0.28	-	(0.28)	0.31	-	(0.31)
IBNR, Incentive, Paid Claims Adjustment	0.80	-	(0.80)	0.60	-	(0.60)
<b>Total Medical Costs</b>	<b>373.86</b>	<b>344.36</b>	<b>(29.51)</b>	<b>363.87</b>	<b>344.39</b>	<b>(19.47)</b>
<b>GROSS MARGIN</b>	<b>114.25</b>	<b>135.96</b>	<b>(21.71)</b>	<b>119.31</b>	<b>135.97</b>	<b>(16.66)</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	8.29	9.92	1.63	8.57	9.88	1.31
Purchased Services	4.50	4.21	(0.28)	4.75	4.19	(0.55)
Supplies	0.63	0.90	0.27	0.75	0.90	0.15
Depreciation	1.53	1.72	0.19	1.66	1.71	0.05
Other Administrative Expenses	1.33	1.34	0.01	1.48	1.34	(0.15)
Administrative Expense Adjustment	(0.39)	-	0.39	0.12	-	(0.12)
<b>Total Administrative Expenses</b>	<b>15.90</b>	<b>18.10</b>	<b>2.20</b>	<b>17.34</b>	<b>18.02</b>	<b>0.68</b>
<b>TOTAL EXPENSES</b>	<b>389.76</b>	<b>362.45</b>	<b>(27.31)</b>	<b>381.20</b>	<b>362.41</b>	<b>(18.79)</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>98.35</b>	<b>117.86</b>	<b>(19.51)</b>	<b>101.98</b>	<b>117.95</b>	<b>(15.97)</b>
<b>MCO TAX</b>	<b>95.16</b>	<b>111.98</b>	<b>16.82</b>	<b>96.22</b>	<b>111.98</b>	<b>15.76</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>3.19</b>	<b>5.88</b>	<b>(2.69)</b>	<b>5.76</b>	<b>5.97</b>	<b>(0.21)</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Provider Grants/CalAIM/Home Health	(0.47)	(2.06)	1.59	(0.64)	(2.06)	1.43
D-SNP Expenses	(1.21)	(2.06)	0.86	(1.16)	(2.06)	0.90
<b>Total Non-Operating Revenue (Expense)</b>	<b>(1.68)</b>	<b>(4.13)</b>	<b>2.45</b>	<b>(1.80)</b>	<b>(4.13)</b>	<b>2.33</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>1.51</b>	<b>1.76</b>	<b>(0.25)</b>	<b>3.96</b>	<b>1.84</b>	<b>2.12</b>
<b>MEDICAL LOSS RATIO</b>	<b>-24.2%</b>	<b>-19.4%</b>	<b>4.8%</b>	<b>-23.0%</b>	<b>-19.3%</b>	<b>3.7%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>-1.2%</b>	<b>-1.2%</b>	<b>0.0%</b>	<b>-1.3%</b>	<b>-1.2%</b>	<b>0.1%</b>

**MEDI-CAL - ALL COA  
STATEMENT OF REVENUE, EXPENSES, AND CHANGES  
IN NET POSITION BY QUARTER  
ROLLING 4 QUARTERS  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

	2023 - Q1	2023 - Q2	2023 - Q3	2023 - Q4	Rolling 4-Quarter Totals	CURRENT QUARTER 2024 - Q1
<b>Total Members - MCAL</b>	1,032,889	1,065,928	1,064,368	1,038,591	4,201,776	818,733
<b>REVENUES</b>						
Medicaid - Family and Other	120,321,770	131,416,191	130,829,220	119,336,194	501,903,375	107,955,655
Medicaid - Expansion Members	107,922,635	113,614,490	114,676,254	97,694,167	433,907,546	94,843,442
Medicaid - SPD Members	56,200,407	58,314,893	58,948,915	59,165,633	232,629,847	46,952,592
Medicaid - LTC Members	5,984,210	9,124,896	9,102,869	9,599,451	33,811,426	8,065,973
Premium - MCO Tax	-	-	-	375,849,146	375,849,146	78,776,460
Premium - Hospital Directed Payments	64,335,321	65,929,161	65,557,702	63,752,178	259,574,363	49,199,429
Investment Earnings And Other Income	4,178,417	3,451,390	4,444,990	9,031,183	21,105,981	4,564,108
Rate Adjustments - Hospital Directed Payments	(617,962)	58,880	545,253	(26,268,027)	(26,281,856)	2,401,713
Rate/Income Adjustments	496,782	2,689,620	2,190,288	495,587	5,872,277	2,837,843
<b>Total Revenues</b>	<b>358,821,583</b>	<b>384,599,520</b>	<b>386,295,491</b>	<b>708,655,511</b>	<b>1,838,372,105</b>	<b>395,597,215</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	60,138,058	64,905,613	62,419,530	61,076,433	248,539,633	62,808,538
Other Professional Services	16,974,710	19,202,567	18,664,943	19,381,164	74,223,384	24,565,535
Emergency Room	15,028,917	15,949,392	16,279,390	15,523,588	62,781,286	13,020,595
Inpatient	67,442,872	64,459,638	67,920,330	79,244,732	279,067,571	59,764,255
Reinsurance Expense	366,159	286,181	288,694	190,133	1,131,168	195,284
Outpatient Hospital	30,631,634	32,454,291	32,005,177	40,939,501	136,030,602	29,307,820
Other Medical	61,580,673	70,726,296	72,388,155	79,194,627	283,889,750	54,632,485
Pay for Performance Quality Incentive	1,549,344	1,597,253	1,599,049	1,555,236	6,300,881	1,228,089
Hospital Directed Payments	64,335,321	65,929,161	65,557,702	63,752,178	259,574,363	49,199,429
Hospital Directed Payment Adjustment	(1,520,110)	177,303	(12,049)	(26,330,241)	(27,685,097)	2,437,192
Non-Claims Expense Adjustment	(52,442)	(2,268,523)	695,678	1,571,341	(53,945)	257,322
IBNR, Incentive, Paid Claims Adjustment	(3,968,070)	(13,731,707)	1,846,700	1,506,238	(14,346,840)	494,252
<b>Total Medical Costs</b>	<b>312,507,065</b>	<b>319,687,464</b>	<b>339,653,299</b>	<b>337,604,928</b>	<b>1,309,452,755</b>	<b>297,910,798</b>
<b>GROSS MARGIN</b>	<b>46,314,517</b>	<b>64,912,057</b>	<b>46,642,192</b>	<b>371,050,583</b>	<b>528,919,349</b>	<b>97,686,416</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	10,793,705	11,028,203	11,815,434	13,584,268	47,221,610	7,019,278
Purchased Services	4,006,386	4,875,634	4,614,262	5,339,166	18,835,448	3,887,380
Supplies	355,217	278,251	801,939	680,996	2,116,403	614,496
Depreciation	2,042,124	2,055,327	2,073,030	2,099,363	8,269,844	1,360,624
Other Administrative Expenses	1,601,959	1,446,637	1,797,993	1,406,817	6,253,406	1,214,845
Administrative Expense Adjustment	731,466	1,102,277	9,949	1,580,132	3,423,824	97,650
<b>Total Administrative Expenses</b>	<b>19,530,857</b>	<b>20,786,329</b>	<b>21,112,607</b>	<b>24,690,742</b>	<b>86,120,535</b>	<b>14,194,273</b>
<b>TOTAL EXPENSES</b>	<b>332,037,922</b>	<b>340,473,793</b>	<b>360,765,906</b>	<b>362,295,670</b>	<b>1,395,573,290</b>	<b>312,105,072</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>26,783,660</b>	<b>44,125,728</b>	<b>25,529,585</b>	<b>346,359,841</b>	<b>442,798,814</b>	<b>83,492,143</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>376,495,887</b>	<b>376,495,887</b>	<b>78,776,460</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>26,783,660</b>	<b>44,125,728</b>	<b>25,529,585</b>	<b>(30,136,046)</b>	<b>66,302,928</b>	<b>4,715,683</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Total Non-Operating Revenue (Expense)	(886,252)	(1,282,998)	(1,246,978)	(1,454,633)	(4,870,861)	(1,474,355)
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>25,897,408</b>	<b>42,842,730</b>	<b>24,282,607</b>	<b>(31,590,679)</b>	<b>61,432,067</b>	<b>3,241,329</b>
<b>MEDICAL LOSS RATIO</b>	<b>84.6%</b>	<b>79.6%</b>	<b>85.6%</b>	<b>101.6%</b>	<b>87.7%</b>	<b>92.9%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.6%</b>	<b>6.5%</b>	<b>6.6%</b>	<b>8.4%</b>	<b>7.0%</b>	<b>5.4%</b>

MEDI-CAL - ALL COA  
 STATEMENT OF REVENUE, EXPENSES, AND CHANGES  
 IN NET POSITION BY QUARTER  
 ROLLING 4 QUARTERS PMPM  
 FOR THE MONTH ENDED FEBRUARY 29, 2024



	2023 - Q1	2023 - Q2	2023 - Q3	2023 - Q4	Rolling Quarter Totals	CURRENT QUARTER 2024 - Q1
Total Members - MCAL	1,032,889	1,065,928	1,064,368	1,038,591	4,201,776	818,733
<b>REVENUES</b>						
Medicaid - Family and Other	116.49	123.29	122.92	114.90	119.45	131.86
Medicaid - Expansion Members	104.49	106.59	107.74	94.06	103.27	115.84
Medicaid - SPD Members	54.41	54.71	55.38	56.97	55.36	57.35
Medicaid - LTC Members	5.79	8.56	8.55	9.24	8.05	9.85
Premium - MCO Tax	-	-	-	361.88	89.45	96.22
Premium - Hospital Directed Payments	62.29	61.85	61.59	61.38	61.78	60.09
Investment Earnings And Other Income	4.05	3.24	4.18	8.70	5.02	5.57
Rate Adjustments - Hospital Directed Payments	(0.60)	0.06	0.51	(25.29)	(6.25)	2.93
Rate/Income Adjustments	0.48	2.52	2.06	0.48	1.40	3.47
<b>Total Revenues</b>	<b>347.40</b>	<b>360.81</b>	<b>362.93</b>	<b>682.32</b>	<b>437.52</b>	<b>483.18</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	58.22	60.89	58.64	58.81	59.15	76.71
Other Professional Services	16.43	18.01	17.54	18.66	17.66	30.00
Emergency Room	14.55	14.96	15.29	14.95	14.94	15.90
Inpatient	65.30	60.47	63.81	76.30	66.42	73.00
Reinsurance Expense	0.35	0.27	0.27	0.18	0.27	0.24
Outpatient Hospital	29.66	30.45	30.07	39.42	32.37	35.80
Other Medical	59.62	66.35	68.01	76.25	67.56	66.73
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	62.29	61.85	61.59	61.38	61.78	60.09
Hospital Directed Payment Adjustment	(1.47)	0.17	(0.01)	(25.35)	(6.59)	2.98
Non-Claims Expense Adjustment	(0.05)	(2.13)	0.65	1.51	(0.01)	0.31
IBNR, Incentive, Paid Claims Adjustment	(3.84)	(12.88)	1.74	1.45	(3.41)	0.60
<b>Total Medical Costs</b>	<b>302.56</b>	<b>299.91</b>	<b>319.11</b>	<b>325.06</b>	<b>311.64</b>	<b>363.87</b>
<b>GROSS MARGIN</b>	<b>44.84</b>	<b>60.90</b>	<b>43.82</b>	<b>357.26</b>	<b>125.88</b>	<b>119.31</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	10.45	10.35	11.10	13.08	11.24	8.57
Purchased Services	3.88	4.57	4.34	5.14	4.48	4.75
Supplies	0.34	0.26	0.75	0.66	0.50	0.75
Depreciation	1.98	1.93	1.95	2.02	1.97	1.66
Other Administrative Expenses	1.55	1.36	1.69	1.35	1.49	1.48
Administrative Expense Adjustment	0.71	1.03	0.01	1.52	0.81	0.12
<b>Total Administrative Expenses</b>	<b>18.91</b>	<b>19.50</b>	<b>19.84</b>	<b>23.77</b>	<b>20.50</b>	<b>17.34</b>
<b>TOTAL EXPENSES</b>	<b>321.47</b>	<b>319.42</b>	<b>338.95</b>	<b>348.83</b>	<b>332.14</b>	<b>381.20</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>25.93</b>	<b>41.40</b>	<b>23.99</b>	<b>333.49</b>	<b>105.38</b>	<b>101.98</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>362.51</b>	<b>89.60</b>	<b>96.22</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>25.93</b>	<b>41.40</b>	<b>23.99</b>	<b>(29.02)</b>	<b>15.78</b>	<b>5.76</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Total Non-Operating Revenue (Expense)	(0.86)	(1.20)	(1.17)	(1.40)	(1.16)	(1.80)
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>25.07</b>	<b>40.19</b>	<b>22.81</b>	<b>(30.42)</b>	<b>14.62</b>	<b>3.96</b>
<b>MEDICAL LOSS RATIO</b>	<b>84.6%</b>	<b>79.6%</b>	<b>85.6%</b>	<b>101.6%</b>	<b>87.7%</b>	<b>92.9%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.6%</b>	<b>6.5%</b>	<b>6.6%</b>	<b>8.4%</b>	<b>7.0%</b>	<b>5.4%</b>



MEDI-CAL - ALL COA  
 STATEMENT OF REVENUE, EXPENSES, AND CHANGES  
 IN NET POSITION BY MONTH  
 ROLLING 6 MONTHS  
 FOR THE MONTH ENDED FEBRUARY 29, 2024

	AUGUST 2023	SEPTEMBER 2023	OCTOBER 2023	NOVEMBER 2023	DECEMBER 2023	JANUARY 2024	Prior 6 Month YTD	FEBRUARY 2024
<b>Total Members - MCAL</b>	356,881	352,039	344,282	345,588	348,721	404,835	2,152,346	413,898
<b>REVENUES</b>								
Medicaid - Family and Other	41,688,821	43,328,818	42,099,200	45,286,584	31,950,410	53,027,216	257,381,049	54,928,439
Medicaid - Expansion Members	37,219,564	38,490,000	36,217,557	36,497,717	24,978,893	46,811,852	220,215,583	48,031,590
Medicaid - SPD Members	19,355,872	19,937,703	19,485,313	19,356,789	20,323,530	23,417,694	121,876,901	23,534,898
Medicaid - LTC Members	3,019,929	3,149,260	2,973,590	3,153,923	3,471,937	3,975,666	19,744,305	4,090,307
Premium - MCO Tax	-	-	-	-	375,849,146	39,388,230	415,237,375	39,388,230
Premium - Hospital Directed Payments	21,933,792	21,801,471	21,376,726	20,754,284	21,621,168	24,282,372	131,769,813	24,917,058
Investment Earnings And Other Income	1,300,264	1,438,685	2,404,743	3,571,373	3,055,066	2,539,805	14,309,937	2,024,302
Rate Adjustments - Hospital Directed Payments	421,004	139,435	4,262	(2,585)	(26,269,704)	42,165	(25,665,422)	2,359,548
Rate/Income Adjustments	(38,135)	2,226,732	(20,585)	21,528	494,694	83,075	2,767,309	2,754,769
<b>Total Revenues</b>	<b>124,901,111</b>	<b>130,512,105</b>	<b>124,540,806</b>	<b>128,639,613</b>	<b>455,475,142</b>	<b>193,568,075</b>	<b>1,094,951,052</b>	<b>202,029,140</b>
<b>EXPENSES</b>								
<b>MEDICAL COSTS</b>								
Physician Services	20,619,450	21,311,972	20,657,868	21,258,593	19,159,973	30,082,718	133,090,573	32,725,820
Other Professional Services	6,830,706	6,391,086	6,402,688	6,739,289	6,239,187	13,699,554	46,302,510	10,865,981
Emergency Room	5,600,554	5,694,567	5,063,129	4,921,226	5,539,233	6,905,833	33,724,541	6,114,762
Inpatient	20,877,596	24,726,099	25,452,068	23,460,211	30,332,453	30,185,040	155,033,467	29,579,215
Reinsurance Expense	96,687	95,910	96,625	91,410	2,097	96,765	479,495	98,519
Outpatient Hospital	10,613,552	11,158,217	12,146,983	12,702,928	16,089,590	13,495,747	76,207,017	15,812,073
Other Medical	23,391,210	26,396,360	23,481,298	27,658,264	28,055,064	23,466,463	152,448,660	31,166,022
Pay for Performance Quality Incentive	534,173	529,364	513,773	518,382	523,082	607,242	3,226,015	620,847
Hospital Directed Payments	21,933,792	21,801,471	21,376,726	20,754,284	21,621,168	24,282,372	131,769,813	24,917,058
Hospital Directed Payment Adjustment	426,924	(423,786)	4,262	(2,585)	(26,331,918)	42,165	(26,284,938)	2,395,027
Non-Claims Expense Adjustment	3,672	52,429	(4,729)	(662)	1,576,732	141,502	1,768,943	115,821
IBNR, Incentive, Paid Claims Adjustment	438,519	701,159	614,589	784,814	106,835	164,572	2,810,489	329,680
<b>Total Medical Costs</b>	<b>111,366,836</b>	<b>118,434,848</b>	<b>115,805,278</b>	<b>118,886,154</b>	<b>102,913,496</b>	<b>143,169,973</b>	<b>677,258,227</b>	<b>154,740,825</b>
<b>GROSS MARGIN</b>	<b>13,534,275</b>	<b>12,077,257</b>	<b>8,735,528</b>	<b>9,753,459</b>	<b>352,561,646</b>	<b>50,398,102</b>	<b>417,692,825</b>	<b>47,288,315</b>
<b>ADMINISTRATIVE COSTS</b>								
Compensation	4,035,668	4,036,688	4,152,628	5,655,320	3,776,320	3,586,265	25,242,888	3,433,013
Purchased Services	1,385,357	1,774,151	1,715,078	1,916,544	1,707,545	2,026,416	10,525,091	1,860,964
Supplies	395,024	210,861	128,415	131,121	421,461	354,637	1,641,519	259,860
Depreciation	693,125	693,125	657,439	685,712	756,212	725,712	4,211,324	634,912
Other Administrative Expenses	434,888	436,285	505,417	498,451	402,950	663,019	2,941,010	551,825
Administrative Expense Adjustment	12,968	267	-	(259)	1,580,391	258,024	1,851,391	(160,374)
<b>Total Administrative Expenses</b>	<b>6,957,030</b>	<b>7,151,377</b>	<b>7,158,977</b>	<b>8,886,888</b>	<b>8,644,878</b>	<b>7,614,072</b>	<b>45,803,349</b>	<b>6,580,201</b>
<b>TOTAL EXPENSES</b>	<b>118,323,866</b>	<b>125,586,225</b>	<b>122,964,255</b>	<b>127,773,042</b>	<b>111,558,374</b>	<b>150,784,046</b>	<b>723,061,576</b>	<b>161,321,026</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>6,577,245</b>	<b>4,925,880</b>	<b>1,576,551</b>	<b>866,571</b>	<b>343,916,768</b>	<b>42,784,029</b>	<b>371,889,476</b>	<b>40,708,114</b>
<b>MCO TAX</b>	-	-	-	-	<b>376,495,937</b>	<b>39,388,230</b>	<b>415,884,166</b>	<b>39,388,230</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>6,577,245</b>	<b>4,925,880</b>	<b>1,576,551</b>	<b>866,571</b>	<b>(32,579,169)</b>	<b>3,395,799</b>	<b>(43,994,691)</b>	<b>1,319,884</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>								
Total Non-Operating Revenue (Expense)	(457,916)	(481,380)	(632,934)	(490,432)	(331,267)	(778,999)	(3,172,928)	(695,356)
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>6,119,328</b>	<b>4,444,500</b>	<b>943,617</b>	<b>376,139</b>	<b>(32,910,436)</b>	<b>2,616,800</b>	<b>(47,167,618)</b>	<b>624,528</b>
<b>MEDICAL LOSS RATIO</b>	<b>86.8%</b>	<b>89.4%</b>	<b>91.5%</b>	<b>91.0%</b>	<b>127.7%</b>	<b>91.5%</b>	<b>99.7%</b>	<b>94.1%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.8%</b>	<b>6.6%</b>	<b>6.9%</b>	<b>8.2%</b>	<b>10.3%</b>	<b>5.9%</b>	<b>8.0%</b>	<b>4.9%</b>

KHS Board of Directors Meeting, June 13, 2024



MEDI-CAL - ALL COA  
 STATEMENT OF REVENUE, EXPENSES, AND CHANGES  
 IN NET POSITION BY MONTH  
 PMPM ROLLING 6 MONTHS  
 FOR THE MONTH ENDED FEBRUARY 29, 2024



	AUGUST 2023	SEPTEMBER 2023	OCTOBER 2023	NOVEMBER 2023	DECEMBER 2023	JANUARY 2024	6 Month Prior YTD	FEBRUARY 2024
<b>Total Members - MCAL</b>	<b>356,881</b>	<b>352,039</b>	<b>344,282</b>	<b>345,588</b>	<b>348,721</b>	<b>404,835</b>	<b>2,152,346</b>	<b>413,898</b>
<b>REVENUES</b>								
Medicaid - Family and Other	176.06	185.68	183.11	196.69	137.38	199.97	265,393.33	207.14
Medicaid - Expansion Members	367.69	385.48	378.12	378.15	258.45	399.31	117,681.40	409.71
Medicaid - SPD Members	1,049.21	1,081.04	1,071.80	1,052.11	1,067.19	1,067.25	23,259.40	1,072.60
Medicaid - LTC Members	7,224.71	7,892.88	7,342.20	7,368.98	7,613.90	8,130.20	9,864.26	8,364.64
Premium - MCO Tax	-	-	-	-	1,077.79	97.29	192.92	95.16
Premium - Hospital Directed Payments	61.46	61.93	62.09	60.05	62.00	59.98	61.22	60.20
Investment Earnings And Other Income	3.64	4.09	6.98	10.33	8.76	6.27	6.65	4.89
Rate Adjustments - Hospital Directed Payments	1.18	0.40	0.01	(0.01)	(75.33)	0.10	(11.92)	5.70
Rate/Income Adjustments	(0.11)	6.33	(0.06)	0.06	1.42	0.21	1.29	6.66
<b>Total Revenues</b>	<b>349.98</b>	<b>370.73</b>	<b>361.74</b>	<b>372.23</b>	<b>1,306.13</b>	<b>478.14</b>	<b>508.72</b>	<b>488.11</b>
<b>EXPENSES</b>								
<b>MEDICAL COSTS</b>								
Physician Services	57.78	60.54	60.00	61.51	54.94	74.31	61.84	79.07
Other Professional Services	19.14	18.15	18.60	19.50	17.89	33.84	21.51	26.25
Emergency Room	15.69	16.18	14.71	14.24	15.88	17.06	15.67	14.77
Inpatient	58.50	70.24	73.93	67.88	86.98	74.56	72.03	71.46
Reinsurance Expense	0.27	0.27	0.28	0.26	0.01	0.24	0.22	0.24
Outpatient Hospital	29.74	31.70	35.28	36.76	46.14	33.34	35.41	38.20
Other Medical	65.54	74.98	68.20	80.03	80.45	57.97	70.83	75.30
Pay for Performance Quality Incentive	1.50	1.50	1.49	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	61.46	61.93	62.09	60.05	62.00	59.98	61.22	60.20
Hospital Directed Payment Adjustment	1.20	(1.20)	0.01	(0.01)	(75.51)	0.10	(12.21)	5.79
Non-Claims Expense Adjustment	0.01	0.15	(0.01)	(0.00)	4.52	0.35	0.82	0.28
IBNR, Incentive, Paid Claims Adjustment	1.23	1.99	1.79	2.27	0.31	0.41	1.31	0.80
<b>Total Medical Costs</b>	<b>312.06</b>	<b>336.43</b>	<b>336.37</b>	<b>344.01</b>	<b>295.12</b>	<b>353.65</b>	<b>314.66</b>	<b>373.86</b>
<b>GROSS MARGIN</b>	<b>37.92</b>	<b>34.31</b>	<b>25.37</b>	<b>28.22</b>	<b>1,011.01</b>	<b>124.49</b>	<b>194.06</b>	<b>114.25</b>
<b>ADMINISTRATIVE COSTS</b>								
Compensation	11.31	11.47	12.06	16.36	10.83	8.86	11.73	8.29
Purchased Services	3.88	5.04	4.98	5.55	4.90	5.01	4.89	4.50
Supplies	1.11	0.60	0.37	0.38	1.21	0.88	0.76	0.63
Depreciation	1.94	1.97	1.91	1.98	2.17	1.79	1.96	1.53
Other Administrative Expenses	1.22	1.24	1.47	1.44	1.16	1.64	1.37	1.33
Administrative Expense Adjustment	0.04	0.00	-	(0.00)	4.53	0.64	0.86	(0.39)
<b>Total Administrative Expenses</b>	<b>19.49</b>	<b>20.31</b>	<b>20.79</b>	<b>25.72</b>	<b>24.79</b>	<b>18.81</b>	<b>21.56</b>	<b>15.90</b>
<b>TOTAL EXPENSES</b>	<b>331.55</b>	<b>356.74</b>	<b>357.16</b>	<b>369.73</b>	<b>319.91</b>	<b>372.46</b>	<b>336.22</b>	<b>389.76</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>18.43</b>	<b>13.99</b>	<b>4.58</b>	<b>2.51</b>	<b>986.22</b>	<b>105.68</b>	<b>172.50</b>	<b>98.35</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,079.65</b>	<b>97.29</b>	<b>193.22</b>	<b>95.16</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>18.43</b>	<b>13.99</b>	<b>4.58</b>	<b>2.51</b>	<b>(93.42)</b>	<b>8.39</b>	<b>(20.44)</b>	<b>3.19</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>								
<b>Total Non-Operating Revenue (Expense)</b>	<b>(1.28)</b>	<b>(1.37)</b>	<b>(1.84)</b>	<b>(1.42)</b>	<b>(0.95)</b>	<b>(1.92)</b>	<b>(1.47)</b>	<b>(1.68)</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>17.15</b>	<b>12.63</b>	<b>2.74</b>	<b>1.09</b>	<b>(94.37)</b>	<b>6.46</b>	<b>(21.91)</b>	<b>1.51</b>
<b>MEDICAL LOSS RATIO</b>	<b>86.8%</b>	<b>89.4%</b>	<b>91.5%</b>	<b>91.0%</b>	<b>127.7%</b>	<b>91.5%</b>	<b>99.7%</b>	<b>94.1%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.8%</b>	<b>6.6%</b>	<b>6.9%</b>	<b>8.2%</b>	<b>10.3%</b>	<b>5.9%</b>	<b>8.1%</b>	<b>4.9%</b>



**MEDI-CAL  
SCHEDULE OF REVENUES - ALL COA  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

February	Budget	Variance
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Year to Date	Budget	Variance
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**REVENUES**

Premium - Medi-Cal	48,947,162	47,331,201	1,615,962
Premium - Maternity Kick	2,862,736	3,329,482	(466,746)
Premium - Enhanced Care Management	1,373,690	1,410,732	(37,042)
Premium - Major Organ Transplant	264,248	242,457	21,791
Premium - Provider Enhancement	1,189,379	1,105,717	83,662
Premium - GEMT	192,364	190,853	1,511
Premium - Cal AIM	-	339,323	(339,323)
Premium - Student Behavioral Health Incentive	-	161,051	(161,051)
Other	98,860	-	98,860
<b>TOTAL MEDICAID - FAMILY &amp; OTHER</b>	<b>54,928,439</b>	<b>54,110,815</b>	<b>817,624</b>

96,188,668	95,023,567	1,165,101
5,644,102	6,684,369	(1,040,267)
2,734,115	2,832,229	(98,114)
507,160	486,764	20,396
2,305,104	2,219,872	85,232
380,197	383,162	(2,965)
-	681,234	(681,234)
-	323,331	(323,331)
196,309	-	196,309
<b>107,955,655</b>	<b>108,634,528</b>	<b>(678,873)</b>

Premium - Medi-Cal	44,508,533	43,184,501	1,324,032
Premium - Maternity Kick	710,136	440,901	269,235
Premium - Enhanced Care Management	1,664,324	1,653,254	11,070
Premium - Major Organ Transplant	442,199	432,510	9,689
Premium - Provider Enhancement	384,099	370,025	14,073
Premium - GEMT	274,545	273,938	607
Premium - Cal AIM	-	306,246	(306,246)
Premium - Student Behavioral Health Incentive	-	145,352	(145,352)
Other	47,755	-	47,755
<b>TOTAL MEDICAID - EXPANSION MEMBERS</b>	<b>48,031,590</b>	<b>46,806,727</b>	<b>1,224,863</b>

87,968,223	86,813,398	1,154,825
1,287,122	886,340	400,782
3,315,514	3,323,521	(8,007)
874,206	869,471	4,735
757,730	743,858	13,872
545,999	550,695	(4,695)
-	615,643	(615,643)
-	292,200	(292,200)
94,648	-	94,648
<b>94,843,442</b>	<b>94,095,125</b>	<b>748,316</b>

Premium - Medi-Cal	22,247,086	20,369,736	1,877,351
Premium - Enhanced Care Management	805,446	756,943	48,502
Premium - Major Organ Transplant	291,313	273,937	17,376
Premium - Provider Enhancement	27,350	25,697	1,653
Premium - GEMT	163,702	153,847	9,855
Premium - Cal AIM	-	147,585	(147,585)
Premium - Student Behavioral Health Incentive	-	70,047	(70,047)
<b>TOTAL MEDICAID - SPD MEMBERS</b>	<b>23,534,898</b>	<b>21,797,792</b>	<b>1,737,106</b>

44,382,970	40,936,025	3,446,945
1,607,862	1,521,190	86,671
580,382	550,517	29,865
54,607	51,642	2,965
326,771	309,179	17,592
-	296,593	(296,593)
-	140,771	(140,771)
<b>46,952,592</b>	<b>43,805,917</b>	<b>3,146,675</b>

Premium - Medi-Cal	4,064,582	4,395,083	(330,501)
Premium - Enhanced Care Management	9,285	10,315	(1,030)
Premium - Major Organ Transplant	13,656	15,235	(1,579)
Premium - Provider Enhancement	4	4	(1)
Premium - GEMT	2,779	3,176	(397)
Premium - Cal AIM	-	31,530	(31,530)
Premium - Student Behavioral Health Incentive	-	14,965	(14,965)
<b>TOTAL MEDICAID - LTC MEMBERS</b>	<b>4,090,307</b>	<b>4,470,309</b>	<b>(380,002)</b>

8,015,577	8,790,166	(774,590)
18,287	20,630	(2,343)
26,788	30,470	(3,683)
7	9	(2)
5,315	6,352	(1,037)
-	63,060	(63,060)
-	29,930	(29,930)
<b>8,065,973</b>	<b>8,940,617</b>	<b>(874,644)</b>



**MEDI-CAL  
SCHEDULE OF REVENUES - ALL COA  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

REVENUES	January	February	Year to Date
Premium - Medi-Cal	47,241,506	48,947,162	96,188,668
Premium - Maternity Kick	2,781,366	2,862,736	5,644,102
Premium - Enhanced Care Management	1,360,425	1,373,690	2,734,115
Premium - Major Organ Transplant	242,912	264,248	507,160
Premium - Provider Enhancement	1,115,725	1,189,379	2,305,104
Premium - GEMT	187,833	192,364	380,197
Other	97,449	98,860	196,309
<b>TOTAL MEDICAID - FAMILY &amp; OTHER</b>	<b>53,027,216</b>	<b>54,928,439</b>	<b>107,955,655</b>
Premium - Medi-Cal	43,459,690	44,508,533	87,968,223
Premium - Maternity Kick	576,986	710,136	1,287,122
Premium - Enhanced Care Management	1,651,191	1,664,324	3,315,514
Premium - Major Organ Transplant	432,007	442,199	874,206
Premium - Provider Enhancement	373,632	384,099	757,730
Premium - GEMT	271,454	274,545	545,999
Other	46,893	47,755	94,648
<b>TOTAL MEDICAID - EXPANSION MEMBERS</b>	<b>46,811,852</b>	<b>48,031,590</b>	<b>94,843,442</b>
Premium - Medi-Cal	22,135,884	22,247,086	44,382,970
Premium - Enhanced Care Management	802,416	805,446	1,607,862
Premium - Major Organ Transplant	289,069	291,313	580,382
Premium - Provider Enhancement	27,257	27,350	54,607
Premium - GEMT	163,069	163,702	326,771
<b>TOTAL MEDICAID - SPD MEMBERS</b>	<b>23,417,694</b>	<b>23,534,898</b>	<b>46,952,592</b>
Premium - Medi-Cal	3,950,994	4,064,582	8,015,577
Premium - Enhanced Care Management	9,002	9,285	18,287
Premium - Major Organ Transplant	13,131	13,656	26,788
Premium - Provider Enhancement	3	4	7
Premium - GEMT	2,536	2,779	5,315
<b>TOTAL MEDICAID - LTC MEMBERS</b>	<b>3,975,666</b>	<b>4,090,307</b>	<b>8,065,973</b>

**MEDI-CAL  
SCHEDULE OF MEDICAL COSTS - ALL COA  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

	February	Budget	Variance	Year to Date	Budget	Variance
<b>Physician Services</b>						
Primary Care Physician Services	6,559,994	5,788,314	(771,680)	13,059,070	11,625,734	(1,433,336)
Referral Specialty Services	22,977,486	21,513,010	(1,464,476)	44,232,578	43,217,891	(1,014,686)
Urgent Care & After Hours Advice	3,179,640	2,739,031	(440,609)	5,498,890	5,510,454	11,563
Hospital Admitting Team	8,700	9,300	600	18,000	9,300	(8,700)
<b>Total Physician Services</b>	<b>32,725,820</b>	<b>30,049,655</b>	<b>(2,676,165)</b>	<b>62,808,538</b>	<b>60,363,379</b>	<b>(2,445,159)</b>
<b>Other Professional Services</b>						
Vision Service Capitation	296,413	351,135	54,722	436,735	705,245	268,510
221 - Business Intelligence	154,838	160,716	5,878	321,257	322,828	1,571
310 - Health Services - Utilization Management	802,658	1,153,109	350,451	1,655,243	2,316,237	660,994
311 - Health Services - Quality Improvement	241,505	348,039	106,534	482,494	699,102	216,608
312 - Health Services Education	244,710	397,687	152,977	482,784	798,829	316,045
313 - Pharmacy	108,343	140,571	32,228	225,596	282,363	56,767
314 - Enhanced Care Management	292,841	436,526	143,685	589,242	876,845	287,603
316 - Population Health Management	471,064	677,896	206,832	966,727	1,361,681	394,954
317 - In Lieu of Services	84,311	142,709	58,398	172,969	286,658	113,688
321 - Homeless Management Information Services	9,044	34,121	25,077	9,044	68,538	59,494
330 - Member Services	988,648	1,097,325	108,677	1,984,719	2,204,183	219,464
331 - Member Outreach	-	348,149	348,149	-	699,322	699,322
410 - Member Engagement	68,715	78,425	9,710	137,580	157,532	19,951
601 - Behavioral Health	79,219	176,020	96,801	143,210	353,570	210,360
602 - Quality & Health Equity	71,516	76,471	4,955	147,573	153,607	6,034
604 - Clinical Operations, Strategy, and Analytics	69,408	132,524	63,115	146,561	266,198	119,637
Behavior Health Treatment	1,051,116	3,850,197	2,799,081	4,663,788	7,731,862	3,068,074
Mental Health Services	620,225	1,112,257	492,031	2,145,871	2,235,282	89,412
Other Professional Services	5,211,408	5,044,980	(166,428)	9,854,142	10,134,193	280,051
<b>Total Other Professional Services</b>	<b>10,865,981</b>	<b>15,758,856</b>	<b>4,892,875</b>	<b>24,565,535</b>	<b>31,654,074</b>	<b>7,088,539</b>
Emergency Room	6,114,762	6,701,836	587,074	13,020,595	13,462,238	441,643
Inpatient Hospital	29,579,215	28,915,147	(664,068)	59,764,255	58,096,487	(1,667,768)
Reinsurance Expense Premium	98,519	115,668	17,149	195,284	232,316	37,032
Outpatient Hospital	15,812,073	13,345,641	(2,466,432)	29,307,820	26,814,122	(2,493,698)
<b>Other Medical</b>						
Ambulance and NEMT	3,869,951	2,850,921	(1,019,031)	7,084,483	5,726,899	(1,357,583)
Home Health Services & CBAS	1,260,395	898,678	(361,717)	2,081,978	1,805,569	(276,408)
Utilization and Quality Review Expenses	1,419,906	1,777,617	357,711	2,198,265	3,570,677	1,372,411
Long Term/SNF/Hospice	11,938,647	9,143,567	(2,795,080)	20,721,050	18,329,565	(2,391,485)
Provider Enhancement Expense - Prop. 56	1,520,790	1,831,384	310,594	2,961,575	3,865,818	904,243
Provider Enhancement Expense - GEMT	720,314	185,711	(534,604)	1,417,667	185,711	(1,231,956)
Enhanced Care Management	3,736,622	3,665,495	(71,127)	7,368,504	7,364,582	(3,922)
Major Organ Transplant	960,846	915,932	(44,914)	1,889,109	1,840,361	(48,748)
Cal AIM Incentive Programs	1,499,955	783,449	(716,506)	2,709,972	1,573,704	(1,136,268)
Student Behavioral Health Incentive	-	371,845	371,845	-	746,920	746,920
Housing and Homelessness Incentive	1,955,761	-	(1,955,761)	2,472,433	-	(2,472,433)
DME/Rebates	2,282,835	1,584,931	(697,904)	3,727,449	3,184,070	(543,379)
<b>Total Other Medical</b>	<b>31,166,022</b>	<b>24,009,528</b>	<b>(7,156,494)</b>	<b>54,632,485</b>	<b>48,193,877</b>	<b>(6,438,608)</b>
Pay for Performance Quality Incentive	620,847	619,650	(1,197)	1,228,089	1,244,550	16,461
Hospital Directed Payments	24,917,058	22,737,717	(2,179,341)	49,199,429	45,682,062	(3,517,366)
Hospital Directed Payment Adjustment	2,395,027	-	(2,395,027)	2,437,192	-	(2,437,192)
Non-Claims Expense Adjustment	115,821	-	(115,821)	257,322	-	(257,322)
IBNR, Incentive, Paid Claims Adjustment	329,680	-	(329,680)	494,252	-	(494,252)
<b>Total Medical Costs</b>	<b>154,740,825</b>	<b>142,253,698</b>	<b>(12,487,127)</b>	<b>297,910,798</b>	<b>285,743,106</b>	<b>(12,167,693)</b>

\* MEDICAL COSTS PER DMHC REGULATIONS

**MEDI-CAL  
SCHEDULE OF MEDICAL COSTS - ALL COA  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

	February	Budget	Variance	Year to Date	Budget	Variance
<b>TOTAL MEMBERS - MCAL</b>	<b>413,898</b>	<b>413,100</b>	<b>798</b>	<b>818,733</b>	<b>829,700</b>	<b>(10,967)</b>
<b>Physician Services</b>						
Primary Care Physician Services	15.85	14.01	(1.84)	15.95	14.01	(1.94)
Referral Specialty Services	55.51	52.08	(3.44)	54.03	52.09	(1.94)
Urgent Care & After Hours Advice	7.68	6.63	(1.05)	6.72	6.64	(0.07)
Hospital Admitting Team	0.02	0.02	0.00	0.02	0.01	(0.01)
<b>Total Physician Services</b>	<b>79.07</b>	<b>72.74</b>	<b>(6.33)</b>	<b>76.71</b>	<b>72.75</b>	<b>(3.96)</b>
<b>Other Professional Services</b>						
Vision Service Capitation	0.72	0.85	0.13	0.53	0.85	0.32
221 - Business Intelligence	0.37	0.39	0.01	0.39	0.39	(0.00)
310 - Health Services - Utilization Management	1.94	2.79	0.85	2.02	2.79	0.77
311 - Health Services - Quality Improvement	0.58	0.84	0.26	0.59	0.84	0.25
312 - Health Services Education	0.59	0.96	0.37	0.59	0.96	0.37
313 - Pharmacy	0.26	0.34	0.08	0.28	0.34	0.06
314 - Enhanced Care Management	0.71	1.06	0.35	0.72	1.06	0.34
316 - Population Health Management	1.14	1.64	0.50	1.18	1.64	0.46
317 - In Lieu of Services	0.20	0.35	0.14	0.21	0.35	0.13
321 - Homeless Management Information Services	0.02	0.08	0.06	0.01	0.08	0.07
330 - Member Services	2.39	2.66	0.27	2.42	2.66	0.23
331 - Member Outreach	-	0.84	0.84	-	0.84	0.84
410 - Member Engagement	0.17	0.19	0.02	0.17	0.19	0.02
601 - Behavioral Health	0.19	0.43	0.23	0.17	0.43	0.25
602 - Quality & Health Equity	0.17	0.19	0.01	0.18	0.19	0.00
604 - Clinical Operations, Strategy, and Analytics	0.17	0.32	0.15	0.18	0.32	0.14
Behavior Health Treatment	2.54	9.32	6.78	5.70	9.32	3.62
Mental Health Services	1.50	2.69	1.19	2.62	2.69	0.07
Other Professional Services	12.59	12.21	(0.38)	12.04	12.21	0.18
<b>Total Other Professional Services</b>	<b>26.25</b>	<b>38.15</b>	<b>11.89</b>	<b>30.00</b>	<b>38.15</b>	<b>8.15</b>
Emergency Room	14.77	16.22	1.45	15.90	16.23	0.32
Inpatient Hospital	71.46	70.00	(1.47)	73.00	70.02	(2.97)
Reinsurance Expense Premium	0.24	0.28	0.04	0.24	0.28	0.04
Outpatient Hospital	38.20	32.31	(5.90)	35.80	32.32	(3.48)
<b>Other Medical</b>						
Ambulance and NEMT	9.35	6.90	(2.45)	8.65	6.90	(1.75)
Home Health Services & CBAS	3.05	2.18	(0.87)	2.54	2.18	(0.37)
Utilization and Quality Review Expenses	3.43	4.30	0.87	2.68	4.30	1.62
Long Term/SNF/Hospice	28.84	22.13	(6.71)	25.31	22.09	(3.22)
Provider Enhancement Expense - Prop. 56	3.67	4.43	0.76	3.62	4.66	1.04
Provider Enhancement Expense - GEMT	1.74	0.45	(1.29)	1.73	0.22	(1.51)
Enhanced Care Management	9.03	8.87	(0.15)	9.00	8.88	(0.12)
Major Organ Transplant	2.32	2.22	(0.10)	2.31	2.22	(0.09)
Cal AIM Incentive Programs	3.62	1.90	(1.73)	3.31	1.90	(1.41)
Student Behavioral Health Incentive	-	0.90	0.90	-	0.90	0.90
Housing and Homelessness Incentive	4.73	-	(4.73)	3.02	-	(3.02)
DME/Rebates	5.52	3.84	(1.68)	4.55	3.84	(0.72)
<b>Total Other Medical</b>	<b>75.30</b>	<b>58.12</b>	<b>(17.18)</b>	<b>66.73</b>	<b>58.09</b>	<b>(8.64)</b>
Pay for Performance Quality Incentive	1.50	1.50	0.00	1.50	1.50	0.00
Hospital Directed Payments	60.20	55.04	(5.16)	60.09	55.06	(5.03)
Hospital Directed Payment Adjustment	5.79	-	(5.79)	2.98	-	(2.98)
Non-Claims Expense Adjustment	0.28	-	(0.28)	0.31	-	(0.31)
IBNR, Incentive, Paid Claims Adjustment	0.80	-	(0.80)	0.60	-	(0.60)
<b>Total Medical Costs</b>	<b>373.86</b>	<b>344.36</b>	<b>(29.51)</b>	<b>363.87</b>	<b>344.39</b>	<b>(19.47)</b>



**MEDI-CAL  
SCHEDULE OF MEDICAL COSTS - ALL COA  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

	January	February	Year to Date
<b>Physician Services</b>			
Primary Care Physician Services	6,499,076	6,559,994	13,059,070
Referral Specialty Services	21,255,092	22,977,486	44,232,578
Urgent Care & After Hours Advice	2,319,250	3,179,640	5,498,890
Hospital Admitting Team	9,300	8,700	18,000
<b>Total Physician Services</b>	<b>30,082,718</b>	<b>32,725,820</b>	<b>62,808,538</b>
<b>Other Professional Services</b>			
Vision Service Capitation	140,322	296,413	436,735
221 - Business Intelligence	166,419	154,838	321,257
310 - Health Services - Utilization Management	852,585	802,658	1,655,243
311 - Health Services - Quality Improvement	240,989	241,505	482,494
312 - Health Services Education	238,074	244,710	482,784
313 - Pharmacy	117,253	108,343	225,596
314 - Enhanced Care Management	296,401	292,841	589,242
316 - Population Health Management	495,663	471,064	966,727
317 - In Lieu of Services	88,658	84,311	172,969
321 - Homeless Management Information Services	-	9,044	9,044
330 - Member Services	996,071	988,648	1,984,719
410 - Member Engagement	68,866	68,715	137,580
601 - Behavioral Health	63,991	79,219	143,210
602 - Quality & Health Equity	76,057	71,516	147,573
604 - Clinical Operations, Strategy, and Analytics	77,153	69,408	146,561
Behavior Health Treatment	3,612,672	1,051,116	4,663,788
Mental Health Services	1,525,645	620,225	2,145,871
Other Professional Services	4,642,734	5,211,408	9,854,142
<b>Total Other Professional Services</b>	<b>13,699,554</b>	<b>10,865,981</b>	<b>24,565,535</b>
Emergency Room	6,905,833	6,114,762	13,020,595
Inpatient Hospital	30,185,040	29,579,215	59,764,255
Reinsurance Expense Premium	96,765	98,519	195,284
Outpatient Hospital	13,495,747	15,812,073	29,307,820
<b>Other Medical</b>			
Ambulance and NEMT	3,214,531	3,869,951	7,084,483
Home Health Services & CBAS	821,583	1,260,395	2,081,978
Utilization and Quality Review Expenses	778,360	1,419,906	2,198,265
Long Term/SNF/Hospice	8,782,404	11,938,647	20,721,050
Provider Enhancement Expense - Prop. 56	1,440,786	1,520,790	2,961,575
Provider Enhancement Expense - GEMT	697,353	720,314	1,417,667
Enhanced Care Management	3,631,882	3,736,622	7,368,504
Major Organ Transplant	928,263	960,846	1,889,109
Cal AIM Incentive Programs	1,210,017	1,499,955	2,709,972
Housing and Homelessness Incentive	516,672	1,955,761	2,472,433
DME	1,444,613	2,282,835	3,727,449
<b>Total Other Medical</b>	<b>23,466,463</b>	<b>31,166,022</b>	<b>54,632,485</b>
Pay for Performance Quality Incentive	607,242	620,847	1,228,089
Hospital Directed Payments	24,282,372	24,917,058	49,199,429
Hospital Directed Payment Adjustment	42,165	2,395,027	2,437,192
Non-Claims Expense Adjustment	141,502	115,821	257,322
IBNR, Incentive, Paid Claims Adjustment	164,572	329,680	494,252
<b>Total Medical Costs</b>	<b>143,169,973</b>	<b>154,740,825</b>	<b>297,910,798</b>

\* MEDICAL COSTS PER DMHC REGULATIONS



**MEDI-CAL  
SCHEDULE OF MEDICAL COSTS - ALL COA  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

	January	February	Year to Date
<b>Physician Services</b>			
Primary Care Physician Services	16.05	15.85	15.95
Referral Specialty Services	52.50	55.51	54.03
Urgent Care & After Hours Advice	5.73	7.68	6.72
Hospital Admitting Team	0.02	0.02	0.02
<b>Total Physician Services</b>	<b>74.31</b>	<b>79.07</b>	<b>76.71</b>
<b>Other Professional Services</b>			
Vision Service Capitation	0.35	0.72	0.53
221 - Business Intelligence	0.41	0.37	0.39
310 - Health Services - Utilization Management	2.11	1.94	2.02
311 - Health Services - Quality Improvement	0.60	0.58	0.59
312 - Health Services Education	0.59	0.59	0.59
313 - Pharmacy	0.29	0.26	0.28
314 - Enhanced Care Management	0.73	0.71	0.72
316 - Population Health Management	1.22	1.14	1.18
317 - In Lieu of Services	0.22	0.20	0.21
330 - Member Services	2.46	2.39	2.42
410 - Member Engagement	0.17	0.17	0.17
601 - Behavioral Health	0.16	0.19	0.17
602 - Quality & Health Equity	0.19	0.17	0.18
604 - Clinical Operations, Strategy, and Analytics	0.19	0.17	0.18
Behavior Health Treatment	8.92	2.54	5.70
Mental Health Services	3.77	1.50	2.62
Other Professional Services	11.47	12.59	12.04
<b>Total Other Professional Services</b>	<b>33.84</b>	<b>26.25</b>	<b>30.00</b>
Emergency Room	17.06	14.77	15.90
Inpatient Hospital	74.56	71.46	73.00
Reinsurance Expense Premium	0.24	0.24	0.24
Outpatient Hospital	33.34	38.20	35.80
<b>Other Medical</b>			
Ambulance and NEMT	7.94	9.35	8.65
Home Health Services & CBAS	2.03	3.05	2.54
Utilization and Quality Review Expenses	1.92	3.43	2.68
Long Term/SNF/Hospice	21.69	28.84	25.31
Provider Enhancement Expense - Prop. 56	3.56	3.67	3.62
Provider Enhancement Expense - GEMT	1.72	1.74	1.73
Enhanced Care Management	8.97	9.03	9.00
Major Organ Transplant	2.29	2.32	2.31
Cal AIM Incentive Programs	2.99	3.62	3.31
Housing and Homelessness Incentive	1.28	4.73	3.02
DME	3.57	5.52	4.55
<b>Total Other Medical</b>	<b>57.97</b>	<b>75.30</b>	<b>66.73</b>
Pay for Performance Quality Incentive	1.50	1.50	1.50
Hospital Directed Payments	59.98	60.20	60.09
Hospital Directed Payment Adjustment	0.10	5.79	2.98
Non-Claims Expense Adjustment	0.35	0.28	0.31
IBNR, Incentive, Paid Claims Adjustment	0.41	0.80	0.60
<b>Total Medical Costs</b>	<b>353.65</b>	<b>373.86</b>	<b>363.87</b>

**MEDI-CAL  
SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

	February	Budget	Variance	Year to Date	Budget	Variance
110 - Executive	577,007	542,745	(34,262)	1,201,362	1,085,490	(115,873)
112 - Government Relations	45,458	47,358	1,900	114,228	94,716	(19,512)
210 - Accounting	303,886	351,597	47,711	608,732	703,195	94,463
220 - Management Information Systems (MIS)	262,588	276,982	14,394	654,554	553,965	(100,589)
221 - Business Intelligence	199,076	223,141	24,065	468,742	446,281	(22,461)
222 - MIS Development	315,894	381,923	66,029	693,534	763,846	70,312
223 - Enterprise Configuration	155,969	178,406	22,437	330,762	356,811	26,049
225 - Infrastructure	874,756	859,136	(15,620)	1,492,352	1,718,272	225,919
226 - Technical Administrative Services	108,635	220,111	111,477	158,124	440,223	282,099
230 - Claims	766,126	795,470	29,344	1,585,710	1,590,939	5,229
240 - Project Development	265,411	417,789	152,379	612,788	835,579	222,791
310 - Health Services - Utilization Management	29,562	60,287	30,725	60,559	120,574	60,015
311 - Health Services - Quality Improvement	7,726	49,746	42,020	16,240	99,492	83,252
312 - Health Services - Education	138	357	219	478	713	235
313 - Pharmacy	10,500	38,333	27,833	31,770	76,667	44,897
314 - Enhanced Care Management	43,641	27,349	(16,292)	87,676	54,698	(32,978)
316 - Population Health Management	700	2,975	2,275	1,355	5,950	4,595
317 - Community Support Services	-	1,625	1,625	34	3,250	3,216
318 - Housing & Homeless Incentive Program (HHIP)	12	-	(12)	15	-	(15)
319 - CAL AIM Incentive Payment Program (IPP)	12,348	-	(12,348)	34,851	-	(34,851)
320 - Provider Network Management	336,270	469,568	133,298	722,692	939,136	216,445
321 - Homeless Management Information Services	-	34,246	34,246	-	68,492	68,492
322 - Delegation & Oversight	20,301	-	(20,301)	42,249	-	(42,249)
330 - Member Services	268,918	282,921	14,002	936,123	565,841	(370,282)
331 - Member Outreach	-	-	-	-	-	-
340 - Corporate Services	966,025	1,034,659	68,634	1,990,930	2,069,319	78,389
360 - Audit & Investigative Services	186,054	241,240	55,186	381,562	482,480	100,918
410 - Member Engagement	80,429	113,644	33,216	157,207	227,289	70,082
420 - Sales/Marketing/Public Relations	306,155	270,104	(36,052)	484,142	540,207	56,065
510 - Human Resources	430,722	464,570	33,849	877,794	929,140	51,346
601 - Behavioral Health	-	1,779	1,779	43	3,558	3,516
602 - Quality & Health Equity	59,304	42,027	(17,277)	99,408	84,054	(15,354)
604 - Clinical Operations, Strategy & Analytics	-	479	479	-	958	958
605 - Quality Performance	106,967	45,718	(61,249)	250,609	91,437	(159,173)
Administrative Expense Adjustment	(160,374)	-	160,374	97,650	-	(97,650)
<b>Total Administrative Expenses</b>	<b>6,580,201</b>	<b>7,476,286</b>	<b>896,085</b>	<b>14,194,273</b>	<b>14,952,571</b>	<b>758,298</b>





**MEDI-CAL  
SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT  
FOR THE MONTH ENDED FEBRUARY 29, 2024**

	January	February	YTD TOTALS
110 - Executive	624,355	577,007	1,201,362
112 - Government Relations	68,770	45,458	114,228
210 - Accounting	304,846	303,886	608,732
220 - Management Information Systems (MIS)	391,965	262,588	654,554
221 - Business Intelligence	269,666	199,076	468,742
222 - MIS Development	377,641	315,894	693,534
223 - Enterprise Configuration	174,793	155,969	330,762
225 - Infrastructure	617,597	874,756	1,492,352
226 - Technical Administrative Services	49,489	108,635	158,124
230 - Claims	819,584	766,126	1,585,710
240 - Project Development	347,377	265,411	612,788
310 - Health Services - Utilization Management	30,997	29,562	60,559
311 - Health Services - Quality Improvement	8,514	7,726	16,240
312 - Health Services - Education	341	138	478
313 - Pharmacy	21,270	10,500	31,770
314 - Enhanced Care Management	44,036	43,641	87,676
316 - Population Health Management	656	700	1,355
317 - Community Support Services	34	-	34
318 - Housing & Homeless Incentive Program (HHIP)	3	12	15
319 - CAL AIM Incentive Payment Program (IPP)	22,503	12,348	34,851
320 - Provider Network Management	386,421	336,270	722,692
322 - Delegation & Oversight	21,948	20,301	42,249
330 - Member Services	667,205	268,918	936,123
340 - Corporate Services	1,024,905	966,025	1,990,930
360 - Audit & Investigative Services	195,508	186,054	381,562
410 - Member Engagement	76,778	80,429	157,207
420 - Sales/Marketing/Public Relations	177,987	306,155	484,142
510 - Human Resources	447,072	430,722	877,794
601 - Behavioral Health	43	-	43
602 - Quality & Health Equity	40,103	59,304	99,408
605 - Quality Performance	143,642	106,967	250,609
Administrative Expense Adjustment	258,024	(160,374)	97,650
<b>Total Administrative Expenses</b>	<b>7,614,072</b>	<b>6,580,201</b>	<b>14,194,273</b>





**KHS - GROUP HEALTH PLAN  
STATEMENT OF NET POSITION  
AS OF FEBRUARY 29, 2024**

ASSETS	February 2024	January 2024	Increase/ (Decrease)
Cash and Cash Equivalents	1,183,679	1,183,679	-
Interest Receivable	8,000	4,000	4,000
<b>Total Current Assets</b>	<b>1,191,679</b>	<b>1,187,679</b>	<b>4,000</b>
<b>CURRENT LIABILITIES</b>			
Other Liabilities	-	-	-
<b>Total Current Liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>NET POSITION:</b>			
Net Position at Beginning of Year	1,183,679	1,183,679	-
Increase (Decrease) in Net Position - Current Year	8,000	4,000	4,000
<b>Total Net Position</b>	<b>1,191,679</b>	<b>1,187,679</b>	<b>4,000</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>1,191,679</b>	<b>1,187,679</b>	<b>4,000</b>



**KHS - GROUP HEALTH PLAN**  
**STATEMENT OF REVENUE, EXPENSES, AND CHANGES**  
**IN NET POSITION**  
**FOR THE MONTH ENDED FEBRUARY 29, 2024**

	January	Budget	Variance	Year to Date	Budget	Variance
<b>REVENUES</b>						
Premium	-	-	-	-	-	-
Interest	4,000	-	4,000	8,000	-	8,000
Other Investment Income	-	-	-	-	-	-
<b>Total Revenues</b>	<b>4,000</b>	<b>-</b>	<b>4,000</b>	<b>8,000</b>	<b>-</b>	<b>8,000</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
IBNR and Paid Claims Adjustment	-	-	-	-	-	-
<b>Total Medical Costs</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>GROSS MARGIN</b>	<b>4,000</b>	<b>-</b>	<b>4,000</b>	<b>8,000</b>	<b>-</b>	<b>8,000</b>
<b>ADMINISTRATIVE COSTS</b>						
Management Fee Expense and Other Admin Exp	-	-	-	-	-	-
<b>Total Administrative Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL EXPENSES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>4,000</b>	<b>-</b>	<b>4,000</b>	<b>8,000</b>	<b>-</b>	<b>8,000</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Total Non-Operating Revenue (Expense)	-	-	-	-	-	-
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>4,000</b>	<b>-</b>	<b>4,000</b>	<b>8,000</b>	<b>-</b>	<b>8,000</b>
<b>MEDICAL LOSS RATIO</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**KERN HEALTH SYSTEMS  
MONTHLY MEMBERS COUNT**

<b>MEDI-CAL</b>		<b>2024 MEMBER MONTHS</b>	<b>JAN'24</b>	<b>FEB'24</b>	<b>MAR'24</b>	<b>APR'24</b>	<b>MAY'24</b>	<b>JUN'24</b>	<b>JUL'24</b>	<b>AUG'24</b>	<b>SEP'24</b>	<b>OCT'24</b>	<b>NOV'24</b>	<b>DEC'24</b>
<b>ADULT AND FAMILY</b>														
ADULT (SEE COMMENT)	152,015	73,352	78,663											
CHILD	338,462	169,496	168,966											
<b>SUB-TOTAL ADULT &amp; FAMILY</b>	<b>490,477</b>	<b>242,848</b>	<b>247,629</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER MEMBERS</b>														
PARTIAL DUALS - FAMILY	1,544	774	770											
PARTIAL DUALS - CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PARTIAL DUALS - BCCTP	11	6	5											
BCCTP - TABACCO SETTLEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>FULL DUALS (SPD)</b>														
SPD FULL DUALS	44,019	21,544	22,475											
<b>SUBTOTAL OTHER MEMBERS</b>	<b>45,574</b>	<b>22,324</b>	<b>23,250</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FAMILY &amp; OTHER</b>	<b>536,051</b>	<b>265,172</b>	<b>270,879</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SDP MEMBERS</b>														
SPD (AGED AND DISABLED)	45,151	21,942	23,209											
<b>TOTAL CLASSIC MEMBERS</b>	<b>581,202</b>	<b>287,114</b>	<b>294,088</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ACA OE - MEDI-CAL OPTIONAL EXPANSION</b>														
ACA Expansion Adult-Citizen	233,637	115,850	117,787											
EXPANSION DUALS	2,899	1,382	1,517											
<b>TOTAL ACA OE</b>	<b>236,536</b>	<b>117,232</b>	<b>119,304</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM CARE (LTC)</b>														
LTC	87	38	49											
LTC DUALS	908	451	457											
<b>TOTAL LTC</b>	<b>995</b>	<b>489</b>	<b>506</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>818,733</b>	<b>404,835</b>	<b>413,898</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Robert Landis, Chief Financial Officer  
**SUBJECT:** March 2024 Financial Results  
**DATE:** June 13, 2024

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The March results reflect a \$2,259,563 Net Increase in Net Position which is a \$1,612,690 favorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$1.1 million favorable variance primarily due to:
  - A) \$4.1 million favorable variance in Premium Revenue primarily due to higher-than-expected budgeted membership.
  - B) \$6.5 million unfavorable variance in MCO Tax Premium primarily due to receiving revised MCO Tax information from DHCS offset against a favorable variance included in the MCO Tax Expense line item on the Income Statement for the same amount.
  - C) \$3.0 million favorable variance in Premium-Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 2E below.
  
- 2) Total Medical Costs reflect a \$8.1 million unfavorable variance primarily due to:
  - A) \$2.3 million favorable variance in Other Professional Services primarily due to the timing of hiring 2024 Budgeted Utilization Management Employees during the first quarter of 2024.
  - B) \$2.7 million unfavorable variance in Inpatient primarily due to higher-than-expected utilization over the last several months by Expansion and SPD members.
  - C) \$1.8 million unfavorable variance in Outpatient Hospital primarily due to higher-than-expected utilization over the last several months

- D) \$2.4 million unfavorable variance in Other Medical primarily from:
- 1) \$1.3 million unfavorable variance in Ambulance and Non-emergency Medical Transportation (“NEMT”) due to higher-than-expected utilization of NEMT services over the last several months by our members.
  - 2) \$1.1 million unfavorable variance in Long Term Care expense primarily due to higher-than-expected utilization over the last several months.
- E) \$3.0 million unfavorable variance in Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 1C above.

The March Medical Loss Ratio is 93.0% which is unfavorable to the 92.4% budgeted amount. The March Administrative Expense Ratio is 4.8% which is favorable to the 5.8% budgeted amount.

The results for the 3 months ended March 31, 2024, reflect a Net Increase in Net Position of \$5,500,892. This is a \$3,325,750 favorable variance to budget and includes approximately \$2.3 million of favorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 92.9% which is unfavorable to the 92.3% budgeted amount. The year-to-date Administrative Expense Ratio is 5.2% which is favorable to the 5.8% budgeted amount.



**Financial Packet  
March 2024**

**KHS – Medi-Cal Line of Business**

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**KHS Administrative Analysis and Other Reporting**

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**MEDI-CAL  
STATEMENT OF NET POSITION  
AS OF MARCH 31, 2024**



ASSETS	March	February	Increase/ (Decrease)
Cash and Cash Equivalents	98,183,880	136,021,724	(37,837,844)
Short-Term Investments	596,567,848	279,090,046	317,477,802
Premiums Receivable	112,423,120	176,965,427	(64,542,307)
Premiums Receivable - MCO Tax	113,120,107	405,138,696	(292,018,589)
Premiums Receivable - Hospital Directed Payments	402,568,797	415,152,440	(12,583,643)
Interest Receivable	167,543	776,415	(608,872)
Provider Advance Payment	2,984,880	489,304	2,495,576
Other Receivables	804,306	815,787	(11,482)
Prepaid Expenses & Other Current Assets	7,612,655	8,460,199	(847,544)
SBITA Asset – Current portion	2,617,467	-	2,617,467
<b>Total Current Assets</b>	<b>1,337,050,602</b>	<b>1,422,910,038</b>	<b>(85,859,436)</b>
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	1,137,983	1,188,312	(50,330)
Computer Equipment - Net	19,948,528	20,494,912	(546,384)
Building and Improvements - Net	32,969,038	33,046,093	(77,056)
Capital Projects In Process	2,241,559	1,226,322	1,015,237
<b>Total Capital Assets</b>	<b>60,387,815</b>	<b>60,046,346</b>	<b>341,469</b>
Restricted Assets	300,000	300,000	-
Officer Life Insurance Receivables	1,634,589	1,653,788	(19,199)
SBITA Asset, net of current portion	4,182,430	-	4,182,430
<b>Total Long-Term Assets</b>	<b>6,117,019</b>	<b>1,953,788</b>	<b>4,163,231</b>
Deferred Outflow of Resources	8,425,634	8,425,634	-
<b>Total Assets and Deferred Outflows of Resources</b>	<b>1,411,981,070</b>	<b>1,493,335,806</b>	<b>(81,354,736)</b>
<b>CURRENT LIABILITIES</b>			
Accrued Salaries and Benefits	6,829,882	6,611,186	218,696
Accrued Other Operating Expenses	5,547,452	5,581,934	(34,482)
MCO Tax Payable	243,358,184	330,415,577	(87,057,393)
Claims Payable (Reported)	15,425,567	11,839,982	3,585,585
IBNR - Inpatient Claims	66,576,282	70,372,043	(3,795,761)
IBNR - Physician Claims	23,465,851	24,417,069	(951,218)
IBNR - Accrued Other Medical	38,304,335	38,260,613	43,722
Risk Pool and Withholds Payable	5,427,673	4,803,788	623,885
Allowance for Claims Processing Expense	3,776,682	3,776,682	-
Other Liabilities	193,003,225	152,039,324	40,963,901
SBITA Liability – Current portion	2,617,467	-	2,617,467
Accrued Hospital Directed Payments	404,653,004	448,664,135	(44,011,131)
<b>Total Current Liabilities</b>	<b>1,008,985,605</b>	<b>1,096,782,333</b>	<b>(87,796,729)</b>
<b>NONCURRENT LIABILITIES</b>			
Net Pension Liability	12,965,462	12,965,462	-
SBITA Liability, net of current portion	4,182,430	-	4,182,430
<b>Total NonCurrent Liabilities</b>	<b>17,147,892</b>	<b>12,965,462</b>	<b>4,182,430</b>
Deferred Inflow of Resources	158,303	158,303	-
<b>NET POSITION:</b>			
Net Position at Beginning of Year	380,188,379	380,188,379	-
Increase (Decrease) in Net Position - Current Year	5,500,892	3,241,329	2,259,563
<b>Total Net Position</b>	<b>385,689,270</b>	<b>383,429,708</b>	<b>2,259,563</b>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION</b>	<b>1,411,981,070</b>	<b>1,493,335,806</b>	<b>(81,354,736)</b>



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

	March	Budget	Variance	Year to Date	Budget	Variance
Family Members	252,747	248,944	3,803	743,224	753,132	(9,908)
Expansion Members	117,815	115,411	2,404	354,351	349,833	4,518
SPD Members	22,608	20,527	2,081	67,759	62,181	5,578
LTC Members	497	555	(58)	1,492	1,664	(172)
Other Members	22,256	24,164	(1,908)	67,830	72,491	(4,661)
<b>Total Members - MCAL</b>	<b>415,923</b>	<b>409,600</b>	<b>6,323</b>	<b>1,234,656</b>	<b>1,239,300</b>	<b>(4,644)</b>

**REVENUES**

Medicaid - Family and Other	55,159,087	53,697,916	1,461,170	163,114,742	162,332,444	782,297
Medicaid - Expansion Members	47,298,530	46,325,057	973,474	142,141,972	140,420,182	1,721,790
Medicaid - SPD Members	23,691,358	21,587,459	2,103,899	70,643,949	65,393,376	5,250,574
Medicaid - LTC Members	4,054,703	4,470,309	(415,606)	12,120,676	13,410,926	(1,290,250)
Premium - MCO Tax	39,388,230	45,867,008	(6,478,778)	118,164,689	138,776,814	(20,612,125)
Premium - Hospital Directed Payments	25,515,722	22,531,088	2,984,634	74,715,152	68,213,150	6,502,002
Investment Earnings And Other Income	1,962,344	2,104,914	(142,569)	6,526,452	6,363,297	163,155
Reinsurance Recoveries	-	114,688	(114,688)	-	347,004	(347,004)
Rate Adjustments - Hospital Directed Payments	226,495	-	226,495	2,628,208	-	2,628,208
Rate/Income Adjustments	524,085	-	524,085	3,361,928	-	3,361,928
<b>Total Revenues</b>	<b>197,820,554</b>	<b>196,698,438</b>	<b>1,122,116</b>	<b>593,417,768</b>	<b>595,257,193</b>	<b>(1,839,424)</b>

**EXPENSES**  
**MEDICAL COSTS**

Physician Services	30,301,995	29,785,587	(516,408)	93,110,533	90,148,966	(2,961,567)
Other Professional Services	13,296,336	15,622,493	2,326,157	37,861,872	47,276,567	9,414,696
Emergency Room	6,246,167	6,643,271	397,104	19,266,762	20,105,509	838,747
Inpatient	31,316,403	28,648,953	(2,667,450)	91,080,658	86,745,440	(4,335,218)
Reinsurance Expense	129,066	114,688	(14,378)	324,349	347,004	22,655
Outpatient Hospital	14,996,564	13,222,800	(1,773,764)	44,304,385	40,036,923	(4,267,462)
Other Medical	26,248,792	23,834,709	(2,414,084)	80,881,278	72,028,585	(8,852,692)
Pay for Performance Quality Incentive	623,885	614,400	(9,484)	1,851,974	1,858,950	6,977
Hospital Directed Payments	25,515,722	22,531,088	(2,984,634)	74,715,152	68,213,150	(6,502,002)
Hospital Directed Payment Adjustment	226,351	-	(226,351)	2,663,543	-	(2,663,543)
Non-Claims Expense Adjustment	99,211	-	(99,211)	356,533	-	(356,533)
IBNR, Incentive, Paid Claims Adjustment	128,506	-	(128,506)	622,759	-	(622,759)
<b>Total Medical Costs</b>	<b>149,128,998</b>	<b>141,017,989</b>	<b>(8,111,009)</b>	<b>447,039,796</b>	<b>426,761,094</b>	<b>(20,278,702)</b>
<b>GROSS MARGIN</b>	<b>48,691,556</b>	<b>55,680,449</b>	<b>(6,988,893)</b>	<b>146,377,973</b>	<b>168,496,098</b>	<b>(22,118,126)</b>

**ADMINISTRATIVE COSTS**

Compensation	3,489,806	4,098,286	608,480	10,509,085	12,294,858	1,785,774
Purchased Services	1,561,384	1,739,891	178,507	5,448,763	5,219,673	(229,091)
Supplies	150,254	372,344	222,090	764,751	1,117,033	352,283
Depreciation	680,312	710,921	30,609	2,040,936	2,132,764	91,828
Other Administrative Expenses	429,859	554,843	124,984	1,644,704	1,664,529	19,825
Administrative Expense Adjustment	(712)	-	712	96,938	-	(96,938)
<b>Total Administrative Expenses</b>	<b>6,310,903</b>	<b>7,476,286</b>	<b>1,165,383</b>	<b>20,505,176</b>	<b>22,428,857</b>	<b>1,923,680</b>
<b>TOTAL EXPENSES</b>	<b>155,439,900</b>	<b>148,494,274</b>	<b>(6,945,626)</b>	<b>467,544,972</b>	<b>449,189,951</b>	<b>(18,355,021)</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>42,380,653</b>	<b>48,204,164</b>	<b>(5,823,511)</b>	<b>125,872,796</b>	<b>146,067,241</b>	<b>(20,194,445)</b>
<b>MCO TAX</b>	<b>39,388,230</b>	<b>45,867,008</b>	<b>6,478,778</b>	<b>118,164,689</b>	<b>138,776,814</b>	<b>20,612,125</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>2,992,423</b>	<b>2,337,156</b>	<b>655,268</b>	<b>7,708,107</b>	<b>7,290,427</b>	<b>417,679</b>

**NON-OPERATING REVENUE (EXPENSE)**

Provider Grants/CalAIM/Home Health	(376,685)	(845,141)	468,456	(1,329,860)	(2,557,643)	1,227,783
D-SNP Expenses	(356,176)	(845,141)	488,966	(877,356)	(2,557,643)	1,680,287
<b>Total Non-Operating Revenue (Expense)</b>	<b>(732,861)</b>	<b>(1,690,282)</b>	<b>957,422</b>	<b>(2,207,215)</b>	<b>(5,115,286)</b>	<b>2,908,070</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>2,259,563</b>	<b>646,873</b>	<b>1,612,690</b>	<b>5,500,892</b>	<b>2,175,142</b>	<b>3,325,750</b>
<b>MEDICAL LOSS RATIO</b>	<b>93.0%</b>	<b>92.4%</b>	<b>-0.6%</b>	<b>92.9%</b>	<b>92.3%</b>	<b>-0.6%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>4.8%</b>	<b>5.8%</b>	<b>1.1%</b>	<b>5.2%</b>	<b>5.8%</b>	<b>0.6%</b>





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

	March	Budget	Variance	Year to Date	Budget	Variance
Family Members	252,747	248,944	3,803	743,224	753,132	(9,908)
Expansion Members	117,815	115,411	2,404	354,351	349,833	4,518
SPD Members	22,608	20,527	2,081	67,759	62,181	5,578
LTC Members	497	555	(58)	1,492	1,664	(172)
Other Members	22,256	24,164	(1,908)	67,830	72,491	(4,661)
<b>Total Members - MCAL</b>	<b>415,923</b>	<b>409,600</b>	<b>6,323</b>	<b>1,234,656</b>	<b>1,239,300</b>	<b>(4,644)</b>
<b>REVENUES</b>						
Medicaid - Family and Other	200.58	196.62	3.96	201.11	196.62	4.50
Medicaid - Expansion Members	401.46	401.39	0.07	401.13	401.39	(0.26)
Medicaid - SPD Members	1,047.92	1,051.67	(3.75)	1,042.58	1,051.67	(9.09)
Medicaid - LTC Members	8,158.36	8,058.24	100.12	8,123.78	8,058.24	65.54
Premium - MCO Tax	1,769.78	1,898.19	(128.41)	1,742.07	1,914.41	(172.34)
Premium - Hospital Directed Payments	61.35	55.01	6.34	60.51	55.04	5.47
Investment Earnings And Other Income	4.72	5.14	(0.42)	5.29	5.13	0.15
Reinsurance Recoveries	-	0.28	(0.28)	-	0.28	(0.28)
Rate Adjustments - Hospital Directed Payments	0.54	-	0.54	2.13	-	2.13
Rate/Income Adjustments	1.26	-	1.26	2.72	-	2.72
<b>Total Revenues</b>	<b>475.62</b>	<b>480.22</b>	<b>(4.60)</b>	<b>480.63</b>	<b>480.32</b>	<b>0.32</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	72.85	72.72	(0.14)	75.41	72.74	(2.67)
Other Professional Services	31.97	38.14	6.17	30.67	38.15	7.48
Emergency Room	15.02	16.22	1.20	15.60	16.22	0.62
Inpatient	75.29	69.94	(5.35)	73.77	70.00	(3.77)
Reinsurance Expense	0.31	0.28	(0.03)	0.26	0.28	0.02
Outpatient Hospital	36.06	32.28	(3.77)	35.88	32.31	(3.58)
Other Medical	63.11	58.19	(4.92)	65.51	58.12	(7.39)
Pay for Performance Quality Incentive	1.50	1.50	0.00	1.50	1.50	0.00
Hospital Directed Payments	61.35	55.01	(6.34)	60.51	55.04	(5.47)
Hospital Directed Payment Adjustment	0.54	-	(0.54)	2.16	-	(2.16)
Non-Claims Expense Adjustment	0.24	-	(0.24)	0.29	-	(0.29)
IBNR, Incentive, Paid Claims Adjustment	0.31	-	(0.31)	0.50	-	(0.50)
<b>Total Medical Costs</b>	<b>358.55</b>	<b>344.28</b>	<b>(14.27)</b>	<b>362.08</b>	<b>344.36</b>	<b>(17.72)</b>
<b>GROSS MARGIN</b>	<b>117.07</b>	<b>135.94</b>	<b>(18.87)</b>	<b>118.56</b>	<b>135.96</b>	<b>(17.40)</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	8.39	10.01	1.62	8.51	9.92	1.41
Purchased Services	3.75	4.25	0.49	4.41	4.21	(0.20)
Supplies	0.36	0.91	0.55	0.62	0.90	0.28
Depreciation	1.64	1.74	0.10	1.65	1.72	0.07
Other Administrative Expenses	1.03	1.35	0.32	1.33	1.34	0.01
Administrative Expense Adjustment	(0.00)	-	0.00	0.08	-	(0.08)
<b>Total Administrative Expenses</b>	<b>15.17</b>	<b>18.25</b>	<b>3.08</b>	<b>16.61</b>	<b>18.10</b>	<b>1.49</b>
<b>TOTAL EXPENSES</b>	<b>373.72</b>	<b>362.53</b>	<b>(11.19)</b>	<b>378.68</b>	<b>362.45</b>	<b>(16.23)</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>101.90</b>	<b>117.69</b>	<b>(15.79)</b>	<b>101.95</b>	<b>117.86</b>	<b>(15.91)</b>
<b>MCO TAX</b>	<b>94.70</b>	<b>111.98</b>	<b>17.28</b>	<b>95.71</b>	<b>111.98</b>	<b>16.27</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>7.19</b>	<b>5.71</b>	<b>1.49</b>	<b>6.24</b>	<b>5.88</b>	<b>0.36</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Provider Grants/CalAIM/Home Health	(0.86)	(2.06)	1.21	(0.71)	(2.06)	1.35
D-SNP Expenses	(0.91)	(2.06)	1.16	(1.08)	(2.06)	0.99
<b>Total Non-Operating Revenue (Expense)</b>	<b>(1.76)</b>	<b>(4.13)</b>	<b>2.36</b>	<b>(1.79)</b>	<b>(4.13)</b>	<b>2.34</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>5.43</b>	<b>1.58</b>	<b>3.85</b>	<b>4.46</b>	<b>1.76</b>	<b>2.70</b>
<b>MEDICAL LOSS RATIO</b>	<b>-21.9%</b>	<b>-19.6%</b>	<b>2.2%</b>	<b>-22.6%</b>	<b>-19.4%</b>	<b>3.2%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>-1.1%</b>	<b>-1.2%</b>	<b>-0.1%</b>	<b>-1.3%</b>	<b>-1.2%</b>	<b>0.0%</b>



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

	2023 - Q1	2023 - Q2	2023 - Q3	2023 - Q4	Rolling 4-Quarter Totals	CURRENT QUARTER 2024 - Q1
<b>Total Members - MCAL</b>	1,032,889	1,065,928	1,064,368	1,038,591	4,201,776	1,234,656
<b>REVENUES</b>						
Medicaid - Family and Other	120,321,770	131,416,191	130,829,220	119,336,194	501,903,375	163,114,742
Medicaid - Expansion Members	107,922,635	113,614,490	114,676,254	97,694,167	433,907,546	142,141,972
Medicaid - SPD Members	56,200,407	58,314,893	58,948,915	59,165,633	232,629,847	70,643,949
Medicaid - LTC Members	5,984,210	9,124,896	9,102,869	9,599,451	33,811,426	12,120,676
Premium - MCO Tax	-	-	-	375,849,146	375,849,146	118,164,689
Premium - Hospital Directed Payments	64,335,321	65,929,161	65,557,702	63,752,178	259,574,363	74,715,152
Investment Earnings And Other Income	4,178,417	3,451,390	4,444,990	9,031,183	21,105,981	6,526,452
Rate Adjustments - Hospital Directed Payments	(617,962)	58,880	545,253	(26,268,027)	(26,281,856)	2,628,208
Rate/Income Adjustments	496,782	2,689,620	2,190,288	495,587	5,872,277	3,361,928
<b>Total Revenues</b>	<b>358,821,583</b>	<b>384,599,520</b>	<b>386,295,491</b>	<b>708,655,511</b>	<b>1,838,372,105</b>	<b>593,417,768</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	60,138,058	64,905,613	62,419,530	61,076,433	248,539,633	93,110,533
Other Professional Services	16,974,710	19,202,567	18,664,943	19,381,164	74,223,384	37,861,872
Emergency Room	15,028,917	15,949,392	16,279,390	15,523,588	62,781,286	19,266,762
Inpatient	67,442,872	64,459,638	67,920,330	79,244,732	279,067,571	91,080,658
Reinsurance Expense	366,159	286,181	288,694	190,133	1,131,168	324,349
Outpatient Hospital	30,631,634	32,454,291	32,005,177	40,939,501	136,030,602	44,304,385
Other Medical	61,580,673	70,726,296	72,388,155	79,194,627	283,889,750	80,881,278
Pay for Performance Quality Incentive	1,549,344	1,597,253	1,599,049	1,555,236	6,300,881	1,851,974
Hospital Directed Payments	64,335,321	65,929,161	65,557,702	63,752,178	259,574,363	74,715,152
Hospital Directed Payment Adjustment	(1,520,110)	177,303	(12,049)	(26,330,241)	(27,685,097)	2,663,543
Non-Claims Expense Adjustment	(52,442)	(2,268,523)	695,678	1,571,341	(53,945)	356,533
IBNR, Incentive, Paid Claims Adjustment	(3,968,070)	(13,731,707)	1,846,700	1,506,238	(14,346,840)	622,759
<b>Total Medical Costs</b>	<b>312,507,065</b>	<b>319,687,464</b>	<b>339,653,299</b>	<b>337,604,928</b>	<b>1,309,452,755</b>	<b>447,039,796</b>
<b>GROSS MARGIN</b>	<b>46,314,517</b>	<b>64,912,057</b>	<b>46,642,192</b>	<b>371,050,583</b>	<b>528,919,349</b>	<b>146,377,973</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	10,793,705	11,028,203	11,815,434	13,584,268	47,221,610	10,509,085
Purchased Services	4,006,386	4,875,634	4,614,262	5,339,166	18,835,448	5,448,763
Supplies	355,217	278,251	801,939	680,996	2,116,403	764,751
Depreciation	2,042,124	2,055,327	2,073,030	2,099,363	8,269,844	2,040,936
Other Administrative Expenses	1,601,959	1,446,637	1,797,993	1,406,817	6,253,406	1,644,704
Administrative Expense Adjustment	731,466	1,102,277	9,949	1,580,132	3,423,824	96,938
<b>Total Administrative Expenses</b>	<b>19,530,857</b>	<b>20,786,329</b>	<b>21,112,607</b>	<b>24,690,742</b>	<b>86,120,535</b>	<b>20,505,176</b>
<b>TOTAL EXPENSES</b>	<b>332,037,922</b>	<b>340,473,793</b>	<b>360,765,906</b>	<b>362,295,670</b>	<b>1,395,573,290</b>	<b>467,544,972</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>26,783,660</b>	<b>44,125,728</b>	<b>25,529,585</b>	<b>346,359,841</b>	<b>442,798,814</b>	<b>125,872,796</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>376,495,887</b>	<b>376,495,887</b>	<b>118,164,689</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>26,783,660</b>	<b>44,125,728</b>	<b>25,529,585</b>	<b>(30,136,046)</b>	<b>66,302,928</b>	<b>7,708,107</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Total Non-Operating Revenue (Expense)	(886,252)	(1,282,998)	(1,246,978)	(1,454,633)	(4,870,861)	(2,207,215)
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>25,897,408</b>	<b>42,842,730</b>	<b>24,282,607</b>	<b>(31,590,679)</b>	<b>61,432,067</b>	<b>5,500,891</b>
<b>MEDICAL LOSS RATIO</b>	<b>84.6%</b>	<b>79.6%</b>	<b>85.6%</b>	<b>101.6%</b>	<b>87.7%</b>	<b>92.9%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.6%</b>	<b>6.5%</b>	<b>6.6%</b>	<b>8.4%</b>	<b>7.0%</b>	<b>5.2%</b>

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

	2023 - Q1	2023 - Q2	2023 - Q3	2023 - Q4	Rolling Quarter Totals	CURRENT QUARTER 2024 - Q1
Total Members - MCAL	1,032,889	1,065,928	1,064,368	1,038,591	4,201,776	1,234,656
<b>REVENUES</b>						
Medicaid - Family and Other	175.51	185.55	185.41	172.27	179.75	201.11
Medicaid - Expansion Members	369.43	377.54	379.60	338.10	366.44	401.13
Medicaid - SPD Members	1,032.77	1,050.49	1,063.89	1,063.71	1,052.81	1,042.58
Medicaid - LTC Members	7,452.32	7,535.01	7,467.49	7,447.21	7,477.10	8,123.78
Premium - MCO Tax	-	-	-	361.88	89.45	95.71
Premium - Hospital Directed Payments	62.29	61.85	61.59	61.38	61.78	60.51
Investment Earnings And Other Income	4.05	3.24	4.18	8.70	5.02	5.29
Rate Adjustments - Hospital Directed Payments	(0.60)	0.06	0.51	(25.29)	(6.25)	2.13
Rate/Income Adjustments	0.48	2.52	2.06	0.48	1.40	2.72
<b>Total Revenues</b>	<b>347.40</b>	<b>360.81</b>	<b>362.93</b>	<b>682.32</b>	<b>437.52</b>	<b>480.63</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	58.22	60.89	58.64	58.81	59.15	75.41
Other Professional Services	16.43	18.01	17.54	18.66	17.66	30.67
Emergency Room	14.55	14.96	15.29	14.95	14.94	15.60
Inpatient	65.30	60.47	63.81	76.30	66.42	73.77
Reinsurance Expense	0.35	0.27	0.27	0.18	0.27	0.26
Outpatient Hospital	29.66	30.45	30.07	39.42	32.37	35.88
Other Medical	59.62	66.35	68.01	76.25	67.56	65.51
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	62.29	61.85	61.59	61.38	61.78	60.51
Hospital Directed Payment Adjustment	(1.47)	0.17	(0.01)	(25.35)	(6.59)	2.16
Non-Claims Expense Adjustment	(0.05)	(2.13)	0.65	1.51	(0.01)	0.29
IBNR, Incentive, Paid Claims Adjustment	(3.84)	(12.88)	1.74	1.45	(3.41)	0.50
<b>Total Medical Costs</b>	<b>302.56</b>	<b>299.91</b>	<b>319.11</b>	<b>325.06</b>	<b>311.64</b>	<b>362.08</b>
<b>GROSS MARGIN</b>	<b>44.84</b>	<b>60.90</b>	<b>43.82</b>	<b>357.26</b>	<b>125.88</b>	<b>118.56</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	10.45	10.35	11.10	13.08	11.24	8.51
Purchased Services	3.88	4.57	4.34	5.14	4.48	4.41
Supplies	0.34	0.26	0.75	0.66	0.50	0.62
Depreciation	1.98	1.93	1.95	2.02	1.97	1.65
Other Administrative Expenses	1.55	1.36	1.69	1.35	1.49	1.33
Administrative Expense Adjustment	0.71	1.03	0.01	1.52	0.81	0.08
<b>Total Administrative Expenses</b>	<b>18.91</b>	<b>19.50</b>	<b>19.84</b>	<b>23.77</b>	<b>20.50</b>	<b>16.61</b>
<b>TOTAL EXPENSES</b>	<b>321.47</b>	<b>319.42</b>	<b>338.95</b>	<b>348.83</b>	<b>332.14</b>	<b>378.68</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>25.93</b>	<b>41.40</b>	<b>23.99</b>	<b>333.49</b>	<b>105.38</b>	<b>101.95</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>362.51</b>	<b>89.60</b>	<b>95.71</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>25.93</b>	<b>41.40</b>	<b>23.99</b>	<b>(29.02)</b>	<b>15.78</b>	<b>6.24</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
<b>Total Non-Operating Revenue (Expense)</b>	<b>(0.86)</b>	<b>(1.20)</b>	<b>(1.17)</b>	<b>(1.40)</b>	<b>(1.16)</b>	<b>(1.79)</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>25.07</b>	<b>40.19</b>	<b>22.81</b>	<b>(30.42)</b>	<b>14.62</b>	<b>4.46</b>
<b>MEDICAL LOSS RATIO</b>	<b>84.6%</b>	<b>79.6%</b>	<b>85.6%</b>	<b>101.6%</b>	<b>87.7%</b>	<b>92.9%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.6%</b>	<b>6.5%</b>	<b>6.6%</b>	<b>8.4%</b>	<b>7.0%</b>	<b>5.2%</b>

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



	SEPTEMBER 2023	OCTOBER 2023	NOVEMBER 2023	DECEMBER 2023	JANUARY 2024	FEBRUARY 2024	Prior 6 Month YTD	MARCH 2024
Total Members - MCAL	352,039	344,282	345,588	348,721	404,835	413,898	2,209,363	415,923
<b>REVENUES</b>								
Medicaid - Family and Other	43,328,818	42,099,200	45,286,584	31,950,410	53,027,216	54,928,439	270,620,667	55,159,087
Medicaid - Expansion Members	38,490,000	36,217,557	36,497,717	24,978,893	46,811,852	48,031,590	231,027,609	47,298,530
Medicaid - SPD Members	19,937,703	19,485,313	19,356,789	20,323,530	23,417,694	23,534,898	126,055,927	23,691,358
Medicaid - LTC Members	3,149,260	2,973,590	3,153,923	3,471,937	3,975,666	4,090,307	20,814,684	4,054,703
Premium - MCO Tax	-	-	-	375,849,146	39,388,230	39,388,230	454,625,605	39,388,230
Premium - Hospital Directed Payments	21,801,471	21,376,726	20,754,284	21,621,168	24,282,372	24,917,058	134,753,079	25,515,722
Investment Earnings And Other Income	1,438,685	2,404,743	3,571,373	3,055,066	2,539,805	2,024,302	15,033,975	1,962,344
Rate Adjustments - Hospital Directed Payments	139,435	4,262	(2,585)	(26,269,704)	42,165	2,359,548	(23,726,878)	226,495
Rate/Income Adjustments	2,226,732	(20,585)	21,528	494,694	83,075	2,754,769	5,560,213	524,085
<b>Total Revenues</b>	<b>130,512,105</b>	<b>124,540,806</b>	<b>128,639,613</b>	<b>455,475,142</b>	<b>193,568,075</b>	<b>202,029,140</b>	<b>1,234,764,881</b>	<b>197,820,554</b>
<b>EXPENSES</b>								
<b>MEDICAL COSTS</b>								
Physician Services	21,311,972	20,657,868	21,258,593	19,159,973	30,082,718	32,725,820	145,196,943	30,301,995
Other Professional Services	6,391,086	6,402,688	6,739,289	6,239,187	13,699,554	10,865,981	50,337,785	13,296,336
Emergency Room	5,694,567	5,063,129	4,921,226	5,539,233	6,905,833	6,114,762	34,238,749	6,246,167
Inpatient	24,726,099	25,452,068	23,460,211	30,332,453	30,185,040	29,579,215	163,735,086	31,316,403
Reinsurance Expense	95,910	96,625	91,410	2,097	98,765	98,519	481,327	129,066
Outpatient Hospital	11,158,217	12,146,983	12,702,928	16,089,590	13,495,747	15,812,073	81,405,539	14,996,564
Other Medical	26,396,360	23,481,298	27,658,264	28,055,064	23,466,463	31,166,022	160,223,472	26,248,792
Pay for Performance Quality Incentive	529,364	513,773	518,382	523,082	607,242	620,847	3,312,689	623,885
Hospital Directed Payments	21,801,471	21,376,726	20,754,284	21,621,168	24,282,372	24,917,058	134,753,079	25,515,722
Hospital Directed Payment Adjustment	(423,786)	4,262	(2,585)	(26,331,918)	42,165	2,395,027	(24,316,836)	226,351
Non-Claims Expense Adjustment	52,429	(4,729)	(662)	1,576,732	141,502	115,821	1,881,092	99,211
IBNR, Incentive, Paid Claims Adjustment	701,159	614,589	784,814	106,835	164,572	329,680	2,701,649	128,506
<b>Total Medical Costs</b>	<b>118,434,848</b>	<b>115,805,278</b>	<b>118,886,154</b>	<b>102,913,496</b>	<b>143,169,973</b>	<b>154,740,825</b>	<b>753,950,574</b>	<b>149,128,998</b>
<b>GROSS MARGIN</b>	<b>12,077,257</b>	<b>8,735,528</b>	<b>9,753,459</b>	<b>352,561,646</b>	<b>50,398,102</b>	<b>47,288,315</b>	<b>480,814,306</b>	<b>48,691,556</b>
<b>ADMINISTRATIVE COSTS</b>								
Compensation	4,036,688	4,152,628	5,655,320	3,776,320	3,586,265	3,433,013	24,640,234	3,489,806
Purchased Services	1,774,151	1,715,078	1,916,544	1,707,545	2,026,416	1,860,964	11,000,697	1,561,384
Supplies	210,861	128,415	131,121	421,461	354,637	259,860	1,506,354	150,254
Depreciation	693,125	657,439	685,712	756,212	725,712	634,912	4,153,112	680,312
Other Administrative Expenses	436,285	505,417	498,451	402,950	663,019	551,825	3,057,948	429,859
Administrative Expense Adjustment	267	-	(259)	1,580,391	258,024	(160,374)	1,678,049	(712)
<b>Total Administrative Expenses</b>	<b>7,151,377</b>	<b>7,158,977</b>	<b>8,886,888</b>	<b>8,644,878</b>	<b>7,614,072</b>	<b>6,580,201</b>	<b>46,036,393</b>	<b>6,310,903</b>
<b>TOTAL EXPENSES</b>	<b>125,586,225</b>	<b>122,964,255</b>	<b>127,773,042</b>	<b>111,558,374</b>	<b>150,784,046</b>	<b>161,321,026</b>	<b>799,986,968</b>	<b>155,439,900</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>4,925,880</b>	<b>1,576,551</b>	<b>866,571</b>	<b>343,916,768</b>	<b>42,784,029</b>	<b>40,708,114</b>	<b>434,777,913</b>	<b>42,380,653</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>376,495,937</b>	<b>39,388,230</b>	<b>39,388,230</b>	<b>455,272,396</b>	<b>39,388,230</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>4,925,880</b>	<b>1,576,551</b>	<b>866,571</b>	<b>(32,579,169)</b>	<b>3,395,799</b>	<b>1,319,884</b>	<b>(20,494,484)</b>	<b>2,992,423</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>								
Total Non-Operating Revenue (Expense)	(481,380)	(632,934)	(490,432)	(331,267)	(778,999)	(695,356)	(3,410,367)	(732,861)
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>4,444,500</b>	<b>943,617</b>	<b>376,139</b>	<b>(32,910,436)</b>	<b>2,616,800</b>	<b>624,528</b>	<b>(23,904,850)</b>	<b>2,259,563</b>
<b>MEDICAL LOSS RATIO</b>	<b>89.4%</b>	<b>91.5%</b>	<b>91.0%</b>	<b>127.7%</b>	<b>91.5%</b>	<b>94.1%</b>	<b>96.2%</b>	<b>93.0%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.6%</b>	<b>6.9%</b>	<b>8.2%</b>	<b>10.3%</b>	<b>5.9%</b>	<b>4.9%</b>	<b>6.9%</b>	<b>4.8%</b>

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

	SEPTEMBER 2023	OCTOBER 2023	NOVEMBER 2023	DECEMBER 2023	JANUARY 2024	FEBRUARY 2024	6 Month Prior YTD	MARCH 2024
<b>Total Members - MCAL</b>	<b>352,039</b>	<b>344,282</b>	<b>345,588</b>	<b>348,721</b>	<b>404,835</b>	<b>413,898</b>	<b>2,209,363</b>	<b>415,923</b>
<b>REVENUES</b>								
Medicaid - Family and Other	185.68	183.11	196.69	137.38	199.97	202.78	265,404.72	200.58
Medicaid - Expansion Members	385.48	378.12	378.15	258.45	399.31	402.60	117,703.46	401.46
Medicaid - SPD Members	1,081.04	1,071.80	1,052.11	1,067.19	1,067.25	1,014.04	23,304.58	1,047.92
Medicaid - LTC Members	7,892.88	7,342.20	7,368.98	7,613.90	8,130.20	8,083.61	10,372.52	8,158.36
Premium - MCO Tax	-	-	-	1,077.79	97.29	95.16	205.77	94.70
Premium - Hospital Directed Payments	61.93	62.09	60.05	62.00	59.98	60.20	60.99	61.35
Investment Earnings And Other Income	4.09	6.98	10.33	8.76	6.27	4.89	6.80	4.72
Rate Adjustments - Hospital Directed Payments	0.40	0.01	(0.01)	(75.33)	0.10	5.70	(10.74)	0.54
Rate/Income Adjustments	6.33	(0.06)	0.06	1.42	0.21	6.66	2.52	1.26
<b>Total Revenues</b>	<b>370.73</b>	<b>361.74</b>	<b>372.23</b>	<b>1,306.13</b>	<b>478.14</b>	<b>488.11</b>	<b>558.88</b>	<b>475.62</b>
<b>EXPENSES</b>								
<b>MEDICAL COSTS</b>								
Physician Services	60.54	60.00	61.51	54.94	74.31	79.07	65.72	72.85
Other Professional Services	18.15	18.60	19.50	17.89	33.84	26.25	22.78	31.97
Emergency Room	16.18	14.71	14.24	15.88	17.06	14.77	15.50	15.02
Inpatient	70.24	73.93	67.88	86.98	74.56	71.46	74.11	75.29
Reinsurance Expense	0.27	0.28	0.26	0.01	0.24	0.24	0.22	0.31
Outpatient Hospital	31.70	35.28	36.76	46.14	33.34	38.20	36.85	36.06
Other Medical	74.98	68.20	80.03	80.45	57.97	75.30	72.52	63.11
Pay for Performance Quality Incentive	1.50	1.49	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	61.93	62.09	60.05	62.00	59.98	60.20	60.99	61.35
Hospital Directed Payment Adjustment	(1.20)	0.01	(0.01)	(75.51)	0.10	5.79	(11.01)	0.54
Non-Claims Expense Adjustment	0.15	(0.01)	(0.00)	4.52	0.35	0.28	0.85	0.24
IBNR, Incentive, Paid Claims Adjustment	1.99	1.79	2.27	0.31	0.41	0.80	1.22	0.31
<b>Total Medical Costs</b>	<b>336.43</b>	<b>336.37</b>	<b>344.01</b>	<b>295.12</b>	<b>353.65</b>	<b>373.86</b>	<b>341.25</b>	<b>358.55</b>
<b>GROSS MARGIN</b>	<b>34.31</b>	<b>25.37</b>	<b>28.22</b>	<b>1,011.01</b>	<b>124.49</b>	<b>114.25</b>	<b>217.63</b>	<b>117.07</b>
<b>ADMINISTRATIVE COSTS</b>								
Compensation	11.47	12.06	16.36	10.83	8.86	8.29	11.15	8.39
Purchased Services	5.04	4.98	5.55	4.90	5.01	4.50	4.98	3.75
Supplies	0.60	0.37	0.38	1.21	0.88	0.63	0.68	0.36
Depreciation	1.97	1.91	1.98	2.17	1.79	1.53	1.88	1.64
Other Administrative Expenses	1.24	1.47	1.44	1.16	1.64	1.33	1.38	1.03
Administrative Expense Adjustment	0.00	-	(0.00)	4.53	0.64	(0.39)	0.76	(0.00)
<b>Total Administrative Expenses</b>	<b>20.31</b>	<b>20.79</b>	<b>25.72</b>	<b>24.79</b>	<b>18.81</b>	<b>15.90</b>	<b>20.84</b>	<b>15.17</b>
<b>TOTAL EXPENSES</b>	<b>356.74</b>	<b>357.16</b>	<b>369.73</b>	<b>319.91</b>	<b>372.46</b>	<b>389.76</b>	<b>362.09</b>	<b>373.72</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>13.99</b>	<b>4.58</b>	<b>2.51</b>	<b>986.22</b>	<b>105.68</b>	<b>98.35</b>	<b>196.79</b>	<b>101.90</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,079.65</b>	<b>97.29</b>	<b>95.16</b>	<b>206.07</b>	<b>94.70</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>13.99</b>	<b>4.58</b>	<b>2.51</b>	<b>(93.42)</b>	<b>8.39</b>	<b>3.19</b>	<b>(9.28)</b>	<b>7.19</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>								
Total Non-Operating Revenue (Expense)	(1.37)	(1.84)	(1.42)	(0.95)	(1.92)	(1.68)	(1.54)	(1.76)
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>12.63</b>	<b>2.74</b>	<b>1.09</b>	<b>(94.37)</b>	<b>6.46</b>	<b>1.51</b>	<b>(10.82)</b>	<b>5.43</b>
<b>MEDICAL LOSS RATIO</b>	<b>89.4%</b>	<b>91.5%</b>	<b>91.0%</b>	<b>127.7%</b>	<b>91.5%</b>	<b>94.1%</b>	<b>96.2%</b>	<b>93.0%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.6%</b>	<b>6.9%</b>	<b>8.2%</b>	<b>10.3%</b>	<b>5.9%</b>	<b>4.9%</b>	<b>6.9%</b>	<b>4.8%</b>

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

REVENUES	March	Budget	Variance
Premium - Medi-Cal	49,229,878	46,970,035	2,259,843
Premium - Maternity Kick	2,796,161	3,304,076	(507,915)
Premium - Enhanced Care Management	1,369,893	1,399,967	(30,074)
Premium - Major Organ Transplant	268,461	240,607	27,854
Premium - Provider Enhancement	1,203,274	1,097,280	105,994
Premium - GEMT	192,415	189,396	3,018
Premium - Cal AIM	-	336,733	(336,733)
Premium - Student Behavioral Health Incentive	-	159,822	(159,822)
Other	99,005	-	99,005
<b>TOTAL MEDICAID - FAMILY &amp; OTHER</b>	<b>55,159,087</b>	<b>53,697,916</b>	<b>1,461,170</b>
Premium - Medi-Cal	44,016,473	42,740,105	1,276,368
Premium - Maternity Kick	503,013	436,364	66,649
Premium - Enhanced Care Management	1,642,575	1,636,241	6,334
Premium - Major Organ Transplant	437,523	428,059	9,464
Premium - Provider Enhancement	380,389	366,217	14,172
Premium - GEMT	271,386	271,119	267
Premium - Cal AIM	-	303,094	(303,094)
Premium - Student Behavioral Health Incentive	-	143,856	(143,856)
Other	47,171	-	47,171
<b>TOTAL MEDICAID - EXPANSION MEMBERS</b>	<b>47,298,530</b>	<b>46,325,057</b>	<b>973,474</b>
Premium - Medi-Cal	22,395,301	20,173,182	2,222,119
Premium - Enhanced Care Management	810,071	749,639	60,432
Premium - Major Organ Transplant	293,840	271,294	22,546
Premium - Provider Enhancement	27,490	25,449	2,041
Premium - GEMT	164,656	152,363	12,293
Premium - Cal AIM	-	146,160	(146,160)
Premium - Student Behavioral Health Incentive	-	69,372	(69,372)
<b>TOTAL MEDICAID - SPD MEMBERS</b>	<b>23,691,358</b>	<b>21,587,459</b>	<b>2,103,899</b>
Premium - Medi-Cal	4,029,135	4,395,083	(365,948)
Premium - Enhanced Care Management	9,206	10,315	(1,109)
Premium - Major Organ Transplant	13,568	15,235	(1,667)
Premium - Provider Enhancement	4	4	(1)
Premium - GEMT	2,790	3,176	(386)
Premium - Cal AIM	-	31,530	(31,530)
Premium - Student Behavioral Health Incentive	-	14,965	(14,965)
<b>TOTAL MEDICAID - LTC MEMBERS</b>	<b>4,054,703</b>	<b>4,470,309</b>	<b>(415,606)</b>

Year to Date	Budget	Variance
145,418,546	141,993,602	3,424,944
8,440,262	9,988,445	(1,548,182)
4,104,008	4,232,196	(128,188)
775,622	727,371	48,251
3,508,378	3,317,151	191,226
572,611	572,558	54
-	1,017,968	(1,017,968)
-	483,154	(483,154)
295,314	-	295,314
<b>163,114,742</b>	<b>162,332,444</b>	<b>782,297</b>
131,984,695	129,553,503	2,431,192
1,790,135	1,322,704	467,431
4,958,090	4,959,763	(1,673)
1,311,729	1,297,530	14,199
1,138,119	1,110,076	28,044
817,385	821,813	(4,428)
-	918,737	(918,737)
-	436,056	(436,056)
141,819	-	141,819
<b>142,141,972</b>	<b>140,420,182</b>	<b>1,721,790</b>
66,778,272	61,109,207	5,669,064
2,417,933	2,270,830	147,103
874,221	821,811	52,411
82,097	77,090	5,006
491,427	461,541	29,886
-	442,754	(442,754)
-	210,142	(210,142)
<b>70,643,949</b>	<b>65,393,376</b>	<b>5,250,574</b>
12,044,712	13,185,250	(1,140,538)
27,493	30,945	(3,452)
40,356	45,706	(5,350)
10	13	(3)
8,106	9,528	(1,422)
-	94,590	(94,590)
-	44,895	(44,895)
<b>12,120,676</b>	<b>13,410,926</b>	<b>(1,290,250)</b>



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

REVENUES	January	February	March	Year to Date
Premium - Medi-Cal	47,241,506	48,947,162	49,229,878	145,418,546
Premium - Maternity Kick	2,781,366	2,862,736	2,796,161	8,440,262
Premium - Enhanced Care Management	1,360,425	1,373,690	1,369,893	4,104,008
Premium - Major Organ Transplant	242,912	264,248	268,461	775,622
Premium - Provider Enhancement	1,115,725	1,189,379	1,203,274	3,508,378
Premium - GEMT	187,833	192,364	192,415	572,611
Other	97,449	98,860	99,005	295,314
<b>TOTAL MEDICAID - FAMILY &amp; OTHER</b>	<b>53,027,216</b>	<b>54,928,439</b>	<b>55,159,087</b>	<b>163,114,742</b>
Premium - Medi-Cal	43,459,690	44,508,533	44,016,473	131,984,695
Premium - Maternity Kick	576,986	710,136	503,013	1,790,135
Premium - Enhanced Care Management	1,651,191	1,664,324	1,642,575	4,958,090
Premium - Major Organ Transplant	432,007	442,199	437,523	1,311,729
Premium - Provider Enhancement	373,632	384,099	380,389	1,138,119
Premium - GEMT	271,454	274,545	271,386	817,385
Other	46,893	47,755	47,171	141,819
<b>TOTAL MEDICAID - EXPANSION MEMBERS</b>	<b>46,811,852</b>	<b>48,031,590</b>	<b>47,298,530</b>	<b>142,141,972</b>
Premium - Medi-Cal	22,135,884	22,247,086	22,395,301	66,778,272
Premium - Enhanced Care Management	802,416	805,446	810,071	2,417,933
Premium - Major Organ Transplant	289,069	291,313	293,840	874,221
Premium - Provider Enhancement	27,257	27,350	27,490	82,097
Premium - GEMT	163,069	163,702	164,656	491,427
<b>TOTAL MEDICAID - SPD MEMBERS</b>	<b>23,417,694</b>	<b>23,534,898</b>	<b>23,691,358</b>	<b>70,643,949</b>
Premium - Medi-Cal	3,950,994	4,064,582	4,029,135	12,044,712
Premium - Enhanced Care Management	9,002	9,285	9,206	27,493
Premium - Major Organ Transplant	13,131	13,656	13,568	40,356
Premium - Provider Enhancement	3	4	4	10
Premium - GEMT	2,536	2,779	2,790	8,106
<b>TOTAL MEDICAID - LTC MEMBERS</b>	<b>3,975,666</b>	<b>4,090,307</b>	<b>4,054,703</b>	<b>12,120,676</b>



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

	March	Budget	Variance	Year to Date	Budget	Variance
<b>Physician Services</b>						
Primary Care Physician Services	7,176,252	5,739,208	(1,437,044)	20,235,322	17,364,942	(2,870,380)
Referral Specialty Services	20,309,856	21,321,139	1,011,282	64,542,434	64,539,030	(3,404)
Urgent Care & After Hours Advice	2,806,586	2,715,940	(90,646)	8,305,476	8,235,694	(69,783)
Hospital Admitting Team	9,300	9,300	-	27,300	9,300	(18,000)
<b>Total Physician Services</b>	<b>30,301,995</b>	<b>29,785,587</b>	<b>(516,408)</b>	<b>93,110,533</b>	<b>90,148,966</b>	<b>(2,961,567)</b>
<b>Other Professional Services</b>						
Vision Service Capitation	344,110	348,160	4,050	780,845	1,053,405	272,560
221 - Business Intelligence	154,693	159,320	4,626	475,950	482,148	6,197
310 - Health Services - Utilization Management	800,584	1,143,092	342,508	2,455,827	3,459,328	1,003,502
311 - Health Services - Quality Improvement	131,143	345,016	213,873	613,637	1,044,118	430,481
312 - Health Services Education	246,020	394,232	148,212	728,805	1,193,061	464,256
313 - Pharmacy	102,637	139,350	36,712	328,233	421,712	93,479
314 - Enhanced Care Management	287,850	432,734	144,884	877,092	1,309,579	432,487
316 - Population Health Management	489,719	672,007	182,288	1,456,446	2,033,688	577,242
317 - In Lieu of Services	80,050	141,469	61,419	253,019	428,127	175,107
321 - Homeless Management Information Services	676	33,824	33,148	9,720	102,362	92,642
330 - Member Services	974,384	1,087,792	113,408	2,959,103	3,291,975	332,873
331 - Member Outreach	12,042	345,124	333,082	12,042	1,044,446	1,032,404
410 - Member Engagement	62,767	77,744	14,977	200,347	235,275	34,928
601 - Behavioral Health	103,195	174,491	71,296	246,405	528,061	281,656
602 - Quality & Health Equity	71,726	75,807	4,081	219,299	229,414	10,115
604 - Clinical Operations, Strategy, and Analytics	82,369	131,372	49,003	228,931	397,571	168,640
Behavior Health Treatment	3,458,567	3,818,728	360,160	8,122,356	11,550,590	3,428,234
Mental Health Services	1,069,857	1,101,488	31,631	3,215,728	3,336,770	121,043
Other Professional Services	4,823,947	5,000,745	176,798	14,678,089	15,134,939	456,850
<b>Total Other Professional Services</b>	<b>13,296,336</b>	<b>15,622,493</b>	<b>2,326,157</b>	<b>37,861,872</b>	<b>47,276,567</b>	<b>9,414,696</b>
Emergency Room	6,246,167	6,643,271	397,104	19,266,762	20,105,509	838,747
Inpatient Hospital	31,316,403	28,648,953	(2,667,450)	91,080,658	86,745,440	(4,335,218)
Reinsurance Expense Premium	129,066	114,688	(14,378)	324,349	347,004	22,655
Outpatient Hospital	14,996,564	13,222,800	(1,773,764)	44,304,385	40,036,923	(4,267,462)
<b>Other Medical</b>						
Ambulance and NEMT	4,117,183	2,825,863	(1,291,320)	11,201,666	8,552,763	(2,648,904)
Home Health Services & CBAS	1,162,579	890,465	(272,114)	3,244,556	2,696,034	(548,522)
Utilization and Quality Review Expenses	764,904	1,762,173	997,270	2,963,169	5,332,850	2,369,681
Long Term/SNF/Hospice	10,174,399	9,101,136	(1,073,263)	30,895,450	27,430,701	(3,464,748)
Provider Enhancement Expense - Prop. 56	1,530,599	1,816,810	286,211	4,492,174	5,504,336	1,012,161
Provider Enhancement Expense - GEMT	727,161	182,944	(544,217)	2,144,828	546,947	(1,597,880)
Enhanced Care Management	3,563,643	3,631,901	68,258	10,932,147	10,996,484	64,336
Major Organ Transplant	962,722	907,435	(55,287)	2,851,831	2,747,797	(104,035)
Cal AIM Incentive Programs	1,042,387	776,642	(265,745)	3,752,359	2,350,346	(1,402,012)
Student Behavioral Health Incentive	-	368,614	368,614	-	1,115,535	1,115,535
Housing and Homelessness Incentive	401,264	-	(401,264)	2,873,697	-	(2,873,697)
DME/Rebates	1,801,951	1,570,724	(231,227)	5,529,400	4,754,794	(774,606)
<b>Total Other Medical</b>	<b>26,248,792</b>	<b>23,834,709</b>	<b>(2,414,084)</b>	<b>80,881,278</b>	<b>72,028,585</b>	<b>(8,852,692)</b>
Pay for Performance Quality Incentive	623,885	614,400	(9,484)	1,851,974	1,858,950	6,977
Hospital Directed Payments	25,515,722	22,531,088	(2,984,634)	74,715,152	68,213,150	(6,502,002)
Hospital Directed Payment Adjustment	226,351	-	(226,351)	2,663,543	-	(2,663,543)
Non-Claims Expense Adjustment	99,211	-	(99,211)	356,533	-	(356,533)
IBNR, Incentive, Paid Claims Adjustment	128,506	-	(128,506)	622,758.65	-	(622,759)
<b>Total Medical Costs</b>	<b>149,128,998</b>	<b>141,017,989</b>	<b>(8,111,009)</b>	<b>447,039,796</b>	<b>426,761,094</b>	<b>(20,278,702)</b>

\* MEDICAL COSTS PER DMHC REGULATIONS



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

	March	Budget	Variance	Year to Date	Budget	Variance
<b>TOTAL MEMBERS - MCAL</b>	<b>415,923</b>	<b>409,600</b>	<b>6,323</b>	<b>1,234,656</b>	<b>1,239,300</b>	<b>(4,644)</b>
<b>Physician Services</b>						
Primary Care Physician Services	17.25	14.01	(3.24)	16.39	14.01	(2.38)
Referral Specialty Services	48.83	52.05	3.22	52.28	52.08	(0.20)
Urgent Care & After Hours Advice	6.75	6.63	(0.12)	6.73	6.65	(0.08)
Hospital Admitting Team	0.02	0.02	0.00	0.02	0.01	(0.01)
<b>Total Physician Services</b>	<b>72.85</b>	<b>72.72</b>	<b>(0.14)</b>	<b>75.41</b>	<b>72.74</b>	<b>(2.67)</b>
<b>Other Professional Services</b>						
Vision Service Capitation	0.83	0.85	0.02	0.63	0.85	0.22
221 - Business Intelligence	0.37	0.39	0.02	0.39	0.39	0.00
310 - Health Services - Utilization Management	1.92	2.79	0.87	1.99	2.79	0.80
311 - Health Services - Quality Improvement	0.32	0.84	0.53	0.50	0.84	0.35
312 - Health Services Education	0.59	0.96	0.37	0.59	0.96	0.37
313 - Pharmacy	0.25	0.34	0.09	0.27	0.34	0.07
314 - Enhanced Care Management	0.69	1.06	0.36	0.71	1.06	0.35
316 - Population Health Management	1.18	1.64	0.46	1.18	1.64	0.46
317 - In Lieu of Services	0.19	0.35	0.15	0.20	0.35	0.14
321 - Homeless Management Information Services	0.00	0.08	0.08	0.01	0.08	0.07
330 - Member Services	2.34	2.66	0.31	2.40	2.66	0.26
331 - Member Outreach	0.03	0.84	0.81	0.01	0.84	0.83
410 - Member Engagement	0.15	0.19	0.04	0.16	0.19	0.03
601 - Behavioral Health	0.25	0.43	0.18	0.20	0.43	0.23
602 - Quality & Health Equity	0.17	0.19	0.01	0.18	0.19	0.01
604 - Clinical Operations, Strategy, and Analytics	0.20	0.32	0.12	0.19	0.32	0.14
Behavior Health Treatment	8.32	9.32	1.01	6.58	9.32	2.74
Mental Health Services	2.57	2.69	0.12	2.60	2.69	0.09
Other Professional Services	11.60	12.21	0.61	11.89	12.21	0.32
<b>Total Other Professional Services</b>	<b>31.97</b>	<b>38.14</b>	<b>6.17</b>	<b>30.67</b>	<b>38.15</b>	<b>7.48</b>
Emergency Room	15.02	16.22	1.20	15.60	16.22	0.62
Inpatient Hospital	75.29	69.94	(5.35)	73.77	70.00	(3.77)
Reinsurance Expense Premium	0.31	0.28	(0.03)	0.26	0.28	0.02
Outpatient Hospital	36.06	32.28	(3.77)	35.88	32.31	(3.58)
<b>Other Medical</b>						
Ambulance and NEMT	9.90	6.90	(3.00)	9.07	6.90	(2.17)
Home Health Services & CBAS	2.80	2.17	(0.62)	2.63	2.18	(0.45)
Utilization and Quality Review Expenses	1.84	4.30	2.46	2.40	4.30	1.90
Long Term/SNF/Hospice	24.46	22.22	(2.24)	25.02	22.13	(2.89)
Provider Enhancement Expense - Prop. 56	3.68	4.44	0.76	3.64	4.44	0.80
Provider Enhancement Expense - GEMT	1.75	0.45	(1.30)	1.74	0.44	(1.30)
Enhanced Care Management	8.57	8.87	0.30	8.85	8.87	0.02
Major Organ Transplant	2.31	2.22	(0.10)	2.31	2.22	(0.09)
Cal AIM Incentive Programs	2.51	1.90	(0.61)	3.04	1.90	(1.14)
Student Behavioral Health Incentive	-	0.90	0.90	-	0.90	0.90
Housing and Homelessness Incentive	0.96	-	(0.96)	2.33	-	(2.33)
DME/Rebates	4.33	3.83	(0.50)	4.48	3.84	(0.64)
<b>Total Other Medical</b>	<b>63.11</b>	<b>58.19</b>	<b>(4.92)</b>	<b>65.51</b>	<b>58.12</b>	<b>(7.39)</b>
Pay for Performance Quality Incentive	1.50	1.50	0.00	1.50	1.50	0.00
Hospital Directed Payments	61.35	55.01	(6.34)	60.51	55.04	(5.47)
Hospital Directed Payment Adjustment	0.54	-	(0.54)	2.16	-	(2.16)
Non-Claims Expense Adjustment	0.24	-	(0.24)	0.29	-	(0.29)
IBNR, Incentive, Paid Claims Adjustment	0.31	-	(0.31)	0.50	-	(0.50)
<b>Total Medical Costs</b>	<b>358.55</b>	<b>344.28</b>	<b>(14.27)</b>	<b>362.08</b>	<b>344.36</b>	<b>(17.72)</b>



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

	January	February	March	Year to Date
<b>Physician Services</b>				
Primary Care Physician Services	6,499,076	6,559,994	7,176,252	20,235,322
Referral Specialty Services	21,255,092	22,977,486	20,309,856	64,542,434
Urgent Care & After Hours Advice	2,319,250	3,179,640	2,806,586	8,305,476
Hospital Admitting Team	9,300	8,700	9,300	27,300
<b>Total Physician Services</b>	<b>30,082,718</b>	<b>32,725,820</b>	<b>30,301,995</b>	<b>93,110,533</b>
<b>Other Professional Services</b>				
Vision Service Capitation	140,322	296,413	344,110	780,845
221 - Business Intelligence	166,419	154,838	154,693	475,950
310 - Health Services - Utilization Management	852,585	802,658	800,584	2,455,827
311 - Health Services - Quality Improvement	240,989	241,505	131,143	613,637
312 - Health Services Education	238,074	244,710	246,020	728,805
313 - Pharmacy	117,253	108,343	102,637	328,233
314 - Enhanced Care Management	296,401	292,841	287,850	877,092
316 - Population Health Management	495,663	471,064	489,719	1,456,446
317 - In Lieu of Services	88,658	84,311	80,050	253,019
321 - Homeless Management Information Services	-	9,044	676	9,720
330 - Member Services	996,071	988,648	974,384	2,959,103
410 - Member Engagement	68,866	68,715	62,767	200,347
601 - Behavioral Health	63,991	79,219	103,195	246,405
602 - Quality & Health Equity	76,057	71,516	71,726	219,299
604 - Clinical Operations, Strategy, and Analytics	77,153	69,408	82,369	228,931
Behavior Health Treatment	3,612,672	1,051,116	3,458,567	8,122,356
Mental Health Services	1,525,645	620,225	1,069,857	3,215,728
Other Professional Services	4,642,734	5,211,408	4,823,947	14,678,089
<b>Total Other Professional Services</b>	<b>13,699,554</b>	<b>10,865,981</b>	<b>13,296,336</b>	<b>37,861,872</b>
Emergency Room	6,905,833	6,114,762	6,246,167	19,266,762
Inpatient Hospital	30,185,040	29,579,215	31,316,403	91,080,658
Reinsurance Expense Premium	96,765	98,519	129,066	324,349
Outpatient Hospital	13,495,747	15,812,073	14,996,564	44,304,385
<b>Other Medical</b>				
Ambulance and NEMT	3,214,531	3,869,951	4,117,183	11,201,666
Home Health Services & CBAS	821,583	1,260,395	1,162,579	3,244,556
Utilization and Quality Review Expenses	778,360	1,419,906	764,904	2,963,169
Long Term/SNF/Hospice	8,782,404	11,938,647	10,174,399	30,895,450
Provider Enhancement Expense - Prop. 56	1,440,786	1,520,790	1,530,599	4,492,174
Provider Enhancement Expense - GEMT	697,353	720,314	727,161	2,144,828
Enhanced Care Management	3,631,882	3,736,622	3,563,643	10,932,147
Major Organ Transplant	928,263	960,846	962,722	2,851,831
Cal AIM Incentive Programs	1,210,017	1,499,955	1,042,387	3,752,359
Housing and Homelessness Incentive	516,672	1,955,761	401,264	2,873,697
DME	1,444,613	2,282,835	1,801,951	5,529,400
<b>Total Other Medical</b>	<b>23,466,463</b>	<b>31,166,022</b>	<b>26,248,792</b>	<b>80,881,278</b>
Pay for Performance Quality Incentive	607,242	620,847	623,885	1,851,974
Hospital Directed Payments	24,282,372	24,917,058	25,515,722	74,715,152
Hospital Directed Payment Adjustment	42,165	2,395,027	226,351	2,663,543
Non-Claims Expense Adjustment	141,502	115,821	99,211	356,533
IBNR, Incentive, Paid Claims Adjustment	164,572	329,680	128,506	622,759
<b>Total Medical Costs</b>	<b>143,169,973</b>	<b>154,740,825</b>	<b>149,128,998</b>	<b>447,039,796</b>

\* MEDICAL COSTS PER DMHC REGULATIONS



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

	January	February	March	Year to Date
<b>Physician Services</b>				
Primary Care Physician Services	16.05	15.85	17.25	16.39
Referral Specialty Services	52.50	55.51	48.83	52.28
Urgent Care & After Hours Advice	5.73	7.68	6.75	6.73
Hospital Admitting Team	0.02	0.02	0.02	0.02
<b>Total Physician Services</b>	<b>74.31</b>	<b>79.07</b>	<b>72.85</b>	<b>75.41</b>
<b>Other Professional Services</b>				
Vision Service Capitation	0.35	0.72	0.83	0.63
221 - Business Intelligence	0.41	0.37	0.37	0.39
310 - Health Services - Utilization Management	2.11	1.94	1.92	1.99
311 - Health Services - Quality Improvement	0.60	0.58	0.32	0.50
312 - Health Services Education	0.59	0.59	0.59	0.59
313 - Pharmacy	0.29	0.26	0.25	0.27
314 - Enhanced Care Management	0.73	0.71	0.69	0.71
316 - Population Health Management	1.22	1.14	1.18	1.18
317 - In Lieu of Services	0.22	0.20	0.19	0.20
330 - Member Services	2.46	2.39	2.34	2.40
410 - Member Engagement	0.17	0.17	0.15	0.16
601 - Behavioral Health	0.16	0.19	0.25	0.20
602 - Quality & Health Equity	0.19	0.17	0.17	0.18
604 - Clinical Operations, Strategy, and Analytics	0.19	0.17	0.20	0.19
Behavior Health Treatment	8.92	2.54	8.32	6.58
Mental Health Services	3.77	1.50	2.57	2.60
Other Professional Services	11.47	12.59	11.60	11.89
<b>Total Other Professional Services</b>	<b>33.84</b>	<b>26.25</b>	<b>31.97</b>	<b>30.67</b>
Emergency Room	17.06	14.77	15.02	15.60
Inpatient Hospital	74.56	71.46	75.29	73.77
Reinsurance Expense Premium	0.24	0.24	0.31	0.26
Outpatient Hospital	33.34	38.20	36.06	35.88
<b>Other Medical</b>				
Ambulance and NEMT	7.94	9.35	9.90	9.07
Home Health Services & CBAS	2.03	3.05	2.80	2.63
Utilization and Quality Review Expenses	1.92	3.43	1.84	2.40
Long Term/SNF/Hospice	21.69	28.84	24.46	25.02
Provider Enhancement Expense - Prop. 56	3.56	3.67	3.68	3.64
Provider Enhancement Expense - GEMT	1.72	1.74	1.75	1.74
Enhanced Care Management	8.97	9.03	8.57	8.85
Major Organ Transplant	2.29	2.32	2.31	2.31
Cal AIM Incentive Programs	2.99	3.62	2.51	3.04
Housing and Homelessness Incentive	1.28	4.73	0.96	2.33
DME	3.57	5.52	4.33	4.48
<b>Total Other Medical</b>	<b>57.97</b>	<b>75.30</b>	<b>63.11</b>	<b>65.51</b>
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50
Hospital Directed Payments	59.98	60.20	61.35	60.51
Hospital Directed Payment Adjustment	0.10	5.79	0.54	2.16
Non-Claims Expense Adjustment	0.35	0.28	0.24	0.29
IBNR, Incentive, Paid Claims Adjustment	0.41	0.80	0.31	0.50
<b>Total Medical Costs</b>	<b>353.65</b>	<b>373.86</b>	<b>358.55</b>	<b>362.08</b>

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

	March	Budget	Variance	Year to Date	Budget	Variance
110 - Executive	603,344	542,745	(60,599)	1,804,706	1,628,235	(176,472)
112 - Government Relations	47,484	47,358	(126)	161,711	142,074	(19,637)
210 - Accounting	292,257	351,597	59,340	900,989	1,054,792	153,803
220 - Management Information Systems (MIS)	237,010	276,982	39,972	891,564	830,947	(60,617)
221 - Business Intelligence	187,188	223,141	35,952	655,931	669,422	13,491
222 - MIS Development	321,173	381,923	60,750	1,014,707	1,145,770	131,062
223 - Enterprise Configuration	171,033	178,406	7,372	501,795	535,217	33,422
225 - Infrastructure	639,101	859,136	220,035	2,131,453	2,577,407	445,954
226 - Technical Administrative Services	117,698	220,111	102,414	275,822	660,334	384,513
230 - Claims	717,167	795,470	78,302	2,302,878	2,386,409	83,531
240 - Project Development	322,425	417,789	95,364	935,213	1,253,368	318,155
310 - Health Services - Utilization Management	29,327	60,287	30,960	89,886	180,860	90,975
311 - Health Services - Quality Improvement	4,159	49,746	45,587	20,399	149,238	128,839
312 - Health Services - Education	436	357	(79)	914	1,070	156
313 - Pharmacy	10,861	38,333	27,472	42,631	115,000	72,369
314 - Enhanced Care Management	48,782	27,349	(21,433)	136,458	82,047	(54,411)
316 - Population Health Management	1,145	2,975	1,830	2,501	8,925	6,424
317 - Community Support Services	280	1,625	1,345	314	4,875	4,561
318 - Housing & Homeless Incentive Program (HHIP)	(16)	-	16	(1)	-	1
319 - CAL AIM Incentive Payment Program (IPP)	2,057	-	(2,057)	36,908	-	(36,908)
320 - Provider Network Management	234,388	469,568	235,180	957,080	1,408,705	451,625
321 - Homeless Management Information Services	-	34,246	34,246	-	102,738	102,738
322 - Delegation & Oversight	29,846	-	(29,846)	72,094	-	(72,094)
330 - Member Services	162,283	282,921	120,638	1,098,406	848,762	(249,644)
331 - Member Outreach	-	-	-	-	-	-
340 - Corporate Services	929,506	1,034,659	105,154	2,920,436	3,103,978	183,543
360 - Audit & Investigative Services	187,655	241,240	53,585	569,217	723,720	154,503
410 - Member Engagement	69,534	113,644	44,111	226,740	340,933	114,193
420 - Sales/Marketing/Public Relations	176,484	270,104	93,620	660,626	810,311	149,686
510 - Human Resources	409,608	464,570	54,963	1,287,401	1,393,710	106,309
601 - Behavioral Health	167	1,779	1,613	209	5,337	5,128
602 - Quality & Health Equity	81,243	42,027	(39,216)	180,650	126,080	(54,570)
604 - Clinical Operations, Strategy & Analytics	-	479	479	-	1,437	1,437
605 - Quality Performance	277,993	45,718	(232,274)	528,602	137,155	(391,447)
Administrative Expense Adjustment	(712)	-	712	96,938	-	(96,938)
<b>Total Administrative Expenses</b>	<b>6,310,903</b>	<b>7,476,286</b>	<b>1,165,383</b>	<b>20,505,176</b>	<b>22,428,857</b>	<b>1,923,680</b>



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

	January	February	March	YTD TOTALS
110 - Executive	624,355	577,007	603,344	1,804,706
112 - Government Relations	68,770	45,458	47,484	161,711
210 - Accounting	304,846	303,886	292,257	900,989
220 - Management Information Systems (MIS)	391,965	262,588	237,010	891,564
221 - Business Intelligence	269,666	199,076	187,188	655,931
222 - MIS Development	377,641	315,894	321,173	1,014,707
223 - Enterprise Configuration	174,793	155,969	171,033	501,795
225 - Infrastructure	617,597	874,756	639,101	2,131,453
226 - Technical Administrative Services	49,489	108,635	117,698	275,822
230 - Claims	819,584	766,126	717,167	2,302,878
240 - Project Development	347,377	265,411	322,425	935,213
310 - Health Services - Utilization Management	30,997	29,562	29,327	89,886
311 - Health Services - Quality Improvement	8,514	7,726	4,159	20,399
312 - Health Services - Education	341	138	436	914
313 - Pharmacy	21,270	10,500	10,861	42,631
314 - Enhanced Care Management	44,036	43,641	48,782	136,458
316 - Population Health Management	656	700	1,145	2,501
317 - Community Support Services	34	-	280	314
318 - Housing & Homeless Incentive Program (HHIP)	3	12	(16)	(1)
319 - CAL AIM Incentive Payment Program (IPP)	22,503	12,348	2,057	36,908
320 - Provider Network Management	386,421	336,270	234,388	957,080
322 - Delegation & Oversight	21,948	20,301	29,846	72,094
330 - Member Services	667,205	268,918	162,283	1,098,406
340 - Corporate Services	1,024,905	966,025	929,506	2,920,436
360 - Audit & Investigative Services	195,508	186,054	187,655	569,217
410 - Member Engagement	76,778	80,429	69,534	226,740
420 - Sales/Marketing/Public Relations	177,987	306,155	176,484	660,626
510 - Human Resources	447,072	430,722	409,608	1,287,401
601 - Behavioral Health	43	-	167	209
602 - Quality & Health Equity	40,103	59,304	81,243	180,650
604 - Clinical Operations, Strategy & Analytics	-	-	-	-
605 - Quality Performance	143,642	106,967	277,993	528,602
Administrative Expense Adjustment	258,024	(160,374)	(712)	96,938
<b>Total Administrative Expenses</b>	<b>7,614,072</b>	<b>6,580,201</b>	<b>6,310,903</b>	<b>20,505,176</b>

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



ASSETS	March 2024	February 2024	Increase/ (Decrease)
Cash and Cash Equivalents	1,184,346	1,183,679	667
Interest Receivable	12,671	8,000	4,671
<b>Total Current Assets</b>	<b>1,197,017</b>	<b>1,191,679</b>	<b>5,338</b>
<b>CURRENT LIABILITIES</b>			
Other Liabilities	-	-	-
<b>Total Current Liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>NET POSITION:</b>			
Net Position at Beginning of Year	1,183,679	1,183,679	-
Increase (Decrease) in Net Position - Current Year	13,338	8,000	5,338
<b>Total Net Position</b>	<b>1,197,017</b>	<b>1,191,679</b>	<b>5,338</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>1,197,017</b>	<b>1,191,679</b>	<b>5,338</b>



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

	January	Budget	Variance	Year to Date	Budget	Variance
<b>REVENUES</b>						
Premium	-	-	-	-	-	-
Interest	4,671	-	4,671	12,671	-	12,671
Other Investment Income	667	-	667	667	-	667
<b>Total Revenues</b>	<b>5,338</b>	<b>-</b>	<b>5,338</b>	<b>13,338</b>	<b>-</b>	<b>13,338</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
IBNR and Paid Claims Adjustment	-	-	-	-	-	-
<b>Total Medical Costs</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>GROSS MARGIN</b>	<b>5,338</b>	<b>-</b>	<b>5,338</b>	<b>13,338</b>	<b>-</b>	<b>13,338</b>
<b>ADMINISTRATIVE COSTS</b>						
Management Fee Expense and Other Admin Exp	-	-	-	-	-	-
<b>Total Administrative Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL EXPENSES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>5,338</b>	<b>-</b>	<b>5,338</b>	<b>13,338</b>	<b>-</b>	<b>13,338</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Total Non-Operating Revenue (Expense)	-	-	-	-	-	-
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>5,338</b>	<b>-</b>	<b>5,338</b>	<b>13,338</b>	<b>-</b>	<b>13,338</b>
<b>MEDICAL LOSS RATIO</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>



**KERN HEALTH SYSTEMS  
MONTHLY MEMBERS COUNT**

<b>MEDI-CAL</b>		<b>2024 MEMBER MONTHS</b>	<b>JAN'24</b>	<b>FEB'24</b>	<b>MAR'24</b>	<b>APR'24</b>	<b>MAY'24</b>	<b>JUN'24</b>	<b>JUL'24</b>	<b>AUG'24</b>	<b>SEP'24</b>	<b>OCT'24</b>	<b>NOV'24</b>	<b>DEC'24</b>
<b>ADULT AND FAMILY</b>														
ADULT (SEE COMMENT)	230,732	73,352	78,663	78,717										
CHILD	511,702	169,496	168,966	173,240										
<b>SUB-TOTAL ADULT &amp; FAMILY</b>	<b>742,434</b>	<b>242,848</b>	<b>247,629</b>	<b>251,957</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER MEMBERS</b>														
PARTIAL DUALS - FAMILY	2,334	774	770	790										
PARTIAL DUALS - CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PARTIAL DUALS - BCCTP	16	6	5	5										
BCCTP - TABACCO SETTLEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>FULL DUALS (SPD)</b>														
SPD FULL DUALS	66,270	21,544	22,475	22,251										
<b>SUBTOTAL OTHER MEMBERS</b>	<b>68,620</b>	<b>22,324</b>	<b>23,250</b>	<b>23,046</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FAMILY &amp; OTHER</b>	<b>811,054</b>	<b>265,172</b>	<b>270,879</b>	<b>275,003</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SDP MEMBERS</b>														
SPD (AGED AND DISABLED)	67,759	21,942	23,209	22,608										
<b>TOTAL CLASSIC MEMBERS</b>	<b>878,813</b>	<b>287,114</b>	<b>294,088</b>	<b>297,611</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ACA OE - MEDI-CAL OPTIONAL EXPANSION</b>														
ACA Expansion Adult-Citizen	350,226	115,850	117,787	116,589										
EXPANSION DUALS	4,125	1,382	1,517	1,226										
<b>TOTAL ACA OE</b>	<b>354,351</b>	<b>117,232</b>	<b>119,304</b>	<b>117,815</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM CARE (LTC)</b>														
LTC	134	38	49	47										
LTC DUALS	1,358	451	457	450										
<b>TOTAL LTC</b>	<b>1,492</b>	<b>489</b>	<b>506</b>	<b>497</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>1,234,656</b>	<b>404,835</b>	<b>413,898</b>	<b>415,923</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>





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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Robert Landis, Chief Financial Officer  
**SUBJECT:** April 2024 Financial Results  
**DATE:** June 13, 2024

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The April results reflect a \$386,767 Net Increase in Net Position which is a \$181,932 unfavorable variance to the budget. Listed below are the major variances for the month:

- 1) Total Revenues reflect a \$4.6 million favorable variance primarily due to:
  - A) \$5.0 million favorable variance in Premium Revenue primarily due to higher-than-expected budgeted membership for the Expansion and SPD Categories of Aid.
  - B) \$10.7 million favorable timing variances primarily due to receiving a \$9.7 million payment under the Housing and Homeless Incentive Program and a \$1.2 million payment under the Student Behavioral Health Incentive Program.
  - C) \$6.1 million unfavorable variance in MCO Tax Premium primarily due to receiving revised MCO Tax information from DHCS offset against a favorable variance included in the MCO Tax Expense line item on the Income Statement for the same amount.
  - D) \$2.4 million favorable variance in Premium-Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 2F below.
  - E) \$7.5 million unfavorable variance in Rate/Income Adjustments primarily due to receiving an e-mail from DHCS on May 13, 2024 notifying KHS of additional 2023 Accuity Adjustments of \$8.4 million. This is in addition to the \$21.6 million adjustments received on February 2, 2024 that was recorded in December 2023.
- 2) Total Medical Costs reflect a \$12.1 million unfavorable variance primarily due to:
  - A) \$3.2 million unfavorable variance in Physician Services primarily due to higher-than-expected utilization of PCP and Specialty services over the last several months.
  - B) \$5.0 million favorable variance in Other Professional Services primarily due to the timing of hiring 2024 Budgeted Utilization Management Employees during the first quarter of 2024 (\$1.6 million and lower than expected utilization of Autism and Mental Health Services (\$2.7 million).

- C) \$5.2 million unfavorable variance in Inpatient primarily due to higher-than-expected utilization over the last several months.
- D) \$1.9 million unfavorable variance in Outpatient Hospital primarily due to higher-than-expected utilization over the last several months.
- E) \$5.3 million unfavorable variance in Other Medical primarily from:
  - 1) \$1.2 million unfavorable variance in Ambulance and Non-emergency Medical Transportation (“NEMT”) due to higher-than-expected utilization of NEMT services over the last several months by our members.
  - 2) \$2.0 million unfavorable variance in Long Term Care expense primarily due to higher-than-expected utilization over the last several months.
  - 3) \$2.3 million unfavorable variance in CalAim Incentive Programs due to timing differences of receiving provider invoices.
- F) \$2.4 million unfavorable variance in Hospital Directed Payments primarily due to receiving updated rate information from DHCS for Calendar Year 2024 offset against amounts included in 1D above.

The April Medical Loss Ratio is 93.9% which is unfavorable to the 92.4% budgeted amount. The April Administrative Expense Ratio is 5.0% which is favorable to the 5.9% budgeted amount.

The results for the 4 months ended April 30, 2024 reflect a Net Increase in Net Position of \$5,887,658. This is a \$3,143,818 favorable variance to the budget and includes approximately \$4.4 million of unfavorable adjustments from the prior year. The year-to-date Medical Loss Ratio is 93.2% which is unfavorable to the 92.3% budgeted amount. The year-to-date Administrative Expense Ratio is 5.1% which is favorable to the 5.8% budgeted amount.



**Financial Packet  
April 2024**

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**KHS Group Health Plan – Healthy Families Line of Business**

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**MEDI-CAL**  
**STATEMENT OF NET POSITION**  
**AS OF APRIL 30, 2024**



ASSETS	April	March	Increase/ (Decrease)
Cash and Cash Equivalents	97,380,400	98,183,880	(803,479)
Short-Term Investments	488,547,052	596,567,848	(108,020,796)
Premiums Receivable	102,048,757	112,423,120	(10,374,363)
Premiums Receivable - MCO Tax	152,148,288	113,120,107	39,028,181
Premiums Receivable - Hospital Directed Payments	427,456,647	402,568,797	24,887,850
Interest Receivable	56,012	167,543	(111,531)
Provider Advance Payment	1,667,996	2,984,880	(1,316,884)
Other Receivables	667,594	804,306	(136,711)
Prepaid Expenses & Other Current Assets	6,870,579	7,612,655	(742,076)
SBITA Asset – Current portion	2,617,467	6,799,897	(4,182,430)
<b>Total Current Assets</b>	<b>1,279,460,792</b>	<b>1,341,233,032</b>	<b>(61,772,240)</b>
Land	4,090,706	4,090,706	-
Furniture and Equipment - Net	1,081,110	1,137,983	(56,873)
Computer Equipment - Net	19,402,145	19,948,528	(546,384)
Building and Improvements - Net	32,891,982	32,969,038	(77,056)
Capital Projects In Process	2,648,912	2,241,559	407,353
<b>Total Capital Assets</b>	<b>60,114,855</b>	<b>60,387,815</b>	<b>(272,960)</b>
Restricted Assets	300,000	300,000	-
Officer Life Insurance Receivables	1,634,589	1,634,589	-
SBITA Asset, net of current portion	4,182,430	-	4,182,430
<b>Total Long-Term Assets</b>	<b>6,117,019</b>	<b>1,934,589</b>	<b>4,182,430</b>
Deferred Outflow of Resources	8,425,634	8,425,634	-
<b>Total Assets and Deferred Outflows of Resources</b>	<b>1,354,118,300</b>	<b>1,411,981,070</b>	<b>(57,862,770)</b>
<b>CURRENT LIABILITIES</b>			
Accrued Salaries and Benefits	5,859,505	6,829,882	(970,377)
Accrued Other Operating Expenses	5,489,941	5,547,452	(57,511)
MCO Tax Payable	157,552,919	243,358,184	(85,805,265)
Claims Payable (Reported)	21,952,270	15,425,567	6,526,703
IBNR - Inpatient Claims	66,807,897	66,576,282	231,615
IBNR - Physician Claims	24,889,859	23,465,851	1,424,007
IBNR - Accrued Other Medical	36,070,614	38,304,335	(2,233,721)
Risk Pool and Withholds Payable	6,039,085	5,427,673	611,412
Allowance for Claims Processing Expense	3,776,682	3,776,682	-
Other Liabilities	190,727,048	199,803,122	(9,076,074)
SBITA Liability – Current portion	2,617,467	-	2,617,467
Accrued Hospital Directed Payments	428,952,782	404,653,004	24,299,778
<b>Total Current Liabilities</b>	<b>950,736,068</b>	<b>1,013,168,035</b>	<b>(62,431,967)</b>
<b>NONCURRENT LIABILITIES</b>			
Net Pension Liability	12,965,462	12,965,462	-
SBITA Liability, net of current portion	4,182,430	-	4,182,430
<b>Total NonCurrent Liabilities</b>	<b>17,147,892</b>	<b>12,965,462</b>	<b>4,182,430</b>
Deferred Inflow of Resources	158,303	158,303	-
<b>NET POSITION:</b>			
Net Position at Beginning of Year	380,188,379	380,188,379	-
Increase (Decrease) in Net Position - Current Year	5,887,658	5,500,892	386,767
<b>Total Net Position</b>	<b>386,076,037</b>	<b>385,689,270</b>	<b>386,767</b>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION</b>	<b>1,354,118,300</b>	<b>1,411,981,070</b>	<b>(57,862,770)</b>



**MEDI-CAL - ALL COA**  
**STATEMENT OF REVENUE, EXPENSES, AND CHANGES**  
**IN NET POSITION**  
**FOR THE MONTH ENDED APRIL 30, 2024**

	April	Budget	Variance	Year to Date	Budget	Variance
Family Members	244,989	246,844	(1,855)	988,213	999,976	(11,763)
Expansion Members	116,605	114,211	2,394	470,956	464,044	6,912
SPD Members	22,410	20,327	2,083	90,169	82,508	7,661
LTC Members	498	555	(57)	1,990	2,219	(229)
Other Members	23,106	24,164	(1,058)	90,936	96,654	(5,718)
<b>Total Members - MCAL</b>	<b>407,608</b>	<b>406,100</b>	<b>1,508</b>	<b>1,642,264</b>	<b>1,645,400</b>	<b>(3,136)</b>

REVENUES						
Medicaid - Family and Other	62,317,189	53,285,018	9,032,171	225,431,931	215,617,462	9,814,469
Medicaid - Expansion Members	49,970,629	45,843,386	4,127,243	192,112,601	186,263,568	5,849,033
Medicaid - SPD Members	24,349,771	21,377,125	2,972,645	94,993,720	86,770,501	8,223,219
Medicaid - LTC Members	4,060,726	4,470,309	(409,583)	16,181,402	17,881,235	(1,699,833)
Premium - MCO Tax	39,388,230	45,475,078	(6,086,848)	157,552,919	184,251,892	(26,698,973)
Premium - Hospital Directed Payments	24,754,858	22,324,459	2,430,398	99,470,009	90,537,609	8,932,400
Investment Earnings And Other Income	2,077,703	2,088,728	(11,025)	8,604,155	8,452,025	152,130
Reinsurance Recoveries	-	113,708	(113,708)	-	460,712	(460,712)
Rate Adjustments - Hospital Directed Payments	99,262	-	99,262	2,727,470	-	2,727,470
Rate/Income Adjustments	(7,486,909)	-	(7,486,909)	(4,124,982)	-	(4,124,982)
<b>Total Revenues</b>	<b>199,531,458</b>	<b>194,977,812</b>	<b>4,553,646</b>	<b>792,949,226</b>	<b>790,235,004</b>	<b>2,714,222</b>

EXPENSES						
MEDICAL COSTS						
Physician Services	32,742,882	29,521,518	(3,221,364)	125,853,415	119,670,484	(6,182,931)
Other Professional Services	10,516,696	15,486,131	4,969,434	48,378,568	62,762,698	14,384,130
Emergency Room	6,286,018	6,584,706	298,687	25,552,780	26,690,214	1,137,434
Inpatient	33,608,353	28,382,759	(5,225,595)	124,689,011	115,128,199	(9,560,812)
Reinsurance Expense	118,429	113,708	(4,721)	442,779	460,712	17,933
Outpatient Hospital	14,993,746	13,099,960	(1,893,786)	59,298,130	53,136,883	(6,161,248)
Other Medical	28,995,931	23,659,889	(5,336,042)	109,877,209	95,688,474	(14,188,735)
Pay for Performance Quality Incentive	611,412	609,150	(2,262)	2,463,386	2,468,100	4,715
Hospital Directed Payments	24,754,858	22,324,459	(2,430,398)	99,470,009	90,537,609	(8,932,400)
Hospital Directed Payment Adjustment	134,240	-	(134,240)	2,797,783	-	(2,797,783)
Non-Claims Expense Adjustment	74,266	-	(74,266)	430,799	-	(430,799)
IBNR, Incentive, Paid Claims Adjustment	(929,497)	-	929,497	(306,738)	-	306,738
<b>Total Medical Costs</b>	<b>151,907,335</b>	<b>139,782,279</b>	<b>(12,125,056)</b>	<b>598,947,131</b>	<b>566,543,373</b>	<b>(32,403,757)</b>

<b>GROSS MARGIN</b>	<b>47,624,123</b>	<b>55,195,533</b>	<b>(7,571,410)</b>	<b>194,002,096</b>	<b>223,691,631</b>	<b>(29,689,535)</b>
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ADMINISTRATIVE COSTS						
Compensation	3,615,998	4,142,126	526,127	14,125,083	16,568,502	2,443,419
Purchased Services	1,716,357	1,739,891	23,534	7,165,120	6,959,563	(205,557)
Supplies	118,212	372,344	254,132	882,963	1,489,378	606,415
Depreciation	680,312	710,921	30,609	2,721,248	2,843,685	122,437
Other Administrative Expenses	693,862	554,843	(139,018)	2,338,566	2,219,372	(119,193)
Administrative Expense Adjustment	(28,014)	(43,839)	(15,825)	68,924	(175,358)	(244,281)
<b>Total Administrative Expenses</b>	<b>6,796,727</b>	<b>7,476,286</b>	<b>679,558</b>	<b>27,301,904</b>	<b>29,905,143</b>	<b>2,603,239</b>

<b>TOTAL EXPENSES</b>	<b>158,704,062</b>	<b>147,258,565</b>	<b>(11,445,497)</b>	<b>626,249,034</b>	<b>596,448,516</b>	<b>(29,800,518)</b>
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<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>40,827,396</b>	<b>47,719,247</b>	<b>(6,891,851)</b>	<b>166,700,192</b>	<b>193,786,488</b>	<b>(27,086,296)</b>
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<b>MCO TAX</b>	<b>39,388,230</b>	<b>45,475,078</b>	<b>6,086,848</b>	<b>157,552,919</b>	<b>184,251,892</b>	<b>26,698,973</b>
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<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>1,439,166</b>	<b>2,244,169</b>	<b>(805,003)</b>	<b>9,147,273</b>	<b>9,534,596</b>	<b>(387,323)</b>
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NON-OPERATING REVENUE (EXPENSE)						
Provider Grants/CalAIM/Home Health	(736,763)	(837,735)	100,972	(2,066,623)	(3,395,378)	1,328,755
D-SNP Expenses	(315,636)	(837,735)	522,099	(1,192,991)	(3,395,378)	2,202,386
<b>Total Non-Operating Revenue (Expense)</b>	<b>(1,052,399)</b>	<b>(1,675,470)</b>	<b>623,071</b>	<b>(3,259,614)</b>	<b>(6,790,755)</b>	<b>3,531,141</b>

<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>386,767</b>	<b>568,699</b>	<b>(181,932)</b>	<b>5,887,658</b>	<b>2,743,841</b>	<b>3,143,818</b>
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<b>MEDICAL LOSS RATIO</b>	<b>93.9%</b>	<b>92.4%</b>	<b>-1.5%</b>	<b>93.2%</b>	<b>92.3%</b>	<b>-0.8%</b>
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<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>5.0%</b>	<b>5.9%</b>	<b>0.9%</b>	<b>5.1%</b>	<b>5.8%</b>	<b>0.7%</b>
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**MEDI-CAL - ALL COA**  
**STATEMENT OF REVENUE, EXPENSES, AND CHANGES**  
**IN NET POSITION**  
**FOR THE MONTH ENDED APRIL 30, 2024**

	April	Budget	Variance	Year to Date	Budget	Variance
<b>Family Members</b>	244,989	246,844	(1,855)	988,213	999,976	(11,763)
<b>Expansion Members</b>	116,605	114,211	2,394	470,956	464,044	6,912
<b>SPD Members</b>	22,410	20,327	2,083	90,169	82,508	7,661
<b>LTC Members</b>	498	555	(57)	1,990	2,219	(229)
<b>Other Members</b>	23,106	24,164	(1,058)	90,936	96,654	(5,718)
<b>Total Members - MCAL</b>	<b>407,608</b>	<b>406,100</b>	<b>1,508</b>	<b>1,642,264</b>	<b>1,645,400</b>	<b>(3,136)</b>
<b>REVENUES</b>						
Medicaid - Family and Other	232.44	196.62	35.83	208.90	196.62	12.28
Medicaid - Expansion Members	428.55	401.39	27.15	407.92	401.39	6.53
Medicaid - SPD Members	1,086.56	1,051.67	34.89	1,053.51	1,051.67	1.84
Medicaid - LTC Members	8,154.07	8,058.24	95.83	8,131.36	8,058.24	73.12
Premium - MCO Tax	1,704.68	1,881.97	(177.30)	1,732.57	1,906.30	(173.73)
Premium - Hospital Directed Payments	60.73	54.97	5.76	60.57	55.02	5.54
Investment Earnings And Other Income	5.10	5.14	(0.05)	5.24	5.14	0.10
Reinsurance Recoveries	-	0.28	(0.28)	-	0.28	(0.28)
Rate Adjustments - Hospital Directed Payments	0.24	-	0.24	1.66	-	1.66
Rate/Income Adjustments	(18.37)	-	(18.37)	(2.51)	-	(2.51)
<b>Total Revenues</b>	<b>489.52</b>	<b>480.12</b>	<b>9.40</b>	<b>482.84</b>	<b>480.27</b>	<b>2.57</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	80.33	72.70	(7.63)	76.63	72.73	(3.90)
Other Professional Services	25.80	38.13	12.33	29.46	38.14	8.69
Emergency Room	15.42	16.21	0.79	15.56	16.22	0.66
Inpatient	82.45	69.89	(12.56)	75.93	69.97	(5.96)
Reinsurance Expense	0.29	0.28	(0.01)	0.27	0.28	0.01
Outpatient Hospital	36.78	32.26	(4.53)	36.11	32.29	(3.81)
Other Medical	71.14	58.26	(12.88)	66.91	58.16	(8.75)
Pay for Performance Quality Incentive	1.50	1.50	0.00	1.50	1.50	0.00
Hospital Directed Payments	60.73	54.97	(5.76)	60.57	55.02	(5.54)
Hospital Directed Payment Adjustment	0.33	-	(0.33)	1.70	-	(1.70)
Non-Claims Expense Adjustment	0.18	-	(0.18)	0.26	-	(0.26)
IBNR, Incentive, Paid Claims Adjustment	(2.28)	-	2.28	(0.19)	-	0.19
<b>Total Medical Costs</b>	<b>372.68</b>	<b>344.21</b>	<b>(28.47)</b>	<b>364.71</b>	<b>344.32</b>	<b>(20.39)</b>
<b>GROSS MARGIN</b>	<b>116.84</b>	<b>135.92</b>	<b>(19.08)</b>	<b>118.13</b>	<b>135.95</b>	<b>(17.82)</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	8.87	10.20	1.33	8.60	10.07	1.47
Purchased Services	4.21	4.28	0.07	4.36	4.23	(0.13)
Supplies	0.29	0.92	0.63	0.54	0.91	0.37
Depreciation	1.67	1.75	0.08	1.66	1.73	0.07
Other Administrative Expenses	1.70	1.37	(0.34)	1.42	1.35	(0.08)
Administrative Expense Adjustment	(0.07)	(0.11)	(0.04)	0.04	(0.11)	(0.15)
<b>Total Administrative Expenses</b>	<b>16.67</b>	<b>18.41</b>	<b>1.74</b>	<b>16.62</b>	<b>18.17</b>	<b>1.55</b>
<b>TOTAL EXPENSES</b>	<b>389.35</b>	<b>362.62</b>	<b>(26.74)</b>	<b>381.33</b>	<b>362.49</b>	<b>(18.84)</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>100.16</b>	<b>117.51</b>	<b>(17.34)</b>	<b>101.51</b>	<b>117.77</b>	<b>(16.27)</b>
<b>MCO TAX</b>	<b>96.63</b>	<b>111.98</b>	<b>15.35</b>	<b>95.94</b>	<b>111.98</b>	<b>16.04</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>3.53</b>	<b>5.53</b>	<b>(2.00)</b>	<b>5.57</b>	<b>5.79</b>	<b>(0.22)</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Provider Grants/CalAIM/Home Health	(0.77)	(2.06)	1.29	(0.73)	(2.06)	1.34
D-SNP Expenses	(1.81)	(2.06)	0.26	(1.26)	(2.06)	0.81
<b>Total Non-Operating Revenue (Expense)</b>	<b>(2.58)</b>	<b>(4.13)</b>	<b>1.54</b>	<b>(1.98)</b>	<b>(4.13)</b>	<b>2.14</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>0.95</b>	<b>1.40</b>	<b>(0.45)</b>	<b>3.59</b>	<b>1.67</b>	<b>1.92</b>
<b>MEDICAL LOSS RATIO</b>	<b>-24.4%</b>	<b>-19.9%</b>	<b>4.6%</b>	<b>-23.1%</b>	<b>-19.5%</b>	<b>3.5%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>-1.3%</b>	<b>-1.3%</b>	<b>0.0%</b>	<b>-1.3%</b>	<b>-1.2%</b>	<b>0.0%</b>



MEDI-CAL - ALL COA  
 STATEMENT OF REVENUE, EXPENSES, AND CHANGES  
 IN NET POSITION BY QUARTER  
 ROLLING 4 QUARTERS  
 FOR THE MONTH ENDED APRIL 30, 2024

	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Rolling 4-Quarter Totals	CURRENT QUARTER
	2023 - Q2	2023 - Q3	2023 - Q4	2024 - Q1		APRIL 2024 - Q2
<b>Total Members - MCAL</b>	1,065,928	1,064,368	1,038,591	1,234,656	4,403,543	407,608
<b>REVENUES</b>						
Medicaid - Family and Other	131,416,191	130,829,220	119,336,194	163,114,742	544,696,347	62,317,189
Medicaid - Expansion Members	113,614,490	114,676,254	97,694,167	142,141,972	468,126,883	49,970,629
Medicaid - SPD Members	58,314,893	58,948,915	59,165,633	70,643,949	247,073,389	24,349,771
Medicaid - LTC Members	9,124,896	9,102,869	9,599,451	12,120,676	39,947,892	4,060,726
Premium - MCO Tax	-	-	375,849,146	118,164,689	494,013,835	39,388,230
Premium - Hospital Directed Payments	65,929,161	65,557,702	63,752,178	74,715,152	269,954,193	24,754,858
Investment Earnings And Other Income	3,451,390	4,444,990	9,031,183	6,526,452	23,454,015	2,077,703
Rate Adjustments - Hospital Directed Payments	58,880	545,253	(26,268,027)	2,628,208	(23,035,685)	99,262
Rate/Income Adjustments	2,689,620	2,190,288	495,587	3,361,928	8,737,422	(7,486,909)
<b>Total Revenues</b>	<b>384,599,520</b>	<b>386,295,491</b>	<b>708,655,511</b>	<b>593,417,768</b>	<b>2,072,968,290</b>	<b>199,531,458</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	64,905,613	62,419,530	61,076,433	93,110,533	281,512,108	32,742,882
Other Professional Services	19,202,567	18,664,943	19,381,164	37,861,872	95,110,546	10,516,696
Emergency Room	15,949,392	16,279,390	15,523,588	19,266,762	67,019,131	6,286,018
Inpatient	64,459,638	67,920,330	79,244,732	91,080,658	302,705,357	33,608,353
Reinsurance Expense	286,181	288,694	190,133	324,349	1,089,358	118,429
Outpatient Hospital	32,454,291	32,005,177	40,939,501	44,304,385	149,703,353	14,993,746
Other Medical	70,726,296	72,388,155	79,194,627	80,881,278	303,190,355	28,995,931
Pay for Performance Quality Incentive	1,597,253	1,599,049	1,555,236	1,851,974	6,603,511	611,412
Hospital Directed Payments	65,929,161	65,557,702	63,752,178	74,715,152	269,954,193	24,754,858
Hospital Directed Payment Adjustment	177,303	(12,049)	(26,330,241)	2,663,543	(23,501,445)	134,240
Non-Claims Expense Adjustment	(2,268,523)	695,678	1,571,341	356,533	355,030	74,266
IBNR, Incentive, Paid Claims Adjustment	(13,731,707)	1,846,700	1,506,238	622,759	(9,756,011)	(929,497)
<b>Total Medical Costs</b>	<b>319,687,464</b>	<b>339,653,299</b>	<b>337,604,928</b>	<b>447,039,796</b>	<b>1,443,985,486</b>	<b>151,907,335</b>
<b>GROSS MARGIN</b>	<b>64,912,057</b>	<b>46,642,192</b>	<b>371,050,583</b>	<b>146,377,973</b>	<b>628,982,804</b>	<b>47,624,123</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	11,028,203	11,815,434	13,584,268	10,509,085	46,936,990	3,615,998
Purchased Services	4,875,634	4,614,262	5,339,166	5,448,763	20,277,825	1,716,357
Supplies	278,251	801,939	680,996	764,751	2,525,937	118,212
Depreciation	2,055,327	2,073,030	2,099,363	2,040,936	8,268,656	680,312
Other Administrative Expenses	1,446,637	1,797,993	1,406,817	1,644,704	6,296,151	693,862
Administrative Expense Adjustment	1,102,277	9,949	1,580,132	96,938	2,789,296	(28,014)
<b>Total Administrative Expenses</b>	<b>20,786,329</b>	<b>21,112,607</b>	<b>24,690,742</b>	<b>20,505,176</b>	<b>87,094,854</b>	<b>6,796,727</b>
<b>TOTAL EXPENSES</b>	<b>340,473,793</b>	<b>360,765,906</b>	<b>362,295,670</b>	<b>467,544,972</b>	<b>1,531,080,340</b>	<b>158,704,062</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>44,125,728</b>	<b>25,529,585</b>	<b>346,359,841</b>	<b>125,872,796</b>	<b>541,887,950</b>	<b>40,827,396</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>376,495,887</b>	<b>118,164,689</b>	<b>494,660,576</b>	<b>39,388,230</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>44,125,728</b>	<b>25,529,585</b>	<b>(30,136,046)</b>	<b>7,708,107</b>	<b>47,227,374</b>	<b>1,439,166</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
<b>Total Non-Operating Revenue (Expense)</b>	<b>(1,282,998)</b>	<b>(1,246,978)</b>	<b>(1,454,633)</b>	<b>(2,207,215)</b>	<b>(6,191,824)</b>	<b>(1,052,399)</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>42,842,730</b>	<b>24,282,607</b>	<b>(31,590,679)</b>	<b>5,500,891</b>	<b>41,035,550</b>	<b>386,767</b>
<b>MEDICAL LOSS RATIO</b>	<b>79.6%</b>	<b>85.6%</b>	<b>101.6%</b>	<b>92.9%</b>	<b>89.9%</b>	<b>93.9%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.5%</b>	<b>6.6%</b>	<b>8.4%</b>	<b>5.2%</b>	<b>6.5%</b>	<b>5.0%</b>

MEDI-CAL - ALL COA  
 STATEMENT OF REVENUE, EXPENSES, AND CHANGES  
 IN NET POSITION BY QUARTER  
 ROLLING 4 QUARTERS PMPM  
 FOR THE MONTH ENDED APRIL 30, 2024



	2023 - Q2	2023 - Q3	2023 - Q4	2024 - Q1	Rolling Quarter Totals	CURRENT QUARTER 2024 - Q2
Total Members - MCAL	1,065,928	1,064,368	1,038,591	1,234,656	4,403,543	407,608
<b>REVENUES</b>						
Medicaid - Family and Other	185.55	185.41	172.27	237.94	195.08	76.83
Medicaid - Expansion Members	377.54	379.60	338.10	486.57	395.34	141.02
Medicaid - SPD Members	1,050.49	1,063.89	1,063.71	1,298.20	1,118.18	359.36
Medicaid - LTC Members	7,535.01	7,467.49	7,447.21	15,094.24	8,834.12	2,721.67
Premium - MCO Tax	-	-	361.88	95.71	112.19	96.63
Premium - Hospital Directed Payments	61.85	61.59	61.38	60.51	61.30	60.73
Investment Earnings And Other Income	3.24	4.18	8.70	5.29	5.33	5.10
Rate Adjustments - Hospital Directed Payments	0.06	0.51	(25.29)	2.13	(5.23)	0.24
Rate/Income Adjustments	2.52	2.06	0.48	2.72	1.98	(18.37)
<b>Total Revenues</b>	<b>360.81</b>	<b>362.93</b>	<b>682.32</b>	<b>480.63</b>	<b>470.75</b>	<b>489.52</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
Physician Services	60.89	58.64	58.81	75.41	63.93	80.33
Other Professional Services	18.01	17.54	18.66	30.67	21.60	25.80
Emergency Room	14.96	15.29	14.95	15.60	15.22	15.42
Inpatient	60.47	63.81	76.30	73.77	68.74	82.45
Reinsurance Expense	0.27	0.27	0.18	0.26	0.25	0.29
Outpatient Hospital	30.45	30.07	39.42	35.88	34.00	36.78
Other Medical	66.35	68.01	76.25	65.51	68.85	71.14
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	61.85	61.59	61.38	60.51	61.30	60.73
Hospital Directed Payment Adjustment	0.17	(0.01)	(25.35)	2.16	(5.34)	0.33
Non-Claims Expense Adjustment	(2.13)	0.65	1.51	0.29	0.08	0.18
IBNR, Incentive, Paid Claims Adjustment	(12.88)	1.74	1.45	0.50	(2.22)	(2.28)
<b>Total Medical Costs</b>	<b>299.91</b>	<b>319.11</b>	<b>325.06</b>	<b>362.08</b>	<b>327.91</b>	<b>372.68</b>
<b>GROSS MARGIN</b>	<b>60.90</b>	<b>43.82</b>	<b>357.26</b>	<b>118.56</b>	<b>142.84</b>	<b>116.84</b>
<b>ADMINISTRATIVE COSTS</b>						
Compensation	10.35	11.10	13.08	8.51	10.66	8.87
Purchased Services	4.57	4.34	5.14	4.41	4.60	4.21
Supplies	0.26	0.75	0.66	0.62	0.57	0.29
Depreciation	1.93	1.95	2.02	1.65	1.88	1.67
Other Administrative Expenses	1.36	1.69	1.35	1.33	1.43	1.70
Administrative Expense Adjustment	1.03	0.01	1.52	0.08	0.63	(0.07)
<b>Total Administrative Expenses</b>	<b>19.50</b>	<b>19.84</b>	<b>23.77</b>	<b>16.61</b>	<b>19.78</b>	<b>16.67</b>
<b>TOTAL EXPENSES</b>	<b>319.42</b>	<b>338.95</b>	<b>348.83</b>	<b>378.68</b>	<b>347.69</b>	<b>389.35</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>41.40</b>	<b>23.99</b>	<b>333.49</b>	<b>101.95</b>	<b>123.06</b>	<b>100.16</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>362.51</b>	<b>95.71</b>	<b>112.33</b>	<b>96.63</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>41.40</b>	<b>23.99</b>	<b>(29.02)</b>	<b>6.24</b>	<b>10.72</b>	<b>3.53</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Total Non-Operating Revenue (Expense)	(1.20)	(1.17)	(1.40)	(1.79)	(1.41)	(2.58)
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>40.19</b>	<b>22.81</b>	<b>(30.42)</b>	<b>4.46</b>	<b>9.32</b>	<b>0.95</b>
<b>MEDICAL LOSS RATIO</b>	<b>79.6%</b>	<b>85.6%</b>	<b>101.6%</b>	<b>92.9%</b>	<b>89.9%</b>	<b>93.9%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.5%</b>	<b>6.6%</b>	<b>8.4%</b>	<b>5.2%</b>	<b>6.5%</b>	<b>5.0%</b>



**MEDI-CAL - ALL COA  
STATEMENT OF REVENUE, EXPENSES, AND CHANGES  
IN NET POSITION BY MONTH  
ROLLING 6 MONTHS  
FOR THE MONTH ENDED APRIL 30, 2024**

	OCTOBER 2023	NOVEMBER 2023	DECEMBER 2023	JANUARY 2024	FEBRUARY 2024	MARCH 2024	Prior 6 Month YTD	APRIL 2024
<b>Total Members - MCAL</b>	<b>344,282</b>	<b>345,588</b>	<b>348,721</b>	<b>404,835</b>	<b>413,898</b>	<b>415,923</b>	<b>2,209,363</b>	<b>407,608</b>
<b>REVENUES</b>								
Medicaid - Family and Other	42,099,200	45,286,584	31,950,410	53,027,216	54,928,439	55,159,087	282,450,935	62,317,189
Medicaid - Expansion Members	36,217,557	36,497,717	24,978,893	46,811,852	48,031,590	47,298,530	239,836,139	49,970,629
Medicaid - SPD Members	19,485,313	19,356,789	20,323,530	23,417,694	23,534,898	23,691,358	129,809,582	24,349,771
Medicaid - LTC Members	2,973,590	3,153,923	3,471,937	3,975,666	4,090,307	4,054,703	21,720,127	4,060,726
Premium - MCO Tax	-	-	375,849,146	39,388,230	39,388,230	39,388,230	494,013,835	39,388,230
Premium - Hospital Directed Payments	21,376,726	20,754,284	21,621,168	24,282,372	24,917,058	25,515,722	138,467,330	24,754,858
Investment Earnings And Other Income	2,404,743	3,571,373	3,055,066	2,539,805	2,024,302	1,962,344	15,557,635	2,077,703
Rate Adjustments - Hospital Directed Payments	4,262	(2,585)	(26,269,704)	42,165	2,359,548	226,495	(23,639,818)	99,262
Rate/Income Adjustments	(20,585)	21,528	494,694	83,075	2,754,769	524,085	3,857,565	(7,486,909)
<b>Total Revenues</b>	<b>124,540,806</b>	<b>128,639,613</b>	<b>455,475,142</b>	<b>193,568,075</b>	<b>202,029,140</b>	<b>197,820,554</b>	<b>1,302,073,329</b>	<b>199,531,458</b>
<b>EXPENSES</b>								
<b>MEDICAL COSTS</b>								
Physician Services	20,657,868	21,258,593	19,159,973	30,082,718	32,725,820	30,301,995	154,186,966	32,742,882
Other Professional Services	6,402,688	6,739,289	6,239,187	13,699,554	10,865,981	13,296,336	57,243,035	10,516,696
Emergency Room	5,063,129	4,921,226	5,539,233	6,905,833	6,114,762	6,246,167	34,790,349	6,286,018
Inpatient	25,452,068	23,460,211	30,332,453	30,185,040	29,579,215	31,316,403	170,325,390	33,608,353
Reinsurance Expense	96,625	91,410	2,097	96,765	98,519	129,066	514,482	118,429
Outpatient Hospital	12,146,983	12,702,928	16,089,590	13,495,747	15,812,073	14,996,564	85,243,886	14,993,746
Other Medical	23,481,298	27,658,264	28,055,064	23,466,463	31,166,022	26,248,792	160,075,904	28,995,931
Pay for Performance Quality Incentive	513,773	518,382	523,082	607,242	620,847	623,885	3,407,210	611,412
Hospital Directed Payments	21,376,726	20,754,284	21,621,168	24,282,372	24,917,058	25,515,722	138,467,330	24,754,858
Hospital Directed Payment Adjustment	4,262	(2,585)	(26,331,918)	42,165	2,395,027	226,351	(23,666,699)	134,240
Non-Claims Expense Adjustment	(4,729)	(662)	1,576,732	141,502	115,821	99,211	1,927,875	74,266
IBNR, Incentive, Paid Claims Adjustment	614,589	784,814	106,835	164,572	329,680	128,506	2,128,996	(929,497)
<b>Total Medical Costs</b>	<b>115,805,278</b>	<b>118,886,154</b>	<b>102,913,496</b>	<b>143,169,973</b>	<b>154,740,825</b>	<b>149,128,998</b>	<b>784,644,724</b>	<b>151,907,335</b>
<b>GROSS MARGIN</b>	<b>8,735,528</b>	<b>9,753,459</b>	<b>352,561,646</b>	<b>50,398,102</b>	<b>47,288,315</b>	<b>48,691,556</b>	<b>517,428,605</b>	<b>47,624,123</b>
<b>ADMINISTRATIVE COSTS</b>								
Compensation	4,152,628	5,655,320	3,776,320	3,586,265	3,433,013	3,489,806	24,093,353	3,615,998
Purchased Services	1,715,078	1,916,544	1,707,545	2,026,416	1,860,964	1,561,384	10,787,930	1,716,357
Supplies	128,415	131,121	421,461	354,637	259,860	150,254	1,445,747	118,212
Depreciation	657,439	685,712	756,212	725,712	634,912	680,312	4,140,299	680,312
Other Administrative Expenses	505,417	498,451	402,950	663,019	551,825	429,859	3,051,522	693,862
Administrative Expense Adjustment	-	(259)	1,580,391	258,024	(160,374)	(712)	1,677,069	(28,014)
<b>Total Administrative Expenses</b>	<b>7,158,977</b>	<b>8,886,888</b>	<b>8,644,878</b>	<b>7,614,072</b>	<b>6,580,201</b>	<b>6,310,903</b>	<b>45,195,919</b>	<b>6,796,727</b>
<b>TOTAL EXPENSES</b>	<b>122,964,255</b>	<b>127,773,042</b>	<b>111,558,374</b>	<b>150,784,046</b>	<b>161,321,026</b>	<b>155,439,900</b>	<b>829,840,643</b>	<b>158,704,062</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>1,576,551</b>	<b>866,571</b>	<b>343,916,768</b>	<b>42,784,029</b>	<b>40,708,114</b>	<b>42,380,653</b>	<b>472,232,686</b>	<b>40,827,396</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>376,495,937</b>	<b>39,388,230</b>	<b>39,388,230</b>	<b>39,388,230</b>	<b>494,660,626</b>	<b>39,388,230</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>1,576,551</b>	<b>866,571</b>	<b>(32,579,169)</b>	<b>3,395,799</b>	<b>1,319,884</b>	<b>2,992,423</b>	<b>(22,427,940)</b>	<b>1,439,166</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>								
<b>Total Non-Operating Revenue (Expense)</b>	<b>(632,934)</b>	<b>(490,432)</b>	<b>(331,267)</b>	<b>(778,999)</b>	<b>(695,356)</b>	<b>(732,861)</b>	<b>(3,661,848)</b>	<b>(1,052,399)</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>943,617</b>	<b>376,139</b>	<b>(32,910,436)</b>	<b>2,616,800</b>	<b>624,528</b>	<b>2,259,563</b>	<b>(26,089,788)</b>	<b>386,767</b>
<b>MEDICAL LOSS RATIO</b>	<b>91.5%</b>	<b>91.0%</b>	<b>127.7%</b>	<b>91.5%</b>	<b>94.1%</b>	<b>93.0%</b>	<b>96.6%</b>	<b>93.9%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.9%</b>	<b>8.2%</b>	<b>10.3%</b>	<b>5.9%</b>	<b>4.9%</b>	<b>4.8%</b>	<b>6.5%</b>	<b>5.0%</b>

MEDI-CAL - ALL COA  
 STATEMENT OF REVENUE, EXPENSES, AND CHANGES  
 IN NET POSITION BY MONTH  
 PMPM ROLLING 6 MONTHS  
 FOR THE MONTH ENDED APRIL 30, 2024



	SEPTEMBER 2023	OCTOBER 2023	NOVEMBER 2023	DECEMBER 2023	JANUARY 2024	FEBRUARY 2024	MARCH 2024	6 Month Prior YTD	APRIL 2024
<b>Total Members - MCAL</b>	<b>352,039</b>	<b>344,282</b>	<b>345,588</b>	<b>348,721</b>	<b>404,835</b>	<b>413,898</b>	<b>415,923</b>	<b>2,209,363</b>	<b>407,608</b>
<b>REVENUES</b>									
Medicaid - Family and Other	185.68	183.11	196.69	137.38	199.97	202.78	200.58	265,414.89	226.61
Medicaid - Expansion Members	385.48	378.12	378.15	258.45	399.31	402.60	401.46	117,721.44	424.14
Medicaid - SPD Members	1,081.04	1,071.80	1,052.11	1,067.19	1,067.25	1,014.04	1,047.92	23,345.15	1,077.04
Medicaid - LTC Members	7,892.88	7,342.20	7,368.98	7,613.90	8,130.20	8,083.61	8,158.36	10,802.45	8,170.47
Premium - MCO Tax	-	-	-	1,077.79	97.29	95.16	94.70	223.60	96.63
Premium - Hospital Directed Payments	61.93	62.09	60.05	62.00	59.98	60.20	61.35	62.67	60.73
Investment Earnings And Other Income	4.09	6.98	10.33	8.76	6.27	4.89	4.72	7.04	5.10
Rate Adjustments - Hospital Directed Payments	0.40	0.01	(0.01)	(75.33)	0.10	5.70	0.54	(10.70)	0.24
Rate/Income Adjustments	6.33	(0.06)	0.06	1.42	0.21	6.66	1.26	1.75	(18.37)
<b>Total Revenues</b>	<b>370.73</b>	<b>361.74</b>	<b>372.23</b>	<b>1,306.13</b>	<b>478.14</b>	<b>488.11</b>	<b>475.62</b>	<b>589.34</b>	<b>489.52</b>
<b>EXPENSES</b>									
<b>MEDICAL COSTS</b>									
Physician Services	60.54	60.00	61.51	54.94	74.31	79.07	72.85	69.79	80.33
Other Professional Services	18.15	18.60	19.50	17.89	33.84	26.25	31.97	25.91	25.80
Emergency Room	16.18	14.71	14.24	15.88	17.06	14.77	15.02	15.75	15.42
Inpatient	70.24	73.93	67.88	86.98	74.56	71.46	75.29	77.09	82.45
Reinsurance Expense	0.27	0.28	0.26	0.01	0.24	0.24	0.31	0.23	0.29
Outpatient Hospital	31.70	35.28	36.76	46.14	33.34	38.20	36.06	38.58	36.78
Other Medical	74.98	68.20	80.03	80.45	57.97	75.30	63.11	72.45	71.14
Pay for Performance Quality Incentive	1.50	1.49	1.50	1.50	1.50	1.50	1.50	1.54	1.50
Hospital Directed Payments	61.93	62.09	60.05	62.00	59.98	60.20	61.35	62.67	60.73
Hospital Directed Payment Adjustment	(1.20)	0.01	(0.01)	(75.51)	0.10	5.79	0.54	(10.71)	0.33
Non-Claims Expense Adjustment	0.15	(0.01)	(0.00)	4.52	0.35	0.28	0.24	0.87	0.18
IBNR, Incentive, Paid Claims Adjustment	1.99	1.79	2.27	0.31	0.41	0.80	0.31	0.96	(2.28)
<b>Total Medical Costs</b>	<b>336.43</b>	<b>336.37</b>	<b>344.01</b>	<b>295.12</b>	<b>353.65</b>	<b>373.86</b>	<b>358.55</b>	<b>355.15</b>	<b>372.68</b>
<b>GROSS MARGIN</b>	<b>34.31</b>	<b>25.37</b>	<b>28.22</b>	<b>1,011.01</b>	<b>124.49</b>	<b>114.25</b>	<b>117.07</b>	<b>234.20</b>	<b>116.84</b>
<b>ADMINISTRATIVE COSTS</b>									
Compensation	11.47	12.06	16.36	10.83	8.86	8.29	8.39	10.91	8.87
Purchased Services	5.04	4.98	5.55	4.90	5.01	4.50	3.75	4.88	4.21
Supplies	0.60	0.37	0.38	1.21	0.88	0.63	0.36	0.65	0.29
Depreciation	1.97	1.91	1.98	2.17	1.79	1.53	1.64	1.87	1.67
Other Administrative Expenses	1.24	1.47	1.44	1.16	1.64	1.33	1.03	1.38	1.70
Administrative Expense Adjustment	0.00	-	(0.00)	4.53	0.64	(0.39)	(0.00)	0.76	(0.07)
<b>Total Administrative Expenses</b>	<b>20.31</b>	<b>20.79</b>	<b>25.72</b>	<b>24.79</b>	<b>18.81</b>	<b>15.90</b>	<b>15.17</b>	<b>20.46</b>	<b>16.67</b>
<b>TOTAL EXPENSES</b>	<b>356.74</b>	<b>357.16</b>	<b>369.73</b>	<b>319.91</b>	<b>372.46</b>	<b>389.76</b>	<b>373.72</b>	<b>375.60</b>	<b>389.35</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>13.99</b>	<b>4.58</b>	<b>2.51</b>	<b>986.22</b>	<b>105.68</b>	<b>98.35</b>	<b>101.90</b>	<b>213.74</b>	<b>100.16</b>
<b>MCO TAX</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,079.65</b>	<b>97.29</b>	<b>95.16</b>	<b>94.70</b>	<b>223.89</b>	<b>96.63</b>
<b>OPERATING INCOME (LOSS) NET OF TAX</b>	<b>13.99</b>	<b>4.58</b>	<b>2.51</b>	<b>(93.42)</b>	<b>8.39</b>	<b>3.19</b>	<b>7.19</b>	<b>(10.15)</b>	<b>3.53</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>									
<b>Total Non-Operating Revenue (Expense)</b>	<b>(1.37)</b>	<b>(1.84)</b>	<b>(1.42)</b>	<b>(0.95)</b>	<b>(1.92)</b>	<b>(1.68)</b>	<b>(1.76)</b>	<b>(1.66)</b>	<b>(2.58)</b>
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>12.63</b>	<b>2.74</b>	<b>1.09</b>	<b>(94.37)</b>	<b>6.46</b>	<b>1.51</b>	<b>5.43</b>	<b>(11.81)</b>	<b>0.95</b>
<b>MEDICAL LOSS RATIO</b>	<b>89.4%</b>	<b>91.5%</b>	<b>91.0%</b>	<b>127.7%</b>	<b>91.5%</b>	<b>94.1%</b>	<b>93.0%</b>	<b>96.6%</b>	<b>93.9%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>6.6%</b>	<b>6.9%</b>	<b>8.2%</b>	<b>10.3%</b>	<b>5.9%</b>	<b>4.9%</b>	<b>4.8%</b>	<b>6.5%</b>	<b>5.0%</b>

**MEDI-CAL  
SCHEDULE OF REVENUES - ALL COA  
FOR THE MONTH ENDED APRIL 30, 2024**

REVENUES	April	Budget	Variance	Year to Date	Budget	Variance
	Premium - Medi-Cal	48,457,890	46,608,869	1,849,021	193,876,437	188,602,471
Premium - Maternity Kick	3,040,270	3,278,670	(238,400)	11,480,532	13,267,114	(1,786,582)
Premium - Enhanced Care Management	1,329,522	1,389,202	(59,680)	5,433,530	5,621,398	(187,868)
Premium - Major Organ Transplant	260,651	238,757	21,894	1,036,272	966,128	70,144
Premium - Provider Enhancement	1,179,009	1,088,843	90,166	4,687,387	4,405,994	281,393
Premium - GEMT	187,592	187,940	(348)	760,204	760,498	(294)
Premium - Cal AIM	-	334,144	(334,144)	-	1,352,112	(1,352,112)
Premium - Student Behavioral Health Incentive	798,493	158,593	639,900	798,493	641,747	156,746
Premium - Housing and Homelessness Incentive	6,395,468	-	6,395,468	6,395,468	-	6,395,468
Premium - Equity & Practice Transformation	569,537	-	569,537	569,537	-	569,537
Other	98,756	-	98,756	394,070	-	394,070
<b>TOTAL MEDICAID - FAMILY &amp; OTHER</b>	<b>62,317,189</b>	<b>53,285,018</b>	<b>9,032,171</b>	<b>225,431,931</b>	<b>215,617,462</b>	<b>9,814,469</b>
Premium - Medi-Cal	43,567,402	42,295,709	1,271,693	175,552,098	171,849,212	3,702,885
Premium - Maternity Kick	325,479	431,827	(106,348)	2,115,614	1,754,531	361,083
Premium - Enhanced Care Management	1,626,006	1,619,228	6,778	6,584,096	6,578,991	5,105
Premium - Major Organ Transplant	433,298	423,608	9,689	1,745,027	1,721,139	23,888
Premium - Provider Enhancement	376,842	362,410	14,433	1,514,962	1,472,485	42,476
Premium - GEMT	268,943	268,300	643	1,086,328	1,090,113	(3,785)
Premium - Cal AIM	-	299,943	(299,943)	-	1,218,680	(1,218,680)
Premium - Student Behavioral Health Incentive	342,085	142,361	199,725	342,085	578,417	(236,331)
Premium - Housing and Homelessness Incentive	2,739,905	-	2,739,905	2,739,905	-	2,739,905
Premium - Equity & Practice Transformation	243,998	-	243,998	243,998	-	243,998
Other	46,671	-	46,671	188,490	-	188,490
<b>TOTAL MEDICAID - EXPANSION MEMBERS</b>	<b>49,970,629</b>	<b>45,843,386</b>	<b>4,127,243</b>	<b>192,112,601</b>	<b>186,263,568</b>	<b>5,849,033</b>
Premium - Medi-Cal	22,414,824	19,976,629	2,438,195	89,193,095	81,085,836	8,107,259
Premium - Enhanced Care Management	809,677	742,335	67,342	3,227,610	3,013,165	214,445
Premium - Major Organ Transplant	294,966	268,650	26,316	1,169,187	1,090,461	78,727
Premium - Provider Enhancement	27,471	25,201	2,270	109,568	102,291	7,277
Premium - GEMT	164,596	150,878	13,717	656,023	612,420	43,603
Premium - Cal AIM	-	144,736	(144,736)	-	587,490	(587,490)
Premium - Student Behavioral Health Incentive	65,644	68,696	(3,051)	65,644	278,838	(213,194)
Premium - Housing and Homelessness Incentive	525,772	-	525,772	525,772	-	525,772
Premium - Equity & Practice Transformation	46,822	-	46,822	46,822	-	46,822
Other	-	-	-	-	-	-
<b>TOTAL MEDICAID - SPD MEMBERS</b>	<b>24,349,771</b>	<b>21,377,125</b>	<b>2,972,645</b>	<b>94,993,720</b>	<b>86,770,501</b>	<b>8,223,219</b>
Premium - Medi-Cal	4,021,131	4,395,083	(373,952)	16,065,842	17,580,333	(1,514,490)
Premium - Enhanced Care Management	9,179	10,315	(1,136)	36,672	41,260	(4,588)
Premium - Major Organ Transplant	13,567	15,235	(1,668)	53,923	60,941	(7,018)
Premium - Provider Enhancement	4	4	(1)	14	18	(3)
Premium - GEMT	2,814	3,176	(362)	10,920	12,704	(1,784)
Premium - Cal AIM	-	31,530	(31,530)	-	126,120	(126,120)
Premium - Student Behavioral Health Incentive	1,443	14,965	(13,522)	1,443	59,860	(58,417)
Premium - Housing and Homelessness Incentive	11,558	-	11,558	11,558	-	11,558
Premium - Equity & Practice Transformation	1,029	-	1,029	1,029	-	1,029
Other	-	-	-	-	-	-
<b>TOTAL MEDICAID - LTC MEMBERS</b>	<b>4,060,726</b>	<b>4,470,309</b>	<b>(409,583)</b>	<b>16,181,402</b>	<b>17,881,235</b>	<b>(1,699,833)</b>



**MEDI-CAL  
SCHEDULE OF REVENUES - ALL COA  
FOR THE MONTH ENDED APRIL 30, 2024**

REVENUES	January	February	March	April	Year to Date
Premium - Medi-Cal	47,241,506	48,947,162	49,229,878	48,457,890	193,876,437
Premium - Maternity Kick	2,781,366	2,862,736	2,796,161	3,040,270	11,480,532
Premium - Enhanced Care Management	1,360,425	1,373,690	1,369,893	1,329,522	5,433,530
Premium - Major Organ Transplant	242,912	264,248	268,461	260,651	1,036,272
Premium - Cal AIM	-	-	-	-	-
Premium - Provider Enhancement	1,115,725	1,189,379	1,203,274	1,179,009	4,687,387
Premium - GEMT	187,833	192,364	192,415	187,592	760,204
Premium - Student Behavioral Health Incentive	-	-	-	798,493	798,493
Premium - Housing and Homelessness Incentive	-	-	-	6,395,468	6,395,468
Premium - Equity & Practice Transformation	-	-	-	569,537	569,537
Other	97,449	98,860	99,005	98,756	394,070
<b>TOTAL MEDICAID - FAMILY &amp; OTHER</b>	<b>53,027,216</b>	<b>54,928,439</b>	<b>55,159,087</b>	<b>62,317,189</b>	<b>225,431,931</b>
Premium - Medi-Cal	43,459,690	44,508,533	44,016,473	43,567,402	175,552,098
Premium - Maternity Kick	576,986	710,136	503,013	325,479	2,115,614
Premium - Enhanced Care Management	1,651,191	1,664,324	1,642,575	1,626,006	6,584,096
Premium - Major Organ Transplant	432,007	442,199	437,523	433,298	1,745,027
Premium - Cal AIM	-	-	-	-	-
Premium - Provider Enhancement	373,632	384,099	380,389	376,842	1,514,962
Premium - GEMT	271,454	274,545	271,386	268,943	1,086,328
Premium - Student Behavioral Health Incentive	-	-	-	342,085	342,085
Premium - Housing and Homelessness Incentive	-	-	-	2,739,905	2,739,905
Premium - Equity & Practice Transformation	-	-	-	243,998	243,998
Other	46,893	47,755	47,171	46,671	188,490
<b>TOTAL MEDICAID - EXPANSION MEMBERS</b>	<b>46,811,852</b>	<b>48,031,590</b>	<b>47,298,530</b>	<b>49,970,629</b>	<b>192,112,601</b>
Premium - Medi-Cal	22,135,884	22,247,086	22,395,301	22,414,824	89,193,095
Premium - Enhanced Care Management	802,416	805,446	810,071	809,677	3,227,610
Premium - Major Organ Transplant	289,069	291,313	293,840	294,966	1,169,187
Premium - Cal AIM	-	-	-	-	-
Premium - Provider Enhancement	27,257	27,350	27,490	27,471	109,568
Premium - GEMT	163,069	163,702	164,656	164,596	656,023
Premium - Student Behavioral Health Incentive	-	-	-	65,644	65,644
Premium - Housing and Homelessness Incentive	-	-	-	525,772	525,772
Premium - Equity & Practice Transformation	-	-	-	46,822	46,822
Other	-	-	-	-	-
<b>TOTAL MEDICAID - SPD MEMBERS</b>	<b>23,417,694</b>	<b>23,534,898</b>	<b>23,691,358</b>	<b>24,349,771</b>	<b>94,993,720</b>
Premium - Medi-Cal	3,950,994	4,064,582	4,029,135	4,021,131	16,065,842
Premium - Enhanced Care Management	9,002	9,285	9,206	9,179	36,672
Premium - Major Organ Transplant	13,131	13,656	13,568	13,567	53,923
Premium - Cal AIM	-	-	-	-	-
Premium - Provider Enhancement	3	4	4	4	14
Premium - GEMT	2,536	2,779	2,790	2,814	10,920
Premium - Student Behavioral Health Incentive	-	-	-	1,443	1,443
Premium - Housing and Homelessness Incentive	-	-	-	11,558	11,558
Premium - Equity & Practice Transformation	-	-	-	1,029	1,029
Other	-	-	-	-	-
<b>TOTAL MEDICAID - LTC MEMBERS</b>	<b>3,975,666</b>	<b>4,090,307</b>	<b>4,054,703</b>	<b>4,060,726</b>	<b>16,181,402</b>

**MEDI-CAL  
SCHEDULE OF MEDICAL COSTS - ALL COA  
FOR THE MONTH ENDED APRIL 30, 2024**

	April	Budget	Variance	Year to Date	Budget	Variance
<b>Physician Services</b>						
Primary Care Physician Services	8,439,162	5,690,102	(2,749,060)	28,674,484	23,055,044	(5,619,440)
Referral Specialty Services	21,606,841	21,129,267	(477,574)	86,149,276	85,668,297	(480,979)
Urgent Care & After Hours Advice	2,687,879	2,692,849	4,970	10,993,355	10,937,843	(55,513)
Hospital Admitting Team	9,000	9,300	300	36,300	9,300	(27,000)
<b>Total Physician Services</b>	<b>32,742,882</b>	<b>29,521,518</b>	<b>(3,221,364)</b>	<b>125,853,415</b>	<b>119,670,484</b>	<b>(6,182,931)</b>
<b>Other Professional Services</b>						
Vision Service Capitation	359,517	345,185	(14,332)	1,140,362	1,398,590	258,228
221 - Business Intelligence	149,676	157,923	8,248	625,626	640,071	14,445
310 - Health Services - Utilization Management	810,297	1,133,074	322,777	3,266,123	4,592,402	1,326,279
311 - Health Services - Quality Improvement	25,469	341,992	316,523	639,106	1,386,110	747,004
312 - Health Services Education	243,125	390,777	147,652	971,929	1,583,838	611,909
313 - Pharmacy	102,244	138,128	35,885	430,477	559,840	129,364
314 - Enhanced Care Management	309,036	428,941	119,906	1,186,128	1,738,520	552,392
316 - Population Health Management	503,611	666,117	162,506	1,960,057	2,699,805	739,748
317 - In Lieu of Services	94,979	140,229	45,250	347,999	568,356	220,357
321 - Homeless Management Information Services	101,045	33,528	(67,517)	110,765	135,889	25,125
330 - Member Services	1,059,971	1,078,259	18,288	4,019,074	4,370,234	351,161
331 - Member Outreach	25,182	342,099	316,918	37,224	1,386,545	1,349,321
410 - Member Engagement	70,719	77,062	6,343	271,066	312,338	41,272
601 - Behavioral Health	113,713	172,962	59,249	360,118	701,023	340,905
602 - Quality & Health Equity	71,420	75,143	3,723	290,719	304,556	13,837
604 - Clinical Operations, Strategy, and Analytics	83,076	130,221	47,145	312,007	527,792	215,785
Behavior Health Treatment	1,308,993	3,787,258	2,478,265	9,431,349	15,337,848	5,906,499
Mental Health Services	826,611	1,090,719	264,108	4,042,339	4,427,489	385,151
Other Professional Services	4,258,014	4,956,511	698,497	18,936,103	20,091,450	1,155,347
<b>Total Other Professional Services</b>	<b>10,516,696</b>	<b>15,486,131</b>	<b>4,969,434</b>	<b>48,378,568</b>	<b>62,762,698</b>	<b>14,384,130</b>
Emergency Room	6,286,018	6,584,706	298,687	25,552,780	26,690,214	1,137,434
Inpatient Hospital	33,608,353	28,382,759	(5,225,595)	124,689,011	115,128,199	(9,560,812)
Reinsurance Expense Premium	118,429	113,708	(4,721)	442,779	460,712	17,933
Outpatient Hospital	14,993,746	13,099,960	(1,893,786)	59,298,130	53,136,883	(6,161,248)
<b>Other Medical</b>						
Ambulance and NEMT	4,046,350	2,800,806	(1,245,544)	15,248,016	11,353,568	(3,894,448)
Home Health Services & CBAS	1,286,263	882,251	(404,012)	4,530,819	3,578,285	(952,534)
Utilization and Quality Review Expenses	659,673	1,746,730	1,087,057	3,622,842	7,079,580	3,456,738
Long Term/SNF/Hospice	11,100,770	9,058,705	(2,042,064)	41,996,220	36,489,407	(5,506,813)
Provider Enhancement Expense - Prop. 56	1,504,160	1,800,854	296,694	5,996,334	7,308,206	1,311,872
Provider Enhancement Expense - GEMT	758,687	181,560	(577,126)	2,903,514	725,490	(2,178,024)
Enhanced Care Management	3,585,665	3,598,308	12,643	14,517,812	14,594,792	76,980
Major Organ Transplant	952,357	898,938	(53,419)	3,804,189	3,646,735	(157,454)
Cal AIM Incentive Programs	3,055,050	769,836	(2,285,215)	6,807,409	3,120,182	(3,687,227)
Student Behavioral Health Incentive	-	365,384	365,384	-	1,480,918	1,480,918
Housing and Homelessness Incentive	409,983	-	(409,983)	3,283,680	-	(3,283,680)
DME/Rebates	1,636,974	1,556,517	(80,457)	7,166,374	6,311,310	(855,063)
<b>Total Other Medical</b>	<b>28,995,931</b>	<b>23,659,889</b>	<b>(5,336,042)</b>	<b>109,877,209</b>	<b>95,688,474</b>	<b>(14,188,735)</b>
Pay for Performance Quality Incentive	611,412	609,150	(2,262)	2,463,386	2,468,100	4,715
Hospital Directed Payments	24,754,858	22,324,459	(2,430,398)	99,470,009	90,537,609	(8,932,400)
Hospital Directed Payment Adjustment	134,240	-	(134,240)	2,797,783	-	(2,797,783)
Non-Claims Expense Adjustment	74,266	-	(74,266)	430,799	-	(430,799)
IBNR, Incentive, Paid Claims Adjustment	(929,497)	-	929,497	(306,738.24)	-	306,738
<b>Total Medical Costs</b>	<b>151,907,335</b>	<b>139,782,279</b>	<b>(12,125,056)</b>	<b>598,947,131</b>	<b>566,543,373</b>	<b>(32,403,757)</b>

\* MEDICAL COSTS PER DMHC REGULATIONS

**MEDI-CAL  
SCHEDULE OF MEDICAL COSTS - ALL COA  
FOR THE MONTH ENDED APRIL 30, 2024**

	April	Budget	Variance	Year to Date	Budget	Variance
<b>TOTAL MEMBERS - MCAL</b>	<b>407,608</b>	<b>406,100</b>	<b>1,508</b>	<b>1,642,264</b>	<b>1,645,400</b>	<b>(3,136)</b>
<b>Physician Services</b>						
Primary Care Physician Services	20.70	14.01	(6.69)	17.46	14.01	(3.45)
Referral Specialty Services	53.01	52.03	(0.98)	52.46	52.07	(0.39)
Urgent Care & After Hours Advice	6.59	6.63	0.04	6.69	6.65	(0.05)
Hospital Admitting Team	0.02	0.02	0.00	0.02	0.01	(0.02)
<b>Total Physician Services</b>	<b>80.33</b>	<b>72.70</b>	<b>(7.63)</b>	<b>76.63</b>	<b>72.73</b>	<b>(3.90)</b>
<b>Other Professional Services</b>						
Vision Service Capitation	0.88	0.85	(0.03)	0.69	0.85	0.16
221 - Business Intelligence	0.37	0.39	0.02	0.38	0.39	0.01
310 - Health Services - Utilization Management	1.99	2.79	0.80	1.99	2.79	0.80
311 - Health Services - Quality Improvement	0.06	0.84	0.78	0.39	0.84	0.45
312 - Health Services Education	0.60	0.96	0.37	0.59	0.96	0.37
313 - Pharmacy	0.25	0.34	0.09	0.26	0.34	0.08
314 - Enhanced Care Management	0.76	1.06	0.30	0.72	1.06	0.33
316 - Population Health Management	1.24	1.64	0.40	1.19	1.64	0.45
317 - In Lieu of Services	0.23	0.35	0.11	0.21	0.35	0.13
321 - Homeless Management Information Services	0.25	0.08	(0.17)	0.07	0.08	0.02
330 - Member Services	2.60	2.66	0.05	2.45	2.66	0.21
331 - Member Outreach	0.06	0.84	0.78	0.02	0.84	0.82
410 - Member Engagement	0.17	0.19	0.02	0.17	0.19	0.02
601 - Behavioral Health	0.28	0.43	0.15	0.22	0.43	0.21
602 - Quality & Health Equity	0.18	0.19	0.01	0.18	0.19	0.01
604 - Clinical Operations, Strategy, and Analytics	0.20	0.32	0.12	0.19	0.32	0.13
Behavior Health Treatment	3.21	9.33	6.11	5.74	9.32	3.58
Mental Health Services	2.03	2.69	0.66	2.46	2.69	0.23
Other Professional Services	10.45	12.21	1.76	11.53	12.21	0.68
<b>Total Other Professional Services</b>	<b>25.80</b>	<b>38.13</b>	<b>12.33</b>	<b>29.46</b>	<b>38.14</b>	<b>8.69</b>
Emergency Room	15.42	16.21	0.79	15.56	16.22	0.66
Inpatient Hospital	82.45	69.89	(12.56)	75.93	69.97	(5.96)
Reinsurance Expense Premium	0.29	0.28	(0.01)	0.27	0.28	0.01
Outpatient Hospital	36.78	32.26	(4.53)	36.11	32.29	(3.81)
<b>Other Medical</b>						
Ambulance and NEMT	9.93	6.90	(3.03)	9.28	6.90	(2.38)
Home Health Services & CBAS	3.16	2.17	(0.98)	2.76	2.17	(0.58)
Utilization and Quality Review Expenses	1.62	4.30	2.68	2.21	4.30	2.10
Long Term/SNF/Hospice	27.23	22.31	(4.93)	25.57	22.18	(3.40)
Provider Enhancement Expense - Prop. 56	3.69	4.43	0.74	3.65	4.44	0.79
Provider Enhancement Expense - GEMT	1.86	0.45	(1.41)	1.77	0.44	(1.33)
Enhanced Care Management	8.80	8.86	0.06	8.84	8.87	0.03
Major Organ Transplant	2.34	2.21	(0.12)	2.32	2.22	(0.10)
Cal AIM Incentive Programs	7.50	1.90	(5.60)	4.15	1.90	(2.25)
Student Behavioral Health Incentive	-	0.90	0.90	-	0.90	0.90
Housing and Homelessness Incentive	1.01	-	(1.01)	2.00	-	(2.00)
DME/Rebates	4.02	3.83	(0.18)	4.36	3.84	(0.53)
<b>Total Other Medical</b>	<b>71.14</b>	<b>58.26</b>	<b>(12.88)</b>	<b>66.91</b>	<b>58.16</b>	<b>(8.75)</b>
Pay for Performance Quality Incentive	1.50	1.50	0.00	1.50	1.50	0.00
Hospital Directed Payments	60.73	54.97	(5.76)	60.57	55.02	(5.54)
Hospital Directed Payment Adjustment	0.33	-	(0.33)	1.70	-	(1.70)
Non-Claims Expense Adjustment	0.18	-	(0.18)	0.26	-	(0.26)
IBNR, Incentive, Paid Claims Adjustment	(2.28)	-	2.28	(0.19)	-	0.19
<b>Total Medical Costs</b>	<b>372.68</b>	<b>344.21</b>	<b>(28.47)</b>	<b>364.71</b>	<b>344.32</b>	<b>(20.39)</b>



MEDI-CAL  
 SCHEDULE OF MEDICAL COSTS - ALL COA  
 FOR THE MONTH ENDED APRIL 30, 2024

	January	February	March	April	Year to Date
<b>Physician Services</b>					
Primary Care Physician Services	6,499,076	6,559,994	7,176,252	8,439,162	28,674,484
Referral Specialty Services	21,255,092	22,977,486	20,309,856	21,606,841	86,149,276
Urgent Care & After Hours Advice	2,319,250	3,179,640	2,806,586	2,687,879	10,993,355
Hospital Admitting Team	9,300	8,700	9,300	9,000	36,300
<b>Total Physician Services</b>	<b>30,082,718</b>	<b>32,725,820</b>	<b>30,301,995</b>	<b>32,742,882</b>	<b>125,853,415</b>
<b>Other Professional Services</b>					
Vision Service Capitation	140,322	296,413	344,110	359,517	1,140,362
221 - Business Intelligence	166,419	154,838	154,693	149,676	625,626
310 - Health Services - Utilization Management	852,585	802,658	800,584	810,297	3,266,123
311 - Health Services - Quality Improvement	240,989	241,505	131,143	25,469	639,106
312 - Health Services Education	238,074	244,710	246,020	243,125	971,929
313 - Pharmacy	117,253	108,343	102,637	102,244	430,477
314 - Enhanced Care Management	296,401	292,841	287,850	309,036	1,186,128
316 - Population Health Management	495,663	471,064	489,719	503,611	1,960,057
317 - In Lieu of Services	88,658	84,311	80,050	94,979	347,999
321 - Homeless Management Information Services	-	9,044	676	101,045	110,765
330 - Member Services	996,071	988,648	974,384	1,059,971	4,019,074
410 - Member Engagement	68,866	68,715	62,767	70,719	271,066
601 - Behavioral Health	63,991	79,219	103,195	113,713	360,118
602 - Quality & Health Equity	76,057	71,516	71,726	71,420	290,719
604 - Clinical Operations, Strategy, and Analytics	77,153	69,408	82,369	83,076	312,007
Behavior Health Treatment	3,612,672	1,051,116	3,458,567	1,308,993	9,431,349
Mental Health Services	1,525,645	620,225	1,069,857	826,611	4,042,339
Other Professional Services	4,642,734	5,211,408	4,823,947	4,258,014	18,936,103
<b>Total Other Professional Services</b>	<b>13,699,554</b>	<b>10,865,981</b>	<b>13,296,336</b>	<b>10,516,696</b>	<b>48,378,568</b>
Emergency Room	6,905,833	6,114,762	6,246,167	6,286,018	25,552,780
Inpatient Hospital	30,185,040	29,579,215	31,316,403	33,608,353	124,689,011
Reinsurance Expense Premium	96,765	98,519	129,066	118,429	442,779
Outpatient Hospital	13,495,747	15,812,073	14,996,564	14,993,746	59,298,130
<b>Other Medical</b>					
Ambulance and NEMT	3,214,531	3,869,951	4,117,183	4,046,350	15,248,016
Home Health Services & CBAS	821,583	1,260,395	1,162,579	1,286,263	4,530,819
Utilization and Quality Review Expenses	778,360	1,419,906	764,904	659,673	3,622,842
Long Term/SNF/Hospice	8,782,404	11,938,647	10,174,399	11,100,770	41,996,220
Provider Enhancement Expense - Prop. 56	1,440,786	1,520,790	1,530,599	1,504,160	5,996,334
Provider Enhancement Expense - GEMT	697,353	720,314	727,161	758,687	2,903,514
Enhanced Care Management	3,631,882	3,736,622	3,563,643	3,585,665	14,517,812
Major Organ Transplant	928,263	960,846	962,722	952,357	3,804,189
Cal AIM Incentive Programs	1,210,017	1,499,955	1,042,387	3,055,050	6,807,409
Housing and Homelessness Incentive	516,672	1,955,761	401,264	409,983	3,283,680
DME	1,444,613	2,282,835	1,801,951	1,636,974	7,166,374
<b>Total Other Medical</b>	<b>23,466,463</b>	<b>31,166,022</b>	<b>26,248,792</b>	<b>28,995,931</b>	<b>109,877,209</b>
Pay for Performance Quality Incentive	607,242	620,847	623,885	611,412	2,463,386
Hospital Directed Payments	24,282,372	24,917,058	25,515,722	24,754,858	99,470,009
Hospital Directed Payment Adjustment	42,165	2,395,027	226,351	134,240	2,797,783
Non-Claims Expense Adjustment	141,502	115,821	99,211	74,266	430,799
IBNR, Incentive, Paid Claims Adjustment	164,572	329,680	128,506	(929,497)	(306,738)
<b>Total Medical Costs</b>	<b>143,169,973</b>	<b>154,740,825</b>	<b>149,128,998</b>	<b>151,907,335</b>	<b>598,947,131</b>

\* MEDICAL COSTS PER DMHC REGULATIONS



MEDI-CAL  
 SCHEDULE OF MEDICAL COSTS - ALL COA  
 FOR THE MONTH ENDED APRIL 30, 2024



	January	February	March	April	Year to Date
<b>Physician Services</b>					
Primary Care Physician Services	16.05	15.85	17.25	20.70	17.46
Referral Specialty Services	52.50	55.51	48.83	53.01	52.46
Urgent Care & After Hours Advice	5.73	7.68	6.75	6.59	6.69
Hospital Admitting Team	0.02	0.02	0.02	0.02	0.02
<b>Total Physician Services</b>	<b>74.31</b>	<b>79.07</b>	<b>72.85</b>	<b>80.33</b>	<b>76.63</b>
<b>Other Professional Services</b>					
Vision Service Capitation	0.35	0.72	0.83	0.88	0.69
221 - Business Intelligence	0.41	0.37	0.37	0.37	0.38
310 - Health Services - Utilization Management	2.11	1.94	1.92	1.99	1.99
311 - Health Services - Quality Improvement	0.60	0.58	0.32	0.06	0.39
312 - Health Services Education	0.59	0.59	0.59	0.60	0.59
313 - Pharmacy	0.29	0.26	0.25	0.25	0.26
314 - Enhanced Care Management	0.73	0.71	0.69	0.76	0.72
316 - Population Health Management	1.22	1.14	1.18	1.24	1.19
317 - In Lieu of Services	0.22	0.20	0.19	0.23	0.21
330 - Member Services	2.46	2.39	2.34	2.60	2.45
410 - Member Engagement	0.17	0.17	0.15	0.17	0.17
601 - Behavioral Health	0.16	0.19	0.25	0.28	0.22
602 - Quality & Health Equity	0.19	0.17	0.17	0.18	0.18
604 - Clinical Operations, Strategy, and Analytics	0.19	0.17	0.20	0.20	0.19
Behavior Health Treatment	8.92	2.54	8.32	3.21	5.74
Mental Health Services	3.77	1.50	2.57	2.03	2.46
Other Professional Services	11.47	12.59	11.60	10.45	11.53
<b>Total Other Professional Services</b>	<b>33.84</b>	<b>26.25</b>	<b>31.97</b>	<b>25.80</b>	<b>29.46</b>
Emergency Room	17.06	14.77	15.02	15.42	15.56
Inpatient Hospital	74.56	71.46	75.29	82.45	75.93
Reinsurance Expense Premium	0.24	0.24	0.31	0.29	0.27
Outpatient Hospital	33.34	38.20	36.06	36.78	36.11
<b>Other Medical</b>					
Ambulance and NEMT	7.94	9.35	9.90	9.93	9.28
Home Health Services & CBAS	2.03	3.05	2.80	3.16	2.76
Utilization and Quality Review Expenses	1.92	3.43	1.84	1.62	2.21
Long Term/SNF/Hospice	21.69	28.84	24.46	27.23	25.57
Provider Enhancement Expense - Prop. 56	3.56	3.67	3.68	3.69	3.65
Provider Enhancement Expense - GEMT	1.72	1.74	1.75	1.86	1.77
Enhanced Care Management	8.97	9.03	8.57	8.80	8.84
Major Organ Transplant	2.29	2.32	2.31	2.34	2.32
Cal AIM Incentive Programs	2.99	3.62	2.51	7.50	4.15
Housing and Homelessness Incentive	1.28	4.73	0.96	1.01	2.00
DME	3.57	5.52	4.33	4.02	4.36
<b>Total Other Medical</b>	<b>57.97</b>	<b>75.30</b>	<b>63.11</b>	<b>71.14</b>	<b>66.91</b>
Pay for Performance Quality Incentive	1.50	1.50	1.50	1.50	1.50
Hospital Directed Payments	59.98	60.20	61.35	60.73	60.57
Hospital Directed Payment Adjustment	0.10	5.79	0.54	0.33	1.70
Non-Claims Expense Adjustment	0.35	0.28	0.24	0.18	0.26
IBNR, Incentive, Paid Claims Adjustment	0.41	0.80	0.31	(2.28)	(0.19)
<b>Total Medical Costs</b>	<b>353.65</b>	<b>373.86</b>	<b>358.55</b>	<b>372.68</b>	<b>364.71</b>



**MEDI-CAL  
SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT  
FOR THE MONTH ENDED APRIL 30, 2024**

	April	Budget	Variance	Year to Date	Budget	Variance
110 - Executive	648,716	531,130	(117,585)	2,453,422	2,124,521	(328,901)
112 - Government Relations	87,379	47,358	(40,021)	249,090	189,432	(59,659)
210 - Accounting	252,083	351,597	99,514	1,153,072	1,406,389	253,318
220 - Management Information Systems (MIS)	146,132	276,982	130,850	1,037,696	1,107,929	70,233
221 - Business Intelligence	165,837	202,179	36,342	821,768	808,716	(13,052)
222 - MIS Development	281,395	381,923	100,528	1,296,103	1,527,693	231,590
223 - Enterprise Configuration	161,377	178,406	17,029	663,172	713,623	50,451
225 - Infrastructure	642,546	859,136	216,590	2,773,999	3,436,543	662,544
226 - Technical Administrative Services	325,913	220,111	(105,802)	601,735	880,446	278,711
230 - Claims	701,834	795,470	93,635	3,004,712	3,181,878	177,166
240 - Project Development	313,084	417,789	104,705	1,248,297	1,671,158	422,861
310 - Health Services - Utilization Management	29,768	55,322	25,554	119,653	221,287	101,633
311 - Health Services - Quality Improvement	858	45,141	44,283	21,257	180,564	159,307
312 - Health Services - Education	581	357	(224)	1,495	1,427	(68)
313 - Pharmacy	10,822	38,333	27,511	53,454	153,333	99,880
314 - Enhanced Care Management	54,522	24,753	(29,769)	190,980	99,013	(91,967)
316 - Population Health Management	-	2,975	2,975	2,501	11,900	9,399
317 - Community Support Services	25	1,625	1,600	339	6,500	6,161
318 - Housing & Homeless Incentive Program (HHIP)	1	-	(1)	(0)	-	0
319 - CAL AIM Incentive Payment Program (IPP)	(36,908)	-	36,908	-	-	-
320 - Provider Network Management	95,804	325,800	229,996	1,052,884	1,303,202	250,318
321 - Homeless Management Information Services	-	896	896	-	3,583	3,583
322 - Delegation & Oversight	95,971	31,116	(64,854)	168,065	124,466	(43,600)
330 - Member Services	166,335	272,551	106,216	1,264,741	1,090,205	(174,537)
331 - Member Outreach	-	-	-	-	-	-
340 - Corporate Services	977,234	1,034,659	57,425	3,897,669	4,138,637	240,968
360 - Audit & Investigative Services	202,574	241,240	38,666	771,791	964,960	193,169
410 - Member Engagement	82,742	100,456	17,714	309,483	401,824	92,341
420 - Sales/Marketing/Public Relations	267,848	270,104	2,256	928,473	1,080,415	151,942
510 - Human Resources	641,247	464,570	(176,676)	1,928,648	1,858,281	(70,367)
601 - Behavioral Health	22,281	1,779	(20,502)	22,491	7,117	(15,374)
602 - Quality & Health Equity	(38,694)	40,769	79,463	141,956	163,076	21,120
604 - Clinical Operations, Strategy & Analytics	-	479	479	-	1,917	1,917
605 - Quality Performance	525,434	305,117	(220,316)	1,054,035	1,220,469	166,434
Administrative Expense Adjustment	(28,014)	(43,839)	(15,825)	68,924	(175,358)	(244,281)
<b>Total Administrative Expenses</b>	<b>6,796,727</b>	<b>7,476,286</b>	<b>679,558</b>	<b>27,301,904</b>	<b>29,905,142</b>	<b>2,603,239</b>



**MEDI-CAL**  
**SCHEDULE OF ADMINISTRATIVE EXPENSES BY DEPT**  
**FOR THE MONTH ENDED APRIL 30, 2024**

	January	February	March	April	YTD TOTALS
110 - Executive	624,355	577,007	603,344	648,716	2,453,422
112 - Government Relations	68,770	45,458	47,484	87,379	249,090
210 - Accounting	304,846	303,886	292,257	252,083	1,153,072
220 - Management Information Systems (MIS)	391,965	262,588	237,010	146,132	1,037,696
221 - Business Intelligence	269,666	199,076	187,188	165,837	821,768
222 - MIS Development	377,641	315,894	321,173	281,395	1,296,103
223 - Enterprise Configuration	174,793	155,969	171,033	161,377	663,172
225 - Infrastructure	617,597	874,756	639,101	642,546	2,773,999
226 - Technical Administrative Services	49,489	108,635	117,698	325,913	601,735
230 - Claims	819,584	766,126	717,167	701,834	3,004,712
240 - Project Development	347,377	265,411	322,425	313,084	1,248,297
310 - Health Services - Utilization Management	30,997	29,562	29,327	29,768	119,653
311 - Health Services - Quality Improvement	8,514	7,726	4,159	858	21,257
312 - Health Services - Education	341	138	436	581	1,495
313 - Pharmacy	21,270	10,500	10,861	10,822	53,454
314 - Enhanced Care Management	44,036	43,641	48,782	54,522	190,980
316 - Population Health Management	656	700	1,145	-	2,501
317 - Community Support Services	34	-	280	25	339
318 - Housing & Homeless Incentive Program (HHIP)	3	12	(16)	1	(0)
319 - CAL AIM Incentive Payment Program (IPP)	22,503	12,348	2,057	(36,908)	-
320 - Provider Network Management	386,421	336,270	234,388	95,804	1,052,884
322 - Delegation & Oversight	21,948	20,301	29,846	95,971	168,065
330 - Member Services	667,205	268,918	162,283	166,335	1,264,741
340 - Corporate Services	1,024,905	966,025	929,506	977,234	3,897,669
360 - Audit & Investigative Services	195,508	186,054	187,655	202,574	771,791
410 - Member Engagement	76,778	80,429	69,534	82,742	309,483
420 - Sales/Marketing/Public Relations	177,987	306,155	176,484	267,848	928,473
510 - Human Resources	447,072	430,722	409,608	641,247	1,928,648
601 - Behavioral Health	43	-	167	22,281	22,491
602 - Quality & Health Equity	40,103	59,304	81,243	(38,694)	141,956
604 - Clinical Operations, Strategy & Analytics	-	-	-	-	-
605 - Quality Performance	143,642	106,967	277,993	525,434	1,054,035
Administrative Expense Adjustment	258,024	(160,374)	(712)	(28,014)	68,924
<b>Total Administrative Expenses</b>	<b>7,614,072</b>	<b>6,580,201</b>	<b>6,310,903</b>	<b>6,796,728</b>	<b>27,301,905</b>



**KHS - GROUP HEALTH PLAN  
STATEMENT OF NET POSITION  
AS OF APRIL 30, 2024**

ASSETS	April 2024	March 2024	Increase/ (Decrease)
Cash and Cash Equivalents	1,197,017	1,184,346	12,671
Interest Receivable	4,000	12,671	(8,671)
<b>Total Current Assets</b>	<b>1,201,017</b>	<b>1,197,017</b>	<b>4,000</b>
<b>CURRENT LIABILITIES</b>			
Other Liabilities	-	-	-
<b>Total Current Liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>NET POSITION:</b>			
Net Position at Beginning of Year	1,183,679	1,183,679	-
Increase (Decrease) in Net Position - Current Year	17,338	13,338	4,000
<b>Total Net Position</b>	<b>1,201,017</b>	<b>1,197,017</b>	<b>4,000</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<b>1,201,017</b>	<b>1,197,017</b>	<b>4,000</b>



**KHS - GROUP HEALTH PLAN**  
**STATEMENT OF REVENUE, EXPENSES, AND CHANGES**  
**IN NET POSITION**  
**FOR THE MONTH ENDED APRIL 30, 2024**

	January	Budget	Variance	Year to Date	Budget	Variance
<b>REVENUES</b>						
Premium	-	-	-	-	-	-
Interest	4,000	-	4,000	16,671	-	16,671
Other Investment Income	-	-	-	667	-	667
<b>Total Revenues</b>	<b>4,000</b>	<b>-</b>	<b>4,000</b>	<b>17,338</b>	<b>-</b>	<b>17,338</b>
<b>EXPENSES</b>						
<b>MEDICAL COSTS</b>						
IBNR and Paid Claims Adjustment	-	-	-	-	-	-
<b>Total Medical Costs</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>GROSS MARGIN</b>	<b>4,000</b>	<b>-</b>	<b>4,000</b>	<b>17,338</b>	<b>-</b>	<b>17,338</b>
<b>ADMINISTRATIVE COSTS</b>						
Management Fee Expense and Other Admin Exp	-	-	-	-	-	-
<b>Total Administrative Expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL EXPENSES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OPERATING INCOME (LOSS) BEFORE TAX</b>	<b>4,000</b>	<b>-</b>	<b>4,000</b>	<b>17,338</b>	<b>-</b>	<b>17,338</b>
<b>NON-OPERATING REVENUE (EXPENSE)</b>						
Total Non-Operating Revenue (Expense)	-	-	-	-	-	-
<b>NET INCREASE (DECREASE) IN NET POSITION</b>	<b>4,000</b>	<b>-</b>	<b>4,000</b>	<b>17,338</b>	<b>-</b>	<b>17,338</b>
<b>MEDICAL LOSS RATIO</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>ADMINISTRATIVE EXPENSE RATIO</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

**KERN HEALTH SYSTEMS  
MONTHLY MEMBERS COUNT**

<b>MEDI-CAL</b>		<b>2024 MEMBER MONTHS</b>	<b>JAN'24</b>	<b>FEB'24</b>	<b>MAR'24</b>	<b>APR'24</b>	<b>MAY'24</b>	<b>JUN'24</b>	<b>JUL'24</b>	<b>AUG'24</b>	<b>SEP'24</b>	<b>OCT'24</b>	<b>NOV'24</b>	<b>DEC'24</b>
<b>ADULT AND FAMILY</b>														
ADULT (SEE COMMENT)	294,004	73,352	78,663	78,717	63,272									
CHILD	693,419	169,496	168,966	173,240	181,717									
<b>SUB-TOTAL ADULT &amp; FAMILY</b>	<b>987,423</b>	<b>242,848</b>	<b>247,629</b>	<b>251,957</b>	<b>244,989</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>OTHER MEMBERS</b>														
PARTIAL DUALS - FAMILY	3,029	774	770	790	695									
PARTIAL DUALS - CHILD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PARTIAL DUALS - BCCTP	19	6	5	5	3									
BCCTP - TABACCO SETTLEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>FULL DUALS (SPD)</b>														
SPD FULL DUALS	88,678	21,544	22,475	22,251	22,408									
<b>SUBTOTAL OTHER MEMBERS</b>	<b>91,726</b>	<b>22,324</b>	<b>23,250</b>	<b>23,046</b>	<b>23,106</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FAMILY &amp; OTHER</b>	<b>1,079,149</b>	<b>265,172</b>	<b>270,879</b>	<b>275,003</b>	<b>268,095</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SDP MEMBERS</b>														
SPD (AGED AND DISABLED)	90,169	21,942	23,209	22,608	22,410									
<b>TOTAL CLASSIC MEMBERS</b>	<b>1,169,318</b>	<b>287,114</b>	<b>294,088</b>	<b>297,611</b>	<b>290,505</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ACA OE - MEDI-CAL OPTIONAL EXPANSION</b>														
ACA Expansion Adult-Citizen	465,887	115,850	117,787	116,589	115,661									
EXPANSION DUALS	5,069	1,382	1,517	1,226	944									
<b>TOTAL ACA OE</b>	<b>470,956</b>	<b>117,232</b>	<b>119,304</b>	<b>117,815</b>	<b>116,605</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LONG TERM CARE (LTC)</b>														
LTC	180	38	49	47	46									
LTC DUALS	1,810	451	457	450	452									
<b>TOTAL LTC</b>	<b>1,990</b>	<b>489</b>	<b>506</b>	<b>497</b>	<b>498</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>1,642,264</b>	<b>404,835</b>	<b>413,898</b>	<b>415,923</b>	<b>407,608</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>





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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Robert Landis, Chief Financial Officer  
**SUBJECT:** Reports on Accounts Payable, Administrative Contracts and IT Technology Consulting Resources  
**DATE:** June 13, 2024

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Attached for your review are the following items:

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

**Requested Action**

Receive and File.

# KERN·HEALTH SYSTEMS

**February AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	1,662,247.71	1,765,020.32	QNXT SOLUTIONS ANNUAL MAINTENANCE, QNXT TRUE UP MAINTENANCE, & EDI CLAIM PROCESSING	VARIOUS
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS, INC ****	895,000.00	895,000.00	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES - QI & ENHANCED CARE MANAGEMENT
T1045	KAISER FOUNDATION HEALTH - HMO	816,988.47	1,614,540.76	FEB. 2024 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4699	ZEOMEGA, INC ****	735,178.22	735,178.22	PROFESSIONAL SERVICES & 2024 ANNUAL LICENSES WITH MAINT. & SUPPORT	MIS INFRASTRUCTURE
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC	286,643.37	363,771.62	2024 SALESFORCE LICENSE FEES-CUSTOMER CARE CONTACT CENTER	MEMBER SERVICES
T4737	TEKSYSTEMS, INC.	256,735.00	346,124.70	DEC. 2023 & JAN. 2024 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5684	REBELLIS GROUP LLC	219,241.25	469,578.75	DEC. 2023 MAPD BUSINESS CONSULTING	MEDICARE
T4024	QUADIENT INC ****	186,395.08	188,453.46	2024 MAIL INSERTER SOFTWARE AND SUPPORT & POSTAGE METER RENTAL	CAPITAL PROJECT
T1408	DELL MARKETING L.P.	128,506.08	1,095,308.53	ANNUAL ENTERPRISE AGREEMENT YR2 TRUE UP	CAPITAL PROJECT
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA ****	111,154.36	112,103.16	JAN. & FEB. 2024 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	96,063.25	499,921.44	NOV. & DEC. 2023 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T1180	LANGUAGE LINE SERVICES INC	83,887.64	226,177.04	JAN. 2024 INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T4165	SHI INTERNATIONAL CO. ****	78,102.06	83,981.01	60 NETWORK SWITCHES WITH SUPPORT, 2024 LICENSING & HARD DRIVES	MIS INFRASTRUCTURE/CAPITAL
T2413	TREK IMAGING INC	77,070.36	99,051.32	MEMBER PROMOTIONAL ITEMS, MARKETING OUTREACH ITEMS & KHS STORE INVENTORY	VARIOUS



# KERN·HEALTH SYSTEMS

**February AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5337	CAZADOR CONSULTING GROUP INC	76,885.69	190,122.49	JAN. 2023 TEMPORARY HELP - (16) MS: (1) PNM: (1) HR	VARIOUS
T5155	A-C ELECTRIC COMPANY ****	74,853.43	74,853.43	BUILDING MAINTENANCE - LIGHTING FIXTURES & CARPOOL SOLAR PROJECT	CAPITAL/CORPORATE SERVICES
T1128	HALL LETTER SHOP, INC	67,353.65	93,968.30	MEMBER ID CARDS, MEMBER SURVEY, MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
T5877	TGN CONSULTING LLC ****	66,320.00	77,320.00	NEW ERA TRAINING - FRONT LINES ACTIVATION & MGR BOOTCAMP	HUMAN RESOURCES
T4733	UNITED STAFFING ASSOCIATES	64,656.91	195,588.45	JAN. 2024 TEMPORARY HELP - (1) FIN: (1) UM: (24) MS: (1) AD: (1) CS	VARIOUS
T5420	PAYPRO ACH	59,136.43	94,899.30	FEB. 2024 EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5344	SIGNATURE STAFF RESOURCES LLC	58,000.00	98,700.00	DEC. 2023 & JAN. 2024 PROFESSIONAL SERVICES	CAPITAL PROJECT
T4460	PAYSPAN INC ****	56,924.61	56,924.61	SEPT. & OCT. 2023 ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T3088	GLEN BROWN CONSULTING	47,025.00	87,241.82	JAN. 2024 CONSULTING	CAPITAL PROJECT
T4452	WELLS FARGO ACH	44,803.83	65,597.14	JAN. 2024 MISC CREDIT CARD PURCHASES	VARIOUS
T5890	DELTA DENTAL OF CALIFORNIA	44,479.35	87,241.82	FEB. 2024 EMPLOYEE DENTAL HEALTH BENEFITS PREMIUM	VARIOUS
T2969	AMERICAN BUSINESS MACHINES INC ****	41,540.56	48,641.70	FEB. & MAR. 2024 HARDWARE & MAINTENANCE, (1) NEW CANON PRINTER	MIS INFRASTRUCTURE
T2584	UNITED STATES POSTAL SVC. - HASLER	40,000.00	80,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5886	US POSTAL SERVICE ****	40,000.00	40,000.00	POSTAGE (METER) FUND	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
T5571	GHA TECHNOLOGIES INC	38,050.12	109,600.73	FORTINET SECURITY RENEWAL	MIS INFRASTRUCTURE
T5882	RELIABLE JANITORIAL SERVICES AND CARPET CLEANING INC ****	34,750.28	34,800.00	JAN. & FEB. 2024 JANITORIAL SERVICES & CARPET CLEANING	CORPORATE SERVICES
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	34,500.00	72,600.00	JAN. 2024 PROFESSIONAL SERVICES	HEALTH SERVICES-UM
T2167	PG&E	33,718.44	72,515.31	FEB. 2024 UTILITIES	CORPORATE SERVICES
T5564	CLARISHEALTH, INC	33,124.95	75,144.22	JAN. 2024 DRG AUDIT RECOVERIES	ADMINISTRATION
T5435	TEGRIA SERVICES GROUP - US, INC	32,287.50	54,687.50	JAN. 2024 CONSULTING SERVICES	BUSINESS INTELLIGENCE
T3011	OFFICE ALLY, INC	28,698.94	52,318.33	JAN. 2024 EDI CLAIM PROCESSING	CLAIMS
T4731	GO TO TECHNOLOGIES, INC ****	28,560.00	28,560.00	2024 LOGMEIN LICENSE RENEWAL & RESCUE NAME LICENSES	MIS INFRASTRUCTURE
T5741	HEALTHWISE, INCORPORATED ****	28,402.23	28,402.23	2024 DIGITAL EXPERIENCES LICENSE	HEALTH SERVICES - WELLNESS & PREVENTION
T4985	CYBERCODERS, INC	28,000.00	54,000.00	JAN. 2024 PROFESSIONAL SERVICES	CAPITAL PROJECT
T5292	ALL'S WELL HEALTH CARE SERVICES	27,992.24	78,629.05	DEC. 2023 & JAN. 2024 TEMPORARY HELP	HEALTH SERVICES - QI
T4484	JACOBSON SOLUTIONS ****	26,967.20	39,057.13	DEC. 2023, JAN. & FEB. 2024 (5) TEMPORARY HELP	CLAIMS
T1861	CERIDIAN HCM, INC.	25,974.97	53,039.29	FEB. 2024 SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T4216	NEXSTAR BROADCASTING INC ****	23,650.00	34,100.00	DEC. 2023, JAN. & FEB. 2024 TELEVISION ADS	SALES/MARKETING/PUBLIC RELATIONS

# KERN·HEALTH SYSTEMS

## February AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5121	TPx COMMUNICATIONS ****	23,472.15	35,932.22	FEB. 2024 LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE
T1097	NCQA ****	23,225.00	25,760.00	2024 HEALTH PLAN ACCREDITATION, SURVEY TOOL & FORUM REGISTRATION	HEALTH SERVICES - QI
T4237	FLUIDEDGE CONSULTING, INC	22,910.00	68,247.50	DEC. 2023 CONSULTING SERVICES	VARIOUS
T4501	ALLIED UNIVERSAL SECURITY SERVICES	22,483.44	43,886.57	DEC. 2023, JAN. & FEB. 2024 SECURITY	CORPORATE SERVICES
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	22,387.28	42,496.78	JAN. 2024 EDI CLAIM PROCESSING	CLAIMS
T2961	SOLUTION BENCH, LLC ****	21,720.00	23,220.00	2024 SCANFINITY LICENSE RENEWAL & ADDITIONAL M-FILES LICENSES	MIS INFRASTRUCTURE
T5615	HAPPY WHOLE YOU, INC ****	21,355.11	21,355.11	EMPLOYEE PROGRAM	HUMAN RESOURCES
		<b>6,997,422.16</b>			
	TOTAL VENDORS OVER \$20,000	6,997,422.16			
	TOTAL VENDORS UNDER \$20,000	865,536.75			
	TOTAL VENDOR EXPENSES- FEBRUARY	<b>\$ 7,862,958.91</b>			

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
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	1,765,020.32	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T1045	KAISER FOUNDATION HEALTH - HMO	1,614,540.76	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T1408	DELL MARKETING L.P.	1,095,308.53	COMPUTER EQUIPMENT & SOFTWARE MAINTENANCE	MIS INFRASTRUCTURE
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	895,000.00	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HELTH SERVICES - QI & ENHANCED CARE MANAGEMENT
T3130	OPTUMINSIGHT, INC	746,059.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T4699	ZEOMEGA, INC	735,178.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5111	ENTISYS 360, E360	712,199.87	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T4350	COMPUTER ENTERPRISE	499,921.44	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T5684	REBELLIS GROUP LLC	469,578.75	MAPD BUSINESS CONSULTING	MEDICARE
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC ****	363,771.62	2024 SALESFORCE LICENSE FEES-CUSTOMER CARE CONTACT CENTER	MEMBER SERVICES
T4737	TEKSYSTEMS, INC.	346,124.70	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T1180	LANGUAGE LINE SERVICES INC	226,177.04	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T3022	MICROSOFT CORPORATION ****	219,030.00	CONSULTING SERVICES	ENTERPRISE CONFIGURATION
T2469	DST HEALTH SOLUTIONS, LLC	200,350.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLIGENCE

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4733	UNITED STAFFING ASSOCIATES	195,588.45	TEMPORARY HELP	VARIOUS
T5337	CAZADOR CONSULTING GROUP INC	190,122.49	TEMPORARY HELP	VARIOUS
T5340	GARTNER INC	189,765.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4024	QUADIENT INC ****	188,453.46	MAIL INSERTER, METER RENTAL & SOFTWARE SUPPORT	CAPITAL PROJECTS/CORPORATE SERVICES
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	112,103.16	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T5571	GHA TECHNOLOGIES INC ****	109,600.73	FORTINET SECURITY	MIS INFRASTRUCTURE
T2413	TREK IMAGING INC	99,051.32	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T5344	SIGNATURE STAFF RESOURCES LLC	98,700.00	2023 & 2024 PROFESSIONAL SERVICES	PROJECT MGMNT/CAPITAL PROJECTS
T5420	PAYPRO ACH	94,899.30	FEB. 2024 EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T1128	HALL LETTER SHOP	93,968.30	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
T3088	GLEN BROWN CONSULTING	90,862.50	CONSULTING SERVICES	CAPITAL PROJECT
T5890	DELTA DENTAL OF CALIFORNIA	87,241.82	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T3449	CDW GOVERNMENT	85,811.95	FORTINET RENEWAL & ADOBE 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
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	85,000.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T4165	SHI INTERNATIONAL CO.	83,981.01	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE/CAPITAL PROJECTS
T2584	UNITED STATES POSTAL SVC - HASLER	80,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5292	ALL'S WELL HEALTH CARE SERVICES	78,629.05	TEMPORARY HELP	VARIOUS
T5877	TGN CONSULTING LLC ****	77,320.00	FRONT LINES ACTIVATION & EXECUTIVE COACHING	HUMAN RESOURCES
T5564	CLARISHEALTH, INC ****	75,144.22	DRG AUDIT RECOVERIES	ADMINISTRATION
T5155	A-C ELECTRIC COMPANY	74,853.43	CARPPOOL SOLAR PROJECT	CAPITAL PROJECT
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	72,600.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2167	PG&E	72,515.31	UTILITIES	CORPORATE SERVICES
T5022	SVAM INTERNATIONAL INC	70,225.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4237	FLUIDEDGE CONSULTING, INC	68,247.50	CONSULTING SERVICES	VARIOUS
T4452	WELLS FARGO	65,597.14	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T4963	LINKEDIN CORPORATION	65,388.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T1272	COFFEY COMMUNICATIONS INC	64,355.06	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH SERVICES - WELLNESS & PREVENTION/MEDIA & ADVERTISING
T2941	KERN PRINT SERVICES INC	58,185.60	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS

# KERN·HEALTH SYSTEMS

## Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4460	PAYSPAN, INC	56,924.61	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T4792	KP LLC	56,299.18	PROVIDER DIRECTORIES	PROVIDER NETWORK MANAGEMENT
T5435	TEGRIA SERVICES GROUP - US, INC	54,687.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4985	CYBERCODERS, INC	54,000.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T1861	CERIDIAN HCM, INC.	53,039.29	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T5751	EXCELL HCA, LLC	52,500.00	PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T3011	OFFICE ALLY, INC	52,318.33	EDI CLAIM PROCESSING	CLAIMS
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	51,521.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T4708	WAKELY CONSULTING GROUP, LLC FRMLY HEALTH MANAGEMENT ASSOCIATES, INC.	49,312.50	PROFESSIONAL SERVICES	ADMINISTRATION
T2969	AMERICAN BUSINESS MACHINES INC	48,641.70	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T5421	PREMIER ACCESS INSURANCE COMPANY	46,074.50	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T4501	ALLIED UNIVERSAL SECURITY SERVICES	43,886.57	ONSITE SECURITY	CORPORATE SERVICES
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	42,496.78	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T4353	TWE SOLUTIONS, INC	41,803.56	JUNIPER QFX SWITCHES & LICENSES	MIS INFRASTRUCTURE
T5291	PINNACLE RECRUITMENT SERVICES LLC	40,449.84	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
T4657	DAPONDE SIMPSON ROWE PC	40,170.50	LEGAL FEES	VARIOUS
T4563	SPH ANALYTICS ****	40,096.50	HEDIS CAHPS, ECM & PROVIDER SATISFACTION SURVEY	VARIOUS
T5886	US POSTAL SERVICE ****	40,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T4484	JACOBSON SOLUTIONS	39,057.13	TEMPORARY HELP	HEALTH SERVICES - UM
T5509	NGUYEN CAO LUU-TRONG	38,287.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5121	TPX COMMUNICATIONS	35,932.22	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE
T5520	BG HEALTHCARE CONSULTING, INC	34,800.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T5882	RELIABLE JANITORIAL SERVICES AND CARPET CLEANING INC ****	34,750.28	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T4216	NEXSTAR BROADCASTING INC	34,100.00	ADVERTISEMENT - MEDIA	MARKETING
T2562	CACTUS SOFTWARE LLC ****	33,506.15	2024 CREDENTIALING LICENSE & SUPPORT	MIS INFRASTRUCTURE
T5329	RELAY NETWORK, LLC	33,333.32	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC	32,068.08	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T5742	MICHAEL NGUYEN ****	30,000.00	PROFESSIONAL SERVICES	QUALITY & HEALTH EQUITY
T4731	GO TO TECHNOLOGY CONSULTING, LLC	28,560.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T5741	HEALTHWISE, INCORPORATED	28,402.23	MEMBER SELF MANAGEMENT TOOLS	HEALTH SERVICES - WELLNESS & PREVENTION



# KERN·HEALTH SYSTEMS

## Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5298	TOTALMED, INC	28,391.32	TEMPORARY HELP	VARIOUS
T1022	UNUM LIFE INSURANCE CO.	28,290.70	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5846	MOKSHA PSYCHOTHERAPY & COMMUNITY HEALTH CONSULTING INC ****	27,187.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5863	MANNA HAGOS ****	27,150.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5583	THE MIHALIK GROUP, LLC	26,717.50	NCQA TRAINING	HEALTH SERVICES - QI
T1097	NCQA	25,760.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDITATION	HEALTH SERVICES - QI
T1005	COLONIAL LIFE & ACCIDENT	24,178.26	LIFE INSURANCE PREMIUM	VARIOUS
T5791	WEINTRAUB TOBIN	23,248.50	LEGAL SERVICES	ADMINISTRATION
T2961	SOLUTION BENCH, LLC	23,220.00	M-FILES SOFTWARE ANNUAL RENEWAL	MIS INFRASTRUCTURE
T1183	MILLIMAN USA	22,082.25	CY2022/2023 TNE & IBNP CONSULTING - ACTUARIAL	ADMINISTRATION
T1650	UNIVISION TELEVISION GROUP ****	21,681.50	TELEVISION ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS
T5615	HAPPY WHOLE YOU, INC ****	21,355.11	2024 EMPLOYEE CUSTOM PROGRAMS	HUMAN RESOURCES
T5319	CITIUSTECH INC	21,249.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T5701	THE GRANGER NETWORK LLC	21,146.71	SUPERVISOR BOOTCAMP	HUMAN RESOURCES

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2726	DST PHARMACY SOLUTIONS, INC	21,000.00	PHARMACY CLAIMS	PHARMACY
T5696	ASA GLOBAL HEALTHCARE SERVICES PC	21,000.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	20,901.02	BOARDROOM FURNITURE	CORPORATE SERVICES
T4503	VISION SERVICE PLAN	20,644.01	EMPLOYEE HEALTH BENEFITS	VARIOUS
T5779	COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION ****	20,000.00	SPONSORSHIP	SALES/MARKETING/PUBLIC RELATIONS
		<u><b>14,328,693.20</b></u>		
	TOTAL VENDORS OVER \$20,000	14,328,693.20		
	TOTAL VENDORS UNDER \$20,000	1,064,698.72		
	TOTAL VENDOR EXPENSES- FEBRUARY	<u><b>\$ 15,393,391.92</b></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	1,204,611.98	1,704,533.42	JAN. & FEB. 2024 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T1045	KAISER FOUNDATION HEALTH - HMO	833,630.33	2,448,171.09	MAR. 2024 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T3022	MICROSOFT CORPORATION ****	393,468.75	612,498.75	DEC. 2023 & JAN. 2024 CONSULTING SERVICES	ENTERPRISE CONFIGURATION
T4737	TEKSYSTEMS, INC.	346,846.00	692,970.70	JAN. & FEB. 2024 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5931	SPROUT SOCIAL, INC ****	145,264.00	145,264.00	12 MONTHS OF SOCIAL MEDIA VIGILANCE & MANAGEMENT	CAPITAL PROJECT
T4460	PAYSPAN INC	132,388.74	189,313.35	NOV. 2023 - FEB. 2024 ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	115,000.00	210,000.00	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES - QI
T4237	FLUIDEDGE CONSULTING, INC	100,042.50	168,290.00	JAN. & FEB. 2024 CONSULTING SERVICES	VARIOUS
T5292	ALL'S WELL HEALTH CARE SERVICES	98,327.93	176,956.98	JAN. & FEB. 2024 TEMPORARY HELP	HEALTH SERVICES - QI
T5564	CLARISHEALTH, INC	98,290.18	173,434.40	FEB. 2024 DRG AUDIT RECOVERIES	ADMINISTRATION
T1180	LANGUAGE LINE SERVICES INC	82,781.10	308,958.14	FEB. 2024 INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T5520	BG HEALTHCARE CONSULTING, INC ****	71,400.00	106,200.00	JAN. & FEB. 2024 CONSULTING SERVICES	POPULATION HEALTH MANAGEMENT
T5742	MICHAEL NGUYEN ****	70,000.00	100,000.00	DEC. 2023 - MAR. 2024 CONSULTING	QUALITY & HEALTH EQUITY
T5337	CAZADOR CONSULTING GROUP INC	65,000.33	255,122.82	JAN. & FEB. 2024 TEMPORARY HELP - (16) MS: (1) PNM: (1) HR	VARIOUS
T4514	A.J. KLEIN, INC . T. DENATALE, B. GOLDNER ****	59,039.95	75,645.40	DEC. 2023 - FEB. 2024 LEGAL SERVICES	ADMINISTRATION
T3088	GLEN BROWN CONSULTING	58,912.50	149,775.00	FEB. 2024 CONSULTING	CAPITAL PROJECT

# KERN·HEALTH SYSTEMS

**March AP Vendor Report**  
**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	57,361.41	169,464.57	MAR. 2024 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T5877	TGN CONSULTING LLC	55,120.00	132,440.00	FRONT LINES ACTIVATION & MGR BOOTCAMP	HUMAN RESOURCES
T5751	EXCELL HCA, LLC ****	54,075.00	106,575.00	JAN. & FEB. 2024 PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T5344	SIGNATURE STAFF RESOURCES LLC	50,792.00	149,492.00	JAN. & FEB. 2024 PROFESSIONAL SERVICES	CAPITAL PROJECT
T5850	SERRANO ADVISORS LLC ****	45,000.00	51,750.00	JAN. & FEB. 2024 PROFESSIONAL SERVICES	ENHANCED CARE MANAGEMENT
T5890	DELTA DENTAL OF CALIFORNIA	44,505.07	131,746.89	MAR. 2024 EMPLOYEE DENTAL HEALTH BENEFITS PREMIUM	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	44,453.65	1,809,473.97	JAN. & FEB. 2024 PROFESSIONAL SERVICES & EDI CLAIM PROCESSING	VARIOUS
T2918	STINSONS ****	44,449.48	62,203.51	JAN. & FEB. 2024 OFFICE SUPPLIES & OFFICE FURNITURE	VARIOUS
T5467	MOSS ADAMS LLP ****	44,142.00	57,142.00	CLAIMS AUDIT TOOL ENHANCEMENT	CLAIMS
T2584	UNITED STATES POSTAL SVC. - HASLER	40,000.00	120,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T2167	PG&E	36,627.85	109,143.16	MAR. 2024 UTILITIES	CORPORATE SERVICES
T4452	WELLS FARGO ACH	36,586.60	102,183.74	FEB. 2024 MISC CREDIT CARD PURCHASES	VARIOUS
T5930	DAYFORCE US, INC ****	33,855.53	33,855.53	DEC. 2023 - FEB. 2024 SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T2458	HEALTHCARE FINANCIAL, INC. ****	33,234.40	49,099.76	OCT. 2023 - FEB. 2024 CONSULTING	ADMINISTRATION

# KERN·HEALTH SYSTEMS

**March AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5757	BITFOCUS, INC ****	32,937.40	36,369.82	ENTERPRISE SOFTWARE LICENSING & DATA MODELING	HOMELESS MANAGEMENT INFORMATION SERVICES
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	32,700.00	105,300.00	FEB. 2024 PROFESSIONAL SERVICES	HEALTH SERVICES-UM
T5435	TEGRIA SERVICES GROUP - US, INC	31,150.00	85,837.50	FEB. 2024 CONSULTING SERVICES	BUSINESS INTELLIGENCE
T5936	AXIOS HQ INC ****	28,800.00	28,800.00	AI COMMUNICATION SOFTWARE LICENSING	CAPITAL PROJECT
T4657	DAPONDE SIMPSON ROWE PC ****	28,339.00	68,509.50	JAN. 2024 LEGAL SERVICES	VARIOUS
T5291	PINNACLE RECRUITMENT SERVICES LLC ****	27,511.42	67,961.26	JAN. & FEB. 2024 TEMPORARY HELP - (2) CLM: (1) FIN: (1) MS	VARIOUS
T4733	UNITED STAFFING ASSOCIATES	26,672.32	222,260.77	JAN. & FEB. 2024 TEMPORARY HELP - (1) UM: (14) MS: (4) AD	VARIOUS
T5022	SVAM INTERNATIONAL INC ****	26,432.00	96,657.00	FEB. 2024 PROFESSIONAL SERVICES	VARIOUS
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK ****	25,000.00	32,000.00	2023 AUDIT FEES	FINANCE
T5509	NGUYEN CAO LUU-TRONG ****	23,812.50	62,100.00	FEB. 2024 PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4331	COTIVITI, INC ****	21,103.00	40,279.75	JAN. - MAR. 2024 PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T1128	HALL LETTER SHOP, INC	20,505.69	114,473.99	MEMBER ID CARDS, MEMBER SURVEY, MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
		<b>4,820,170.61</b>			
	TOTAL VENDORS OVER \$20,000	4,820,170.61			
	TOTAL VENDORS UNDER \$20,000	651,844.61			
	TOTAL VENDOR EXPENSES- MARCH	<b>\$ 5,472,015.22</b>			

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	2,448,171.09	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	1,809,473.97	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T4350	COMPUTER ENTERPRISE	1,704,533.42	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T1408	DELL MARKETING L.P.	1,113,266.53	COMPUTER EQUIPMENT & SOFTWARE MAINTENANCE	MIS INFRASTRUCTURE
T3130	OPTUMINSIGHT, INC	746,059.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T4699	ZEOMEGA, INC	735,178.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5111	ENTISYS 360, E360	712,199.87	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T4737	TEKSYSTEMS, INC.	692,970.70	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T3022	MICROSOFT CORPORATION	612,498.75	CONSULTING SERVICES	ENTERPRISE CONFIGURATION
T5684	REBELLIS GROUP LLC	470,535.00	MAPD BUSINESS CONSULTING	MEDICARE
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC	363,771.62	2024 SALESFORCE LICENSE FEES-CUSTOMER CARE CONTACT CENTER	MEMBER SERVICES
T1180	LANGUAGE LINE SERVICES INC	308,958.14	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T5337	CAZADOR CONSULTING GROUP INC	255,122.82	TEMPORARY HELP	VARIOUS
T4733	UNITED STAFFING ASSOCIATES	222,260.77	TEMPORARY HELP	VARIOUS
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	210,000.00	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES - QI

# KERN·HEALTH SYSTEMS

## Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2469	DST HEALTH SOLUTIONS, LLC	200,350.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLIGENCE
T4024	QUADIENT INC	190,511.84	MAIL INSERTER, METER RENTAL & SOFTWARE SUPPORT	CAPITAL/CORPORATE SERVICES
T5340	GARTNER INC	189,765.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	HUMAN RESOURCES
T4460	PAYSPAN, INC	189,313.35	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T5292	ALL'S WELL HEALTH CARE SERVICES	176,956.98	TEMPORARY HELP	VARIOUS
T5564	CLARISHEALTH, INC	173,434.40	DRG AUDIT RECOVERIES	ADMINISTRATION
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	169,464.57	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T4237	FLUIDEDGE CONSULTING, INC	168,290.00	CONSULTING SERVICES	VARIOUS
T3088	GLEN BROWN CONSULTING	149,775.00	CONSULTING	CAPITAL PROJECT
T5344	SIGNATURE STAFF RESOURCES LLC	149,492.00	2023 & 2024 PROFESSIONAL SERVICES	PROJECT MGMNT/CAPITAL
T5931	SPROUT SOCIAL, INC ****	145,264.00	12 MONTHS OF SOCIAL MEDIA VIGILANCE & MANAGEMENT	CAPITAL PROJECT
T5877	TGN CONSULTING LLC	132,440.00	FRONT LINES ACTIVATION & EXECUTIVE COACHING	HUMAN RESOURCES
T5890	DELTA DENTAL OF CALIFORNIA	131,746.89	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T2584	UNITED STATES POSTAL SVC - HASLER	120,000.00	POSTAGE (METER) FUND	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
T1128	HALL LETTER SHOP	114,473.99	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
T5420	PAYPRO ACH	113,536.95	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T2413	TREK IMAGING INC	110,503.55	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T5571	GHA TECHNOLOGIES INC	109,600.73	FORTINET SECURITY	MIS INFRASTRUCTURE
T2167	PG&E	109,143.16	UTILITIES	CORPORATE SERVICES
T5751	EXCELL HCA, LLC	106,575.00	PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T5520	BG HEALTHCARE CONSULTING, INC	106,200.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	105,300.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4452	WELLS FARGO	102,183.74	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T5742	MICHAEL NGUYEN	100,000.00	PROFESSIONAL SERVICES	QUALITY & HEALTH EQUITY
T5022	SVAM INTERNATIONAL INC	96,657.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T3449	CDW GOVERNMENT	93,437.26	FORTINET RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T5435	TEGRIA SERVICES GROUP - US, INC	85,837.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	85,000.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION



# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4165	SHI INTERNATIONAL CO.	83,981.01	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE/CAPITAL
T4514	A.J. KLEIN, INC T. DENATALE, B. GOLDNER ****	75,645.40	LEGAL FEES	ADMINISTRATION
T5155	A-C ELECTRIC COMPANY	74,853.43	CARPPOOL SOLAR PROJECT	CAPITAL PROJECT
T4657	DAPONDE SIMPSON ROWE PC	68,509.50	LEGAL FEES	VARIOUS
T1272	COFFEY COMMUNICATIONS INC	68,312.50	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH SERVICES - WELLNESS & PREVENTION/MEDIA & ADVERTISING
T5291	PINNACLE RECRUITMENT SERVICES LLC	67,961.26	TEMPORARY HELP	VARIOUS
T4963	LINKEDIN CORPORATION	65,388.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T4985	CYBERCODERS, INC	63,000.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T2918	STINSON'S ****	62,203.51	OFFICE SUPPLIES & OFFICE FURNITURE	VARIOUS
T5509	NGUYEN CAO LUU-TRONG	62,100.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2941	KERN PRINT SERVICES INC	58,185.60	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T5467	MOSS ADAMS LLP ****	57,142.00	CLAIMS AUDIT TOOL ENHANCEMENT	CLAIMS
T4792	KP LLC	57,049.18	PROVIDER DIRECTORIES	PROVIDER NETWORK MANAGEMENT
T4501	ALLIED UNIVERSAL SECURITY SERVICES	56,721.47	ONSITE SECURITY	CORPORATE SERVICES
T5121	TPX COMMUNICATIONS	55,136.66	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	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
T4484	JACOBSON SOLUTIONS	54,719.88	TEMPORARY HELP	HEALTH SERVICES - UM
T1861	CERIDIAN HCM, INC.	53,039.29	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T3011	OFFICE ALLY, INC	52,318.33	EDI CLAIM PROCESSING	CLAIMS
T5850	SERRANO ADVISORS LLC ****	51,750.00	PROFESSIONAL SERVICES	ENHANCED CARE MANAGEMENT
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	51,521.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T5882	RELIABLE JANITORIAL SERVICES AND CARPET CLEANING INC	51,334.28	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T4708	WAKELY CONSULTING GROUP, LLC FRMLY HEALTH MANAGEMENT ASSOCIATES, INC.	51,252.50	PROFESSIONAL SERVICES	ADMINISTRATION
T5329	RELAY NETWORK, LLC	49,999.98	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
T2969	AMERICAN BUSINESS MACHINES INC	49,307.79	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T2458	HEALTHCARE FINANCIAL, INC ****	49,099.76	CONSULTING	ADMINISTRATION
T4216	NEXSTAR BROADCASTING INC	47,300.00	ADVERTISEMENT - MEDIA	MARKETING
T5421	PREMIER ACCESS INSURANCE COMPANY	46,074.50	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T5583	THE MIHALIK GROUP, LLC	45,127.50	NCQA TRAINING	HEALTH SERVICES - QI
T1022	UNUM LIFE INSURANCE CO.	44,548.33	EMPLOYEE PREMIUM	PAYROLL DEDUCTION

# KERN·HEALTH SYSTEMS

## Year to Date AP Vendor Report

Amounts over \$20,000.00

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5863	MANNA HAGOS	43,350.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	42,496.78	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T4353	TWE SOLUTIONS, INC	42,473.50	JUNIPER QFX SWITCHES & LICENSES	MIS INFRASTRUCTURE
T5846	MOKSHA PSYCHOTHERAPY & COMMUNITY HEALTH CONSULTING INC	40,437.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4331	COTIVITI, INC ****	40,279.75	PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T4563	SPH ANALYTICS	40,096.50	HEDIS CAHPS, ECM & PROVIDER SATISFACTION SURVEY	VARIOUS
T5886	US POSTAL SERVICE	40,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T1005	COLONIAL LIFE & ACCIDENT	36,497.12	LIFE INSURANCE PREMIUM	VARIOUS
T5757	BITFOCUS, INC ****	36,369.82	ENTERPRISE SOFTWARE LICENSING & DATA MODELING	CAPITAL PROJECT
T2933	SIERRA PRINTERS, INC ****	36,182.09	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS
T5298	TOTALMED, INC	34,940.19	TEMPORARY HELP	VARIOUS
T5930	DAYFORCE US, INC ****	33,855.53	SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T2562	CACTUS SOFTWARE LLC	33,506.15	2024 CREDENTIALING LICENSE & SUPPORT	MIS INFRASTRUCTURE
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC	32,068.08	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK ****	32,000.00	2023 AUDIT FEES	FINANCE
T1097	NCQA	31,760.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDITATION	HEALTH SERVICES - QI
T2726	DST PHARMACY SOLUTIONS, INC	31,500.00	PHARMACY CLAIMS	PHARMACY
T5696	ASA GLOBAL HEALTHCARE SERVICES PC	31,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES-UM
T4503	VISION SERVICE PLAN	31,219.33	EMPLOYEE HEALTH BENEFITS	VARIOUS
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	30,685.90	BOARDROOM FURNITURE	CORPORATE SERVICES
T5562	JDM SOLUTIONS INC. ****	29,760.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5778	CONTOUR DATA SOLUTIONS, LLC ****	29,400.00	ANNUAL DATA SOLUTIONS	CAPITAL PROJECT
T5936	AXIOS HQ INC ****	28,800.00	AI COMMUNICATION SOFTWARE LICENSING	CAPITAL PROJECT
T5791	WEINTRAUB TOBIN	28,785.50	LEGAL SERVICES	ADMINISTRATION
T4731	GO TO TECHNOLOGIES, INC ****	28,560.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T5741	HEALTHWISE, INCORPORATED	28,402.23	MEMBER SELF MANAGEMENT TOOLS	HEALTH SERVICES - WELLNESS & PREVENTION
T2851	SINCLAIR TELEVISION OF BAKERSFIELD, LLC ****	24,790.00	ADVERTISEMENT - MEDIA	MARKETING
T1650	UNIVISION TELEVISION GROUP	24,733.00	TELEVISION ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T2961	SOLUTION BENCH, LLC	23,220.00	M-FILES SOFTWARE ANNUAL RENEWAL	MIS INFRASTRUCTURE
T1183	MILLIMAN USA	22,082.25	CY2022/2023 TNE & IBNP CONSULTING - ACTUARIAL	ADMINISTRATION
T2446	AT&T MOBILITY ****	21,530.53	CELLULAR PHONE/INTERNET USAGE	MIS INFRASTRUCTURE
T5615	HAPPY WHOLE YOU, INC	21,355.11	2024 CUSTOM PROGRAMS	HUMAN RESOURCES
T5319	CITIUSTECH INC	21,249.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	MIS INFRASTRUCTURE
T5701	THE GRANGER NETWORK LLC	21,146.71	SUPERVISOR BOOTCAMP	HUMAN RESOURCES
T5779	COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION	20,000.00	SPONSORSHIP	SALES/MARKETING/PUBLIC RELATIONS
		<b>18,898,868.54</b>		
	TOTAL VENDORS OVER \$20,000	18,898,868.54		
	TOTAL VENDORS UNDER \$20,000	1,166,538.60		
	TOTAL VENDOR EXPENSES- MARCH	<b>\$ 20,065,407.14</b>		

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
T1045	KAISER FOUNDATION HEALTH - HMO	810,625.32	3,258,796.41	APR. 2024 EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	480,166.57	2,184,699.99	FEB. & MAR. 2024 PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T4733	UNITED STAFFING ASSOCIATES	189,834.02	412,094.79	FEB. & MAR. 2024 TEMPORARY HELP - (1) UM: (14) MS: (4) AD	VARIOUS
T5340	GARTNER INC ****	184,800.00	374,565.00	TRAINING - HR STRATEGIES AND RESPONSES TO EMERGING HR ISSUES	HUMAN RESOURCES
T2967	DEPARTMENT OF HEALTH CARE SERVICES ****	169,000.00	169,000.00	2021 MEDICAL MCAS PERFORMANCE MEASUREMENT MONETARY SANCTION	ADMINISTRATION
T5564	CLARISHEALTH, INC	143,234.13	316,668.53	MAR. 2024 DRG AUDIT RECOVERIES	ADMINISTRATION
T4737	TEKSYSTEMS, INC.	135,650.25	828,620.95	FEB. & MAR. 2024 PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5337	CAZADOR CONSULTING GROUP INC	126,642.20	381,765.02	FEB. & MAR. 2024 TEMPORARY HELP - (16) MS: (1) PNM: (1) HR	VARIOUS
T3449	CDW GOVERNMENT ****	120,632.64	214,069.90	NUTANIX AOS RENEWAL (6.28.2024 - 1.23.2026) & 25 ABOBE LICENSES	MIS INFRASTRUCTURE
T3011	OFFICE ALLY, INC ****	109,445.27	161,763.60	FEB. & MAR. 2024 EDI CLAIMS	CLAIMS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	97,031.65	1,906,505.62	FEB. & MAR. 2024 PROFESSIONAL SERVICES & EDI CLAIM PROCESSING	VARIOUS
T5292	ALL'S WELL HEALTH CARE SERVICES	96,740.45	273,697.43	JAN. & FEB. 2024 TEMPORARY HELP - QI: (6), UM: (3), PHM: (1),	VARIOUS
T5022	SVAM INTERNATIONAL INC	96,264.00	192,921.00	FEB. & MAR. 2024 PROFESSIONAL SERVICES	VARIOUS
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC ****	84,886.71	448,658.33	JAN. & MAR. 2024 NEW MEMBER WELCOME CALLS	MEMBER SERVICES
T1180	LANGUAGE LINE SERVICES INC	81,569.08	390,527.22	MAR. 2024 INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION

# KERN·HEALTH SYSTEMS

**April AP Vendor Report**  
**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5967	SAI360 INC ****	74,880.00	74,880.00	REGULATORY COMPLIANCE & BEST PRACTICES POLICY MANAGEMENT MODULES	CAPITAL PROJECT
T3088	GLEN BROWN CONSULTING	58,387.50	208,162.50	MAR. 2024 CONSULTING	CAPITAL PROJECT
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	57,162.19	226,626.76	APR. 2024 VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T5344	SIGNATURE STAFF RESOURCES LLC	49,000.00	198,492.00	MAR. 2024 PROFESSIONAL SERVICES	CAPITAL PROJECT
T5420	PAYPRO ACH	48,635.73	162,172.68	APR. 2024 EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5890	DELTA DENTAL OF CALIFORNIA	44,376.93	176,123.82	APR. 2024 EMPLOYEE DENTAL HEALTH BENEFITS PREMIUM	VARIOUS
T2413	TREK IMAGING INC ****	42,665.06	153,168.61	NEW HIRE SHIRTS, JOB FAIR PROMO ITEMS & KHS STORE INVENTORY	HUMAN RESOURCES
T2458	HEALTHCARE FINANCIAL, INC.	40,141.58	89,241.34	FEB. & MAR. 2024 CONSULTING	ADMINISTRATION
T5886	US POSTAL SERVICE ****	40,000.00	80,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T4657	DAPONDE SIMPSON ROWE PC	39,817.00	108,326.50	JAN. 2024 LEGAL SERVICES	VARIOUS
T2167	PG&E	38,644.13	147,787.29	APR. 2024 UTILITIES	CORPORATE SERVICES
T5877	TGN CONSULTING LLC	37,158.48	132,440.00	FRONT LINES ACTIVATION & MGR BOOTCAMP & MAR. 2024 TRAVEL EXPENSES	HUMAN RESOURCES
T5509	NGUYEN CAO LUU-TRONG	36,900.00	99,000.00	MAR. 2024 PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5757	BITFOCUS, INC	32,750.00	36,369.82	HEALTH CHECK OF CLARITY HMIS SYSTEM	HOMELESS MANAGEMENT INFORMATION SERVICES
T4452	WELLS FARGO ACH	32,732.70	102,183.74	MAR. 2024 MISC CREDIT CARD PURCHASES	VARIOUS

# KERN·HEALTH SYSTEMS

**April AP Vendor Report**  
**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Current Month	Year-to-Date	Description	Department
T5435	TEGRIA SERVICES GROUP - US, INC	30,800.00	116,637.50	MAR. 2024 CONSULTING SERVICES	BUSINESS INTELLIGENCE
T4259	SKARPHOL ASSOCIATES ****	30,333.12	30,333.12	REMODELING & NEW OFFICES	CAPITAL PROJECT
T5520	BG HEALTHCARE CONSULTING, INC	30,150.00	136,350.00	MAR. 2024 CONSULTING SERVICES	POPULATION HEALTH MANAGEMENT
T5930	DAYFORCE US, INC	28,006.05	61,861.58	FEB - APR. 2024 SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T5751	EXCELL HCA, LLC	28,000.00	134,575.00	MAR. 2024 PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T4501	ALLIED UNIVERSAL SECURITY SERVICES ****	25,545.58	82,267.05	MAR. & APR. 2024 ONSITE SECURITY	CORPORATE SERVICES
T5486	ALLIED GENERAL CONTRACTORS, INC ****	24,800.00	24,800.00	LABOR -INSTALLATION OF 4 DOORS WITH SIDELIGHTS	CORPORATE SERVICES
T4484	JACOBSON SOLUTIONS ****	24,345.37	79,065.25	MAR. & APR. 2024 TEMPORARY HELP - CLAIMS (5)	CLAIMS
T5583	THE MIHALIK GROUP, LLC ****	23,407.50	68,535.00	JAN. 2024 CONSULTING SERVICES	HEALTH SERVICES - QI
T4563	SPH ANALYTICS ****	22,705.00	62,801.50	2024 PROVIDER SATISFACTION SURVEY & HEDIS CAHPS SURVEY	PROVIDER NETWORK MANAGEMENT/MEMBER SERVICES
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK	22,500.00	54,500.00	2023 AUDIT FEES	FINANCE
T4985	CYBERCODERS, INC ****	20,000.00	83,000.00	MAR. 2024 PROFESSIONAL SERVICES	CAPITAL PROJECT
T5535	PANAMA-BUENA VISTA UNION SCHOOL DISTRICT ****	20,000.00	20,000.00	SCHOOL WELLNESS GRANTS	HEALTH SERVICES - WELLNESS & PREVENTION
		<b>3,930,366.21</b>			
	TOTAL VENDORS OVER \$20,000	3,930,366.21			
	TOTAL VENDORS UNDER \$20,000	847,130.54			
	TOTAL VENDOR EXPENSES- APRIL	<b>\$ 4,777,496.75</b>			

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	3,258,796.41	EMPLOYEE HMO HEALTH BENEFITS PREMIUM	VARIOUS
T4350	COMPUTER ENTERPRISE	2,184,699.99	PROFESSIONAL SERVICES/CONSULTING SERVICES	VARIOUS
T4722	COGNIZANT TRIZETTO SOFTWARE GROUP, INC	1,906,505.62	PROFESSIONAL SERVICES & ANNUAL LICENSING	VARIOUS
T1408	DELL MARKETING L.P.	1,113,807.22	COMPUTER EQUIPMENT & SOFTWARE MAINTENANCE	MIS INFRASTRUCTURE
T4737	TEKSYSTEMS, INC.	828,620.95	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T3130	OPTUMINSIGHT, INC	746,059.00	ANNUAL LICENSED SOFTWARE	MIS INFRASTRUCTURE
T4699	ZEOMEGA, INC	735,178.22	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T5111	ENTISYS 360, E360	712,199.87	NUTANIX ACROPOLIS SOFTWARE LICENSE	MIS INFRASTRUCTURE
T3022	MICROSOFT CORPORATION	612,498.75	CONSULTING SERVICES	ENTERPRISE CONFIGURATION
T5684	REBELLIS GROUP LLC	486,947.50	MAPD BUSINESS CONSULTING	MEDICARE
T5865	HARTE-HANKS RESPONSE MANAGEMENT/AUSTIN, INC	448,658.33	2024 SALESFORCE LICENSE FEES-CUSTOMER CARE CONTACT CENTER	MEMBER SERVICES
T4733	UNITED STAFFING ASSOCIATES	412,094.79	TEMPORARY HELP	VARIOUS
T1180	LANGUAGE LINE SERVICES INC	390,527.22	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T5337	CAZADOR CONSULTING GROUP INC	381,765.02	TEMPORARY HELP	VARIOUS
T5340	GARTNER INC	374,565.00	ANNUAL LEADERS INDIVIDUAL ACCESS ADVISOR - PROFESSIONAL SERVICES	HUMAN RESOURCES

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5564	CLARISHEALTH, INC	316,668.53	DRG AUDIT RECOVERIES	ADMINISTRATION
T5292	ALL'S WELL HEALTH CARE SERVICES	273,697.43	TEMPORARY HELP	VARIOUS
T5658	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	226,626.76	VOLUNTARY LIFE, AD&D INSURANCE PREMIUM	VARIOUS
T3449	CDW GOVERNMENT	214,069.90	FORTINET RENEWAL & ADOBE LICENSES	MIS INFRASTRUCTURE
T5452	BLACKHAWK ENGAGEMENT SOLUTIONS INC	210,000.00	PREFUND MEMBER INCENTIVES & MCAS MEMBER REWARDS PROGRAM	HEALTH SERVICES - WELLNESS & PREVENTION & HEALTH SERVICES -QI
T3088	GLEN BROWN CONSULTING	208,162.50	CONSULTING	CAPITAL PROJECT
T2469	DST HEALTH SOLUTIONS, LLC	200,350.00	ANNUAL ACG LICENSE & SUPPORT	BUSINESS INTELLIGENCE
T5344	SIGNATURE STAFF RESOURCES LLC	198,492.00	2023 & 2024 PROFESSIONAL SERVICES	PROJECT MGMNT/CAPITAL PROJECT
T5022	SVAM INTERNATIONAL INC	192,921.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4024	QUADIENT INC	190,511.84	MAIL INSERTER, METER RENTAL & SOFTWARE SUPPORT	CAPITAL PROJECT/CORPORATE SERVICES
T4460	PAYSPAN, INC	189,313.35	ELECTRONIC CLAIMS/PAYMENTS	FINANCE
T5890	DELTA DENTAL OF CALIFORNIA	176,123.82	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T5877	TGN CONSULTING LLC	169,598.48	FRONT LINES ACTIVATION & EXECUTIVE COACHING	HUMAN RESOURCES
T2967	DEPARTMENT OF HEALTH CARE SERVICES ****	169,000.00	2021 MEDICAL MCAS PERFORMANCE MEASUREMENT MONETARY SANCTION	ADMINISTRATION

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4237	FLUIDEDGE CONSULTING, INC	168,290.00	CONSULTING SERVICES	VARIOUS
T5420	PAYPRO ACH	162,172.68	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T3011	OFFICE ALLY, INC	161,763.60	EDI CLAIM PROCESSING	CLAIMS
T2413	TREK IMAGING INC	153,168.61	COMMUNITY AND MARKETING EVENTS, MEMBER & HEALTH ED INCENTIVES, EMPLOYEE EVENTS, NEW HIRE SHIRTS	VARIOUS
T2167	PG&E	147,787.29	UTILITIES	CORPORATE SERVICES
T5931	SPROUT SOCIAL, INC	145,264.00	12 MONTHS OF SOCIAL MEDIA VIGILANCE & MANAGEMENT	CAPITAL PROJECT
T5520	BG HEALTHCARE CONSULTING, INC	136,350.00	PROFESSIONAL SERVICES	POPULATION HEALTH MANAGEMENT
T5751	EXCELL HCA, LLC	134,575.00	PROFESSIONAL SERVICES	PROJECT MANAGEMENT
T1128	HALL LETTER SHOP	132,965.72	MEMBER ID CARDS, MEMBER SURVEY & MAIL PREP, NEW MEMBER PACKETS & ENVELOPES	VARIOUS
T4452	WELLS FARGO	134,916.44	ACH- MISC CREDIT CARD PURCHASES	VARIOUS
T5076	MERIDIAN HEALTH SYSTEMS, P.C.	122,062.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T2584	UNITED STATES POSTAL SVC - HASLER	120,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T5435	TEGRIA SERVICES GROUP - US, INC	116,637.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T5571	GHA TECHNOLOGIES INC	109,600.73	FORTINET SECURITY	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
T4657	DAPONDE SIMPSON ROWE PC	108,326.50	LEGAL FEES	VARIOUS
T5742	MICHAEL NGUYEN	100,000.00	PROFESSIONAL SERVICES	QUALITY & HEALTH EQUITY
T5509	NGUYEN CAO LUU-TRONG	99,000.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4054	ASSOCIATION FOR COMMUNITY AFFILIATED PLANS	92,500.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T2458	HEALTHCARE FINANCIAL, INC	89,241.34	CONSULTING	ADMINISTRATION
T1272	COFFEY COMMUNICATIONS INC	84,539.30	MEMBER NEWSLETTER/WEBSITE IMPLEMENTATION	HEALTH SERVICES - WELLNESS & PREVENTION/MEDIA & ADVERTISING
T4165	SHI INTERNATIONAL CO.	83,981.01	NETWORK SWITCHES WITH SUPPORT	MIS INFRASTRUCTURE/CAPITAL PROJECT
T4514	A.J. KLEIN, INC T. DENATALE, B. GOLDNER	83,918.60	LEGAL FEES	ADMINISTRATION
T4985	CYBERCODERS, INC	83,000.00	PROFESSIONAL SERVICES	MIS ADMINISTRATION
T4501	ALLIED UNIVERSAL SECURITY SERVICES	82,267.05	ONSITE SECURITY	CORPORATE SERVICES
T5291	PINNACLE RECRUITMENT SERVICES LLC	80,508.84	TEMPORARY HELP	VARIOUS
T5886	US POSTAL SERVICE	80,000.00	POSTAGE (METER) FUND	CORPORATE SERVICES
T4484	JACOBSON SOLUTIONS	79,065.25	TEMPORARY HELP	HEALTH SERVICES - UM
T2941	KERN PRINT SERVICES INC	76,265.08	OTHER PRINTING COSTS, ENVELOPES, LETTERHEAD	VARIOUS
T5967	SAI360 INC ****	74,880.00	REGULATORY COMPLIANCE & BEST PRACTICES POLICY MANAGEMENT MODULES	CAPITAL PROJECT

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5155	A-C ELECTRIC COMPANY	74,853.43	CARPOOL SOLAR PROJECT	CAPITAL PROJECT
T2918	STINSON'S	74,558.56	OFFICE SUPPLIES	VARIOUS
T5121	TPX COMMUNICATIONS	72,393.07	LOCAL CALL SERVICES; LONG DISTANCE CALLS; INTERNET SERVICES; 800 LINES	MIS INFRASTRUCTURE
T5757	BITFOCUS, INC	69,119.82	ENTERPRISE SOFTWARE LICENSING & DATA MODELING	CAPITAL PROJECT
T5583	THE MIHALIK GROUP, LLC	68,535.00	NCQA TRAINING	HEALTH SERVICES - QI
T5882	RELIABLE JANITORIAL SERVICES AND CARPET CLEANING INC	68,483.28	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T5329	RELAY NETWORK, LLC	66,666.64	TEXT MESSAGING SUBSCRIPTION	CAPITAL PROJECT
T4963	LINKEDIN CORPORATION	65,388.50	ANNUAL ONLINE TRAINING FOR ALL EMPLOYEES	HUMAN RESOURCES
T4563	SPH ANALYTICS	62,801.50	HEDIS CAHPS, ECM & PROVIDER SATISFACTION SURVEY	VARIOUS
T2969	AMERICAN BUSINESS MACHINES INC	62,156.39	HARDWARE AND MAINTENANCE	CORPORATE SERVICES
T5930	DAYFORCE US, INC	61,861.58	SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T1022	UNUM LIFE INSURANCE CO.	60,233.93	EMPLOYEE PREMIUM	PAYROLL DEDUCTION
T5467	MOSS ADAMS LLP	57,142.00	CLAIMS AUDIT TOOL ENHANCEMENT	CLAIMS
T4792	KP LLC	57,049.18	PROVIDER DIRECTORIES	PROVIDER NETWORK MANAGEMENT
T5863	MANNA HAGOS	56,437.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4708	WAKELY CONSULTING GROUP, LLC FRMLY HEALTH MANAGEMENT ASSOCIATES, INC.	55,972.50	PROFESSIONAL SERVICES	ADMINISTRATION
T4415	DANIELLS PHILLIPS VAUGHAN AND BOCK	54,500.00	2023 AUDIT FEES	FINANCE
T1861	CERIDIAN HCM, INC.	53,039.29	MONTHLY SUBSCRIPTION FEES/PROFESSIONAL SERVICES/ DAYFORCE HUMAN CAPITAL MANAGEMENT	HUMAN RESOURCES
T1404	CALIFORNIA ASSOCIATION OF HEALTH PLANS	52,421.00	2024 ANNUAL DUES ASSESSMENT	ADMINISTRATION
T5850	SERRANO ADVISORS LLC	51,750.00	PROFESSIONAL SERVICES	ENHANCED CARE MANAGEMENT
T1005	COLONIAL LIFE & ACCIDENT	48,658.16	LIFE INSURANCE PREMIUM	VARIOUS
T4216	NEXSTAR BROADCASTING INC	47,300.00	ADVERTISEMENT - MEDIA	MARKETING
T5298	TOTALMED, INC	46,188.97	TEMPORARY HELP	VARIOUS
T5421	PREMIER ACCESS INSURANCE COMPANY	46,074.50	EMPLOYEE DENTAL BENEFITS PREMIUM	VARIOUS
T5846	MOKSHA PSYCHOTHERAPY & COMMUNITY HEALTH CONSULTING INC	43,812.50	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4538	CHANGE HEALTHCARE SOLUTIONS, LLC	42,496.78	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T4353	TWE SOLUTIONS, INC	42,473.50	JUNIPER QFX SWITCHES & LICENSES	MIS INFRASTRUCTURE
T2726	DST PHARMACY SOLUTIONS, INC	42,000.00	PHARMACY CLAIMS	PHARMACY
T4503	VISION SERVICE PLAN	41,819.35	EMPLOYEE HEALTH BENEFITS	VARIOUS

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T4331	COTIVITI, INC	40,396.75	PROFESSIONAL SERVICES	HEALTH SERVICES - QI
T5562	JDM SOLUTIONS INC.	39,680.00	PROFESSIONAL SERVICES	MIS INFRASTRUCTURE
T4265	SIERRA SCHOOL EQUIPMENT COMPANY	39,441.33	BOARDROOM FURNITURE	CORPORATE SERVICES
T1183	MILLIMAN USA	38,245.75	CY2022/2023 TNE & IBNP CONSULTING - ACTUARIAL	ADMINISTRATION
T2933	SIERRA PRINTERS, INC	37,461.11	PRINTING OF MEMBER EDUCATION MATERIAL/PROVIDER DIRECTORY/BUSINESS CARDS	VARIOUS
T2562	CACTUS SOFTWARE LLC	33,506.15	2024 CREDENTIALING LICENSE & SUPPORT	MIS INFRASTRUCTURE
T5696	ASA GLOBAL HEALTHCARE SERVICES PC	33,500.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4902	CHANGE HEALTHCARE TECHNOLOGIES, LLC	32,068.08	2023 & 2024 EDI CLAIM PROCESSING	CLAIMS
T1097	NCQA	31,760.00	HEDIS, VOL 2 PLUS QUALITY COMPASS AND POPULATION HEALTH PROGRAM ACCREDITATION	HEALTH SERVICES - QI
T5791	WEINTRAUB TOBIN	30,843.50	LEGAL SERVICES	ADMINISTRATION
T4259	SKARPHOL ASSOCIATES ****	30,333.12	BUILDING IMPROVEMENT -REMODELING & NEW OFFICES	CAPITAL PROJECT
T5778	CONTOUR DATA SOLUTIONS, LLC	29,400.00	ANNUAL DATA SOLUTIONS	CAPITAL PROJECT
T5843	SEVEN OAKS COUNTRY CLUB ****	29,227.50	PROVIDER DINNER EVENT & Q2 FORUM	PROVIDER NETWORK MANAGEMENT
T2446	AT&T MOBILITY	29,224.16	CELLULAR PHONE/INTERNET USAGE	MIS INFRASTRUCTURE
T1655	KERN,KKXX,KISV,KGEO,KGFM,KEBT,KZOZ,KKJG,KVEC,KSTT,KRQK,KPAT,	29,115.00	RADIO ADVERTISING	SALES/MARKETING/PUBLIC RELATIONS

# KERN·HEALTH SYSTEMS

**Year to Date AP Vendor Report**

**Amounts over \$20,000.00**

Vendor No.	Vendor Name	Year-to-Date	Description	Department
T5936	AXIOS HQ INC	28,800.00	AI COMMUNICATION SOFTWARE LICENSING	CAPITAL PROJECT
T4731	GO TO TECHNOLOGIES, INC	28,560.00	INTERNET SERVICES	MIS INFRASTRUCTURE
T5741	HEALTHWISE, INCORPORATED	28,402.23	MEMBER SELF MANAGEMENT TOOLS	HEALTH SERVICES - WELLNESS & PREVENTION
T1650	UNIVISION TELEVISION GROUP	25,591.50	ADVERTISEMENT - MEDIA	SALES/MARKETING/PUBLIC RELATIONS
T5486	ALLIED GENERAL CONTRACTORS, INC ****	24,800.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T2851	SINCLAIR TELEVISION OF BAKERSFIELD, LLC	24,790.00	ADVERTISEMENT - MEDIA	MARKETING
T5550	CHARTER COMMUNICATIONS OPERATING, LLC ****	24,401.84	INTERNET SERVICES	MIS INFRASTRUCTURE
T4785	COMMGAP ****	23,851.25	INTERPRETATION SERVICES	HEALTH SERVICES - WELLNESS & PREVENTION
T2961	SOLUTION BENCH, LLC	23,220.00	M-FILES SOFTWARE ANNUAL RENEWAL	MIS INFRASTRUCTURE
T3986	JACQUELYN S. JANS ****	22,920.00	CONSULTING FOR KHS PUBLIC IMAGE CAMPAIGN	ADMINISTRATION/ MARKETING
T5941	CORDELL KEY ****	21,726.00	PROFESSIONAL SERVICES	HEALTH SERVICES - UM
T4607	AGILITY RECOVERY SOLUTIONS INC. ****	21,510.00	PROFESSIONAL SERVICES	CORPORATE SERVICES
T5615	HAPPY WHOLE YOU, INC	21,355.11	2024 CUSTOM PROGRAMS	HUMAN RESOURCES
T2955	DELTA ELECTRIC INC. ****	21,290.00	BUILDING IMPROVEMENT/MAINTENANCE	CORPORATE SERVICES
T5319	CITIUSTECH INC	21,249.00	FAST+ ANNUAL MAINTENANCE & SUPPORT	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
T5701	THE GRANGER NETWORK LLC	21,146.71	SUPERVISOR BOOTCAMP	HUMAN RESOURCES
T4182	THE LAMAR COMPANIES ****	20,165.80	OUTDOOR ADVERTISEMENT - BILLBOARDS	ADVERTISING
T5779	COMMUNITY ACTION PARTNERSHIP OF KERN FOUNDATION	20,000.00	SPONSORSHIP	SALES/MARKETING/PUBLIC RELATIONS
T2441	LAURA J. BREZINSKI ****	20,000.00	MARKETING MATERIALS	MARKETING
T5535	PANAMA-BUENA VISTA UNION SCHOOL DISTRICT ****	20,000.00	SCHOOL WELLNESS GRANT	COMMUNITY GRANTS
		<b><u>23,385,675.36</u></b>		
	TOTAL VENDORS OVER \$20,000	23,385,675.36		
	TOTAL VENDORS UNDER \$20,000	1,457,734.62		
	TOTAL VENDOR EXPENSES- APRIL	<b><u>\$ 24,843,409.98</u></b>		

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
<b>January 2024</b>							
Press Ganey/SPH Analytics	\$81,696.00	Yes	ECM	Loni Hill-Pirtle	ECM Member Satisfaction Survey	1/1/2024	12/31/2026
Michael Nguyen	\$197,500.00	Yes	HE	Traco Matthews	Health Equity Strategic Guidance and Cultural Insights Services	1/1/2024	12/31/2024
Harte Hanks	\$198,064.00	Yes	MS	Nate Scott	Up to (3,200) New Member Welcome calls	1/1/2024	12/31/2024
Entysis360	\$51,837.28	Yes	IT	Richard Pruitt	(52) licenses for VMware maintenance & technical support	1/1/2024	12/31/2024
GHA Technologies	\$71,550.61	Yes	IT	Richard Pruitt	Fotinet-Fortigate Maintenance & Support for Security Appliances	1/1/2024	12/31/2024
Gartner	\$189,765.00	Yes	IT	Richard Pruitt	Executive Program Leadership licenses (3)	1/1/2024	12/31/2024
Moss Adams	\$143,334.50	Yes	CLM	Robin Dow-Morales	Claims Audit Tool	1/1/2024	12/31/2026
The Granger Network	\$198,800.00	Yes	HR	Alan Avery	Front Lines Activation and Manager Bootcamp	1/1/2024	6/30/2024
BG Healthcare	\$199,000.00	Yes	QI	Dr. Martha Tasinga	Consulting services for the QI dept	1/1/2024	12/31/2024
BG Healthcare	\$199,000.00	Yes	PHM	Michelle Curiouso	Consulting services for the PHM dept	1/1/2024	12/31/2024
HD Dynamics	\$50,000.00	Yes	PNM	Amisha Pannu	Consulting services for CRM process	1/2/2024	12/31/2024
Poppyrock	\$120,000.00	Yes	MRKT	Louie Iturriria	KHS & KFHC Graphic Design	1/2/2024	12/31/2025
CEI	\$199,920.00	Yes	COSA	Josh Hosch	Business Analyst for UM team	1/2/2024	12/31/2024
Reliable Janitorial	\$199,008.00	Yes	CS	Andrea Hylton	Janitorial services	1/11/2024	1/10/2025
CAQH	\$50,000.00	Yes	PNM	Amisha Pannu	Access to real-time Provider applications (ProView)	1/25/2024	1/24/2025
CDW-G	\$67,761.50	Yes	IT	Richard Pruitt	All Adobe licenses annual renewal (257)	1/26/2024	1/25/2025
TEKSystems	\$78,000.00	Yes	HR	Devin Brown	HRIS Analyst for HR DEPT	1/30/2024	7/30/2024
<b>February 2024</b>							
Clinica Sierra Vista	\$145,000.00	Yes	HE	Isabel Silva	MOU	2/1/2024	1/31/2025
BG Healthcare	\$81,000.00	Yes	UM	Dr. Tasinga	Consulting services for the UM dept	2/6/2024	5/5/2024
Diligent Corporation	\$50,000.00	Yes	CPL	Deborah Murr	Compliance Training Material	2/7/2024	2/6/2027
SPH Analytics	\$63,809.00	Yes	BH	Melinda Santiago	ECHO 3.0 (Behavioral Health) Satisfaction Survey	2/7/2024	2/6/2027
Coffey Communications	\$170,000.00	Yes	HE	Isabel Silva	Printing of Member Newsletters	2/15/2024	2/14/2025
CDW-G	\$111,495.80	Yes	IT	Richard Pruitt	Nutanix renewal co-termed	2/17/2024	1/23/2026
Sprout Social	\$145,264.00	Yes	MRKT	Louie Iturriria	Social Media Vigilance software	2/23/2024	2/25/2025
Axios HQ	\$59,040.00	Yes	MRKT	Louie Iturriria	Internal AI Communication Software for Marketing team	2/23/2024	2/22/2026
LanguageLine	\$90,000.00	Yes	HE	Isabel Silva	Interpreting services	2/28/2024	2/27/2025
<b>March 2024</b>							
Gartner	\$184,800.00	Yes	HR	Devin Brown	Gartner Advisory licenses for HR team	3/1/2024	2/28/2025
Serrano Advisors	\$119,000.00	Yes	ECM	Dr. Tasinga	Staff Augmentation Services	3/1/2024	8/31/2024
TEKSystems	\$198,432.00	Yes	COSA	Josh Hosch	One (1) Solution Architect & Analyst Resoucee	3/4/2024	12/31/2024
HMA	\$199,000.00	Yes	Acct	Veronica Barker	Actuarial services (RTD, Rate Analyst, & SDR's)	3/6/2024	3/5/2025
TEKSystems	\$193,752.00	Yes	UM	Dr. Tasinga	Reports & Dashboard Analyst for UM dept.	3/18/2024	12/31/2024
Dell	\$65,909.11	Yes	IT	Richard Pruitt	Dell 5540 laptops (30) & monitors (32)	3/25/2024	3/23/2028
SAI360	\$159,070.00	Yes	CPL	Deb Murr	Policy Management Platform	3/28/2024	3/27/2026
<b>April 2024</b>							
Coffey Communications	\$92,944.00	Yes	MRKT	Louie Iturriria	Digital renewal agreement for KHS website	4/1/2024	3/31/2026
Imagenet	\$197,000.00	Yes	CLM	Robin Dow-Morales	OCR services	4/4/2024	4/3/2027
The SSI Group	\$70,000.00	Yes	CLM	Robin Dow-Morales	EDI Claims & Electronic Remittance	4/4/2024	4/5/2026
Dell	\$78,927.60	Yes	IT	Richard Pruitt	Microsoft Defender for Servers Standard P2 Node	4/16/2024	12/31/2024
Dell	\$61,480.00	Yes	IT	Richard Pruitt	Dell monitors (50) & Laptops (25)	4/24/2024	4/24/2028
Entysis360	\$162,227.40	Yes	IT	Richard Pruitt	Rubrik renewal of premium support for enterprise edition software and hardware for a co-term	4/29/2024	4/28/2025

2024 PROJECT CONSULTING PROFESSIONAL SERVICES																	
ITEM	PROJECT	CAP/EXP	BUDGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTAL	REMAINING BALANCE
1	Member Engagement Platform	CAP	\$ 2,117,777	\$ 64,102	\$ 96,610	\$ 112,711										\$ 273,423	\$ 1,844,354
2	DSNP	CAP	\$ 4,210,408	\$ 205,676	\$ 198,682	\$ 229,653										\$ 634,011	\$ 3,576,397
3	HIE	CAP	\$ 1,250,870	\$ 72,720	\$ 83,112	\$ 90,706										\$ 246,538	\$ 1,004,332
4	Artificial Intelligence	CAP	\$ 534,560	\$ -	\$ -	\$ 8,720										\$ 8,720	\$ 525,840
5	PHI Data Visibility & Security	CAP	\$ 588,016	\$ 24,075	\$ 23,625	\$ 18,675										\$ 66,375	\$ 521,641
6	CBO Electronic Medical Record System	CAP	\$ 777,550	\$ 19,092	\$ 18,182	\$ 29,264										\$ 66,538	\$ 711,011
7	Policy Management System	CAP	\$ 267,280	\$ 18,000	\$ 19,000	\$ 24,000										\$ 61,000	\$ 206,280
8	Accounting System Review	CAP	\$ 245,898	\$ 19,320	\$ 18,400	\$ 18,400										\$ 56,120	\$ 189,778
9	IT Staff Augmentation	EXP	\$ 1,388,680	\$ 146,407	\$ 511,503	\$ 145,010										\$ 802,920	\$ 585,760
10	PM Staff Augmentation	EXP	\$ 3,739,782	\$ 242,945	\$ 228,984	\$ 246,846										\$ 718,775	\$ 3,021,007
11	DSNP Staff Augmentation	EXP	\$ 4,220,747	\$ 233,742	\$ 250,905	\$ 228,238										\$ 712,886	\$ 3,507,861
12	NCOA Tracking Only	EXP	\$ 350,000	\$ 23,408	\$ 16,703	\$ 11,520										\$ 51,630	\$ 298,370
13	DSNP Tracking Only	EXP	\$ 4,200,000	\$ 956	\$ 16,413	\$ 49,340										\$ 66,709	\$ 4,133,291
	<b>TOTALS</b>		<b>\$ 23,891,568</b>	<b>\$ 1,070,442</b>	<b>\$ 1,482,118</b>	<b>\$ 1,213,085</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,765,645</b>	<b>\$ 20,125,923</b>



**KERN HEALTH SYSTEMS  
BOARD OF DIRECTORS  
NEW VENDOR CONTRACTS  
June 13, 2024**

Legal Name DBA	Specialty	Address	Comments	Contract Effective Date
<b>PAC 05/01/2024</b>				
Anuj Bansal MD Inc	PCP / Internal Medicine	323 S. Lexington Street Delano CA	Existing Provider: Anjul Bansal MD	<b>Retro-Eff 5/1/2024</b>
Aashro Meds LLC dba: Careone Pharmacy	Pharmacy	2304 Columbus Street Bakersfield CA		6/1/2024
California Cardiovascular Institute	Specialty / Cardiology	8307 Brimhall Road Ste. 1702 Bakersfield CA	Existing Provider: L.Puga MD, R. Sandhu MD & G. Singh MD	6/1/2024
Dignity Health Management Services Organization	ECM - Case Management	4550 California Ave Ste 100 Bakersfield CA		6/1/2024
Erin Flaming dba: Lily Lactation	Lactation Consultant	6707 Palomino Drive Sanger CA 93657		6/1/2024
Magnolia Autism Group LLC	ABA Provider	4020 Rosedale Highway Bakersfield CA	Existing Provider: Vanessa Benjamin BCBA	<b>Retro-Eff 5/1/2024</b>
Monarch Behavior Science Inc.	ABA Provider	38434 9th St. East B-1 Palmdale CA		<b>Retro-Eff 5/1/2024</b>
Pine Medical Transport LLC	Transportation	4900 California Ave Ste 210B Bakersfield CA		6/1/2024
Wild Paw LLC dba: Coach Transportation	Transportation	25201 Avenue Tibbitts Ste 103 Santa Clarita CA		6/1/2024
<b>PAC 06/05/2024</b>				
Autism Spectrum Therapies	ABA Provider	3105 Latte Lane Bakersfield CA		<b>Retro-Eff 6/1/2024</b>
Baleigh Graves dba: RT Industries	Transportation	12114 Jacksonville Ave. Bakersfield CA 93312		7/1/2024
Barstow Primary Care Clinic dba: Barstow Health Partners	Specialty	805 E Mountain View St Barstow CA		7/1/2024
CA Divine Right Transportation LLC	Transportation	1300 West St. #205 Redding, CA 96001		7/1/2024
Centric Health - ECM Program	ECM - Case Management	3008 Sillect Ave Ste. 210 Bakersfield CA		7/1/2024
Compassionate Care Hospice Central California Inc	Hospice	7545 N Del Mar Ave Ste 204 Fresno CA		7/1/2024
Diagnostic Laboratory Science Inc	Lab & Draw Station	7711 Garden Grove Blvd Garden Grove 5901 Niles St Bakersfield CA		7/1/2024
Marianna Danilova dba: Friendly Nurses Home Health Care, Inc.	Home Health	1707 Eye St Ste 206 Bakersfield CA		7/1/2024
Habitat for Humanity Golden Empire Inc	CSS - Environ Accessibility Adaptions (Home Modifications)	1500 E. 19th Street Bakersfield CA		7/1/2024

**KERN HEALTH SYSTEMS  
BOARD OF DIRECTORS  
NEW VENDOR CONTRACTS  
June 13, 2024**

Legal Name DBA	Specialty	Address	Comments	Contract Effective Date
Heavenly Path Inc	MH Provider	110 S. Montclair St. Ste. 205 Bakersfield CA 93309	Existing Provider: Maribel Flores Hartford LMFT	<b>Retro-Eff 6/1/2024</b>
Kestra Medical Technology Services Inc	DME	3933 Lake Washington Blvd NE #200 Kirkland WA		7/1/2024
Laboratory Corporation of America Holdings Dianon Systems Inc	Laboratory	Dianon Systems Inc 840 Research Pkwy Oklahoma City OK Laboratory Corporation of America Holdings 1904 TW Alexander Dr #C RTP NC 1904 TW Alexander Drive RTP NC 1912 TW Alexander Drive RTP NC 1440 York CT Burlington NC 1447 York CT Burlington NC	Combined Contract with 3- Separate Tax ID Numbers Laboratory Corporation of America Holdings TIN-133757370 Dianon Systems Inc TIN- 061128081 Laboratory Corporation of America -Existing Contract TIN- 840611484	<b>Retro-Eff 6/1/2024</b>
Parvez Memon MD Inc	IM/SNFist	7702 Meany Ave Ste. 101 Bakersfield CA	Existing Provider: Parvez Memon MD	7/1/2024
Positive Directions Inc	ICF/DD	1107 11th Ave *Multiple Sites Delano CA		7/1/2024
Valley Health Primary Care	PCP Family Practice	8720 Harris Road Unit 104 Bakersfield CA	Existing Provider: G. Gevorgyan MD & R. Singh PA	7/1/2024

**KERN HEALTH SYSTEMS  
BOARD OF DIRECTORS  
TERMED CONTRACTS  
June 13, 2024**

<b>Legal Name DBA</b>	<b>Specialty</b>	<b>Address</b>	<b>Comments</b>	<b>Contract Term Date</b>
August David Accetta, MD	OB/GYN	9730 Brimhall Road Ste. 1 Bakersfield CA	Retired	4/29/2024
John R. Findley, MD	Anesthesiology	3850 San Dimas Street Bakersfield CA	Retired	4/30/2024
Pacific Health Education Cognitive Center Inc	Mental Health	5300 California Ave Ste. 400 Bakersfield CA	No Cause Term	5/6/2024
Bakersfield Hematology Oncology (Vinh-Linh Nguyen MD)	Hematology/Oncology	4500 Morning Drive Ste. 105 Bakersfield CA	Change of Ownership Name	5/31/2024
Bakersfield Hematology Oncology Group Inc	Hematology/Oncology	9800 Brimhall Road Ste. 200 Bakersfield CA	Business Dissolved	5/31/2024
Kern Rural Wellness Center, Inc.	PCP	146 N. Hill Street Arvin CA	Change of Ownership Name	5/31/2024
LLC MFH Heavenly Path Therapy - Maribel Flores Hartford	Mental Health	110 S Montclair St Ste 205 Bakersfield CA	Change of TIN	5/31/2024







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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Compliance Program Update  
**DATE:** June 13, 2024

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### **BACKGROUND**

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

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

Regulatory guidance, in the form of All Plan Letters (APL) and various filings, e.g., reports, financial data, quality performance, and surveys continue to increase in response to new services, programs, and oversight requirements that are mandated under our contract and license with the State of California and Federal Government.

Regulatory audits for 2022-2023 for DHCS and DMHC have Corrective Action Plans currently in various stages of finalization and approval by the regulators.

Privacy and Fraud Prevention remain a key focus for KHS's Compliance department. Suspected violations are promptly documented, investigated, and reported which suggest probable violations of policies, regulations, statutes, or program requirements to determine their veracity.

This report provides the Quarter 2, 2024 update on the KHS Compliance Program activities with the corresponding updates.

### **REQUESTED ACTION**

Receive and file.



**Compliance**  
**Key Performance Indicators**  
 June 2024

**Compliance Communications**



**All Plan Letter (APL's) & Guidance Letters**



**Department of Managed Health Care (DMHC)**

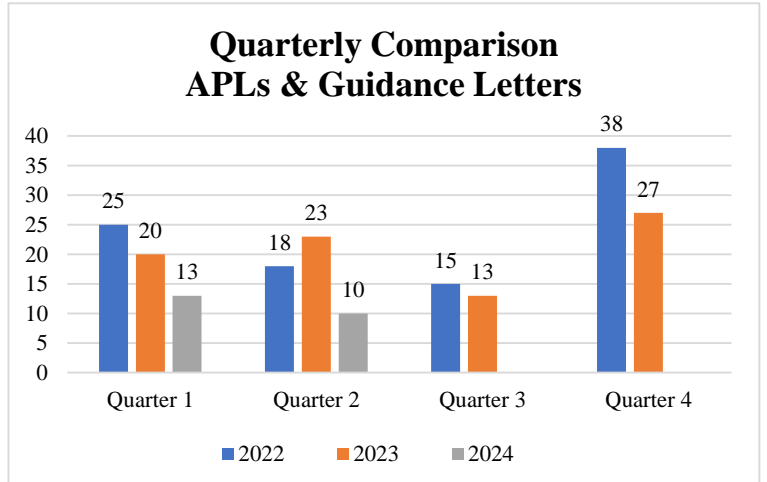
- 2023 Medical Audit: Submitted initial Corrective Action Plan 04/20/2024; awaiting DMHC feedback.

**Department of Health Care Services (DHCS)**

- 2022 Medical Audit: DHCS formally closed out the audit findings and corrective action plan on 04/19/2024.
- 2023 Limited Scope Medical Audit and Focused Audit: Submitted initial Corrective Action Plan for the one (1) finding to DHCS 04/25/2024 and an update on 05/15/2024; awaiting additional DHCS feedback.

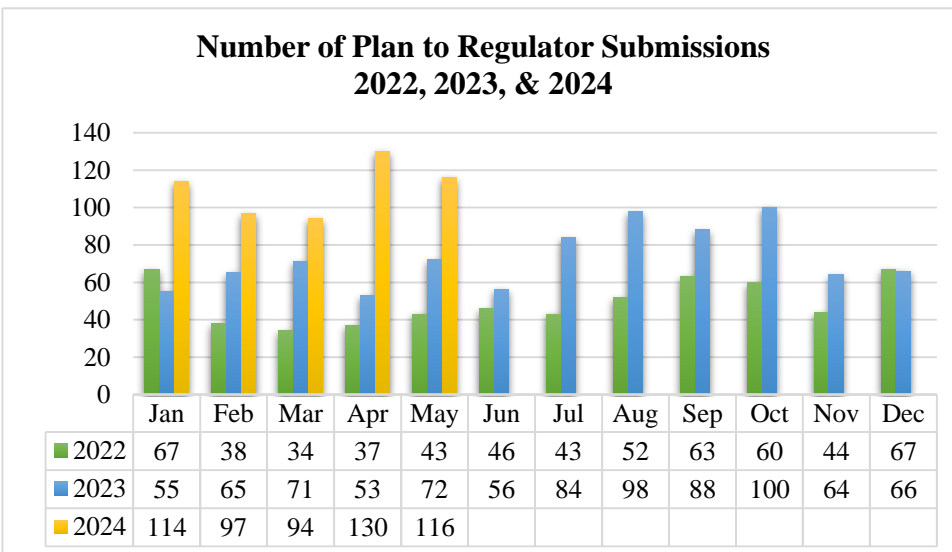
**Compliance Capsules:**

- April: Enforcement Actions: Administrative and Monetary Sanctions
- May: Office of Inspector General (OIG): Prioritizing Compliance in Healthcare



All Plan Letters and Guidance Letters Received		
2022	2023	2024
96	83	23

**Regulatory Reports & Filings**



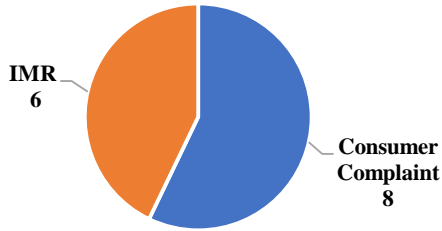
Regulatory Reports & Filings Submissions to Government Agencies		
Regulatory Agency	April 2024	May 2024
DHCS	119	99
DMHC	11	17
<b>Total</b>	<b>130</b>	<b>116</b>

Note:  
 Approximately 75% increase in volume in 2024 to date compared to the same time period in 2023.

**DMHC Consumer Complaints & Independent Medical Reviews (IMR)**



IMR vs. Consumer Complaints



KHS Decision	
Uphold	8
Overturn	0
Return to plan (RTP)	0
Misdirected	3
New Grievance to Plan/approved request	2
New Grievance to Plan/denied request	1
Potential Quality Issue (PQI)	0
<b>Grand Total</b>	<b>14</b>

DHMC Decision	
Closed	4
Favor of Plan	7
Favor of Member	1
In Review	2
Withdrawn	0
<b>Grand Total</b>	<b>14</b>

**HIPAA Breach Activity**

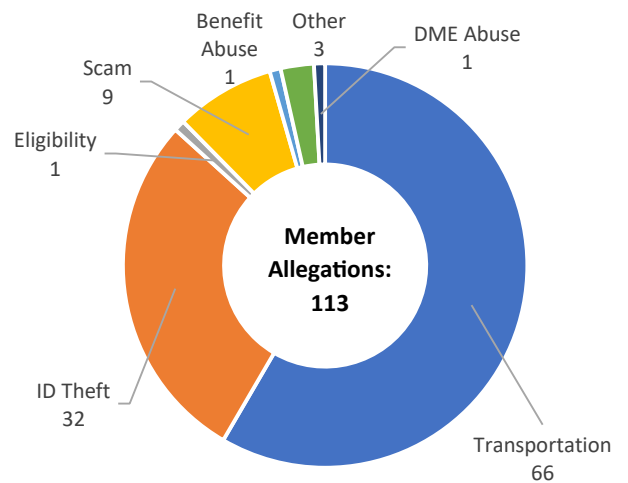
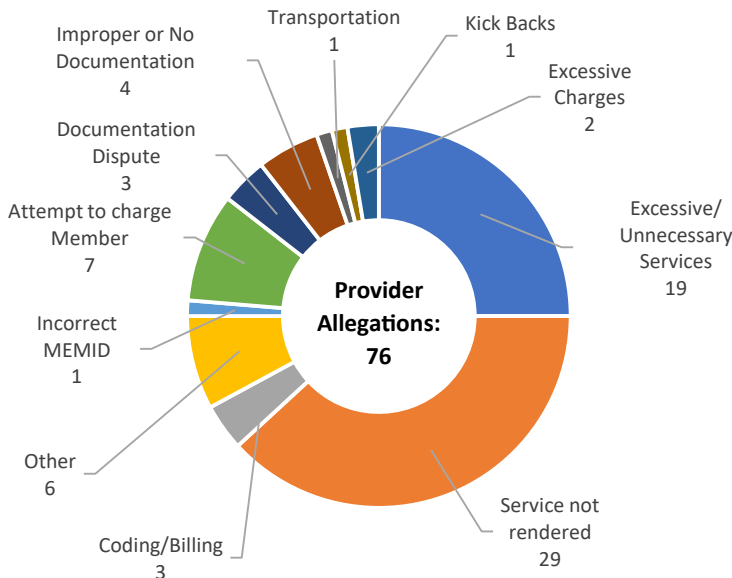
**HIPAA Breach Activity:**

Summary of potential Protected Health Information (“PHI”) disclosures for the time between April 1 and May 21, 2024:

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

During the period April 1st to May 21st, 2024, the Compliance Department investigated and reviewed sixty-one (61) allegations of privacy concerns and nine (9) of the cases were sent to the State for their review. The DHCS closed one (1) of the cases and determined it was a non-breach incident. There are eight (8) cases that are still under review by the State.

**Fraud, Waste, and Abuse (FWA)**



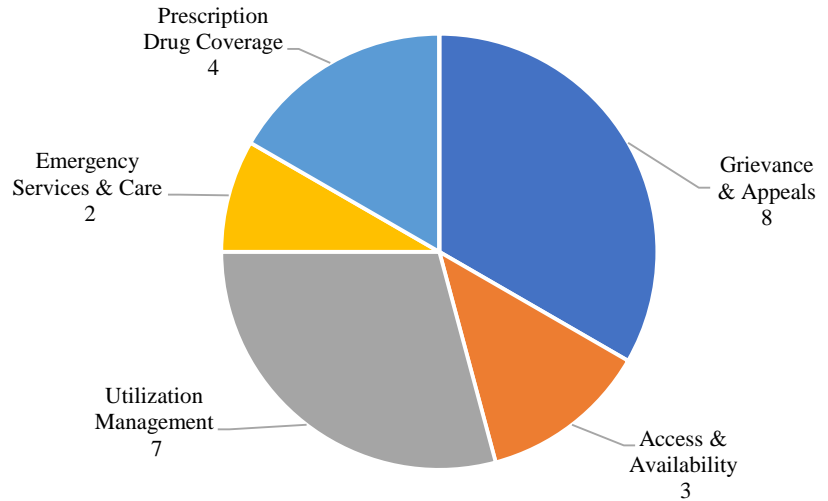
## DMHC Regulatory Medical Audit | 2023



KHS had a total of twenty-four (**24**) findings across five (5) of the seven (7) categories audited by DMHC:

Compliance continues to monitor the completion of the corrective actions and future deliverables due to the DMHC.

### DMHC 2023 Medical Audit Survey Deficiencies



<b>All Plan Letters (APL's) &amp; Guidance Letters</b>	
<b>Department of Health Care Services (DHCS)</b>	
<b>APL 24-003</b> Abortion Services (Issued 3/28/2024)	The purpose of this APL is to provide the Plans with information regarding their responsibility to provide Members with timely access to abortion services.
<b>APL 24-004</b> Quality Improvement and Health Equity Transformation Requirements (Issued 4/8/2024)	The purpose of this APL is to notify Plans, including Plans delivering services to Members with specialized health care needs under the Population-Specific Health Plan model, of requirements for quality and health equity improvement.
<b>APL 24-005</b> California Housing and Homelessness Incentive Program (Issued 4/29/2024)	The purpose of this APL is to provide the Plan with guidance related to the incentive payments linked to the Housing and Homelessness Incentive Program implemented by the DHCS in accordance with the Medi-Cal Home and Community Based Services Spending Plan.
<b>APL 24-006</b> Community Health Worker Services Benefit (Issued 5/13/2024)	The purpose of this APL is to provide the Plan with guidance regarding the qualifications for becoming a Community Health Worker (CHW), the definitions of eligible populations for CHW services, and descriptions of applicable conditions for the CHW benefit.
<b>Department of Managed Health Care (DMHC)</b>	
<b>APL 24-008</b> 2024 Health Plan Annual Assessments (Issued 4/15/2024)	This APL provides information to the Plan pertaining to the DMHC's fiscal year 2024-25 annual assessment.
<b>APL 24-009</b> Change Healthcare Cyberattack Response Filing (Issued 5/6/2024)	This APL is to request information from Plans regarding their response and outreach to enrollees potentially impacted by the Change Healthcare cyberattack.
<b>Retrospective Audits &amp; Reviews</b>	
<p>The Compliance Department conducts retrospective audits on regulatory All Plan Letters and issues guidance. From the published requirements, the Compliance Department conducts a risk analysis and identifies those that pose a higher degree of risk to the Plan.</p> <p>All Plan Letters published in 2022 and the first and second quarter of 2023 were evaluated and selected for review based on the risk assessment. To date, the plan has completed fourteen (14) retrospective audits.</p> <p>Additional retrospective reviews will resume at the end of Q2, 2024 (June).</p>	

<b>Regulatory Reports &amp; Filings</b>	
<p><b>Regulatory Reports &amp; Filings</b></p> <p><b>Submission to Government Agencies</b></p>	<p>KHS is required to submit various types of information to both DHCS and DMHC with cadences ranging from daily, weekly, monthly, quarterly, or annually. In some cases, KHS are required under statute or regulation to submit reports or documentation to establish initial or ongoing compliance with the law (e.g., timely access reporting, financial reporting). In other cases, plans are required to submit reports or documentation when they are planning to make an operational, business, product, or other change that affects the scope or applicability of their license. Additionally, key personnel and Board member filings are required to allow the regulatory agencies to review and advise on the individuals who provide leadership at KHS as well as the makeup of our Board of Directors.</p> <p>These submissions often reflect an amendment or material modification to the plan’s license and, in some cases, are subject to Department approval prior to making the requested change to plan operations.</p>
<p><b>Regulatory Submissions</b></p> <p><b>2022 vs 2023</b></p>	<p>Regulatory submissions to both DHCS and DMHC are anticipated to increase annually in relation to the various legislative and CalAIM requirements either currently or planned for implementation in 2024-2026. Additional Compliance staffing resources are in flight to ensure timely submission and completion of all deliverables.</p>
<b>DMHC Consumer Complaints &amp; Independent Medical Reviews</b>	
<p>KHS addresses and tracks enrollee complaints and requests for independent medical review (IMR) received from the DMHC. For the months of April and May 2024, there were a total of 6 IMRs and 8 Consumer Complaints. (As of May 22, 2024)</p>	
<b>Fraud, Waste, and Abuse (FWA)</b>	
<p>The Plan investigates and reports information and evidence of alleged fraud, waste, &amp; abuse cases to appropriate state and federal officials. Information compiled during an investigation is forwarded to the appropriate state and federal agencies as required. In 2024 (as of May 22, 2024), the Compliance Department has received 189 reported cases of alleged fraud, waste, or abuse.</p>	

**DHCS Regulatory Medical Audit | 2022**

DHCS conducted a routine medical survey of KHS in December 2022. The survey period included activities 11/01/2021 – 10/31/2022:

- KHS had a total of twenty-nine (29) findings across the six (6) categories audited by DHCS.
  - KHS submitted our initial Corrective Action Plan on 06/08/2023, monthly updates, and our final submission on 1/15/2024 (unless DHCS extends and requires additional submissions).
  - Ninety-three (93) separate corrective actions were submitted for the twenty-nine (29) findings, which included but were not limited to: policy updates, job aids, refresher trainings, updated reports, and internal monitoring/auditing processes.
    - DHCS has accepted ninety-two (92) of the actions submitted
    - DHCS has partially accepted one (1) of the actions submitted
    - The Corrective Action Plans for twenty-eight (28) of the twenty-nine (29) findings have been fully accepted by DHCS
    - The Corrective Action Plans for one (1) of the twenty-nine (29) findings have been partially accepted by DHCS.
    - KHS is awaiting an update from DHCS on the final CAP submission provided on 01/15/2024
- DHCS closed our Audit and Corrective Action Plans on 04/19/2024

**DHCS Limited Scope Medical Audit and Focused Transportation/Behavioral Health Audit | 2023**

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

- For the limited scope audit, KHS had one (1) finding across the six (6) categories audited by DHCS:
  - Finding: The Plan is required to refer any potential Fraud, Waste, or Abuse (FWA) identified and report to DHCS, the results of its preliminary investigation within ten working days. The Plan did not report to DHCS the results of their preliminary investigations of potential FWA identified within ten working days.
  - Of the 108 items submitted, two (2) were not submitted timely due to late referral to the Compliance team.
- Zero (0) findings on the state supported services portion of the audit.
- It is currently unknown if a report will be provided regarding the Focused Audit.
- KHS submitted the corrective action plan to DHCS by 04/25/2024 for the one medical audit finding. DHCS responded requesting additional documentation, which was submitted on 05/15/2024.
- Awaiting additional feedback from DHCS

**DMHC Routine Medical Audit | 2023**

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

- Of the seven (7) areas evaluated, twenty-four (24) deficiencies were identified across five (5) of the areas.
- KHS submitted our initial corrective action plans to DMHC on 04/20/2024. Some of the findings were similar to the DHCS audit findings and have since been corrected due to overlapping audit periods and timeliness of regulator notification.
- Compliance continues to monitor portions of the Corrective Action Plan with future deliverable dates, which are currently on track for submission.
- Awaiting additional feedback from DMHC on Corrective Actions and supporting documentation submitted to date.







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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Regulatory Audit Summary 2018-2023  
**DATE:** June 13, 2024

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### **BACKGROUND**

As authorized by Health and Safety Code section 1380 and Title 28, California Code of Regulations section 1300.80, the Department of Managed Health Care (DMHC) conducts routine audit surveys of Kern Health Systems (KHS) to determine KHS's compliance with the Knox Keene licensure requirements.

Additionally, the Department of Health Care Services (DHCS) has the authority to review confidential material as contained in Title 45, Code of Federal Regulations, Subpart E, Section 164.512(d), states in part that a covered entity may disclose protected health information to a health oversight agency for audits, inspections and other activities necessary for appropriate oversight of government benefit programs under the contractual agreement with KHS.

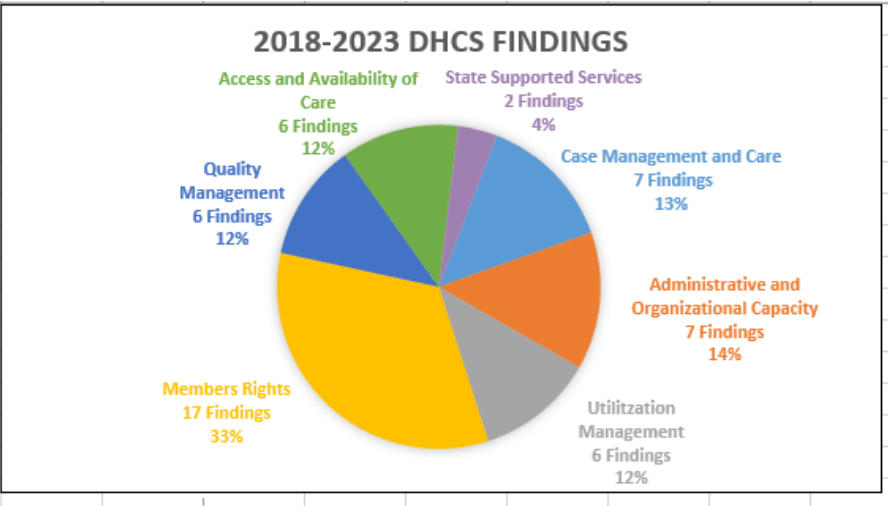
Quality assurance and process improvements are vital to ensuring KHS addresses variances in processes as part of our oversight to all contractual and license requirements. KHS participates in Corrective Action activities with the regulators to correct any findings identified in our audits. Additional focus is also placed on operational activities that are identified through trending analyses for repeat findings or aberrancies in the number of findings across each functional department.

The report outlines the historical audits findings for DMHC and DHCS for years 2018-2023.

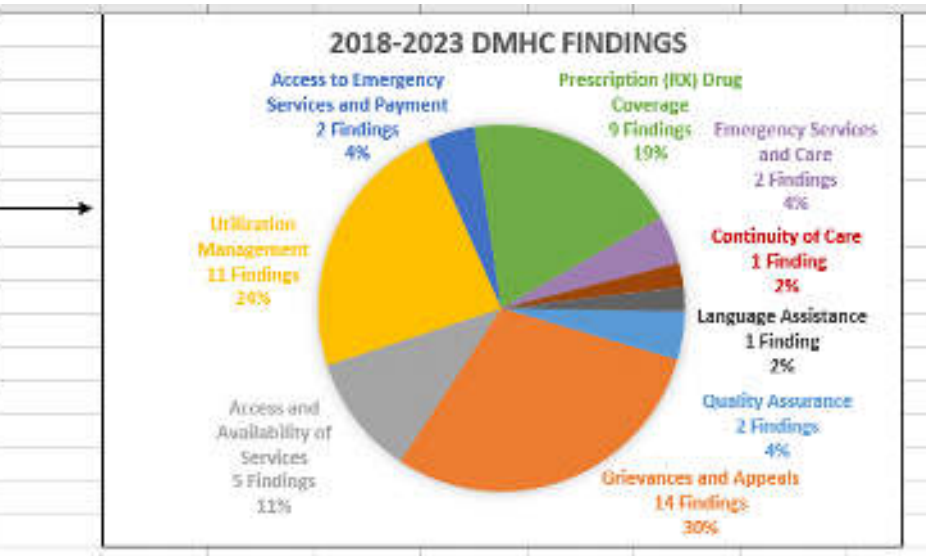
### **REQUESTED ACTION**

Receive and File.

Category	# of Findings
Case Management and Care	7
Administrative and Organizational Capacity	7
Utilization Management	6
Members Rights	17
Quality Management	6
Access and Availability of Care	6
State Supported Services	2



Category	# of Findings
Quality Assurance	2
Grievances and Appeals	14
Access and Availability of Services	5
Utilization Management	11
Access to Emergency Services and Payment	2
Prescription (RX) Drug Coverage	9
Emergency Services and Care	2
Continuity of Care	1
Language Assistance	1





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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Managed Care Accountability Set (MCAS) Summary 2017-2023  
**DATE:** June 13, 2024

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### **BACKGROUND**

The Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Plans (MCPs) to report annually on a set of quality measures, the Managed Care Accountability Set (MCAS), which is comprised of various health related outcomes to include measures that represent children's and reproductive health preventive services, and chronic medical and behavioral health conditions.

KHS experienced variances year over year in meeting the Minimum Performance Levels (MPL) defined by the Department of Health Care Services (DHCS) for the measures applicable to each measurement year (MY). In parallel, KHS also experienced tremendous and rapid growth in membership, from 242,000 in 2017 to 346,000 in 2023. During this time period, the COVID-19 pandemic impacted the MCAS rates, where provider access and member's willingness to seek services were reduced.

To improve preventative services outcomes and mitigate chronic condition exacerbations, KHS developed a Quality Action Strategy that targets specific activities to support members and providers towards closing gaps in care.

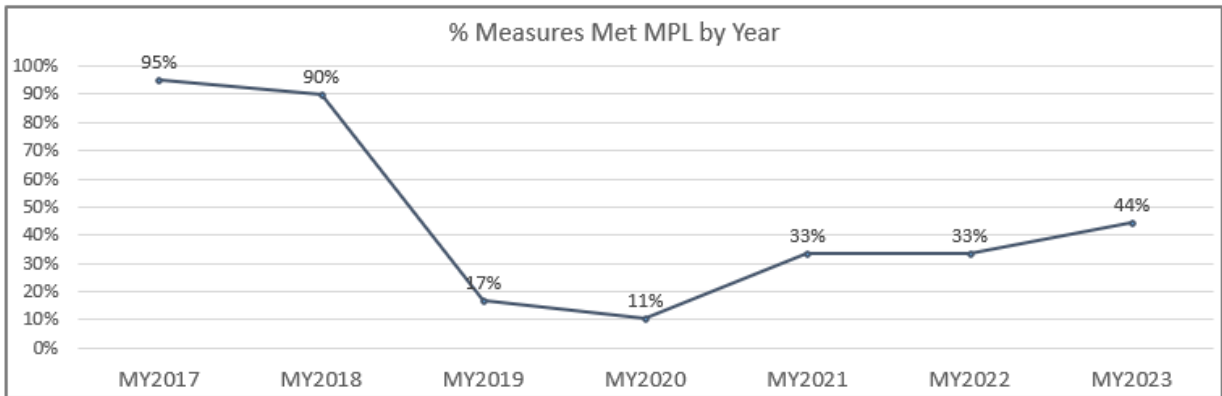
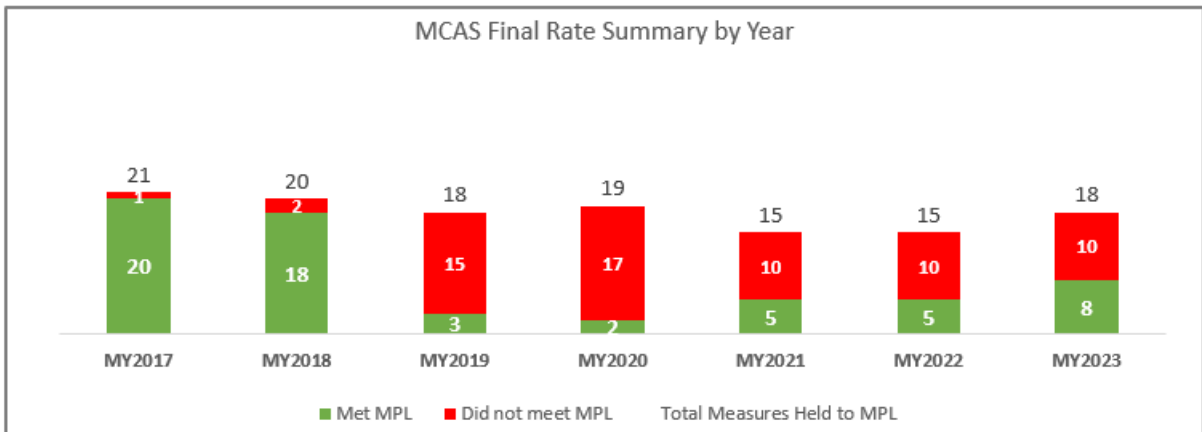
The following report is a summary of the MCAS rates, measurement variance, and membership used to development ongoing process improvement.

### **REQUESTED ACTION**

Receive and File.

### KHS MCAS Rates MY2017-MY2023

		MY2017	MY2018	MY2019	MY2020	MY2021	MY2022	MY2023 (Preliminary)
<b>KHS Membership</b>		242,265	246,564	251,280	277,616	299,864	330,678	346,049
<b>Measure</b>		MPL	MPL	MPL	MPL	MPL	MPL	MPL
		25th Percentile	25th Percentile	50th Percentile	50th Percentile	50th Percentile	50th Percentile	50th Percentile
<b>Summary</b>	Total Measures Held to MPL	21	20	18	19	15	15	18
	Met MPL	20	18	3	2	5	5	8
	Did not meet MPL	1	2	15	17	10	10	10
	% Measures Met MPL	95%	90%	17%	11%	33%	33%	44%





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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Major Organ Transplant Center of Excellence Corrective Action Plan Update  
**DATE:** June 13, 2024

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### **BACKGROUND**

Historically, Kern Health Systems was responsible for the provision of kidney transplants for the Medi-Cal membership. All other major organ transplants required the member to be disenrolled and receive all transplant services through Fee for service Medi-Cal, and not under the KHS benefit package.

On October 18, 2021, the Department of Health Care Services (DHCS) released All Plan Letter (APL) 21-015 providing guidance on changes to the Major Organ Transplant benefit. Effective January 1, 2022, KHS would be required to cover all Major Organ Transplant (MOT) benefit for adult and pediatric transplant recipients and donors, including related services such as organ procurement and living donor care. Additionally, KHS would need to demonstrate network adequacy to DHCS for all required transplanted organs, e.g., bone marrow, heart, intestine, liver, lung, and simultaneous kidney-pancreas.

Contracting with Centers of Excellence was initiated immediately to ensure KHS's membership had access to all the transplanted services. KHS successfully contracted with tertiary hospitals designated as Center of Excellence to perform the transplant services for all transplants with the exception of simultaneous kidney-pancreas. As such, KHS was placed on a Corrective Action Plan (CAP) that required monthly outreach and contracting efforts to secure facility to provide these highly specialized transplant services.

KHS was required to submit monthly MOT CAP reports defining contracting efforts for the Simultaneous Kidney-Pancreas (SKP) transplants. Due to the limited number of SKP COEs, DHCS decided to manage SKP transplants similarly to intestinal transplants. Therefore, KHS is no longer obligated to contract for SKP, and the CAP will be closed.

### **REQUESTED ACTION**

Receive and File.





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## MEMORANDUM

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**TO:** Kern Health Systems Board of Directors  
**FROM:** Martha Tasinga, MD, MPH, MBA  
**SUBJECT:** Chief Medical Officer Report  
**DATE:** June 15, 2024

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### **BACKGROUND**

The Chief Medical Officer's presentation provides an update on Professional Services, Inpatient Utilization, Outpatient Services, Emergency Room Visits, and the Enhanced Care Management (ECM) program with a brief overview of the MPL trends and current measures.

In addition, the report provides the 2024 Goals and Initiatives.

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

### **REQUESTED ACTION**

Receive and File



KERN HEALTH  
SYSTEMS

# MARTHA TASINGA MD.MPH.MBA

JUNE 13, 2024

CHIEF MEDICAL OFFICER REPORT





# PHYSICIAN SERVICES UTILIZATION

- SPDs utilization continue to be above projections

- First quarter of 2024;**

- Visits/1000 members, visits per member per month, and cost of professional services for all AID codes are higher than projections

- Top 4 reasons for utilization of professional services**

- Encounter for general examination without complaint, adult
- Essential (primary) hypertension
- Encounter for general examination without complaint, child
- Type 2 diabetes mellitus; w/o complications

Refer to **Attachment A** for full Detail



# INPATIENT UTILIZATION

- ➔ Admits per 1000 per member per month for 1st Qtr. of 2024 is higher than projections for all AID codes
- ➔ The cost per bed day is higher
- ➔ The ALOS is below projections for all AID codes
- ➔ Top 4 reasons for inpatient stay continue to be related to pregnancy and delivery.
- ➔ “Other sepsis” was the second reason for inpatient admission in 1st Qtr. of 2024.
- ➔ Majority inpatient stays are at Kern Medical with BMH a close second

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

# OUTPATIENT HOSPITAL SERVICES

- The outpatient hospital visits saw an increase in April
- Cost per visit for all AID codes is at the projected level
- Will do analysis to determine the reasons for increase utilization

Refer to **Attachment A** for full Detail



## EMERGENCY ROOM VISITS

- **ER utilization in all AID codes has remained stable**
- **Top diagnoses for ED visit in descending order of frequency**
  - Upper respiratory infections
  - Abdominal and pelvic pain; unspecified abdominal pain
  - Chest pain

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



# MCAS UPDATE

# 2023 PRELIMINARY



**Preliminary MPL  
for 8 of 18 measures,  
Met HPL for 1 Measure**



**Within 5% MPL for 6  
measures**



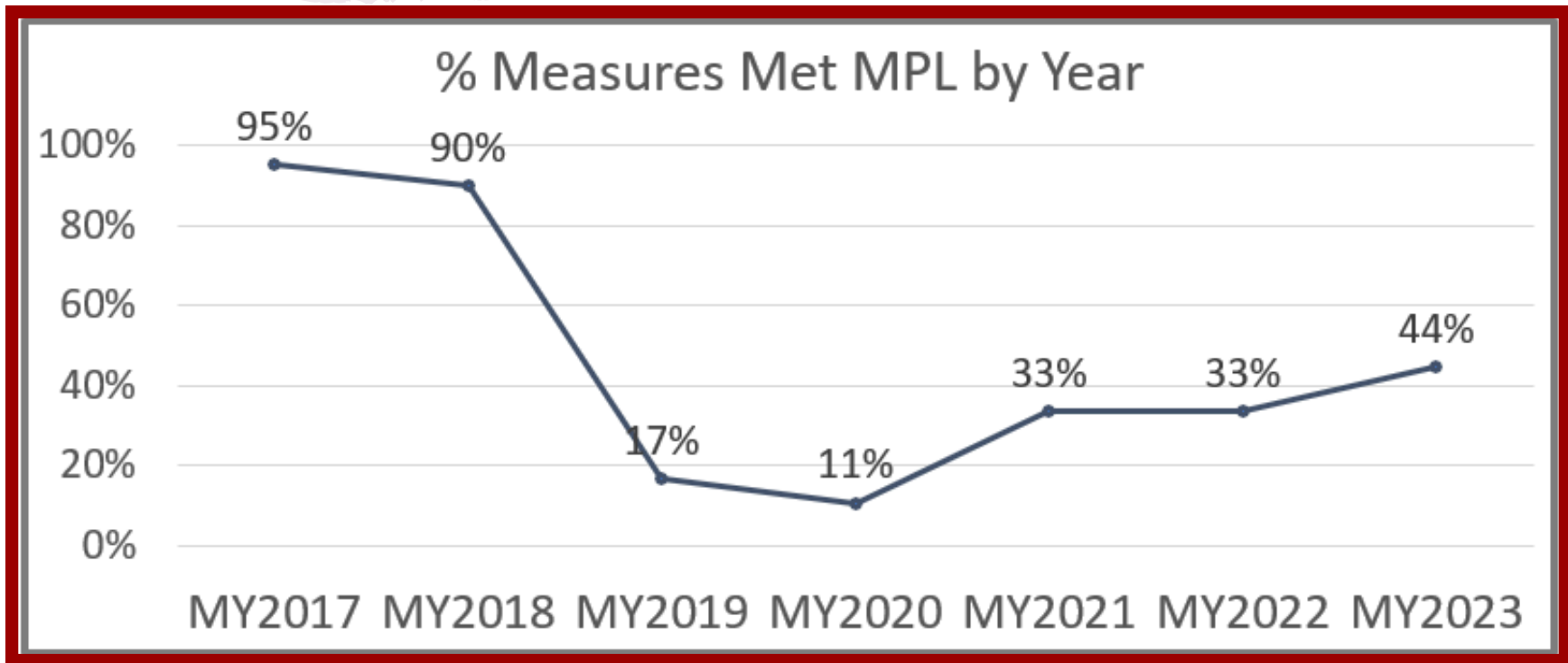
**Meeting HPL for 1  
measure**



**Medical record abstractions  
completed in April**

# MEASURES MEETING MPL TREND

Refer to **Attachment D** for Metric Breakdown



# 2024 Goals and Initiatives

## Member Outreach Team

- Continue member outreach efforts from 2023

## Mobile Units

- KHS has secured commitment from three (3) provider partners to utilize Mobile Units in rural areas & focused on Street Medicine
- Approval from Homeless centers for medical mobile unit on-site services

## Quality Grant Programs

- Develop innovative partnerships with network providers to elevate the quality of care delivered to our members.

## Data Exchange & EMR Access

- Increase EMR, Rx, and Lab data exchange from providers
- Increase provider EMR access
- Use Admission, Discharge, and Transfer (ADT) data
- Leverage CSV appointment data

## Pediatric Focus

- Increase focus around the various pediatric measures in the Children's domain.
- Increase accessibility to services on school campuses

## Address Verification

- Utilize GIS to target specific populations and help locate based on zip codes.
- Increase member mailings

## Direct Appointment Access

- Partnering with providers to access their appointment scheduler and book appointments directly for members



# **Kern Health Systems**

## **KHS Medical Management Performance Dashboard (Critical Performance Measurements)**

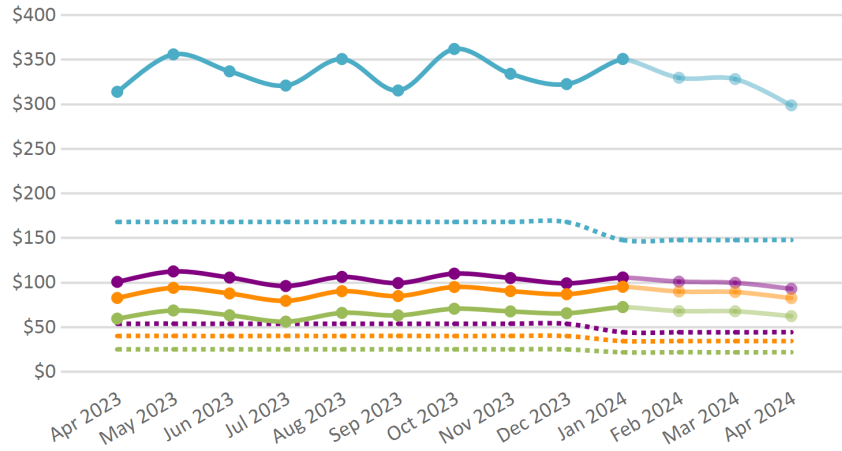


# Physician Services

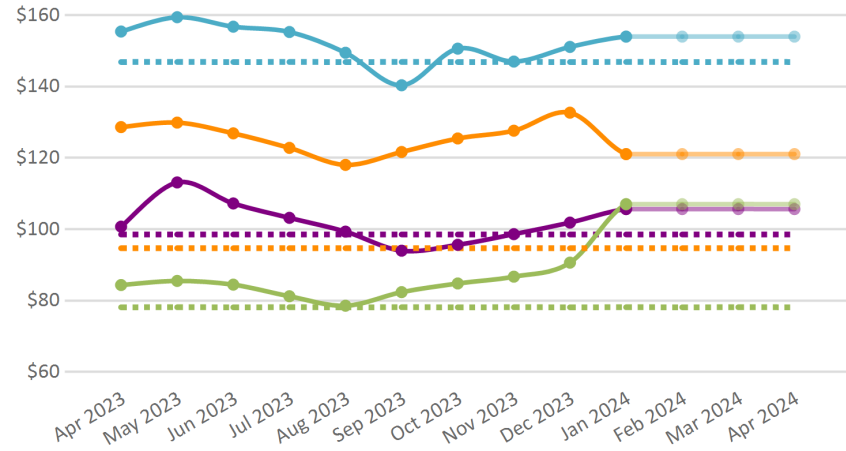
(Includes: Primary Care Physician Services, Referral Specialty Services, Other Professional Services and Urgent Care)

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

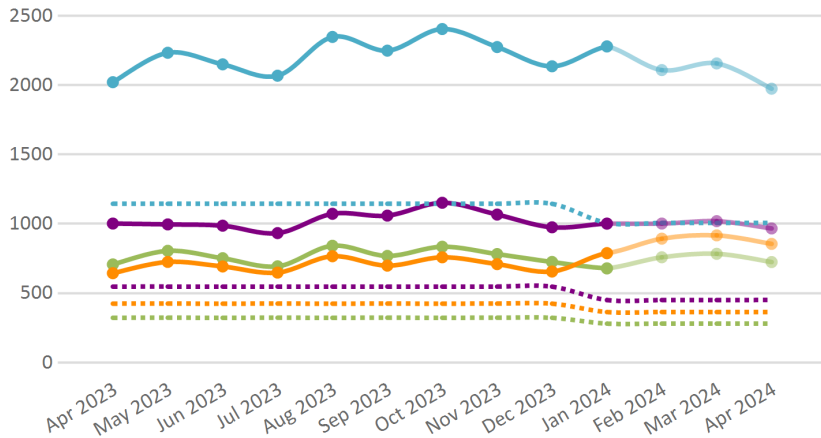
### Professional Services Incurred by Aid Group PMPM



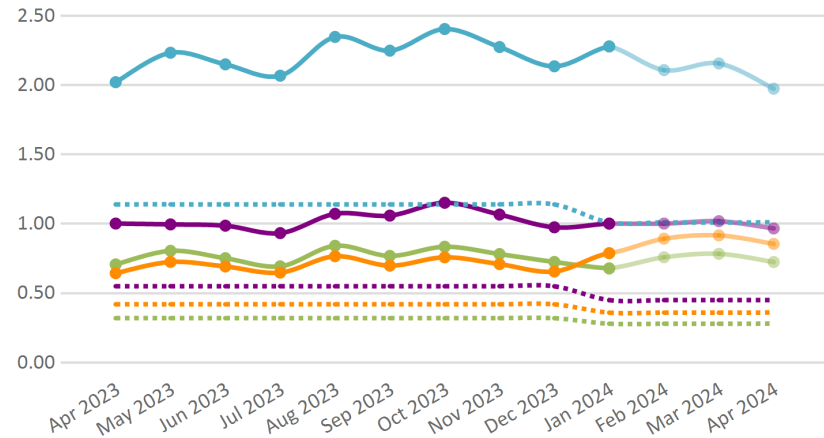
### Cost per Professional Service Visit by Aid Group



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



### Professional Service Visits per Member per Month by Aid Group



Services provided through: 4/30/2024

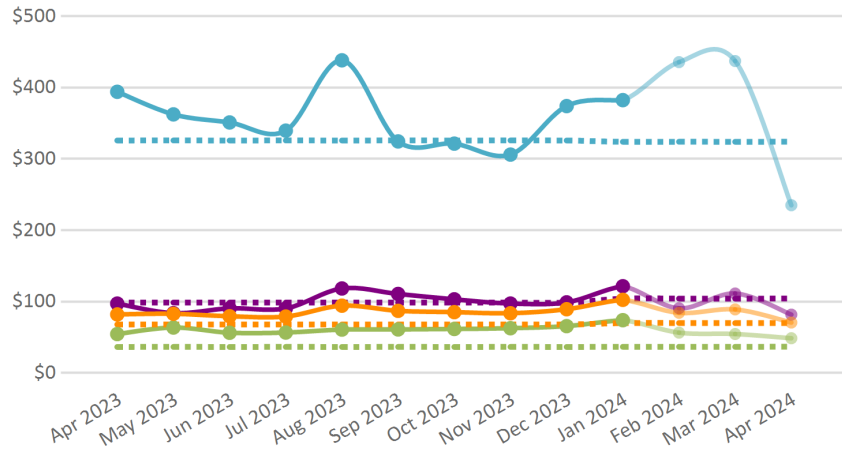
Claims Paid through: 5/31/2024

**Inpatient**

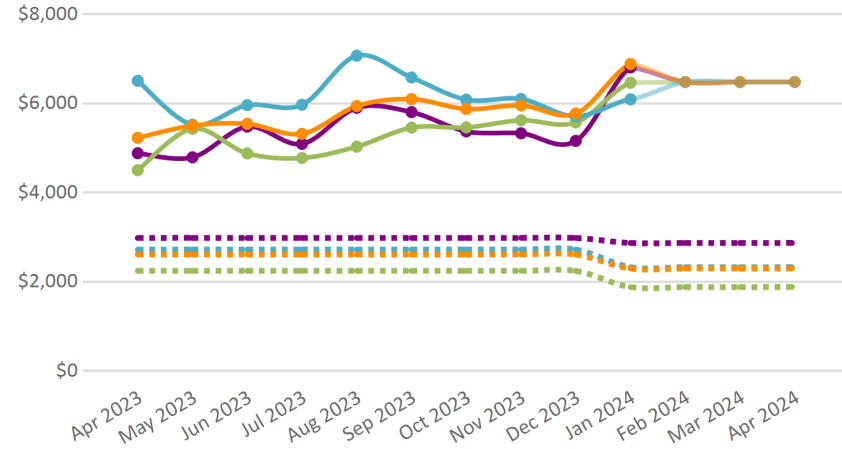
(Includes: Inpatient Hospital Claims)

- 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

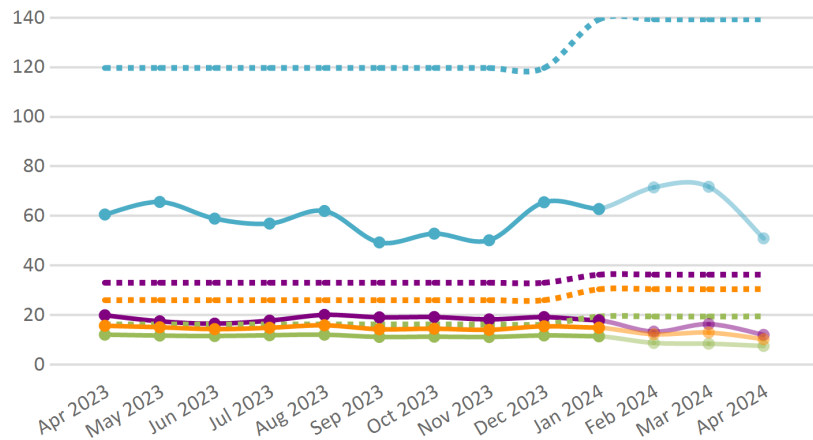
**Inpatient Services Incurred by Aid Group PMPM**



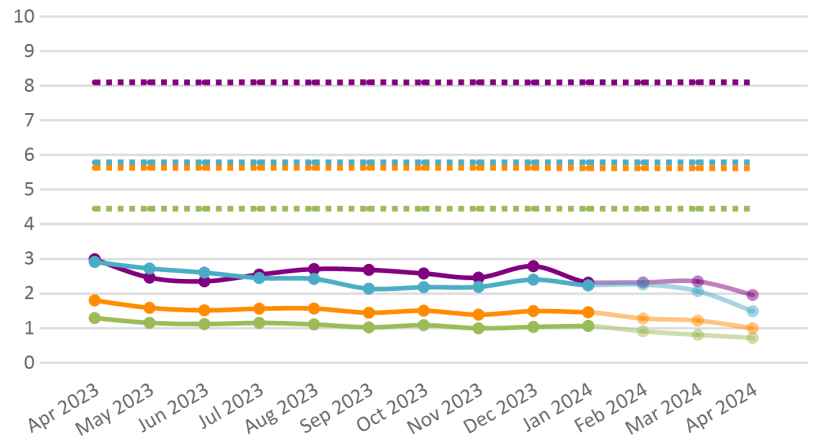
**Cost Per Bed Day by Aid Group**



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



**Average Length of Stay in Days by Aid Group**



Services provided through: 4/30/2024

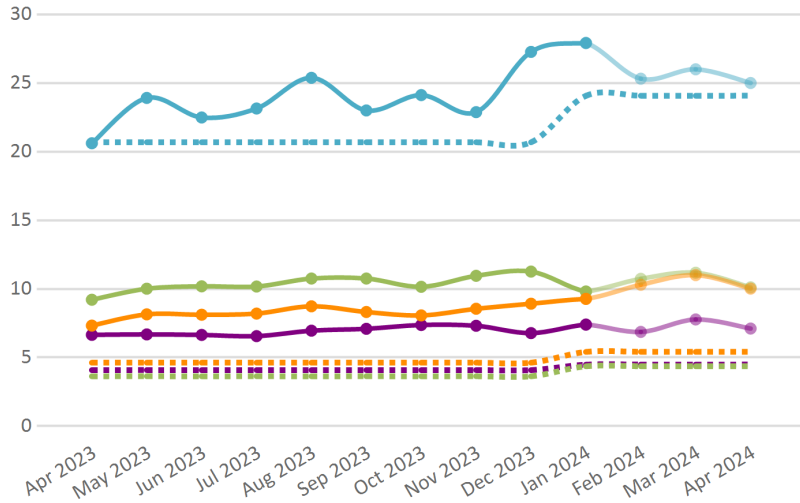
Claims Paid through: 5/31/2024

# Inpatient

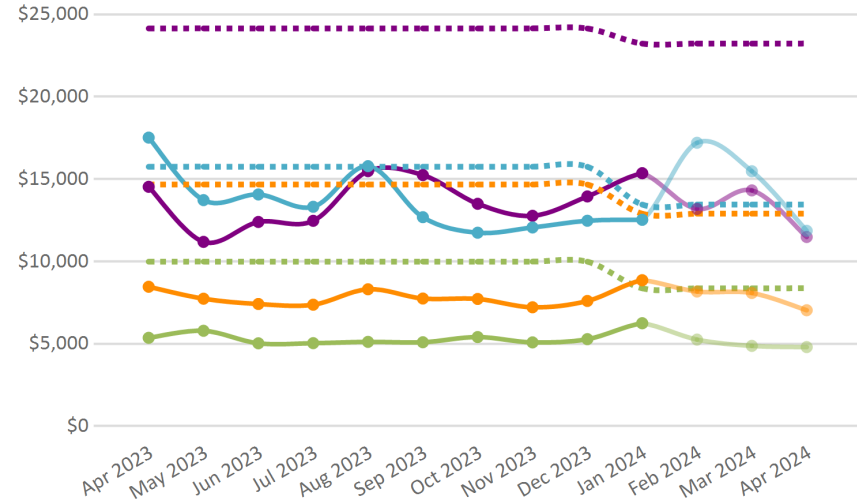
(Includes: Inpatient Hospital Claims)

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

### Incurring Admits per 1,000 per Month by Aid Group



### Cost per Admit by Aid Group



Services provided through: 4/30/2024

Claims Paid through: 5/31/2024

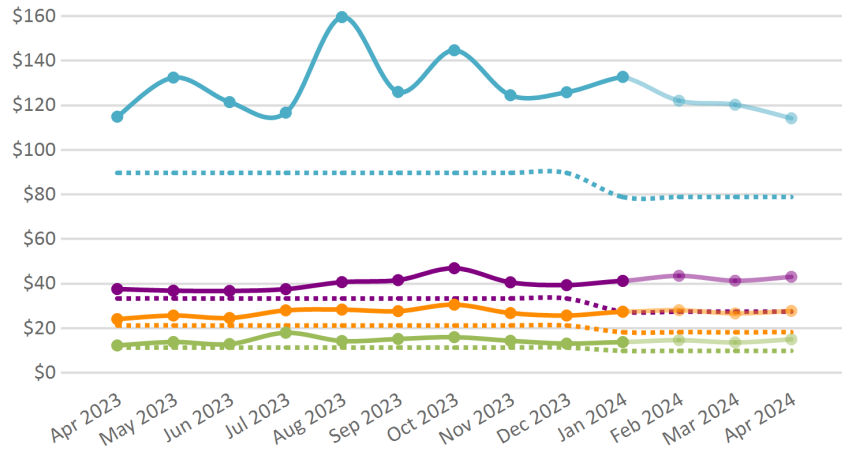


# Outpatient Hospital

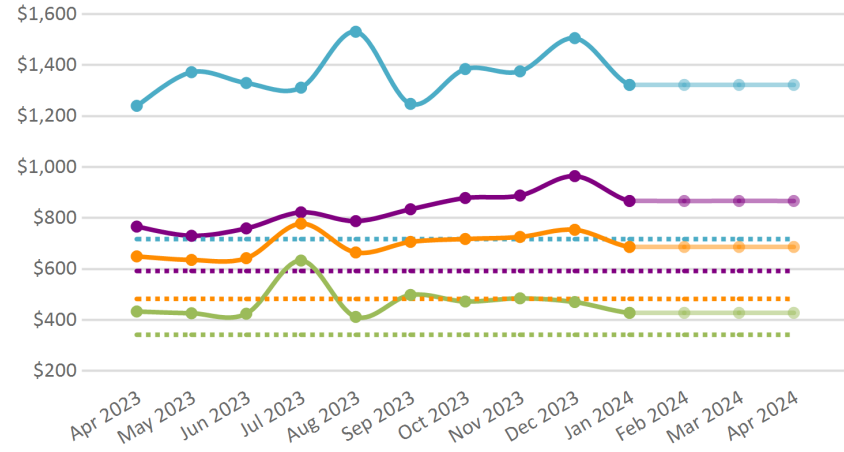
(Includes: Outpatient Diagnostic, Outpatient Surgery, Outpatient Observation, and Outpatient Other)

- 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

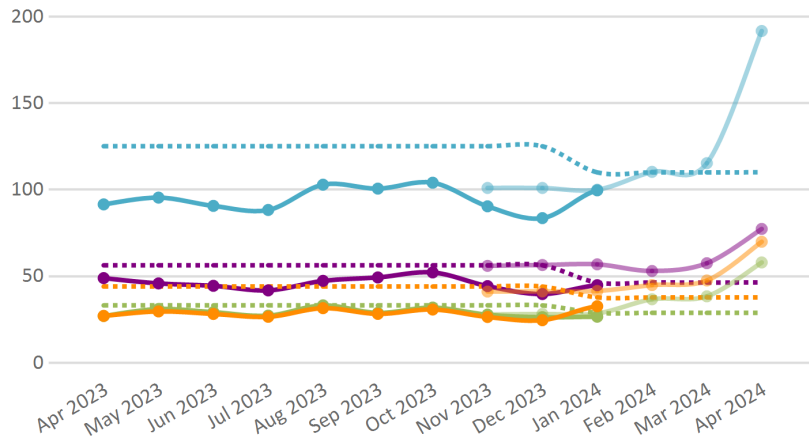
**Outpatient Services Incurred by Aid Group PMPM**



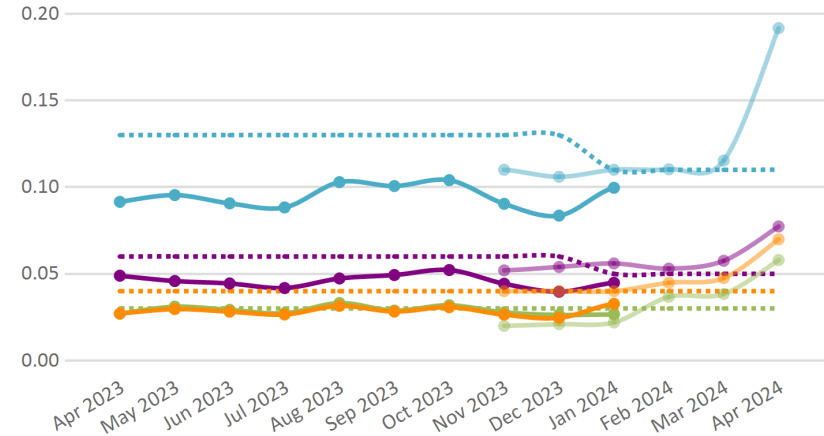
**Cost Per Outpatient Visit by Aid Group**



**Outpatient Visits per 1,000 per Month by Aid Group**



**Outpatient Visits per Member per Month by Aid Group**



Services provided through: 4/30/2024

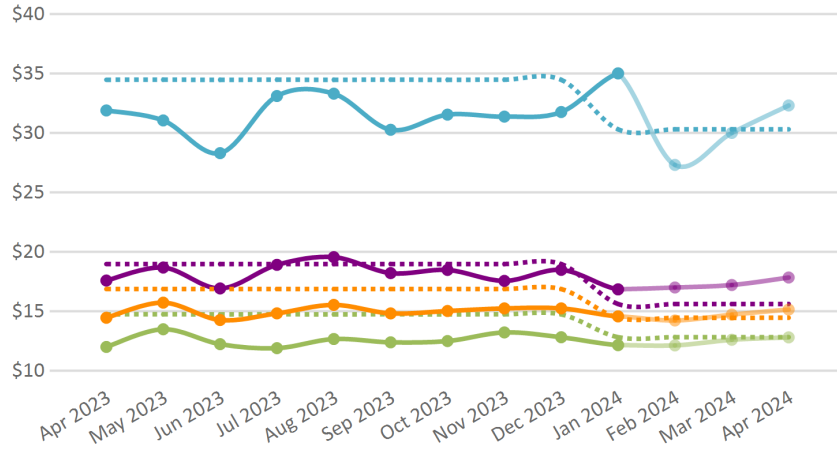
Claims Paid through: 5/31/2024



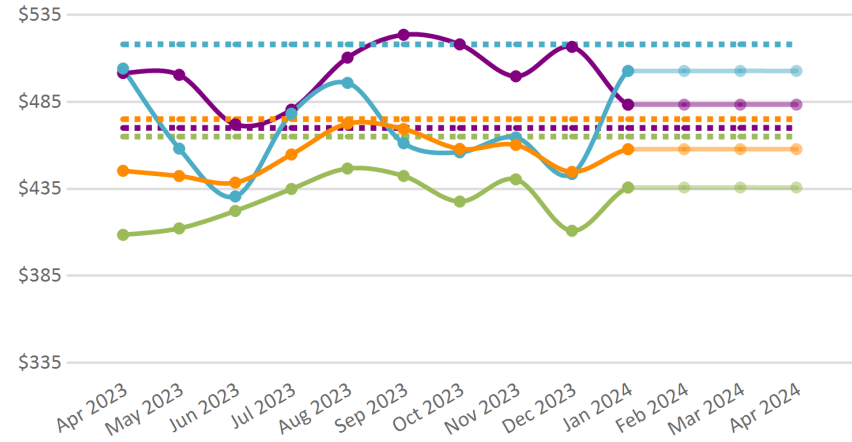
# Emergency Room

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

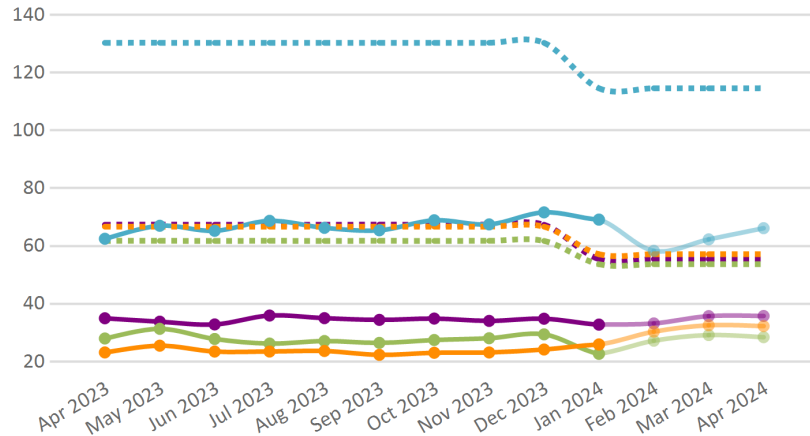
### ER Services Incurred by Aid Group PMPM



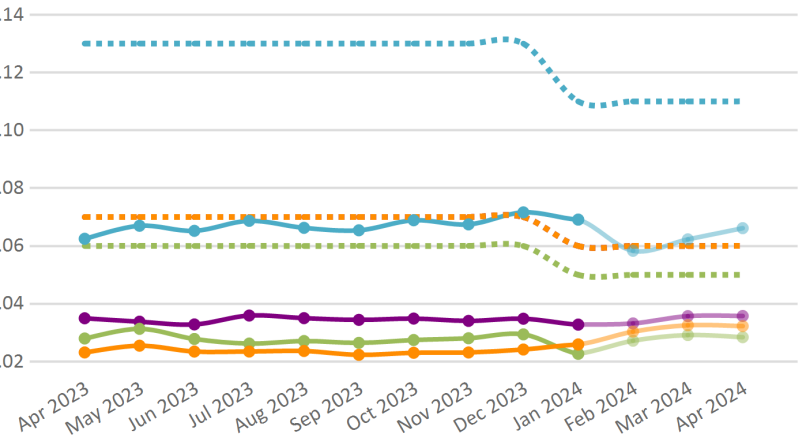
### Cost Per ER Visit by Aid Group



### ER Visits per 1,000 per Month by Aid Group

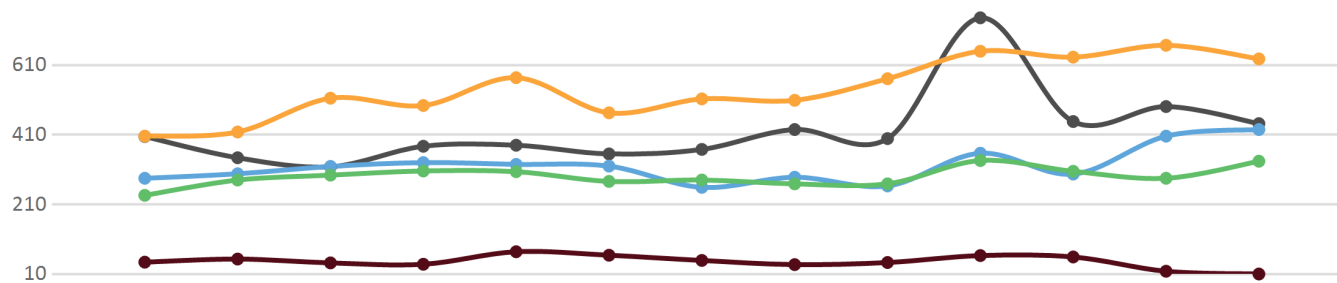


### ER Visits per Member per Month by Aid Group

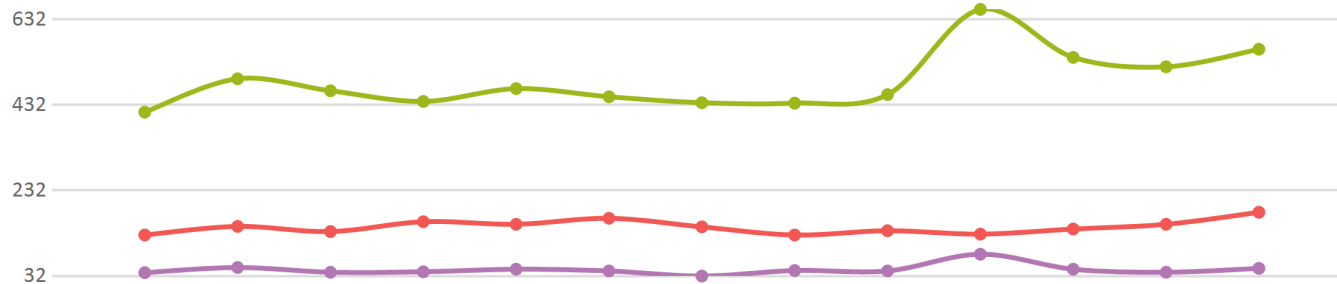


Services provided through: 4/30/2024

Claims Paid through: 5/31/2024

**Inpatient Admits by Hospital**


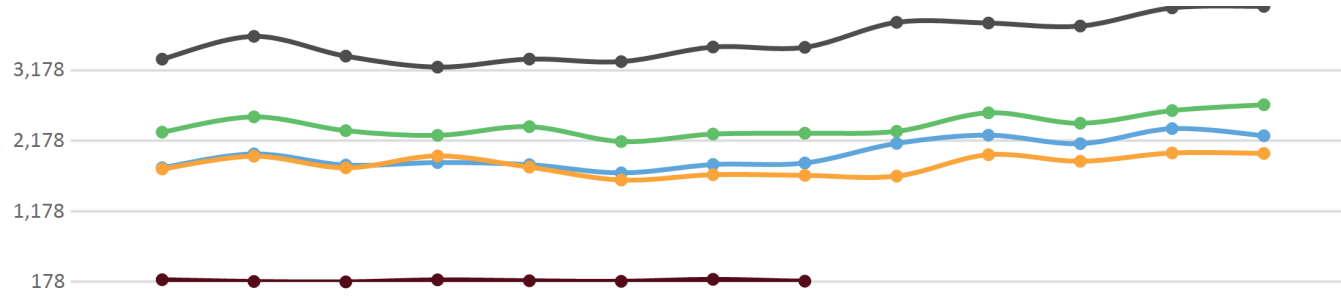
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BAKERSFIELD MEMORIAL	405	344	318	377	380	355	368	425	399	746	448	491	442
KERN MEDICAL	406	418	515	494	574	473	513	509	571	650	633	667	628
ADVENTIST HEALTH	285	298	319	330	325	320	259	288	263	357	297	406	425
MERCY HOSPITAL	236	280	294	306	304	276	280	269	269	336	305	285	334
BAKERSFIELD HEART HOSP	44	53	42	38	74	64	49	37	43	63	59	18	10



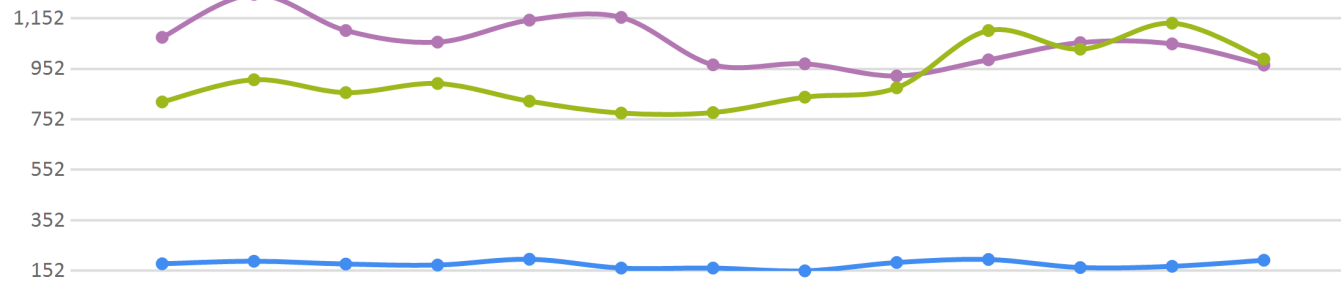
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
GOOD SAMARITAN HOSPITAL	128	148	136	159	153	167	147	128	138	130	142	153	181
OUT OF AREA	415	493	465	440	470	451	437	436	456	655	543	521	562
DELANO REGIONAL HOSPITAL	40	52	41	42	48	44	32	45	44	83	48	41	50

Governed Reporting System

Emergency Visits by Hospital



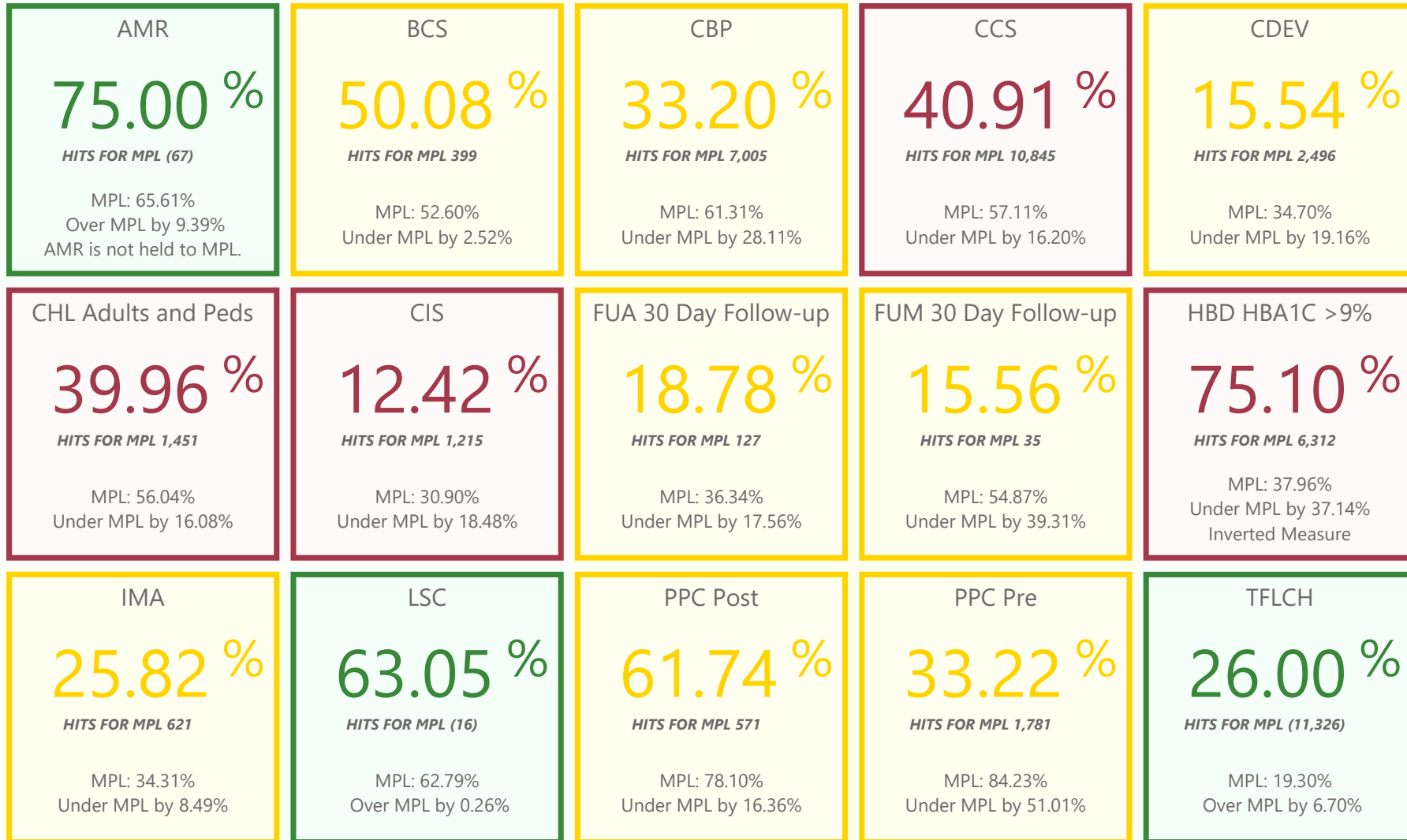
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
BAKERSFIELD MEMORIAL	3,336	3,659	3,379	3,223	3,337	3,301	3,508	3,504	3,858	3,848	3,805	4,063	4,084
MERCY HOSPITAL	2,301	2,518	2,322	2,256	2,379	2,168	2,274	2,286	2,313	2,575	2,427	2,607	2,690
ADVENTIST HEALTH	1,797	1,993	1,834	1,870	1,840	1,724	1,842	1,864	2,142	2,258	2,138	2,351	2,250
KERN MEDICAL	1,778	1,960	1,795	1,964	1,805	1,622	1,698	1,688	1,678	1,981	1,888	2,006	1,999
BAKERSFIELD HEART HOSP	209	184	178	207	194	186	214	188					

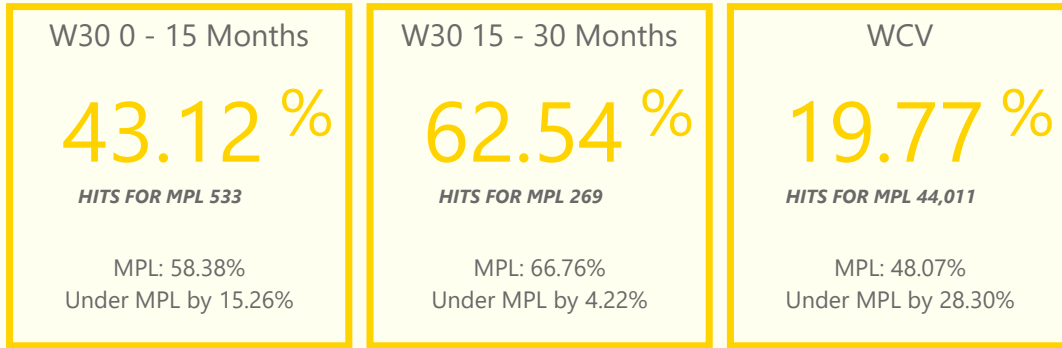


	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
DELANO REGIONAL HOSPITAL	1,077	1,247	1,104	1,058	1,145	1,156	968	972	924	988	1,056	1,051	967
OUT OF AREA	821	909	858	894	824	777	779	840	877	1,104	1,030	1,133	991
KERN VALLEY HEALTHCARE	180	190	179	175	198	163	163	152	185	197	165	170	194



MCAS MY2024 Performance Trending Metrics through May 2024





Measure rates are thru claims and standard supplemental data. No medical record reviews are included.

### Asthma Medication Ratio

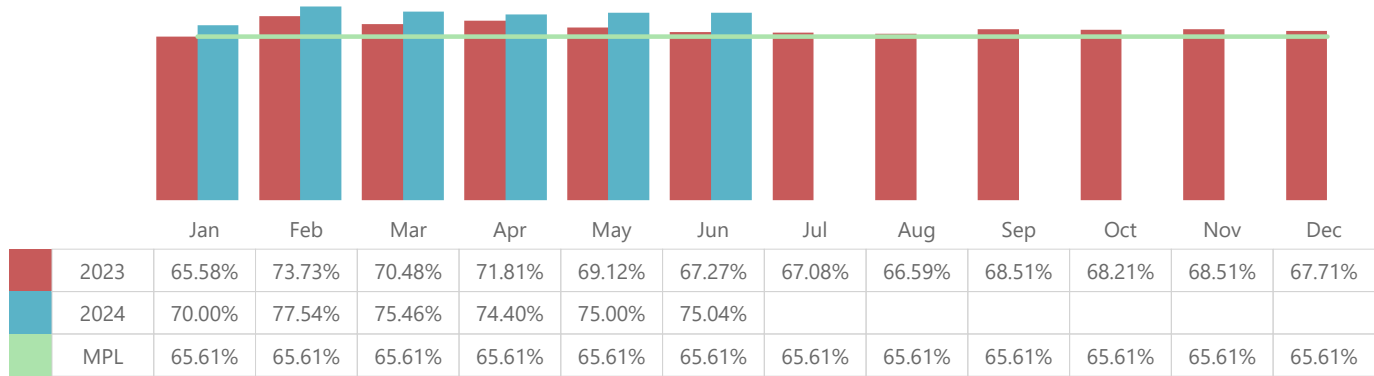
The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

**AMR**

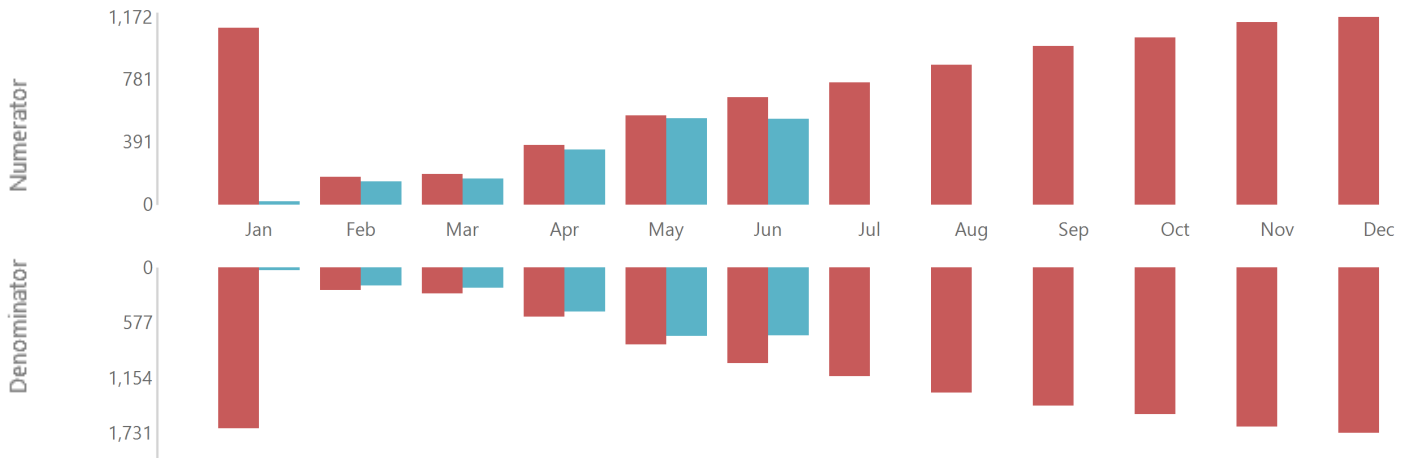
**Hits needed for MPL**

**0**

Rate: 75.00%  
MPL: 65.61%



540  
-----  
720



## 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**

**399**

Rate: 50.08%

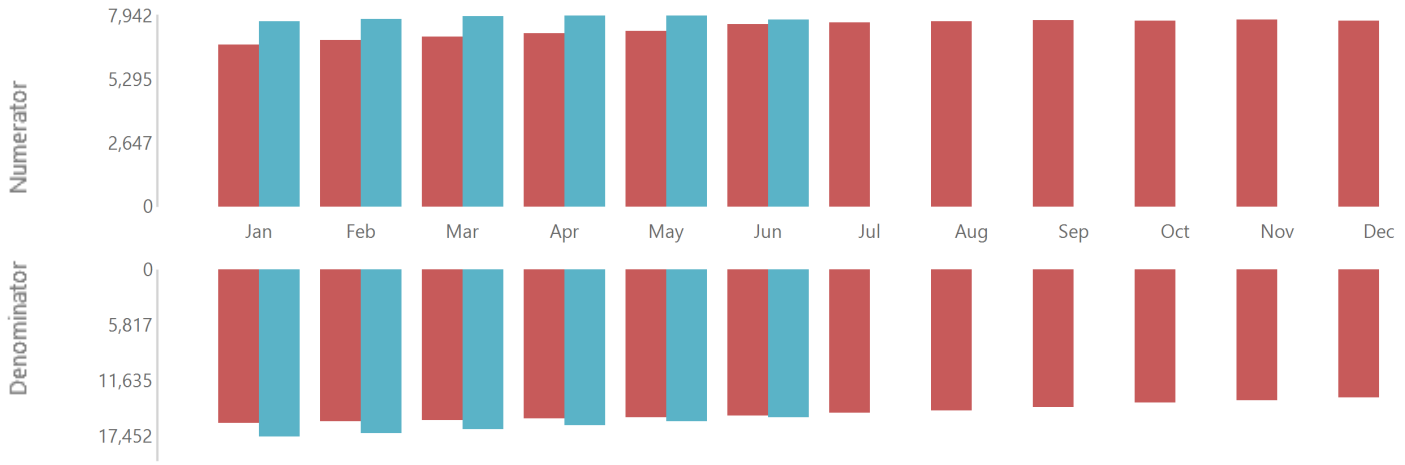
MPL: 52.60%

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2023	41.95%	43.55%	44.97%	46.30%	47.22%	49.59%	51.15%	52.41%	54.02%	55.63%	56.92%	57.78%
	2024	44.23%	45.63%	47.44%	48.73%	50.08%	50.22%						
	MPL	52.60%	52.60%	52.60%	52.60%	52.60%	52.60%	52.60%	52.60%	52.60%	52.60%	52.60%	52.60%

7,942

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15,858



## 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**

**10,845**

Rate: 40.91%

MPL: 57.11%

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2023	43.40%	44.19%	45.37%	46.35%	47.38%	48.37%	49.43%	50.22%	51.24%	52.46%	53.39%	54.16%
	2024	37.99%	36.76%	38.23%	39.55%	40.91%	41.01%						
	MPL	57.11%	57.11%	57.11%	57.11%	57.11%	57.11%	57.11%	57.11%	57.11%	57.11%	57.11%	57.11%

27,398

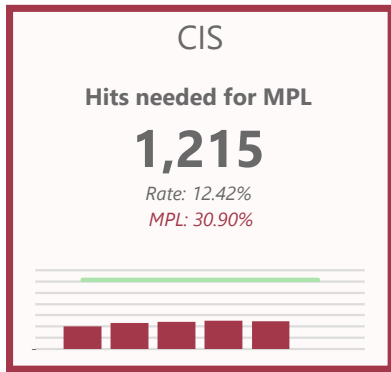
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66,964



## 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
2023	11.04%	12.93%	14.34%	16.13%	16.92%	17.47%	17.74%	17.89%	18.07%	18.65%	19.40%	19.76%
2024	10.01%	11.62%	12.17%	12.53%	12.42%							
MPL	30.90%	30.90%	30.90%	30.90%	30.90%	30.90%	30.90%	30.90%	30.90%	30.90%	30.90%	30.90%

817

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6,579



### 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**

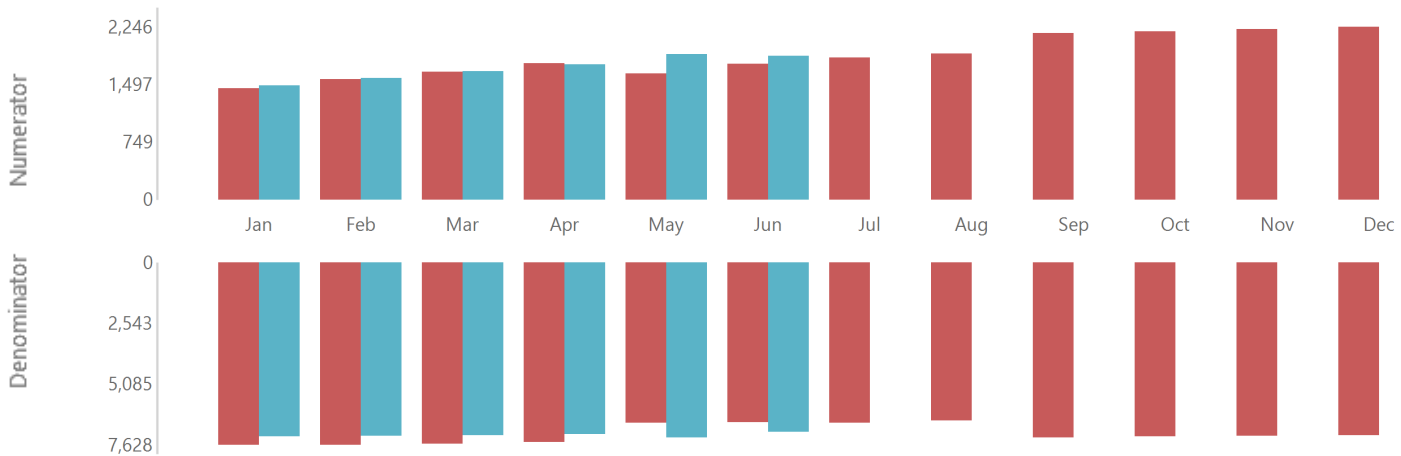
**621**

Rate: 25.82%

MPL: 34.31%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	18.94%	20.59%	21.93%	23.64%	24.51%	26.37%	27.52%	28.74%	29.60%	30.05%	30.54%	31.06%
2024	20.41%	21.78%	23.08%	24.49%	25.82%	26.43%						
MPL	34.31%	34.31%	34.31%	34.31%	34.31%	34.31%	34.31%	34.31%	34.31%	34.31%	34.31%	34.31%

$$\frac{1,891}{7,324}$$



## 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

# 1,451

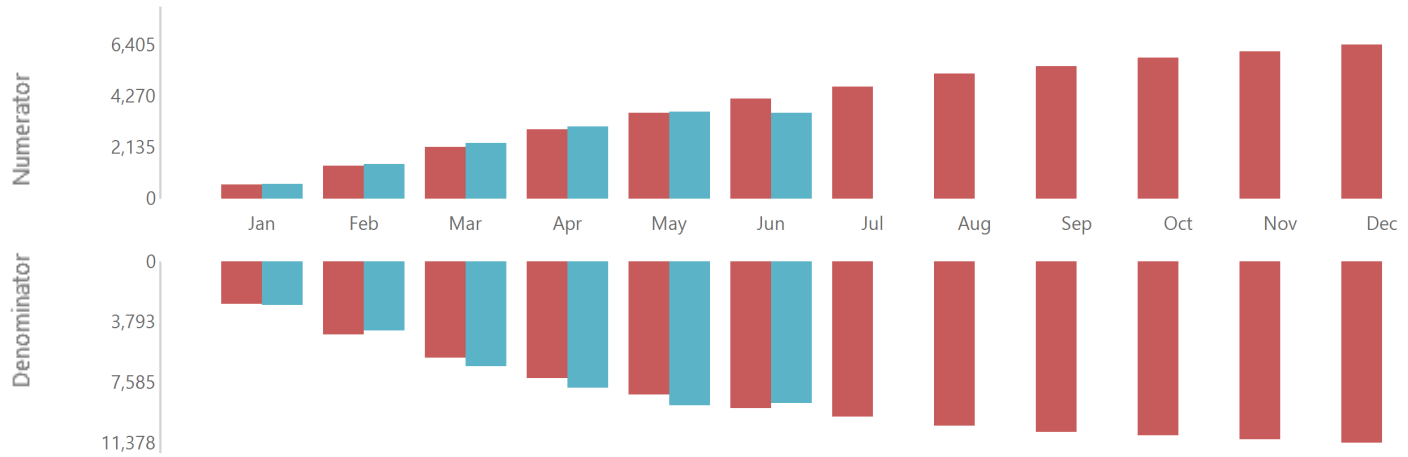
Rate: 39.96%  
MPL: 56.04%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	21.50%	29.69%	35.35%	39.38%	42.65%	45.26%	47.69%	50.29%	51.61%	53.68%	54.85%	56.29%
2024	22.15%	33.05%	35.23%	37.90%	39.96%	40.17%						
MPL	56.04%	56.04%	56.04%	56.04%	56.04%	56.04%	56.04%	56.04%	56.04%	56.04%	56.04%	56.04%

3,606  


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9,024





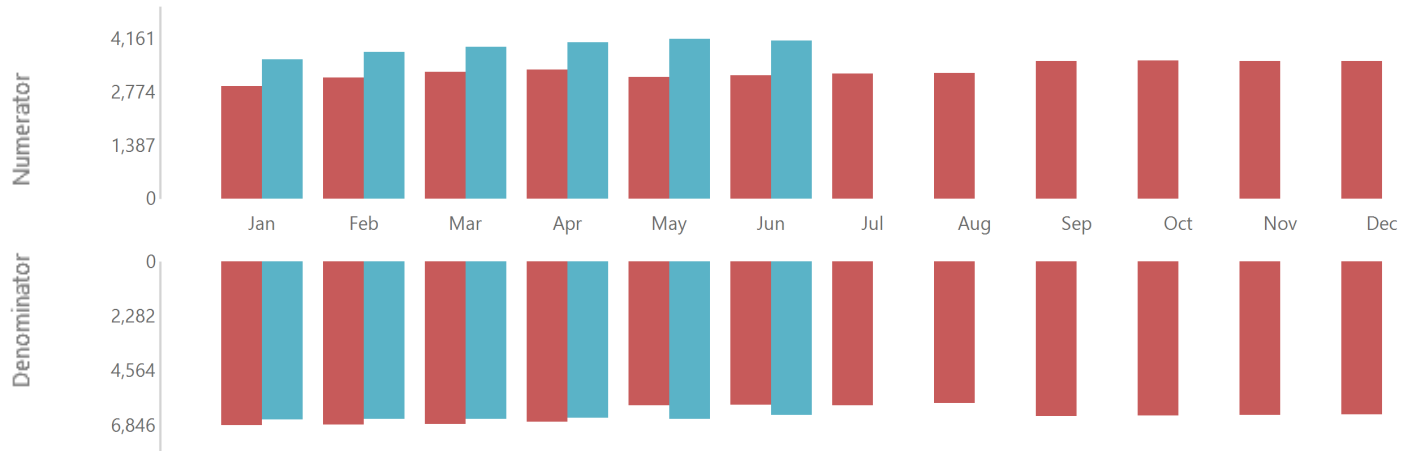
## Lead Screening in Children

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.



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2023	42.64%	46.09%	48.51%	50.07%	52.51%	53.47%	54.06%	54.96%	55.11%	55.53%	55.70%	55.87%
	2024	54.60%	57.84%	60.05%	62.04%	63.05%	63.98%						
	MPL	62.79%	62.79%	62.79%	62.79%	62.79%	62.79%	62.79%	62.79%	62.79%	62.79%	62.79%	62.79%

$$\frac{4,161}{6,600}$$



**\*\*\*Metric Highlight: This is the first time we have ever met this MPL since the measure was created.\*\*\***

### 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**

**44,011**

Rate: 19.77%

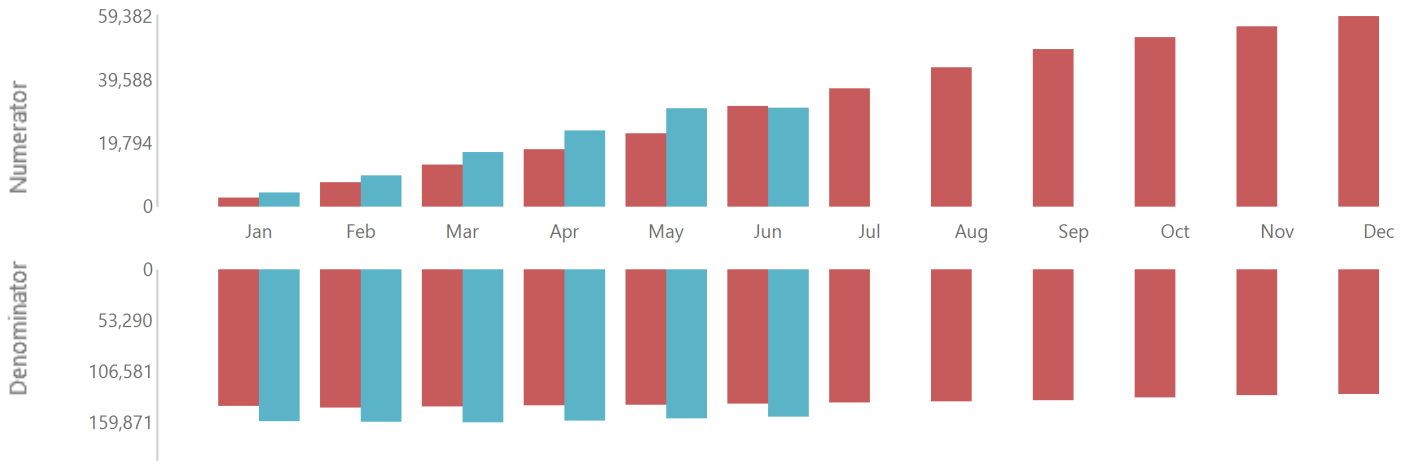
MPL: 48.07%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	1.98%	5.24%	9.16%	12.62%	16.22%	22.30%	26.44%	31.54%	35.92%	39.56%	42.78%	45.66%
2024	2.80%	6.13%	10.59%	15.01%	19.77%	20.06%						
MPL	48.07%	48.07%	48.07%	48.07%	48.07%	48.07%	48.07%	48.07%	48.07%	48.07%	48.07%	48.07%

30,754  


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155,535



## 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**

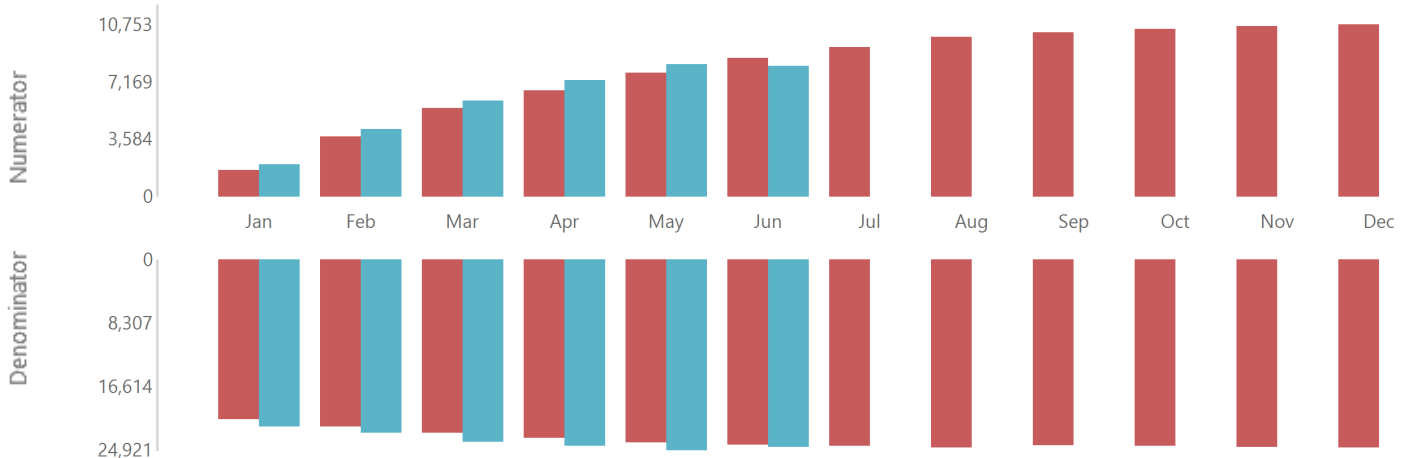
**7,005**

Rate: 33.20%

MPL: 61.31%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	7.85%	17.19%	24.42%	28.47%	32.36%	35.72%	38.24%	40.51%	42.21%	42.90%	43.54%	43.77%
2024	9.26%	18.53%	25.05%	29.78%	33.20%	33.34%						
MPL	61.31%	61.31%	61.31%	61.31%	61.31%	61.31%	61.31%	61.31%	61.31%	61.31%	61.31%	61.31%

8,274  
-----  
24,921



## 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**

533

Rate: 43.12%

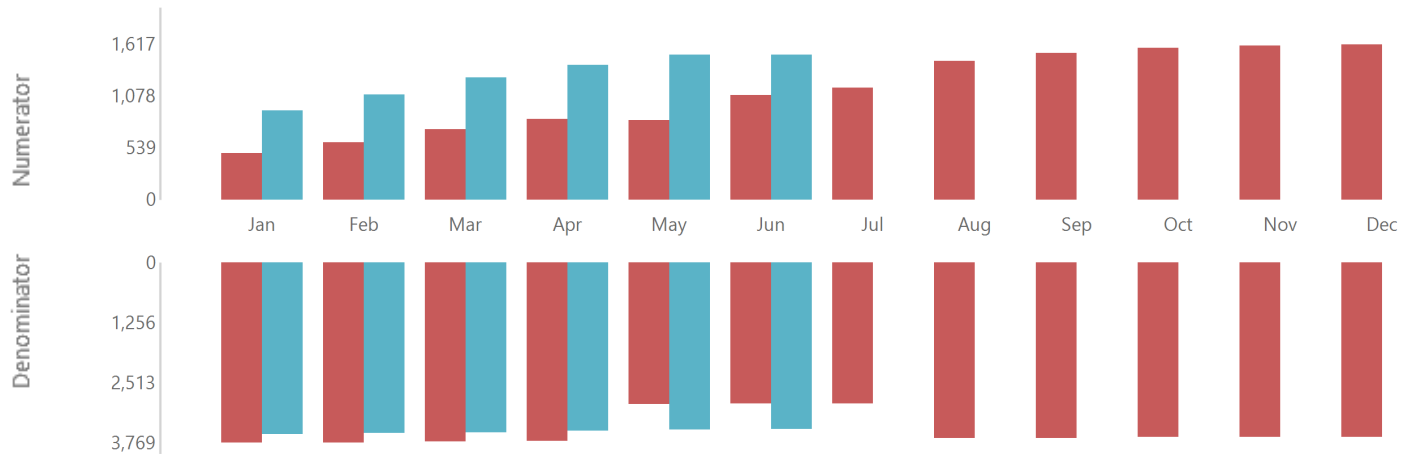
MPL: 58.38%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	12.79%	15.81%	19.48%	22.46%	27.87%	36.89%	39.59%	39.21%	41.55%	43.27%	44.00%	44.34%
2024	25.77%	30.66%	35.79%	39.69%	43.12%	43.30%						
MPL	58.38%	58.38%	58.38%	58.38%	58.38%	58.38%	58.38%	58.38%	58.38%	58.38%	58.38%	58.38%

1,508

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3,497



## 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**

269

Rate: 62.54%

MPL: 66.76%

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2023	42.49%	46.54%	50.24%	53.15%	55.58%	57.89%	59.44%	60.40%	61.68%	62.20%	62.58%	62.68%
	2024	52.29%	55.22%	57.87%	60.08%	62.54%	62.60%						
	MPL	66.76%	66.76%	66.76%	66.76%	66.76%	66.76%	66.76%	66.76%	66.76%	66.76%	66.76%	66.76%

3,986

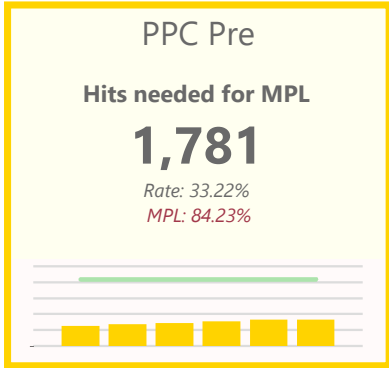
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6,374



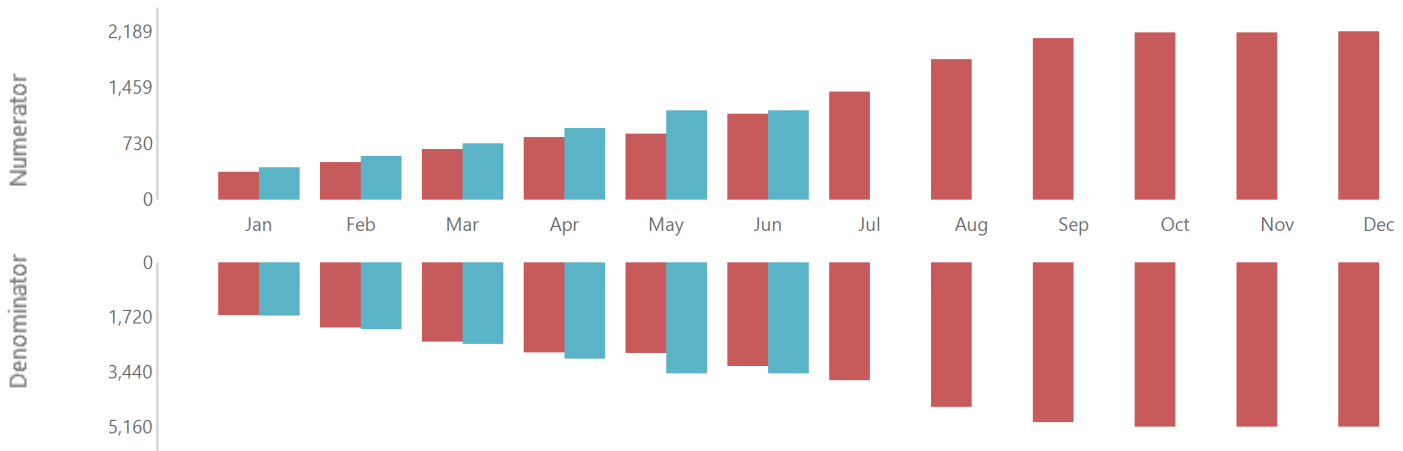
## Prenatal and Postpartum Care

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.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	21.77%	23.83%	26.43%	28.58%	30.12%	34.28%	37.92%	40.41%	41.91%	42.15%	42.16%	42.42%
2024	25.10%	26.84%	28.68%	30.70%	33.22%	33.16%						
MPL	84.23%	84.23%	84.23%	84.23%	84.23%	84.23%	84.23%	84.23%	84.23%	84.23%	84.23%	84.23%

$$\frac{1,160}{3,492}$$



## 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**

**571**

Rate: 61.74%

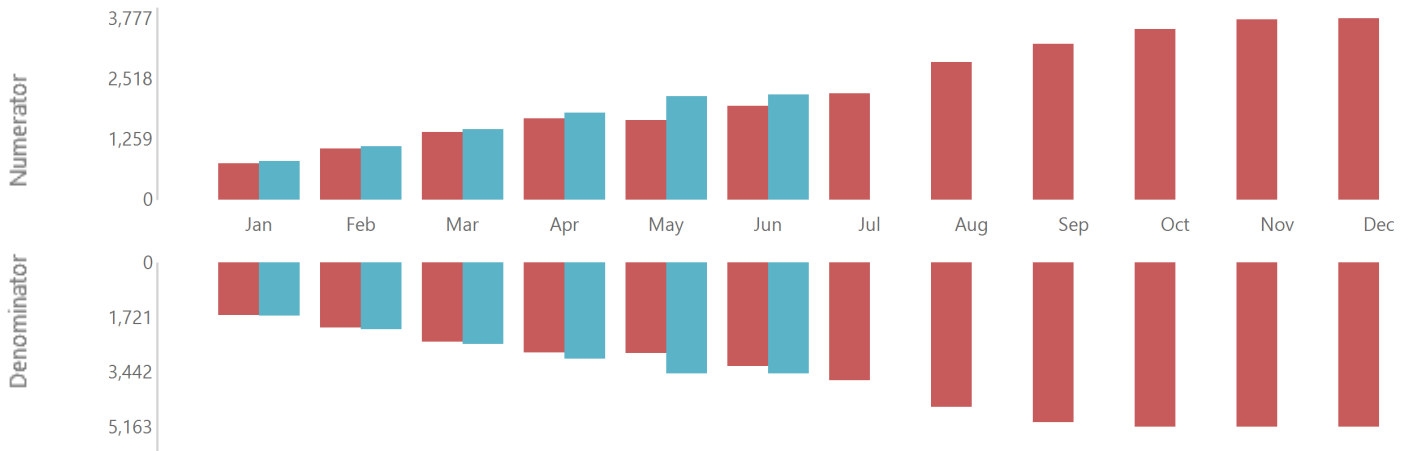
MPL: 78.10%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	45.41%	52.00%	56.72%	59.55%	58.08%	59.88%	59.89%	63.24%	64.56%	68.75%	72.58%	73.16%
2024	47.47%	52.40%	57.47%	59.72%	61.74%	62.54%						
MPL	78.10%	78.10%	78.10%	78.10%	78.10%	78.10%	78.10%	78.10%	78.10%	78.10%	78.10%	78.10%

2,156  


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3,492



## 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**

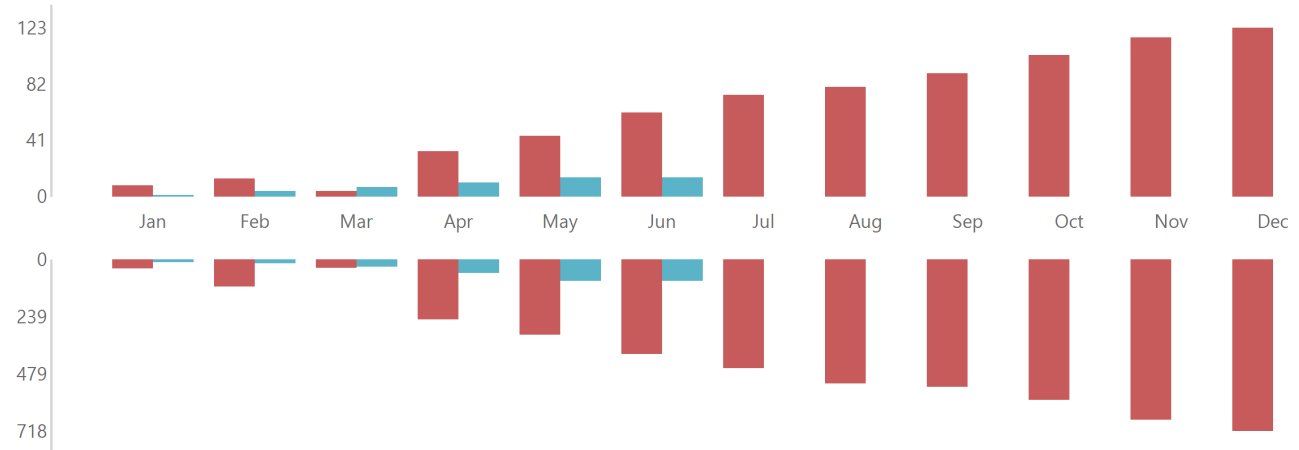
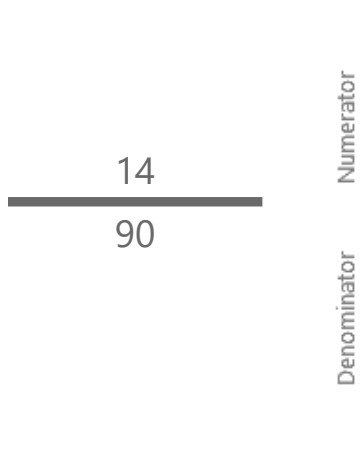
**Hits needed for MPL**

35

Rate: 15.56%

MPL: 54.87%

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2023	20.51%	11.50%	11.11%	13.15%	13.97%	15.37%	16.23%	15.44%	16.89%	17.55%	17.29%	17.13%
	2024	9.09%	25.00%	21.88%	17.86%	15.56%	15.56%						
	MPL	54.87%	54.87%	54.87%	54.87%	54.87%	54.87%	54.87%	54.87%	54.87%	54.87%	54.87%	54.87%





## 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**

**127**

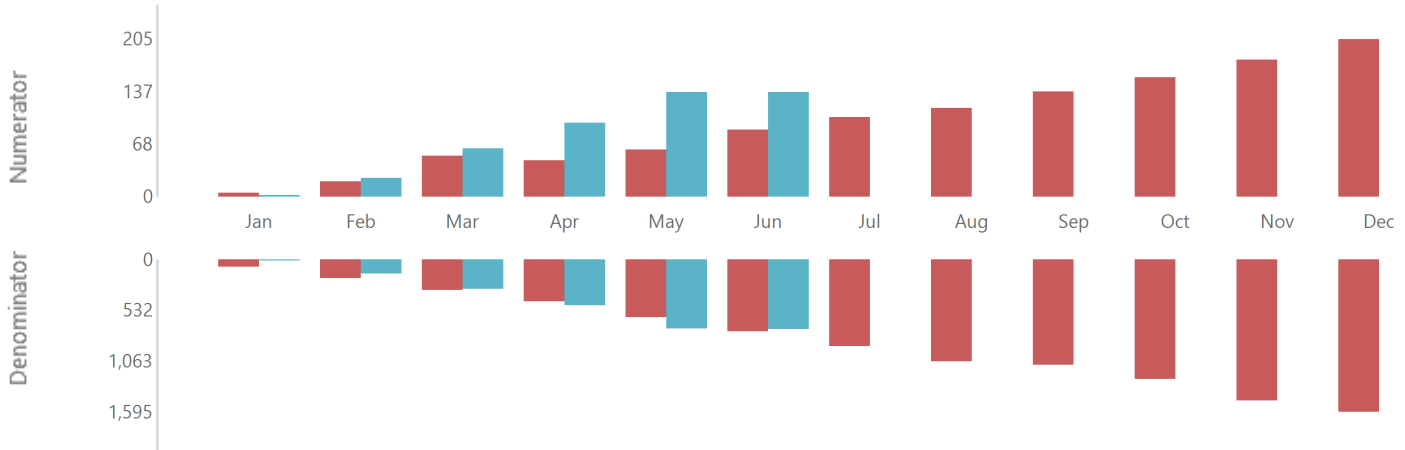
Rate: 18.78%  
MPL: 36.34%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	6.41%	10.36%	16.56%	10.71%	10.05%	11.58%	11.33%	10.81%	12.45%	12.39%	12.06%	12.85%
2024	20.00%	16.11%	20.59%	19.96%	18.78%	18.73%						
MPL	36.34%	36.34%	36.34%	36.34%	36.34%	36.34%	36.34%	36.34%	36.34%	36.34%	36.34%	36.34%

136

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724



## 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.

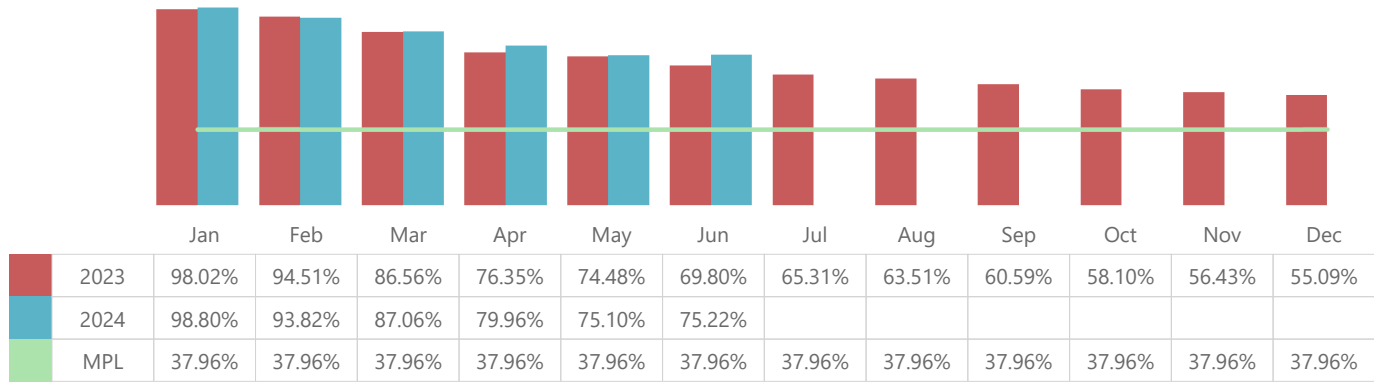
**HBD HBA1C >9%**

Hits needed for MPL

6,312

Rate: 75.10%

MPL: 37.96%



12,765

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16,997



## 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**

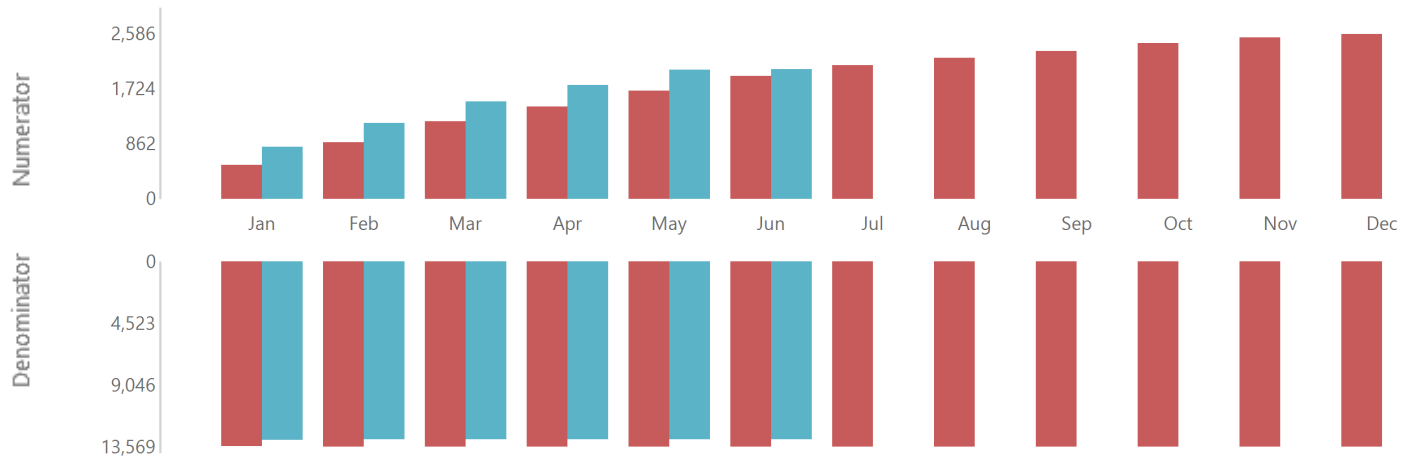
**2,496**

Rate: 15.54%

MPL: 34.70%

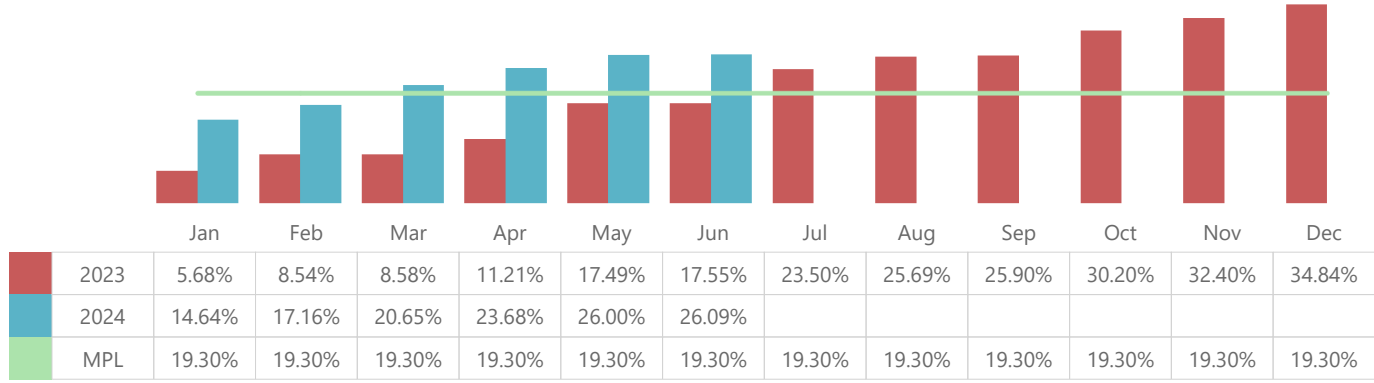
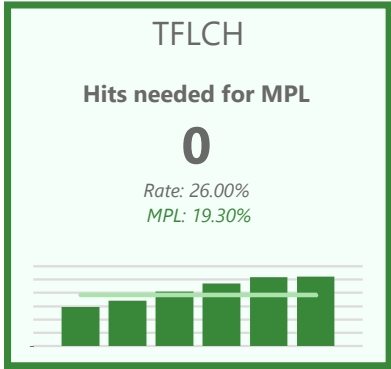
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	3.89%	6.53%	8.95%	10.68%	12.49%	14.20%	15.45%	16.27%	17.05%	18.00%	18.65%	19.06%
2024	6.26%	9.14%	11.74%	13.71%	15.54%	15.59%						
MPL	34.70%	34.70%	34.70%	34.70%	34.70%	34.70%	34.70%	34.70%	34.70%	34.70%	34.70%	34.70%

2,025  
-----  
13,031

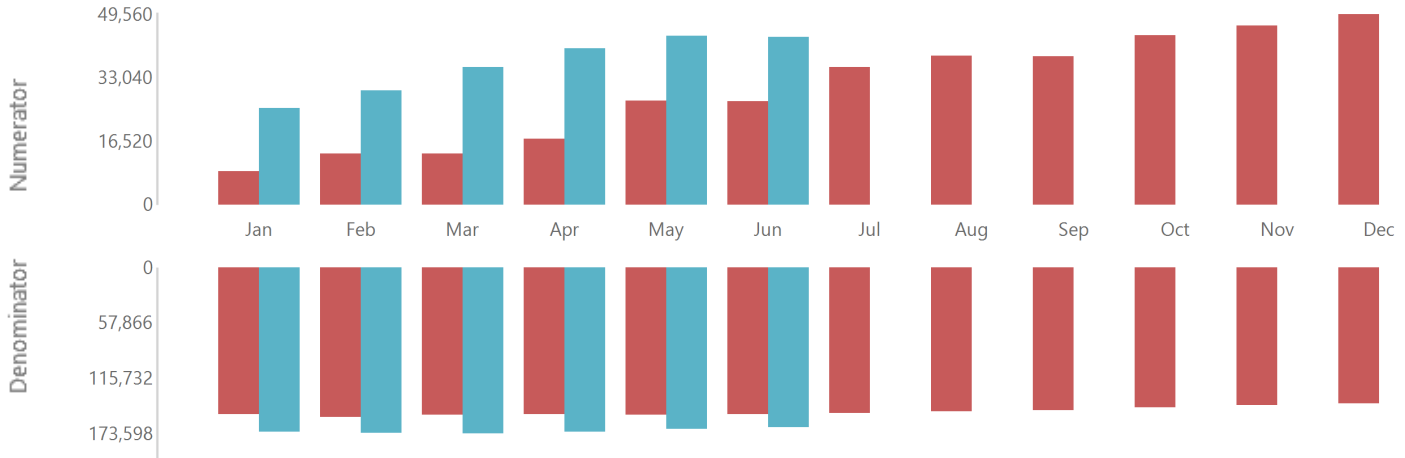


### Prevention: Topical Fluoride for Children

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.



43,938  
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168,969





# KERN HEALTH SYSTEMS

BOARD OF DIRECTOR'S MEETING



Chief Executive Officer's Report

**Emily Duran**

June 13, 2024

## **KHS CORPORATE STRATEGIC PLAN**

The KHS strategic plan identifies the key priority areas and serves as a roadmap for 2023 – 2025 for the organization. KHS remains on track in accomplishing the strategic goals. Due to timing the Q2 2024 updates will be provided in August of 2024.

## **LEGISLATIVE SUMMARY**

2024 State Legislation – The legislative calendar recently saw two important deadlines pass. The first was the deadline for bills with fiscal impact to pass out of appropriations committee by late April. The second deadline was for bills to pass a floor vote and head to the opposite house by late May. As a result of these deadlines, several bills were held for the year and many bills were amended as they moved along the process. One example to call out is AB 2200, this year’s version of single-payer healthcare, which was held in committee and will not be proceeding. The legislature will now spend the month of June working to finalize the State budget and discussing the remaining bills in their respective committees before the summer recess in July. Throughout this time, KHS has worked with our Trade Associations and legislators on advocacy for our priority bills. The 2024 bill tracking document is included under **Attachment A: Bill Tracking** and currently includes over 40 potentially impactful bills.

**2024-2025 State Budget Proposal** – As anticipated, the Governor’s Administration released a revised State Budget proposal on Friday May 10th. Back in January, the Governor’s proposed budget estimated a \$37.9 billion budget deficit for FY 2024-2025. However, revenues continued to come in below projections, increasing the deficit by an estimated \$7 billion in the May revision. The State must pass a balanced budget, so this means the May revision must provide solutions for the projected ~\$45 billion deficit. The budget solutions include spending cuts to government operations, reductions to programs, and pauses new investments. Despite the challenges, the State is remaining committed to some major investments such as CalAIM funding and Medi-Cal Coverage for Immigrants. That said, if passed, the May revision proposal would impact other Medi-Cal programs such as:

- **MCO Tax-funded Targeted Provider Rate Increases** - Last year there was successful advocacy that led to broad agreement to spend MCO tax dollars on the Medi-Cal program. This included Targeted Provider Rate Increases which would ramp up over time. This budget proposal would maintain funding for targeted provider rate increases based on the current 2024 program (87.5% of Medicare for primary care, non-specialty mental health, and OB care). However, the proposed expansion of targeted rate increases previously set to begin in 2025 would no longer occur.
- **Equity and Practice Transformation Program** – Last year this was touted as a \$700 million program statewide over multiple years. However, only \$140 million had been budgeted to-date. This May proposal would not fund the additional \$560 million. If this proposal passes, the first cohort of EPT providers would have the program milestones changed to reflect the lower available amount.

The Legislature and Administration have until the end of June to finalize the budget. Budget committee hearings are occurring in the legislature. Also, “Trailer Bill Language” is being released for many of these proposals which includes more details. In response to the Governor’s proposal, legislative leadership released a counter proposal in late May. Their proposal would reinstate the MCO tax funding effective in 2026 but maintain the cuts to the EPT program. The legislature and administration will negotiate over the coming weeks until a final agreement is reached. As always, the KHS Government Relations team remains highly actively engaged in this process, along with our Trade Associations and other partners.

## GRANTS AND STRATEGIC INITIATIVES 2023 – 2025

- **Community-Based Initiative:** All 15 Community Based Organizations (CBO’s) have initiated projects aligned with their scope of work. In Q2 of 2024, KHS would like to highlight Kern Cancer Foundation. The organization received funding to purchase an outreach van that would provide one-on-one appointments and hold focus groups with families who have received cancer diagnosis. KHS was honored to attend the launch of the Kern Cancer Foundation mobile van. From February 2024 – April 2024, the Kern Cancer Foundation has seen over 100 patients through the mobile van.



- **Quality Grant:** All 10 providers have initiated projects using the grant funding. In Q2 of 2024, KHS would like to highlight Coastal Kids. Through the quality grant, KHS funded the provider Leadcare2 Analyzer, a blood lead screener. This machine will not only increase lead screening in children, but also help KHS close gaps in care under the Medi-Cal Accountability Set (MCAS) Measures. The organization has conducted over 90 screenings at their three (3) different locations and is committed to monitoring and mitigating health risks associated with lead exposure in children.



- **Recruitment and Retention (R&R) Grant:** All contracts under this grant program have been fully executed. Below is a snapshot of the progress on the R&R Grant.

<b>Recruitment and Retention (R&amp;R)</b>	<b>Since Last CEO Report (04/18/2024)</b>	<b>As of 05/28/2024</b>
Physicians Recruited under R&R	2	6
Physicians Retained under R&R	0	4
Transportation Services Rendered Kern Valley Healthcare District	0*	1090

\*Transportation updates were not provided in the last board report.

- **Healthcare Workforce Initiative:** All nine (9) organizations have successfully executed their contracts and initiated projects. In Q2 of 2024, KHS would like to highlight Clinica Sierra Vista (CSV). The Federally Qualified Health Clinic has successfully transitioned an addiction medicine specialist and HIV Specialist into the Primary Care Residency Program to increase provider capacity. In addition, CSU Bakersfield and local community colleges are working towards hiring faculty and support staff to support the development of nursing degrees.

## **INCENTIVE PAYMENT PROGRAM FUNDING**

### **Background**

The CalAIM Incentive Payment Program (IPP) is intended to support the implementation and expansion of Enhanced Care Management (ECM) and Community Supports (CSS) by incentivizing managed care plans (MCPs) to invest in provider capacity and delivery system infrastructure; bridge current silos across physical and behavioral health care service delivery; reduce health disparities and promote health equity; achieve improvements in quality performance; and encourage take-up of Community Supports.

### **IPP Program Year 1 | January 1, 2022 – December 31, 2022**

Kern Health Systems has successfully finalized IPP Year 1. All milestones have been completed and checks are pending for disbursement. KHS will be reporting on the finalized funds in the upcoming Board Report.

### **IPP Program Year 2 | January 1, 2023 – December 31, 2023**

As of May 2024, there are two (2) ECM providers and one (1) CSS provider that have pending milestones to be completed by 6/30/2024. Seven (7) providers/CBOs have successfully completed all designated milestones, allowing them to access the full funding awarded. As we approach the deadline, the grants team is preparing to close out the program and provide support for the remaining providers with their milestones.



**IPP Program Year 3 | January 1, 2024 – June 30, 2024**

A total of nine (9) providers and CBOs were contracted in IPP PY3 funding for Enhanced Care Management and Community Support Services. All contracts have been fully executed and providers have started working on projects specific to their milestones and requesting reimbursement. In Q2 of 2024, KHS would like to highlight our newly established ECM provider and partner, Kern Psychiatric Wellness Center. Kern Family Health Care members will now have the opportunity to receive specialty behavioral health services, specifically those who are experiencing homelessness, struggling with their mental and behavioral health, and currently transitioning from incarceration in Kern County.

**Kern Psychiatric Health and Wellness Center Grand Opening**



**IPP Next Steps:**

Ongoing collaborative efforts with the providers will ensure the successful attainment of program milestones in the subsequent phases. The next steps will include providing support to the providers with ongoing projects under IPP Y3. In addition, the team is preparing to finalize data for Submission 5, due September 2024 to Department of Health Care Services.

## HOUSING AND HOMELESS INCENTIVE PROGRAM

**Background** | January 1, 2022 – December 31, 2023 (*extended*)

As a part of the State’s overarching home and community-based services (HCBS) spending plan, the California Department of Health Care Services (DHCS) launched the Housing and Homelessness Incentive Program (HHIP). HHIP aims to prevent and reduce homelessness and housing instability & insecurity by addressing social determinants of health while improving health outcomes and accessibility to whole-person care for those who are a part of the Medi-Cal population and simultaneously experiencing or at risk of being homeless. Final fund distribution is contingent on meeting all DHCS outcomes.

### Q2 2024 Updates

*Project Completion:* Among the 18 participating providers/Community-Based Organizations (CBOs), 13 have successfully completed their projects, drawing down all allocated funds.

*Project Highlight:* California Veterans Assistance Foundation is under construction to develop a 12-studio apartment and community building. The building will be dedicated to serve homeless veterans and provide them with permanent supportive housing.



### **HHIP Next Steps:**

Ongoing Engagement: There are currently five (5) outstanding projects that have been amended and will be completed by December 31, 2024 due to construction and permit delays.

**STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM (SBHIP)**

**Background**

The State Budget for 2021 – 2022 included \$13.2 million over three years in incentive funding to build infrastructure, partnerships, and capacity for school behavioral health services in Kern County.

**Status Update**

Kern County Superintendent of Schools (KCSOS) is the fiduciary intermediary for fund distribution for the SBHIP initiative. All districts remain on target to meet their defined milestones and outcomes. KHS plans to submit the next DHCS Bi-quarterly update report on each district’s targeted interventions on June 30, 2024.

KHS continues to collaborate with KCSOS to establish data sharing for enhanced care coordination. KHS, Blue Cross, Kaiser and KCSOS are working towards finalizing a joint, collaborative Memorandum of Understanding (MOU) which remains under review for final execution before end of 2024.

**KHS JUNE 2024 ENROLLMENT:**

**Member Demographics**

<b>Member Age</b>		<b>Ethnicity</b>		<b>Language</b>	
0-5	12%	Hispanic	63%	English	67%
6-18	31%	Caucasian	16%	Spanish	32%
19-44	35%	No Valid Data	10%	Other	1%
45-64	16%	African American	6%		
65+	6%	Asian Indian	1%		
		Filipino	1%		
		Other	3%		

	FAMILY-ADULT	FAMILY-CHILD	FAMILY-OTHERS*	Seniors & Persons with Disabilities (SPDs)	Adult Expansion	Long Term Care	Total KHS Medical Managed Care Enrollment
2024-01	74,880	146,831	23,208	22,233	114,346	511	405,009
2024-02	74,541	168,623	23,115	22,293	113,067	519	402,158
% Change	-0.5%	-0.7%	-0.4%	0.3%	-1.1%	1.6%	-0.7%

continues when beneficiaries do not complete the Annual Eligibility Redetermination process. Our Business Intelligence Department projects membership to grow by 2,400 members throughout the month of June.

## **COMMUNITY EVENTS**

KHS will share sponsorship in the following events in June and July:

<b>Organization Name</b>	<b>Event Name</b>	<b>Purpose</b>	<b>Donated Amount</b>
CAPK Foundation	Gourmet for Good	Dedicated to addressing the immediate funding needs of CAPK and to serve as a catalyst by supporting the essential tools and resources it provides to the community.	\$20,000
Bakersfield Ronald McDonald House	Walk for Kids	To provide comfort, care and support to children and families in Kern County.	\$2,500
Taft College Foundation	Bon Voyage Casino Night	Event benefits the transition to independent living program. Taft College is committed to providing clear and fulfilling pathways for all students. Transition to Independent Living (TIL) Program is an inclusive post-secondary educational experience for students with developmental or intellectual disabilities that also offers on- and off-campus housing.	\$5,000
Friends of Mercy Foundation	34th Annual Mercy Charity Golf Classic	Benefiting the Mercy Hospital Southwest Patient Care Tower Expansion	\$1,500
Bakersfield ARC	Bakersfield ARC 75 Years of Inspiration	Supporting individuals with intellectual and developmental disabilities.	\$2,500
North of the River Chamber of Commerce	Installation Luncheon	Advance the general welfare and prosperity of the North of the River citizens and business community.	\$1,000
Bakersfield Ivy Legacy Foundation	2024 Miss Fashionetta Program	Collaborate with educational agencies, local businesses, non-profits and individuals to secure and manage resources for educational, leadership and philanthropic programs.	\$1,500
Kern County Aging & Adult Services	25th Annual Elder Abuse Prevention Conference	Promote awareness of elder abuse and help prevent and recognize neglect.	\$250
Kern County Black Chamber of Commerce	Vibes & Victory Gala	To support the entrepreneurial ecosystem in Kern County by providing black, minority businesses and non-profits with resources that will fuel personal and professional growth.	\$5,000
Kern County Black Chamber of Commerce	Vibes & Victory Gala	To support the entrepreneurial ecosystem in Kern County by providing black, minority businesses and non-profits with resources that will fuel personal and professional growth.	\$5,000
Bakersfield American Indian Health Project & The Center for Sexuality & Gender Diversity	1st Annual Sexuality & Gender Identity Healthcare Symposium	Enhance cultural competency and congruence among healthcare providers, foster community and provider dialogue on 2SLGBTQIA+ healthcare needs and a sustainable healthcare foundation.	\$5,000





<b>Organization Name</b>	<b>Event Name</b>	<b>Purpose</b>	<b>Donated Amount</b>
City of Wasco	Bike Rodeo Summer Safety Event & Community Clean-up	Ensure children are using safe equipment and teach bicycle traffic safety skills. The community clean-up helps remove bulky waste from residents' homes and alleys.	\$2,000
NAACP	Juneteenth Festival	Juneteenth Festival serves as a celebration of African American Culture expressed through food, music, dance, and art showcasing the uniqueness, power, and endurance of African Americans.	\$2,500
Bags of Love Foundation	Gold Ribbon Gala	Honor children, teens, and young adults affected by cancer treatment, their families, caregivers, and the medical and volunteers who stand by them.	\$1,500
Greater Bakersfield Chamber of Commerce	2024 Beautiful Bakersfield Awards	Recognizing individuals, businesses, and organizations for accomplishments completed during the prior year to improve quality of life and help make Bakersfield better.	\$3,500
Epilepsy Society of Kern	29th Annual Mud Volleyball Tournament	For 70 years, the Epilepsy Society of Kern County is dedicated to advocacy and empowerment of individuals with epilepsy and other seizure disorders.	\$1,200
Kern County Cancer Foundation	Media Music Jam	Support qualified Kern County Cancer patients in need of financial assistance for screening, diagnosis, and treatment for cancer and related diseases.	\$3,000
United Way of Central Eastern California	Community Professional Development Conference	This annual conference consists of multiple educational workshops, inspiring keynote speakers, resource booths, and more! This year, the focus is on Public Health.	\$3,000
Komoto Family Foundation	Printing children's coloring books on medication safety, pharmacy education, and health education.	Help empower children to discuss their health with their caregivers and local pharmacists.	\$4,000
Shafter High School	International Chivas Mexico/Community Resource Event	Provide the community with access to resources as well as enjoy a quality sporting event.	\$1,000
Greater Bakersfield Chamber of Commerce	State of the City	The annual State of the City Forum is one of the community's marquee business events, providing insight on top issues facing Bakersfield, progress that has been made over the past year and where the city is heading in the future.	\$2,000
Magdalene Hope	Pink & Blue Gala	Magdalene Hope strives to bring awareness of the social justice issues of human trafficking and modern-day slavery.	\$2,500
Independent Living Center of Kern County	ADA Conference	ILCKC empowers people with disabilities to grow creatively, personally, and professionally; and educates the community about disability-related issues.	\$2,500



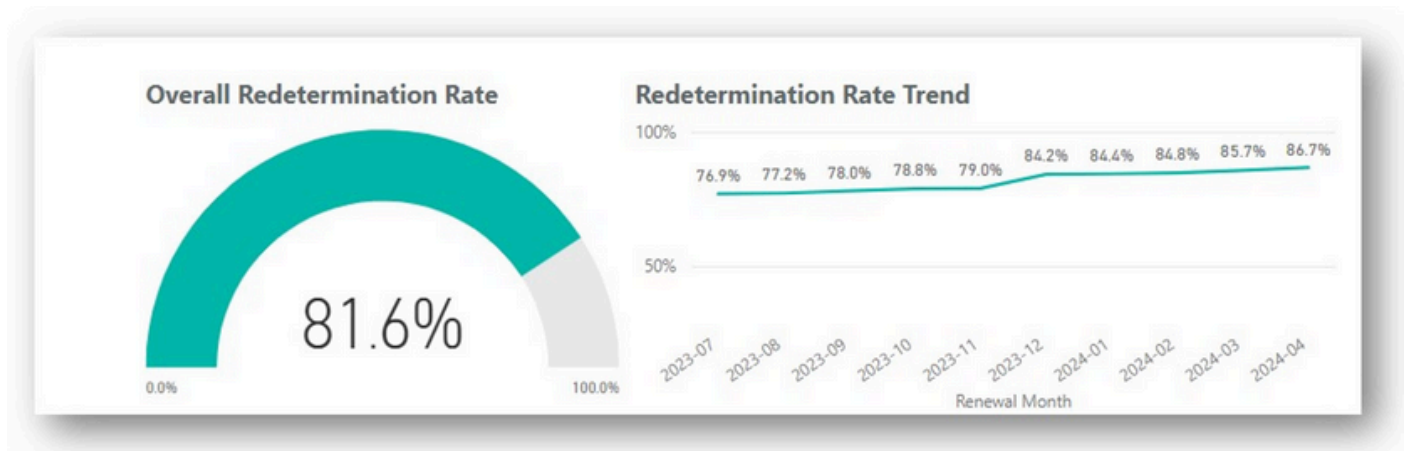
**KHS will share sponsorship in the following events in June and July:**

<b>Organization Name</b>	<b>Event Name</b>	<b>Location</b>	<b>Date</b>	<b>Time</b>
Health4Kern	The Great Medi-Cal Enrollment Event	Kern County Fairgrounds - 1142 P St, Bakersfield, CA 93307	06/08/24	9:00am-2:00pm
Lotus Bakersfield Corp. - Spanish Radio Group	Dia De La Familia Health and Consumer Fair and Festival	Kern County Fairgrounds - 1142 P St, Bakersfield, CA 93307	06/09/24	10:00am-2:00pm
Kern County Public Health	Know Your Numbers	California City Parks & Recreation, 10400 Healthier Avenue, California City, CA 93505	6/11/2024	10:00am-11:00am
Housing & Opportunity Foundation of Kern	Building Hope Conference	5917 Knudsen Dr. Bakersfield, CA 93308	6/13/2024	3:00pm-7:00pm
Kern River Valley Family Resource Center	Parent Café	Kern River Valley Branch Library, 7054 Lake Isabella Blvd, Lake Isabella, CA 93240	6/13/2024	11:00am-12:00pm
First Presbyterian Church	Food Pantry	1705 17th St. Bakersfield, CA 93301	6/20/2024	7:30am-9:30am
Dignity Health Mercy & Memorial Hospitals	Drive-Thru Back to School Event	1919 16th St., Bakersfield, CA 93301	07/27/24	8:00am-11:00am

### Medi-Cal Renewal Updates

KHS continues direct outreach activities to members who must complete the Medi-Cal renewal process or those in a hold status who have 90 days (from disenrollment date) to complete their renewal to be retroactively enrolled to their disenrollment date. Member communications include: text messages, mail, robocalls, phone calls, and the KFHC Member Portal. KHS also continues working with providers, local Medi-Cal enrollment entities, and community-based organizations to support the correct completion of renewal applications.

*Below are Medi-Cal Redetermination Trending Rates.*



### Employee Video Newsletter

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

[Put link here](#)

### KHS Media Clips

We compiled local media coverage that KHS received in April 2024 – May 2024. Please see **Attachment B: Public Relations/Publicity Media Clips.**

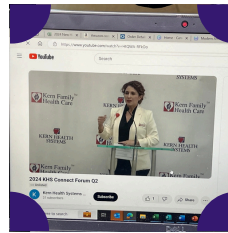
## **KHS ORGANIZATIONAL HIGHLIGHTS**

### **KHS Connect Forum**

KHS held our second-quarter KHS Connect Forum, an event designed to engage and inform our employees about many of our company goals, programs, accomplishments, and future plans. The forum aimed to address much of the feedback we received from our staff during the core contributor sessions that were launched earlier this year with The Granger Network.

The highlight of this forum was the launch of our new “KHS Core Values,” which include Excellence, Integrity, Collaboration, Equity, Innovation, and Compassion. These values are intended to guide the culture of our organization both in the office and within the community.

The KHS Connect Forum will be an ongoing quarterly event, each session focusing on 2-3 core values. We will tie each value to an organizational goal, success story, or departmental highlight to cultivate a sense of purpose and comprehensive understanding among all employees about the various facets of Kern Health Systems.





## KHS Blue Zones - Garden Reveal

We celebrated the reveal of our new employee garden, “The Garden Spot,” with a simple ribbon-cutting ceremony. This initiative stemmed from our collaboration with the Blue Zones Project, which focuses on promoting healthy living habits for a longer happier life.

“The Garden Spot” is designed to encourage our employees to build a sense of community, engage in activities they love, and find a peaceful escape to rest and relax during their downtime. We believe this garden will be a valuable addition to our workplace, promoting well-being and connection among team members.



## KHS MEMBER ENGAGEMENT | WELLNESS HIGHLIGHTS

### Kern Medical Mobile Clinic - Delano Union School District

Kern Family Health Care (KFHC) recently collaborated with Kern Medical to significantly enhance member engagement through a mobile clinic initiative. This effort saw the deployment of mobile clinics specifically designed to serve the Delano Union School District and the surrounding community. These clinics provide vital services such as physicals, immunizations, and vision assessments, ensuring that community members, particularly students, have access to essential healthcare.



## KHS PROVIDER NETWORK | COMMUNITY HIGHLIGHTS

### Provider Forum

On April 17, 2024 KHS held its second-quarter Provider Forum of the year, which highlighted various departments, including Population Health Management (PHM) and Health Equity (HE). The forum provided attendees with the opportunity to learn more about KHS's PHM and HE departments and the services available to our members. Additionally, the HE office recognized Providers who were recently awarded Equity Practice Transformation Payment Program funds from the Department of Healthcare Services. The forum also allowed attendees to network with KHS staff and other local providers.





## Casa Esperanza - Caring for the Community

To support Casa Esperanza's mission of breaking the cycle of homelessness through transitional housing solutions, Kern Health Systems awarded the organization \$900,000 through our Homelessness Incentive Payment Program (HHIP) to fund four key initiatives and projects. On April 17th, we celebrated the grand opening of a new affordable housing duplex, which will serve as a safe haven for two families at risk of or currently experiencing homelessness. Additionally, our grant enabled the acquisition of another transitional home, accommodating up to 16 women and children facing housing insecurity. The funding also facilitated the purchase of a 12-passenger van and will support the hiring of staff for the transitional home. It is an honor to partner with Casa Esperanza to provide sustainable solutions to those in need of housing. Their efforts to combat homelessness represent a significant step forward in caring for our community.



## Healthcare Workforce Expansion Initiative - Dignity Health (Memorial Hospital)

Kern Health Systems announced the recipients of our Grants and Strategic Initiatives, including the Health Care Workforce Expansion Initiative. We are thrilled to partner with Dignity Health (Memorial Hospital) to address Kern County's healthcare workforce needs. Dignity Health (Bakersfield Memorial Hospital) is developing a New Graduate Medical Education (GME) Program in 2025 in partnership with Morehouse under the “More in Common Alliance” to recruit Internal Medicine residents who will practice medicine in Kern County. This program aims to train residents to become excellent physicians dedicated to underserved populations, ensuring they are well-prepared for careers in primary care, hospital medicine, and subspecialty practice. The goal is to effectively train providers to address social determinants of health and eliminate health disparities and inequities in Kern County. By investing in these programs, KHS is committed to increasing healthcare access for our members and the broader community. Stay tuned for updates on our mission to achieve health equity and provide the highest quality of care for all in Kern County!



**ATTACHMENT A**

**Bill Tracking:**

Title	Description	Status
<p><b>AB 236 (Holden)</b></p>	<p>This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2025, unless specified criteria applies. The bill would require a plan or insurer to arrange care and provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy’s provider directory or directories and to reimburse the provider the contracted amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.</p> <p>This bill would authorize the Department of Managed Health Care and the Department of Insurance to develop uniform formats for plans and insurers to use to request directory information from providers and would authorize the departments to establish a methodology and processes to ensure accuracy of provider directories. The bill would require the health plan or the insurer, as applicable, to ensure the accuracy of a request to add back a provider who was previously removed from a directory and approve the request within 10 business days of receipt, if accurate.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB236">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB236</a></p>	<p>CAHP/LHPC Opposed</p> <p>05/01/24 - Referred to Com. on HEALTH.</p>

<p><b>AB 1316 (Irwin)</b></p>	<p>This bill would revise the definition of “psychiatric emergency medical condition” to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for evaluation and treatment. The bill would make conforming changes to provisions requiring facilities to provide that treatment.</p> <p>The bill would require the Medi-Cal program to cover emergency services and care necessary to treat an emergency medical condition, as defined, including all professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, for all services medically necessary to stabilize the beneficiary.</p> <p>The bill would require, coverage for emergency services necessary to relieve or eliminate a psychiatric emergency medical condition, regardless of duration, or whether the beneficiary is voluntary, or involuntarily detained for evaluation and treatment, as specified. The bill would require a Medi-Cal managed care plan, as defined, to be responsible for covering, and reimbursing providers for furnishing, those emergency services and care, as specified.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1316">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1316</a></p>	<p>05/29/24 - In committee: Set, first hearing. Hearing canceled at the request of author.</p>
<p><b>AB 1842 (Reyes)</b></p>	<p>This bill would prohibit a medical service plan and a health insurer from subjecting a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration, or a buprenorphine product or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder, to prior authorization or step therapy. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1842">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1842</a></p>	<p>05/29/24 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (May 29). Re-referred to Com. on APPR.</p>



<p><b>AB 1895 (Weber)</b></p>	<p>The bill would require an acute care hospital that offers maternity services, when those services are at risk of closure, as defined, in the next 6 months to provide specified information to the Department of Health Care Access and Information as well as the State Department of Public Health, including, but not limited to, the number of medical staff and employees working in the maternity ward and the hospital's prior and projected performance on financial metrics. The bill would require this information be kept confidential to the extent permitted by law. The bill would require, within 6 months of receiving this notice from the hospital, the Department of Health Care Access and Information, in conjunction with the State Department of Public Health, to conduct a community impact assessment to determine the 3 closest hospitals offering maternity services in the geographic area and their distance from the at-risk facility.</p> <p>The bill would require the hospital to provide public notice of the potential closure, including the results of the community impact assessment, and other specified information on the hospital's internet website 90 days in advance of the proposed closure. The bill would require the public to be permitted to comment on the potential closure for 60 days after the notice is given, and would require at least one noticed public hearing be conducted by the hospital. The bill would also require the hospital to accept written public comment. By creating a new crime, this bill would impose a state-mandated local program.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1895">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1895</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>
<p><b>AB 1936 (Cervantes)</b></p>	<p>Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes, as specified.</p> <p>This bill would require the program to consist of at least one maternal mental health screening during pregnancy, and at least one additional screening during the first 6 months of the postpartum period, if determined medically necessary and clinically appropriate in the judgement of the treating provider. The bill would impose a state-mandated local program.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1936">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1936</a></p>	<p>05/22/24 - Referred to Com. on HEALTH.</p>



<p><b>AB 1943 (Weber)</b></p>	<p>This bill would require the department to produce a public report on telehealth in the Medi-Cal program that includes analyses of, among other things, (1) telehealth access and utilization, (2) the effect of telehealth on timeliness of, access to, and quality of care, and (3) the effect of telehealth on clinical outcomes, as specified. The bill would authorize the department, in collaboration with the California Health and Human Services Agency, to issue policy recommendations based on the report’s findings.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1943">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1943</a></p>	<p>05/22/24 - Referred to Com. on HEALTH.</p>
<p><b>AB 1970 (Jackson)</b></p>	<p>Existing law establishes, within the Health and Welfare Agency, the Department of Health Care Access and Information, which is responsible for, among other things, administering various health professions training and development programs. Existing law requires the department to develop and approve statewide requirements for community health worker certificate programs. Existing law defines “community health worker” to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery.</p> <p>This bill would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, as specified. The bill would require the department to collect and regularly publish data, not less than annually, including, but not limited to, the number of individuals certified, including those who complete a specialty certificate program, as specified, and the number of individuals who are actively employed in a community health worker role.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1970">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1970</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>

<p><b>AB 1975 (Bonta)</b></p>	<p>This bill would make medically supportive food and nutrition interventions, as defined, a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, effective July 1, 2026, subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary. The bill would require a Medi-Cal managed care plan to offer at least 3 of 6 listed interventions, with certain conditions for a 7th intervention.</p> <p>The bill would require the department to define the qualifying medical conditions for purposes of the covered interventions. The bill would require a health care provider, to the extent possible, to match the acuity of a patient’s condition to the intensity and duration of the covered intervention and to include culturally appropriate foods.</p> <p>The bill would require the department to establish a medically supportive food and nutrition benefit stakeholder group, with a specified composition, to advise the department on certain related items. The bill would require the workgroup to issue final guidance on or before July 1, 2026.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1975">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1975</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>
<p><b>AB 2043 (Boerner)</b></p>	<p>This bill would require the department to ensure that the fiscal burden of nonemergency medical transportation or nonmedical transportation is not unfairly placed on public paratransit service operators and would authorize the department to direct Medi-Cal managed care plans to reimburse public paratransit service operators who are enrolled as Medi-Cal providers at the fee-for-service rates for conducting that transportation, as described. The bill would require the department to engage with public paratransit service operators to understand the challenges as public operators of nonemergency medical transportation or nonmedical transportation services and would require the department to issue new guidance to ensure the fiscal burden is not unfairly placed on public operators on or before June 1, 2026.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2043">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2043</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>

<p><b>AB 2105 (Lowenthal)</b></p>	<p>This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon and is medically necessary, as specified. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2105">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2105</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>
<p><b>AB 2129 (Petrie-Norris)</b></p>	<p>This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or accredited birthing center. The bill would prohibit that provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2129">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2129</a></p>	<p>05/15/24 - Referred to Com. on HEALTH.</p>

<p><b>AB 2132 (Low)</b></p>	<p>This bill would require an adult patient receiving primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting, as specified, to be offered a tuberculosis (TB) risk assessment and TB screening test, if TB risk factors are identified, to the extent these services are covered under the patient’s health insurance, unless the health care provider reasonably believes certain conditions apply. The bill would also require the health care provider to offer the patient follow up health care or refer the patient to a health care provider who can provide follow up health care if a screening test is positive, as specified. The bill would prohibit a health care provider who fails to comply with these provisions from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability for that failure. The bill would make related findings and declarations.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2132">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2132</a></p>	<p>05/29/24 - Referred to Coms. on HEALTH and JUD.</p>
<p><b>AB 2250 (Weber)</b></p>	<p>This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings. The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to peer support specialists, lay health workers, social workers, or community health workers in counties where the plan or insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill’s requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>This 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 or a Medi-Cal managed care plan to provide reimbursement for those screenings, as specified.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2250">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2250</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>

<p><b>AB 2339 (Aguiar-Curry)</b></p>	<p>This bill would expand the definition of telehealth “asynchronous store and forward” to include asynchronous electronic transmission initiated directly by patients, including through mobile telephone applications.</p> <p>The bill would also authorize a health care provider to establish a new patient relationship using asynchronous store and forward when the patient requests an asynchronous store and forward modality, as specified.</p> <p>Existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests that they do not have access to video, as specified. This bill would remove, from that exception, the option of the patient attesting that they do not have access to video.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2339">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2339</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>
<p><b>AB 2340 (Bonta)</b></p>	<p>Existing federal regulations require the state to provide for a combination of written and oral methods designed to inform individuals eligible for EPSDT services, or their families, about the EPSDT program, within 60 days of the individual’s initial Medicaid eligibility determination and, in the case of families that have not utilized EPSDT services, annually thereafter, as specified. Under those regulations, required information includes, among other components, the benefits of preventive health care and the services available under the EPSDT program and where and how to obtain those services.</p> <p>This bill would require the department to prepare written informational materials that effectively explain and clarify the scope and nature of EPSDT services, as defined, that are available under the Medi-Cal program. Under the bill, the materials would include, but would not be limited to, the information required in the above-described federal regulations or their successor. Under the bill, the informational materials would also include content designed for youth, for purposes of delivery of that content to a beneficiary who is who is 12 years of age or older but under 21 years of age.</p> <p>The bill would authorize the department to standardize the materials, as specified, and would require the department to regularly review the materials to ensure that they are up to date. The bill would require the department to test the quality, clarity, and cultural concordance of translations of the informational materials with Medi-Cal beneficiaries, in order to ensure that the materials use clear and nontechnical language that effectively informs beneficiaries.</p> <p>The bill would require the department or a Medi-Cal managed care</p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>

	<p>plan, depending on the delivery system, to provide to a beneficiary who is eligible for EPSDT services, or to the parent or other authorized representative of that beneficiary, as applicable, the informational materials within 60 calendar days after that beneficiary's initial Medi-Cal eligibility determination and annually thereafter.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2340">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2340</a></p>	
<p><b>AB 2357 (Bains)</b></p>	<p>This bill would create the University of California San Joaquin Valley Regional Campus Medical Education Endowment Fund. Upon appropriation by the Legislature, the bill would require moneys in the endowment fund to be allocated to the University of California to support the annual operating costs for the development, operation, and maintenance of a branch campus of an existing University of California School of Medicine in the County of Kern. The bill would similarly require moneys in the endowment fund to initially be invested with the goal of achieving capital appreciation to create a balance sufficient to generate ongoing earnings to cover the estimated annual operating costs of a branch campus, as provided, and, upon the determination by the Controller that a sufficient balance is achieved and maintained in the endowment fund, would subsequently require moneys in the endowment fund to be invested to generate earnings to fund annual operating costs associated with the development, operation, and maintenance of a branch campus, as provided. The bill would similarly require moneys in the endowment fund to be used, upon appropriation by the Legislature and a determination by the Controller of sufficient funds in the endowment fund, to cover the University of California's estimated costs of applying for and obtaining approval and accreditation from the Liaison Committee on Medical Education, as provided.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2357">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2357</a></p>	<p>05/23/24 - In Senate. Read first time. To Com. on RLS. for assignment.</p>

<p><b>AB 2376 (Bains)</b></p>	<p>This bill would expand the definition of “chemical dependency recovery services” to include medications for addiction treatment and medically managed voluntary inpatient detoxification. The bill would delete the requirement for chemical dependency recovery as a supplemental service to be provided in a distinct part of a general acute care hospital or acute psychiatric hospital, and instead would authorize those facilities to provide chemical dependency recovery services as a supplemental service within the same building or in a separate building on campus that meets specified structural requirements of a freestanding chemical dependency recovery hospital. The bill would delete the requirements for chemical dependency services to be provided in a hospital building that provides only chemical dependency recovery services, or has been removed from general acute care use.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2376">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2376</a></p>	<p>05/23/24 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p><b>AB 2428 (Calderon)</b></p>	<p>Existing law requires each applicable plan to reimburse a network provider furnishing CBAS to a Medi-Cal beneficiary enrolled in that plan, and requires each network provider of CBAS to accept the payment amount that the network provider of CBAS would be paid for the service in the Medi-Cal fee-for-service delivery system, as specified, unless the plan and network provider mutually agree to reimbursement in a different amount.</p> <p>This bill, for purposes of the mutual agreement between a Medi-Cal managed care plan and a network provider, would require that the reimbursement be in an amount equal to or greater than the amount paid for the service in the Medi-Cal fee-for-service delivery system.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2428">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2428</a></p>	<p>05/29/24 - Referred to Com. on HEALTH</p>

<p><b>AB 2446 (Ortega)</b></p>	<p>This bill would add to the schedule of Medi-Cal benefits diapers for infants or toddlers with certain conditions, such as a urinary tract infection and diseases of the skin. The bill would establish diapers as a covered benefit for a child greater than 3 years of age who has been diagnosed with a condition that contributes to incontinence and would establish diapers as a covered benefit for individuals under 21 years of age, if necessary to correct or ameliorate a condition pursuant to specified standards. The bill would limit the diapers provided pursuant to these provisions to an appropriate supply based on the diagnosed condition and the age of the beneficiary. The bill would require the department to seek any necessary federal approval to implement this section.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2446">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2446</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>
<p><b>AB 2449 (Ta)</b></p>	<p>This bill would clarify that the Qualified Applied Behavior Analysis Credentialing Board is also a national entity that may certify a qualified autism service provider, and would authorize the certification to be accredited by the American National Standards Institute.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2449">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2449</a></p>	<p>05/30/24 - From committee: Amend, and do pass as amended. (Ayes 9. Noes 0.) (May 29).</p>
<p><b>AB 2467 (Bauer-Kahan)</b></p>	<p>This bill would require a health care service plan contract or health insurance policy, except for a specialized contract or policy, that is issued, amended, or renewed on or after January 1, 2025, to include coverage for treatment of perimenopause and menopause. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2467">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2467</a></p>	<p>05/24/24 - In Senate. Read first time. To Com. on RLS. for assignment.</p>



<p><b>AB 2703</b> <b>(Aguiar-Curry)</b></p>	<p>Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit.</p> <p>This bill would add a psychological associate to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate under those conditions. The bill would make conforming changes with regard to supervision by a licensed psychologist as required by the Board of Psychology.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2703">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2703</a></p>	<p>05/23/24 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
<p><b>AB 2843 (Petrie-Norris)</b></p>	<p>This bill would require a health care service plan or health insurance policy that is issued, amended, renewed, or delivered on or after January 1, 2025, to provide coverage without cost sharing for emergency room medical care and follow-up health care treatment for an enrollee or insured who is treated following a rape or sexual assault. The bill would prohibit a health care service plan or health insurer from requiring, as a condition of providing coverage, (1) an enrollee or insured to file a police report, (2) charges to be brought against an assailant, (3) or an assailant to be convicted of rape or sexual assault.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2843">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB2843</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>

<p><b>AB 2930 (Bauer-Kahan)</b></p>	<p>This bill would, among other things, require a deployer, as defined, and a developer of an automated decision tool, as defined, to perform an impact assessment on any automated decision tool before first using it and annually thereafter, and with respect to an automated decision tool that a deployer first used before January 1, 2025, the bill would require the deployer to perform an impact assessment on that automated decision tool before January 1, 2026, and annually thereafter, that includes, among other things, a statement of the purpose of the automated decision tool and its intended benefits, uses, and deployment contexts. The bill would require a deployer or developer to provide the impact assessment to the Civil Rights Department within 7 days of a request by the department and would punish a violation of that provision with an administrative fine of not more than \$10,000 to be recovered in an administrative enforcement action brought by the Civil Rights Department. The bill would, in complying with a request for public records, require the Civil Rights Department, or an entity with which an impact assessment was shared, to redact any trade secret from the impact assessment.</p> <p>This bill would require a deployer to, at or before the time an automated decision tool is used to make a consequential decision, as defined, notify any natural person that is the subject of the consequential decision that an automated decision tool is being used and to provide that person with, among other things, a statement of the purpose of the automated decision tool. The bill would, if a consequential decision is made solely based on the output of an automated decision tool, require a deployer to, if technically feasible, accommodate a natural person’s request to not be subject to the automated decision tool and to be subject to an alternative selection process or accommodation, as prescribed.</p> <p>This bill would prohibit a deployer from using an automated decision tool in a manner that results in algorithmic discrimination, which the bill would define to mean the condition in which an automated decision tool contributes to unjustified differential treatment or impacts disfavoring people based on their actual or perceived race, color, ethnicity, sex, religion, age, national origin, limited English proficiency, disability, veteran status, genetic information, reproductive health, or any other classification protected by state law. The bill would also prohibit a developer from making available to potential deployers an automated decision tool that results in algorithmic discrimination.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2930">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2930</a></p>	<p>05/29/24 - Referred to Com. on JUD.</p>
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<p><b>AB 3156 (Patterson)</b></p>	<p>Under this bill, in the case of an enrollee of a Medi-Cal managed care plan who has other health care coverage and for whom the Medi-Cal program is a secondary payer, the department would be required to ensure that a provider billing the managed care plan for allowable costs not paid by the other health care coverage does not face administrative requirements significantly in excess of the administrative requirements for billing those same costs to the Medi-Cal fee-for-service delivery system.</p> <p>The bill, in the case of an enrollee of a Medi-Cal managed care plan who has coverage under the federal Medicare Program or another primary form of health care coverage and for whom the Medi-Cal program is a secondary payer, would prohibit a provider participating in the Medi-Cal fee-for-service delivery system or in the federal Medicare Program from being required to contract with the Medi-Cal managed care plan in order to provide services to that enrollee and to bill the managed care plan.</p> <p>The bill would require a Medi-Cal managed care plan to provide assistance to Medi-Cal providers and beneficiaries, upon request, on options for maintaining health care relationships between beneficiaries and existing providers that are contracted with, or have agreements with, a beneficiary's primary form of health care coverage, if the beneficiary transitions from receiving services under the Medi-Cal fee-for-service delivery system to being an enrollee of the managed care plan.</p> <p>The bill would require the department, at least annually from 2025 through 2028, to report to the legislative health committees on the effectiveness of implementing these provisions. The bill would authorize the department to implement these provisions through plan letters or similar instructions. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3156">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3156</a></p>	<p>05/24/24 - In Senate. Read first time. To Com. on RLS. for assignment.</p>
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<p><b>AB 3221 (Pellerin)</b></p>	<p>This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would require records, books, and papers to be preserved until furnished, if requested by the department. The bill would authorize the director to inspect and copy these records, books, and papers, and to seek relief in an administrative law proceeding if, in the director's determination, a plan or other specified entity fails to fully or timely respond to a duly authorized request for production of records, books, and papers. Because a willful violation of these requirements would be a crime, the bill would impose a state-mandated local program.</p> <p>Existing law requires the department to conduct a follow up review to determine and report on the status of the plan's efforts to correct deficiencies no later than 18 months following release of the final report. This bill would state that nothing in those provisions prohibits the director from taking any action permitted or required under the act in response to the survey results before the follow up review is initiated or completed, including, but not limited to, taking enforcement actions and opening further investigations.</p> <p>Existing law enumerates acts or omissions by a health care service plan that constitute grounds for disciplinary action by the director. This bill would add to those enumerated acts or omissions the failure by a health care service plan to respond fully or timely, or both, to a duly authorized request for production of records.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20230240AB3221">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20230240AB3221</a></p>	<p>05/22/24 - Referred to Com. on HEALTH.</p>
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<p><b>AB 3245 (Patterson)</b></p>	<p>Existing law generally requires a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage without cost sharing for a colorectal cancer screening test, and for a colorectal cancer screening examination in specified circumstances, assigned either a grade of A or a grade of B by the United States Preventive Services Task Force.</p> <p>This bill would additionally require that coverage if the test or screening examination is assigned either a grade of A or a grade of B, or equivalent, in accordance with the most current recommendations established by another accredited or certified guideline agency.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3245">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3245</a></p>	<p>05/15/24 - Referred to Coms. on HEALTH and APPR.</p>
<p><b>AB 3260 (Pellerin)</b></p>	<p>This bill would require that utilization review decisions be made within 72 hours from the health care service plan’s receipt of the clinical information reasonably necessary to make the determination when the enrollee’s condition is urgent, and would make a determination of urgency the enrollee’s health care provider binding on the health care service plan. If the plan lacks the information reasonably necessary to make a decision regarding an urgent request, the bill would require the plan to notify the enrollee and provider about the information necessary to complete the request within 24 hours of receiving the request. The bill would require the plan to notify the enrollee and the provider of the decision within a reasonable amount of time, but not later than 48 hours after specified circumstances occur. If a health care service plan fails to make a utilization review decision, or provide notice of a decision, within the specified timelines, the bill would require the health care service plan to treat the request for authorization as a grievance and provide notice with specified information to the enrollee that a grievance has commenced.</p> <p>This bill would require a plan’s grievance system to include expedited review of urgent grievances, as specified, and would make a determination of urgency by the enrollee’s health care provider binding on the health care service plan. The bill would require a plan to communicate its final grievance determination within 72 hours of receipt if urgent and 30 days if nonurgent, except as specified. If a plan fails to make a utilization review decision within the applicable timelines, the bill would require a grievance to be automatically resolved in favor of the enrollee. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.</p> <p>Existing law authorizes an enrollee to apply to the department for an</p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>

independent medical review of a decision regarding health care services based in whole or in part on a finding that the disputed services are not medically necessary within 6 months of any specified qualifying periods and authorizes the director to extend that deadline if the circumstances of a case warrant the extension. This bill would extend the above deadline to 12 months beyond the specified qualifying periods. The bill would require the department to provide specified correspondence and documents to an enrollee and their representative, if applicable, if the enrollee has submitted a grievance for review under the Independent Medical Review System. The bill would require the department to provide an enrollee and their representative a reasonable opportunity to respond to communications between the department and the plan or the independent review organization before the grievance is adjudicated. The bill would prohibit the department and its independent medical review organization from engaging in ex parte communication with a plan, enrollee, or their representatives during the grievance process, except as specified.

This bill would require the department to determine whether or not a grievance is urgent, as specified, unless the insured's referring or treating provider has already designated the grievance as urgent. The bill would require the department to provide specified correspondence and documents to an insured and their representative, if applicable, if the insured has submitted a grievance for review under the Independent Medical Review System. The bill would require the department to provide an insured and their representative a reasonable opportunity to respond to communications between the department and the insurer or the independent review organization before the grievance is adjudicated. The bill would prohibit the department and its independent medical review organization from engaging in ex parte communication with an insurer, insured, or their representatives during the grievance process, except as specified.

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<p><b>AB 3275 (Soria)</b></p>	<p>This bill would increase that interest accrual rate for a health insurer to 15% per annum. The bill would delete the provisions that extend the timelines for a health maintenance organization. The bill would require a health care service plan or health insurer to reimburse a claim within 15 working days after receipt of the claim, or, if the health care service plan or health insurer contests or denies the claim, to notify the claimant within 15 working days that the claim is contested or denied. Under the bill, if a claim for reimbursement is contested on the basis that the health care service plan or health insurer has not received all information necessary to determine payer liability for the claim and notice has been provided, the health care service plan or health insurer would have 15 working days after receipt of the additional information to complete reconsideration of the claim. The bill would require the departments to develop respective lists for categories of claims that, commencing January 1, 2026, would be required to be paid by a health insurer or health care service plan no later than 5 days after receipt of the claim, as specified.</p> <p>Existing law requires a health care service plan to automatically include in its payment of a claim all interest that has accrued, as specified.</p> <p>This bill would also require a health insurer to automatically include all interest accrued in its payment of a claim.</p> <p>Existing law requires a health care service plan that fails to comply with the requirement to include all interest in its payment of a claim to pay the claimant a \$10 fee.</p> <p>This bill would instead require a health insurer or health care service plan that fails to comply with that requirement to pay the claimant a fee of no less than 10% of the interest accrued.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3275">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3275</a></p>	<p>05/29/24 - Referred to Com. on HEALTH.</p>
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<p><b>SB 136</b></p>	<p>Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department. Under existing law, all revenues, less refunds, derived from the taxes are deposited into the Managed Care Enrollment Fund, to be available to the department, upon appropriation, for the purpose of funding specified subcomponents to support the Medi-Cal program.</p> <p>Existing law sets forth certain taxing tiers and tax amounts for purposes of the tax periods of April 1, 2023, to December 31, 2023, inclusive, and the 2024, 2025, and 2026 calendar years. Under existing law, the Medi-Cal per enrollee tax amount for Medi-Cal taxing tier II, as defined, is \$182.50 for the 2024 calendar year, \$187.50 for the 2025 calendar year, and \$192.50 for the 2026 calendar year.</p> <p>This bill would raise that tax amount for that tier to \$205 for all 3 of those calendar years.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB136">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB136</a></p>	<p>03/25/24 - Chaptered by Secretary of State. Chapter 6, Statutes of 2024.</p>
<p><b>SB 1063 (Grove)</b></p>	<p>This bill, commencing July 1, 2025, would require a public school or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the identification cards the Uniform Resource Locator (URL) for the mental health resources internet website of the county in which the public or private school is located. The bill would require schools subject to this requirement that, as of January 1, 2025, have a supply of unissued identification cards that are noncompliant with this requirement to issue the noncompliant identification cards until that supply is depleted. The bill would authorize those schools subject to these requirements to replace any or all of the required information mentioned above with a quick response (QR) code that links to the information being replaced</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1063">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1063</a></p>	<p>04/29/24 - Referred to Com. on ED.</p>



<p><b>SB 1112 (Menjivar)</b></p>	<p>This bill, subject to any necessary federal approvals and the availability of federal funding, would require the State Department of Health Care Services and the State Department of Social Services to develop a model memorandum of understanding (MOU), and would require the department to authorize Medi-Cal managed care plans and alternative payment agencies to enter an MOU that includes, at a minimum, the provisions included in the model.</p> <p>For purposes of children of families receiving subsidized childcare services through an alternative payment program, and upon the consent of the parent or guardian, the bill would require the plans and agencies to collaborate on informing and directing the family of a child who is eligible but not a beneficiary of the Medi-Cal program on how to enroll the child and on referring a child who is a Medi-Cal beneficiary to developmental screenings that are available under EPSDT services and administered through the plan. The bill would authorize the agency to perform certain related functions.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1112">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1112</a></p>	<p>05/24/24 - In Assembly. Read first time. Held at Desk.</p>
<p><b>SB 1120 (Becker)</b></p>	<p>This bill would require algorithms, artificial intelligence, and other software tools used for utilization review or utilization management decisions to comply with specified requirements, including that they be fairly and equitably applied. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1120">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1120</a></p>	<p>05/24/24 - In Assembly. Read first time. Held at Desk.</p>

<p><b>SB 1180 (Ashby)</b></p>	<p>Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users and triage paramedic assessments or triage paramedic assessments, respectively.</p> <p>This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to establish a process to reimburse coverage for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. The bill would require those contracts and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount they would pay for the same covered services received from a contracting program. The bill would specify the reimbursement process and amount for a noncontracting program. The bill would also make services provided by these programs covered benefits under the Medi-Cal program.</p> <p>The bill would also make services provided by these programs covered benefits under the Medi-Cal program. The bill would condition this Medi-Cal coverage on an appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1180">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1180</a></p>	<p>05/28/24 - Referred to Com. on HEALTH.</p>
<p><b>SB 1258 (Dahle)</b></p>	<p>Under existing law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher.</p> <p>In the case of an assessment against any unrecovered overpayment due to the department, this bill would authorize the department to waive the interest, as part of a repayment agreement entered into with the provider, if the unrecovered overpayment occurred 4 or more years before the issuance of the first statement of account status or demand for repayment, after taking into account specified factors, including the impact of the repayment amounts on the fiscal solvency of the provider, and whether the overpayment was caused by a policy change or departmental error that was not the fault of the billing provider.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1258">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1258</a></p>	<p>05/23/24 - Read third time. Passed. (Ayes 37. Noes 0.) Ordered to the Assembly.</p>

<b>SB 1289 (Roth)</b>	<p>This bill would require the department to establish, with stakeholder input, statewide minimum standards for assistance provided by a county's call center to applicants or beneficiaries applying for, renewing, or requesting help in obtaining or maintaining Medi-Cal coverage. The bill would require promulgation of the standards in regulation by July 1, 2026, as specified.</p> <p>The bill would require a county with a call center as described above, commencing on April 1, 2025, and each quarter thereafter, to collect and submit to the department call-center data metrics, including, among other information, call volume, average call wait times by language, and callbacks.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1289">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1289</a></p>	05/28/24 - Referred to Com. on HEALTH.
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<p><b>SB 1354 (Wahab)</b></p>	<p>Existing law prohibits a long-term health care facility that participates as a provider under the Medi-Cal program from discriminating against a Medi-Cal patient on the basis of the source of payment for the facility's services that are required to be provided to individuals entitled to services under the Medi-Cal program.</p> <p>This bill would require the facility to provide aid, care, service, or other benefits available under Medi-Cal to Medi-Cal beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source.</p> <p>Existing law requires that a contract of admission to a long-term health care facility state that, except in an emergency, a resident may not be involuntarily transferred or discharged from the facility unless the resident and, if applicable, the resident's representative, are given reasonable notice in writing and transfer or discharge planning as required by law.</p> <p>This bill would require that the notice also include a specified statement relating to, among other things, restrictions on discharge from the facility or transfer within the facility solely as a result of changing the manner of purchasing services from private payment or Medicare to Medi-Cal payment, and certain resource information about facilities participating in Medi-Cal.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1354">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1354</a></p>	<p>05/22/24 - In Assembly. Read first time. Held at Desk.</p>
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<p><b>SB 1423 (Dahle)</b></p>	<p>This bill would require that each critical access hospital that elects to participate receive a base reimbursement at 100% of the hospital’s projected reasonable and allowable costs for covered Medi-Cal services, as defined, furnished in the Medi-Cal fee-for-service and managed care delivery systems for each subject calendar year, effective for dates of service on or after January 1, 2026. The bill would require the department to develop and maintain one or more reimbursement methodologies, or revise one or more existing reimbursement methodologies applicable to participating critical access hospitals, or both, to implement the cost-based payment levels.</p> <p>The bill would set forth a timeline and a procedure for the department to notify each critical access hospital of the ability to elect to participate in those methodologies, and for a critical access hospital to inform the department of its election to participate, its discontinuance, or its later participation. The bill would require a critical access hospital that elects to participate to make available to the department relevant financial information upon request by the department. Under the bill, these provisions would not be construed to preclude a participating critical access hospital from receiving any other Medi-Cal payment for which it is eligible, including, but not limited to, supplemental payments, with specified exceptions.</p> <p>The bill would require the department to determine the projected reasonable and allowable Medi-Cal costs prior to each applicable calendar year, as specified. The bill would require the department to require each applicable Medi-Cal managed care plan to reimburse a participating hospital for covered services, and would require the department to develop and pay actuarially sound capitation rates to each applicable managed care plan, as specified.</p> <p>The bill would require the department to promptly seek any federal approvals that it deems necessary to implement these provisions, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals, the availability of federal financial participation, and an appropriation. The bill would authorize the department to modify the requirements described in these provisions under certain conditions for federal purposes.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1423">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB1423</a></p>	<p>05/23/24 - In Assembly. Read first time. Held at Desk.</p>
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<b>SB 1511 (Health Committee)</b>	<p>This bill would clarify that reference to a “group” in the act does not include a Medi-Cal managed care contract between a health care service plan and the State Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program.</p> <p>This bill would make conforming changes to related provisions for consistency with that definition of gravely disabled. The bill would also make technical changes.</p> <p>This bill would also require the entity providing private health care coverage to respond to, and agree not to deny claims submitted by, Medi-Cal managed care plans, as defined. The bill would also require, among other things, entities providing private health care coverage to request a refund of a claim paid in error from the State Department of Health Care Services within 3 years from the date of payment.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1511">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB1511</a></p>	05/24/24 - In Assembly. Read first time. Held at Desk.
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# Public Relations & Publicity

*Media Clips*  
April 2024-May 2024

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## **Presenta banco de sangre Houchin camiseta exclusiva “Peace, Love, Donate Blood”**

**By: El Popular** | April 5, 2024

Un agradecimiento especial a nuestros patrocinadores Raising Cane's, Kern Family Health Care, Tasteful Selections, ADAKC, Grimmway Farms y Clínica Sierra Vista por apoyar esta promoción.

[Click here to read more.](#)

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## **Amid new Kern Family Health Care Partnership, employees worried about mass layoffs**

**By: KGET** | April 18, 2024

Kern Health Systems, better known as Kern Family Health Care, is partnering with an out-of-state agency, leading employees to fear there may soon be mass layoffs. The organization's CEO said changes are coming, but layoff concerns are baseless. [Click here to read more.](#)

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## **Evento: La orquesta sinfonica de Bakersfield**

**By: Telemundo** | April 23, 2024

La Sinfónica recibió la subvención competitiva de KDA Creative Corps (KDACC) que se enfoca en llevar artes y recursos a comunidades que a menudo tienen menos acceso. Además de un concierto familiar gratuito, la Sinfónica se asoció con Kern Health Systems para ayudar a lanzar una feria de recursos comunitarios gratuita que incluye muchos proveedores que brindarán información y exámenes de salud y bienestar. [Click here to read more.](#)

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## **Bakersfield Memorial announce medical residency program will start in July 2025**

**By: Bakersfield Californian** | April 23, 2024

Two million dollars for the program came from a state grant, while \$1 million came from Kern Family Health Care Plan. Keller said a still-undetermined sum may come from the More in Common Alliance. [Click here to read more.](#)

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## Más médicos para Kern

By: **El Popular** | April 25, 2024

En la gráfica Emily Duran del Sistema Kern Health en Kern en la entrega del donativo por un millón de dólares, Ken Keller, presidente y CEO del Hospital Memorial en Bakersfield, y Verónica Mallet, jefa administrativa Responsable de la Alianza Más en Común. [Click here to read more.](#)

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## Get fully enrolled for Medi-Cal at free event

By: **Kern Sol News** | May 8, 2024

Event sponsors include Building Healthy Communities Kern and Kern Family Health Care, presented by hashtag Health4Kern initiative. Other event partners are Dignity Health Mercy & Memorial Hospitals, Visión y Compromiso, Kern County Human Services, Clinica Sierra Vista, United Farm Workers, and Faith in the Valley. [Click here to read more.](#)

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## Many get records cleared in expungement clinic

By: **KGET** | May 10, 2024

“If someone has a record, it’s very hard for them, one, to get a job, and to find housing,” said Emily Duran, CEO of Kern Family Health Care. “Even if they need subsidized housing like section 8, they do not qualify.” [Click here to read more.](#)

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## Leukemia and Lymphoma Society's Visionaries of the Year Gala

By: **KGET** | May 11, 2024

The Visionary of the Year is Pawan Gill who works at Kern Health Systems. The Student Visionaries of the Year are Team “Cancer Kicking Crew” – Kate Wegis, Presley Houchin and Campbell Houchin of Garces Memorial High School. Collectively, all of the candidates raised a staggering \$530,000. [Click here to read more.](#)

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## East-Side Pride for Annual Festival

By: **Bakersfield Californian** | May 28, 2024

Being able to provide this free event is only possible through the support of partners like Kern Health Systems and Adventist Health "who continuously lead efforts and initiatives that elevate our community's health and well-being," Felkins said. [Click here to read more.](#)

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## Bakersfield Hosts First-Ever Healthcare Symposium Focused on Advancing Health Equity

By: **Kern Sol News** | May 28, 2024

The Center for Sexuality and Gender Diversity Bakersfield and BC alongside community organizations such as the BC Lavender Initiatives, Kern Family Health Care, Bakersfield American Indian Health Project (BAIHP), Kern Public Health, and the BC Native American Student Support & Success Program (NASSSP) made this event possible. [Click here to read more.](#)





**COMMITTEE:** *BEHAVIORAL HEALTH ADVISORY COMMITTEE*  
**DATE OF MEETING:** *MARCH 11, 2024*  
**CALL TO ORDER:** *10:06 AM BY MELINDA SANTIAGO, DIRECTOR OF BEHAVIORAL HEALTH - CHAIR*

<b>Members Present On-Site:</b>	Randolph Beasley, LMFT Mesha Muwanga, LMFT – Rhema Therapy Inc.		
<b>Members Virtual Remote:</b>	Matthew Beare, MD – Clinica Sierra Vista Alison Burrowes, Kern Behavioral Hlth & Recovery Svcs	Franco Song, MD - Psychiatric Wellness Center	
<b>Members Excused=E Absent=A</b>	Martha Tasinga MD – KHS CMO (E) Cherilyn Haworth, Psy.D – CSUB (E)		
<b>Staff Present:</b>	Amy Daniel, KHS Executive Health Svcs Coordinator Yolanda Herrera, KHS Credentialing Manager	Courtney Morris – KHS Behavioral Health Supervisor Melinda Santiago – KHS Director of Behavioral Health	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements met.	N/A
Call to Order	In the absence of Dr. Martha Tasinga, Melinda Santiago, KHS Director of Behavioral Health called the meeting to order at 10:06 AM.		N/A
Committee Minutes	<b>Approval of Minutes</b> Introductory meeting only – There are no past minutes to approve.	<input checked="" type="checkbox"/> <b>CLOSED:</b> Not applicable.	N/A
<b>OLD BUSINESS</b>	There was no old business to present	N/A	N/A
<b>NEW BUSINESS</b>	<b>Welcome &amp; Introduction Introductions:</b> Melinda Santiago, KHS Dir. Of Behavioral Health thanked and welcomed the members of BHAC to the meeting. Melinda informed the members that unfortunately, Dr. Tasinga was not able to attend	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.	3/11/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>today’s meeting unexpectedly. Members and KHS Staff introduced themselves and from the facility/organization they are representing.</p> <p>Representatives from the following network providers included:</p> <ul style="list-style-type: none"> <li>• Mesha Muwanga, Network Provider LMFT</li> <li>• Randolph Beasley, Network Provider LMFT &amp; FQHC Representative</li> <li>• Franco Song, MD – Network Provider Psychiatrist</li> <li>• Matthew Beare, MD – Network Provider Primary Care</li> <li>• Alison Burrowes, LCSW – Kern Behavioral Health Recovery Services</li> <li>• LEA – representation from an educational setting was identified however, there was a conflict in meeting scheduled and Melinda is working to identify an alternative LEA provider who can serve on the committee.</li> </ul>		
	<p><b><u>Committee Charter</u></b></p> <p>Melinda presented the committee charter outlining the committee responsibilities, roles of the committee members and program description. The following highlights were noted:</p> <ul style="list-style-type: none"> <li>• The Behavioral Health Advisory Committee (BHAC) will be a subcommittee of the EQIHEC Committee.</li> <li>• The BHAC will support, review, and evaluate behavioral health interventions, promote collaboration strategies that align between KHS and the County Behavioral Health Programs with Kern Behavioral Health Recovery Services, Clinica Sierra Vista, California State University Bakersfield, Psychiatric Wellness Center, Rhema Therapy.</li> <li>• Screening of the SBIRT (spell out) and medication assisted treatments will be conducted.</li> <li>• Provide feedback on clinical guidelines, UM criteria and behavioral health technologies.</li> <li>• MCAS focus indicators as identified.</li> <li>• Coordinating medical and behavioral health services identifying methods of data exchange, sharing information, medication treatment and referrals between mental and behavioral health providers.</li> </ul> <p>Members requested additional information related to the level of commitment outside of this meeting to be explained. Melinda informed the members that a majority of the work, as described in the Program Description, will be conducted by internal KHS BH Staff, and presented to the BHAC for review, input, feedback and if</p>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.</p>	<p>3/11/24</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	appropriate, approval. Melinda informed the members she is requesting a 2-year commitment from each of the BHAC membership to fully see the transformation of the program.		
	<p><b><u>Program Description</u></b> Melinda informed the members that the Program Description for BH program is still in process and will be presented at the next meeting.</p>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.</p>	<p><i>April Mtg</i></p>
	<p><b><u>BH Satisfaction Survey</u></b> Melinda presented some statistical information of KHS member population, age, race, and geographical demographic information. Additionally, KHS Behavioral Health Department is fairly new and established in January 2023. The BH Department has grown from a staff of 3 to a full staff of 10. In January 2024, KHS implemented the Electronic Management System that allows the BH Department to enter their patient population into an electronic database.</p> <p>Member stratification for low, medium, and high categories has allowed the department to identified approximately 41,000 members in need of mental or behavioral health services. Several focus groups are underway include high risk members and members in active treatment.</p> <p>Melinda presented the Adult Mental Health Survey that is being drafted to send to members as an additional mechanism to gain an understanding of the services being provided, member expectation and overall satisfaction. The survey results will allow the BH Department to set up areas of improvement and development needs.</p> <p>Members were asked to review and provide input into this survey. Members provided additional input and feedback; the following suggestions were captured:</p> <ul style="list-style-type: none"> <li>• Survey Process: Melinda informed the members that she is working with a 3<sup>rd</sup> Party Vendor who will assist in contacting members by phone and email using a QR Code that would take the member to the survey questions. Members provided input that the use of a QR Code may be an impediment for some members and an incentive to complete the survey by mail may gain more participation.</li> <li>• Incentive: Members agreed that having an incentive for the</li> </ul>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only. <b>Melinda agreed to work with Survey Vendor to consolidate questions that are lengthy and make more concise removing repetitive language. Melinda will also research the idea of an incentive for completing the survey.</b></p>	<p><i>3/11/24</i></p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>members to complete a lengthy survey would be beneficial as the survey itself will aid in assisting the plans efforts and direction of services needed.</p> <ul style="list-style-type: none"> <li>• Shorten &amp; Consolidate Survey Questions: Members also agreed that the questions might be shortened and consolidated to so that there is an opportunity to touch on each of the targeted questions – At times, lengthy surveys lose their audience who quit if questions seem repetitive.</li> </ul>		
<b>OPEN FORUM</b>	<p><b>Open Forum</b> Members of the committee asked if a provider survey or input from network providers will be performed. Melinda indicated that a provider survey is slated for next year.</p> <p>Members of the committee informed Melinda that it will be beneficial to hear the results of the survey to identify any barriers to access that the providers can improve and overcome to the members satisfaction.</p> <p>Additional discussion on whether or not the members will have access to the data of the survey analysis. Melinda informed the members that her department will conduct data analysis including an qualitative analysis report and present to the BHAC, possibly in July.</p>	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.	3/11/24
<b>NEXT MEETING</b>	Next meeting will be held Monday, April 8, 2024 at 10:00 am	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational only.	N/A
<b>ADJOURNMENT</b>	<p>The Committee adjourned at 11:15 AM</p> <p><i>Respectfully submitted: Amy L. Daniel; Executive Health Services Coordinator</i></p>	N/A	N/A

*For Signature Only – Behavioral Health Advisory Committee Minutes 03/11/24*

The foregoing minutes were APPROVED AS PRESENTED on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name

The foregoing minutes were APPROVED WITH MODIFICATION on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name



**COMMITTEE:** *DRUG UTILIZATION REVIEW (DUR) COMMITTEE*  
**DATE OF MEETING:** *MARCH 18, 2024*  
**CALL TO ORDER:** *6:32 P.M. BY MARTHA TASINGA, MD - CHAIR*

<b>Members Present On-Site:</b>	Alison Bell, PharmD – Network Provider, Geriatrics Dilbaugh Gehlawat, MD – Pediatrician	James “Patrick” Person, RPh – Network Provider Vasanthi Srinivas, MD – Network Provider, OB/GYN	Martha Tasinga, MD – KHS Chief Medical Officer Bruce Wearda, RPh – KHS Director of Pharmacy
<b>Members Virtual Remote:</b>	Abdolreza Saadabadi, MD – Network Provider, Psychiatrist		
<b>Members Excused=E Absent=A</b>	Kimberly Hoffmann, Pharm D. Psyche Sarabjeet Singh, MD - Network Provider, Cardiology - E Joseph Tran, MD – Network Provider – A		
<b>Staff Present:</b>	Michelle Chow, Pharmacy Intern Amy Daniel, KHS Executive Health Svcs Coordinator	John Miller, MD, KHS Medical Director Sukhpreet Sidhu, MD, KHS Medical Director	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirement met.	N/A
<b>APPROVAL OF MINUTES</b>	The Committee’s Chairperson, Martha Tasinga MD, presented the meeting minutes for approval.	<input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Srinivas moved to approve minutes of November 20, 2023, seconded by Ms. Bell.	3/18/24
<b>REPORTS</b>	1. Report of Plan Utilization Metrics A) Dr. Tasinga brought up incontinence supplies are always a subject of audits, and we should verify these particular claims.  B) Dr. Gehlawat asked if nebulizers are still covered by Kern Family because some pharmacies were indicated that there were issues.  Dr. Tasinga asked if there should be a member newsletter	1A) Dr. Miller and Dr. Sidhu will investigate and develop verification audits.  1B) Dr. Gehlawat would have the pharmacies reach out to KHS for clarification.  The education article was addressing prescriber practices, particularly	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>sent.</p> <p>C) Low participation of AB1114 services was observed. Mr. Person requested information on how to become an ORP. The committee at large wondered if the Network is aware of this opportunity.</p> <p>Mr. Person stated participation for providing AB1114 services may be low due to inappropriate reimbursement. Ms. Bell indicated that some low participation may be due to not applicable to practice sites. (ie: Services, Nursing Homes) and therefore she has no desire and/or need to participate.</p> <p>2. Dr. Gehlawat wanted to know if the Educational Article included restrictions to members under the age of 2 years old.</p> <p>Mr. Person commented that the FDA OTC labeling still applies for age dosing.</p> <p>3. NCQA</p>	<p>for the elderly. All drugs require a prescription in order to be covered therefore it would not be necessary to inform the members.</p> <p>1C) Provider Network Management will follow up Mr. Person with ORP enrollment information.</p>	
<b>CLOSED SESSION</b>	N/A	N/A	N/A
<b>OLD BUSINESS</b> 4	No old business.	N/A	N/A
<b>NEW BUSINESS</b> 5-6	<p><b><u>DHCS Update/Executive Order N-01-19: Medi-Cal Rx Update</u></b></p> <p>1. The DCHS DUR Board has determined that diphenhydramine is potentially being overutilized, especially in the elderly. They are developing campaigns to educate providers about alternative therapies.</p> <p>2. The DHCS DUR Board is looking at removing edits on</p>	<p>1. There were no further questions or discussion on this topic from the committee members.</p> <p>2. Dr. Saadabadi was concerned by relaxing the edits and/or thresholds could cause an increase in overdose situations.</p>	3/18/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>opioids regarding Morphine Milligram Equivalents, or at least greatly increasing the threshold. The rationale is that no one is dying/overdosing from prescription opioids, only street versions. No strong consensus among the Board Members on this.</p> <ol style="list-style-type: none"> <li>3. DHCS PBM Magellan was acquired by Prime Therapeutics.</li> <li>4. DHCS is forming a workgroup to address Medicare/Dual Eligibility Claims. Ongoing concerns on claims being inappropriately denied by MCRx when Medicare would never cover the service.</li> <li>5. DHCS is forming a workgroup to address Physician Administered Drugs (PAD's) billed on Pharmacy claims. The Scope document and operations are not in alignment. Working to develop a list/document that will clearly indicate how a drug/service should be billed, via pharmacy or medical. The goal is to have the allowed drugs to be located on a special list and also on the CDL.</li> <li>6. DHCS is forming a workgroup to address DUR alerts. Looking at reducing the messaging and/or focusing on the more important notices.</li> <li>7. DHCS is working with WIC to resolve issues of misdirected claims for formula being covered by WIC when should be handled by MCRx.</li> </ol>	<p>Ms. Bell shared that we could have increased ER Utilization. Dr. Saadabadi added all providers should be utilizing CURES and this will be even more important if they relax the edits.</p> <ol style="list-style-type: none"> <li>3. There were no further questions or discussion on this topic from the committee members.</li> <li>4. There were no further questions or discussion on this topic from the committee members.</li> <li>5. Dr. Gehlawat inquired if the nebulizers were a pharmacy or a medical benefit. KHS responded that they are considered a medical benefit but can be billed through the Pharmacy. They are reported to the State as medical.</li> <li>6. There were no further questions or discussion on this topic from the committee members.</li> <li>7. The committee shared that members were not having problems obtaining WIC products; however, they were instructed to have everything process through WIC. It was suggested to inform and educate the Network on proper billing.</li> </ol>	
<b>OPEN FORUM</b>	There were no topics presented during open forum.	<input checked="" type="checkbox"/> <b>ACTION:</b> N/A	3/18/24
<b>NEXT MEETING</b>	Next meeting will be held Monday, March 18, 2024 at 6:30 pm	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational only.	N/A
<b>ADJOURNMENT</b>	The Committee adjourned 7:16 pm.	N/A	3/18/24



***Respectfully submitted: Amy Daniel, KHS Executive Health Services Coordinator***

***For Signature Only – Drug Utilization Review Committee Minutes 3/18/24***

The foregoing minutes were APPROVED AS PRESENTED on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name

The foregoing minutes were APPROVED WITH MODIFICATION on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name



COMMITTEE: COMMUNITY ADVISORY COMMITTEE (CAC)  
 DATE OF MEETING: MARCH 26, 2024  
 CALL TO ORDER: 11:07 AM by Rukiyah Polk - Chair

<b>Members Present:</b> Rukiyah Polk Beatriz Basulto Evelin Torres-Islas Tammy Torres Jay Tamsi Jennifer Wood-Slayton Jessika Lopez Jesus Gonzalez Rocio Castro Mark McAlister Michelle Bravo Nalasia Jewel	<b>Members Absent:</b> Jasmine Ochoa Lourdes Bucher Ashton Chase	<b>Staff Present:</b> Anastasia Lester, Senior Health Equity Analyst Stephanie Rico, Member Engagement Coordinator Vanessa Nevarez, Health Equity Coordinator Louis Iturriria, Sr Director of Marketing & Member Engagement Lela Criswell, Member Engagement Manager Nate Scott, Senior Director of Member Services Cynthia Jimenez, Cultural & Linguistics Specialist Nohemy Campos, Cultural & Linguistics Specialist Isabel Silva, Senior Director of Wellness & Prevention Amy Carrillo, Member Services Manager Traco Matthews, Chief Health Equity Officer Finster Paul, Manager of Health & Wellness
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Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Quorum	13 committee members present; Ashton Chase, Lourdes Bucher and Jasmine Ochoa were absent.	Committee quorum requirements met.	N/A
Call to Order	Rukiyah Polk, Chair, called meeting to order at 11:07 am.	N/A	N/A
Public Presentation	There were no public presentations.	N/A	N/A



Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Committee Announcements	<p>Rukiyah gave the opportunity for member updates.</p> <ul style="list-style-type: none"> <li>• Jennifer W. announced there was a Racial Equity Commission Meet &amp; Greet in Lamont on Wednesday, March 20<sup>th</sup>.</li> <li>• Jesus G. announced there will be a Pan Ethnic Network Event Thursday at 5:00pm.</li> <li>• We announced that there was a Department of Health Services Advisory Committee on Feb. 15<sup>th</sup>.</li> <li>• Anastasia L. announced that the CAC survey is due Thursday.</li> </ul>	Informational Only.	N/A
Committee Minutes	<p><b><u>Approval of Minutes</u></b></p> <p>CA-3) The Committee’s Chairperson, Rukiyah Polk, presented the CAC Minutes for approval.</p>	<p><b>Action:</b></p> <p>Jennifer W. first, Tammy T. second. All aye’s. Motion carried.</p>	3-26-24
Old Business	There was no old business to present.	N/A	N/A
New Business	<p><b><u>Consent Agenda Items</u></b></p> <p>CA-4) March 2024 Medi-Cal Membership Enrollment Report</p> <ul style="list-style-type: none"> <li>• Jennifer W. requested to table item CA-4.</li> </ul>	<p><b>Action:</b></p> <p>Jennifer W. first, Mark M. second. All aye’s. Motion carried. Item CA-4 is tabled until June 25, 2024.</p>	3-26-24



	<p>CA-5) Member Services Grievance Operational Report &amp; Summary Q4 2023 Report</p> <ul style="list-style-type: none"> <li>• Amy C. presented the Member Services Grievance Report.</li> <li>• Beatriz B. commented that her community is not educated or aware of how to file a grievance.</li> <li>• Beatriz B. offered to help promote Member Engagement flyers in her community.</li> <li>• Jay T. inquired to know what will be done to address this issue.</li> <li>• Jesus G. asked if KHS has data on member services wait times.</li> </ul>	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Lela C. explained that Member Engagement helps people understand their benefits.</li> <li>• Amy C. will be giving a stack of handbooks to Beatriz B. with flagged pages as well as links that explain the process, prior to the June 25, 2024, meeting.</li> <li>• Tammy T. first, Michelle B. second. All aye's. Motion carried.</li> </ul>	<p>3-26-24</p>
	<p>6) Orientation Binder Review</p> <ul style="list-style-type: none"> <li>• Anastasia L. provided an overview of the information contained in the CAC binder that all members received.</li> <li>• Beatriz B. thanked Anastasia L. for providing CAC materials in both Spanish and English.</li> </ul> <p>7) Report on Wellness and Prevention for Q4 2023</p> <ul style="list-style-type: none"> <li>• Isabel S. gave an overview of Wellness &amp; Prevention for Q4 2023.</li> </ul>	<p>Informational only.</p> <ul style="list-style-type: none"> <li>• Tammy T. first, Michelle B. second. All aye's. Motion carried.</li> </ul>	<p>3-26-24</p>



	<p>8) Wellness &amp; Prevention Presentation</p> <ul style="list-style-type: none"> <li>• Isabel S. gave a Wellness &amp; Prevention PowerPoint presentation.</li> <li>• Evelin T. asked if KHS could extend the school wellness program to Arvin.</li> <li>• Rocio C. asked if anything was being included for ASL.</li> </ul> <p>9) Member Engagement Presentation</p> <ul style="list-style-type: none"> <li>• Lela C. gave a Member Engagement PowerPoint presentation.</li> <li>• Jennifer W. commented about the different locations included in the data.</li> <li>• Beatriz B. commented that programs prioritize foster, migrant, and low-income children, but not others.</li> </ul>	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Isabel S. responded that Arvin needs to apply, and she will share the flyer with Evelin T. regarding when the application cycle opens, prior to the June 25, 2024, meeting.</li> <li>• Isabel S. also responded that KHS would ask about how to enhance the program to incorporate ASL, prior to the June 25, 2024, meeting.</li> <li>• Lela C. explained that Member Engagement has presence in North, West, and East Kern communities and participates in collaboratives in those communities.</li> <li>• Lela C. assured Beatriz B. that Member Engagement will expand to cover Arvin and Lamont.</li> </ul>	<p>3-26-24</p>
<p>Next Meeting</p>	<p>The next meeting will be held Tuesday, June 25, 2024, at 11:00am.</p>	<p>N/A</p>	<p>N/A</p>



Adjournment	The Committee adjourned at 12:04pm.  <b><i>Respectfully submitted: Vanessa Nevarez, Health Equity Project Coordinator</i></b>	Tamme T. first, Evelin T. second. All aye's. Motion carried.	N/A
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**COMMITTEE:** *QUALITY IMPROVEMENT COMMITTEE*  
**DATE OF MEETING:** *MARCH 29, 2024*  
**CALL TO ORDER:** *12:03 PM BY MARTHA TASINGA, MD, CHIEF MEDICAL OFFICER - CHAIR*

<b>Members Present On-Site:</b>	Dr. John Paul Miller, KHS QI Medical Director, Chair Carmelita Magno, Kern Medical Process Improvement Dir.		
<b>Members Virtual Remote:</b>	Danielle Colayco, PharmD, Executive Director Komoto Jennifer Culbertson, Director of Clinical Quality CSV	Dr. Mansukh Ghadiya MD, Family Medicine Dr. Joseph Hayes, CMO of Omni Family Health	Dr. Michael Komin, MD Shafter Family Medicine
<b>Members Excused=E Absent=A</b>			
<b>Staff Present:</b>	Kailey Collier, RN, KHS Director of Quality Performance Michelle Curioso, KHS Director of PHM Amy Daniel, Executive Health Svcs Coordinator	Pawan Gill, KHS Health Equity Manager Loni Hill-Pirtle, Director of Enhanced Case Mgmt Magdee Hugais, KHS Director of QI	Steven Kinnison, KHS NCQA Manager Courtney Morris, KHS Behavioral Health Supervisor Isabel Silva, Director of Health & Wellness

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements met.	N/A
Call to Order	Dr. John Paul Miller, KHS QI Medical Officer called the meeting to order at 12:01 PM.		N/A
Committee Minutes	<u>Approval of Minutes</u> Introductory meeting only – There are no past minutes to approve.	<input checked="" type="checkbox"/> <b>CLOSED:</b> Not applicable.	N/A
<b>OLD BUSINESS</b>	There was no old business to present	N/A	N/A
<b>NEW BUSINESS</b>	<u>Welcome &amp; Introduction</u> <b>Introductions:</b>  Dr. Miller welcomed the members of QI Committee. Members and KHS Staff introduced themselves and from the facility/organization they are representing.  Representatives from the following network providers included: <ul style="list-style-type: none"> <li>Danielle Colayco, PharmD, Executive Director Komoto</li> </ul>	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.	3/29/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>• Jennifer Culbertson, Director of Clinical Quality CSV</li> <li>• Dr. Mansukh Ghadiya MD, Family Medicine</li> <li>• Dr. Joseph Hayes, CMO of Omni Family Health</li> <li>• Dr. Michael Komin, MD Shafter Family Medicine</li> <li>• Carmelita Magno, Kern Medical Process Improvement Director</li> </ul> <p>KHS Staff introduced themselves and the departments they represent.</p>		
	<p><b><u>Committee Charter</u></b>            Dr. Miller presented the committee charter outlining the committee responsibilities, roles of the committee members and program description. The QI Activities will include:</p> <ul style="list-style-type: none"> <li>• Responsible for approving the QI Program Description, annual work plan and previous year’s work plan.</li> <li>• Ensuring compliance with DHCS facility site review requirements.</li> <li>• Review aggregate data of potential quality of care issues, improvements, and oversight.</li> <li>• Monitoring the identification of quality-of-care trends and recommend corrective actions as needed.</li> <li>• Facilitate HEDIS &amp; Managed Care Accountability Set (MCAS) audits and make appropriate recommendations.</li> <li>• Monitor member satisfaction outcomes and address measures and dissatisfaction.</li> </ul> <p><b><u>Committee Composition</u></b>            The composition as described in the committee charter was fulfilled as identified.            The QI Committee composition requirements include:</p> <ul style="list-style-type: none"> <li>• KHS Quality Medical Director, Chairperson</li> <li>• 2 participating contracted providers</li> <li>• 2 representatives from FQHCs</li> <li>• 1 representative from a contracted Pharmacy</li> <li>• 1 representative from Kern Medical</li> <li>• Ex-Officio Staff Members from KHS</li> </ul> <p><b><u>Meetings</u></b>            Meetings will be held four (4)-times per year.</p>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.</p>	<p>3/29/24</p>



AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p><b><u>2024 QI Program &amp; Work Plan</u></b>            Magdee presented the 2024 QI Program &amp; Plan that included the purpose, objectives, scope of care, program structure, and activities to take the most effective action to address any improvements, appropriateness, safety, and outcomes delivered by our providers to our members.</p>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Due to the committee restructure for NCQA, the EQIHEC is the formerly the QI/UM Committee. Dr. Miller informed the QIC committee members that the 2024 QI Program and Work Plan have previously been presented and approved by the EQIHEC.</p>	<p>3/29/24</p>
	<p><b><u>2024 MCAS OVERVIEW</u></b>            Kailey presented the 2024 MCAS Goals and Initiatives that KHS will be focusing on for the year. The following activities were noted:</p> <ol style="list-style-type: none"> <li>1. Member Outreach Team efforts.</li> <li>2. Mobile Units in rural areas and focus on Street Medicine.</li> <li>3. Quality Grants to develop innovated partnerships.</li> <li>4. Data Exchange and EMR Access amongst our providers.</li> <li>5. Pediatric focus and measures with increase access on school campuses.</li> <li>6. Address Verification to target specific patient populations.</li> <li>7. Direct Appointment Access partnering with providers to access schedules and book appointments directly for members.</li> </ol>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Informational/discussion only.</p>	<p>3/29/24</p>
	<p><b><u>NCQA Accreditation</u></b>            Steven presented the NCQA Accreditation Plan. The following highlights were noted:</p> <ul style="list-style-type: none"> <li>• DHCS requires that all Medi-Cal Managed Care Plans (MCPs) achieve the NCQA Health Plan Accreditation and Health Equity Accreditation by January 1, 2026.</li> <li>• Health Plan Accreditation (HPA) – Survey Date: 4/8/2025</li> <li>• Health Equity Accreditation (HEA) – Survey Date: 6/10/2025</li> </ul>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Informational/discussion only.</p>	<p>3/29/24</p>
	<p><b><u>Your Role (Committee Members)</u></b>            Dr. Miller informed the members of their role as a member of the QI Committee. Their attendance is vital to the success of the QI Program to help drive the QI initiatives, activities and to bring their ideas and suggestion for improvements.</p>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Informational/discussion only.</p>	<p>3/29/24</p>
<p><b>OPEN FORUM</b></p>	<p><b><u>Open Forum</u></b>            Pawan Gill, KHS Health Equity Manager, thanked the committee for opening the invitation to have Health Equity involved in the QI Committee and to be part of the improvement initiatives for better health outcomes for our members.</p>	<p><input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.</p>	<p>3/29/24</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	Danielle C., Komoto Pharmacy, commented on the expansion of allowing Community Health Workers in the provider offices which has been an exceptional resource and tool in attaining their goals and initiatives.	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.	
<b>NEXT MEETING</b>	Next meeting will be held Wednesday, June 27, 2024 at 12:00 pm	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational only.	N/A
<b>ADJOURNMENT</b>	The Committee adjourned at 12:50 PM <i>Respectfully submitted: Amy L. Daniel; Executive Health Services Coordinator</i>	N/A	N/A

*For Signature Only – Quality Improvement Committee Minutes 03/29/24*

The foregoing minutes were APPROVED AS PRESENTED on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name

The foregoing minutes were APPROVED WITH MODIFICATION on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name



**COMMITTEE:** *PHYSICIAN ADVISORY COMMITTEE*  
**DATE OF MEETING:** *APRIL 3, 2024*  
**CALL TO ORDER:** *7:01 AM BY MARTHA TASINGA, MD - CHAIR*

<b>Members Present On-Site:</b>	Martha Tasinga, MD – KHS Chief Medical Officer Atul Aggarwal, MD - Network Provider, Cardiology	Miguel Lascano – Network Provider, OB/GYN Gohar Gevorgyan, MD – Network Provider, FP	Ashok Parmar, MD– Network Provider, Pain Medicine Raju Patel, MD - Network Provider, Internal Medicine
<b>Members Virtual Remote:</b>		David Hair, MD - Network Provider, Ophthalmology	
<b>Members Excused=E Absent=A</b>	(E) Hasmukh Amin, MD – Network Provider, Pediatrics		
<b>Staff Present:</b>	Alan Avery, KHS, Chief Operating Office Abdolreza Saadabadi MD – KHS BH Medical Director Amy Daniel, KHS Executive Health Svcs Coordinator	Jake Hall, KHS, Deputy Director of Contracting Yolanda Herrera, KHS Credentialing Manager	Magdee Hugais – KHS Director of QI Bruce Wearda, KHS Director of Pharmacy

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements met.	N/A
Call to Order	Dr. Martha Tasinga, MD, KHS Chief Medical Officer, called the meeting to order at 7:01 am.		N/A
Committee Minutes	<u>Approval of Minutes</u> The Committee’s Chairperson, Dr. Tasinga presented the meeting minutes for approval.	<input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Patel moved to approve minutes of March 7, 2024, seconded by Dr. Parmar. Motion carried.	4/3/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p><b><u>Peer Review Reports</u></b></p> <p><b>CREDENTIALING REPORT</b>  <b>Mental Health Pre-Approvals from 4/01/24:</b>            In compliance with Senate Bill 2581, Dr. Tasinga, KHS CMO, pre-approved the Mental/Behavioral Health providers as listed on 4/01/2024 Credentialing Report, all meeting clean file criteria, in compliance with the 60-day turnaround requirements. Mental Health Providers approved by Dr. Tasinga were accepted as presented with no additional questions or alternative actions.</p> <p><b>INITIAL CREDENTIALING REPORT</b>            Initial Applicants List Dated <b>4/03/2024:</b>            There was (1) initial application presented for comprehensive review.</p> <ul style="list-style-type: none"> <li>• <b>PRV098533</b> - Reviewed information regarding 2020 MBC Probation that is expected to be completed in October 2024. Probation was issued as result of being disciplined in IL for practicing cosmetic medicine and did not report it to the IL Medical Board. <i>Provider explanation received, including documents of completion of required courses and MBC Probation Officer indicating provider is in compliance. Accepted with recommendation to add to the provider network as there have been no further incidents of similar nature; however, provider will be placed on monthly monitoring to ensure all probationary requirements are met.</i></li> </ul> <p><b>RECREREDENTIALING REPORT</b>  <b>Recredentialing Providers List Dated 4/03/2024:</b>            Recredentialing meeting clean file review were accepted as presented with no additional questions or alternative actions.</p> <p>Recredentialing with comprehensive reviews were conducted for the listed providers 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 three years:</p>	<p><input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Lascano moved to approve the Credentialing, Recredentialing and New Vendor Contracts from the reports dated April 3, 2024, seconded by Dr. Parmar.            Motion carried.</p>	<p>4/3/24</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>Member Grievances: All Providers with significant Member &amp; Quality Grievances were reviewed. Dr. Miller reported there were no quality of service or care issues identified as significant trends or concern rising to the level of review by PAC. Additionally, Dr. Miller informed the committee that the QI Team is working to standardize the Quality of Care process to identify outliers, benchmark provider types and identify those cases that rise to the level of review by the PAC. There were no additional questions or alternative actions recommended by this committee.</li> <li><b>PRV005602</b> – Compliance reported multiple cases under review and will notify PAC if any are substantiated requiring PAC Review. <i>Provider accepted as presented with continued network participation.</i></li> <li><b>PRV006461</b> - Reviewed information regarding NPDB Settlement 2023 for \$70,000: Left epididymectomy was planned for left scrotal pain. During surgery bilateral epididymectomy was performed due to scar tissue and inflammation, Pt stated he did not want children. Settlement to avoid cost and trial. <i>Provider explanation received and accepted with recommendation to continue provider network status.</i></li> </ul> <p><b>NEW VENDOR CONTRACTS</b> New Vendor Contracts List Dated April 2024 (Board of Directors Meeting) were accepted as presented with no additional questions or comments by the committee members.</p> <p><b>MONTHLY MONITORING – DISCIPLINARY ACTIONS OR ADVERSE EVENTS:</b> There were no additional providers added to monthly monitoring due to licensing issues, adverse events or sanctioned/excluded to report to the committee members.</p>		
<p><b>OLD BUSINESS</b></p>	<p><u>Delegated Credentialing 2023 Tertiary Audit Summary</u></p>	<p><input type="checkbox"/> <b>PENDING:</b> Ms. Herrera will monitor CHLA and UCLA Medical Groups for their pending CAP and will present to the PAC upon</p>	<p><b>Pending</b></p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
		receipt.	
	<b><u>Bariatric Surgery Quality of Care Issues</u></b>	<input type="checkbox"/> <b>PENDING:</b> Dr. Miller conduct random 10-case review in 6-months as follow-up on this issue.	10/2/24
<b>NEW BUSINESS</b>	<p><b><u>Advanced Practice Pharmacist Credentialing Criteria</u></b>  Yolanda presented a request to credential Advanced Practice Pharmacist (APP) as a new provider type into the provider network. APPs are being introduced to expand access to patients by accessing a clinical pharmacist provider and groups are requesting the ability to credential and bill for these services provided by their APPs. The APP Scope of Practice per Business and Professions Code Section 4052.6 was provided along with the recommended credentialing criteria.</p> <p>Extensive discussion ensued regarding the exception for some groups that have an inpatient hospital/clinic setting are not allowed to utilize pharmacist under AB1114. B&amp;P Code 4052.6 allows APPs to bill certain codes, such as E&amp;M Codes 99213; however, the scope of practice is vague in oversight requirements, collaboration practice agreements and communication to patients PCP.</p> <p><b><u>Pharmacy Criteria</u></b>  Bruce Wearda, KHS Director of Pharmacy, presented the following Pharmacy Criteria including initial therapy criteria, exclusion criteria and criteria for continued coverage for the following:</p> <ul style="list-style-type: none"> <li>• Multiple Sclerosis Treatment</li> <li>• Osteoporosis Criteria</li> </ul> <p>It was requested that the pricing amounts be removed from the final version of the criteria.</p>	<p><input type="checkbox"/> <b>PENDING:</b> Dr. Tasinga requested this item be tabled pending further analysis and will discuss with other healthplan’s Chief Medical Officers to confirm credentialing requirements, collaboration agreements and if they are utilizing this provider type in their network.</p> <p><input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Aggarwal moved to approve the Pharmacy Criteria for Multiple Sclerosis Treatment and Osteoporosis Criteria, seconded by Dr. Parmar. Motion carried</p>	Pending
<b>OPEN FORUM</b>	No Discussion in Open Forum.	N/A	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
NEXT MEETING	Next meeting will be held Wednesday, May 1, 2024	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational only.	N/A
ADJOURNMENT	The Committee adjourned at 7:56 am.  <i>Respectfully submitted: Amy L. Daniel, Executive Health Services Coordinator</i>	N/A	4/3/24



*For Signature Only – Physician Advisory Committee Minutes 04/03/2024*

The foregoing minutes were APPROVED AS PRESENTED on: \_\_\_\_\_  
Date Name

The foregoing minutes were APPROVED WITH MODIFICATION on: \_\_\_\_\_  
Date Name

## SUMMARY

### FINANCE COMMITTEE MEETING

KERN HEALTH SYSTEMS  
**2900 Buck Owens Boulevard**  
Bakersfield, California 93308

**Friday, April 12, 2024**

**8:30 A.M.**

#### COMMITTEE RECONVENED

Members: Elliott, Bowers, McGlew, Turnipseed, Watson  
ROLL CALL: All Present

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

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

#### COMMITTEE ACTION SHOWN IN CAPS

#### PUBLIC PRESENTATIONS

- 1) This portion of the meeting is reserved for persons to address the Committee on any matter not on this agenda but under the jurisdiction of the Committee. Committee members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Committee at a later meeting. Also, the Committee may take action to direct the staff to place a matter of business on a future agenda. **SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!**  
**NO ONE HEARD.**

#### COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS

- 2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code Section 54954.2(a)(2))  
**NO ONE HEARD**

**SUMMARY**Finance Committee Meeting  
Kern Health SystemsPage 2  
4/12/2024

- CA-3) Minutes for Kern Health Systems Finance Committee meeting on February 9, 2024 - APPROVED  
**Watson-McGlew: All Ayes**
- 4) Report by Daniells Phillips Vaughan & Bock on the audited financial statements of Kern Health Systems for the year ending December 31, 2023 (Fiscal Impact: None) – SHANNON WEBSTER, DANIELLS PHILLIPS VAUGHAN & BOCK, HEARD; RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS  
**Watson-Bowers: All Ayes**
- DIRECTOR BOWERS LEFT THE DIAS AT 9:05 AM; DURING THE DISCUSSION OF ITEM 5 AND DID NOT RETURN
- 5) Proposed Agreement with AllMed Healthcare Management, LLC, to provide Clinical Augmentation Services, from July 1, 2024 through June 30, 2027 (Fiscal Impact: \$19,076,145 over the term of the contract; Budgeted) – APPROVED; REFERRED TO KHS BOARD OF DIRECTORS  
**McGlew-Watson: 4 Ayes; 1 Absent - Bowers**
- 6) Proposed Agreement with OptumInsight, Inc., for the Prospective Payment System Software, from May 1, 2024 through April 30, 2029 (Fiscal Impact: \$3,411,038 over the term of the contract; Budgeted) – APPROVED; REFERRED TO KHS BOARD OF DIRECTORS  
**McGlew-Watson: 4 Ayes; 1 Absent - Bowers**
- 7) Report on Kern Health Systems Financial Statements for December 2023 and January 2024 (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS  
**McGlew-Watson: 4 Ayes; 1 Absent - Bowers**
- 8) Report on Accounts Payable Vendor Report, Administrative Contracts between \$50,000 and \$200,000 for December 2023 and January 2024 and IT Technology Consulting Resources for the period ended December 31, 2023 (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS  
**Watson-Turnipseed: 4 Ayes; 1 Absent - Bowers**

ADJOURN TO FRIDAY, JUNE 7, 2024 AT 8:30 A.M.



**COMMITTEE:** *PHYSICIAN ADVISORY COMMITTEE*  
**DATE OF MEETING:** *MAY 1, 2024*  
**CALL TO ORDER:** *7:01 AM BY MARTHA TASINGA, MD - CHAIR*

<b>Members Present On-Site:</b>	Martha Tasinga, MD – KHS Chief Medical Officer Hasmukh Amin, MD – Network Provider, Pediatrics	Miguel Lascano – Network Provider, OB/GYN Gohar Gevorgyan, MD – Network Provider, FP	Ashok Parmar, MD– Network Provider, Pain Medicine Raju Patel, MD - Network Provider, Internal Medicine
<b>Members Virtual Remote:</b>		David Hair, MD - Network Provider, Ophthalmology	
<b>Members Excused=E Absent=A</b>	Atul Aggarwal, MD - Network Provider, Cardiology (E)		
<b>Staff Present:</b>	Alan Avery, Chief Operating Officer Michelle Church, Pharmacist Michelle Curioso, Director of PHM	Amy Daniel, Executive Health Services Coordinator Yolanda Herrera, Credentialing Manager Magdee Hugais – Director of QI	John Miller, MD QI Medical Director Abdolreza Saadabadi, MD BH Medical Director Sukhpreet Sidhu, MD PHM Medical Director

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Quorum	Attendance / Roll Call	Committee quorum requirements met.	N/A
Call to Order	Dr. Martha Tasinga, MD, KHS Chief Medical Officer, called the meeting to order at 7:04 am.		N/A
Committee Minutes	<u>Approval of Minutes</u> The Committee’s Chairperson, Dr. Tasinga presented the meeting minutes for approval.	<input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Patel moved to approve minutes of April 3, 2024, seconded by Dr. Parmar. Motion carried.	5/1/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p><b><u>Peer Review Reports</u></b></p> <p><b>CREDENTIALING REPORT</b>  <b>Mental Health Pre-Approvals from 5/01/24:</b>            In compliance with Senate Bill 2581, Dr. Tasinga, KHS CMO, pre-approved the Mental/Behavioral Health providers as listed on 5/01/2024 Credentialing Report, all meeting clean file criteria, in compliance with the 60-day turnaround requirements. Mental Health Providers approved by Dr. Tasinga were accepted as presented with no additional questions or alternative actions.</p> <p><b>INITIAL CREDENTIALING REPORT</b>            Initial Applicants List Dated <b>5/01/2024:</b>            There was (1) initial application presented for comprehensive review.</p> <ul style="list-style-type: none"> <li>• <b>PRV029558</b> - Reviewed information regarding 2007 NPDB revocation of clinical privileges. Provider has been previous network provider without issue and is returning for network participation. Provider works for FQHC Bartz Altadonna where there is a transfer agreement in place between the FQHC and Adventist Health Hospital in Tehachapi. Provider completed all probationary requirements with no further incidence or situation of similar nature. <i>Provider explanation received, including documents of completion of MBC Probation Officer. Accepted with recommendation to add to the provider network as there have been no further incidents of similar nature.</i></li> </ul> <p><b>RECREREDENTIALING REPORT</b>  <b>Recredentialing Providers List Dated 5/01/2024:</b>            Recredentialing meeting clean file review were accepted as presented with no additional questions or alternative actions.</p> <p>Recredentialing with comprehensive reviews were conducted for the listed providers 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 three years:</p>	<p><input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Amin moved to approve the Credentialing, Recredentialing and New Vendor Contracts from the reports dated May 1, 2024, seconded by Dr. Parmar.            Motion carried.</p>	<p>5/1/24</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>• Member Grievances: All Providers with significant Member &amp; Quality Grievances were reviewed and there were no quality of service or care issues identified as significant trends or concern rising to the level of review by PAC. There were no additional questions or alternative actions recommended by this committee.</li> <li>• <b>PRV001506</b> – Compliance reported one cases under review and will notify PAC if any are substantiated requiring PAC Review. <i>Provider accepted as presented with continued network participation. *PRV001506 recused themselves from voting on their own recredentialing.</i></li> <li>• <b>PRV000661</b> - Reviewed information regarding PA Boad Accusation filed 09/2023 alleging lifting of pt garment to conduct examination. <i>Provider explanation received and accepted indicating Public Reprimand settlement has been reached. Provider accepted as presented with continued network participation and add to monthly monitoring.</i></li> <li>• <b>PRV000588</b> – Compliance reported one cases under review and will notify PAC if any are substantiated requiring PAC Review. <i>Provider accepted as presented with continued network participation.</i></li> </ul> <p><b>NEW VENDOR CONTRACTS</b> New Vendor Contracts List Dated May 2024 (Board of Directors Meeting) were accepted as presented with no additional questions or comments by the committee members.</p> <p><b>MONTHLY MONITORING – DISCIPLINARY ACTIONS OR ADVERSE EVENTS:</b> The April 2024 monthly monitoring report that includes licensing disciplinary issues, adverse events, or sanctioned/excluded providers to be reviewed by the committee members.</p> <ul style="list-style-type: none"> <li>• <b>PRV081763</b> – 4/24/24: NPDB Disclosure regarding under review by Marine 1st Medical Battalion currently in process and reported due to investigation longer than 30-days.</li> </ul>	<p><input checked="" type="checkbox"/> <b>ACTION:</b> Monthly Monitoring to ensure there are no member grievances and to monitor KM actions related to this provider’s status.</p>	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p><b>Committee discussed this provider who is a hospital-based trauma surgeon and will monitor the hospital's actions on this provider including any potential member grievances.</b> Provider response indicates he has been in full compliance, as this is a military process as required by his request for medical retirement. Provider also attends and participates in PTSD Therapy and provider wellness program as required.</p> <ul style="list-style-type: none"> <li>• <b>PRV090262</b> – 4/1/24: provider failed their recent Full Scope review conducted on May 22,2024 by Anthem. There is a pending CAP and until the CAP is received and verified, in accordance with APL 22-017, the provider panel must be closed to new members. I will keep you all updated as to when the CAP is closed and verified. A certified letter was mailed notifying them of their non-passing scores and panel closure for new members</li> </ul>	<p><input checked="" type="checkbox"/> <b>ACTION:</b> Monthly Monitoring to ensure group complies with QI Corrective Action Plan.</p>	
<p><b>OLD BUSINESS</b></p>	<p><b><u>Delegated Credentialing 2024 Audit Summary</u></b>  Audit Results for ConferMed (E-Consults Peer to Peer)  KHS Credentialing conducted desk top audit for ConferMed on 4/15/2024.</p> <ul style="list-style-type: none"> <li>• <b>Results:</b> ConferMed scored 100% utilizing the HICE Accredited-Certified Audit Tool</li> <li>• <b>Opportunity for Improvement:</b> Incorporate AB2581 BH Application Turnaround w/in 60-days (Met); however, notification of complete mental health/behavioral health application to the provider was not met. AB2581 All Plan letter was provided to ConferMed and will be added to their credentialing program within 60-90days.</li> </ul>	<p><input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Amin moved to approve the Delegated Credentialing 2024 Audit Summary report regarding ConferMed. Motion carried.</p> <p><input type="checkbox"/> <b>PENDING:</b> ConferMed's Opportunity for Improvement will be presented to PAC upon receipt.</p>	<p>5/1/24</p> <p style="text-align: center;"><b>Pending</b></p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p><b><u>Delegated Credentialing 2024 Audit Summary – Opportunity for Improvements and/or Corrective Actions</u></b></p> <p><b>CHLA Medical Group (Survey Date 12/7/23)</b></p> <ul style="list-style-type: none"> <li>• <b>Opportunity for Improvement:</b> Lacked evidence to confirm file verification receipt date and notification meeting the 60-Day Turn-around-time frame for mental/behavioral health applications (Example: Application date stamp page and approval letter to confirm 60-day TAT</li> <li>• <b>Delegates Response:</b> 4/8/2024_EVID-COMPLIANT: BH Application submitted 2/2/2024 and approved 3/14/2024 (MR, DO Ped Psych) File evidence provided.</li> </ul> <p><b>UCLA Medical Group (Survey Date 1/30/24) Opportunity for Improvement</b></p> <ul style="list-style-type: none"> <li>• <b>Opportunity for Improvement:</b> Recommendations to updated Ongoing Monitoring for Opt Out to new CMS Medicare Opt Out Affidavit and ensure P&amp;P includes notification with 7-business days of BH Applications are complete or incomplete per CA AB2581</li> <li>• <b>Delegates Response:</b> Pending</li> </ul>	<p><input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Amin moved to approve the Delegated Credentialing 2024 Audit Summary report follow-up regarding CHLA Medical Group. Motion carried.</p> <p><input type="checkbox"/> <b>PENDING:</b> UCLA Medical Group’s Opportunity for Improvement will be presented to PAC upon receipt.</p>	<p>5/1/24</p> <p>Pending</p>
	<p><b><u>Bariatric Surgery Quality of Care Issues</u></b></p>	<p><input type="checkbox"/> <b>PENDING:</b> Dr. Miller conduct random 10-case review in 6-months as follow-up on this issue.</p>	<p>10/2/24</p>
	<p><b><u>Advanced Practice Pharmacist Credentialing Criteria</u></b></p> <p>At the last meeting, Dr. Tasinga volunteered to inquire with other health plan CMOs to see if they are utilizing and/or credential Advanced Practice Pharmacist (APP) as a new provider type into their provider network. Dr. Tasinga informed the members that she did not find any other sister plan utilizing APPs. Dr. Tasinga stated that the PharmDs in the FQHCs are also not functioning in this capacity or</p>	<p><input type="checkbox"/> <b>PENDING:</b> Dr. Tasinga requested that KMs proposal and request to utilize Advanced Practice Pharmacist be escalated to legal for review and analysis.</p>	<p>Pending</p>



AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	level to which KM is requesting. As CMO of KHS, Dr. Tasinga bares the responsibility to reduce risk to the organization and feels it is necessary to escalate to legal for review pursuant to KMs request to utilize the APPs in their clinics.		
<b>NEW BUSINESS</b>	<p><b><u>Pharmacy Criteria</u></b> Michelle Church, KHS Pharmacy, presented the following Pharmacy Criteria including initial therapy criteria, exclusion criteria and criteria for continued coverage for the following:</p> <ul style="list-style-type: none"> <li>• Step Therapy</li> </ul> <p>Members discussed self-injectable medications which may be administered at home; however, if a member is unable to self-inject, there must be an alternate arrangement noted for members to get injections from an outpatient infusion center which is preferred.</p>	<input checked="" type="checkbox"/> <b>ACTION:</b> Dr. Parmar moved to approve the Pharmacy Criteria for Step Therapy Criteria, seconded by Dr. Amin. Motion carried	5/1/24
<b>OPEN FORUM</b>	<p><b><u>Nursing Home Rounding:</u></b> Dr. Patel inquired on the changes in the nursing home rounding and how confusing it has been to know which provider group is rounding on members. Dr. Tasinga informed the members that upon discharge from acute care services, and member going to SNF, they are to be seen by Premier Valley Medical Group (Dr. Brar). Those members in long-term care are being seen by Medical Associates of Bakersfield (Drs. Farrer &amp; Memon)</p>	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational discussion only.	N/A
<b>NEXT MEETING</b>	Next meeting will be held Wednesday, June 5, 2024	<input checked="" type="checkbox"/> <b>CLOSED:</b> Informational only.	N/A
<b>ADJOURNMENT</b>	<p>The Committee adjourned at 8:00am</p> <p><i>Respectfully submitted: Amy L. Daniel, Executive Health Services Coordinator</i></p>	N/A	N/A

*For Signature Only – Physician Advisory Committee Minutes 05/01/2024*

The foregoing minutes were APPROVED AS PRESENTED on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name

The foregoing minutes were APPROVED WITH MODIFICATION on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Name



**COMMITTEE:** *Fraud, Waste, and Abuse (FWA) Committee*  
**DATE OF MEETING:** *May 6, 2024*  
**CALL TO ORDER:** *3:00 pm by Jane MacAdam - Director of Compliance and Regulatory Affairs*

<b>Members Present On-Site:</b>	N/A		
<b>Members Virtual Remote:</b>	N/A		
<b>Members Excused=E Absent=A</b>	N/A		
<b>Staff Present:</b>	Alan Avery, Chief Operating Officer Karen Beale, Compliance Analyst II Brandon Bowe, Compliance Auditor Cynthia Cardona, Cultural and Linguistic Services Manager Amy Carrillo, Member Services Manager Kathryn Castaneda, Compliance Analyst Linda Corbin, Health Services Consultant Michelle Curioso, Director of Population Health Management Sandeep Dhaliwal, Compliance Manager, Audits and Investigations Heather Fowler, Compliance Manager Russell Hasting, PHM Manager of Case Management Yolanda Herrera, Credentialing Manager Loni Hill-Pirtle, Administrative Director, Enhanced Care Management Magdee Hugais, Director of Quality Improvement Elizabeth Johns, Compliance Program	Melissa McGuire, Senior Director of Delegation and Oversight Deborah Murr, Chief Compliance and Fraud Prevention Officer Gregory Panero, Provider Network Analytics Program Manager Amisha Pannu, Senior Director of Provider Network Emily Payumo, Pharmacy Intern Jeff Pollock, Regulatory and Government Program Manager Heather Pruitt, Compliance Program Specialist Martha Quiroz, Member Services Manager Adriana Salinas, Director of Community & Social Services Nate Scott, Director of Member Services Bruce Wearda, Director of Pharmacy	

	Specialist Maninder Khalsa, Medical Director-UM Jane MacAdam, Director of Compliance and Regulatory Affairs	Barbie Wilson, Compliance Analyst I	
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AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Action Items from 02/09/2024 Meeting- Jane	<p>All discussions related to alleged Fraud, Waste, and Abuse conducted during the meeting will be kept confidential by all participants.</p> <p>A. Claims will report Providers that overutilize modifiers at the 4th quarter FWA Committee meeting. Robin will send overutilized modifiers report to Jane.</p> <ul style="list-style-type: none"> <li>a. Will carry the report discussion over to the next quarter meeting.</li> </ul> <p>B. Jane will present at the Member Services Meeting on 02/28/2024</p> <ul style="list-style-type: none"> <li>a. Jane presented the attached PPT in the Member Services Meeting on 02/28/2024.</li> </ul> <p>C. Compliance will schedule a meeting with a subgroup regarding next steps related to specific provider allegations.</p> <ul style="list-style-type: none"> <li>a. Quarterly FWA subcommittee meeting held 04/01/2024, specific cases discussed, and next steps determined.</li> <li>b. A CAP was issued to two Providers, and KHS has received their response. Reimbursement was requested for the third Provider</li> </ul>	<p><input checked="" type="checkbox"/> <b>ACTION:</b></p> <ul style="list-style-type: none"> <li>1. Jane will send an email regarding the outstanding 2023 FWA Trainings on 5/6/2024 to the Departments. The email will include the Chiefs, who will also be ultimately held responsible.</li> </ul>	<p>B. 02/28/2024                      C. 04/01/2024</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>c. Nate and Jane discussed the Provider responses and the KHS process.</li> <li>d. In future FWA meetings, we will discuss, at a high level, any dollars we recoup for potential FWA investigations.</li> </ul> <p>D. FWA Trainings - Jane will let Departments know who is on the list that need to complete FWA training. Directors will report back to Compliance. Compliance will work with HR to obtain ongoing lists of outstanding trainings.</p> <ul style="list-style-type: none"> <li>a. 03/01/2024 – Jane sent list out to Directors</li> <li>b. 04/24/2024 – Deb sent updated list out to Chiefs, with 18 employees still out of compliance with completing the 2023 FWA Training.</li> <li>c. As of 05/06/2024 – 15 still outstanding (eight (8) in progress; seven (7) not started). <ul style="list-style-type: none"> <li>1. Alan, Deb, and Jane discussed: Jane will send an email regarding the outstanding 2023 FWA Trainings on 5/6/2024 to the Departments. The email will include the Chiefs, who will also be ultimately held responsible.</li> </ul> </li> </ul>		
2023 DHCS Medical Audit Finding	<ul style="list-style-type: none"> <li>A. One audit finding- Related to the timeliness of FWA submissions.</li> <li>B. DHCS accepted all CAPs that KHS has submitted but want proof off tracking and trending and discussion in the FWA Committee meeting.</li> </ul>	<p><input checked="" type="checkbox"/> ACTION:</p> <ul style="list-style-type: none"> <li>1. N/A</li> </ul>	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>C. Compliance is tracking the reporting of potential FWA at the Department Level and the Employee level, previously only tracking at the Department level.</p> <p>D. Nate and Jane discussed Compliance joining the Member Services meetings quarterly to discuss FWA Detection and Prevention.</p> <p>E. The internal FWA Workflow Chart has been updated to ensure 'late' submissions are being addressed and trended at the employee as well as departmental level for additional action as needed.</p> <ul style="list-style-type: none"> <li>a. Compliance is archiving correspondence of late referrals of potential FWA.</li> </ul>		
<p>Departmental Reports- Presented and Discussed</p>	<p>A. Provider Network Management- Yolanda</p> <ul style="list-style-type: none"> <li>1. Exclusion of Providers report: <ul style="list-style-type: none"> <li>a. No active and current Providers on the list for January, February, and March 2024. <ul style="list-style-type: none"> <li>i. Credentialling sends notifications to Departments to not refer Members to NonPar Providers on the list of exclusions.</li> </ul> </li> </ul> </li> </ul> <p>B. Member Services (MS)-Amy</p> <ul style="list-style-type: none"> <li>1. Frequent Rider Summary: <ul style="list-style-type: none"> <li>a. December <ul style="list-style-type: none"> <li>i. Three (3) Members were issued a warning</li> </ul> </li> </ul> </li> </ul>	<p><input checked="" type="checkbox"/> ACTION:</p> <ul style="list-style-type: none"> <li>1. N/A</li> </ul>	<p>N/A</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>ii. 14 Member restricted pending a follow up</li> <li>iii. Zero (0) Members restricted to bus passes.</li> <li>iv. Total for 2023:               <ul style="list-style-type: none"> <li>a) 76 Members were restricted pending follow up</li> <li>b) Four (4) Members were permanently restricted to Bus Passes.</li> </ul> </li> <li>b. January 2024:               <ul style="list-style-type: none"> <li>i. Three (3) Members were issued a warning</li> <li>ii. 16 Members were restricted pending a follow up</li> <li>iii. Zero (0) Members restricted to bus passes.</li> </ul> </li> <li>c. February 2024:               <ul style="list-style-type: none"> <li>i. Seven (7) Members were issued a warning</li> <li>ii. 20 Members were restricted pending a follow up</li> <li>iii. Zero (0) Members restricted to bus passes.</li> </ul> </li> <li>d. Currently there are 48 Members Permanently restricted to the bus pass.</li> <li>e. Jane explained the Member education or warning process for potential FWA for transportation.</li> </ul> <p>C. Claims-Jane</p> <ul style="list-style-type: none"> <li>1. Claim Edits through Zelis (Second Pass):</li> </ul>		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>a. No report concerns raised through February 2024</li> <li>b. Robin requesting Zelis to update their reporting package to KHS.</li> </ul> <p>D. Compliance-Jane</p> <ul style="list-style-type: none"> <li>1. Potential FWA Cases 2022-2024:               <ul style="list-style-type: none"> <li>a. Significant increase in reported cases in 2024                   <ul style="list-style-type: none"> <li>i. January                       <ul style="list-style-type: none"> <li>a) 2022: 4 cases</li> <li>b) 2023: 22 cases</li> <li>c) 2024: 39 cases</li> </ul> </li> <li>ii. February                       <ul style="list-style-type: none"> <li>a) 2022: 10 cases</li> <li>b) 2023: 18 cases</li> <li>c) 2024: 30 cases</li> </ul> </li> <li>iii. March                       <ul style="list-style-type: none"> <li>a) 2022: 7 cases</li> <li>b) 2023: 15 cases</li> <li>c) 2024: 46 cases</li> </ul> </li> <li>iv. April                       <ul style="list-style-type: none"> <li>a) 2022: 21 cases</li> <li>b) 2023: 7 cases</li> <li>c) 2024: 37 cases</li> </ul> </li> </ul> </li> </ul> </li> </ul>		



AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>b. Submissions to DHCS in 2024:               <ul style="list-style-type: none"> <li>i. Submission to DHCS: 77 (49%) of cases</li> <li>ii. Under review: 14 (9%) of cases</li> <li>iii. Submission not required: 65 (42%) of cases</li> <li>iv. Melissa and Jane discussed the process of what happens if Compliance receives referrals for potential FWA on day 10 or 11.</li> </ul> </li> <li>c. 2024 Status of All cases of FWA allegations submitted timely:               <ul style="list-style-type: none"> <li>i. Yes: 68 (48%) of cases</li> <li>ii. No: 8 (6%) of cases                   <ul style="list-style-type: none"> <li>a) Two (2) cases received late and the other six (6) were part of a large email.</li> </ul> </li> <li>iii. N/A 65 (46%) of cases</li> </ul> </li> <li>ci. 2024 Case Status               <ul style="list-style-type: none"> <li>i. January:                   <ul style="list-style-type: none"> <li>a) 33 Closed</li> <li>b) 4 In Review</li> </ul> </li> <li>ii. February:                   <ul style="list-style-type: none"> <li>a) 25 Closed</li> <li>b) 7 In Review</li> </ul> </li> </ul> </li> </ul>		

iii. March:

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>iii. March:               <ul style="list-style-type: none"> <li>a) 43 Closed</li> <li>b) 3 In Review</li> </ul> </li> <li>iv. April:               <ul style="list-style-type: none"> <li>a) 25 Closed</li> <li>b) 12 In Review</li> </ul> </li> <li>e. Calendar year 2024 FWA Allegations Member vs Provider               <ul style="list-style-type: none"> <li>i. Provider- 60 (38%) cases                   <ul style="list-style-type: none"> <li>a) #1 FWA allegation – 25 Cases for services not rendered</li> <li>b) #2 FWA allegation – 13 cases for excessive/unnecessary services</li> </ul> </li> <li>ii. Member- 96 (62%) cases                   <ul style="list-style-type: none"> <li>a) #1 FWA allegation - 54 cases for Transportation</li> <li>b) #2 FWA allegation – 28 cases for ID theft</li> </ul> </li> <li>iii. 2024 Case Log:                   <ul style="list-style-type: none"> <li>a) Now Compliance is tracking the number of days from when Employee receive the report to when they submit it to Compliance.                       <ul style="list-style-type: none"> <li>1) Compliance follows up on all late referrals.</li> </ul> </li> </ul> </li> </ul> </li> </ul>		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	iv. Dr. Khalsa, Amy, and Jane discussed potential FWA with ID issues.		
NEXT MEETING	Next meeting will be held following close of Q2	N/A	N/A
ADJOURNMENT	The Committee adjourned at 3:54 pm	N/A	N/A



**COMMITTEE:** *2024 Delegated Entity Oversight Committee*  
**DATE OF MEETING:** *May 7, 2024*  
**CALL TO ORDER:** *1:00 pm by Jane MacAdam - Director of Compliance and Regulatory Affairs*

<b>Members Present On-Site:</b>	N/A		
<b>Members Virtual Remote:</b>	N/A		
<b>Members Excused=E Absent=A</b>	N/A		
<b>Staff Present:</b>	<p>Linda Anchondo, Senior Program Manager                  Alan Avery, Chief Operating Officer                  Stephanie Camarena, Compliance Analyst II                  Cynthia Cardona, Cultural and Linguistic Services Manage                  Kailey Collier, Director of Quality Performance                  Olivia Cooper, Compliance Supervisor                  Linda Corbin, Health Services Consultant                  Cesar Delgado, Senior Director of Business Intelligence                  Robin Dow-Morales, Senior Director of Claims                  Heather Fowler, Compliance Manager                  Yolanda Herrera, Credentialing Manager                  Magdee Hugais, Director of Quality Improvement                  Andrea Hylton, Director of Procurement and Facilities                  Elizabeth Johns, Compliance Program Specialist                  Christina Kelly, Pharmacy Administrative and Support Supervisor                  Maninder Khalsa, Medical Director of Utilization Management                  Jane MacAdam, Director of Compliance and Regulatory Affairs                  Traco Matthews, Chief Health Equity Officer                  Melissa McGuire, Senior Director of Delegation and Oversight</p>	<p>Gregory Panero, Provider Network Analytics Program Manager                  Maria Parra, Member Services Manager                  Emily Payumo, Pharmacy Intern                  Jeff Pollock, Regulatory and Government Program Manage                  Nate Scott, Senior Director of Member Services                  Katie Sykes, Delegation Oversight Manager                  Martha Tasinga, Chief Medical Officer                  Bruce Wearda, Director of Pharmacy</p>	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Previous Action Items From 2/26/2024 Meeting	<p>A. AL:</p> <ol style="list-style-type: none"> <li>1. AL Ghost/Duplicate Trips               <ol style="list-style-type: none"> <li>a. Delayed: Will be revisited and part of the upcoming AL annual audit</li> </ol> </li> <li>2. Audit               <ol style="list-style-type: none"> <li>a. Compliance met to discuss what will be included in the AL audit.                   <ol style="list-style-type: none"> <li>i. Meetings held 03/01/2024 and 03/06/20240 – Closed.</li> </ol> </li> <li>b. The Plan reviewed the language in the DHCS 2024 Contract for completing announced and unannounced audits.</li> <li>c. The Plan had the AL unannounced audit in March                   <ol style="list-style-type: none"> <li>i. Occurred 03/21/2024 (see agenda below for discussion) – Closed.</li> </ol> </li> </ol> </li> <li>3. Nate will coordinate adding the AL JOM reports/meetings to the centralized JOM folder.               <ol style="list-style-type: none"> <li>a. Delegation Oversight Dept will be coordinating JOMs moving forward and ensuring JOM meeting materials are available in correct folders on P drive – Closed.</li> </ol> </li> </ol> <p>B. VSP:</p> <ol style="list-style-type: none"> <li>1. The Plan received the corrected VSP reports on Claims Timeliness               <ol style="list-style-type: none"> <li>a. VSP provided corrected reports 03/22/2024 – Closed.</li> </ol> </li> <li>2. Melissa/Jane met with PNM to investigate VSP’s Access and Availability CAP response - VSP added three (3) new providers to the Bakersfield area.               <ol style="list-style-type: none"> <li>a. Jane met with PNM on VSP responses; follow up requests sent to VSP (see agenda below for discussion) – Closed.</li> </ol> </li> </ol> <p>C. Harte Hanks – Jane/Melissa</p> <ol style="list-style-type: none"> <li>1. Cynthia and Martha will connect regarding the Harte Hanks audit for the Sanish recordings.</li> </ol>	<p><input checked="" type="checkbox"/> ACTION:</p> <ol style="list-style-type: none"> <li>1. Jane will meet with Corporate Services regarding Financial penalties in all contracts</li> </ol>	<p>A, 2. 3/06/2024</p> <p>A.C. 3/21/2024</p> <p>B.1. 3/22/2024</p>

**\*KHS PROPRIETARY PROPERTY – NOT FOR PUBLIC DISCLOSURE\***

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>a. Completed and is ongoing- Closed.</p> <p>2. Martha notified Jennifer (Harte Hanks) of the audit.</p> <p>D. Ownership &amp; Disclosure - UCLA received early January and submitted to DHCS (missing required information)</p> <p>1. Update: DHCS accepted and closed this outstanding corrective action related to 2022 DHCS Medical Audit Cap. KHS must continue to attempt to collect all required fields on Ownership &amp; Disclosure documents – Closed.</p> <p>E. Compliance will look into adding specific financial penalties in all contracts and set up ad hoc meetings.</p> <p>1. Jane will meet with Corporate Services. Anyone working with contracts should be building in financial penalties into contracts. Dr. Tasinga, Dr. Khalsa, and Jane discussed that the contracts would need to define clearly what the expectation is in the contract, such as performance measures, reports, sanctions and/or rewards.</p> <p>F. Compliance and Delegation Oversight to develop a list of identified Delegates.</p> <p>1. Some preliminary discussions have taken place and Delegation Oversight team will take lead on developing and documenting delegates for DHCS/DMHC, vs. NCQA (and future CMS) – Ongoing.</p> <p>2. Dr. Tasinga and Jane discussed using the most rigid requirements from the Regulators to adhere to for the Plan. We will build a comprehensive oversight that will meet the requirements for all. Stakeholders will be asked for their input.</p> <p>G. Robin sent the Kaiser Claims Audit information to Jane.</p> <p>1. Received and included in meeting materials for reference as needed – Closed.</p> <p>H. Delegation Oversight Department</p>		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ol style="list-style-type: none"> <li>1. Compliance Department is collaborating with the Delegation Oversight Department on the division of operational responsibilities and will notify Stakeholders.               <ol style="list-style-type: none"> <li>a. Ongoing collaboration – Closed.</li> </ol> </li> <li>2. Delegation Oversight Department has met with Department Stakeholders.               <ol style="list-style-type: none"> <li>a. Meetings held – Closed.</li> </ol> </li> </ol>		
Delegation Oversight Department	A. Delegation Oversight Department- Katie and Melissa <ol style="list-style-type: none"> <li>1. Overview of the Department</li> <li>2. D-SNP Readiness</li> <li>3. Delegate Contract Reviews</li> </ol>	<input checked="" type="checkbox"/> ACTION: N/A	
VSP	A. Access & Availability <ol style="list-style-type: none"> <li>1. CAP Response Received               <ol style="list-style-type: none"> <li>a. Additional follow ups requested related to CAP</li> <li>b. VSP did respond on 4/22- The Plan will be sending a follow up.</li> </ol> </li> <li>2. Lake Isabella Member Promise-There is one Provider in the area that is retiring. VSP is committed to honor the Member Promise</li> </ol> B. Annual Audit Update- Notification was sent to VSP 5/6/2024- Pre-Audit deliverables due 6/14/2024, could be pushed back a little due to the 60-day clause. Ad hoc meetings will be created to review with VSP. C. Contract Revisions-The final contract went out to VSP on 5/3. D. 2023 All Plan Letter Grid are sent to impacted delegates each quarter. E. Claims Timeliness Reports (AB1455)- No issues for the Quarter 1. F. JOM Meeting Minutes – Q1 2024 included in packet <ol style="list-style-type: none"> <li>1. VSP will not discuss with whom they honored the Member Promise.</li> </ol>	<input checked="" type="checkbox"/> ACTION: N/A	N/A
Health Dialog	A. Rite-Aid (owner) bankruptcy <ol style="list-style-type: none"> <li>1. Care Net update. There should not be any visible differences to the Plan.</li> </ol> B. Annual Audit <ol style="list-style-type: none"> <li>1. Majority of Stakeholders provided audit items by 4/26 to the Delegation Oversight team.</li> </ol>	<input checked="" type="checkbox"/> ACTION: <ol style="list-style-type: none"> <li>2. Magdee will reach out to Jane with what QI will be requesting for the Health Dialog audit.</li> <li>3. Katie will clarify with Erin and Kulwant if UM is asking for Timeliness on Calls for</li> </ol>	N/A

**\*KHS PROPRIETARY PROPERTY – NOT FOR PUBLIC DISCLOSURE\***

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>a. Draft Pre-Audit Deliverables List-               <ul style="list-style-type: none"> <li>i. Magdee will reach out to Jane with what QI will be requesting.</li> <li>ii. Cynthia will not need Spanish call for this annual audit since it is an ongoing monitoring.</li> </ul> </li> <li>b. Katie will clarify with Erin and Kulwant if UM is asking for Timeliness on Calls for the annual audit               <ul style="list-style-type: none"> <li>i. Katie will add Jane and Nate when replying to UM’s email.</li> <li>ii. Nate can send report to UM if requested</li> </ul> </li> <li>c. Katie will clarify with UM on their request for Internal audit report and tools that were used.</li> <li>d. Cynthia, Isabell, Nate, and Jane will discuss looking into auditing the Health Information Library.</li> </ul> <p>C. Review results of Spanish calls monitoring-            1. Cynthia received 16 Spanish calls and no issues with a 97-98% on the audit calls.</p> <p>D. JOM Meeting Minutes – Q1 2024 have been included in the packet</p>	<p>the Health Dialog annual audit</p> <ul style="list-style-type: none"> <li>4. Katie will clarify with UM on their request for Internal audit report and tools that were used.</li> <li>5. Cynthia, Isabell, Nate, and Jane will discuss looking into auditing the Health Information Library.</li> </ul>	
AL	<p>A. AL- Nate Scott</p> <ul style="list-style-type: none"> <li>1. Annual Audit           <ul style="list-style-type: none"> <li>a. Unannounced Audit – March 21, 2024               <ul style="list-style-type: none"> <li>i. Results – Amy Carrillo, Utah- Grievance, Call Center, and Document Retention-</li> <li>ii. A few minor deficiencies related to dissatisfactions toward Uber.</li> <li>iii. Phone staff:                   <ul style="list-style-type: none"> <li>a) Not identifying KHS to the Members when answering the calls,</li> <li>b) Mentioning where the call center is located</li> <li>c) Personal opinions.</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p><input checked="" type="checkbox"/> <b>ACTION:</b></p> <ul style="list-style-type: none"> <li>6. Jane will follow up with MS to finalize the information for the announced AL audit</li> </ul>	N/A



AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>d) The member living in a rural area was approved for the transportation services hours away from their residence.</li> <li>iv. AL telecommutes- Several employees reported to a site for Amy to Audit.</li> <li>2. Next Steps- Jane will follow up with MS to finalize the information for the announced audit               <ul style="list-style-type: none"> <li>i. Announced Audit</li> <li>ii. Review of draft audit letter</li> </ul> </li> <li>3. Review results of Spanish calls monitoring- Cynthia- scored High 97% with 29 calls</li> <li>4. JOM Minutes – Q1 2024</li> </ul>		
Current Monitoring/Oversight of Delegated Entities	<ul style="list-style-type: none"> <li>A. Claims Timeliness Reports (AB 1455)</li> <li>B. Call Center Stats (attached) Maria-               <ul style="list-style-type: none"> <li>1. AL                   <ul style="list-style-type: none"> <li>a. January is 39 ASA (Seconds) and 77.3% of calls Answered within 90 seconds.</li> </ul> </li> <li>1. Argus- No issues with Quarter 1</li> <li>2. Harte Hanks                   <ul style="list-style-type: none"> <li>a. January Abandonment rate is high 11.5%</li> <li>b. February Abandonment rate is high 7.3%</li> <li>c. March ASA (Seconds) 144, Abandonment rate 9.9%, and calls answered withing 30 seconds is 55.6%.</li> <li>d. Nate, Cesar, and Melissa discussed the numbers.</li> </ul> </li> <li>3. Health Dialog                   <ul style="list-style-type: none"> <li>a. January ASA (Seconds) 122, Abandonment rate 23.2% and calls answered within 30 seconds is 69.4%.</li> <li>b. February ASA is 34</li> <li>c. March ASA is 74, Abandonment rate 8.8%, and calls answered within 30 seconds is 74.3%.</li> </ul> </li> </ul> </li> </ul>	<input checked="" type="checkbox"/> ACTION: N/A	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>d. Nate, Maria, Jane discussed 2023 vs 2024 and what impacted the jump in numbers</p> <p>4. Payspan- No concerns</p> <p>5. VSP- no concerns</p> <p>C. Cultural Linguistics Reports (attached)</p> <p>1. Language line- Did 100%- No concerns</p>		
AllMed	<p>A. New Subcontractor</p> <p>1. More information to come</p>	<p><input checked="" type="checkbox"/> ACTION: N/A</p>	
Reminder – Audit Summary Template-	<p>A. Reminder – Audit Summary Template- Attached and reviewed for the Stakeholders to use for any audits the KHS performs</p> <p>1. Jane will meet with Cynthia for the credentialing audit for a centralized place for the reports to be archived.</p>	<p><input checked="" type="checkbox"/> ACTION: 7. Jane will meet with Yolanda for the credentialing audit for a centralized place for the reports to be archived.</p>	N/A
ADJOURNMENT	The Committee adjourned at 2:08pm	N/A	N/A

**COMMITTEE:** *KHS Quarterly Compliance Committee Meeting - Q4 2023*  
**DATE OF MEETING:** *May 8, 2024*  
**CALL TO ORDER:** *3 pm by Jane MacAdam - Director of Compliance and Regulatory Affairs*

<b>Members Present On-Site:</b>	N/A		
<b>Members Virtual Remote:</b>	N/A		
<b>Members Excused=E Absent=A</b>	N/A		
<b>Staff Present:</b>	<p>Linda Anchondo, Compliance Program Manager          Alan Avery, Chief Operating Officer          Veronica Barker, Contoller          Karen Beale, Compliance Analyst II          Stephanie Camarena, Compliance Analyst II          Cynthia Cardona, Cultural and Linguistic Services Manager          Amy Carrillo, Member Services Manager          Kailey Collier, Director of Quality Performance          Olivia Cooper, Compliance Supervisor          Linda Corbin, Health Services Consultant          Flor Del Hoyo Galvan, Manager of Member Wellness &amp; Prevention          Sandeep Dhaliwal, Compliance Manager, Audits and Investigations          Robin Dow-Morales, Director of Claims          Heather Fowler, Compliance Manager          Jared Harness, Compliance Analyst          Russell Hasting, PHM Manager of Case Management          Loni Hill-Pirtle, Director Enhanced Care Management</p>	<p>Andrea Hylton, Director of Procurement and Facilities          Elizabeth Johns, Compliance Program Specialist          Christina Kelly, Pharmacy Administrative and Support Supervisor          Maninder Khalsa, Medical Director Utilization Management          Leticia Lara, Assistant Contoller          Jane MacAdam, Director of Compliance &amp; Regulatory Affairs          Traco Matthews, Chief Health Equity Office          Melissa McGuire, Senior Director of Delegation and Oversight          Deborah Murr, Chief Compliance and Fraud Prevention Officer          Kristie Onaindia, Provider Relations Manager          Gregory Panero, Provider Network Analytics Program Manager          Emily Payumo, Pharmacy Intern          Jeff Pollock, Regulatory and Government Program Manager          Heather Pruitt, Compliance Program Specialist          Adriana Salinas, Director of Community &amp; Social Services          Nate Scott, Director of Member Services          Isabel Silva, Senior Director of Wellness and Prevention          Bruce Wearda, Director of Pharmacy          Barbie Wilson, Compliance Analyst I</p>	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Previous Action Items	<p>A. Grievance Timeliness Reporting</p> <ol style="list-style-type: none"> <li>1. Requested as part of Compliance Dashboard currently in development.               <ol style="list-style-type: none"> <li>a. Still in progress/testing</li> </ol> </li> </ol> <p>B. Jane, Amy, and Kailey will meet to discuss</p>	<p><input checked="" type="checkbox"/> <b>ACTION:</b></p> <ol style="list-style-type: none"> <li>1. QI audit of the exempt Grievances for a potential QOC issue: Magdee will ensure completion by 05/30/2024 and will be reported out in August</li> </ol>	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>adding to the next meeting the QI audit of the exempt Grievances for a potential QOC issue.</p> <ol style="list-style-type: none"> <li>1. Was submitted for the CAP on the last DMHC Audit finding</li> <li>2. Magdee will ensure completion by 05/30/2024 and will be reported out in August Compliance Committee Meeting               <ol style="list-style-type: none"> <li>a. In Progress</li> </ol> </li> </ol> <p>C. 2024 OR policy versions will need to be reviewed/reconciled by Business owners.</p> <ol style="list-style-type: none"> <li>1. In Progress; Ongoing</li> <li>2. Dr. Khalsa and Jane discussed having a policy change committee, the complexity involving the movement of P&amp;Ps to be reviewed, and policy software.</li> </ol> <p>D. Compliance will send to Departments a list of team members that have not completed their annual required training.</p> <ol style="list-style-type: none"> <li>1. Updated list of those outstanding sent 02/29/2024 to Directors</li> <li>2. Additional update sent 04/24/2024 to Chiefs</li> <li>3. Another list, of around 40 people, will go out to Directors and Chiefs.</li> <li>4. Robin, Nate, and Jane discussed the Training list, keep sending the training notification out until completed, and the training has multiple sections that must be completed on the trainings.</li> <li>5. Jane will meet with HR to discuss ongoing notifications to complete the</li> </ol>	<p>Compliance Committee Meeting</p> <ol style="list-style-type: none"> <li>2. Jane will meet with HR to discuss ongoing notifications to complete the trainings for employees.</li> <li>3. Compliance will look at the invitee list to make sure PNM is invited to the Compliance Committee meeting.</li> </ol>	

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>trainings for employees.</p> <p>E. Regulatory Calendar will be posted to Teams</p> <ol style="list-style-type: none"> <li>1. Regulatory Calendar has been posted in Teams: <u><a href="#">2024 Regulatory Calendar.xlsx (sharepoint.com)</a></u> <ol style="list-style-type: none"> <li>a. Complete</li> </ol> </li> <li>2. Submit reports three (3) days before they are due to the Regulator.</li> </ol> <p>F. Jane will investigate the PTM Monthly PCP Retention vs Two-week period information and discuss with Amy – Continuity of Care &amp; LTC ICF/DD</p> <ol style="list-style-type: none"> <li>1. Multiple ongoing meetings have occurred regarding this reporting. <ol style="list-style-type: none"> <li>a. Complete</li> </ol> </li> </ol> <p>G. Compliance will be reporting timeliness and accuracy of Regulatory submissions for 2024</p> <ol style="list-style-type: none"> <li>1. In addition to volumes. Included in Compliance Committee Meetings – see Reporting <ol style="list-style-type: none"> <li>a. Complete</li> </ol> </li> <li>2. Stakeholders to continue to validate for quality</li> </ol> <p>H. Jane will follow up with PNM/UM regarding the gold card report.\</p> <ol style="list-style-type: none"> <li>1. Confirmed initial communication occurred with one provider’s office on 07/18/2023; UM sent follow up results for 4th quarter on 03/25/2024.</li> <li>2. AI: Update needed on actions taken related to 4th quarter</li> <li>3. AI: Awaiting 1st quarter audit results</li> </ol>		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>4. Dr. Khalsa and Jane discussed and 2023 approval turnaround times and 50% of the Gold Carded Providers should not have been automatically approved. We have not seen a change in their behavior.</p> <p>5. Compliance will look at the invitee list to make sure PNM is invited.</p> <p>I. Jane will update the discrepancy on the number of APLs from 4th quarter and send out information.</p> <p>1. Updated</p> <p>a. Complete</p> <p>J. Will discuss the 2023 and 2024 Compliance work Plan at the next meeting.</p> <p>1. The 2023 Work Plan and current status 2024 Work Plan was included in the previous meeting.</p> <p>2. Moving forward, only the 2024 Work Plan will be included.</p> <p>3. Depending on timing and length of agenda, may not necessarily be reviewed in detail at each meeting. However, if anyone has questions or needs additional information regarding the work plans, please reach out to Jane or Deb.</p> <p>a. Complete</p>		
<p>02/29/2024 Compliance Committee Meeting Minutes</p>	<p>A. In Packet</p>	<p><input checked="" type="checkbox"/> ACTION: N/A</p>	<p>N/A</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
DHCS and DMHC Audit Update	<p>A. 2022 DHCS Medical Audit</p> <ol style="list-style-type: none"> <li>1. Closed</li> </ol> <p>B. 2023 DMHC Medical Audit:</p> <ol style="list-style-type: none"> <li>A. 24 Findings; Corrective Action Plan Submitted 04/20/2024</li> <li>B. Future deliverables ongoing – important for business to take ownership and ensure deadlines are met.</li> </ol> <p><u><a href="#">Kern Health Systems 2023 DMHC Audit CAP 20240420.xlsx (sharepoint.com)</a></u></p> <p>C. Compliance monitoring:</p> <ol style="list-style-type: none"> <li>a. Deficiency #2 – did not appropriately identify all issues and/or resolve all issues for grievances categorized as exempt.</li> <li>b. Deficiency #4 – notifying of right to contact DMHC on expedited grievances.               <ol style="list-style-type: none"> <li>i. Jane, Nate, and Amy discussed March information</li> </ol> </li> <li>c. Deficiency #6, #12, #14 – clear &amp; concise language, timeliness, and criteria</li> <li>d. Deficiency #15; still out of compliance with requirements to be able to reach medical- decision</li> </ol>	<input checked="" type="checkbox"/> ACTION: N/A	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p>maker (67% non-compliant of test calls)</p> <p>e. Deficiency #16 – ineffective quality assurance processes as UM audit results did not show improvement; delayed</p> <p>D. 2023 DHCS Medical and Focused Audit</p> <p>a. One (1) Finding</p> <p>i. FWA Reporting to DHCS Timeliness; Corrective Action Plan Submitted 04/25/2024</p> <p>ii. Second submission due 05/15/2024</p> <p>E. 2023 HSAG Encounter Data Validation Audit</p> <p>a. Medical Records- Asked for a Provider education to reenforce that the Medical Records need to support what is billed.</p> <p>F. 2024 HSAG Network Adequacy Verification Audit</p>		
<p>2023 Compliance Trainings (FWA; HIPAA; Cultural Competency: Code of Conduct):</p>	<p>A. Shown and in packet</p> <ol style="list-style-type: none"> <li>1. 60 outstanding trainings needed for 41 employees</li> <li>2. The list will be sent to Directors and Chiefs.</li> </ol>	<p><input checked="" type="checkbox"/> ACTION: N/A</p>	



AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
Compliance Survey:	<ul style="list-style-type: none"> <li>A. Shown and in packet that 255 employees completed</li> <li>B. Deb and Jane will review the free form comments. Compliance will bring this information back to this committee.</li> </ul>	<input checked="" type="checkbox"/> ACTION: N/A	N/A
Post-Transition Monitoring Report – Issues	<ul style="list-style-type: none"> <li>A. Deb and Jane discussed that the departments are responsible for the quality of the reports.               <ul style="list-style-type: none"> <li>1. Reminder to thoroughly read the instructions for completing the report</li> </ul> </li> </ul>	<input checked="" type="checkbox"/> ACTION: N/A	N/A
Report Review	<ul style="list-style-type: none"> <li>A. QI IHA Audit Results – pending next meeting</li> <li>B. Transportation Provider Monitoring Reports               <ul style="list-style-type: none"> <li>1. Nothing out of Compliance</li> </ul> </li> <li>C. Utilization Management Internal DDM, Gold Card, NAR, CBCC Audits – pending</li> <li>D. Cultural and Linguistics and Health Education Reports- Flor and Cynthia discussed the packet and it was shown.               <ul style="list-style-type: none"> <li>a. Most of the facilitators are meeting 80% compliance in all areas. Two (2) Area to improve are on the facilitation method and the follow up calls.</li> <li>b. Knowledge gain/changed:                   <ul style="list-style-type: none"> <li>i. Asthma an average of 5% increase,</li> </ul> </li> </ul> </li> </ul>	<input checked="" type="checkbox"/> ACTION:	N/A

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>ii. Nutrition is and average of 20% increase in knowledge</li> <li>iii. Activity and Eating average of 12% increase of knowledge</li> <li>iv. Smoking/ Tobacco Cessation Fresh Start- there was an increase in knowledge</li> <li>v. DPP Weight loss of 4.4% for Spanish speaking participants.</li> <li>vi. Health Education Class: More than 50% expressed satisfaction in the class.</li> <li>vii. Linguistics audit:</li> <li>viii. Interpreter access: 30 Providers contacted, and 11 provider received training</li> <li>ix. In Person Interpreter satisfaction: 100%</li> <li>x. Received 21 survey from Members, they agreed that they received quality services form the in-person interpreter</li> <li>xi. Over the phone, 100% met expectation.</li> <li>xii. 96% of bilingual staff did not have difficulty</li> <li>xiii. Post call Survey, 90 % of Members were satisfied</li> <li>xiv. Staff satisfaction 98% are satisfied with our vendors interpreters.</li> </ul>		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<p style="text-align: center;">xv. Vendor bilingual call audits- 91% of bilingual staff did not have difficulty communicating with Members.</p> <p>E. Member Services – Grievance Audit Results-Amy discussed and was shown in the packet.</p> <ul style="list-style-type: none"> <li>a. First quarter has an overall score of 90.2% <ul style="list-style-type: none"> <li>i. Deficiencies around tagline, request to Providers, and correspondence in alternative format</li> </ul> </li> <li>b. Will be housed in Jiva soon.</li> <li>c. Jane and Amy discussed the regulatory requirements.</li> </ul> <p>F. Provider Network Management – DMHC Timely Access Report (MY2022)</p> <ul style="list-style-type: none"> <li>a. Greg and Jane discussed the charts that were shown for KHS vs our sister Plans. <ul style="list-style-type: none"> <li>i. Example: Non-Urgent Appointments KHS was second on the list with 92%</li> </ul> </li> <li>b. Greg is already thinking of how we can resolve any issues for 2023</li> </ul> <p>G. Claims – DHCS Encounter Report Card; Encounter Completeness Reports: Robin discussed the packet that was shown.</p> <ul style="list-style-type: none"> <li>a. Pharmacy claims had to be resubmitted as medical claims that caused it to be non-compliant</li> </ul> <p>H. Compliance Reporting</p>		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS/ ACTION	DATE RESOLVED
	<ul style="list-style-type: none"> <li>a. MOU Status- Will be including in this report at the Compliance Committee meeting.</li> <li>b. All Plan Letters (APL): Discussed and shown the tracking and trending                             <ul style="list-style-type: none"> <li>i. Where there is less APLs in 2024, they are increasing in Submissions.</li> </ul> </li> <li>c. Regulatory Filings and Reporting: Discussed and shown the tracking and trending the increase in submission requests.</li> <li>d. HIPAA: Discussed and shown the tracking and trending                             <ul style="list-style-type: none"> <li>i. 18 Cases are Internal</li> <li>ii. Three (3) cases are Subcontractor</li> <li>iii. 63 cases are External</li> <li>iv. Total is 84                                     <ul style="list-style-type: none"> <li>a) The highest issue is theft at 44%.</li> </ul> </li> </ul> </li> <li>e. Independent Medical Review and Consumer Complaints: Discussed and shown the tracking and trending                             <ul style="list-style-type: none"> <li>i. About the same amount in 2023 vs 2024</li> </ul> </li> <li>f. Compliance Work Plan: Discussed and shown from the packet</li> <li>g. Compliance Capsules Discussed and shown from the packet</li> </ul>		
<p><b>ADJOURNMENT</b></p>	<p>The Committee adjourned at 4:28pm</p>	<p>N/A</p>	<p>N/A</p>



**COMMITTEE: EXECUTIVE QUALITY IMPROVEMENT HEALTH EQUITY COMMITTEE (EQIHEC)**

DATE OF MEETING: MAY 23, 2024

CALL TO ORDER: 7:01 AM BY TRACO MATTHEWS, CHAIR

<b>Members Present On-Site:</b>	Traco Matthews – KHS Chief Health Equity Officer Martha Tasinga, MD – KHS Chief Medical Officer Danielle Colayco, PharmD – Komoto	Todd Jeffries – Bakersfield Community Healthcare Allen Kennedy – Quality Team DME Chan Park, MD – Vanguard Family Medicine	Satya Arya, MD - ENT. Jasmine Ochoa - Health Equity Manager of Public Health Jesus Gonzalez - Executive Director of The Center, CAC Rep
<b>Members Virtual Remote:</b>			
<b>Members Excused=E Absent=A</b>	Debra Cox – Omni Family Health (A) Jennifer Ansolabehere (A) Michael Komin, MD – Komin Medical Group (A)	Philipp Melendez, MD – OB/GYN (A) Rukiyah Polk - CAC Chair	
<b>Staff Present:</b>	Amy Carrillo - Member Services Manager Michelle Curioso - Director of Pop Health Management Dan Diaz, RN - ECM Clinical Manager Pawan Gill - Health Equity Manager Sukhpreet Sidhu, MD – Pop Health Medical Director Anastasia Lester – Sr. Health Equity Analyst Marilu Rodriguez – Sr. Health Equity Analyst	Magdee Hugais – Director of Quality Improvement John Miller, MD – Quality Improvement Medical Director Melissa McGuire – Senior Director of Delegation Kailey Collier - Director of Quality Performance Yolanda Herrera - Credentialing Manager Flor Del Hoyo Galvan - Manager of W&P Maninder Khalsa – Medical Director	Vanessa Nevarez - Health Equity Coordinator Gregory Panero – Provider Network Analytics Abdolreza Saadabadi, MD – BH Medical Director Nate Scott - Senior Director of Member Services Isabel Silva - Senior Director of W&P James Winfrey - Deputy Director of PNM

Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Quorum	9 of 13 committee members present; Debra Cox, Jennifer Ansolabehere, Michael Komin, Philipp Melendez, and Rukiyah Polk were absent.	Committee quorum requirements met.	N/A
Call to Order	Traco Matthews, Chair, called meeting to order at 7:01 am.	N/A	N/A
Public Presentation	There were no public presentations.	N/A	N/A

Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Committee Announcements	<p>Traco Matthews gave the opportunity for member updates.</p> <ul style="list-style-type: none"> <li>• Traco Matthews acknowledged and welcomed three new EQIHEC members: Jasmine Ochoa, Rukiyah Polk, and Jesus Gonzalez.</li> <li>• Traco Matthews provided a recap of the EQIHEC Charter and reminded members of the need for discussion.</li> <li>• Traco Matthews announced that he and Martha Tasinga, MD will both not vote; only one of them per meeting.</li> <li>• Todd Jeffries thanked KHS for their continued support for Bakersfield Community Healthcare.</li> <li>• Danielle Colayco thanked KHS for the quality grant which allowed Komoto to provide vaccinations to children as well as coloring books in multiple languages.</li> <li>• Martha Tasinga, MD announced that her team is getting ready for their next audit.</li> <li>• Chan Park thanked KHS for sponsoring their May 11<sup>th</sup> event.</li> <li>• Jesus Gonzalez invited committee members to the Gender and Sexuality Symposium they are hosting for Pride Month on June 14<sup>th</sup>.</li> </ul>	Informational Only.	N/A
Committee Minutes	<p><b><u>Approval of Minutes</u></b></p> <p>CA-3) The Committee's Chairperson, Traco Matthews, presented the EQIHEC Minutes for approval.</p>	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Satya A. first, Allen K. second. All aye's. Motion carried.</li> </ul>	5/23/24
Old Business	There was no old business to present.	N/A	N/A
New Business	<p><b><u>Consent Agenda Items</u></b></p> <p>CA-4) Physician Advisory Committee (PAC) Q1 Summary of Proceedings CA-5) Drug Utilization Committee (DUR) Q1 Summary of Proceedings</p>	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Satya A. first, Allen K. second. All aye's. Motion carried.</li> </ul>	5/23/24

	<p>CA-6) Wellness and Prevention (W&amp;P) Activity Report Q1 2024  CA-7) Board Approved New and Existing Contracts Report  CA-8) Credentialing and Recredentialing Summary Report Q1 2024  CA-9) Enhanced Case Management (ECM) Program Report Q1 2024  CA-10) Quality Improvement Committee (QIC) Program Report Q1 2024</p>		
	<p><u>11) Health Equity Transformation Steering Committee</u></p> <ul style="list-style-type: none"> <li>Pawan G. gave an update on the Health Equity Workplan, a preliminary review of the Health Equity Strategic Roadmap, and presented the 2024 Listening Sessions Summary.</li> </ul> <p><u>12) Quality Performance Summary Report Q1 2024</u></p> <ul style="list-style-type: none"> <li>Kailey C. presented the Quality Performance Summary Report that covered Q1 2024 data.</li> </ul> <p><u>13) Grievance Summary Report Q1 2024</u></p> <ul style="list-style-type: none"> <li>Amy C. presented the Grievance Summary Report that covered Q1 2024 data.</li> </ul>	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Danielle C. asked what the best practices are for KHS cultural initiatives.</li> <li>Pawan G. explained that the Health Equity team has conducted employee engagement surveys and employee interviews to determine the best training curriculum for staff.</li> <li>Chan P. first, Jesus G. second. All aye's. Motion carried.</li> <li>Satya A. first, Jasmine O. second. All aye's. Motion carried.</li> <li>Informational only.</li> </ul>	<p>5/23/24</p> <p>5/23/24</p>

	<p><u>14) Utilization Management Program Report Q1 2024</u></p> <ul style="list-style-type: none"> <li>Maninder Khalsa, MD presented the Utilization Management Program Report that covered the Q1 2024 data.</li> </ul> <p><u>15) Network Adequacy Review Q1 2024</u></p> <ul style="list-style-type: none"> <li>James W. gave a review of the Network Adequacy that covered Q1 2024 data.</li> <li>Jasmine O. asked James W. what the process of tracking the standard.</li> </ul> <ul style="list-style-type: none"> <li>Satya A. left the meeting at 8:07am. Quorum still met.</li> </ul> <p><u>16) Population Health Management Report Q1 2024</u></p> <ul style="list-style-type: none"> <li>Michelle C. presented the Pop Health Management Report that covered the Q1 2024 data.</li> </ul>	<ul style="list-style-type: none"> <li>Satya A. first, Todd J. second. All aye's. Motion carried.</li> </ul> <ul style="list-style-type: none"> <li>James W. explained that the alternative standard is being tracked and posted on the KHS website. He also stated that it is hard to track because the DHCS changed the methodology for reviewing, but it is being done.</li> <li>Jasmine O. first, Chan P. second. All aye's. Motion carried.</li> </ul> <ul style="list-style-type: none"> <li>Martha T., MD added that every patient that has surgery is high risk so new mothers receive a name and number they can call upon leaving the hospital; they also receive calls to see if they have any needs. Readmission of mothers are tracked, and meals are provided so new mothers are supported and feel safe in their homes.</li> <li>Daniella C. asked what the TOC providers with no readmission are and who is managing their medications?</li> </ul>	<p>5/23/24</p> <p>5/23/24</p> <p>5/23/24</p> <p>5/23/24</p>
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	<ul style="list-style-type: none"> <li>Chan Park left the meeting at 8:20am. Quorum still met.</li> </ul> <p><u>17) Behavioral Health Advisory Committee Summary Report Q1 2024</u></p> <ul style="list-style-type: none"> <li>Melinda S. was absent and Behavioral Health was not presented.</li> </ul>	<ul style="list-style-type: none"> <li>Sukhpreet S., MD responded that there have been zero readmissions in thirty days and that the TOC program handles their medications, as well at the Pharmacy department.</li> <li>Todd J. first, Allen K. second. All aye's. Motion carried.</li> </ul> <ul style="list-style-type: none"> <li>Item 17 is tabled until the next EQIHEC meeting, August 8, 2024.</li> </ul>	
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Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Open Forum	<ul style="list-style-type: none"> <li>Abdolreza S., MD thanked Martha T., MD for medical mental health awareness and support.</li> <li>Dan Diaz mentioned that he will present to the UM Committee instead of the EQIHEC and remain on the EQIHEC agenda as receive and file.</li> </ul>	Informational only.	N/A
Next Meeting	The next meeting will be held Thursday, August 8, 2024, at 7:00am.	Informational only.	N/A
Adjournment	<p>The Committee adjourned at 8:27am.</p> <p><i>Respectfully Submitted: Vanessa Nevarez, Health Equity Project Coordinator</i></p>	N/A	N/A

*For Signature Only – EQIHEC Minutes 05/23/24*

The foregoing minutes were APPROVED AS PRESENTED on:

\_\_\_\_\_ Date

\_\_\_\_\_ Name

The foregoing minutes were APPROVED WITH MODIFICATION on:

\_\_\_\_\_ Date

\_\_\_\_\_ Name

**SUMMARY**

**26-I**

**GOVERNANCE AND COMPLIANCE COMMITTEE MEETING**

KERN HEALTH SYSTEMS  
**2900 Buck Owens Boulevard**  
Bakersfield, California 93308

**Thursday, May 23, 2024**

**8:30 A.M.**

COMMITTEE RECONVENED

Members: Acharya, Hoffmann, Meave, Turnipseed  
ROLL CALL: 3 Present; 1 Absent: Meave

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

ADJOURNED TO CLOSED SESSION

**CLOSED SESSION**

- 1) Request for Closed Session regarding Audits and Investigation Update (Government Code Section 37624.3 & Health and Safety Code Section 32106) – SEE RESULTS BELOW

**9:05 A.M.**

COMMITTEE RECONVENED

REPORT ON ACTIONS TAKEN IN CLOSED SESSION -

Item No. 1 concerning a Request for Closed Session regarding Audits and Investigation Update (Government Code Section 37624.3 & Health and Safety Code Section 32106) – HEARD; NO REPORTABLE ACTION TAKEN

PUBLIC PRESENTATIONS

- 2) 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

- 3) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code Section 54954.2(a)(2))  
**NO ONE HEARD**
- CA-4) Minutes for Kern Health Systems Governance and Compliance Committee meeting on March 28, 2024 - APPROVED  
**Turnipseed-Acarya: 3 Ayes; 1 Absent - Meave**
- 5) Report on Kern Health Systems Regulatory Audit Summary 2018-2023 (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS  
**Turnipseed-Acarya: 3 Ayes; 1 Absent - Meave**
- 6) Report on Kern Health Systems MCAS Audit Summary 2017-2023 (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS  
**Acharya-Turnipseed: 3 Ayes; 1 Absent - Meave**
- 7) Report on Major Organ Transplant Centers of Excellence (Fiscal Impact: None) – RECEIVED AND FILED; REFERRED TO KHS BOARD OF DIRECTORS  
**Acharya-Turnipseed: 3 Ayes; 1 Absent - Meave**

ADJOURN TO THURSDAY, JULY 25, 2024, AT 8:30 A.M.  
**Acharya**

